Bullying in surgical training - where are we and where are we going?

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Bullying of staff in the NHS is at unacceptable levels and is a particular problem in surgery. Awareness surrounding the issue is increasing and this article provides a brief overview of the problems, manifestations and currently proposed solutions.

The NHS England Staff Survey released in March 2018 found that 28% of staff had experienced bullying, harassment or abuse from patients, relatives or members of the public in the last 12 months - and over 24% had experienced this from colleagues. This figure has remained relatively stagnant since 2015 (25% in 2015, 24% in 2016). Within the cohort affected under 48% had escalated this to a higher level, though figures for those reporting bullying specifically from staff in the workplace were not delineated.

Surgery has been identified as a specialty where rates of bullying are higher than most, with rates of up to 40% reported in a survey by the Royal College of Surgeons of Edinburgh (RCSEd). The reasons for this are uncertain but may relate to the diversity, pace and intensity of work reducing the time taken to reflect on behaviours towards others.

What does bullying look like?
Definitions of terms such as ‘bullying’ and ‘undermining’ exist; however, detection by victim or perpetrator can be challenging owing to the individual interpretation of events and the situations within which these arise. Bullying can manifest in numerous ways, for example threatening or insulting behaviour that affects a person’s dignity and wellbeing. It may target an individual’s working or personal life. In a professional role, discrimination may target on-call rotas, reduced training opportunities (the ratio of time worked to that of operative experience gained), job selection, recruitment and connotations surrounding the capabilities of less than full-time (LTFT) staff. Undermining behaviour includes belittling or humiliation that reduces an individual’s self-confidence, or the confidence of others in an individual trainee.

Attitudes and behaviours may or may not be intentional, and subtle undermining can go unnoticed by those on both the giving or the receiving end; so-called ‘unconscious bias’. This term refers to the tendency to subcategorise individuals and create stereotypes. In itself this is not necessarily problematic; however, the resulting beliefs and actions towards subgroups can be inappropriate and result in harm.

Who does it affect and who can be the bully?
Any individual may fall victim to bullying, from consultants to trainees and staff-grade doctors. However, several subgroups have been identified as being more susceptible, including female staff, those with a disability, those who identify as lesbian, gay, bisexual or transgender (LGBT), or those from black and ethnic minority backgrounds. Those who have entered flexible working hours or LTFT training are also at greater risk of experiencing undermining behaviour than those in that are in full-time training.

Discriminating against LTFT trainees has been attributed to the negative connotations associated with flexible training and can originate from managers, consultants or fellow trainees. The percentage of the medical workforce undertaking LTFT is rising with the increasing recognition of the compatibility of a professional career with parenting and family life, being a carer, sporting commitments or business pursuits. Within this cohort, the majority of trainees are female. Despite this, a study conducted by the Association of Bullying in surgical training - where are we and where are we going?
Surgeons in Training (ASiT) did not identify a difference between the percentage of men versus women in LTFT posts that reported having been bullied. However, it is not only staff members who suffer as a result of undermining behaviours. Patient safety can be compromised in circumstances where there is fear and reticence to report bullying or highlight the adverse circumstances. The Mid Staffordshire enquiry found that concerns about bullying were not taken seriously and that ‘bullying […] prevented people doing their jobs properly’.6

How are things changing?
Changing attitudes towards flexible training among managers, consultants and colleagues, and in society more widely, has been identified as a way of reducing the discrimination faced by many. This manifests as increasing the availability and accessibility of LTFT opportunities to men and women at local, regional and national levels. It also entails nurturing relationships between staff and managers; for example, by identifying the necessary requirements and parameters in a job and agreeing on a mutually beneficial method of facilitating an individual to meet them. On a practical level this may affect clinical responsibilities or working hours. This is not only important as a way of reducing the negative experiences that some encounter, but also in sustaining the medical and surgical workforce at a time when there is an increasing call for flexible training and working hours.

Several initiatives have been instigated as a means of tackling the culture of bullying within healthcare. Away from official representative bodies, social media has had a large role to play in the ‘#LookLikeASurgeon’ campaign, which originated in a blog by an American surgical resident.7 Within two years almost a billion impressions were made on Twitter, with users engaging to reduce the unconscious bias against female trainees and the detrimental effects it propagates within individual careers and in the operating theatre.8 The hashtag has been embraced on social media and in medical journals, with all generations of surgeons adopting it into their ethos.9

The RCSEd has developed online resources for members who want to seek help, and to facilitate reflection to change behaviour that endorses discrimination, either conscious or unconscious. The College’s #LetsRemovelt campaign aims to reduce bullying and pushes for compulsory training and competencies associated with the issue for individuals, trusts and national bodies.10

ASiT represents trainees, nurturing excellence in surgical training to optimise performance by helping trainees to reach their full potential and strive for excellence in patient care at clinical and academic level. Its annual conference includes sessions on bullying and harassment, and in 2013 it released a consensus statement on undermining and bullying.11 ASiT has published recommendations to create a positive and supportive training environment at organisational and departmental levels, advising how to raise concerns and manage identified cases appropriately.12 The action points include raising the profile of bullying and undermining within trust and deanery training schemes, such that trainees are removed from unsuitable environments with these behaviours. It also encourages the implementation of systems that facilitate the reporting of concerns, with professional consequences for both the perpetrator and the organisation.

In 2017, the British Orthopaedic Trainees Association and the British Orthopaedic Association, with support from the Royal College of Surgeons and the Academy of Medical Royal Colleges, launched #HammerItOut - a campaign to promote a culture of positivity, engagement and professionalism within the specialty.13 Having recognised that bullying is an issue affecting all grades of doctor, they aim to build a picture of the true scale of the problem to identify distinct areas where a powerful difference may be made. One of the first initiatives established by the campaign is to engage with professional behaviour representatives at every hospital and to liaise with sub-specialty societies. The initiative reflects the recommendations made by RCSEd and ASiT that change must occur at all levels in all institutions, and not merely by representative national bodies.

Conclusion
The profile of bullying within training is on the rise, as are movements and platforms to combat the issue. Nonetheless, the work is not over and it falls to all involved in surgical training to reduce and prevent the occurrence and propagation of bullying and undermining behaviour. Without a collective response patient safety is at risk, as has been demonstrated in past events, as is the sustainability of the healthcare workforce. While representative bodies and Royal Colleges have formulated responses and recommendations to tackle the problem, it falls to us all as healthcare professionals, colleagues and human beings to promote a culture of respect and to change the status quo.

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References