Radiography 22 (2016) e264–e268

Contents lists available at ScienceDirect

Radiography

journal homepage: www.elsevier.com/locate/radi

Bullying and harassment – Are junior doctors always the victims?

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ARTICLE INFO

Article history:
Received 6 February 2016
Received in revised form
5 May 2016
Accepted 10 May 2016
Available online 26 May 2016

Keywords:
Bullying
Harassment
Communication
Work relationship
Radiology
Junior doctor
Radiographer

ABSTRACT

Introduction: NHS staff have the right to work in an environment free from bullying, harassment and violence. There should be good team-working with colleagues from all disciplines. Reports of bullying experienced by junior doctors resulted in mandatory annual GMC surveys regarding the quality of training. This led to medical trainees being surveyed more than any other staff. Radiographers informally reported bullying and harassment (B&H) incidents involving trainees. This survey aims to quantify the issue.

Methods: Online survey of general and CT radiographers at a large acute hospital in the North East of England addressing incidents involving junior doctors and occurring in the preceding 12 months.

Results: The survey was completed by 86% (44/51) general and 5/7 CT radiographers. Overall 45% experienced bullying, 92% had their own/witnessed a colleague's opinion being ignored and 57% were the target of loud verbal abuse/anger or witnessed colleagues being treated in that way. Several radiographers reported 5 or more B&H incidents. 26 radiographers (51%) were shouted at/ridiculed in theatre, 4 feeling unsafe/physically threatened. Junior doctors regularly queried the need to supervise CT contrast injections on call. Free text comments highlighted that doctors rarely introduced themselves to radiology staff.

Conclusion: Radiographers report significant incidents of B&H involving junior doctors, who do not always seem to appreciate radiation exposure legislation, patient safety protocols or respect the seniority of highly trained radiographers. Measures introduced subsequently include guidance for radiographers, a dedicated radiology e-learning package for trainees and classroom sessions for foundation doctors and final year undergraduate students.

Introduction

The General Medical Council (GMC) guidance document *Good Medical Practice* emphasises the importance of collaborative working with colleagues from all disciplines, respecting their skills and contributions to patient care. Doctors are encouraged to have self-awareness of how their behaviour may influence others within and outside the team.[1] The legal right of NHS staff to work in an environment free from harassment, bullying or violence is enshrined within the NHS Constitution and so there should be a zero tolerance attitude towards such behaviours in all healthcare settings.[2] Confusion sometimes arises as to whether unacceptable behaviour in the workplace constitutes bullying or harassment. The *Advisory Conciliation and Arbitration Service* (ACAS) defines bullying as: "Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient". The ACAS definition of harassment is: "Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual."[3] Protected characteristics as defined in the Equality Act of 2010 include age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.[4]

Historically medical trainees were often subject to ritual humiliation during their training, as depicted in popular culture such as the 1950s book and film *Doctor in the House*.[5] However, such instances are not confined to the past. Significant reports of bullying and harassment (B&H), often describing persistent and deliberate belittling and humiliation, are still reported by junior doctors today.[6]

When the GMC took over the statutory responsibility covering all stages of medical education in 2010, two important papers were

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http://dx.doi.org/10.1016/j.radi.2016.05.005
1078-8174/

published outlining future plans for quality control: The *GMC Education Strategy 2011-13* and the *Quality Improvement Framework*.[7,8] The latter comprises four elements, including "responses to concerns". The annual GMC national survey forms the core evidence gathered to review the quality of training and also offers trainees the opportunity to voice concerns regarding their perceptions of B&H at work.[6]

As a result of the GMC's regulatory requirements, postgraduate medical trainees are surveyed more often than any other health care professionals. Local Education Providers (LEP) such as hospital Trusts are subject to regular monitoring visits from their regional Deanery teams, with trainee feedback forming an integral part of the inspection process. Hospital departments may lose trainees altogether if training is deemed unsatisfactory or if allegations of bullying or harassment are substantiated. As a consequence, much more data is available on trainees' views than on the perspectives of other health care professionals such as radiographers, therapists, nurses or indeed senior doctors.

Bullying not only has a negative impact on the training of junior doctors, but is still a persistent issue that is detrimental to morale of the wider NHS workforce, negatively affecting the psychological well-being of staff and employee retention.[9]

Radiographers are highly trained health care professionals, with a 3 year university degree. Many have additional training and expertise including reporting of trauma radiographs, independent practice of undertaking barium examinations and core skills of radiographic and fluoroscopic imaging, performing CT and MRI as well as ultrasound scans. Despite their knowledge and proficiency in many imaging modalities, radiographers reported informally to one of the authors that they were not treated with respect by some junior doctors, even describing abusive behaviour on occasions.

Junior doctors may be apprehensive about requesting an urgent scan from a consultant radiologist and instances of bullying or undermining were reported in a few such situations. However, consultant radiologists, radiographers and other staff groups in the radiology department have not been surveyed specifically about the attitudes of junior doctors. Since no publications about the conduct of junior doctors towards other health care professionals (in particular radiographers) were found in the literature, it was decided to explore this issue further by seeking opinions of a representative cohort of radiographers to quantify the scale of the problem.

Methods

The survey was undertaken in the Radiology Department of a large acute hospital in the North East of England.

A detailed survey was created based on a local questionnaire of junior doctors addressing B&H issues (Appendix 1). This was entered into an online survey software package (SurveyMonkey) and a link was sent to all general and CT radiographers to complete anonymously. MRI radiographers and sonographers were not included due to their infrequent direct interactions with junior doctors. Both CT and general radiographers received the same core survey with additional specific questions relating to their work environment. Items included awareness of local B&H reporting policies, incidents of inappropriate behaviour from junior doctors towards radiographers and if so, any contributory factors as well as perceived impact on staff involved.

All radiographers were requested specifically to note incidents that had occurred in the preceding 12 months (time restriction) and incidents involving junior doctors only (not consultants). Space for free text comments was provided and radiographers were encouraged to add short personal reflections.

The survey was undertaken in April 2013, with several reminders sent thereafter and the survey finally closed in May 2013.

The Hospital Research Ethics Committee was contacted. Guidance received (in line with the NHS Health Research Authority) stated that a formal ethics review is not normally necessary for research involving NHS staff when recruited as research participants in their professional role.

Results

The survey was completed by 44 of 51 general radiographers (86%) and 5 of 7 CT Radiographers.

Combined data from both groups revealed that 42 radiographers (88%) knew Trust procedures on reporting incidents of bullying or harassment; 22 radiographers (45%) felt that they had been subjected to bullying by junior doctors in the preceding 12 months. All but 4 radiographers (92%) either had their own opinion or witnessed a colleague's opinion being ignored by junior medical staff. 28 (57%) had been the target of loud verbal abuse and anger or witnessed colleagues being treated in this way. Several radiographers reported 5 or more B&H incidents in the preceding 12 months as shown in Fig. 1.

No distinct peak of B&H was observed over the course of the year (e.g. with new junior doctor intake in August). However, certain times of the week appeared to be worse (in particular evenings and weekends as shown in Fig. 2). No particular junior doctor grade was noted as main offenders and all main urgent referral specialities were represented (see Figs. 3 and 4 for further details), although the lack of proper introduction by doctors at times made it difficult for radiographers to be sure who they spoke to.

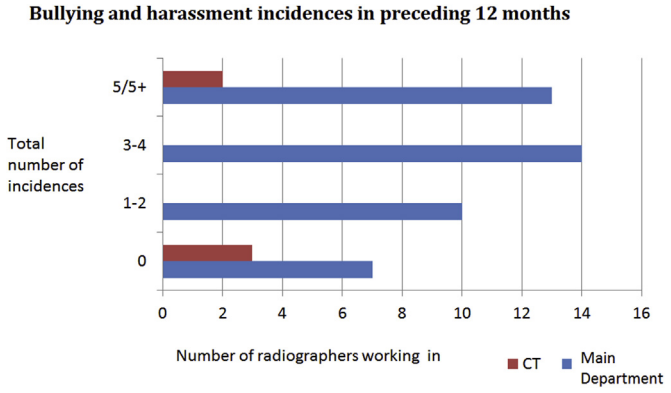

Figure 1. Number of bullying and harassment incidences reported by CT and general radiographers.

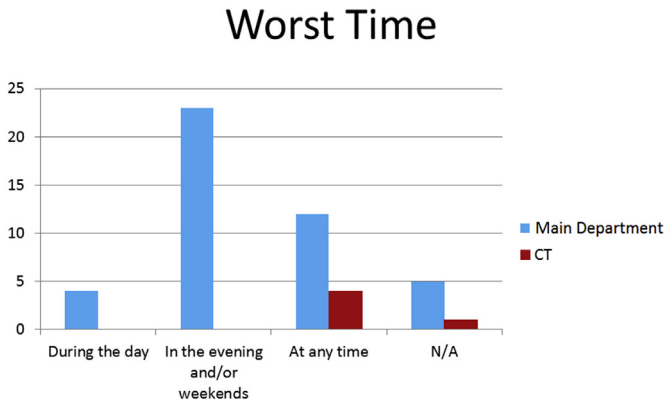

Figure 2. Perception of worst times when bullying and harassment incidents occur in CT and the main department.

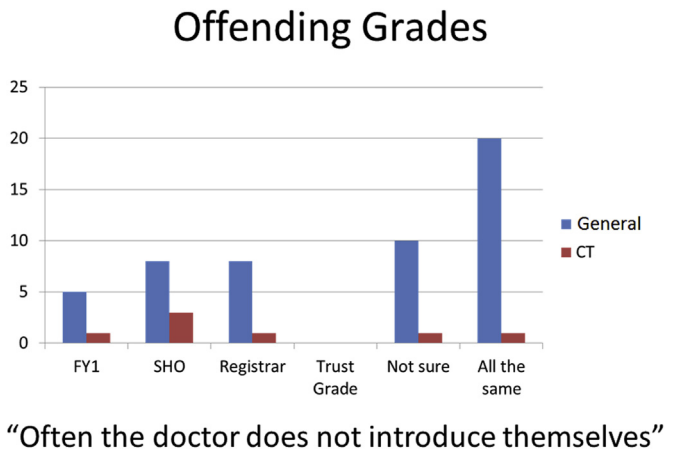

Figure 3. Perception of which grades are most likely to be associated with bullying and harassment incidents.

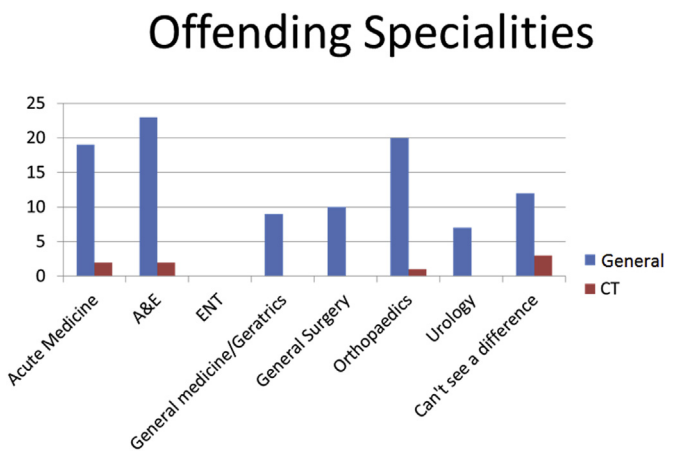

Figure 4. Perception of which specialities are most likely to be associated with bullying and harassment incidents.

Of the general radiographers, 26 (51%) had been threatened with escalation to a consultant when they did not accede to a request from a junior doctor, whereas only 2 CT radiographers reported such experiences.

Eighty percent (41) of the general radiographers felt that junior doctors were being pressurised by senior members of their team to get a particular investigation completed. The majority of radiographers (80%) felt that junior doctors might be economical with the truth in order to ensure that imaging requests were accepted and the same number stated that juniors demonstrated a condescending attitude when the indication for a study was challenged. 38 radiographers (75%) performed radiographs that were possibly unnecessary to avoid further confrontation. Furthermore, 34 (67%) respondents felt they were performing portable X-rays that could have been done in the radiology department and 28 (55%) thought juniors were more demanding when requesting plain radiographs rather than more specialised investigations. 26 radiographers (51%) said they had been shouted at or ridiculed in theatre with 4 stating that they had felt unsafe/physically threatened as a result of a junior surgeon's behaviour.

The majority of CT radiographers reported that junior doctors regularly queried the need to supervise contrast injections out of hours (which is a local mandatory patient safety protocol when only one CT radiographer is present during the scan out of normal working hours with no radiologist or other doctors in the radiology department in case of severe contrast reactions.)

Comments in the free text section included that radiographers at times feel bullied into performing certain X-rays overnight so they are ready for the morning ward round, rather than the radiographs being clinically urgent. CT radiographers reported that arguments sometimes arise when junior doctors do not want to speak to the duty radiology consultant but rather expect the radiographers to accept urgent CT referrals, which currently is only allowed for CT heads fulfilling NICE head injury guidance. Radiographers who work in both CT and general radiography reported that they are treated with more respect in the CT suite.

Several radiographers also mentioned uncertainty concerning the seniority of medical staff requesting examinations, like one example: "Often when a doctor rings or visits the scan room, I have no idea as to what grade they are. Doctors rarely introduce themselves."

Other free text comments included constant bleeping of staff harassing them to perform investigations more quickly, some junior doctors being rude over the phone (even putting the phone down abruptly), simply stating "the consultant wants it" when challenged, apparent unawareness of radiation safety regulations and avoidance of unnecessary exposures.

However, radiographers also stated that the majority of junior doctors were polite and understanding of their work commitments, especially outside normal working hours.

Discussion

It is unacceptable to belittle or humiliate doctors in training, to shout at them, insult them or use any other actions that can be perceived as harassment or bullying. Training opportunities should be equal for all doctors, regardless of gender, race or sexual orientation and trainees with disabilities should be supported and not marginalised. The GMC has done a great deal of work in recent years to ensure that quality control of training is as robust as possible, achieving continuous improvement of the training provided throughout the country.

However, the fact that annual junior doctor national surveys are taking place with potential serious consequences to local hospital staffing and loss of trainees also has the consequence that other staff groups are not subject to the same level of scrutiny. Trainees are surveyed very frequently by local hospitals and deaneries (to identify and resolve problems before the national GMC survey, in particular with regards to B&H), but rarely do trainees get systematic feed-back on their own attitudes towards other health care professionals. 360° appraisals take place, but trainees can choose the limited number of respondents who can complete their forms and are probably less likely to ask allied health care professionals from specialities such as radiology.

Very limited data is published on the perceptions of other healthcare staff groups, but one generic larger survey looking at bullying in the NHS still report an ongoing problem.[9] Radiographers were amongst the surveyed cohort but no specific data is published regarding this sub-group. The detrimental effects of B&H are likely to be the same: higher psychological distress rates and increased absence, reduced job satisfaction and worsening staff retention. This can easily lead to a lower morale with negative impact on efficiency, quality improvements and effective communication. This ultimately worsens patient care and may pose risks to patient safety through ineffective team-working. Communication and education were highlighted in the Francis report as essential aspects of good quality patient care and therefore should be improved as

much as possible to build a positive culture with excellent working relationships throughout all staffing levels.[10,11]

The presented survey had an overall good response rate of 84% (with 86% of general radiographers taking part). Some non-responding members of staff were on maternity/sick leave during this time, therefore results can be assumed to be quite representative. We were surprised to see how many radiographers reported serious incidents of B&H, even though it was limited to the preceding 12 months (to make it timely rather than historical and comparable to the junior doctor surveys). The most concerning results were that radiographers felt physically threatened or unsafe, which is absolutely unacceptable. As a result we have emphasized to all radiography staff that in such instances they should immediately leave the environment and call for help. An incident form should be completed. Consultant radiologists are on site from 9am to 8pm on weekdays and for over 9 h daily during weekends to offer direct support, otherwise they should be consulted over the phone for assistance without hesitation. Other instances of less severe B&H behaviour should also not be tolerated and appropriately documented. Guidance for all radiographers (with an additional document for students) has been developed by the Society of Radiographers.[12,13] This has been distributed again recently, encouraging all staff to share any concerns arising with the designated departmental senior radiographer or consultant radiologist.

Another important finding was the apparent disregard for the radiographer's opinions and queries of indications for examinations. Radiographers reported unnecessary examinations being performed during the night or portable radiographs being requested when the patient could have clearly come to the department. This is a problem all Trusts face with significant cost and staffing implications. Junior doctors did not seem to understand legal obligations concerning radiation exposure. Also, despite radiographer's explanations, junior doctors were often reluctant to attend patients undergoing contrast injections in CT out of hours. This is an essential patient safety protocol following previous incidents. These findings led to one of the authors writing a dedicated radiology e-learning module on the hospital electronic learning platform, including a personal radiographer account detailing the very stressful situation of a fatal CT contrast reaction during the night with only a student nurse in attendance. IRMER legislation was also detailed.[14] Since the August 2014 intake completion of this e-learning module is mandatory for F1 doctors.

Responding to the few reported incidents of junior doctors feeling they had been treated inappropriately in the radiology department, we also introduced an induction session for new foundation doctors. This included guidance on how an effective urgent imaging request should be conveyed and legal obligations when requesting ionizing radiation exposures. One of the authors has introduced role plays into final year undergraduate radiology teaching regarding effective emergency referrals and requests for opinions as well as the importance of good communication and team working. The aim is to better prepare new doctors for clinical practice.

The “Hello my name is” campaign has received media attention as part of the drive towards compassionate care within the NHS.[15] This campaign encourages all front line staff to introduce themselves to patients at the start of any clinical encounter. Encouraging junior medical staff to extend the same courtesy towards all colleagues from clinical support services would be one simple way to improve communication. This has also been included in our teaching sessions and a new local initiative is in preparation.

Limitations of this study are that radiographers were only asked to comment about the perceived behaviour of junior doctors, not senior medical staff. In addition, junior doctors were not questioned regarding criticism of their behaviour.

Conclusion

Junior doctors are not the only victims of B&H. Our survey confirms significant incidents of B&H from junior doctors towards radiographers in the preceding 12 months. Guidance and support were offered to departmental radiographers. Radiology induction e-learning and teaching sessions for new F1 doctors and final year medical students were developed to address these issues and improve interdisciplinary communication, with the overall aim to enhance patient care.

Conflict of interest statement

No conflicts of interest.

Acknowledgements

We would like to thank Mrs Catherine Fisher and her colleagues from City Hospitals Sunderland Library Services for their continuous support and assistance.

Appendix 1. Radiographer questionnaire

If you had a problem in the workplace regarding bullying do you know who to go to in the Trust?	Yes No
In this post do you feel that you have been the subject of bullying?	Yes No
In this post have you experienced personally or witnessed colleagues being ordered to work below their level of competence?	Yes No
In this post have you experienced personally or witnessed colleagues having their views ignored?	Yes No
In this post have you experienced personally or witnessed colleagues being humiliated or ridiculed in connection with their work?	Yes No
In this post have you experienced or witnessed colleagues having key areas of responsibility removed or replaced with more trivial or unpleasant tasks?	Yes No
In this post have you experienced personally or witnessed colleagues being shouted at or being the target of spontaneous anger or rage?	Yes No
In this post have you experienced personally or witnessed colleagues being exposed to an unmanageable workload?	Yes No
Have you complained to anyone about this behaviour?	Yes No
If you had a problem in the workplace regarding harassment do you know who to go to in the Trust?	Yes No
In this post have you witnessed harassment?	Yes No
In this post do you feel that you have been the subject of harassment at any point?	Yes No
Have you complained to anyone about this behaviour?	Yes No

Do you feel bullying or harassment is worse:	During the day In the evenings At weekends Evenings and weekends At any time
Have you ever felt physically threatened by such behaviour?	Yes No
In instances where you have experienced bullying/harassment from Junior doctors:	
Have you been threatened with escalation to their/a Radiology Consultant	Yes No
Do you think they have been pressurised into getting a scan by their seniors?	Yes No

(*continued on next page*)

(*continued*)

Do you think they are unsure as to the clinical details/ question answered by the scan?	Yes No
Is it worse in August (at changeover) or is consistent throughout the year?	August Consistent Other (please specify)
Do you think they have unrealistic expectations of the service that can be provided to both in/outpatients	Yes No
Are any specialities worse than others? (Can choose more than 1 option)	Acute Medicine (AMU) A&E ENT General Medicine/ Geriatrics General Surgery Orthopaedics Urology
Are any grade(s) of trainee worse for harassment?	FY1 SHO Registrar Trust Grade All the same Not sure
How frequently (if at all) are you a victim of/witness to bullying/harassment by a junior doctor?	(State figure)
Can you recall an incident (in as much detail as possible) within the last the year where you have been personally involved in a case of bullying/harassment by a junior doctor?	(Free Text)
Are there any further comments you would like to make?	(Free Text)

For those who also work in theatre:

Have you ever been shouted at/ridiculed in theatre?	Yes No
Have you ever been physically threatened in theatre?	Yes No
Have you ever felt unsafe in theatre as a result of a surgeons behaviour?	Yes No
Have your concerns regarding radiation safety been ignored in theatre?	Yes No

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