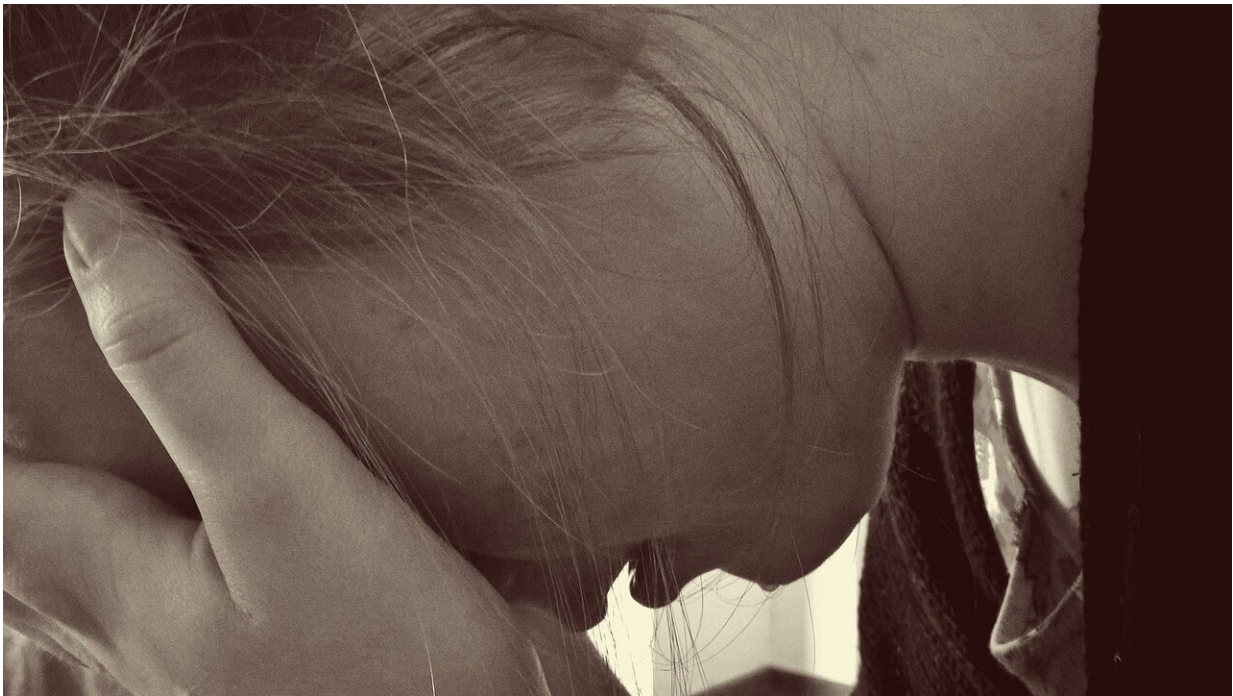


1 in 10 cardiology trainee doctors in UK say they have been bullied

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One in 10 junior doctors training to be cardiologists in the UK, say they have been bullied, reveal the results of a survey published online in the journal *Heart*.

Women and those who qualified in medicine outside the UK are most likely to report being subjected to this behaviour, the responses show.

Bullying of [junior doctors](#) working in the UK and elsewhere is relatively common, with surveys reporting an overall prevalence of around 40%.

It's linked to poorer professional performance and mental health as well as poorer health outcomes for patients. And bullying can have knock-on effects on those witnessing it too.

It's not clear if it's worse in particular specialties, so to try and gauge its prevalence in cardiology, the researchers drew on responses to the annual surveys of UK cardiology trainees run by the British Junior Cardiologists' Association between 2017 and 2020.

Since 2017, respondents have been asked about direct and indirect experiences of bullying and inappropriate language/behaviour in cardiology departments in the preceding 4 weeks.

In all, 2057 responses were received and 1358 specialist trainees completed the survey in full.

Nearly three out of four respondents were men (73%). The average age was 33. Most (76%) had qualified at a UK [medical school](#) and were working full time (96%).

Over half (59%) were working in a specialist centre for cardiology (tertiary referral centre) and most (94%) had a national training number, which guarantees a continued place on a [training programme](#), subject to performance.

The responses showed that around 1 in 10 (152; 11%) said they had been bullied. This prevalence was broadly similar across all four survey years.

And a third (431; 32%) said they had witnessed bullying while on a cardiology rotation, with those at an advanced stage of their training

more than twice as likely to witness bullying.

Women were 55% more likely than men to report being bullied, while doctors who had qualified outside the UK were even more likely to report this.

Those who had qualified at a European medical school were twice as likely to say they had been bullied as those who had graduated from a medical school in the UK. And those who had graduated from a medical school outside Europe were 3 times more likely to do so.

There were substantial differences in the rates of bullying between training regions (deaneries). Those with the highest bullying rates were East Midlands South (22%) and Northern (21%). The 3 regions with the lowest bullying rates (all 4%) were Mersey, Peninsula (Devon and Cornwall), and Yorkshire, North and East.

Women were also more likely than men to report being subjected to sexist language (14% vs 4%), while graduates from medical schools outside the UK were more likely to experience racist language: European medical school qualification 6%; other locations 7%.

These figures compare with a prevalence of 1.5% for graduation from a UK medical school.

One in three trainees (33%) in 2020 said they had been on the receiving end of at least one inappropriate behaviour, including opinions and views being ignored (12%), being made to feel worthless/useless (9%); 8% said they had been shouted at or targeted with spontaneous anger.

Senior doctors (consultants) in cardiology and other specialties were cited as the perpetrators by 82% and 70%, respectively, of respondents in the 2019 and 2020 surveys, when asked to reveal who the bullies

were.

Other medical staff were cited by 61% and non-medical staff by two thirds of respondents. It was rare for trainees to experience bullying by another [trainee](#).

In the free text, respondents described the emotional impact of bullying: some said it made them want to abandon training or had forced them to change supervisors/placements.

Others talked about how bullying was normalised in the specialty. Behaviour was often described as going unchallenged, or that nothing changed when the issue was raised.

The researchers acknowledge that the survey involved only members of the British Junior Cardiologists' Association, and not all the same questions were asked each year.

Nevertheless, they write: "Higher rates of bullying in female trainees and those undertaking undergraduate medical training outside the UK are worrying."

Not many women specialise in cardiology to start with, and those that do are less likely to complete their training compared with other specialties, they point out. And although cardiology has a higher proportion of ethnic minority trainees than other specialties, there is evidence they face systemic bias during training and in exams.

"Workplace bullying in medicine is undoubtedly a problem in specialties other than cardiology, and the degree to which the prevalence reported here represents a specific problem to be solved, or merely reflects general dissatisfaction may be considered to be an open question," they add.

"However, the prevalence of bullying in our results is double that found by the [General Medical Council] training survey in 2018 (5.8%)."

And they conclude: "...bullying of trainees needs to be a priority both to ensure patient safety and to reduce trainee attrition in a time of unprecedented workforce pressures."

In a linked editorial, cardiologist Dr. Resham Baruah of Chelsea and Westminster Healthcare NHS Trust, London, and independent professional coach, Emma Sedgwick, say the findings offer a "sobering insight into current practice," and indicate that "a bullying culture is endemic in many UK cardiology departments."

They go on to say: "Bullying behaviours towards those further down the hierarchy could represent maladaptive responses to increasing pressure, burn out, loss of status and financial reward experienced by consultants," adding that consultants role model such behaviour, generation after generation, which not only normalises the behaviours, but could even promote them as favourable.

Promoting better working conditions, [work-life balance](#), and job satisfaction, plus providing [training](#) on how to recognise and manage stress might help, they suggest. But it falls to everyone in [cardiology](#) to work together to effect culture change and stamp out bullying, they emphasise.

More information: Bullying in UK cardiology: a systemic problem requiring systemic solutions, *Heart* (2021). [DOI: 10.1136/heartjnl-2021-319882](https://doi.org/10.1136/heartjnl-2021-319882)

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