

Workplace Bullying in Radiology and Radiation Oncology

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Abstract

Workplace bullying is common in health care and has recently been reported in both radiology and radiation oncology. The purpose of this article is to increase awareness of bullying and its potential consequences in radiology and radiation oncology. Bullying behavior may involve abuse, humiliation, intimidation, or insults; is usually repetitive; and causes distress in victims. Workplace bullying is more common in health care than in other industries. Surveys of radiation therapists in the United States, student radiographers in England, and physicians-in-training showed that substantial proportions of respondents had been subjected to workplace bullying. No studies were found that addressed workplace bullying specifically in diagnostic radiology or radiation oncology residents. Potential consequences of workplace bullying in health care include anxiety, depression, and health problems in victims; harm to patients as a result of victims' reduced ability to concentrate; and reduced morale and high turnover in the workplace. The Joint Commission has established leadership standards addressing inappropriate behavior, including bullying, in the workplace. The ACR Commission on Human Resources recommends that organizations take steps to prevent bullying. Those steps include education, including education to ensure that the line between the Socratic method and bullying is not crossed, and the establishment of policies to facilitate reporting of bullying and support victims of bullying.

Key Words: Bullying, radiologists, technologists, health care, workplace bullying

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INTRODUCTION

Workplace bullying has been documented in multiple disciplines and occupations over the past 50 years, including in health care [1]. The ACR Commission on Human Resources is committed to a pleasant and safe work environment for radiologists, radiation oncologists, and all of our colleagues in the workplace. The commission strongly believes that bullying in the radiology or radiation oncology workplace is unacceptable, should not be tolerated, and should lead to corrective action, up to and including termination.

There is no accepted universal definition of bullying. A definition originally proposed by Einarsen et al [2] and later reaffirmed by Tehrani [3] is as follows:

Bullying at work involves repeated negative actions and practices that are directed at one or more workers. The behaviors are unwelcome to the target and undertaken in circumstances where the target has difficulty in defending him or herself. The behaviors may be carried out as a deliberate act or unconsciously. These behaviors cause humiliation, offence and distress to the target.

Lamberth [4] also described the repetitive nature of bullying and described bullying behavior as abuse, humiliation, intimidation, or insults severe enough to affect the victim's job performance [4]. Rouse et al [5] noted that bullying involves "acts of commission or omission that are seen as negative and unwelcome, tend to be repeated, involve power imbalances, and are abusive in effect regardless of conscious intent." Victims feel humiliated, vulnerable, or threatened to the point that they feel stress, and their self-confidence is undermined [6].

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Bullying behaviors are different from those used in the Socratic method of teaching, in which residents, medical students, or allied health students are challenged on their thoughts and ideas for providing patient care. The Commission on Human Resources believes that the Socratic method is a valid educational technique when it is used in a respectful manner.

BULLYING STUDIES INVOLVING TECHNOLOGISTS AND RADIATION THERAPISTS

Radiation therapists are allied health professionals in the field of radiation oncology who plan and administer radiation treatments to kill cancer cells. In a recent survey [7], 194 of 308 radiation therapists across the United States were currently working in or had previously been employed at an institution where workplace bullying occurred. From this cohort of respondents who reported having been bullied, 64% reported being distracted or having trouble concentrating at work, which has potential implications for patient safety; 65% reported that they were irritable around coworkers because of bullies and the environment created by them, which could adversely affect interactions with both patients and coworkers; 61% reported that their departments did not emphasize effective communication, which further increases the risk of compromised patient safety; 24% reported that their sense of self-worth within the department was low or absent; and 62% felt that they had unequal opportunities for advancement. Workplace bullying therefore affected multiple phases of victims' work lives, including job satisfaction, job performance, and relations with management.

Since 2010, the Society of Radiographers in the United Kingdom has carried out surveys of student radiographers during clinical placement. In the most recent survey [8], conducted in 2016, 500 students answered questions online. Approximately 63% of respondents believed that they had been subject to bullying, and approximately 17% reported having been subjected to more than 10 separate incidents. When respondents who had been bullied were questioned about the form of bullying, 85.1% cited humiliation and belittling, 73.4% said they had experienced excessive criticism, and 66.2% identified being ostracized or ignored. Approximately 59% of respondents to the survey had thought about leaving their clinical placement because of bullying. Approximately 64% of respondents stated that they had witnessed other students being subjected to bullying.

BULLYING STUDIES INVOLVING PHYSICIAN TRAINEES

Research has shown that residents and fellows in medicine are affected by workplace bullying. In a recent US national cross-sectional survey of 1,791 residents and fellows in 16 residency programs and 9 internal medicine fellowship programs accredited by the ACGME, 48% of respondents reported having been bullied [9]. The professionals most commonly implicated in bullying were attending physicians, who were the source of bullying in 29% of reported incidents, and nurses, who were the source of bullying in 27% of reported incidents. Factors significantly associated with an increased risk for being bullied were female (versus male) gender (52% versus 43%), age 30 years or younger (versus >30 years) (50% versus 44%), and nonwhite (versus white) race (50% versus 44%). The bullying behaviors most commonly experienced by participants were "unjustified criticism and monitoring of work" (44%), "attempts to belittle and undermine work" (44%), "destructive innuendo and sarcasm" (37%), and "attempts to humiliate" (32%). The overall prevalence of being subjected to bullying in this study of residents and fellows was similar to the prevalence shown in other US studies [10], literature reviews [11,12], and meta-analyses [13] of workplace bullying in medicine.

Bullying of physician trainees has also been documented in other countries. In Canada, 45% of respondents of a survey of family medicine graduates from the University of Alberta and the University of Calgary from 2001 to 2005 reported having been bullied during residency [14], as did 72.9% of interns and residents who responded to the 2012 Canadian Association of Interns and Residents National Survey [12]. The reported rates of bullying of physician trainees in studies from the United Kingdom [15] and Ireland [16] are similar to the rates reported in the United States. In a survey of first- and second-year trainee doctors in the UK Foundation Programme across eight different UK National Health Service trusts, almost half of respondents reported having been subjected to cyberbullying, a new form of bullying generated via electronic media such as texting and e-mail [17]. Bullying of physician trainees has been reported in Australia [11,18] and New Zealand [19] at rates similar to those in the United States. The reported rates of bullying of physician trainees in Asia range from about 50% in India [20] to 63.8% in Pakistan [21] and 84.8% in Japan [22]. Reported rates of bullying are generally higher in Africa than in other continents [23], ranging from 77% in Nigeria [24] to 97% in Oman [25].

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