

Bullying, undermining & harassment in the vascular workplace Revascularisation Symposium



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STRS

Co-authors and collaborators D











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Background.

Bullying, undermining and harassment (BUH): is a recognised problem within workplaces

leads to poor morale, breakdown of teamwork

may lead to patient harm

Advanced Revascularisation Symposium is a cause of workplace attrition

should not be tolerated

Methods.

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Anonymous international web-based survey

Distributed via social media and targeted emails / newsletters

Summary data and free text comments analysed

Definitions.



A behaviour or pattern of behaviours that a reasonable person would expect, might victimize, humiliate, undermine or threaten a person to whom the behaviour is directed.



A behaviour that subverts, belittles, weakens or wears away confidence (rude, ridicule, belittle, patronize or similar).



An unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended (based on age, religion, culture, sexual orientation, gender or similar trait).

Sexual harassment

Unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature by which a reasonable person would be offended, humiliated or intimidated.

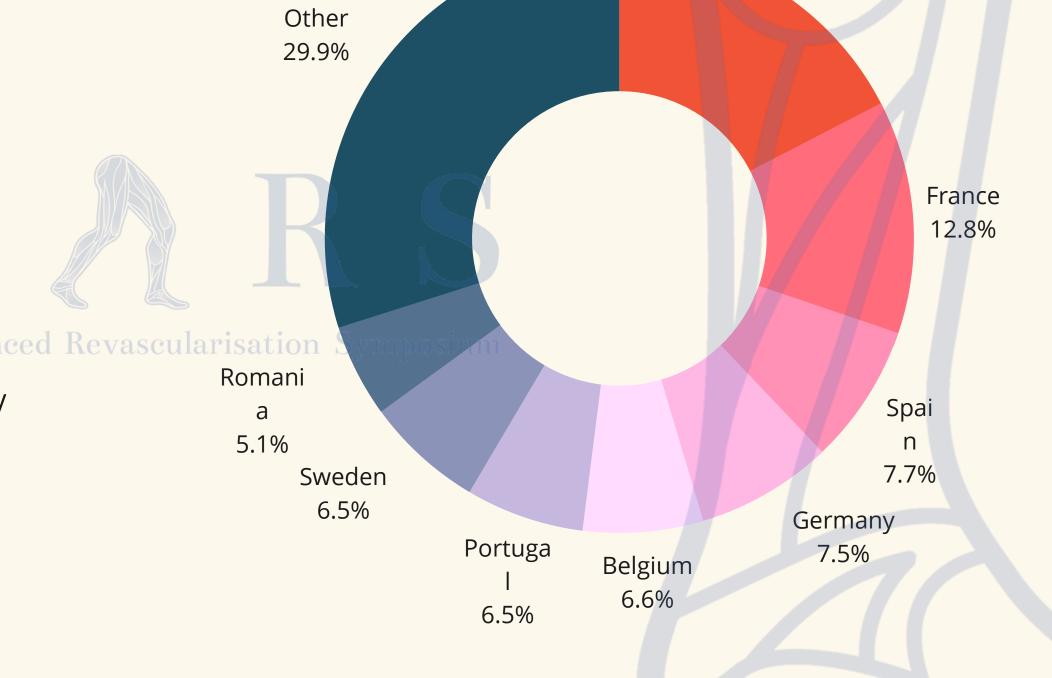
Results. Demographics.





1.0% angiology

countries



UK

17.4%



93.9% Europe

Demographics.

Age

20-25 ---> 1.2%

26-30 ---> 11.1%

31-35 ---> 20.6%

36-40 ---> 17.9%

41-45 ---> 15.2%

46-50 ---> 9.9%

51-60 ---> 17.5%

61-70 ---> 6.3%

71+ --->0.3%

Gender

Male ---> 62.9%

Female ---> 35.8%

Transgender:

- Male ---> 0.2%
- Female ---> 0.2%
- Non-binary ---> 0.2%

Prefer not to say -> 0.7%

Sexual orientation

Heterosexual ---> 94.0%

Homosexual ---> 2.4%

Bisexual ---> 1.9%

Pansexual ---> 0.2%

Asexual ---> 0%

Prefer not to say --> 1.5%

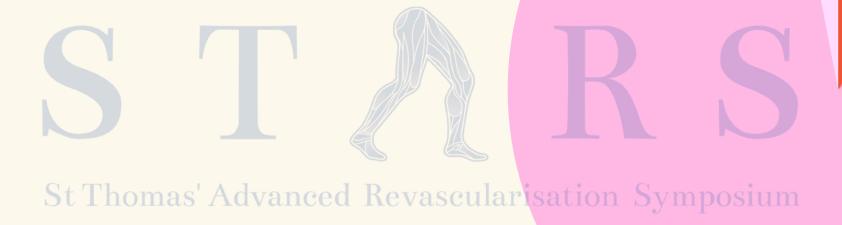
Disability

Yes ---> 2.7%

No ---> 96.1%

Prefer not to say --> 1.2%

Demographics. Ethnicity.



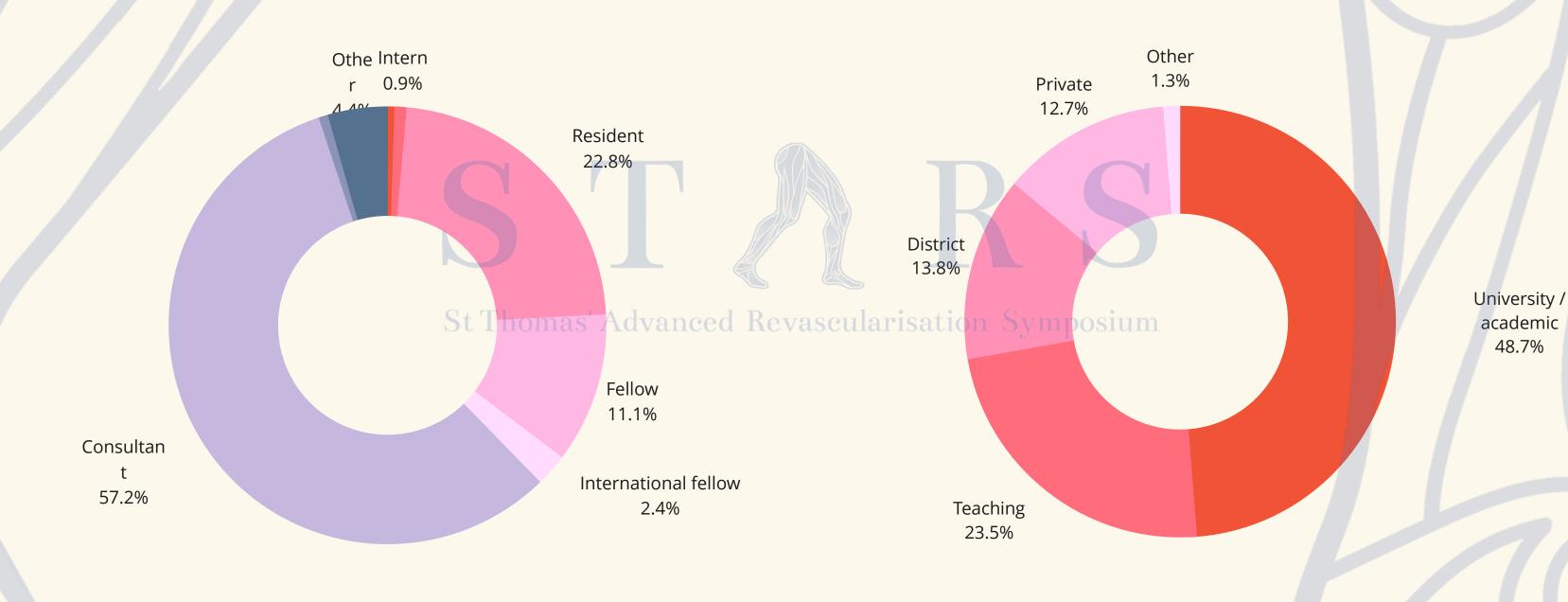
n 7 7% Mixed / multiple 4.4%

Asia

Whit

83%

Demographics.



Grade of practitioner

Type of hospital

Personal experience of BUH.



43.1%

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Within past 12 months

Recent*
experience of
BUH was more
common in:

non males

non white ethnicity

those who were born in a

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med students and more junior doctors

Risk factors for recent* BUH experience:

Gender

Females from all career grades were more likely to experience BUH except fellows + international fellows.

p<0.001

Ethnicity

Non-white people from all career grades were more likely to dvanced Revas experience BUH except residents.

p<0.001

Sexual orientation

Sexual orientation was associated with BUH experience only as a consultant

p=0.086

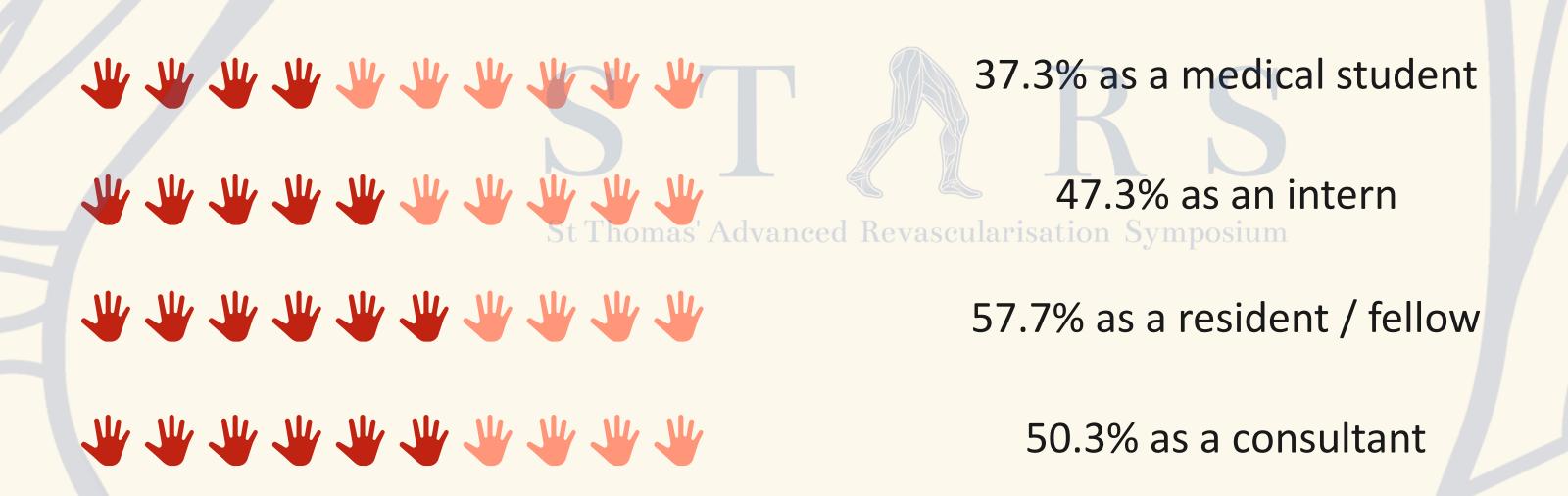
Not working in country of birth

People born outside
their country of
occupation were more
likely to experience BUH
overall.

p=0.017

Hospital setting and speciality were not associated with BUH at any stage

Personal experience of BUH during career.



Witnessed experience of BUH.



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75.3%

Have ever witnessed BUH towards a colleague

>half have witnessed BUH within last 12 months
Similar proportions of each career grade witnessed BUH recently

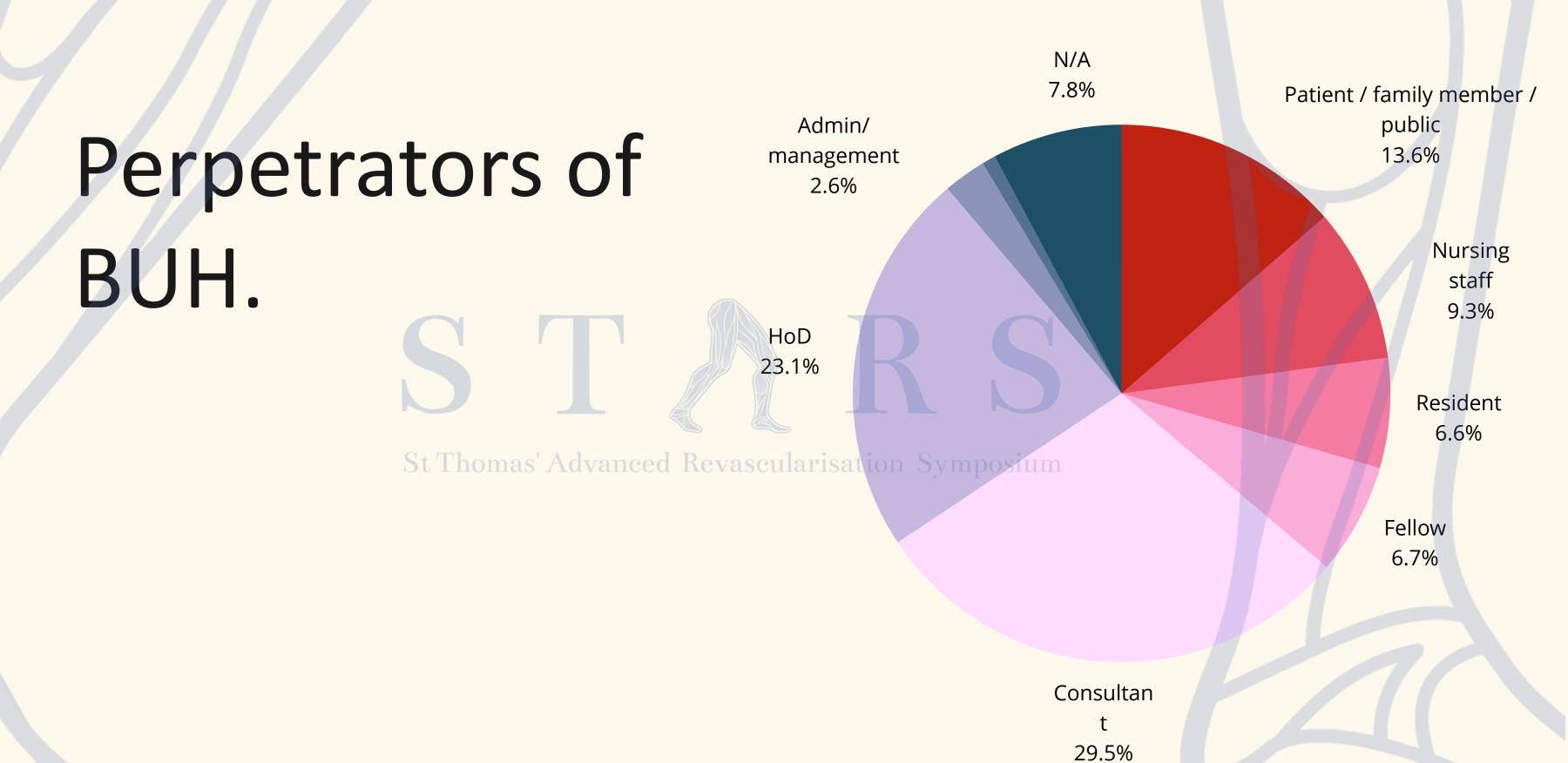
Frequency and setting of BUH.

Most commonly:

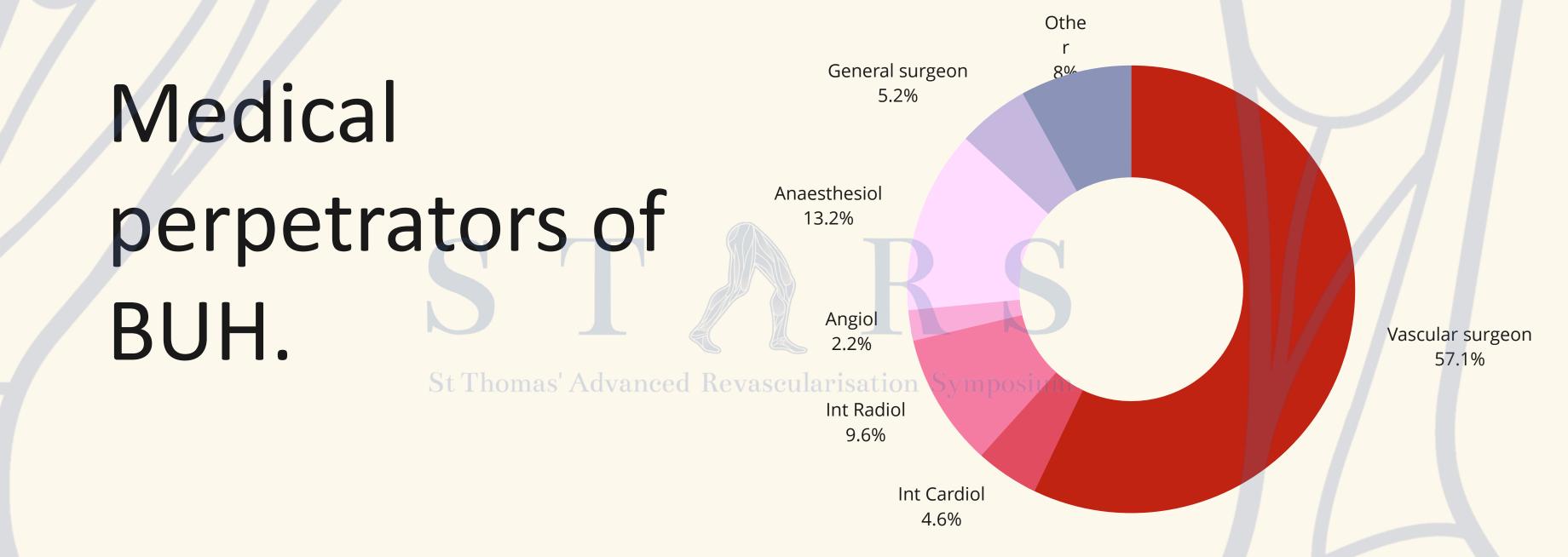
Weekly basis (22.1%)

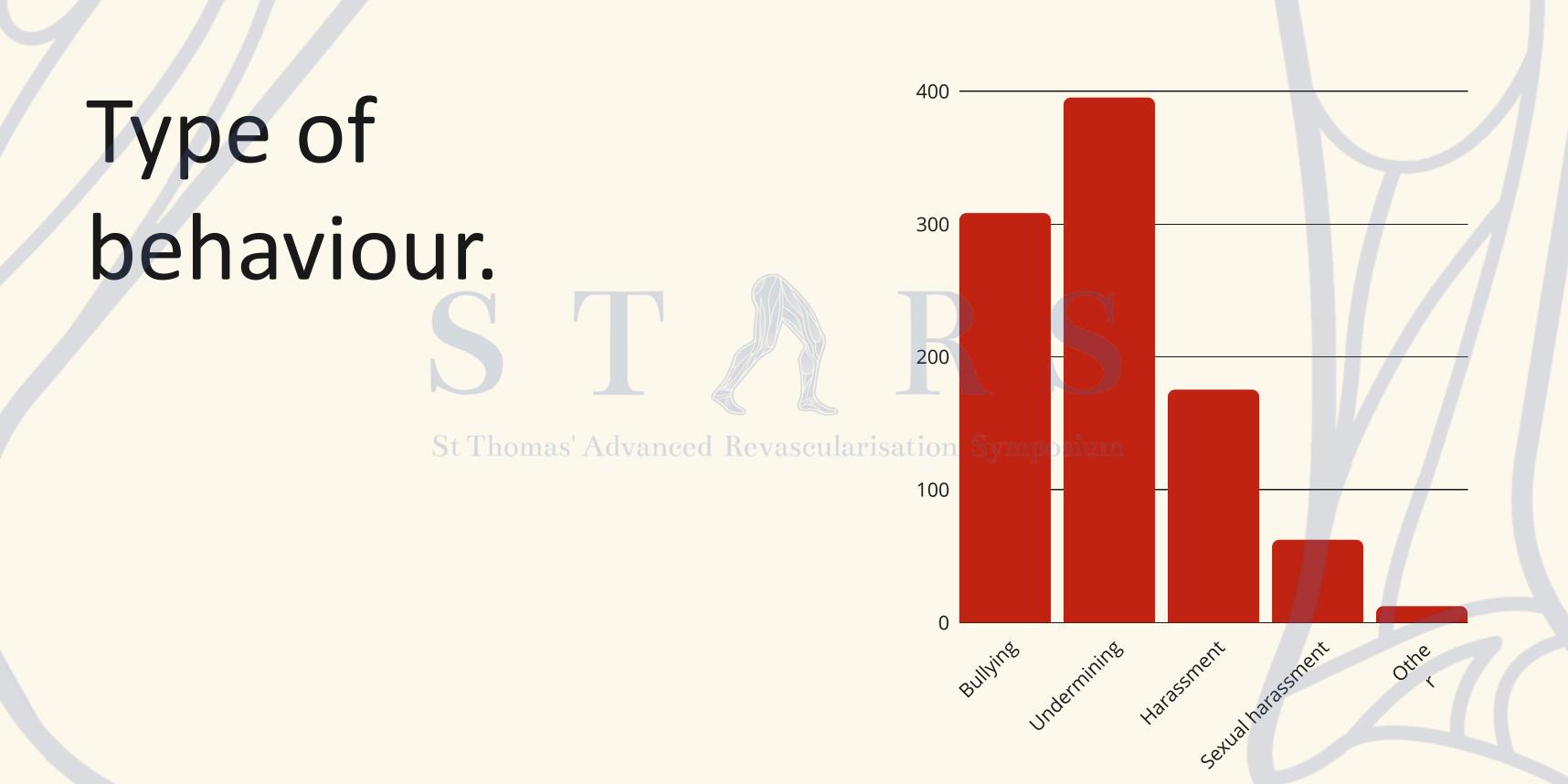
St Thomas' Advanced Revascula Consultant perpetrators (26.8%)

Operating room (31.3%)

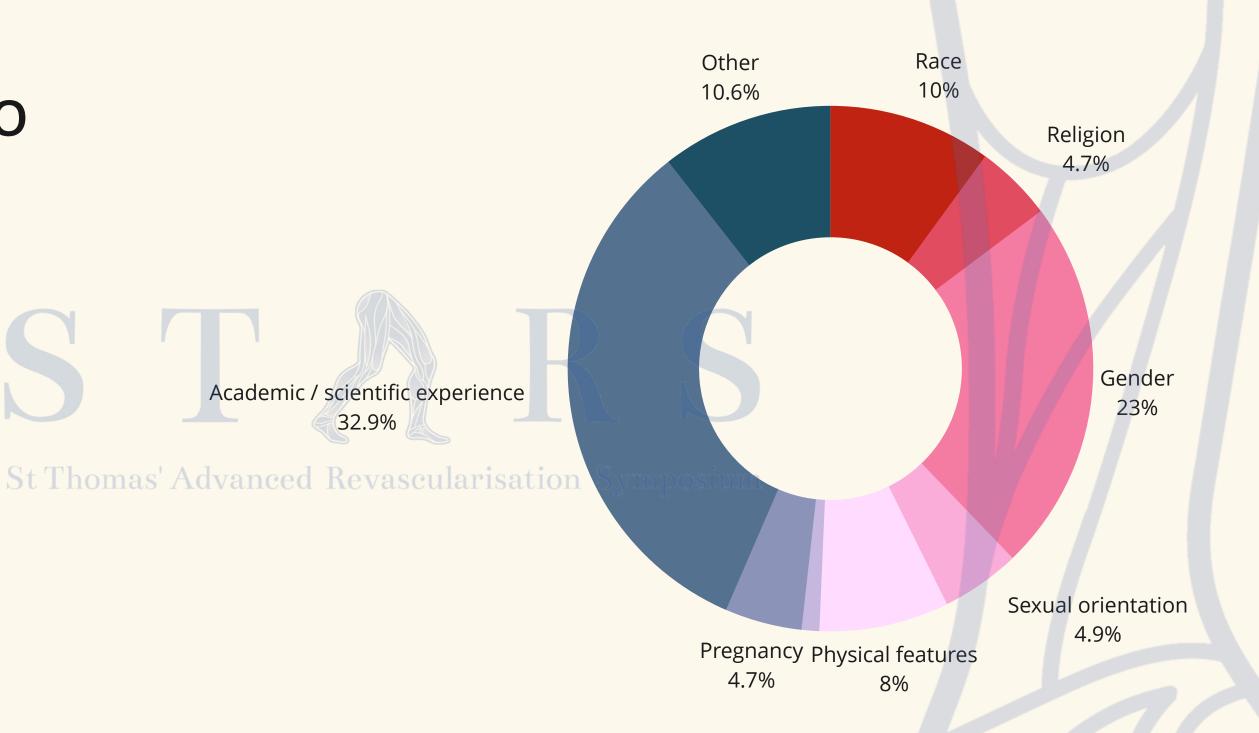


41% reported perpetrators to be male only





BUH related to personal / professional characteristic.



In response to experiencing BUH:



People most commonly waited for BUH to stop (23.6%)



BUH continued in 75.7% of cases where no direct action was taken



Only 10.3% wrote a formal complaint / letter

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Almost one fifth remained silent (19.3%)

In response to witnessing BUH:



People most commonly acknowledged BUH but took no action (23.3%)



Only one fifth tried to interrupt / stop BUH (20.7%)



Almost half experienced consequences themselves (44.8%) if tried to intervene

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If reported, BUH taken seriously in only 12.3%



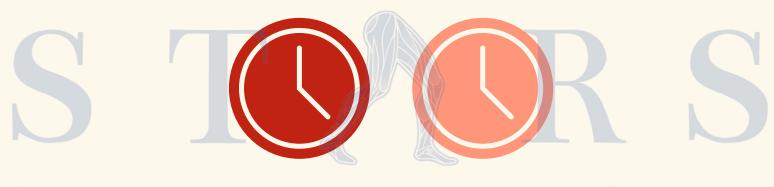
BUH continued in over one third of cases despite being reported (37.1%)

As a result of BUH:



1 out of 2

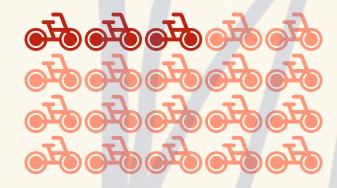
Said it affects their everyday practice (49.9%)



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1 out of 2

Have considered resigning (51.1%)



3 out of 20

Have resigned or left post (15.0%)

Examples.



As a female, being told that I was too emotional to be a surgeon, should go part time and that I should be a breast surgeon.



A patient said that it was not possible for me to be the surgeon because of the colour of my skin.



I was not offered a position because the Head of Department found out my sexual orientation.

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Preferential treatment for sexual favours and hostile treatment if they are refused.



Threat of non-renewal of contract when I wanted to take holidays.



Taking photos of complications and sharing them on social media.

Examples.



Emailing the whole team to tell them that I should not do certain operations.



Male surgeon asking a trainee to sleep with him during operations while touching her hand.

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I was told that I was too fat to be a surgeon.



Being punched in the chest or slapped on the hand.



Telling a female trainee not to wear underwear at a conference.

Examples.



Blackmail from senior colleague to give them data to use.



Telling me to "f**k off" repeatedly.

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Threatening to stop me from passing the vascular exam and getting promoted.



Constant undermining and belittling behaviour excused as "character building".



Do something

Do nothing



Workplace bullying is....the perfect antidote to self-worth and job satisfaction... the perfect crime that leaves no visible marks but effectively destroys one's ego, identity and resilience

Pei KY, Cochran A. Workplace Bullying Among Surgeons-the Perfect Crime.

Ann Surg. 2019;269(1):43-4