

Experience of workplace bullying behaviours in postgraduate hospital dentists: questionnaire survey

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IN BRIEF

- Previous studies show a high prevalence of self-reports of workplace bullying experiences among NHS staff.
- No previous studies exist on levels of workplace bullying among postgraduate hospital dentists.
- This study showed no differences in experience of workplace bullying by either gender or ethnic group but the overall prevalence of bullying was similar to that reported by other groups of NHS staff.

Objectives To determine the prevalence of bullying and experience of bullying behaviours among postgraduate hospital dentists. **Design** Questionnaire survey. **Setting** The study was conducted among a sample of dentally qualified trainees within the UK's Hospital Dental Service. **Subjects and methods** Two hundred and twenty-seven postgraduate hospital dentists were sent an anonymous questionnaire by the dental deans of participating deaneries. **Main outcome measures** Prevalence of bullying and prevalence of experience of bullying behaviours; differences in experience of bullying and bullying behaviours by gender and ethnic group. **Results** One hundred and thirty-six hospital dentists returned the questionnaire, a response rate of 60%. Thirty-four (25%) identified themselves as victims of bullying, and 63 (47%) had witnessed their colleagues being bullied. Irrespective of whether or not they labelled themselves as victims of bullying, in the previous year 82 (60%) dentists had experienced one or more of the bullying behaviours included in the checklist. Overall, there was no statistically significant difference in experience of bullying behaviours by gender or ethnic group though non-white participants were significantly more likely than white participants to have experienced four of the bullying behaviours. **Conclusions** Rates of bullying and experience of bullying behaviours among postgraduate hospital dentists were consistent with those reported in other NHS settings.

INTRODUCTION

Several studies have identified the prevalence of workplace bullying and associated occupational health outcomes among various National Health Service (NHS) staff in the UK. For example, it has been reported that over a third of junior doctors and over a quarter of NHS nurses identified themselves as victims of bullying.^{1,2} In addition, a much greater proportion had experienced bullying behaviours despite not labelling themselves as being bullied. This highlights the difficulties of measuring bullying, but generally two methods have been used. The first is the 'subjective' method, and relates to the perceptions of the victim. Bullying occurs when the individual perceives they have been subjected

to behaviours that make them feel intimidated or harassed and thus perceive themselves as having been bullied. The second method is the 'operational' method and asks participants to rate the frequency of experience of negative behaviours without requesting them to label the behaviours as bullying or not. Five categories of bullying behaviour have been suggested: threat to professional status (eg belittling opinion); threat to personal standing (eg insults); isolation (eg withholding of information); overwork (eg impossible deadlines); and destabilisation (eg removal of responsibility).³⁻⁵

Previous research has shown that, compared to those who are not bullied, victims of workplace bullying suffer from adverse occupational health outcomes, including lower levels of job satisfaction, a higher propensity to leave, and higher levels of anxiety and depression.^{1,5} As far as we are aware, no studies have assessed the prevalence of bullying among dentally qualified trainees within the Hospital Dental Service, and we report here findings from a study of postgraduate hospital dentists in the UK.

PARTICIPANTS, METHOD AND RESULTS

The study was commissioned by four deaneries responsible for postgraduate training in the Hospital Dental Service in the UK. An anonymous questionnaire was sent out by the deaneries to 227 postgraduate trainees. The questionnaire collected information on dentists' age, sex, job grade and ethnic group. Two methods of assessing bullying were used. Firstly, using the subjective method, participants were asked about their experiences of bullying according to a given definition, and who had been the bully (colleagues in work group; people outside work group; immediate supervisor/team leader; senior manager; other). Secondly, using the operational method, participants were given a checklist of bullying behaviours and asked to report whether they had experienced each in the past 12 months. Participants were also asked whether they had witnessed others being bullied. The response rate to the questionnaire was 60% (136), though not all participants answered all questions. By job grade, 40% (54) of respondents were specialist registrars,

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Table 1 Rates of reported bullying behaviours in postgraduate hospital dentists

Bullying behaviour	Overall bullying rate % (N)
Threat to professional status	48.5 (65)
Persistent attempts to belittle and undermine your work	35.8 (48)
Persistent and unjustified criticism and monitoring of your work	33.6 (45)
Persistent attempts to humiliate you in front of colleagues	13.4 (18)
Intimidating use of discipline or competence procedures	13.4 (18)
Threat to personal standing	46.3 (62)
Undermining your personal integrity	27.7 (36)
Destructive innuendo and sarcasm	31.3 (42)
Verbal and non-verbal threats	8.2 (11)
Making inappropriate jokes about you	21.6 (29)
Persistent teasing	14.2 (19)
Physical violence	0.7 (1)
Violence to property	1.5 (2)
Discrimination on racial or sexual grounds	7.5 (10)
Isolation	26.9 (36)
Withholding necessary information from you	11.3 (15)
Freezing out, ignoring or excluding	20.3 (27)
Unreasonable refusal of applications for leave, training, or promotion	9.7 (13)
Overwork	25.6 (34)
Undue pressure to produce work	24.6 (33)
Setting of impossible deadlines	17.2 (23)
Destabilisation (N = 134)	27.6 (37)
Shifting goalposts without telling you	13.4 (18)
Constant undervaluing of your efforts	17.2 (23)
Persistent attempts to demoralise you	11.9 (16)
Removal of areas of responsibility without consultation	7.5 (10)

Note: Respondents answered these questions even if they did not perceive themselves to have been bullied. Some respondents reported more than one type of bullying in each category.

50% (68) were senior house officers, 5% (7) were house officers, and 4% (6) held other grades. Of the respondents, 59% (79) were female and 41% (56) male, while 76% (103) were white and 24% (32) were from other ethnic groups. Overall, 25% (34) of dentists identified themselves as victims of bullying using the subjective method, and the person most likely to be the bully was a colleague in the participant's own work group (68%, 19), supervisor (45%, 14), 'other' (32%, 9), or senior manager (21%, 6): some respondents reported being bullied by more than one person. In total, 47% (63) had witnessed colleagues being bullied.

Irrespective of whether or not they labelled themselves as victims of bullying, 60% (82) of dentists reported that in the past 12 months they had experienced one or more of the bullying behaviours included in the checklist (Table 1). The categories of bullying behaviour most frequently reported were 'threat to professional status' (49%) and 'threat to personal standing' (46%), findings which are consistent with previous research conducted in NHS settings.^{1,2,5} There were no statistically significant differences in experience of bullying behaviours between males and females, though proportionately more females (52, 66%) were likely to experience

these behaviours than males (30, 54%; $\chi^2(1) = 2.06, n = 135, p = 0.151$). Overall, the difference in experience of bullying behaviours across ethnic groups was not statistically significant though there were significant differences in four of the individual bullying behaviours, where non-white were more likely than white participants to experience: 'inappropriate jokes' (11 (34%) versus 18 (18%); $\chi^2(1) = 3.91, n = 133, p = 0.048$); 'violence to property' (2 (6%) versus 0 (0%); $\chi^2(1) = 6.41, n = 133, p = 0.011$); 'unreasonable refusal of applications for leave, training or promotion' (6 (19%) versus 7 (7%); $\chi^2(1) = 3.85, n = 133, p = 0.050$), and racial or sexual discrimination (8 (25%) versus 2 (2%); $\chi^2(1) = 18.52, n = 133, p = 0.000$).

COMMENT

There were significant levels of experience of bullying behaviours among the post-graduate dentists who responded to our survey. The prevalence of these behaviours is generally consistent with levels reported within other NHS settings that used the same definitions and timeline as the current study, though not as high as the prevalence reported among junior doctors.² Our results showed that, overall, there were no statistically significant differences in experience of bullying behaviours by gender or ethnic group – a welcome finding that is rarely reported in the literature. However, four of the individual behaviours on the checklist did differ by ethnic group, and three of these behaviours fell into the category that posed a threat to the respondent's personal standing. It should be noted that a larger sample would have been desirable, and of course results from self-report methods of assessment must be viewed with due caution.

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