

A Review of Bullying among Healthcare Professionals: Building a Foundation for Occupational Therapy

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Introduction

Occupational therapy is a health profession that employs “the therapeutic use of everyday life occupations with persons, groups, or populations...for the purpose of enhancing or enabling participation” (American Occupational Therapy Association, 2020). Interventions in occupational therapy (OT) vary widely and are fitted to each individual client’s needs, allowing them to accomplish their goals such as returning to volunteer work after a stroke, learning how to care for a parent with dementia, or ensuring that a premature baby meets its developmental milestones on time. Occupational therapy, like many other health professions, has been experiencing a bullying problem, which can hamper all aspects of OT professionals’ work and education (Bolding et al., 2020; Bolding et al., 2021., Myers & Cremer, n.d.). To understand how to address this problem, however, one must first recognize what bullying is.

Bullying can be defined as “the persistent exposure to interpersonal aggression and mistreatment from colleagues, superiors or subordinates” (Einarsen et al., 2009, p. 24). These patterns of disruptive behavior are prevalent within the medical field, particularly with clinicians bullying students, residents, and other subordinates (Messiaen et al., 2021; Wolfman et al., 2019; Yujeong et al., 2019; Zhang et al., 2020), leading to a multitude of adverse effects for staff and productivity. Experiencing bullying in healthcare is associated with symptoms of anxiety, depression, and PTSD, increased burnout and turnover rates, and overall poorer work quality (Al Muharraq et al., 2022; Ayyala et al., 2019; Baek & Lee., 2022; Buhaug et al., 2022; McPherson & Buxton, 2019; Messiaen et al., 2021; Yujeong et al., 2019; Zhang et al., 2020). Buhaug et al., (2022) also indicated possible physiological effects in which victims of workplace bullying had higher occurrences of musculoskeletal pain than their peers. These negative effects put significant stress on clinicians and students and, by extension, add onto the stress of an already understaffed and overworked field.

Bullying behavior is prevalent in the field of occupational therapy (Bolding et al., 2020; Bolding et al., 2021., Myers & Cremer, n.d.). The amount of research specifically for OT is lacking compared to other health professions, however, with only two articles published on the topic and a third recently submitted for publication. Despite this, occupational therapy professionals (OTPs) are not exempt from bullying, often experiencing it in fieldwork placements and in the workplace (Bolding et al., 2020; Bolding et al., 2021; Myers & Cremer, n.d.). To effectively address this issue, we must examine recent literature on the broader scope of bullying in healthcare, how it affects education and mental health, and what is currently being done to prevent it. Though drawing from other fields’ research may not be entirely representative of the OT experience, they can provide a frame of reference for what the current body of research lacks. It is important to first assess the nature and prevalence of bullying in the medical field to build a base for OTPs experiencing similar difficulties.

Prevalence of bullying

Bullying is prevalent between healthcare staff worldwide in the workplace and during educational experiences such as residency, clinical rotations, and fieldwork. These experiences typically take place at the end of a program, allowing students to develop hands-on skills before

graduation. Bolding et al. (2020) found that 16% of occupational therapy fieldwork students were victims of bullying, though Myers & Cremer (n.d.) found that over 80% of respondents had experienced fieldwork bullying. The wide gap between these percentages may be due to the difference in participants with Bolding et al. only surveying 247 OT students and Myers & Cremer surveying 702 people who were occupational therapists, occupational therapy assistants (OTAs), OT or OTA students, or retired from the profession. This highlights the limited nature of current literature in OT, suggesting that bullying might be a greater issue with OTPs, also necessitating the use of other fields' research.

Other healthcare specialties also showed significant bullying rates with 25% of orthopedic professionals, 14% of internal medicine residents, 27% of cardiology residents, and 66% of general surgery residents reporting being bullied at some point during their residency programs (Ayyala et al., 2019; DiFiori et al., 2023; Wolfman et al., 2019; Zhang et al., 2020). Though clinical rotations and fieldwork experiences are a comparatively short part of a clinician's career, they are invaluable in building confidence and teaching skills necessary to work in the field of healthcare, which can be severely hampered when students are bullied (Myers & Cremer, n.d.).

Workplace bullying was common with 25% of orthopedic professionals and 23% of occupational therapy professionals reporting it (Bolding et al., 2021; DiFiori et al., 2023). Al Muharraq et al. (2022) found that 33% of nurses had either witnessed or been victims of bullying. Witnesses to bullying were common with DiFiori et al. (2023) finding that 40% of orthopedic residents witnessed a coworker being bullied and Wolfman et al. (2019) reported that 33% of their cardiology resident respondents witnessed other residents being bullied. Messiaen et al. (2021) surveyed physicians from numerous disciplines and found that 42% had experienced bullying in the workplace. These behaviors permeate into all facets of the healthcare field at significant levels, though certain specialties have higher rates than others.

Types of bullying

Verbal abuse (shouting, belittling, excessive criticism) was among the most common type of bullying found in these studies with reports of it occurring 42% of the time among general surgery graduates (Zhang et al., 2020) and occurring as frequently as 80% of the time among internal medicine residents (Ayyala et al., 2019). One example of verbal abuse found in an interview was an OT student whose "educator would harshly correct [the student] in the presence of the client", which made it more difficult for the student to confidently interact with the client (Myers & Cremer, n.d., p. 9). Other common behaviors were exclusion, withholding of information (Zhang et al., 2020; Bolding et al., 2020), physical intimidation, being told to work below one's level of competency (Al Muharraq et al., 2022), and sexism (Clements et al., 2020). These bullying behaviors can cause the student's performance to worsen and in turn delay the progress of their education (Myers & Cremer, n.d.) and they cause similar negative consequences in the workplace, reducing the quality of care and increasing stress along with other consequences discussed below.

Effects of bullying

Bullying is associated with negative mental health outcomes for victims, often leaving them with signs of depression, anxiety, or PTSD (Ayyala et al., 2019; Buhaug et al., 2022; Messiaen et al., 2021; Zhang et al., 2020). Bullying victims showed increased turnover intention (willingness to leave a job) and decreased work performance in nursing settings (Al Muharraq et al., 2022;

Ayyala et al., 2019; Baek & Lee, 2022; McPherson & Buxton, 2019). Several other settings also showed increases in burnout in bullying victims (Ayyala et al., 2019; Yujeong et al., 2019; Zhang et al., 2020). Healthcare professions have notably high-burnout rates at 48% compared to the general population at 28% (Vassar, 2016) but bullying exacerbates the issue, putting an even greater strain on clinicians' mental health and their work. Buhaug et al. (2022) also describes physiological symptoms associated with workplace bullying with 77% of victims experiencing significant musculoskeletal pain and only 3% reporting no pain at all. Pain makes it difficult for clinicians to work effectively as many common tasks, such as moving patients or equipment, are physically demanding and may exacerbate their pain. These negative effects are not limited to the workplace, however, as OTPs noted that being victims of bullying during fieldwork led to short-term stress and long-lasting consequences. Bullying caused one student to question if they still wanted to be an OT, one felt undeserving of their degree and "took six years to feel that [they were] worthy of being an OT" (Myers & Cremer, n.d., p. 16). Another student turned into a bully when they became a fieldwork educator, saying that "I was just treating them the way I was treated- I thought it was a normal rite of passage. I did not realize the harm I was doing to their self-confidence." (p. 16). Though these are only anecdotal examples, it shows how detrimental bullying can be throughout a clinician's career, potentially affecting all aspects of their work and their mental health. Not all the effects of bullying are negative, however; some participants in the same study reported that they used their negative fieldwork experiences as learning opportunities. They explained that these experiences enabled them to deal with workplace conflicts as well as showing them behaviors to avoid if they should choose to become fieldwork educators in the future. Though bullying behavior predominately results in negative consequences, it would be beneficial to further explore its positive effects in addition to the negative to gain a better-rounded understanding of bullying's impact on the field.

Victims and Perpetrators of Bullying

Students, subordinates, and young clinicians are the primary victims of bullying in healthcare and are most often victimized by their direct superiors or other supervisors in their respective settings (Al Muharraq et al., 2022; Bolding et al., 2020; Bolding et al., 2021; Messiaen et al., 2021; Zhang et al., 2020). These bullying behaviors add onto the stress of an already-stressful field and hamper students' development at a crucial time in their careers, potentially affecting their performance in the future. Being bullying victims may also encourage students to participate in bullying behaviors themselves. Students and other peers have been reported to participate in uncivil behaviors such as gossiping, exclusion, and offensive remarks, showing that students were the "bullies" 33% of the time (Bolding et al., 2021; Zhang et al., 2020). Victims of bullying can become bullies themselves and, whether they realize it or not, perpetuate the cycle of abuse that clinicians and students alike often suffer from, sometimes continuing far into their careers as seen with one interviewee in Myers & Cremer (n.d.).

There were some additional common traits observed in both perpetrators and victims of bullying across several studies. In DiFiori et al. (2023), orthopedic trainees and surgeons who witnessed bullying stated that the perpetrators were most often male peers. Several studies reported that people of marginalized or minority groups were more likely to experience bullying (Ayyala et al., 2019; Beagen et al., 2022; Bolding et al., 2021; DiFiori et al., 2023), in addition to women (DiFiori et al., 2023; Terry & Williamson, 2022; Zhang et al., 2020). The prevalence of female bullying victims is a common trend in OT and other fields though the prevalence of male

bullies may not be, as most of the OT workforce is female (Data USA, n.d.) which may have an effect on the frequency and nature of bullying in OT that has not been explored in depth.

Other researchers came to different conclusions, finding few significant differences between gender, race, ethnicity, or age (Bolding et al., 2020; Messiaen et al., 2021). Some studies postulated that the cause for bullying behavior could be the inherent factors of stress, hierarchy, and superiority in healthcare, as well as the increased stress placed on clinicians who choose to work with students (DiFiori et al., 2023; Baek & Lee, 2022). Since stress and hierarchy cannot be entirely removed from the work or fieldwork environment, it is important to address bullying in other ways such as with education materials and raising awareness. Reducing bullying behaviors can be difficult to do, however, as the broader scope of bullying in healthcare often goes unrecognized, underreported, and unaddressed, leaving little to work with in terms of combating bullying.

Difficulties with Preventing Bullying Behaviors

Bullying often goes unreported with only 13% of respondents choosing to do so in Wolfman and Parikh (2019) despite 25% reporting experiencing bullying. DiFiori et al. (2023) found similar results with 39% of respondents saying that they had witnessed bullying, but none chose to report it. Even when someone acted against bullying, the behavior stopped in only 34% of the cases, which could contribute to people's unwillingness to report bullying in the first place. Other negative effects experienced after reporting bullying included continued bullying (30%), inaction by the authority who received the complaint (13%), and retaliation against the victim for making a complaint (4%). Terry & Williamson (2022) found, however, that residents who overestimated how often other residents reported bullying were more likely to report bullying behavior themselves. These overestimations might have helped residents feel safer or more comfortable in reporting bullying since they assumed others were also reporting. Further studies suggested many reasons for underreporting: fear of academic repercussion, fear of financial consequences, fear of damaging a victim's reputation, fear of inhibiting a victim's future career, the medical field's culture of resilience and self-sacrifice, and students' subordinate position during fieldwork (Bolding et al., 2020; Colenbrander et al., 2020; DiFiori et al., 2023; Wolfman & Parikh, 2019). These are similar themes seen throughout healthcare, often worsened by the educational nature of clinical rotations and the inherent stress of a medical work environment. Though many stressors cannot be removed outright, there are some factors that can easily be changed that have been shown to contribute to bullying. Studies found that students and employees are often unaware of or unclear on the bullying policies at work or in field placements (Colenbrander et al., 2020; Wolfman and Parikh, 2019) and received poor training for dealing with workplace bullying (Messiaen et al., 2021). This poor handling of bullying prevention reflects a wider problem in the field of medicine in which bullying is not being adequately addressed, despite plenty of research pointing to bullying as a significant problem. This unawareness is shown succinctly in a comment made by a respondent in Myers & Cremer (n.d.) who remarked that they "really don't see the need for this survey. Are people really having trouble with fieldwork? Mine was fine and then I moved on." (p. 12). This lack of awareness exacerbates an already serious issue by failing to equip students and employees with the knowledge necessary to address bullying, letting the negative behaviors continue unchecked.

Conclusion

These studies add to the existing body of literature covering bullying in the field of healthcare, its prevalence, patterns, and effects. Bullying affects a wide range of healthcare professionals but most often finds itself embedded in the lives of residents and students. The studies in this review tie various fields together by similar themes of who, where, and why, helping build a foundation for specialties that lack a significant amount of research, such as occupational therapy. Though these studies provide a good starting point for OT, there are some issues that prevent the current literature from capturing the full scope of bullying behaviors among OTPs. Firstly, many physicians and students are male, leading to a majority of male participants whose data may not be generalizable to the field of occupational therapy since most OTPs are female (WFOT, 2022) and many bullying perpetrators were reported as male (DiFiori et al., 2023). Second, though there were no studies directly comparing rates of bullying between OT and other fields, data gathered from separate studies showed lessened rates of bullying in OT settings compared to several others, which may alter the course and impact of bullying (Bolding et al., 2020; Bolding et al., 2021; DiFiori et al., 2023; Wolfman et al., 2019; Zhang et al., 2020). Further studies addressing occupational therapy fieldwork and workplace bullying are necessary to understand the nuances of OT in relation to other fields and how bullying can be addressed.

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