

Bullying and Sexual Discrimination in the Greek Health Care System



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INTRODUCTION: Modern medicine is based on teamwork and communication. Bullying and discrimination can have a serious effect on these, affecting the standard of medical training and patient care.

AIM: To determine the incidence of bullying and sex discrimination in the Greek health care system.

METHODS: An online questionnaire was designed and circulated among Greek medical professionals.

RESULTS: We received 1349 completed questionnaires with a response rate of 48% and with 45% of them being female. Equal opportunities in specialty training were reported by 55% of the participants. Female doctors in medicine and in surgery reported no equal opportunities at an incidence of 15% and 30%, respectively ($p < 0.001$). Family obligations and lack of family support were considered as the main obstacles in female doctors' professional development by 92% and 59% of the participants, respectively. Both sexes appeared to have suffered from various forms of abusive behavior with characteristics that vary between them. Verbal abuse, threatening behavior, and sexual harassment were reported by 50%, 38%, and 20%, respectively, with women being 3 times more likely to be victims of sexual harassment (34% vs. 9%, $p < 0.001$). Finally, the availability of official support mechanisms was reported in only 15% of the cases, whereas friends and colleagues were the main support for 46.17% of the cases.

CONCLUSION: This is the first study attempting to preliminary describe the extent of bullying and sexual discrimination in the Greek national health care system. Despite the limitations of this study, it is imperative that more research is performed on this issue from the

appropriate national authorities. (J Surg Ed 74:690-697. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: bullying, discrimination, medical profession, Greece

COMPETENCIES: Medical Knowledge, Interpersonal and Communication Skills, Professionalism

INTRODUCTION

Modern medicine is based on communication, teamwork, and balancing team dynamics. In an increasingly complicated environment of decision-making and patient management, there is no room for failure in any of the links of the communication chain.¹⁻⁵ This is simply one more reason why bullying and discrimination cannot be tolerated at any part of the hospital environment, regardless of the specialty, the level of seniority, or the role in the team.

Medicine and doctors have not been immune to the widespread stereotypes that appear to be deep rooted and very often seem to fuel unfair treatments toward some of the weakest members of the team. Medicine used to be a male-dominated profession with certain specialties like surgery being almost exclusively run by testosterone.⁶⁻¹⁰ These stereotypes and the associated bullying and discrimination can sometimes determine the success of a career in medicine but can also affect the quality of the provided patient care.^{1-5,11-13} It is not surprising that the professional well-being of the doctors is associated with clinical outcomes. Especially now with an increasing number of female doctors and multicultural clinical teams, the need to improve communication and establish respect at all levels of the chain of command is more important than ever.

The Greek health care system is no exception to the above. Running within a financially challenging environment, it has

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to face many challenges,¹⁴ one of which is to adjust to the new era of equality and respect between all clinical team members. Hierarchy has been a very strong management characteristic in Greek Hospitals with ranks similar to that of a military unit and with very little space for constructive dialog or criticism for those who are at lower ranks. At the same time, medicine in Greece has also been male-dominated with certain specialties being traditionally less accommodating for female doctors. However, with the current rise in the number of female medical students, there is a new reality and it is important to understand how the old establishment appreciates and interacts with it.¹⁵⁻¹⁸

The main objective of this study is to provide a preliminary assessment of the incidence of bullying and discrimination in the Greek medical profession in an attempt to raise awareness and trigger action for change.

METHODS

An online, questionnaire was designed regarding sex discrimination and bullying during residency training and medical practice. The first section of the questionnaire consisted of 6 demographic questions about participant's education, specialty, and job status at the moment. The second section contained scaled questions designed to measure respondent's job satisfaction, propensity to leave, and the effect that bullying/sexual discrimination had in the doctor's training, employment, or both (for a full list of question, please see [Appendix](#)).

The database of the members and friends of the Greek Medical Association UK (www.greekmeds.co.uk) was used to identify potential participants. Eligible participants were Greek doctors who have trained in Greece or who have worked in a Greek hospital for more than 6 months. An e-mail with the survey link was sent to the eligible participants during October 2015 to December 2015. Respondents had the opportunity to comment in some questions apart from selecting an option of the scale.

SPSS statistical package was used to perform the statistical analysis.

RESULTS

We received 1349 completed questionnaires, which represented a response rate of 48%. There was a nonsignificant difference in the sex of the participating doctors with more male physicians (54.3% vs. 45.7%, $p > 0.05$) and with the majority being above the age of 30 years ([Table 1](#)). As expected from the population demographics of Greece, most participants worked in Athens (44.77%) with 38.3% of the participants specializing in internal medicine, 35% in surgery, 11.2% in radiology/lab-based specialties, and the remaining at undergraduate stage of training. Most of the

participating doctors were practicing at public or private hospitals ([Table 1](#)).

Overall, 63% of the participants admitted had experienced the same opportunities with the opposite sex; however, this percentage decreased to 55% during specialty training ($p < 0.001$; risk ratio [RR]: 1.155; confidence limits [CL] with 95% CI: 1.085-1.23). Incidences of verbal abuse, threatening behavior, or sexual harassment during undergraduate medical studies were reported in 39%, 24%, and 10%, respectively. Worryingly these figures increased during specialty training with the corresponding percentages reported as 50%, 38%, and 20% (50% vs. 39%, $p < 0.001$, RR: 1.29, CL: 1.171-1.421; 38% vs. 24%, $p < 0.001$, RR: 1.594, CL: 1.395-1.821; and 20% vs. 10%, $p < 0.001$, RR: 1.91, CL: 1.547-2.359, respectively). Official support mechanisms from the hospital or the host institution were reported in only 15% of the cases, with friends and family acting as a safety net for almost 1 in 2 doctors (46%) who have suffered work-related bullying.

In a subgroup analysis, in medicine 15% of the female participants reported unequal opportunities in comparison with the opposite sex; whereas in surgery, it was 30% ($p < 0.001$; RR: 0.5; CL: 0.3472-0.7577), introducing a significant sex difference favoring male trainees especially in surgical specialties. In laboratory-based specialties as well as in radiology, the satisfaction regarding equal opportunities appeared increased and in almost 8 of 10 was deemed satisfactory ([Tables 2](#) and [3](#)). Regarding humiliation and threatening behavior, men and women appeared to be equally subjected ([Table 4](#)), whereas women were 3 times more likely to be victims of sexual harassment (34% vs. 9%, $p < 0.001$; RR: 5.2; CL: 3.706-7.423).

Regarding the perceived barriers toward a successful and rewarding career, again there were some interesting differences between the sexes representing some deep rooted stereotypes. Most female participants considered family obligations and lack of family support (96% and 64%, respectively) as 2 of the main barriers for their professional development. In consistence to this opinion, 90% and 55% of the male population agreed that family responsibilities and lack of encouragement, respectively, are obstructing females' career. However, only 1 in 5 male doctors reported any of the above as obstacles to his professional development.

Finally, doctors' morale appears especially low with 44% reporting little or no satisfaction with their job prospects and with 1 in 2 thinking about job opportunities abroad. Again, female doctors and especially those in laboratory-based specialties or radiology appear to be reporting the lowest satisfaction rates with almost 6 of 10 characterizing their job prospects as poor or not good enough (61 vs. 42%, $p = 0.02$; RR: 1.431; CL: 1.033-1.981). Women in surgery and medicine reported similar job-prospects satisfaction rates with their male counterparts (45 vs. 43%, $p = 0.6$;

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