

maltreatment. Leisy's review of resident bullying concluded with the following recommendations: education about what constitutes bullying and its ramifications, instruction on institutional reporting of bullying/harassment, instituting anonymous reporting, soliciting resident feedback, encouraging a zero-tolerance bullying culture, promoting resident wellness, and increasing "flexibility in training and exit strategies."<sup>5</sup> A protective factor against burnout in urologists was "working in a positive work environment,"<sup>10</sup> so factors that improve physician burnout are likely to decrease bullying as well. They also cite steps at the individual and institutional level to battle burnout. Again, some seem to overlap with ways to either a decrease bullying or its effects. The individual should work on building resilience, and as mentioned above, find ways to feel in control. The institution should focus on a culture that values teamwork and communication.<sup>10</sup>

Our study should be viewed with its limitations in mind. As per our Institutional Review Board's request, the survey was distributed to program directors and coordinators, to then be distributed as they felt appropriate. There may have been bias in its distribution or in who elected to complete it, and we are unable to determine a response rate. Further, due to the subjective nature, what one considers bullying will not be viewed the same by another. However, the definition of bullying is the experience of the individual. There also may have been recall bias, as we asked participants to reflect upon their past experience. Finally, the impact of bullying is also completely subjective.

With confirmation that the surveyed residents do perceive bullying, with a concomitant impact on patient care, further research may investigate factors that lead to bullying and if individual and patient outcomes are affected in an objective fashion. With 98% of the residents reporting bullying, additional study into its prevention is warranted. While this would imply a near universal experience of bullying, investigation into differences by gender, sexual orientation, or other resident characteristics may help identify groups at particular risk. As residents in programs which nurture the nurse/resident relationship report lower MTBSs, promoting a positive work environment would seem a logical first step. Variation may exist between hospital setting (clinic, operating room, and floor), geographic region, type of hospital (community vs academic center), or away rotations at outside institutions. Further study into the type of work environment where the bullying occurs can direct interventions for greater impact.

## CONCLUSION

The vast majority of residents report having experienced bullying behaviors, and over a third of residents believed that bullying adversely impacts patient outcomes. Awareness that bullying exists in the workplace and the different ways it may manifest is the first step in mending the issue. Resources, like anonymous reporting or program director/

coordinator awareness, may help promote solutions. Prospective research into the prevention of bullying within the hospital is warranted to improve the delivery of patient care and resident well-being.

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## EDITORIAL COMMENT

The authors of this study should be commended for providing meaningful data on the phenomenon of bullying in residency



training. This issue is not unique to urology or to the residency training environment, but it does deserve formal and proactive attention within our specialty. They correctly point out the pervasive impact of hostile and disrespectful behavior on the quality of job satisfaction, work burnout, and patient care and outcomes. In this study, 98% of residents perceived bullying, 36% felt that bullying affected patient care, and 63% felt that it harmed the learning environment.

While the study focuses on the relationship between residents and nurses, bullying may be observed at all interactional levels within the health care team, as evidenced in the published literature on surgery residency training and from other specialties. A heightened awareness of the many potential facets of inappropriate and unsupportive behavior in the training setting, and the manner in which such interactions affect the quality of patient care and of the learning environment, is essential to our efforts to remedy the situation.

There is sufficient evidence that the prevalence of bullying in our training environment is pervasive to prompt our national urologic educational leadership to spearhead a comprehensive effort to measure the impact of the problem, identify individuals at particular risk, and create a broad-based educational and remedial initiative to mitigate the adverse impact on training and patient care.

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## AUTHOR REPLY



The authors agree that all interactions within the healthcare system have the potential for negative impact not only on the resident, but also on patient care. Further, we agree that it is imperative that we gain a better understanding of at-risk individuals and especially problematic intersections. Further, the specialty of urology has a chance to be an early leader, as the concept of physician well-being gains national momentum.

The Accreditation Council for Graduate Medical Education (ACGME) started a physician well-being initiative, with numerous strategies to foster physician well-being, from offering their journal as a venue for publishing research in this area, to collaborations with other national organizations.<sup>1</sup> One of the Common Program Requirements for accreditation is dedicated to well-being, mandating that programs educate their faculty and residents about the signs and symptoms of burn-out and depression,<sup>2</sup> both of which are associated with bullying. In 2017, they increased the breadth and specificity of the program requirements in resident well-being.<sup>2</sup> Additionally, the ACGME hosts conferences to promote physician welfare. Their first Symposium on Physician Well-Being focused on resident, fellow, and faculty mental health, including the impact of medical culture.<sup>3</sup> The ACGME web site is a valuable resource for residents

and faculty, offering a compendium of information concerning physician well-being, mental health, and improving the work environment.

As mentioned in our manuscript, the American Urological Association (AUA) investigated burnout as part of their 2016 annual census, finding more than 36% of urologists reported burnout.<sup>4</sup> The AUA also recognizes that this is a problem for young urologists. The 2018 Residents Forum at the annual meeting included a panel, “Wellness, Burnout, and Sustaining Your Career,”<sup>5</sup> and the AUA recently sponsored an essay contest for residents and fellows about resilience. As a cornerstone of the AUA mission is education, they are ideally situated to disseminate curricula to residents and attending urologists about physician well-being and its impact of patient care.

One of the limitations of our study was its narrow scope. Despite the relatively low number of respondents, the prevalence of perceived bullying was so great, we agree that a larger study from an organization with greater reach is warranted. Initial study into individual risk factors and impact on resident health is a start, along with evaluating other potential contentious relationships in the healthcare team. As our survey responses suggest potential compromise of patient care, patient outcomes are another avenue of study. Finally, prospective research into interventions may address if education and attempts to influence hospital culture ameliorate the degree and impact of bullying on residents. As the ACGME and AUA have dedicated resources to physician welfare and burnout, both organizations are positioned to recognize bullying amongst various members of the healthcare team as a potential detriment to resident well-being and support a broader study.

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