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Bullying and undermining; a threat to both patient care and medical personnel wellbeing? A cross sectional survey of the undergraduates, trainees and consultants in Obstetrics and Gynaecology in the West Midlands

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Abstract

Objective: To explore the nature of bullying behaviours as well as proposed solutions from the respondents of an anonymous survey of all levels of seniority within Obstetrics and Gynaecology in the West Midlands region.
Design: A cross-sectional anonymous online survey using a qualitative thematic approach, survey data was explored in an analysis of the behaviour(s) experienced, the environment in which it was encountered and the methods employed.
Participants: Consultants, trainees and medical students within the West Midlands.
Results: A minimum of 14.5% of medical students, 18.5% of trainees, and 12% of consultants experienced bullying or undermining within the survey period assessed. Consultants, trainees and medical students all identified that the most frequent source of bullying and undermining was consultants. The environment was public with methods employed including global e-mail, segregation and an abuse of power. Outcomes included reduced confidence, reduced motivation and increased anxiety. Potential solutions included a need for training in what constitutes bullying and undermining, how to raise concerns, giving feedback, teamwork, leadership, resilience and assertiveness.
Conclusions: Bullying and undermining appears a genuine problem at all stages of the medical hierarchy in obstetrics and gynaecology. Solutions to bullying and undermining should encompass resilience training and support

Practice Points:

- Focus on prevention
- Foster resilience
- Appoint anti-bullying champions
- Recognise all staff are affected by bullying and undermining
- Use the 'BEMOS' model to explore and identify solutions to the problem

Keywords: Bullying, professionalism, students/ trainees and student support and counselling.

Article

Introduction

Bullying and undermining amongst National Health Service staff, and doctors in training in particular, is an area of increasing concern. The NHS Staff Survey in 2013 found that 23% of staff reported they had experienced bullying, harassment or abuse from either their line manager or other colleagues during the year 2013 January through to September. (NHS, 2013). These finding are supported by a recent General Medical Council survey that found that 26.5% of trainee doctors reported undermining behaviour from a senior colleague, with 13.2% of trainees reported being the victim of bullying and harassment at least once a month. Furthermore, 19.5% of trainees describe witnessing someone else being the victim of bullying and harassment (GMC, 2013). Of concern, the data reported for 2013 are essentially unchanged from data obtained in the same survey carried out in 2012.

The highest proportion of responders to complete free text boxes about their bullying and undermining experiences in 2013 was within Obstetrics and Gynaecology (GMC, 2013). The clinical learning environment and culture in Obstetrics and Gynaecology has been of concern to the profession since at least 2008, when a joint working party of the Royal College of Obsetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) concluded that a culture of "working together and learning together" needed to be created (Royal College of Obstetricians and Gynaecologists and Royal College of Midwives, 2008). The 2013 GMC survey led the President of the Royal College of Obstetricians and Gynaecologists and the Chief Executive of the Royal College of Midwives to release a joint statement denouncing bullying and undermining behaviour: "The RCM and the RCOG together categorically condemn undermining and bullying behaviour under any circumstances" (Royal College of Obstetricians and Gynaecologists, 2013). Whilst it is clear that bullying and undermining is not acceptable in the workplace, it has also been recognised that "bullying is a patient safety issue" (Paice & Smith, 2009). This is clearly recognised within the NHS Constitution that states "...patient safety, experience and outcomes are all improved when staff are valued, empowered and supported" (NHS, 2013).

The study of workplace-based bullying and undermining outside of the healthcare sector has evolved significantly over the last 20 years solutions (Hershcovis, 2011, Hutchinson & Jackson, 2013, Carter et al., 2013, Seabrook, 2004, Bloor et al., 2008, Seabrook, 2004). Whilst the Illing Report published in 2013 does review cases and consequences of bullying, within healthcare, on the whole, an approach that documents the incidence of bullying and undermining still prevails over approaches that investigate the nature of these behaviours, the environment they take place in, the methods employed as well as the outcomes experienced by those affected. This study aims to address this knowledge gap by exploring these issues, as well as proposed solutions from the respondents of an anonymous survey of all levels of seniority within Obstetrics and Gynaecology in the West Midlands region.

Methods

Survey
An anonymous cross-sectional online survey of doctors and medical students was conducted within the West Midlands during Autumn 2013 for doctors and Spring 2014 for medical students. A total of 631 people were surveyed. All fourth and fifth year medical students from one medical school within the West Midlands and all Obstetrics and Gynaecology specialist trainees and Consultants across the West Midlands were sent a request by e-mail to take part followed by one reminder. No benefits or remuneration were offered in return for participation. Medical students were asked to comment only on their experiences of their six week Obstetrics and Gynaecology placement. Trainees and consultants were asked to recall if they had experienced instances of bullying and undermining in the last three years. The questionnaire sent to medical students was adapted from the NHS Scotland Staff Survey and the Unison bullying and harassment questionnaire after consideration by peer review, and incorporated feedback from a pilot (Scottish Government, 2013, Unison, 2013). The questionnaires sent to consultants and trainees, whilst also based on the NHS Scotland Survey, were briefer and tailored to encourage a higher response rate (see appendix 1).

In this survey, bullying and undermining was defined as: "constant nit-picking, fault finding, criticism of a trivial nature; being singled out from a group and treated differently; being humiliated, shouted at and threatened, often in front of others; being belittled, demeaned and patronized; being overloaded with tasks, having work taken away and replaced either with more menial tasks, or no work at all" (Unison, 2009, ACAS, 2014)

Quantitative Analysis
Responses are presented as a percentage of total respondents. Where responders were given the opportunity to select more than one response, figures represent the percentage of the total response count.

Thematic analysis
A thematic approach was used in analysis of the free text survey responses to identify codes, concepts and themes. This was conducted independently by three authors (WPS, AS, LM). A thematic framework describing experiences of bullying and undermining emerged, supported in all three data sets. Explicit areas thus considered were behaviour, environment, methods employed, outcome and suggested solutions. Codes not identified by all three authors were evaluated to establish whether the data truly supported these, whether they were important central themes or important outliers that should be retained and, if not, codes were excluded from further analysis.

Ethical Approval
Trainees and consultants were asked to complete an anonymous survey of their experiences of undermining as part of a deanery level service evaluation. Formal approval to both publish the results anonymously and conduct the surveys was provided by the West Midlands Head of the School of Obstetrics and Gynaecology (HOS). The School of Medicine Ethics Committee granted full ethical approval for the student survey.

Results

The minimum incidence of bullying and undermining
A total 631 medical students (261), trainees (178) and consultants (192) within the West Midlands region were invited to participate in the survey. Response rates varied between 27.1-41.5% across these groups (see appendix). Making the assumption the non-respondents would not have reported any experience of bullying or undermining, there appears to be a minimum prevalence rate of 14.9% within Obstetrics and Gynaecology in the West Midlands. A minimum of 14.5% of 4th and 5th year medical students reported experiencing bullying or undermining over their six week attachment to Obstetrics and Gynaecology that takes place during their 4th year of study. The timing of the survey for the 4th year students would have meant that almost half of them would not yet have undertaken this rotation in their education, reinforcing our emphasis on this being an apparent minimum of prevalence. In general, however, students felt the episodes of bullying behaviour mostly occurred occasionally or very rarely. Some 18.5% of trainees and 12% of consultants reported experiencing bullying or undermining within the past three years.

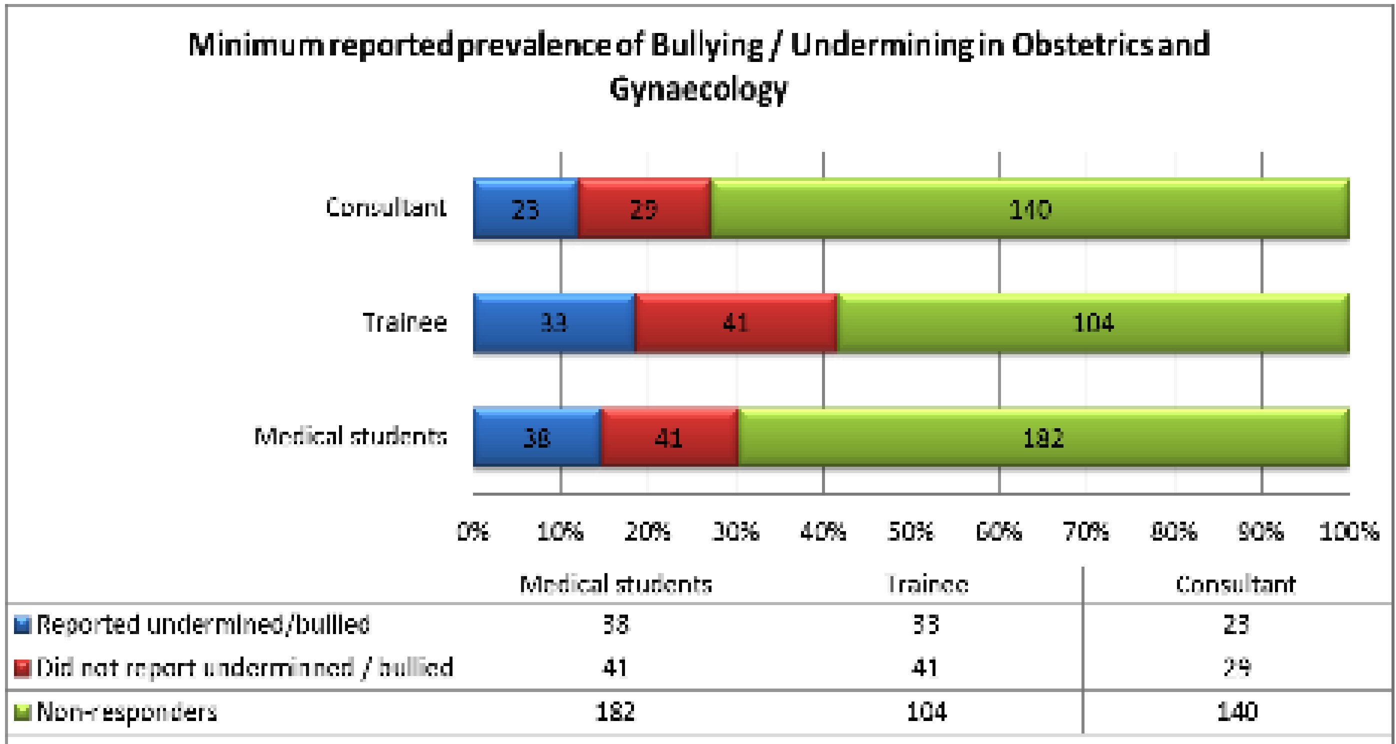


Figure 1What were the consultants, trainees and medical students experience of bullying and undermining?

It was particularly noteworthy that consultants (40%), trainees (44.6%) and medical students (46%) all identified that the most frequent source of bullying and undermining were consultants. In addition, 33% of consultants reported undermining from managers and, interestingly, 13% have experienced "upwards" undermining from their trainees. Both trainees (33.8%) and medical students (32%) report bullying and undermining from nursing and midwifery staff.

Through a thematic analysis of the free text responses provided by respondents, a framework for describing bullying and undermining experiences emerged. These common themes were supported in the responses of all three respondent groups surveyed. The model identified five central themes: Behaviours, Environments, Methods, Outcomes and Solutions (BEMOS). Due to the nature of the trainee survey, only the consultant data and student data was available in respect to Outcomes and Solutions. The BEMOS themes that result from this analysis of data offers an apparent framework for categorising the nature of bullying and undermining, but also for exploring possible solutions (Table 1).

Consultants described how they felt their decisions were challenged or ignored and they felt their role was not respected. Consultants described changes being made to their medical management plans, a behaviour which they regarded as particularly undermining and one that may have patient safety implications. Trainees described experiencing humiliation, harassment and not being made to feel welcome within clinical areas. In a theme unique to the respondent groups surveyed, trainees described feeling undermined when bypassed in decision making.

A strong common theme that evolved when considering the environment in which these behaviours occurred was that they always appeared to take place in the public domain. Consultants described bullying and undermining occurring in public environments such as review meetings and handover, as well as through e-mails sent to multiple recipients. They also felt that *ad hoc* "corridor conversations" left them unable to prepare for the discussions. Similarly, trainees reported bullying and undermining occurring in public environments, by both midwives and consultants. The settings in which medical students reported bullying and undermining were primarily within the clinical environment rather than in teaching activities outside of

these areas. One student felt that it was "generally, not a supportive atmosphere for learning". These experiences left students feeling less confident, less motivated, anxious and demoralised.

There was a perceived hierarchy within the consultant group, undermining of the role of consultants perceived to be more junior. Interestingly, medical students also described perceiving a hierarchy within their medical students peer group, with staff comparing them to other students who they described as higher performing. One student said: "[I was] told I would 'only be a GP' so they thought time spent on the ward was time wasted…". Medical students also reported experiencing behaviours that reinforced their inferior position within the medical hierarchy, such as being patronised, belittled, or ignored. One student felt that "…my opinion was neither valid [nor] valued".

Table 1. BEMOS framework resulting from thematic analysis of respondent free text responses to survey

Table 1	**Consultant**		**Trainee**		**Medical student**	
Theme	**Concepts**	**Codes**	**Concepts**	**Codes**	**Concepts**	**Codes**
Behaviours	Lack of Support and Team work Deliberate disrespect/ Humiliation	Unco-operative colleagues Dismissive Isolated Unrealistic expectations Challenging decisions Ignored/ Not appreciated Alteration of management plan Humiliation Accused	Enforcing status	Unprofessional Criticising Gossiping Unwelcoming Moody Harassing Humiliation	Degrading Enforcing of inferiority	Criticised Rude/offensive/hostile Patronised Nit picking/ fault finding Ignored/isolated Belittled Shouting Intimidated Personal remarks (appearance) Marginalised Laughed at Other students favoured
Environments	Public	Meetings (CTG) Handover Corridor Conversations Global e-mails	Public	Meetings (CTG & CS) Theatre	Clinical teaching	Labour ward Clinic Theatre
Methods	Ad hoc Conversations E-mail	Use of patient safety arguments inappropriately Opinion not sought	Bypassing the trainee in decision making	Humiliation in front of others Phone calls Ignoring opinion	Abuse of power Segregation	Inappropriate tasks Comparison with other students Singling out one student Humiliation Negative comments
Outcomes	Reduced Confidence	Reduced self-confidence Reduced self-determinati			Reduced confidence Increased Anxiety Reduced motivations	Feeling inadequate Nervous Panic Uncomfortable Emotional upset Demoralised

		on				
Solutions	Training	Change blame culture Respectful and private conversations Feedback Leadership Human Factors Reliance			Training Support	Recognition of bullying and undermining Coping strategies Raising concerns Anti-bullying champion Near-peer support

How did students cope with bullying and undermining?

A unique aspect of this survey was the inclusion of medical students, with specific questions asked that addressed the impact of bullying and undermining on their studies, how they coped with the experience and wider support available to them. The student's experiences described feelings of emotional upset including panic, anxiety, sleepless nights, and even thoughts of self-harm, and are summed up in the words of one student who "went home and cried". The main coping mechanisms cited were avoidance, reflection and rationalisation. Students demonstrated reflection at the time, by giving themselves a "pep talk", taking a break and leaving the environment, discussing the situation later with friends, colleagues and mentors, or by employing formal written reflection. Interestingly, some students rationalised the issue by seeing the person involved as not representative of the specialty or "having a bad day". One student commented astutely "[that] good people can be bad and bad people can be good sometimes". A minority felt they had redoubled their learning efforts because they were "determined to get [it] perfect".

92% of the students that reported experiencing bullying and undermining behaviour indicated that this had not affected their attendance on their course, although they did describe that their concentration, motivation and confidence had been affected. Bullying and undermining was seen as wasting a valuable learning opportunity. A student commented "I felt unable to relax, ask questions and take in the learning experience."

The majority of students (82.7%) reported that they knew how to raise concerns about these behaviours, although only 72% felt able to do so, citing barriers such as fear, worries their concern would be trivialised, not wanting to "rock the boat", citing a culture of acceptance and concerns about maintenance of confidentiality.

Solutions proposed to deal with bullying and undermining.

The surveys of consultants and medical students included questions that asked for proposed solutions to tackle the problem of bullying and undermining. The predominant theme in the responses from the consultants was a need for change from a blame culture to one where issues could be discussed early on, in a respectful and private manner. They also identified a need for training in giving effective feedback, teamwork, leadership, human factors, conflict resolution and resilience. They felt that feedback should be constructive, tailored to the individual, undertaken in private and not performed when a doctor is likely to feel more vulnerable, such as after a night shift. They identified that for particularly difficult areas, such as cardiotocography (CTG) teaching, using a bank of anonymous cases would be preferable. They recognised a need to see doctors as people and to socialise outside of work in order to facilitate this.

Students were keen to receive teaching on recognising bullying and undermining to help them "judge [if] there is an actual problem or perceived one". They also wanted teaching on how to cope and how to raise concerns. The majority of students felt that the current student support service in place locally was excellent but identified the need for a designated person, such as an anti-bullying champion, who was outside the

faculty and would act as an approachable contact to enable students to feel supported in "questioning the hierarchy". They were also keen to have near-peer support available to them.

Discussion

Of concern is that high levels of prevalence of bullying and undermining we describe here may be an under-representation of the true situation. A recent meta-analysis supports this view with Fnais and colleagues reporting that 59.4% of medical trainees experience at least one form of harassment or discrimination during their training (Fnais et al., 2014). The reasons for this are likely to be several fold. The response rate likely reflects the sensitive nature of the topic in question with non-responders deterred from disclosing their concerns, and assumed here not to have experienced these behaviours. The periods of time evaluated in the survey, six weeks for medical students or three years for trainees and consultants, are less than those in other surveys and therefore may lead to underreporting of the a wider prevalence of bullying and undermining.

The medical school students surveyed are from an institution rated very highly in terms of student satisfaction (Guardian 2014) with the student support services available within the school commended by the GMC (The Guardian, 2014). Yet despite this evidence of a supportive learning climate, the minimum prevalence rate of 14.5% over a six week period is concerning.
The medical school studied is likely, therefore, to have a lower prevalence of bullying and undermining than might be described in other institutions where a less supportive learning climate may be found (Bloor et al., 2008). However, one might argue that regardless of reported student satisfaction it should not be conflated to suggest that there is not concern about bullying or underminning reported by students.

The key findings of a vertical culture of bullying and undermining here are consistent with those found more widely amongst all workplaces in the literature. In particular, the finding that bullying is related to the hierarchy and that frequently there is a perceived power imbalance in the relationship due to seniority of the cited individual. (Fnais et al., 2014) (Yardley et al., 2013) This power imbalance was starkly illustrated by a student: "…a nurse told me… that I, as a medical student, was 'the lowest of the low, of less importance to her than the cleaner'…"

The students who felt unable to raise concerns reported being worried about the consequences. Carter et al (2013) found that barriers to reporting bullying and undermining in the NHS were similar. These barriers to reporting bullying and undermining included the perception that no change would results from their reporting, staff wanting to be seen as a "trouble maker" and the perceived seniority of the bully (Carter et al., 2013). In addition, uncertainty on how policies would be implemented and the cases managed may reflect broader concerns about institutional human resource policies that suggest that cases are first reported to immediate superiors as well as mediation actions that potentially include the alleged bully in decision making (D Cruz and Noronha, 2010).

Consultants reported that 44.2% had experienced undermining in the past three years, however only 25.5% felt there was a problem on their unit. This may represent that they are being undermined in contexts outside their immediate clinical unit (such as by a manager) or a failure to perceive or recognise undermining experienced by their colleagues. As the RCOG Workplace Behaviour Adviser stated "…the essence of tackling undermining is don't walk by…" (RCOG, 2014). One might also argue that this disconnect, between undermining perceived by individual consultants and those acknowledging the behaviour as an issue within their unit, may be due to a reluctance to engage in actively challenging behaviours or may be due to assuming the role of bystander (Branch et al., 2012) (Paull et al., 2012). This bystander stance was identified as a patient safety concern by the Francis Report. (2013)

Uniquely, trainees reported a bypassing of their decision making which was perceived as undermining. As trainees in Obstetrics and Gynaecology are on run-through programmes, beginning at ST1 and finishing on receipt of their certificate of completion of training, the feeling of being bypassed may be partly due to difficulties in staff understanding their level of experience. However, equally, a member of staff may disagree

with the opinion of a trainee and choose to seek a consultant, or more senior trainee's opinion. The environment of obstetrics may contribute to this particular type of undermining (Veltman, 2007)

Discussion of Possible Solutions

The training needs identified across the data sets fall broadly into two categories: preventing bullying and undermining occurring and coping with its effects. Responders directly and indirectly identified a need for resilience and assertiveness, burnout and mentorship training. Students described a need for enhanced support in coping with bullying and undermining. They identified a need for an external Anti-Bullying Champion who could support them through mediation, thus facilitating remediation of the issue rapidly and avoiding the loss of confidentiality inherent in a formal complaints procedure. The RCOG has already implemented Anti-Bullying Champions within regions. However, ensuring that such an individual is both outside the hierarchy and yet both known and approachable to students will require careful implementation.

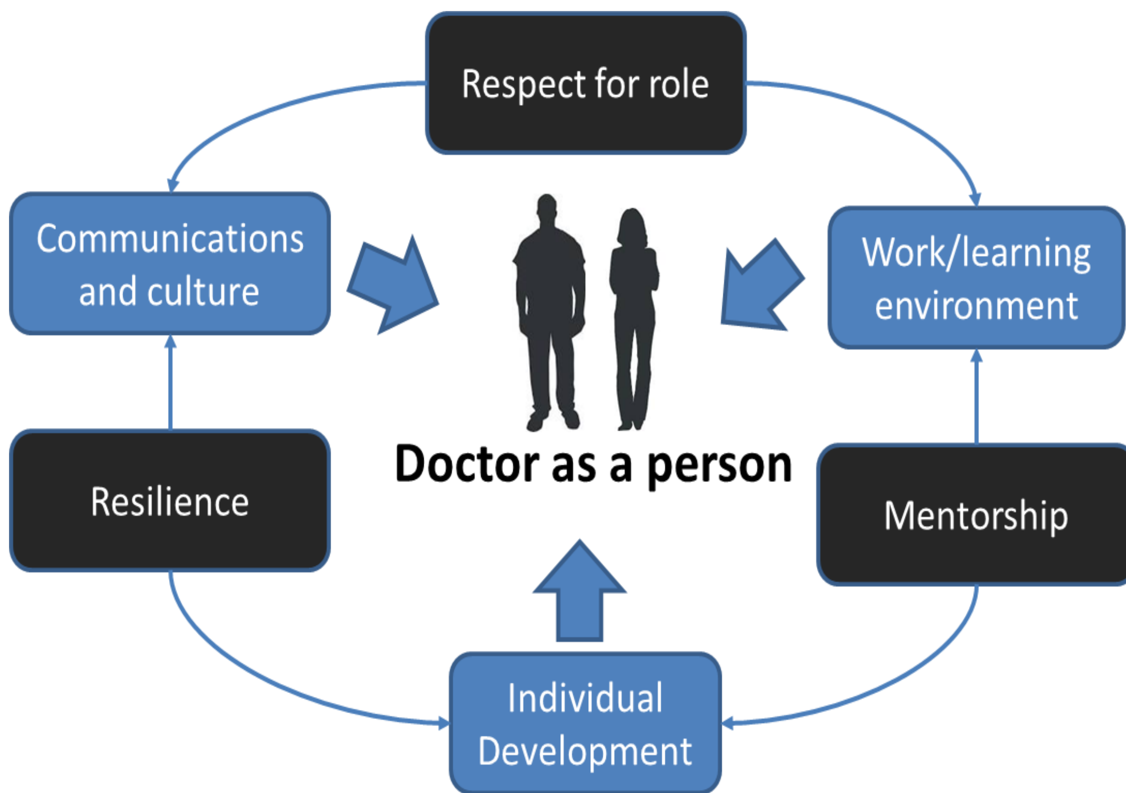
Students felt that near-peer support was needed, with examples offered of a support network or forum. As a forum is inherently a public arena, it seems unlikely to be an effective solution. However, a network of Anti-Bullying Student Ambassadors within year groups may enable students to gauge the seriousness of their concerns and could provide support to students when raising concerns to the Anti-Bullying Champion.

Additionally, sources of support already available may be worth highlighting to students and staff, such as existing harassment policies, local student and doctors support services, and professional development tutors or educational supervisors. The bullying and undermining literature also offers possible solutions to the issue, such as Inter-Professional Education (which is already employed at the medical school studied), enabling team members to serve patient needs more effectively by "working together and learning together". Excellence awards have also been suggested to promote a culture free from bullying and undermining. (Royal College of Obstetricians and Gynaecologists and Royal College of Midwives, 2008)

Model for Preventing Bullying and Undermining

There are striking comparisons to be drawn from the BEMOS thematic analysis of free text comments from the student, trainee and consultant respondents. This framework identified the importance of bullying and undermining in the perceived enforcement of the medical hierarchy, the public/online environment this took place and that reduced confidence was a key outcome of this behaviour. Proposed solutions include a culture change, training and support. Building on the BEMOS framework and the themes in this paper across the respondent datasets, we propose the first outline of a model for the prevention of bulling and undermining in which the doctor as an individual is placed at the centre.

Fig 2. Model of a Climate free from Bullying and Undermining



The doctor needs to feel respected in their role in order to feel confident in their practice. This confidence is maintained through their personal resilience, assertiveness and coping strategies. The doctor is nurtured and enabled to reach their full potential through a return to a mentoring or apprenticeship model of pastoral care where the doctor is supported in their personal and professional development by a mentor and a supportive learning environment. This supportive environment cannot exist unless there is an open, non-judgemental culture in which there is no room for acceptance of bullying or undermining practices. This culture would be reliant on a commonality of excellence in communication. Strong leadership promoting good behaviour and zero tolerance of bullying ensuring a positive work climate cannot be underestimated. A model of a climate free from bullying and undermining would have mentorship, resilience and respect for the doctor's role as key features, combined with an individualised development plan, supportive environment, participative leadership and a culture of open communication.

Limitations to the study

The average survey response rate was 32% across the three groups. Of note was that the highest response rate was achieved in trainee respondents (41.5%) who were informed that only the Head of School would have access to individual free text responses, an assurance honoured by the authors here. This increased level of assurance in confidentiality is likely the key factor in their response rate. It was felt that the anonymity offered by the online survey method would enable the highest possible response rate compared to other qualitative approaches such as focus groups. In turn, this necessitated that we accept that respondents often provided abbreviated responses to the free text responses. This limitation prevents causal relationships being derived from the responses.

Foundation year doctors, GP trainees, non-training grade doctors, nurses, midwives, and managers were not included, thus the full picture of bullying and undermining within Obstetrics and Gynaecology in the West Midlands has not yet been completely elucidated.

Conclusion

Bullying and undermining appears as a genuine problem within Obstetrics and Gynaecology with significant implications for student and staff wellbeing as well as potentially for patient safety. Bullying and undermining behaviours within the medical profession appear to be related to the medical hierarchy, with consultants being most frequently identified as the perpetrators. Bullying and undermining occurs in public, putting individuals "on the spot", and leads to reduced self-confidence and resilience, which has implications for staff wellbeing. Given that, as Don Berwick stated, "fear is toxic to both safety and improvement" (2013), we must act at all levels of the medical hierarchy to challenge the "culture of acceptance" and put an end to bullying and undermining. The key solution offered is to view doctors as people, whilst respecting colleagues as individuals, and respecting their roles.

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Abstract

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Appendix

Consultant Quantitative Results Tables

Consultant data	Response Percent	Response Count
I have experienced undermining in the last 3 years		
Yes	44.2%	23
No	51.9%	27
Not sure	3.8%	2
answered question		52
If you answered yes to question 1, who have you been undermined by?	Response Percent	Response Count
Fellow Consultants	40.0%	16
Managers	32.5%	13
Trainees	12.5%	5
Midwives	15.0%	6
answered question		40
Do you feel there is a problem with undermining in your unit?	Response Percent	Response Count
yes	25.5%	13
no	52.9%	27
not sure	21.6%	11
answered question		51
Have you attended local training the trainers course with a session on underminning yet?	Response Percent	Response Count
Yes	42.3%	22
No	57.7%	30
answered question		52

Trainee Quantitate Results Tables

Trainee data	Response Percent	Response Count
Have you experienced undermining (By Consultants and/or Nurses/Midwives) in previous 3 years?		
Consultant		
yes	44.60%	33
no	55.40%	41
answered question		74
Nurses/Midwives	Response Percent	Response Count
yes	33.80%	25
no	66.20%	49
answered question		74

Medical Student Quantitate Results Tables

Medical Student data	Response Percent	Response Count
Do you feel you have been bullied or undermined during your hospital based placements by members of staff or other students ?		
Examples can include: Constant nit - picking, fault finding, criticism of a trivial nature; Being singled out from a group and treated		
differently; Being humiliated, shouted at and threatened, often in front of others; Being belittled, demeaned and patronized;		
Being overloaded with tasks, having work taken away and replaced either with more menial tasks, or no work at all.		
• Very Frequently	0.0%	0
• Frequently	5.1%	4
• Occasionally	17.7%	14
• Rarely	6.3%	5
• Very Rarely	19.0%	15
• Never	51.9%	41
answered question		79
Do you feel you have been ignored or separated		
from your colleagues?	Response Percent	Response Count
• Very Frequently	0.0%	0
• Frequently	0.0%	0
• Occasionally	8.9%	7
• Rarely	16.5%	13
• Very Rarely	13.9%	11
• Never	60.8%	48
answered question		79
If you have experienced bullying or undermining please select which		
setting this was in. Please select as many groups as needed	Response Percent	Response Count
Theatre	14.0%	13
Community	0.0%	0
Clinic	7.5%	7
Delivery suite	5.4%	5
Maternity assessment unit	2.2%	2
Midwife birth unit	1.1%	1
Wards	13.0%	12
Not applicable	47.3%	44
Other (please specify)		
Teaching	7.5%	7
Early Pregnancy Unit	2.2%	2
Total number of responses		93
answered question		79
Who did you experience this behaviour from? Please select as many groups as		
needed.	Response Percent	Response Count
Consultant	26.7%	23
Staff grade (non-training)	1.2%	1
Registrar (ST3-7)	4.7%	4
SHO (e.g. FY2, GP trainee)	0.0%	0
House officer (FY1)	0.0%	0
Midwifery sister (eg co-ordinator, ward manager)	1.2%	1
Senior Midwife	3.5%	3
Midwife	3.5%	3
Nursing sister	1.2%	1
Senior nurse	4.7%	4
Staff nurse	4.7%	4
Health care assistant (e.g. Women's support worker, breast feeding support worker)	0.0%	0
Administrative staff (ward clerks, secretaries)	2.3%	2
Student	0.0%	0
Nursing Student	0.0%	0
Midwifery Student	0.0%	0
Medical Student	1.2%	1
Not applicable	41.9%	36
Other (please specify)		
Theatre Staff	2.3%	2
Sonographer	1.2%	1
Total number of responses		86