Bullying in the Healthcare Workforce

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**AMA definition**: “repeated emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target”

<table>
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<tr>
<th>Overt Behavior</th>
<th>Covert Behavior</th>
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<td>- Extreme micromanaging</td>
<td>- Rumors, gossip, whispering</td>
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<td>- Verbal criticism</td>
<td>- Unfair task allocation</td>
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<td>- Name-calling</td>
<td>- Withholding information</td>
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<tr>
<td>- Insults</td>
<td>- Cyberbullying</td>
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<td>- Direct threats</td>
<td>- Threatening looks</td>
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<tr>
<td>- Public humiliation</td>
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<td>- Non-physical and physical aggression</td>
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Bullying -> unsafe environment -> poor work productivity -> poor patient care
Who is being bullied in the nursing profession?

Older vs. Younger
Male vs. Female
RN vs. LPN
Different departments
One on One
“Bullying has no place in health care.”

–The Joint Commission, Division of Healthcare Improvement
The Medical Hierarchy

Guide to the Doctor Hierarchy

Medical Student

Intern

Resident
(Physician pursuing 2-7 years of specialized training)

Fellow
(Physician pursuing post-residency training)

Attending
(Trained physician practicing in their specialty)
JAMA 1990 Landmark Study on Medical Student Abuse

519 participants

56.4% of participants
Reported being mistreated during some point of medical school

49.6% of participants
That reported abuse claimed that the most serious abuse incident will always negatively affect them
2006 Study looking at Medical Students in the U.S.

2316 participants
From 16 different U.S. medical schools

85%
Of students reported being harassed or belittled

13%
Of students described an incident that they would categorize as “severe”
Sydney Study - 6 analyzed themes

- Hierarchy
- Culture
- Avenues of Resource
- Pressures
- Mistreatment
- Quality of Teaching
Solutions and Recommendations

1. **Education on lateral violence**
   - Students
     - Pimping (Mistreatment through Humiliation)
   - Preceptors

2. **Establishing a bullying and mediation committee**
   - Educate on Professional Behavior & Disciplinary Action
   - Monitor Unprofessional Behavior
   - Anonymous Reporting System
   - Determine Penalties
Solutions and Recommendations

3. Creating a workplace culture that enhances collaborative teamwork with zero tolerance for workplace incivility

- Emphasizing Interdisciplinary Team Based Care
- Available Good Leadership and Mentorships
Innovative Additions to Anti-Bullying Solutions

01 Focus on Emotional Intelligence
4 dimensions → self-awareness, self-management, social skills (empathy), & management of relationships (interpersonal skills)

02 Peace & Power Strategy
Based on → “reflection & action”, “education and emancipation” & “building a sense of community”

03 “Resonant” Leadership
Useful in → identifying and mitigating conflicts and promoting interpersonal relationships inside and outside of the group
Conclusion

- Workplace bullying → toxic work environment → diminished quality of patient care
- Bullying amongst nurses & medical students are some of the most commonly seen cases
- Solutions include increased education, bullying and mediation committees and fostering collaborative work environments
- Innovative additions include a focus on emotional intelligence, “Peace & Power” strategy, and “Resonant” leadership
- It may take time to see lasting results, but in the meantime, spread awareness and keep the conversation going!
References


