



# Bullying in the Healthcare Workforce

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# What is healthcare bullying?

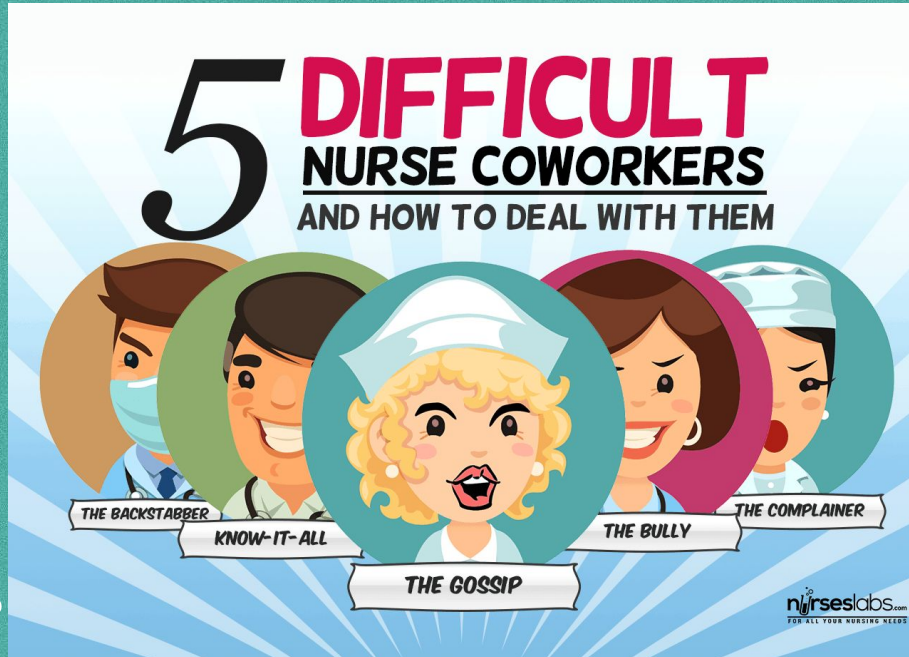
**AMA definition:** “repeated emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or group of individuals that manifests from a real or perceived power imbalance and is often, but not always,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

Overt Behavior	Covert Behavior
<ul style="list-style-type: none"><li>- Extreme micromanaging</li><li>- Verbal criticism</li><li>- Name-calling</li><li>- Insults</li><li>- Direct threats</li><li>- Public humiliation</li><li>- Non-physical and physical aggression</li></ul>	<ul style="list-style-type: none"><li>- Rumors, gossip, whispering</li><li>- Unfair task allocation</li><li>- Withholding information</li><li>- Cyberbullying</li><li>- Threatening looks</li></ul>

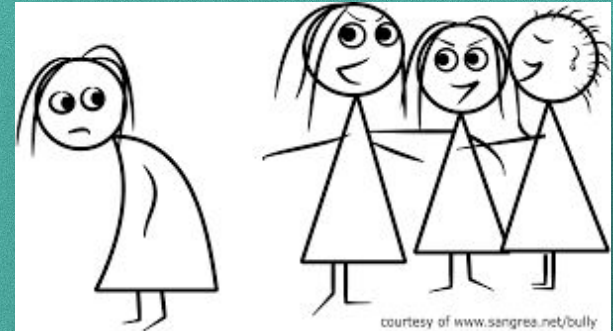
**Bullying → unsafe environment → poor work productivity → poor patient care**



# Who is being bullied in the nursing profession?



Older vs. Younger  
Male vs. Female  
RN vs. LPN  
Different departments  
**One on One**







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“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!**





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