

Workplace bullying must have absolutely no place in medicine

NOV 17, 2020

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Data suggests that bullying among physicians is prevalent throughout the continuum of training and into practice. The topic was one that drew the attention of the AMA House of Delegates (HOD) during the November 2020 AMA Special Meeting.

“Bullying in the workplace is a complex type of unprofessional conduct. Bullying in medicine happens as a result of a combination of individual, organizational and systemic issues,” says an AMA Board of Trustees Report on the topic. “The first line of defense against this destructive behavior are physicians, residents and medical students. There is no justification for bullying, disrespect, harassment, intimidation, threats or violence of any kind to occur among professionals whose primary purpose is to heal. Physicians choose medicine as their life’s work for many reasons, one of the most important being their desire to help and care for people.”

Delegates adopted new policy to “define ‘workplace bullying’ as repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating or threatening behavior targeted at a specific individual or a 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.”

The HOD also adopted guidelines for the establishment of workplace policies to prevent and address bullying in the practice of medicine, saying that “health care organizations, including academic medical centers, should establish policies to prevent and address bullying in their workplaces.”

According to the AMA, “an effective workplace policy” should:

- Describe the management’s commitment to providing a safe and healthy workplace. Show the staff that their leaders are concerned about bullying and unprofessional behavior and that they take it seriously.

- Clearly define workplace violence, harassment, and bullying, specifically including intimidation, threats and other forms of aggressive behavior.
- Specify to whom the policy applies (i.e., medical staff, students, administration, patients, employees, contractors, vendors, etc.).
- Define both expected and prohibited behaviors.
- Outline steps for individuals to take when they feel they are a victim of workplace bullying.
- Provide contact information for a confidential means for documenting and reporting incidents.
- Prohibit retaliation and ensure privacy and confidentiality.
- Document training requirements and establish clear expectations about the training objectives.

The new guidelines also state that formal policies are not enough. Rather, health care organizations “should strategize to create a culture in which bullying does not occur. Organized medical staffs should work with all interested stakeholders to lead the effort in ensuring safe work environments within their institutions.”

The AMA recommended these tactics to help create such an organizational culture:

- Surveying staff, and medical students in academic settings, anonymously and confidentially to assess their perceptions of the workplace culture and prevalence of bullying behavior, including their ideas about the impact of this behavior on themselves and patients. Use the results to inform the development of programs and resources, showing the respondents that their feedback is taken seriously.
- Encouraging open discussions in which staff can talk freely about problems and/or encounters with behavior that may constitute bullying.
- Establishing programs for staff, faculty and students, such as Employee Assistance Programs, Faculty Assistance Programs, and Student Assistance Programs, that provide a place to confidentially address personal experiences of bullying.
- Establishing procedures and conducting interventions within the context of the organizational commitment to the health and well-being of all staff.

“Bullying in medicine not only negatively impacts the mental and physical health of the professional being bullied, but can also have lasting adverse effects on their patients, care teams, organizations, and their families. Bullying has no place in the medical profession and we must do everything we can to prevent it for the sake of the wellbeing of the health care workforce,” said AMA Board Member Willie Underwood III, MD, MSc, MPH.

“Putting an end to bullying in the practice of medicine will require the health care industry, local organizations and individual members of the health care team to acknowledge the problem, accept responsibility, and take action to address it at all possible levels,” Dr. Underwood said.