Bullying is driving more physician burnout: 3 key steps to take

NOV 16, 2022

Sara Berg, MS
Senior News Writer

While the COVID-19 pandemic has exacerbated violence, harassment and mistreatment of physicians and other health professionals, bullying isn’t new in medicine. This mistreatment, which contributes to physician burnout that is already at an all-time high, is particularly elevated among women physicians and doctors from historically marginalized racial and ethnic groups.
Bullying has “been described as the ugly secret in the most caring and compassionate of professions. We know bullying is pervasive. It’s something we haven’t talked about nearly enough,” AMA member Heather Farley, MD, MHCDS, said during a panel discussion on the issue at the 2022 International Conference on Physician Health™.

“More and more, the armor that we put on at the very beginning, and that we’ve aggregated over our time in practice is just not protecting us in the way that it did before,” said Dr. Alika Lafontaine, an anesthesiologist and president of the Canadian Medical Association.

AMA member Susannah G. Rowe, MD, MPH, said “it’s far better to prevent or intervene than it is to actually do something about it later. So, the punishment, the reporting systems, the various different systems that we put into place when something has happened are very important, but far less powerful than actually stopping it from starting.”
With harassment of doctors on the rise, Drs. Farley, Lafontaine and Rowe shared what actions can be taken to address bullying in medicine.

**Recognize it harms everyone**

“The people who are coming forward with these things, they just want the harm to stop. It’s actually a very low-risk proposition when you look at it that way,” said Dr. Lafontaine. “I’ve had my own experiences with reporting that were in the news. There was a noose that was hung in an operating room adjacent to ours that was directed to a person in our operating room who was Black, and I reported that.”

Despite his fear of adverse action for doing so, Dr. Lafontaine noted that he reported the incident “not to create harm or disruption—I just want the harm to stop because it’s not just harmful to me, it’s harmful to the places that we work.”

“We have culture that you have to be brave to report. That honestly is one of the most harmful ideas that exist in reporting right now,” he said. “A system where you have to be courageous to talk about the harm that's happening to you is a broken system. You should not have to be courageous to report.”

Read about how COVID-19 has hit physicians hard—some more than others.

**Give leaders the right tools**

The perpetrator, the person who’s experiencing the mistreatment, the bystander and the leader are four players in a system and “there’s really promising evidence for working with bystanders and leaders,” said Dr. Rowe, assistant professor of ophthalmology at the Boston University School of Medicine.

“What you have to do is equip leaders with tools—because if you put them into situations that you’re responsible for this and they don’t have the ability to respond effectively, that’s not going to be productive.”

The AMA has policy on bullying in medicine and has issued a guide for the establishment of workplace policies to prevent and address it (PDF).

Far too many physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.
Make clear bullying has no place

“One of the basic tenets that is out there is organizations should have a zero-tolerance policy for workplace violence and for harassment and bullying,” said Dr. Farley, chief wellness officer at ChristianaCare in Wilmington, Delaware. “We’ve just gone to a zero-tolerance code of conduct for all of our facilities,” and it applies to everyone: physicians, employees, patients and visitors.

“There is signage that has been posted broadly—even in the bathrooms—that says that we do not tolerate violence, aggression, discrimination or harassment towards anyone for any reason,” she added, noting that they are posted in the health system’s acute care and ambulatory sites.

The health system is also undertaking an education campaign to help doctors and other health professionals “recognize all of the forms of workplace violence,” along with verbal aggressions, as bullying and that “tolerating any of that is not part of your job.”

Go inside Mayo Clinic’s five-step process for handling biased patients.