Workplace Bullying, Discrimination and Harassment

2021

All employees have the right to work in a safe environment free from bullying, discrimination, and all forms of harassment including sexual harassment. However, a combination of organisational and professional hierarchies, gender inequity, the competitive nature of medical practice and training, and systems under pressure, has led to a workplace and culture where inappropriate workplace behaviours have become entrenched in many areas of healthcare over time.

The AMA believes the medical profession must take a leadership role in creating a workplace and professional culture where bullying, discrimination and harassment does not occur, and in fostering respect and inclusivity amongst colleagues across disciplines and ranks to ensure a safe physical and psychological work environment.

This position statement affirms the AMA's commitment to a zero-tolerance approach to all forms of workplace bullying, discrimination, and harassment and makes recommendations to provide for and promote the physical and psychosocial health, safety, and wellbeing of medical professionals in the workplace.

Definition and legal responsibilities

Workplace bullying, discrimination and harassment are psychosocial workplace hazards that manifest through interpersonal interactions and can cause psychological and physical harm. These hazards share common underlying drivers and are often the result of poor workplace culture supported by an environment that allows this behaviour to occur.[i] Organisations are required to manage psychosocial hazards in the workplace under model Work Health and Safety laws.[ii]

Employers have a duty of care under a range of laws to ensure the health, safety, and welfare of their employees. This includes preventing bullying and all forms of harassment from occurring in the workplace. All incidents of harassment require employers or managers to respond quickly and appropriately. The legislation also requires employees to take reasonable care for their own health and safety as well as for the health and safety of others who may be affected by their actions in the workplace.

Workplace bullying

Workplace bullying is repeated unreasonable behaviour by an individual towards a worker or group of workers that creates a risk to health and safety.[iii] Bullying can take different forms including psychological and/or physical abuse and may be indirect—for example deliberately excluding someone from work-related activities. Reasonable management action, comment and advice, including relevant negative feedback, on the work performance or work-related behaviour of an individual or group is not considered to be workplace bullying. [iv]

Discrimination

Discrimination occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics, for example when recruiting or selecting staff, offering employment conditions, and when considering or selecting staff for training, transfer, promotion, or dismissal.[v]

Harassment

Under discrimination law, it is unlawful to treat a person less favourably on the basis of certain personal characteristics, such as sex, race, disability, or age. This can include harassing or bullying a person, however unlike bullying, which is characterised by repeated behaviour, harassment can be a one-off incident. The law has specific provisions relating to sexual harassment, racial hatred, and disability harassment.

Sexual harassment is defined as any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature in circumstances where a reasonable person, having regard to all the circumstances, would anticipate the possibility that the person harassed would be offended, humiliated, or intimidated.[vi]

Australia's legal framework with respect to workplace sexual harassment gives effect to broader international obligations to prevent sexual harassment and other forms of gender-based violence and discrimination.[vii] Some forms of sexual harassment are also criminal offences and should be reported to the police.[viii]

Extent and impact of psychosocial hazards in the workplace

Research suggests that bullying, discrimination, and harassment is widespread throughout the continuum of medical training and into practice. Medical College surveys have reported up to one in two fellows, trainees and international medical graduates have been subjected to bullying, discrimination, harassment, or sexual harassment. The 2020 Medical Training Survey reported 21 percent of doctors in training had personally experienced bullying, harassment and/or discrimination in their workplace with 30 percent having witnessed this behaviour. [ix]

In 2018, Australian workplaces reported that 39 percent of women and 26 percent of men had experienced sexual harassment at work in the past five years.[x] Female doctors also report a higher incidence of sexual harassment in the workplace than male doctors.[xi] Workers who identify as LGBTIQA+, Aboriginal or Torres Strait Islander workers, workers with a disability and workers from culturally and linguistically diverse backgrounds are also more likely to experience sexual harassment.[xii]

Organisational and professional power imbalances combined with gender inequity in medical leadership and in some specialities means that women in medicine are more vulnerable to being targeted by unprofessional workplace behaviour and are less able to respond effectively; this extends to those with other minority attributes.[xiii] This pattern persists despite female medical students and trainees slightly outnumbering their male counterparts.

Incidents of workplace bullying, discrimination and harassment are often not reported because of lack of knowledge about how to report and from where to seek professional advice, fear of reprisal, lack of confidence in the reporting process, fear of impact on career, and/or cultural minimisation of the problem.

Hospitals and professional associations may also unintentionally foster a culture of bullying by failing to act, discouraging institutional change, and where there is failure of leaders to be exemplars (demonstrators) of expected behaviours.[xiv]

Workplace bullying, discrimination and harassment are psychosocial hazards that create unsafe and ineffective work and learning environments. Doctors who have been bullied report being less satisfied with their current jobs and with being doctors, are more affected by job stressors and are more likely to consider ceasing direct patient care than non-bullied doctors.

The flow-on effects from these behaviours include increased staff absenteeism, turnover, and medico-legal risk, and an increased risk to patient safety, quality of care, and adverse outcomes. Evidence suggests that this not only impacts the physical and mental health of healthcare professionals but can have lasting and adverse effects on the satisfaction and wellbeing of patients, healthcare teams, organisations, and families.[xv,xvi,xvii].

AMA Position

Bullying, discrimination, and harassment in all forms constitutes unprofessional and unsafe conduct[xviii] and has no place in the workplace. Putting an end to bullying, discrimination and harassment in medicine and healthcare systems requires a commitment from all stakeholders at all levels to acknowledge it as a psychosocial workplace hazard, accept responsibility, and take action to address it at all possible levels through effective prevention and response strategies.[xv]

The AMA has identified six key areas as essential to support the elimination of bullying, discrimination, and harassment in the workplace[xix]:

1. Improving leadership, governance, and accountability.
2. Developing better organisational systems and strategies for prevention and risk management, and for promoting psychosocial health, safety, and well-being.
3. Establishing measurable objectives and goals for improving workplace culture and systematic monitoring of psychosocial hazards and psychosocial health, safety, and well-being.
4. Building knowledge and capability to prevent, identify and respond to psychosocial hazards.
5. Respecting and enabling diversity and inclusivity.
6. Ensuring confidential reporting and appropriate responses to allegations, as well as effective support during and after reporting.

1. Improving leadership, governance, and accountability

1.1. State and Territory Governments must establish clear and explicit lines of responsibility, governance, and accountability for health service boards and executives to:

a. provide for and promote the psychosocial health, safety and wellbeing of staff within the workplace; and

b. implement measures to remove the structural, systemic, and cultural barriers to promoting and protecting the psychosocial health, safety and wellbeing of staff.

1.2. All health service boards should be required to evaluate and publicly report on the implementation and effectiveness of strategies to promote a positive workplace culture, prevent bullying, discrimination and harassment, and enable trends to be monitored.

1.3. A positive workplace culture can be enabled by providing education, formal guidance and resources to health services boards and executives so that they understand their responsibilities and can identify and address psychosocial hazards in the workplace.

1.4. Well-thought-out and publicised policy in this area is important to foster a safe and healthy work and training environment and maintaining appropriate standards of patient care. An effective workplace policy is one that:

a. Describes management commitment to a physical and psychologically safe workplace.

b. Clearly defines expected and prohibited workplace behaviours.

c. Adopts an evidence-based risk management approach to identify and manage psychosocial hazards in the workplace.

d. Provides ways for employees to safely and confidentiality suggest improvements to workplace design and ways to reduce psychosocial hazards in the workplace.

e. Provides information about internal reporting and complaints processes, and how complaints will be managed.

1.5. The National Safety and Quality Health Service (NSQHS) Standards should be strengthened to:

a. require health services to provide for and promote the psychosocial health, safety and wellbeing of those staff within the workplace; and

b. embed a systems approach to risk management to provide a safe psychosocial work environment for healthcare workers to deliver safe patient care.

2. Developing better organisational systems and strategies for prevention and risk management, and for promoting psychosocial health, safety, and well-being

2.1. Healthcare organisations should consider evidence-based models to assess and resolve systemic pressures and identify the root causes of psychosocial hazards and problems with workplace culture to change systems and practices and eliminate bullying, discrimination and harassment.[xx]

2.2. Implementing a risk management approach has been shown to be effective in supporting organisations to identify the presence and causes of problems in the workplace that may lead to inappropriate behaviours, and to take actions to remove them.[xxi]

2.3. Implementing a risk management approach has been shown to be effective in supporting organisations to identify the presence and causes of problems in the workplace that may lead to inappropriate behaviours, and to take actions to remove them.[xxii]

2.4. Implementing a suitable model for cultural change across organisations should also be considered. Such programs include Vanderbilt/Melbourne Health[xxiii] and Ethos/St Vincent's Health.[xxiv]

2.5. Organisations should ensure that all staff are supported to develop and implement better organisational systems and working practices. This includes but is not limited to:

a. providing training to staff about how to implement a risk management approach to identify and address psychosocial hazards in the workplace and promote psychosocial health, safety, and wellbeing;

b. promoting and providing access to pathways to report inappropriate behaviour, and access wellbeing support services.

3. Establishing measurable objectives and goals for improving workplace culture and systematic monitoring of psychosocial hazards and psychosocial health, safety, and well-being

3.1. The development of system-wide indicators, regular data collection and analysis, and robust public reporting as to the scope and incidence of psychosocial workplace hazards and their drivers, and progress of positive measurers to address them and institute cultural change should be established.

3.2. The combination of data, monitoring and an intelligence-led response will create visibility of and build confidence in the legitimacy of raising issues along with accountability for cultivating safe, productive, and healthy training and practice environments.

4. Building knowledge and capability to prevent, identify and respond to psychosocial hazards

4.1. Building knowledge and capability about how to prevent, identify and respond to psychosocial hazards at individual and organisational levels is essential to tackling the systemic pressures that can lead to inappropriate behaviours. This includes:

a. Clearly identifying the roles and responsibilities of individuals, managers and supervisors to identify and respond to psychosocial hazards and systemic issues.

b. Providing training about psychosocial hazards and risks in the workplace, what constitutes an effective systematic risk management approach, and providing practical guidance about how to respond to a psychosocial risk or incident.[xxv]

c. Providing managers with training in people management skills to give them the confidence and skills to recognise the causes and signs of inappropriate behaviours, and to engage effectively in early, informal, and formal resolution. Managers should be aware of how easily performance management can cross over into, or be perceived as, bullying or discrimination. Performance management must be consistent, clear and fairly applied.[xxvi]

5. Respecting and enabling diversity and inclusivity

5.1. Increasing gender and cultural diversity in organisational leadership and representative positions will support culture change, normalise consideration of diverse employee needs and change inappropriate workplace norms. This can be achieved by setting targets for the number of women and other diversity groups in leadership positions, and by enhancing opportunities for

recognition and advancement of women and underrepresented diversity groups in the healthcare setting.

6. Ensuring confidential reporting and appropriate responses to allegations, as well as effective support during and after reporting[xxvii]

6.1. Healthcare organisations should adopt reporting and complaints processes that are transparent, robust, and fair to improve confidence in systems dealing with complaints. Dealing with complaints about bullying, discrimination and harassment efficiently and fairly should be part of an organisation's continuous improvement process and can identify ways to improve work practice and process, improve staff wellbeing, and help to avoid external complaints and/or legal action.

6.2. Key elements of best practice in complaints management are:[xxviii]

a. **visibility and accessibility:** to appropriate information and services as to what steps to take and where to obtain professional/independent advice when seeking to raise a concern/complaint.

b. **independence and objectivity:** establishing a standardised approach to investigating allegations, independent review, and oversight of complaint processes, and reviewing processes and recommending actions when processes are not followed or are inadequate.

c. **responsiveness:** addressing complaints without undue delay.

d. **confidentiality:** for both complainants and respondents.

e. **restorative practice:** adopting proactive measures to address inappropriate behaviours and strengthen workplace relationships before they escalate.

f. **accountability:** providing clear expectations about the management of complaint and what the consequences are for adverse findings and providing feedback to staff making complaints about the outcomes of investigations in a timely manner.

g. **monitoring and reporting:** adopting annual and public reporting on aggregated outcomes of complaints, issues, and trends.

6.3. Organisations must have systems in place to support people who make a report, during and after, including protection from being victimised because they have made a complaint. This should extend to protecting people from vexatious and malicious complaints.

6.4. Current examples of strategies employed by organisations to improve reporting include contact officers to assist employees who experience bullying, discrimination and harassment in the workplace, multiple complaint channels, incentives for people who witness bullying and harassment to report, proving options for anonymity and immunity from legal action.

6.5. The AMA encourages organisations to collaborate with relevant bodies to establish an independent process for managing bullying, discrimination and harassment complaints and enable external expert mediation for complaints that cannot be addressed internally.

Reproduction and distribution of AMA position statements is permitted provided the AMA is acknowledged and that the position statement is faithfully reproduced noting the year at the top of the document.

References

[i] Comcare. Australian Government. Psychosocial hazards. https://www.comcare.gov.au/safe-healthy-work/prevent-harm/psychosocial-hazards (accessed September 2021)
[ii] Safe Work Australia. Workplace sexual harassment. https://www.safeworkaustralia.gov.au/topic/workplace-sexual-harassment (accessed September 2021).
[iii] Safe Work Australia. Bullying. https://www.safeworkaustralia.gov.au/bullying (accessed October 2021).
[iv] Australian Human Rights Commission. https://humanrights.gov.au/our-work/employers/workplace-discrimination-harassment-and-bullying (accessed July 2021).
[v] https://humanrights.gov.au/our-work/employers/workplace-discrimination-harassment-and-bullying
[vi] The Sex Discrimination Act 1984
[vii] Respect@Work: Community Guide to the Sexual Harassment National Inquiry Report (2020). https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-community-guide-sexual-harassment-national (accessed September 2021)
[viii] https://www.safeworkaustralia.gov.au/topic/workplace-sexual-harassment (accessed September 2021)
[ix] Medical Training Survey 2020. https://medicaltrainingsurvey.gov.au/ (accessed July 2021).
[x] Everyone's Business: Fourth national survey on sexual harassment in Australian workplaces – Australian Human Rights Commission 2018. https://humanrights.gov.au/our-work/sex-discrimination/publications/everyones-business-fourth-national-survey-sexual
[xi] At Their Mercy. ABC Four Corners. 25 May 2015. https://www.abc.net.au/4corners/at-their-mercy/6488010
[xii] https://www.safeworkaustralia.gov.au/topic/workplace-sexual-harassment (accessed September 2021)
[xiii] https://humanrights.gov.au/our-work/part-1-sexual-harassment-overview#Heading393 (accessed September 2021)
[xiv] Medical Leadership – Achieving Workplace Professionalism & Understanding Non-clinical Risk - "Is it good enough to just be a good doctor" [an AMA hospital and/or member training presentation].
[xv] American Medical Association. 2020. https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-aimed-preventing-bullying-medicine (accessed July 2021).
[xvi] AMA National Inquiry into Sexual Harassment in Australian Workplaces Submission 2019. https://www.ama.com.au/submission/ama-national-inquiry-sexual-harassment-australian-workplaces-submission-2019 (accessed July 2021)
[xvii] British Medical Association. Bullying and harassment report: Policy, research and recommendations https://www.bma.org.uk/advice-and-support/discrimination-and-harassment/bullying-and-harassment/bullying-and-harassment-report-policy-research-and-recommendations
[xviii] Good medical practice: a code of conduct for doctors in Australia. October 2020. https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
[xix] This is consistent with the Respect@Work: Sexual Harassment National Inquiry Report (2020) which outlines seven domains under prevention and response streams. https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-sexual-harassment-national-inquiry-report-2020 (accessed September 2021).

[xx] AMA South Australia Bullying and Harassment Summit. February 2020.
[xxi] Tuckey M, Li Y, Neall A, et al. Developing a workplace bullying risk audit tool. Jan 2018. Asia Pacific Centre for Work Health and Safety, University of South Australia. https://apo.org.au/sites/default/files/resource-files/2018-01/apo-nid172316.pdf (accessed July 2021).

[xxii] Tuckey M, Li Y, Neall A, et al. Developing a workplace bullying risk audit tool. Jan 2018. Asia Pacific Centre for Work Health and Safety, University of South Australia. https://apo.org.au/sites/default/files/resource-files/2018-01/apo-nid172316.pdf (accessed July 2021).

[xxiii] Royal Melbourne Hospital targets bullying with new Cognitive Institute program. The Age. 28 May 2016. https://www.theage.com.au/national/victoria/royal-melbourne-hospital-targets-bullying-with-new-cognitive-institute-program-20160527-gp5377.html

[xxiv] St Vincent's Health Australia. St Vincent's secures $1.2M to evaluate program aimed at improving culture in the health sector. October 2017. https://www.svha.org.au/newsroom/announcements/st-vincent-s-secures-1-2m-to-evaluate-program-aimed-at-improving-culture-in-the-health-sector

[xxv] SafeWork NSW Code of Practice for Managing psychosocial hazards at work (accessed September 2021)

[xxvi] British Medical Association. Workplace bullying and harassment of doctors. A review of recent research https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/bullying_and_harassment_research_review_v7_web.pdf (accessed September 2021)

[xxvii] https://humanrights.gov.au/quick-guide/12041

[xxviii] Royal Australasian College of Surgeons External Review – Complaints Discrimination, bullying and sexual harassment 2020 Report to CEO https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/operating-with-respectcomplaints/2020-12-16_External-Reviewer-Report-2020.pdf?rev=f129e9ead13e41c296a6e679fe539d92&hash=EB8E42C62ACD3F7A68A23684742030BE