

Workplace Bullying and Harassment

2009

Introduction

There is good evidence that bullying and harassment of doctors occurs in the workplace. One Australian study found that 50% of Australian junior doctors had been bullied in their workplace, and a New Zealand study reported that 50% of doctors had experienced at least one episode of bullying behaviour during their previous three or sixth-month clinical attachment.^{1 2}

Workplace bullying of members of the medical workforce can occur between colleagues students and employees, and any contractors, patients, and family members with whom they are dealing.

The aims of this position statement are to:

- provide a guide for all doctors, hospital and practice managers to identify and manage workplace bullying and harassment,
- raise awareness and reduce the exposure of doctors to workplace bullying and harassment, and
- assist the medical profession in combating its perpetuation.

Definition

Workplace bullying is defined as a pattern of unreasonable and inappropriate behaviour towards others, although it may occur as a single event. Such behaviour intimidates, offends, degrades, insults or humiliates an employee. It can include psychological, social, and physical bullying.³ Most people use the terms 'bullying' and 'harassment' interchangeably and bullying is often described as a form of harassment.

The range of behaviours that constitutes bullying and harassment is wide and may include:

- physical violence and intimidation,
- vexatious reports and malicious rumours,
- verbal threats, yelling, screaming, offensive language or inappropriate comments,
- excluding or isolating employees (including assigning meaningless tasks unrelated to the job or giving employees impossible tasks or enforced overwork),
- deliberately changing work rosters to inconvenience particular employees,
- undermining work performance by deliberately withholding information vital for effective work performance, and
- inappropriate or unwelcome sexual attention.

It is necessary to distinguish the difference between the essential interaction of a manager/employee (or supervisor/trainee) and bullying. In this respect it is important to support and acknowledge a manager or supervisor's responsibility to deal with any performance problems of an employee or trainee, by providing constructive feedback in a positive and professional manner.⁴

¹ Rutherford A, Rissel C. A survey of workplace bullying in a health sector organisation. Aust Health Rev. 2005;28(1):65-72

² Scott J, Blanshard C, Child, S. Workplace bullying of junior doctors: a cross sectional questionnaire survey. NZMJ Digest. 2008. Vol 121 No 1282: 13-15.

³ Law Society of NSW. Prevention of workplace bullying. A tool for change to the legal workplace (2004) at http://www.lawsociety.com.au/uploads/filelibrary/1094446976781_0.9084470818783515.pdf (accessed 14 January 2009)

⁴ Code of Practice, Violence, Aggression and Bullying at Work. Commission for Occupational Safety and Health (Western Australia). 2006.

Impact of workplace bullying

The evidence is clear that workplace bullying contributes to poor employee health including the physical and psychological manifestations of stress and depression.⁵ Workplace bullying may affect medical students, junior doctors or senior specialists. Workplace bullying and harassment may impact on the training and education of doctors. It creates a poor learning environment due to the continued erosion of confidence, skills and initiative of the doctor, thereby creating a negative attitude towards their chosen specialty.⁶

The combination of junior doctor workloads and training hours make junior doctors particularly vulnerable to stress and associated ill-health issues.⁷ These factors combined with social, geographical and professional isolation can make junior doctors more susceptible to the effects of bullying.

Cost

The costs of workplace bullying can be direct and indirect in nature. Direct costs include absenteeism, greater staff turnover, and higher rates of illness, accidents and disability. Indirect costs include diminishing staff performance, reduced staff morale and reduced quality of patient care.

The legal framework

Concepts of workplace bullying and harassment are captured in all states and territories within industrial and occupational health and safety legislation and anti-discrimination laws. There is no specific legislation dealing solely with workplace bullying and harassment but it is unlawful due to the broader responsibilities owed by employers to their employees.

Employers have a duty under these laws to ensure the health, safety and welfare of their employees, including identifying bullying and harassment and taking steps to eliminate and prevent it. The legislation also requires each employee 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 acts in the workplace.

Employees may be held personally liable if they bully or harass an individual. If employers fail to take reasonable steps to prevent these practices they may be held vicariously liable for the actions of their staff. In addition, there is a body of law that suggests that an employee can sue an employer for a breach of an implied duty of trust and confidence.

AMA position

The AMA believes that raising awareness of bullying and harassment in the medical profession is an important step in the process of eliminating the problem. The AMA encourages doctors' employers and the medical colleges to have their own anti-bullying/harassment policy. Such a policy should include the following:

- acknowledgement that bullying and harassment may be a problem in their organisation, including examples of unacceptable behaviour,
- a statement that bullying and harassment will not be tolerated and a commitment to eradicating workplace bullying and harassment,
- steps that will be taken to prevent bullying and harassment,
- clarification of responsibilities of staff/supervisors and employees,
- grievance, investigation and disciplinary procedures,
- training for staff in recognising and dealing with instances of bullying and harassment, and

⁵ Hoel H (1999) Employee Health Bulletin 10. August.

⁶ AMA Survey report on Junior Doctor health and Wellbeing. Australian Medical Association (2008):9.

⁷ Di Martino V (2003) Workplace violence in the health sector: relationship between work stress and workplace violence in the health sector. Geneva: ILO

- implementation, review and monitoring of the policy.

Support and advice

There are actions and strategies that individual doctors can use to reduce bullying and harassment and their impact. If you believe you are being bullied, the AMA advises that you:

- document threats or action taken by the bully,
- discuss your concerns with your supervisor (or someone equivalent if your supervisor is the bully),
- consider making a complaint under your employer's bullying and harassment policy. Most employers have grievance, occupational health and safety or equal opportunity officers who can assist in accessing the appropriate part of the complaints procedure. If your employer does not have a policy, consider using an informal/formal complaint procedure, and
- seek support from your peer network, colleagues, your local AMA and other organisations (e.g. the Australian Human Rights Commission), who can give you advice on your options and rights and some of which may act on your behalf.