Addressing Bullying in Healthcare Workplaces

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Dr Kimberley Ivory, rural GP and medical academic in public health at Sydney University is working with a team of academics to find ways to counter the negative impact of bullying and harassment on the mental health and wellbeing of healthcare practitioners.

Over the past 40 years there has been increasing concern around some aspects of the culture of the medical profession. The recent tragic deaths of four young doctors in Victoria sparked the need for more education in this area.

She believes that while students and young practitioners are patently the most vulnerable, they are also very important to the solution. Speaking at the National Pre-Vocational Medical Education & Training Forum in Darwin, in the keynote addresses sponsored by MIPS, Dr Ivory remarked at how surprisingly close the 2013 beyondblue report statistics regarding mental health of medical students and doctors are to those seen among marginalised populations such as Indigenous Australians and people from sexual and gender minorities.

The medical culture remains skewed

Although Australians don't think of doctors as a marginalised population, increasing feminisation of the medical workforce and the increase in internationally trained graduates have challenged traditional medical culture. Forces such as inter-professional teamwork, changes in management structures and workplace legislation have also had an impact. Some doctors do not regard other doctors who are young, female or who have been internationally trained as equal regardless of medical competency. These groups are over represented with poor mental health in medicine.

Dr Ivory discussed some of the deeply entrenched human behaviours that create this marginalisation. For example, the "bystander effect", in which the greater the number of people who witness a negative event, the less likely they are to respond or intervene. But in medicine, doctors are jointly responsible for the health and safety of patients. Their personal and professional experiences and professional responsibilities are closely linked. Distressed doctors provide poorer patient care. Cultural change is needed to address the negative consequences of bullying and harassment.

The recent RACS review and report suggests these issues are finally being acknowledged. However, the real momentum for positive change lies in taking each doctor on their own merits. Showing support and solidarity to colleagues is an important starting point.

Dr Ivory suggests realigning the Medical Board code of conduct to place a greater priority on the wellbeing of doctors, therefore enhancing patient safety and acknowledging that there can't be one without the other. She challenged the role of "commitment professionalism" where we expect doctors to sublimate personal needs to achieving professional goals. Even though scientific research has proven the effects of sleep deprivation on cognition and motor skills, doctors who perform in ED or theatre under these circumstances are lauded as 'heroes'.

The code may be improved if it read "doctors have a responsibility to protect and promote their own health and their colleague's health in order to be able to effectively promote the health of individuals and the community, and to provide the highest standard of safe, patient centred care."

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