Workplace bullying in hospitals: an unresolved problem

Steven Kelly

Bullying and harassment is endemic in the health sector. It occurs with all types of staff and across varying levels of seniority. A recent extensive investigation commissioned by the Royal Australasian College of Surgeons has revealed that 49% of fellows, trainees and international medical graduates have been subject to discrimination, bullying or harassment. A small proportion of these reported cases were frankly disturbing and in many cases illegal behaviour by the perpetrator. The problem is occurring across all surgical specialties. The primary source was consultant surgeons. On 8 September, 2015, an expert advisory group reported these above findings to the college. They stated that they were “shocked” by the findings and recommended widespread major changes to eradicate discrimination, harassment and bullying. Given the seriousness of the findings, the college president, Professor David Watters, gave a video apology to all the past victims and promised to eradicate this problem from the college.

It is well known that bullying and discriminating behaviours have been with surgery probably since its inception. There has been a culture treating trainees harshly, as it was believed that only “the strong will survive”, to make good surgeons. From anecdotal reports of surgeon’s behaviours generations ago, it would be fair to say they these individuals probably would not be employable today, as their disruptive behaviours would be immediately brought to the attention of human resources departments. However, society’s moral zeitgeist has evolved and behaviours that were accepted in the past are certainly not acceptable now. Unfortunately, the recent college surveys would indicate surgeons as a group have a long way to go to achieve the objectives that the College of Surgeons have set. Professor David Watters has stated that there is now zero tolerance for discrimination, bullying and sexual harassment in surgery.

Workplace bullying can have profound psychological effects on the victim. Furthermore, bullying decreases the quality of patient care, creates a poor learning environment and increases psychological stress. It is associated with significant loss of productivity and it discourages the best junior doctors from pursuing a career in surgery.

There are two types of people that bully others. Firstly, there are those who selectively pick their victims, who they intend to hurt in order to get pleasure or excitement from using their power. These people are rare, but are present in all organisations. The second group comprises people in whom the accusation of bullying is due to a disagreement over what represents normal social behaviour. The accuser feels bullied by behaviour that the accused believes is reasonable.

The marked hierarchical nature of the medical system is such that consultant surgeons have a large amount of power over trainees and other medical staff. This professional privilege to have so much power and control is respected by most surgeons. However, there are a small number of surgeons who were highlighted in the survey that abused this power and subjected others to unacceptable discrimination, bullying and sexual harassment. Unfortunately, there also existed a code of silence and inaction by peers of the disruptive surgeons, and the behaviour was allowed to continue. Hospital management commonly did not act. They valued the disruptive surgeon’s clinical service rather than the more dispensable service from the junior staff.
The College of Surgeons have accepted all of the recommendations from the expert advisory group to resolve the problem. The College of Surgeons is now standing on the edge of change. To continue as business as usual is not an option. A major cultural change will have to occur amongst all fellows and specialist societies if progress is to be made. There will need to be more transparency, independent scrutiny and external accountability integrated into all levels of change. Surgical education needs to improve. Students learn better when they are supported and feel they are in safe surroundings. The College must foster excellence in teaching. There needs to be independent scrutiny of complaints. Complaints need to be dealt with fairly and without fear of retribution.

The College of Surgeons have promised to fix the problem. However, the largest impediment for change will come from surgeons not willing for such a major cultural change. In fact, some surgeons don’t believe that these issues really exist. To these surgeons, I would advise that they read the personal testimonials that have been given to the college as part of its research. This, I hope will change their mind.

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