



BULLYING AND DISCRIMINATION IN MEDICINE

Imagine you are sitting at the computer terminal on the flight deck of your ICU. Behind you, you hear a senior nurse talking to another nurse and commenting on how attractive one of the junior registrars is. “Whoa, look at those legs! What a stunner!” What would you do?

Intensive care specialists and trainees experience bullying, discrimination and sexual harassment at work fairly often. CICM’s 2016 survey found that 32% of respondents had experienced bullying in the preceding 12 months, 12% had experienced discrimination and 3% had experienced sexual harassment.¹ Perhaps of greatest concern, the perpetrators were commonly ICU consultants.

Our specialty is not unique in this way - bullying, discrimination and sexual harassment are common within hospitals.

So what do we do about it?

The first step is recognising the scope of the problem. Beyond documenting the prevalence of BDSH, surveys help to remind doctors how to define and recognise this type of behaviour. Many of us have become so inured to bad behaviour in hospitals that we no longer ‘see’ it when it happens, let alone recognise it as unlawful workplace behaviour.

Next, we need to look beyond these extreme examples of ‘bad’ (a.k.a. illegal) behaviour and recognise that bullying, discrimination and sexual harassment are the tip of the iceberg. What lies beneath the water line? It can be much more subtle, often to the extent that it’s not even clear whether it is bad behaviour or not. Perhaps it’s a culture that is disrespectful and intolerant of difference. The occasional casually racist joke, sexist or homophobic banter on the ward round. Comments that, like the nurse commenting on the registrar’s legs in the above scenario, make some people feel unwelcome or unsafe (often inadvertently).

The Royal Australasian College of Surgeons recognised the need to reframe the conversation in this way when they launched their ‘Operating with Respect’ campaign in 2015. This includes a free one-day ‘Operating With Respect’ course, mandated for SET, IMG and research supervisors, and doctors sitting on RACS committees including Council.²

At CICM, we have incorporated ‘Speaking up for Workplace Culture’ into the Communication Skills course, which is now compulsory for new trainees. This complements the expanded 2 day curriculum, which also includes sessions on negotiating with colleagues, cultural humility and working with interpreters. We will also run the workshop at the New Fellows’ Retreat 2019, and hopefully have the opportunity to run it at other College-affiliated forums in the future.

What is speaking up for workplace culture?

‘Speaking up for workplace culture’ includes calling out inappropriate behaviour, for example a racist comment, at the time that it happens. This clearly indicates to all present that the

¹ Venkatesh B, Corke C, Raper R, Pinder M, Stephens D, Joynt G, Morley P, Bellomo R, Bevan R, Freebairn R, Varghese B, Ashbolt M, Hawker F, Jacobe S, Yong S. Prevalence of bullying, discrimination and sexual harassment among trainees and Fellows of the College of Intensive Care Medicine of Australia and New Zealand. *Crit Care Resusc* 2016; 18(4):230-234

² <https://www.surgeons.org/about-respect/>

comment was not acceptable. The alternative - ignoring the remark - risks suggesting to your colleagues that you agree with what has been said, which then makes it part of the workplace culture to speak like that.

The decision to 'speak up' is not easy. Research into speaking up for clinical safety found that a clinician's decision to speak up is affected by their place within the team hierarchy and the likely personal and professional ramifications of speaking up.³ Considering workplace culture, it's also harder to object to a casually bigoted joke about your own race, religion or sexuality than to call out a comment that doesn't refer to you.

Sometimes speaking up is not the best response to bad behaviour. It might be more appropriate to speak with the person privately, or to formally report the behaviour.

Speaking Up workshop

So we don't try to prescribe when to speak up. Instead, we practise how to speak up. Speaking up is a really challenging communication skill. It's not uncommon to find yourself thinking, "I wish I'd said something, I just couldn't think of what to say!" So in the workshop we introduce some simple techniques and gather new ideas or phrases from participants and facilitators.

Just like breaking bad news, speaking up is a skill that can be improved with practice. Consider, for example, expressing surprise ("it's not like you to say something like that"), using humour ("are you being creepy?!") or describing your own response ("that comment makes me feel uncomfortable").

One of the most valuable aspects of the workshop is simply creating a space to reflect upon how we behave in the ICU. In developing and delivering this workshop, I've certainly become more attuned to how my behaviour 'sets the tone' - for better or worse - on the ward round.

Speaking up is not a panacea for bullying, discrimination and sexual harassment in ICU's. But hopefully this workshop helps ICU doctors better recognise and act upon bad behaviour in our workplaces.

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Please click the below links for more details on the CICM courses mentioned in this article:

- [The New Fellows Retreat 2019](#) - 22–23 August 2019, Byron at Byron Bay Resort and Spa, NSW
- [CICM Communication Course](#) – 2-3 December 2019, Sydney

³ Okuyama A, Wagner C, Bijnen B. Speaking up for patient safety by hospital based health care professionals: a literature review. BMC Health Services Research 2014, 14:61