

Physician, heal thyself: a need for change from within

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Bullying and sexual harassment of junior doctors within New Zealand hospitals has recently come to light following a damning report published by the New Zealand Resident Doctors' Association (RDA). This problem is not limited to junior doctors. The New Zealand Medical Students' Association (NZMSA) has released a press statement highlighting the "vulnerable position" of medical students. Our goal is to further the current conversation around this pressing matter and push for change.

Bullying and sexual harassment exists in the medical workforce, yet its true prevalence is unclear. Earlier this month, NZMSA conducted a survey of New Zealand medical students on bullying and sexual harassment and the results are alarming. Of the 772 respondents, the majority (54%) of medical students surveyed had experienced at least one event of bullying and/or sexual harassment in the past year alone. Some students reported incidents occurring on a regular basis, weekly or even daily.¹ Although many students experienced such behaviour, 87% of respondents did not report it.¹

From research overseas, we know this problem is not limited to New Zealand. A recent United Kingdom study charting medical students' experiences with bullying and harassment at one site, found 18% of medical students had either witnessed or experienced bullying and harassment.² In a large United States survey, where more than 2300 medical students participated at three different time points in their career, 85% of students reported having been harassed or belittled and 40% experienced both.³ Bullying and harassment is a pervasive, widespread problem affecting medical students around the world. The NZMSA have taken the initial steps in the right direction to precisely quantify the problem in New Zealand.

So how harmful and damaging is a culture of bullying and harassment? Firstly, it is harmful to medical students. Medical students who reported cases of mistreatment are more likely to experience "depression, alcohol abuse, low career satisfaction, low opinion of the physician profession, increased desire to drop out of school and even suicide."^{3,4} Secondly, it is harmful to patients. Medical teams rely on each other to practice safely and effectively. Damaging behaviour from senior staff directed towards junior colleagues and medical students can erode the trust and cohesiveness required within medical teams to deliver high-quality patient care.

There is little to support the counter claim given by some senior medical professionals. They argue a confrontational learning environment will challenge the knowledge and learning capabilities of students. Musselman and colleagues have noted intimidation and harassment in surgical education can commonly be seen as a functional educational tool.⁵ In New Zealand hospitals, harassment and bullying is frequently used in the name of teaching. However

there is a difference. Teaching through bullying and harassment is not the same as teaching with an intensely constructive, challenging and supportive approach. It is this former approach, which we believe must be eradicated from the current hospital teaching culture.

Two major concerns must be addressed immediately: high rates of bullying and sexual harassment, and under reporting by medical students. We have two fundamentally intertwined problems in our hospitals: bullying and sexual harassment and the culture of hierarchy. When medical students are not intimidated and fearful of senior team members, students will feel empowered to speak up. This shift in culture will facilitate increased reporting thereby helping senior authorities to accurately perceive the true rates in our hospitals. As a result, the appropriate actions can be taken by senior staff and management to adequately protect the health and safety of medical students, team members and patients.

Bullying and harassment has been a serious issue since the birth of medicine. It is widespread around the world and in New Zealand. Drastic changes need to be taken to protect the welfare, safety and dignity of not only our doctors of tomorrow but more importantly the patients of today. Furthermore, confrontation is commonly used as a pedagogical tool in medical education. However, students should not withstand abuse in the name of learning. With the heat of public light on this issue, due to the efforts of the RDA and NZMSA, it is crucial we push for change to excise the current culture of bullying and sexual harassment and the culture of hierarchy in our hospitals. Most importantly, to push for change ask yourself this, why is bullying and sexual harassment tolerated in medicine?

REFERENCES

1. New Zealand Medical Students' Association.
NZMSA Final Bullying and Harassment Survey Results.
<http://www.nzmsa.org.nz/wp-content/uploads/2015/08/NZMSA-Final-Bullying-and-Harassment-Survey-Results.pdf> (accessed 16 September 2015).
2. Timm A.
'It would not be tolerated in any other profession except medicine': survey reporting on undergraduates' expose to bullying and harassment in their first placement year.
BMJ Open 2014;4.
3. Frank E, Carrera JS, Stratton T, Bickel J, Nora LM.
Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey.
BMJ 2006.
4. Stratton TD, McLaughlin MA, Witte FM, Fosson SE, Nora LM.
Does students' exposure to gender discrimination and sexual harassment in medical school affect specialty choice and residency program selection?
Acad Med. 2005;80(4):400-408.
5. Musselman LJ, MacRae MH, Reznick RK, Lingard LA.
'You learn better under the gun': intimidation and harassment in surgical education.
Med Educ. 2005;39:926-934.

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