

An issue of respect

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The issue of bullying has recently become very topical, with the publication of two surveys on the topic.

But this is not a new issue. A survey in 2006 in the UK — and repeated in NZ in 2008 with publication in the *New Zealand Medical Journal*¹ — showed rates of up to 50% of students having experienced a single episode of bullying. Results such as these are clearly deplorable and need concerted effort to improve. In my opinion, however, the issue is larger than that captured in the published surveys. The more important issue stems from the age-old concepts of respect, gratitude and 'rudeness'. The 2008 NZ-published survey demonstrated that the perpetrators were split fairly evenly between nurses and consultants (at 30% each) while the rest were patients (25%), peers and radiologists.

Similar studies have also shown that abuse from patients is extremely high in the medical field and is a major contributor to staff burnout within emergency departments. An interesting study we did at Auckland hospital revealed that over 60% of nurses did not say "please" or "thank you" when requesting a HO to perform a task, while nearly 90% of people did use these words when ordering coffee at the hospital. A huge staff values exercise at ADHB listed a simple "thank you" as the number one issue desired by staff in order to feel valued.

It should also be noted that the environment of care within a hospital system is hierarchical in nature and extremely stressful. In stressful situations, people may tend not to prioritise their standard 'manners', at the expense of others within a team. In addition, senior people giving bad feedback to a more junior colleague may also seem to be bullying if the feedback is delivered poorly, such as, for example, being non-specific without examples, giving negative feedback publicly, making feedback personal rather than on behaviour, expressing emotion and so on.

So, while it is appalling to see such high incidence of bad behaviour in our profession, I do think that it is important to compare this to other stressful hierarchal institutions such as the army, police and fire response.

That is not making an excuse for the behaviour, though, as fundamentally it is all unprofessional behaviour. Noting bullet points 1, 2 and 7 of our Declaration of Geneva, we have all sworn to uphold the traditions of our profession, which include respect for others — and indeed in bullet point 1 we consecrate our life to serve humanity!

All disrespectful behaviour is wrong. We are our brothers'/sisters' keeper and should act as we wish to be treated. Positive praise should be prompt and public. Negative suggestions should be planned, private, specific and behaviour-focused only.

"Please" and "thank you" should be part of the lexicon of our profession from the outset. Knocking before entering a patient's room and awaiting a response should be standard. Apologising for error should be as natural as breathing. Kindness, empathy and patience should be embedded in our daily behaviour.

This is not a 'blame' focus. This is not an issue where senior doctors are bullies or the system is bullying or a particular nurse is a bully — but it starts with us. It starts with how we approach an elevator door simultaneously with a stranger: do you step back and let them go first or do you barge ahead? Do you say please and thank you when ordering food in the cafeteria? Do you pick up some rubbish on the floor when walking past?

Anyone on the receiving end of bullying behaviour should feel able to speak up and ask for help. Speak to a supervisor or a colleague. Ask for support — and be prepared to offer it and to speak out if you see instances of bullying around you.

Change starts with us all and change starts from within. Yes, we need to have structural support within our systems and yes, we need to live the values we respect but we also need to look at ourselves and begin the culture change by changing ourselves.

REFERENCES

1. Scott J, Blanshard C, Child S. **Workplace bullying of junior doctors: a cross-sectional questionnaire survey.** *NZ Med J.* 2008; 121(1282). http://www.nzma.org.nz/__data/assets/pdf_file/0005/117807/Vol-121-No-1282-19-September-2008.pdf