

Emphasising compassion for co-workers in medical school training and healthcare organization to address bullying

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Abstract

The over representation of bullying and harassment in healthcare is discussed as incongruent with the compassion of healthcare professionals. The issue is discussed a problem that should be addressed at the level of medical school training and healthcare organization where emphasis on compassionate patient care is needs to be broadened to include compassion for fellow healthcare workers.

Key words

Compassion, bullying, medical school, patient centred care

Introduction

Despite the inclination towards compassion in healthcare professionals, a concerning anomaly is that bullying and harassment is over represented in healthcare (Eurofound 2015). Bullying in healthcare is not limited to a single geographic location or healthcare system. It is a global problem. It is also not a case of just bosses bullying their direct reports, it is both vertical (top-down) and horizontal (peer-to-peer). In the NHS 18.7 per cent of healthcare workers report having been bullied by their colleagues and 12.4 per cent report having been bullied by managers (NHS 2021). That people who are so compassionate and caring towards their patients can also be so harsh with each other is indeed a puzzle

and a serious problem, one that we take on this editorial. We discuss this issue as a problem, not of character, but of the training received in medical school, and of how the healthcare system is organized.

Negative effects of bullying

Bullying in healthcare is a concern not just because it is wrong that people feel unsafe at work, it also undermines the integrity of the healthcare system, along with the quality of care provided to patients (Carter et al. 2013; Kline and Lewis 2019). Bullying precipitates higher levels of employee absenteeism, sick-leave, compensation claims and turnover. A workforce such as the UK healthcare sector, already struggling with an undersupply of quality recruits and vacancies waiting to be filled across the NHS, cannot afford such high levels of workforce attrition. Bullying also erodes quality patient care. When healthcare professionals do not feel safe to question diagnoses or care plans, report mistakes, or seek advice when in doubt because of a culture of competition, judgement and putdowns, patients lose out in receiving the best possible care.

Traditional approaches to countering bullying

The issue of bullying in healthcare is generally addressed with a combination of proactive and reactive strategies. Internal staff training and guidance on the problem on bullying in healthcare is one proactive approach, but also one that staff resent being mandated to undertake. Another is having clear organizational policy in place, so people are aware of the consequences of bullying behaviour. Such policies inform reactive strategies of having processes in place for reporting problem cases, investigating allegations and providing victim support, including through counselling and compensation. More recent initiatives have taken a positive turn, with a growing interest in staff training in resilience, mindfulness and self-compassion that supports emotional and physical health. Training managers in

these skills has also been adopted as a core curriculum in compassionate leadership training. As a researcher in management and organization studies with a focus on workplace compassion (Ace), and as a current medical student (Tamara), we find these initiatives wanting, something their limited success to date makes obvious.

Colleagues also need compassion and care

To address the problem of bullying in healthcare at a more foundational level the question has to be asked, if healthcare staff are compassionate by inclination, why is it often lacking in dealings with colleagues? One response to this question is that organizationally healthcare is generally set up to provide compassionate *patient* centred care, rather than care for colleagues (for recent examples of how compassion is discussed in healthcare see Decety 2020; Shah 2021). In other words, healthcare needs a definition of compassion that sees fellow caregivers as legitimate recipients of care and compassion. In organizational compassion studies, by contrast, workplace compassion is defined as (NEAR): *Noticing* the suffering of colleagues, *Empathising* with it, *Appraising* to understand its causes and circumstances, and *Responding* to address a colleagues distress (Simpson et al. 2020). Two decades of workplace compassion research further suggests some additional levers such as promoting compassionate routines (including those related to organizational recruitment and promotion), including compassion for colleagues in role descriptions, a social architecture promoting frequent staff interactions, creating a culture that supports robust but psychosocially safe communication and compassionate leadership. Healthcare is an intense workplace context. There are long shifts, coupled with many tense moments in dealing with patient concerns throughout each shift. Healthcare professionals, accordingly, often experience a lot of stress and fatigue. This being the nature of the job, or at least how it is currently configured, healthcare professionals most often overlook signs of personal

struggle in their colleagues. Colleagues are not the patient, the patient is the person who is sick. Colleague's issues are not seen to warrant compassion. If the healthcare sector were to make an effort adopt this definition and these organizational levers, compassion could be woven systemically within the very organizational fabric.

Generalising patient centred care skills to colleagues

Another answer to the problem of a lack of compassion for co-workers in healthcare relates to the training received in medical school. Medical school provides compassion skills, including how to listen to patients, the language to adopt to express empathy for patient concerns and how to summarise what patients report to clarify and confirm proper understanding of patient conditions (Patel et al. 2019; Phillips and Dalgarno 2017). In other words healthcare professionals are well trained in NEAR capabilities. Unfortunately, medical students are taught to see these skills as patient specific. They are not encouraged to generalise their compassion related skills in compassionate dealings with one another. Accordingly, overlooking signs of struggle in colleagues and experiencing constant tiredness, also begins in medical school. Medical students are constantly under pressure to perform and deliver in frequent exams and in front of doctors providing training and patients receiving care. These struggles are accepted as par for the course and therefore not viewed as legitimate reasons for receiving compassion. Hence, compassion for peer-concerns is desensitised and an important learning opportunity is lost. Listening to notice indications of suffering, empathising to provide emotional care and clarifying to confirm understanding are practices of compassion relevant for both patient care and co-worker support. Healthcare professionals are not taught to make that connection, however, and too often it is not made.

Conclusion

Care givers are known for their compassion. The desire to help others is a primary motivation for many caregivers entering the profession. Even recognising that it takes years of study to qualify, and it involves long hours in difficult situations, often with life and death implications, for healthcare professionals the idea of making a positive difference in people's lives makes up for these challenges. The problem of workplace bullying in healthcare should therefore be seen as a problem that can be solved. Compassion for colleagues can prevail if there is a will to address these concerns at foundational levels of medical training and healthcare organization.

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