Ruth Jackson Orthopaedic Society

Position Statement

Bullying in Orthopaedic Surgery

Bullying in Medicine

Workplace bullying in medicine is pervasive and is unacceptable. Bullies are real, professional adults who often may be in senior leadership positions. Bullying is often combined with harassment and discrimination. Although there is overlap among these forms of mistreatment, there are significant differences. Bullying can be described as abuse, humiliation, intimidation, or insults that are severe enough to affect the victim's job performance. This behavior involves acts of commission or omission that are perceived as negative and unwelcome, are often repeated, frequently involve power imbalances, and are abusive regardless of intent (Table 1).[1-4] Victims of bullying feel humiliated, vulnerable, or threatened often leading to stress and decreased self-confidence.[5] Additionally, as a result of this mistreatment, victims are often distracted and have difficulty concentrating at work, which may have implications for patient safety. Job satisfaction, job performance, and relationships with co-workers and staff can be negatively affected by workplace bullying.[6]

Table 1: Defining the Terms

Term	Definition
Bullying	Unreasonable and inappropriate behavior that is repeated over time or forms a pattern of behavior. It is unreasonable in that a reasonable person being aware of all the circumstances, would expect this behavior to victimize, humiliate, undermine, or threaten the person to whom it is directed.[2]
Overt Bullying	The overt bully demonstrates actions that are able to be observed. These behaviors can be classified by intensity, duration, and frequency.[3]
Covert Bullying	Harassment, intimidation, and covert coercion at work and is similar to mental aspects perpetuating domestic violence.[4]

A recent cross-sectional survey of 1,791 residents and fellows in 16 residency programs and 9 internal medicine programs accredited by the American College of Graduate Medical Education (ACGME) found that 48% of respondents had been bullied.[7] Attending physicians (29%) and nurses (27%) were the most common professionals implicated in bullying. Several factors were significantly associated with being bullied including female gender, age < 30 years, and nonwhite race. Respondents identified several common bullying behaviors: unjustified criticism and monitoring of work (44%), attempts to belittle and undermine work (44%), destructive innuendo and sarcasm (37%), and attempts to humiliate (32%).[7] These numbers were very similar to those reported in other studies of workplace bullying in medicine in the United States.[8-11]

Bullying is prevalent in surgical fields for several reasons including: 1) the value of hierarchy 2) code of silence and fear of retaliation 3) high stakes, stressful work environment and 4) trainees and junior faculty observe and emulate bullying behavior, especially if the bully is seen as a leader in the field (Pei 2019).[12] Additionally, bad behavior in surgery is frequently rationalized, "he's a surgeon, that's how they are."[12] Bullying leads the victim to feel a sense of loss of control of his environment. Pei at al aptly described bullying as "the perfect crime that leaves no visible marks, but effectively destroys one's ego, identity, and resilience."[12] Victims of bullying frequently suffer in silence, refusing to report for fear of retaliation. This silence may encourage more bullying behavior. Additionally, witnesses are reluctant to report observed instances of bullying due to perceived risk that they may become the victim or be subject to other forms of punishment.[12]

In 2020, Samora et al surveyed a subset of American Academy of Orthopaedic Surgery (AAOS) members to evaluate the climate of workplace safety and overall workplace culture.[13] Sixty percent of respondents reported experiencing discrimination, bullying, sexual harassment, and harassment (DBSH), with specific exposures to DBSH of 79%, 55%, 47%, and 40%, respectively. Additionally, women (81%) were more likely than men (35%) to experience these behaviors. The authors concluded that more attention is needed to DBSH behaviors in the orthopaedic workplace to ensure that all orthopaedic surgeons in training and in practice have a safe work environment that is inclusive, equitable, and health-promoting.[13]

There are several barriers to eradicating bullying from the surgical workplace. Frequently, the bully is an established leader in their specialty, who may contribute significant financial gains to the institution. Additionally, there are no state or federal laws against bullying in the workplace, and few hospitals or medical institutions have well-defined policies against bullying. Finally, effective bullying often leads to isolation of the victim, rendering the victim powerless to come forward and seek institutional support.[12]

Consequences of Workplace Bullying

Physician Wellness

The 2014 US workforce bullying survey reported that when victims reported being bullied, they lost their jobs in 61% of cases (vs 15% for bullies).[4] Additionally, exposure to repetitive bullying can lead to mental and physical issues for victims. Previous studies have demonstrated a clear association between bullying and anxiety,[14,15] depression,[16-19] and suicidal ideation.[20,21] Additionally, bullying can lead to physical harm, as evidenced by the increased risk for cardiovascular disease[19] and chronic musculoskeletal pain.[22] Previous studies demonstrate that physicians have higher suicide rates than the general population. Specific risk factors for suicide in physicians include depression, female gender, job stress, and single marital status.[23] In 2019, Robertson et al examined the prevalence of suicidal ideation (SI) among surgeons and their use of mental health resources.[24] The authors distributed an anonymous cross-sectional survey to members of the American College of Surgeons and found that 6% of the 7,905 surgeons participating reported suicidal ideation in the previous 12 months. Suicidal ideation was 1.5 – 3.0 times more common in surgeons over the age of 45 compared to the general population. Only 26% of the surgeons who had recent SI sought psychiatric or psychologic help. Most of those who were reluctant to seek help cited concern that it could affect their medical license as the primary reason. The authors also found that burnout and depression were independently associated with SI after controlling for personal and professional characteristics.[24] Further studies are needed to determine how to reduce suicidal ideation among surgeons.

Patients

Physicians often experience a decreased ability to concentrate as a result of bullying, which may, in turn, lead to an inability to focus at work and loss of job satisfaction. Bullying undermines the victim's self-confidence, which may compromise a physician's ability to provide high quality care.[25,26]

Workplace and Organization

Bullying can lead to significant financial implications in healthcare organizations as a result of staff turnover,[27] recruitment,[27] reduced productivity, and potential litigation.[28] Workplace bullying negatively impacts job performance and work morale.[29,30] Both victims and witnesses of bullying tend to be driven away by this behavior. Costs associated with staff turnover have been estimated to equal more than 5% of the annual operating budget,[30] and recent studies demonstrate that organizations in the United States lose approximately $200 billion annually because of workplace bullying.[28,31]

Women in Orthopaedics

There is significant emphasis on diversity in orthopaedic surgery through multiple orthopaedic organizations including the American Academy of Orthopaedic Surgeons (AAOS), the American Orthopaedic Association (AOA), and several subspecialty societies. In addition, pipeline programs such as the Perry Initiative and Nth Dimensions, along with medical student programming through RJOS and AAOS, have been very successful in exposing females to orthopaedic surgery.[32] There are multiple barriers for women considering a career in orthopaedics including lack of early exposure, lack of female mentors, negative perception of the field, challenges of maintaining work-life balance, and male dominance in the field.[33] Another underlying reason preventing further growth is the culture in surgery, including awareness of the bullying that is present. Hierarchical environments with rigid power structures such as those in medicine and surgical training have higher rates of bullying since they discourage the questioning of authority and instill a fear of reporting bullying.[12] These cultures are more likely

to perpetuate negative behavior towards women.[34] Further growth of women and minorities in orthopaedic surgery may only be possible with evaluation and change of that culture. The change needs to be supported from the top down-with the leadership emulating a zero tolerance for bullying behavior.

Defining the Problem in Orthopaedic Surgery

We need to identify the problem by obtaining data.

1. Surveys of faculty and residents through ACGME.
2. Survey orthopaedic surgeons through fellowship programs or specialty societies.
3. Surveys of orthopaedic practices and hospitals to learn the extent of the problem in private practice. It is important to remember that 70% of orthopaedic surgeons are not in academic medicine according to the AAOS Orthopaedic Practice Survey.
4. Ask on every application for the role of an officer or a committee: Have you been accused of bullying, or retaliation behaviors?
5. Work collectively with other surgical societies (e.g. Association of Women Surgeons [AWS]) to more broadly define the problem of bullying within surgery.

Developing a Solution

The institution needs to play a primary role in eliminating bullying. Developing institutional policies to address bullying and prevent retaliation will be important initial steps. Additionally, culture change begins with departmental leadership. Departmental leaders should encourage their faculty, residents, and medical students to speak up about any instances of bullying inflicted upon them personally or that they have witnessed. Additionally, it will be important for all faculty to take modules on communication, leadership skills, bullying, bystander intervention, stress management for the vulnerable, conflict management (to deal with power imbalance issues), and ways to improve one's Emotional IQ, all of which will help provide the tools necessary to address this unacceptable behavior. We should also encourage all AAOS members to take the survey on implicit bias.

The Future

1. Education and Training
    a. Develop a Module based on our statement and how to respond to bullying

2. Alliances
    a. Association of Women Surgeons (AWS)/American College of Surgeons (ACS)
    b. American Medical Women's Association (AMWA)
    c. International Orthopaedic Diversity Alliance (IODA)
    d. Nth Dimensions
    e. Women in Arthroplasty
    f. AOA/CORD
    g. BOS/BOC
    h. The Forum
    i. Resident Assembly
    j. Liaison Committee on Medical Education (LCME; medical students)

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Resources

1. https://sites.nationalacademies.org/shstudy/index.htm (The National Academies of Science, Engineering and Medicine, Committee on Women in Science, Engineering and Medicine: Impacts of Sexual Harassment in Academia)
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