

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

The over-representation of bullying in healthcare is incongruent with the compassion of healthcare professionals. This issue needs to be addressed at the levels of medical training and organisation by extending the emphasis on compassionate patient care to include care for co-workers.

Introduction

Despite the inclination towards compassion in healthcare professionals (Eley et al, 2010), bullying and harassment is over-represented in healthcare work (Eurofound, 2017). Bullying in healthcare is not limited to a single geographical location or healthcare system – it is a global problem at both vertical (top-down) and horizontal (peer-to-peer) levels. In the NHS, 18.7% of healthcare workers report having been bullied by their colleagues and 12.4% report having been bullied by managers (NHS, 2021). That people who are so compassionate and caring towards patients can be so harsh with each other is a puzzle and a serious problem. This article discusses this issue as a problem, not of character, but in the application of training received in medical school, and of how the healthcare system is organised.

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, cannot afford such high levels of workforce attrition. Bullying also erodes the quality of 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, this affects patient 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 of bullying in healthcare is one proactive–reactive approach, but one that staff may resent being mandated to undertake. Another is having clear organisational policies 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. Studies have found that, overall, antibullying measures have limited or unclear efficacy (Bambi et al, 2017). More recently, there has been a growing interest in staff training in resilience, mindfulness and self-compassion that supports emotional and physical health (Egan et al, 2017; King et al, 2019). Training managers in these skills has been suggested for compassionate leadership training (de Zulueta, 2016). As a researcher in management and organisation studies with a focus on workplace compassion (AVS), and as a current medical student (TS), the authors feel that these initiatives are not sufficient, something their limited success to date makes obvious.

Tamara Simpson¹

Ace V Simpson²

Author details can be found at the end of this article

Correspondence to:

Ace V Simpson;
ace.simpson@brunel.ac.uk

How to cite this article:

Simpson T, Simpson AV. Emphasising compassion for co-workers in medical training and healthcare organisations to address bullying. *Br J Hosp Med*. 2021. <https://doi.org/10.12968/hmed.2021.0343>

Colleagues also need compassion and care

To address the problem of bullying in healthcare at a more fundamental level the question must be asked, if healthcare staff are compassionate by inclination, why do they lack compassion in their dealings with colleagues? One response to this question is that healthcare organisations are set up to provide compassionate patient-centred care, rather than care for colleagues (Decety (2020) and Shah (2021) are examples of how compassion is most commonly discussed in healthcare). In other words, healthcare needs a definition of compassion that sees fellow caregivers as legitimate recipients of care and compassion.

In organisational compassion studies, by contrast, workplace compassion is defined with an emphasis on supporting co-workers as (NEAR): Noticing the suffering of colleagues, Empathising with it, Appraising to understand its causes and circumstances, and Responding to address a colleague's distress (Simpson et al, 2020). Two decades of research into workplace compassion suggests some additional levers such as promoting compassionate routines (for example, those related to organisational 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 environment. Long shifts are coupled with many tense moments in dealing with patient concerns. As a result, healthcare professionals experience a lot of stress and fatigue. This being the nature of the job, or at least how it is currently configured, can lead healthcare professionals to overlook a colleague's signs of personal struggle. Colleagues are not the patient, the patient is the person who is sick. Colleagues' issues are generally not seen to warrant compassion. If the healthcare sector were to make an effort to adopt this broader definition and these organisational levers, compassion could be woven systemically into the very fabric of the organisation.

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 teaches 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 (Phillips and Dalgarno, 2017; Patel et al, 2019). In other words, healthcare professionals are trained in NEAR capabilities. Unfortunately, medical students are taught to see these skills as patient specific and are not encouraged to generalise them in compassionate dealings with one another. Overlooking signs of struggle in colleagues and experiencing constant tiredness may also begin in medical school. Medical students are constantly under pressure to perform and deliver in frequent exams, in front of doctors providing training and in front of patients receiving care. These struggles are accepted as par for the course and 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. However, healthcare professionals are not taught to make that connection, and too often it is not made.

Conclusions

Caregivers are known for their compassion. The desire to help others is a primary motivation for many caregivers entering the profession. It takes years of study to qualify, and involves long hours in difficult situations, often with life and death implications, but 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 can be solved. Compassion for colleagues can prevail if there is a will to address these concerns in medical schools and healthcare organisations.

Key points

- Despite the compassionate inclinations of healthcare workers, bullying is over-represented in healthcare.
- Bullying among healthcare workers is an occupational hazard that undermines the integrity of the healthcare system, including patient care.
- Current approaches to addressing workplace bullying emphasise policy compliance, training, reporting and redress, with limited effectiveness.
- Healthcare educators and providers need to broaden the scope of how compassionate care is defined from an emphasis on patient care to include caring for co-workers.
- The cultivation of compassion also needs to go beyond psychological approaches to include organisational mechanisms that can be attuned to promote compassion among colleagues.

Author details

¹St George's University of London MBBS Programme, University of Nicosia Medical School, London, UK

²Brunel Business School, Brunel University London, London, UK

References

- Bambi S, Guazzini A, De Felippis C, Lucchini A, Rasero L. Preventing workplace incivility, lateral violence and bullying between nurses. A narrative literature review. *Acta Biomed.* 2017;88(Suppl 5):39–47. <https://doi.org/10.23750/abm.v88i5-S.6838>
- Carter M, Thompson N, Crampton P et al. Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open.* 2013;3(6):e002628–12. <https://doi.org/10.1136/bmjopen-2013-002628>
- de Zulueta PC. Developing compassionate leadership in health care: an integrative review. *J Healthc Leadersh.* 2016;8:1–10. <https://doi.org/10.2147/JHL.S93724>
- Decety J. Empathy in medicine: what it is, and how much we really need it. *Am J Med.* 2020;133(5):561–566. <https://doi.org/10.1016/j.amjmed.2019.12.012>
- Egan H, Mantzios M, Jackson C. Health practitioners and the directive towards compassionate healthcare in the UK: exploring the need to educate health practitioners on how to be self-compassionate and mindful alongside mandating compassion towards patients. *Health Professions Educ.* 2017;3(2):61–63. <https://doi.org/10.1016/j.hpe.2016.09.002>
- Eley R, Eley D, Rogers-Clark C. Reasons for entering and leaving nursing: an Australian regional study. *Austral J Adv Nurs.* 2010;28(1):6–12
- Eurofound. Sixth European Working Conditions Survey – Overview report. 2017. https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1634en.pdf (accessed 26 July 2021)
- King C, Rossetti J, Smith TJ et al. Effects of a mindfulness activity on nursing service staff perceptions of caring behaviors in the workplace. *J Psychosoc Nurs Ment Health Serv.* 2019;57(11):28–36. <https://doi.org/10.3928/02793695-20190626-01>
- Kline R, Lewis D. The price of fear: estimating the financial cost of bullying and harassment to the NHS in England. *Public Money Manage.* 2019;39(3):166–174. <https://doi.org/10.1080/09540962.2018.1535044>
- NHS. NHS staff survey 2020: national results briefing. Survey Coordination Centre. 2021. <https://www.nhsstaffsurveys.com/static/afb76a44d16ee5bbc764b6382efa1dc8/ST20-national-briefing-doc.pdf> (accessed 26 July 2021)
- Patel S, Pelletier-Bui A, Smith S et al. Curricula for empathy and compassion training in medical education: a systematic review. *PLoS One.* 2019;14(8):e0221412. <https://doi.org/10.1371/journal.pone.0221412>
- Phillips SP, Dalgarno N. Professionalism, professionalization, expertise and compassion: a qualitative study of medical residents. *BMC Med Educ.* 2017;17(1):1–7. <https://doi.org/10.1186/s12909-017-0864-9>
- Shah A. Force and compassion in health care. *AMA J Ethics.* 2021;23(4):E289–E291. <https://doi.org/10.1001/amajethics.2021.289>
- Simpson AV, Farr-Wharton B, Reddy P. Cultivating positive healthcare and addressing workplace bullying using the near mechanisms model of organizational compassion. *J Manage Organ.* 2020;26(3):340–354. <https://doi.org/10.1017/jmo.2019.54>