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**The Royal Australasian College of
Physicians' submission to the
Ministry of Business, Innovation
and Employment**

**Bullying and Harassment at Work
Issues Paper
Poutū-te-rangi 2021**

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Ministry of Business, Innovation & Employment on its issues paper on Bullying and Harassment at Work (the Paper).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overall Position

The RACP is strongly supportive of work that contributes to the reduction of bullying and harassment in the workplace. Our members are conscious of, and concerned by, the prevalence of bullying and harassment across society, and in particular within the medical profession. Moreover, the RACP recognises the serious health and wellbeing consequences of workplace bullying and harassment. As a College educating and training the next generation of medical specialists, we look to contribute all we can to support system-level changes and implement programmes which aim to eliminate the drivers of bullying and harassment¹.

Bullying and Harassment in the Medical Profession

Recent research has shown conclusively that there is widespread bullying and harassment in the medical profession throughout Aotearoa NZ. 38.1 per cent of respondents to the Association of Salaried Medical Specialists (ASMS) survey of senior doctors and dentists reported that they are regularly exposed to a wide range of negative behaviours at work². 49.9 per cent experienced work-related bullying to some degree, with more than a third self-reporting as being bullied, and more than two-thirds reporting witnessing bullying of colleagues. This is significantly higher than the proportions shown in comparable international surveys².

These behaviours are associated with high workplace demands, and low levels of peer and non-clinical managerial support. Normalisation of high workloads, in stressful workplace environments with rigidly hierarchical organisational structures, results in a workplace culture where bullying may be normalised as a coping strategy.

This environment begins early in the progression of any person who wishes to enter the medical profession, with a 1990 study showing that three quarters of students become cynical of the profession during their time at medical school³. The primary cause of this is the mistreatment suffered at the hands of senior doctors, wherein there is a significant power differential between the doctor and the student.

¹ The Royal Australasian College of Physicians. Doctors' Health and Wellbeing FAQs [Internet]. Sydney: The Royal Australasian College of Physicians. Accessed 30 March 2021. Available from: <https://www.racp.edu.au/fellows/physician-health-and-wellbeing/doctors-health-and-wellbeing-faqs>.

² Chambers C. Frampton C. Bullying in the New Zealand senior medical workforce: prevalence, correlates and consequences [Internet]. Wellington: Association of Salaried Medical Specialists; 2017. Accessed 30 March 2021. Available from: <https://www.nzdoctor.co.nz/sites/default/files/2017-11/ASMS%20Health%20Dialogue%20Bullying%20WEB.pdf>.

³ Kelly S. Unprofessional behaviours have no place in the future of medicine. N Z Med J [Internet]. 2018; 131(1479): 11-12. Accessed 30 March 2021. Available from: <https://www.nzma.org.nz/journal-articles/unprofessional-behaviours-have-no-place-in-the-future-of-medicine>.

Limited Understanding of Systemic Issues

While the Paper aptly addresses issues endemic in health and safety infrastructure, it fails to recognise the impact of systemic problems on individual sectors. For example, the health system faces longstanding and pervasive issues with providing adequate workforce and physical infrastructure capacity in the face of increasing demand and complexity of patient and whānau need. Financial pressures have forced District Health Boards into deficit across Aotearoa NZ, and have created an environment in which the Health and Disability System Review has recommended significant reform to their structure⁴. These pressures sustained over many years have contributed to a system in which staff shortages, worsening staff health and wellbeing, declining morale and high levels of burnout, stress and depression have become normal⁵.

In the health system, bullying and harassment cannot be properly considered apart from systemic cultural issues, including hierarchy, inequality and dominant methodologies (largely based in Western knowledge systems). The nature of employment and participation in the modern medical system, and other industries which suffer from similar systemic pressures, are the basis of these endemic problems, and the Paper should properly consider these influences. This should also include the topic of workforce development, as this is key to ensuring there are adequate levels of staffing into the future, to address both population growth, the challenges presented by complex conditions and key changes to our health system.

What is a Workplace?

The changing nature of work in Aotearoa NZ means that increasingly, many peoples workplace is their home, or another environment not traditionally viewed as a workplace. Over 40 per cent of employed people did at least some of their work from home during the COVID-19 lockdown in April and May 2020, showing a marked change to the way the nation works⁶. This was a new experience for many, as 48 per cent of people who worked from home in the June quarter said this was not a normal occurrence in their role⁶. As a result of this shift, there has been a renewed focus on the relevance of the home as a workplace. This is something the issues paper should consider, as the risks inherent in this environment are markedly different from those in a workplace such as an office.

Consideration of unpaid work within the envelope of bullying and harassment should also be included, and the range of environments this can entail. For activities such as household chores, or caring for children, people with illnesses or disabilities, these each have different risk factors which present unique challenges in the sphere of bullying and harassment⁷.

Neurodiversity in the Workplace

To this point, the issues paper does not consider that neurodiverse people make up a significant part of the workforce in Aotearoa NZ. An international survey showed that up to 85 per cent of

⁴ New Zealand Health and Disability System Review. Health and Disability System Review - Executive overview – He tirohanga whānui [Internet]. Wellington: New Zealand Health and Disability System Review; 2020. Accessed 30 March 2021. Available from: <https://systemreview.health.govt.nz/final-report/executive-overview/>.

⁵ Health Quality and Safety Commission New Zealand. A Window on the Quality of New Zealand's Health Care [Internet]. Wellington: Health Quality and Safety Commission New Zealand; 2018. Accessed 30 March 2021. Available from: https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Windows_Document/Window-Jun-2018.pdf.

⁶ Statistics New Zealand. Four in 10 employed New Zealanders work from home during lockdown [Internet]. Wellington: Statistics New Zealand; 2020. Accessed 30 March 2021. Available from: <https://www.stats.govt.nz/news/four-in-10-employed-new-zealanders-work-from-home-during-lockdown>.

⁷ The Royal Australasian College of Physicians. Make It The Norm – Good Work [Internet]. Wellington: The Royal Australasian College of Physicians; 2020. Accessed 30 March 2021. Available from: <https://www.racp.edu.au/advocacy/make-it-the-norm/good-work>.

neuro-diverse individuals who disclosed their conditions at work felt that this had an unfavourable influence on them⁸. Bullying and harassment is a significant contributor to this, alongside the fear of discrimination during the hiring process⁹. Failing to address these conditions fails to address the needs of a significant subsection of the population, and should be corrected.

Integration with Existing Content

The RACP supports the recognition of equity issues within of bullying and harassment, and the widespread impacts it can have on a person's health, wellbeing and life outside of work. Across the axes of gender and ethnicity, bullying and harassment is a complex topic that requires an intersectional understanding to properly address. As such, we believe that further expansion upon the impacts of racism and sexism in the workforce, could be beneficial. The RACP is in the process of carrying out extensive work in addressing equity for indigenous people, through the implementation and embedding of our Indigenous Strategic Framework, and for gender equity through the establishment of a reference group to address the issue^{10 11}. As such, we are committed to the progression of work in these spaces.

We also support the intention to provide a stocktake of the state of bullying and harassment in Aotearoa NZ. However, we believe that responses to this consultation should first be used to improve the Paper, and not only to inform upcoming work on the workplace relations and safety regulatory systems, and to identify other areas change may be needed. Otherwise, there is a risk that the Paper completely fails to integrate a perspective which encompasses the wider influences on bullying and harassment.

Conclusion

The RACP thanks the Ministry of Business, Innovation & Employment for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā



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⁸ Mellifont D. Taming the Raging Bully! A Case Study Critically Exploring Anti-bullying Measures to Support Neurodiverse Employees. South Asian Journal of Business and Management Cases [Internet]. 2019; 9(1): 54:67. Accessed 30 March 2021. Available from: <https://journals.sagepub.com/doi/10.1177/2277977919881406>.

⁹ Duncan C, Peterson D. The Employment Experiences of People with Experience of Mental Illness: Literature Review [Internet]. Auckland: Mental Health Foundation of New Zealand; 2007. Accessed 30 March 2021. Available from: <http://www.communityresearch.org.nz/wp-content/uploads/formidable/duncan1.pdf>.

¹⁰ The Royal Australasian College of Physicians. Indigenous Strategic Framework [Internet]. Sydney: The Royal Australasian College of Physicians; 2018. Accessed 30 March 2021. Available from: <https://www.racp.edu.au/about/board-and-governance/governance-documents/indigenous-strategic-framework-2018-2028/indigenous-strategic-framework>.

¹¹ The Royal Australasian College of Physicians. Terms of Reference Gender Equity in Medicine Reference Group (GEMRG) [Internet]. Sydney: The Royal Australasian College of Physicians; 2020. Accessed 30 March 2021. Available from: https://www.racp.edu.au/docs/default-source/about/governance/gender-equity-in-medicine-reference-group-terms-of-reference.pdf?sfvrsn=18affc1a_2.

