

Regina hospital allegations point to an epidemic of bullying and discrimination in health care

November 13 2023, by Jason Walker



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Foreign-trained physicians at Regina General Hospital have [alleged that discriminatory practices](#) by the hospital's "racist, and discriminatory

leadership" have led to them being targeted and sidelined.

Ten physicians trained in Africa and Asia filed a complaint with the Saskatchewan Human Rights Commission alleging they have faced bullying, harassment and racial discrimination. They claim that since a new director for the division of internal medicine was hired, [white physicians have been given more favored shifts](#).

When the physicians brought their concerns to hospital administrators, they said their complaints were dismissed. [A Saskatchewan Health Authority \(SHA\) spokesperson said](#) the health authority was committed to having a representative workforce and would not comment on legal matters. Saskatchewan's health minister [said the SHA has launched a third-party investigation into the circumstances](#).

Physicians in distress

Workplace violence in the form of bullying, harassment, sexual abuse and discrimination is not new to [health care](#). The industry operates within a framework of entrenched hierarchical structures that create fertile ground for senior professionals to exhibit [negative behavior](#) towards their less experienced and trained counterparts. In fact, [a 2018 survey by Resident Doctors of Canada](#) noted that more than three-quarters of medical residents said they had experienced [workplace](#) bullying, harassment and intimidation.

While bullying can manifest in any workplace, a more significant and enduring issue emerges when a toxic work environment not only tolerates but also enables such behavior. [A systematic review](#) of 52 studies into workplace bullying in medicine found that it was prevalent and led to a range of negative outcomes that impact [patient care](#) and physician burnout.

In addition to causing distress to those directly impacted, widespread abuse in hospitals has far-reaching negative consequences. The rupture of trust and a breakdown in support invariably leads to a greater [likelihood of medical errors and misjudgments](#).

Racialized physicians in particular are more likely to encounter racism at work, and when this happens, they usually feel abandoned by their employers. This is re-enforced when complaints go unaddressed or if they are unfairly dismissed through policies designed by the organization.

In British Columbia, [a 2020 report](#) described widespread systemic racism against Indigenous Peoples in the provincial health-care system. Almost 60 percent of Indigenous people described witnessing racism and discrimination.

Hospital reputations are also adversely affected, which undermines patient confidence and draws unfavorable scrutiny. Bullying at work also has an [impact on the organization as a whole](#). The negative impact on a person's self-worth can significantly affect their performance at work. Frequent employee turnovers, diminished staff retention and a [general decline in employee morale](#) can result in significant financial consequences. An environment that is unsafe and antagonistic compromises the standard of care provided to patients and jeopardizes the fundamental [principles of professional ethics](#).

Like other health issues, workplace bullying has severe consequences and can lead to [long-term psychological stress](#). Bullying is also linked to [cardiovascular illness](#), musculoskeletal disorders, [sleep problems](#), and [generalized pain](#). For those who are already struggling with mental [health issues](#) and suicidal thoughts, workplace bullying can increase the [risk of suicide](#).

Independent oversight needed

It's time to understand workplace violence as a public health issue. Substantial change may finally be achieved by allocating the proper financial and legal resources required for assessing, substantiating and intervening in to workplace bullying under the framework of the [Public Health Act](#). There is [no independent oversight of complaints in Canada](#), and it's time to acknowledge that internal [human resource departments are ill equipped](#) to deal with this issue.

A bold step forward would be the appointment of a national commissioner for workplace violence with the authority to probe allegations and impose heavy penalties. Such a dedicated entity would send a clear message: workplace harassment and discrimination will not be tolerated.

Workplace bullying could be significantly reduced by a public health mandate that includes a [universal prevention focus](#), intensive intervention and ongoing public health surveillance.

Through a national public health mandate, the commissioner could prevent and address workplace bullying, harassment and [sexual abuse](#) through mandatory, sector-specific training for workers and employers.

They could also oversee a confidential and standardized reporting system for complaints. This would remove the risk of retaliation by employers or supervisors and circumvent internal investigations that can be riddled with conflicts of interest.

A public [health](#) framework also allows experts to improve strategies to prevent bullying. Legal mechanisms with financial and criminal penalties would create an accountability framework for organizations that promotes safe and respectful workplaces. These strategies, along with a

regulatory authority that can intervene, will improve workplaces across Canada.

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Provided by The Conversation

Citation: Regina hospital allegations point to an epidemic of bullying and discrimination in health care (2023, November 13) retrieved 27 April 2024 from <https://medicalxpress.com/news/2023-11-regina-hospital-allegations-epidemic-bullying.html>

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