

Almost 1 in 4 physicians experience workplace mistreatment, mostly from patients and visitors

May 6 2022



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According to new research from Boston Medical Center and Stanford University School of Medicine, almost a quarter of physicians who

responded to a survey at Stanford Medicine experienced workplace mistreatment, with patients and visitors being the most common source.

The research, published in *JAMA Network Open*, found [mistreatment](#) was common among all physicians, but there were disparities in mistreatment by gender and race. Women were twice more likely to report mistreatment than men. This study also showed statistically significant differences in mistreatment by race and suggests that more research is needed in this area.

Mistreatment was associated with higher levels of occupational distress among physicians, while the perception that protective workplace systems were in place was associated with lower levels of occupational distress. The findings call on health care organizations to recognize the urgent need to put systems in place to reduce the occurrence of mistreatment.

The survey was administered to 1,505 physicians on the clinical faculty at Stanford University School of Medicine in September and October of 2020 to assess the frequency and sources of mistreatment among physicians and the associations between mistreatment, occupational well-being, and perceptions of protective workplace systems. The results of the survey showed that 23.4% of physicians had experienced mistreatment in the last year.

This is the first study to explore the association between the perception of protective workplace systems and occupational well-being for physicians. Having systems in place that protect physicians from mistreatment was associated with increased occupational well-being, both for those who experienced mistreatment and those who did not. A strong association was found between mistreatment and decreased occupational well-being, including increased burnout, reduced professional fulfillment, and a higher reported intent to leave the

organization.

"To address the issue of [physician](#) mistreatment, organizations must first recognize its prevalence and then know where to look," said first author Susannah Rowe, MD, an ophthalmologist at BMC, chair of the Wellness and Professional Vitality Council at Boston University Medical Group, and assistant professor of ophthalmology at Boston University School of Medicine. "With the strong association of mistreatment to workplace dissatisfaction and physician burnout, it is imperative that health care organizations take steps to address these issues as quickly as possible for the well-being of their staff, as well as their patients."

"All members of the healthcare team share the responsibility to mitigate mistreatment," said senior author Mickey Trockel, MD, Ph.D., Clinical Professor of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine and Director of Evidence Based Innovation, Stanford WellMD/WellPhD Center. "Those wielding leadership influence hold particular responsibility to establish policies and expectations of civility and respect from all members of the healthcare community—including patients and visitors."

"As an organizational ombuds for many decades, I am unaware of prior quantitative research in any industry that so clearly establishes a connection between perceptions of bystander action and occupational well-being," said co-author Mary Rowe, adjunct professor in the Institute for Work and Employment Research at MIT Sloan School of Management, and former MIT Ombuds. "Together with qualitative research suggesting that bystanders are much more likely to act or come forward when organizational leaders are perceived to be receptive, these new findings highlight the major potential for organizations to support occupational well-being through enhancing leadership receptivity to bystanders."

While prior research has found [medical students](#) and residents experience frequent mistreatment, there has been a lack of corresponding data on mistreatment of practicing and attending physicians. According to the survey, the most common form of mistreatment, reported by about 17% of physicians and representing over 70% of all mistreatment events, was mistreatment by patients and visitors, followed by mistreatment by other physicians. The most frequent forms of mistreatment were verbal mistreatment reported by 21.5%, sexual harassment by 5.4%, and physical intimidation or abuse by 5.2%.

The survey found gender disparities in the experience of mistreatment, with women twice more likely to report mistreatment (31%) than men (15%), more likely to experience any form of mistreatment, and more likely to experience sexual harassment and verbal mistreatment. Previous studies have also found higher rates of occupational distress among female physicians, which have been attributed to imbalances in domestic responsibilities and to differences in the work environment.

The survey also found that the prevalence of mistreatment differed by race. The sample size of this study precluded detailed analysis by specific race and ethnicity categories, but the findings point to significant variability in rates of mistreatment by race. These observations are consistent with previous studies showing disparities in the experience of mistreatment by race and ethnicity among medical students and residents, as well as numerous personal accounts of mistreatment shared by physicians from underrepresented groups.

Workplace mistreatment has been associated with increased burnout, lower job performance and depression. National studies of physicians over the last decade have documented occupational burnout rates of 40-60%. Efforts to address burnout may greatly benefit patients, physicians, and [health care organizations](#), decreasing the likelihood of

medical errors and improving overall patient outcomes and patient experience as well as physician well-being.

More information: Susannah G. Rowe et al, Mistreatment Experiences, Protective Workplace Systems, and Occupational Distress in Physicians, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.10768](https://doi.org/10.1001/jamanetworkopen.2022.10768)

Provided by Boston Medical Center

Citation: Almost 1 in 4 physicians experience workplace mistreatment, mostly from patients and visitors (2022, May 6) retrieved 20 September 2024 from <https://medicalxpress.com/news/2022-05-physicians-workplace-mistreatment-patients-visitors.html>

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