

# Healthcare Workplace Bullying: Ethical Implications & Impact

Group 3

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**01**

# Introduction

# CDC Statistics

**2x**

More than double the number of health workers reported harassment at work in 2022 than in 2018.

**46%**

Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.

**44%**

Nearly half of health workers intended to look for a new job in 2022, up from 33% in 2018.

(CDC, 2023)

# Overview

×  
“Repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators”



Common Forms  
Public Humiliation  
Exclusion/Isolation  
Withholding Information  
Undermining Competence



Why Does it Matter?  
\* Patient Safety \*  
Healthcare Workforce Retention  
Moral Distress  
Culture of Silence

"Medicine isn't for the weak"

"Sink or Swim"  
"Know your place."



"We all went through it. That's just how it is"

"If you can't handle this, you picked the wrong profession."

"Eating the Young"



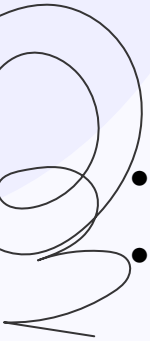
**02**

# Breeding Ground



# • **Bullying Begins in Clinical Training**

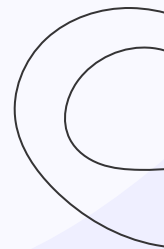
- Early mistreatment is framed as part of “becoming competent”
- Justified as a “rite of passage” to build resilience and character
- Colenbrander et al. (2020): Medical students reported:
  - Verbal humiliation
  - Exclusion and dismissal
  - Demeaning tasks (e.g., coffee runs)
- Senior clinicians call it “professional identity formation”
- Trauma mistaken for tradition; toughness confused with competence

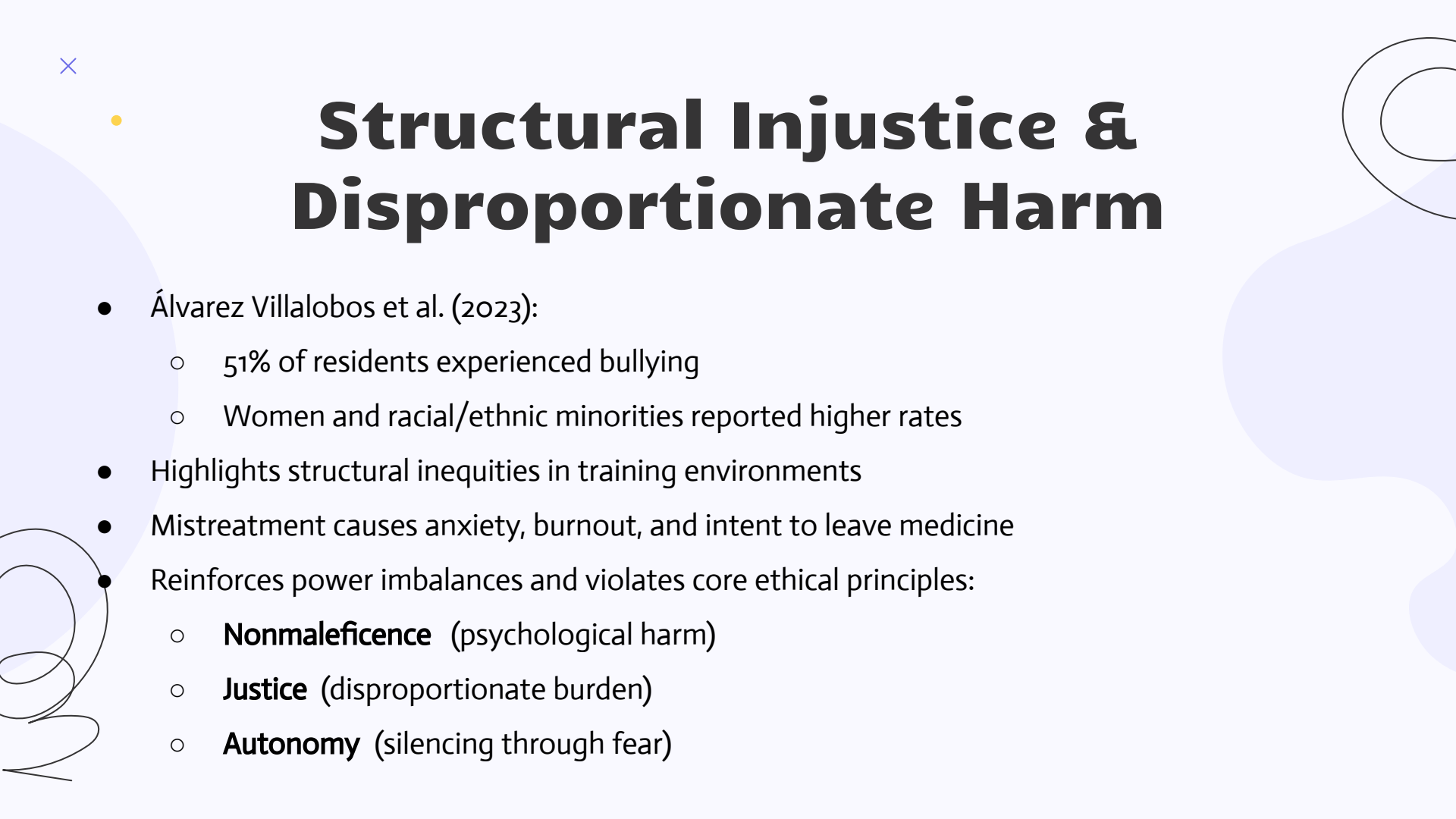




# Normalization Creates a Cultural Trap

- Toxic behaviors are rarely challenged — passed down through generations
- Endurance becomes falsely equated with professionalism
- Creates an unspoken norm where mistreatment feels expected
- Difficult for trainees to speak up due to fear of retaliation
- Even well-meaning educators may unintentionally reinforce this system





# Structural Injustice & Disproportionate Harm

- Álvarez Villalobos et al. (2023):
  - 51% of residents experienced bullying
  - Women and racial/ethnic minorities reported higher rates
- Highlights structural inequities in training environments
- Mistreatment causes anxiety, burnout, and intent to leave medicine
- Reinforces power imbalances and violates core ethical principles:
  - **Nonmaleficence** (psychological harm)
  - **Justice** (disproportionate burden)
  - **Autonomy** (silencing through fear)



**03**

# Implications & Impact

# Pogue, C. A., et al. (2022)

**Purpose:** Explore the associations between the nursing work environment, nurse-reported workplace bullying, and patient outcomes.

**Method:** Cross-sectional survey analysis of 1,354 inpatient staff nurses from 89 of 124 Alabama hospitals, conducted between July 2018 and January 2019.

## Findings:

- **40% reported bullying in the past 6 months**
  - ↓ **Quality of Care** [Less Likely to Report "Good/Excellent" Quality of Care]
  - ↓ **Patient Safety Grades** [Less Likely to Report a Favorable Patient Safety Grade]
- A higher (supportive) work environment composite score was significantly associated with a lower risk of bullying
- No association between bullying and age or years of experience

## Conclusions:

- Workplace Bullying Negatively Impacts Patient Safety & Quality of Care [**Violates Principle of Nonmaleficence**]
- Supportive Work Environments are Crucial!

# Iyer, M. S., et al. (2023)

**Purpose:** Examine the prevalence and impact of workplace bullying experienced by women physician leaders in academic medicine

**Method:** Survey of 547 women physician graduates from an executive leadership program, conducted in 2021; qualitative and quantitative analysis of bullying and mistreatment experiences

## Findings:

- **85.3%** reported gender-based mistreatment
- **61.9%** experienced workplace bullying
- Bullying most commonly occurred after training, during the **attending physician stage**
- Participants were **statistically significantly more likely to be mistreated by men than by women**
- Impacts:
  - Emotional Impact: Anxiety, depression, loss of confidence, PTSD, burnout
  - Professional Impact: Declining leadership roles, resignation, damaged professional reputation

## Conclusions:

- Bullying often goes unreported due to fear of retaliation and the lack of formal structures to address it
- Bullying cannot be addressed solely by individuals; institutional action is necessary
- Bullying in academic medicine need to be addressed, so that women can reach their full career potential



**04**

**What about PAs?**

# PAs and Workforce Bullying

- ★ **Virtually no/ a very limited number of studies exist exclusively on PAs** , or with PAs as a specific focus group in healthcare workforce bullying, respectively
- ★ In 2017, the **first American pilot study on horizontal violence to include emergency medicine PAs** suggested interesting findings.
- ★ Warrants further, more expansive study and modern application.

# Volz et al. (2017)

**Purpose:** To determine the prevalence of horizontal violence (another term for workforce bullying amongst colleagues) toward emergency medicine attending physicians, residents, and PAs.

## Method:

- ★ Recruited attending physicians (n=67), residents (n=25), and MLPs (n=24) including EM PAs (19.8% of the respondents) across three hospitals under one institution.
- ★ Created a survey via [www.surveymonkey.com](http://www.surveymonkey.com)
- ★ Respondents replied to questions on
  1. Healthcare workplace bullying within the last 12 months
  2. Its effect on their personal and professional well-being.
- ★ Each subgroup (healthcare worker type) was analyzed for patterns

**Table 2.** Prevalence questions of survey used in this study of horizontal violence

Question (Q) #	Question content
Q1	Humiliated by a co-worker
Q2	Ridiculed by a co-worker for asking a question
Q3	Asked to do tasks below your competencies
Q4	Shouted at
Q5	Subject to demeaning remarks
Q6	Victim to threatening body language
Q7	Consistently criticized for your work
Q8	Deemed incompetent for a task within your skill level
Q9	Felt pressured to change your professional opinion or treatment plan due to feeling intimidated by another co-worker
Q10	Turned down or intentionally ignored when asking the opinion of a fellow co-worker
Q11	Victim of unflattering rumors
Q12	Turned down when asking a co-worker to do a task
Q13	Feel that your co-workers do not respect your professional decisions
Q14	Isolated or excluded by co-workers
Q15	Asked or hinted at to quit your job
Q16	Set up to fail a task asked of you (such as completing a task in a time frame that is not possible or realistic)
Q17	Threatened for voicing your opinion
Q18	Physically assaulted

Q, question.

# Survey Questions

**Table 3.** Responses to questions 19-25 eliciting impact of horizontal violence.

Question (Q)#	Question content
Q19	Can you remember a specific time at which acts of horizontal violence have affected care for your patients?
Q20	Did you or do you ever dread coming to work due to being subjected to bullying at the workplace?
Q21	Has Horizontal Violence (verbal or non-verbal) affected your own health?
Q22	Have you ever or are you currently thinking about quitting your job due to acts of Horizontal Violence towards you?
Q23	Do you feel safe to report acts of Horizontal Violence in your hospital?
Q24	Has your current institution addressed horizontal violence in the past year?
Q25	Do you feel unsafe in your current work environment for any reason?

Q, question.

# Results

## Findings:

- ★ 22.2% of respondents reported a time in the last year where bullying negatively impacted patient care (Q19)
- ★ 11% of respondents reported dreading coming to work (Q20)
- ★ 34% of respondents experienced being shouted at; **most of which were females and PAs.** (Q4)
- ★ 32.2% of respondents said that bullying had been addressed within their hospital (Q24)
- ★ 65.6% reported feeling safe escalating said issues. (Q23)

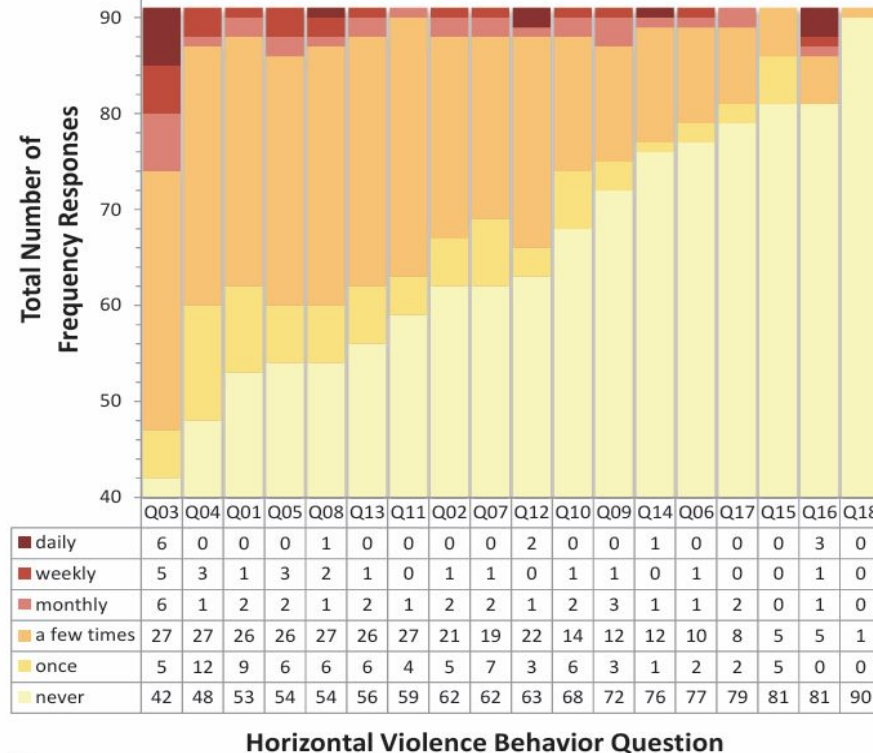


Figure. Number of frequency responses correlating to questions of Table 2.  
Q, question.

# Common Forms of Bullying in PAs/Female Providers

77.8% of MLPs were female

Common types of bullying **directed toward Female providers/PAs:**

- ★ Being shouted at (Q4)
- ★ Demeaning remarks (Q5)
- ★ Unflattering rumors (Q11)
- ★ Feeling like colleagues don't respect their professional decisions (Q13)
- ★ Being isolated by coworkers (Q14)
- ★ Being excluded by coworkers (Q14)





**05**

# **Role of Bystanders**

# Holm, K. Jonsson, S & Muhonen, T. (2023)

**Purpose:** Examine the broader impact of workforce bullying in healthcare settings, not only on direct victims but also on bystanders. Specifically, the study evaluated the impact of different bystander roles on workplace and professional outcomes.

**Method:** A longitudinal survey was conducted on 1,144 healthcare employees (physicians, nurses, & assistant nurses). Participants were categorized according to their bystander roles: **assistant** (enabled bullying), **defender** (intervened), or **outsider** (witnessed but did not intervene). Outcomes that were measured: perceived quality of care, work engagement, and intentions to leave their job.

## Findings:

- Assistants: experienced lower work engagement and increased turnover intentions
- Defenders: experienced higher levels of work engagement
- Outsiders: experienced lower work engagement, lower perceived quality of care, and higher turnover intentions.

## Conclusions:

- Workplace bullying negatively impacts those who witness it. Tolerating or enabling such behavior is linked to poor job performance and organizational outcomes, whereas stepping in as a defender can help reduce harm and contribute to a healthier, more supportive work environment.



**06**

# Recommendations

# Interventions

In 2020, AMA adopted a new policy to prevent bullying in medicine. However, bullying remains prevalent despite existing policies.

## Recommendations/Interventions

**Zero-Tolerance Policies** with clearly defined consequences

**Anonymous and Confidential Reporting Systems** to reduce fear of retaliation

**Upstander/Bystander Training** using hands-on simulations → helps staff recognize, intervene, and report bullying

**Safe Reporting Channels** for students and trainees → separate from evaluations or grading

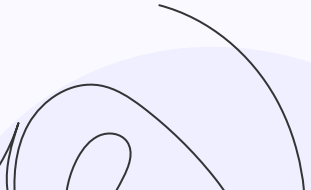
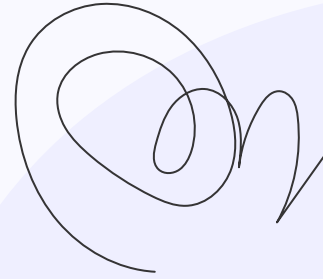
**Training Programs** to recognize different forms of mistreatment

**Mentorship Programs**

**Social Media & Tech Platforms**

# 07

## Conclusion



# In Summary...

- Workplace bullying is a persistent problem in healthcare that harms staff, violates ethics, and compromises patient care.
- Addressing it requires systemic change, including clear policies, reporting mechanisms, and cultural shifts.
- Physician assistants, both vulnerable to and capable of addressing bullying, can play a key role by advocating for their role, promoting collaboration, and enhancing team communication. Fostering a respectful and inclusive workplace is essential to protect the healthcare workforce and ensure high-quality, compassionate care.



# References

Álvarez Villalobos, et al. (2023). Prevalence and associated factors of bullying in medical residents: A systematic review and meta-analysis. *Journal of Occupational Health*, 65(1), e12418. <https://doi.org/10.1002/1348-9585.12418>

CDC. (2023). *Health Workers Face a Mental Health Crisis*. Centers for Disease Control and Prevention. <https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html>

Colenbrander, L., Causer, L., & Haire, B. (2020). "If you can't make it, you're not tough enough to do medicine": A qualitative study of Sydney-based medical students' experiences of bullying and harassment in clinical settings. *BMC Medical Education*, 20(1), 86. <https://doi.org/10.1186/s12909-020-02001-y>

Holm, K., Jönsson, S., & Muhonen, T. (2023). How are witnessed workplace bullying and bystander roles related to perceived care quality, work engagement, and turnover intentions in the healthcare sector? A longitudinal study. *International Journal of Nursing Studies*, 138, 104429. <https://doi.org/10.1016/j.ijnurstu.2022.104429>

# References

- Iyer, M. S., Way, D. P., MacDowell, D. J., Overholser, B. M., Spector, N. D., & Jaggi, R. (2023). Bullying in Academic Medicine: Experiences of Women Physician Leaders. *Academic medicine: journal of the Association of American Medical Colleges*, 98(2), 255–263. <https://doi.org/10.1097/ACM.0000000000005003>
- Pogue, C. A., et al. (2022). Associations among the nursing work environment, nurse-reported workplace bullying, and patient outcomes. *Nursing forum*, 57(6), 1059–1068. <https://doi.org/10.1111/nuf.12781>
- Volz, N. B., et al. (2017). Prevalence of Horizontal Violence Among Emergency Attending Physicians, Residents, and Physician Assistants. *Western Journal of Emergency Medicine*, 18(2), 213–218. <https://doi.org/DOI:10.5811/westjem.2016.10.31385>