SEXUAL HARASSMENT AND WORKPLACE BULLYING SURVEY

RDA Resident Doctors' Association

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INTRODUCTION

Workplace ill-treatment is a major workplace hazard, with significant and harmful impacts for those who experience and witness such behaviours. Sexual harassment and bullying are two forms of workplace ill-treatment pervasive within the medical field and in the health care sector more generally.

Under the Health and Safety at Work Act 2015 employers have a primary duty of care in managing such health risks arising from work, as far as is reasonably practicable. In the interests of prwotecting and promoting our RMOs' wellbeing at work, the NZRDA has been collecting data on **sexual harassment, bullying,** and **inappropriate behaviour** in the workplace to inform workplace recommendations.

SEXUAL HARASSMENT

A request of any other person for sexual activity (of any kind), or behaviour exhibited towards another person that is sexual in nature, which is unwelcome and/or offensive. This may contain an implied or overt promise of preferential treatment or an implied or overt threat of detrimental treatment. Sexual harassment is about the target and can be a one-off incident.

BULLYING

Unwanted and unwarranted behaviour that a person finds offensive, intimidating, or humiliating and is continuous, so as to have a detrimental effect upon a person's dignity, safety, and well-being. Bullying is a repetitive behaviour and is about the bully's need to control.

INAPPROPRIATE BEHAVIOUR

Other behaviour that whilst does not meet the threshold of sexual harassment or bullying, is still considered to be unpleasant, disruptive, and unacceptable (e.g. humiliation but a one-off event).

Three surveys have been disseminated to our RMOs at three time points: in 2015, 2018, and 2023. These surveys have tracked the prevalence of RMOs experiencing and/or witnessing workplace sexual harassment, bullying, and inappropriate behaviour during their employment with DHBs – now Te Whatu Ora.

In this report we provide an overview of the 2023 survey results, comparisons against key trends in 2015 and 2018, as well as recommendations to further eliminate these behaviours.

BACKGROUND TO PREVIOUS SURVEYS

In 2015, two surveys were published. The first ascertained a collective sense on the prevalence of these behaviours – including incidents by respondent specialty and by employer site. The second survey then followed up on each of the behaviours separately, with options for free-text responses. In 2015, **bullying was the most prevalent** form of workplace ill-treatment, followed closely by inappropriate behaviour and sexual harassment. We received messages of gratitude from NZRDA members for exploring these issues in more detail, and especially from RMOs who expressed a fear of speaking up on their own. Members acknowledged that these issues were inherent in the profession and needed to be addressed by employers, alongside help from unions.

In the 2018 survey, NZRDA focused solely on sexual harassment as an opportunity to dig deeper into this sensitive issue. This survey investigated incidents by perpetrator type, employer site, and respondent specialty. Alarmingly, many respondents reported experiencing and/or witnessing multiple sexual harassment incidents, from different perpetrators – most commonly patients and SMOs. Three years after the first survey, respondents still expressed hesitancy to report these incidents due to fears of career retribution, toxic hospital cultures of victim blaming, and poor handling of complaints by employers. Comments also indicated a greater need for more education and awareness around sexual harassment and creating clear processes for RMOs to report these behaviours anonymously and safely.

A snapshot of top-level findings from the 2015 and 2018 surveys is provided below.

KEY SNAPSHOTS FROM PREVIOUS SURVEYS

2015

- Within the past two years RMOs experienced and/or witnessed bullying (47% of respondents) to the greatest extent, followed by inappropriate behaviours (43%), and sexual harassment (10%).
- The main perpetrators of these behaviours were SMOs (72.5%), followed by nurses (27%).
- Respondent comments reflected:
    - Fear of reporting due to negative impacts on future career prospects, especially in a small country like New Zealand.
    - That bullying behaviours were ingrained as a “rite of passage” within the medical profession and generally rife within hospital settings. One respondent stated, “I don’t know any RMO that hasn’t been bullied at some point. As a junior, you just keep your mouth shut and your head down.”
    - A lack of trust that action or remediation would occur, especially where perpetrators were SMOs or managers.

2018

- RMOs had both experienced (17% of respondents) and witnessed (11%) sexual harassment within the past year; often these were multiple incidents and by several perpetrators.
- The main perpetrators were patients (75 cases) – especially in the ED context – and SMOs (52 cases – 44% experienced, 56% witnessed).
- Of those who experienced and/or witnessed sexual harassment, only 22% reported this to their employer; with less than half (42%) being satisfied with how the complaint was handled.
- 87 respondents chose not to raise concerns regarding sexual harassment in the

workplace due to fear of career retribution or other negative consequences.

- 71% of respondents believed more education was needed around workplace sexual harassment and how to tackle sexual comments from patients whilst protecting doctor-patient rapport.
- Respondent experiences reflected a:
  - Fear of reporting the incident(s) if the perpetrator was a superior, especially an SMO, due to potential career harming impacts.
  - Lack of trust that action would be taken, especially when perpetrators were patients.
  - Sense of frustration with employers for not taking reports of sexual harassment seriously, further reinforcing the underreporting of incidents by RMOs.
- Those who reported their experience shared their dissatisfaction with the complaints process due to:
  - Poor communication throughout the process, with outcomes of complaints being hidden from the respondents and respondents being left out of the loop.
  - Victim blaming – respondents were "asked to be more mature", told they were being "too sensitive", and asked what they "were wearing" during an investigation meeting.
  - Experiencing ostracism and exclusion after raising a complaint; a further deterrent to reporting.
  - Inaction by senior consultants who were made aware of the harassment, or in some cases also witnessed the harassment.
  - Feeling they would be unsupported in raising a complaint when the perpetrators were patients or their family members.

RESULTS FROM THE 2023 SURVEY

A total of 218 respondents completed the most recent survey: 74% female and 26% male. As with previous iterations, we surveyed RMOs on their experience and/or witnessing of workplace sexual harassment, bullying, and inappropriate behaviours in their employment with Te Whatu Ora over the last two years. The findings show:

- 62% of respondents **experienced** sexual harassment, bullying, and/or inappropriate behaviour in the workplace. Of these, 72% experienced inappropriate behaviour generally, while 66% experienced bullying and 27% experienced sexual harassment.
- More than half of all respondents (54%) respondents **witnessed** sexual harassment, bullying and/or inappropriate behaviour. Of these, 84% witnessed bullying, 72% witnessed inappropriate behaviour, and 28% witnessed sexual harassment.
- Patients were the main perpetrators of sexual harassment, while SMOs were the most commonly perpetrators of bullying and inappropriate behaviours. A breakdown of perpetrator categories across behaviours is shown below.

Table 1. Breakdown of perpetrators (in percentages) across RMO experiences and witnessing of workplace ill-treatment behaviours over the last two years.

	Perpetrator					
	RMO	SMO	Nurse	Manager	Patient	Other*
Experienced sexual harassment	16.7	22.2	8.3	2.8	**72.2**	5.6
Witnessed sexual harassment	24.2	51.5	9.1	9.1	**69.7**	3
Experienced bullying	30.4	**64.1**	34.8	19.6	10.9	9.8
Witnessed bullying	39.1	**79.4**	34	21.7	15.5	3.1
Experienced inappropriate behaviours	26	**59.4**	25	9.4	38.5	11.5
Witnessed inappropriate behaviours	35.4	**72**	39	13.4	37.8	7.3

*Other perpetrators include other health care professionals (anaesthetic technicians, midwife, charge nurses, fellows, pharmacists, health care assistants), those in administrative positions (roster coordinators, RMO unit administrators, telephonists), medical students, and patients' family members.

KEY THEMES FROM COMMENTS

Respondents were also invited to provide free-text comments relating to the behaviours covered. In analysing these comments, key themes centred on reporting, power differentials, gendered experiences, performance and wellbeing, systemic causes, and need for reporting interventions. These themes are outlined below, along with select illustrative quotes.

REPORTING

Many RMOs felt unsafe to report their experiences of sexual harassment, bullying, or inappropriate behaviour, fearing repercussions to their career and professional relationships.

> *"The work culture is extremely toxic. It is unfortunately a common theme across all departments with many people having complained of bullying/inappropriate behaviour then too scared to speak up."*

> *"I have witnessed [an SMO] bully numerous young registrars and house officers... Another SMO has taken these concerns to HR and no discernible action has taken place."*

> *"There is a history of the hospital protecting the harassers and I have heard of others having to work in Australia for speaking out. There needs to be a cultural shift."*

POWER DIFFERENTIALS

Many junior RMOs identified the power imbalance as a key factor in their bullying by senior staff members (especially by RMO unit managers, SMOs, and charge nurses).

"Power trip by nurse manager, duty nurse manager, especially towards PGY 1-2."

"Yelling and being rude to junior doctors by some senior nurses/charge nurses."

"Bullying from SMOs to RMOs is common... even when in front of the rest of the SMO cohort no one steps in and [denounces] the behaviour."

GENDERED EXPERIENCES

Comments indicated a gendered aspect to many RMO experiences. Some RMOs experienced bullying and harassment during their pregnancy, while others noted female staff were often targets of humiliation and bullying behaviours, with such behaviours going unchecked.

"I have never experienced bullying/sexual harassment until I was pregnant and a PGY1 this year it was the worst 3 months on my surgical rotation ever where I experienced both bullying from seniors and reg levels alike."

"I have been bullied in my current role by one of my supervisors who is also the head of department. I believe he was angry before I even started the job because I was pregnant when I accepted the contract."

"The other female SMOs in the Department are also repeatedly undermined and humiliated in public by this individual, who frequently acts like an emotional teenager when upset or stressed, and apparently has done for many years."

"I was told by a female house officer how she was called a sexually inappropriate term by the consultant in front of a patient during ward round that day."

IMPACTS ON PERFORMANCE AND WELLBEING

Comments indicated that work performance and mental wellbeing were severely affected for RMOs who experienced sexual harassment or bullying.

"I have had a colleague who was suicidal and we were all very concerned for their wellbeing."

"I also very nearly quit the job and withdrew from my advanced training... It has been awful and the anxiety is caused in me, 100% affected my performance at work."

"I was too scared to speak up and am still too scared to do anything now. I developed anxiety from it and I believe it impacted my career."

SYSTEMIC CAUSES

Finally, comments highlighted institutional pressures such as workload pressures and skills shortages were giving rise to and enabling inappropriate workplace behaviours to flourish.

> *"I think there has been a rise in bullying and inappropriate behaviour that is commensurate with the rise in workload, skill-mix pressures, and short-staffing."*

> *"The [perpetrator] is a bully and has far too much control over the department. Despite escalation to SMOs no action is taken against her on repeated occasions because they are so reliant on her."*

NEED FOR REPORTING INTERVENTIONS

Comments emphasised the need for educating healthcare professionals on safe processes to report these unacceptable behaviours, with the option to do so anonymously.

> *"It would be great to clarify the means with which an RMO could report/ address inappropriate behaviour."*

> *"One thing I thought was maybe have 'this is where you can go to if it happens to you' info."*

CONCLUSION

The findings from the 2023 survey suggest RMOs continue to experience and be exposed to workplace hazards such as sexual harassment and bullying, **although inappropriate work behaviours were the most prevalent** in this sample. Responses also indicate there are ongoing barriers to reporting these behaviours; notably, fear of career repercussions, beliefs that reporting will be met with inaction, and toxic cultures of protecting perpetrators due to their seniority or centrality to the functioning of the department.

These findings are in line with previous survey results over the last eight years, in terms of the prevalence of these behaviours, as well as apprehensions around reporting and resulting inaction. Respondents also consistently told us how these negative workplace behaviours have significantly impacted them physically and/or mentally: disrupting their work performance, their professional relationships, and ultimately undermining patient safety. Across all surveys, respondents also emphasised the need for greater education and awareness around these behaviours and their management, as well as clarity around reporting processes.

In 2023, Te Whatu Ora conducted The Ngātahitanga Pulse Survey across the health sector to understand what the work environment was like. On average, scores for RMOs were a meagre 49% – the lowest rating of their working environment across all professions

surveyed – with free-text responses indicating that RMOs did not feel empowered. The Ngātahitanga Pulse survey findings are yet another example of RMOs being identified as the most 'at risk' and unhappy workforce.

All workers are entitled to a safe and mentally healthy working environment, and employers bear the primary responsibility to cultivate this. A safe working environment is one where workplace ill-treatment such as sexual harassment and bullying, has a low likelihood of occurring in the first instance, or where it does occur, workers feel safe in reporting these behaviours and confident these issues will be managed and remedied effectively.

Having clear reporting channels are therefore only one part of the equation. Workplaces also need to foster a strong reporting culture; one that effectively address issues raised, without penalising those who do so. Within healthcare contexts in particular, the importance of having a strong reporting culture cannot be understated. Workers need to feel comfortable raising health and safety concerns – around harassment and bullying, as well as issues related to patient safety – and trust that decisive action will be taken. This is also central to public trust and confidence in our healthcare systems.

Our surveys and Te Whatu Ora's Ngātahitanga Pulse Survey serve to further spotlight the greater prevalence and impacts of negative workplace behaviours and environments on RMOs; often deeply ingrained and accepted as "hospital culture". The medical profession is already facing widespread staffing issues and nationally we continue to struggle with retaining our workforce. As our report has indicated, more needs to be done by the employer to ensure that our RMOs are safe and supported at work; with strategic plans put in place to prevent and effectively manage sexual harassment, bullying, and other inappropriate behaviours at work. This is the minimum required to prevent burnout and loss of our RMOs to the private sector and overseas, and to establish a sustainable medical workforce pipeline in Aotearoa.

NZRDA strongly stands with a paradigm shift towards fostering mutual protection in the face of unsafe situations in the workplace. NZRDA encourages more RMOs to get in touch with us, should they have personally experienced or witnessed any of these behaviours.

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