

Findings of the bullying, discrimination and sexual harassment survey: response of the College of Intensive Care Medicine

The Board of the College of Intensive Care Medicine
of Australia and New Zealand

A recent survey of trainees and Fellows of the College of Intensive Care Medicine of Australia and New Zealand (CICM) identified that bullying, discrimination and sexual harassment (BDSH) appear to be common in the intensive care unit environment in Australia and New Zealand. The reported prevalence of each was: bullying, 32%; discrimination, 12%; and sexual harassment, 3%. These experiences were reported by trainees and Fellows across all age groups. The findings of the survey were presented at the 2016 CICM annual scientific meeting in Adelaide and are published in this issue of *Critical Care and Resuscitation*, the journal of the College.¹

The College Board discussed the findings of the survey at its meeting in July 2016 and makes the following response.

College response

The CICM promotes the highest possible professional standards for ICU practitioners. These principles are explicit in the College professional documents and in standards for accreditation for training in intensive care medicine.² The invidious behaviour reported in the recent College survey is inconsistent with these principles and is unacceptable. These behaviours not only pose a risk to the health, safety and professional wellbeing of the victims but also have a generally adverse effect on the workplace and the training environment, and may potentially compromise patient care.³

While ensuring the welfare of its trainees and Fellows is a key priority of the College,⁴ the Board also recognises that BDSH behaviours in the workplace are essentially industrial issues. Because of this, the initial response to these behaviours should ideally occur in the local workplace as an employment issue. The employer's human resources department can almost invariably provide advice on the local complaint and resolution processes and can also provide access to counselling and support. Complainants may also lodge a complaint with an external body, such as the Australian Human Rights Commission (www.humanrights.gov.au/complaint-information), Safe Work Australia (www.safeworkaustralia.gov.au), the Fair Work Commission (www.fwc.gov.au) or other appropriate jurisdictional body. The College encourages the resolution of grievances at a local level; many cases can be resolved with a direct

approach to the offender with a clear explanation of the impact of their behaviour. The involvement of the College in these disputes would normally follow attempted local resolution. The College may have a more primary role when power differentials in the workplace make direct address of the situation difficult or impossible, and especially when the behaviour occurs in direct relationship to the training or mentorship roles of Fellows with specific College functions, such as supervisors of training.

Completed actions

The College has already been proactive in the following areas.

- Developing a policy for responding to complaints from Fellows or trainees about bullying in the workplace (IC-20); this policy is posted on the College website and all Fellows and trainees are encouraged to familiarise themselves with its contents.⁵
- Surveying each trainee every 6 months to gather opinions on matters such as the educational content and effectiveness of supervision in the preceding rotation; this survey also specifically asks if the trainee has been bullied or witnessed bullying and offers trainees the option of a confidential phone call from the College to discuss matters raised in the survey.
- Explicitly incorporating an assessment of professional behaviour as a component of the hospital accreditation for training process. The College policy document IC-3 (*Minimum standards for intensive care units seeking accreditation for training in intensive care medicine*) now specifically affirms that trainees are expected to work in an environment free of BDSH behaviours.²
- Setting up a Welfare Special Interest Group, who will explore and develop resources which will address BDSH as an integral part of Fellow and trainee welfare.

Current actions

The College is also taking further action to prevent such behaviour, by:

- developing a code of conduct for all trainees and Fellows; this document is currently in draft and is expected to be endorsed at the November 2016 Board meeting

- planning to disseminate the results of the survey and all the above information, including the published article, to trainees and Fellows (which will include all ICU directors and supervisors of training).

Longer-term strategies

The College is committed to taking independent action that will directly focus on BDSH behaviour recognition and prevention in the ICU working and training settings. The College is also committed to promoting a training environment and culture that mitigate the likelihood of BDSH behaviours arising, through broader education opportunities focused on improving communication, leadership styles, gender equity and cultural awareness. These will include developing suitable training modules for supervisors of training and Fellow education workshops, the conference for new Fellows and the new online trainee orientation module. The College will explore making suitable online resources available for Fellows and trainees.

The College will proactively include aggregated, de-identified reports of unsatisfactory BDSH-type behaviour, from the regular periodic and ad hoc trainee surveys, in the hospital accreditation process. We will use data from the bi-annual trainee survey to inform the hospital accreditation committee and accreditation teams of any reported problems in training units. Units that are identified as having an established culture of BDSH will not be accredited for training.

The College will continue to monitor the prevalence of such behaviours by repeating the survey in 2 years and at regular intervals thereafter.

The College expects all Fellows and trainees to critically reflect on their own behaviour, and on that of their colleagues, in light of the survey results. It is expected that all Fellows and trainees will set the standard for workplace behaviour, promote positive leadership styles through engagement, effective communication, mentorship and support for colleagues, and take action to eliminate BDSH behaviours from their own practice and from that of the units within which they work.

Competing interests

None declared.

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References

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