

WORKPLACE BULLYING & MEDICAL ERRORS: THE WAY OUT

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Bullying at the workplace is not a new phenomenon. Rather it is a problem that has made the life of the doctors miserable for years. A novice learner is already under tremendous stress of dealing with patients, acclimatizing to the new environment and getting his foot in.¹ The shadowing period is challenging itself. The clinical diagnosis and management of the patients needs solid acumen, clarity of mind, self confidence, motivation, administrative support and most importantly respect from the others serving as driving force for better performance. The problem arises when these things are lacking leading to suboptimal care and more complications.²

Bullying has been experienced in various forms and manifestations. Telling a junior to do work above his level of experience, humiliation in front of others, assigning additional duties, maligning one's reputation, sabotaging his confidence and cursing without any reason.² There is no end to it and despite of extensive research on the root causes of bullying and ways to address, the magnitude of the problem is increasing, in fact getting worst. There are a lot of loopholes that needs fixing as there is colossal impact of it on the patient care.³

Medical errors do occur in normal clinical practice. They include giving a wrong medicine, repeated filing cannulising patients, sending wrong labs, giving poor clinical handovers ignoring the patient and making him feel that he is lying in the corner of the ward without getting any attention.⁵

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The medical errors do affect the working of the ward and reputation of the hospital. This is not good for morale of the doctors as well. While there are various factors responsible for causing them, one of the culprit is bullying of doctors who just can't concentrate and make a mess of the task assigned.

The major perpetrators for bullying of the doctors are seniors and fellow colleagues. There is massive ego issue that overwhelms their minds and destroys the working environment. The thrashing from juniors overshadows their clinical judgement.⁶ They do make mistakes unintentionally and think that they are making decisions in the best interest of the patients. What is the best possible way out? This is a question that puzzles the mind of very sane person. Merely condemning isn't enough. Policies just for the sake of polices won't solve the troublesome situation. Mistakes do happen but not too often in medical care as that pay havoc with the human lives.

The best possible way out is the counselling of people who are responsible for it. Once can be soft and firm and at the same time. Role modelling for juniors and setting personal examples for them to follow is inevitable for better system. At the same time the juniors need to face criticism and take it positively meant for their grooming and improvement.⁶ Perceiving a normal advice as bulling is way too wrong. Putting your ego aside and letting the wisdom prevail in the greatest interest of the institution is the key to success.⁷ Self respect is the best respect and one should learn how to say no in a dignified way. It adamant for seniors to teach young doctors as medicine is continuity of learning and care. Perfection is achievable at level of ideas. But when there is a will there is a way

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