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Experience

From Hope to Hardship: Understanding the Impact of Hierarchies and Violence in Medicine

Ximena Cors-Cepeda.[1]

The Experience

"Don't take it personally."

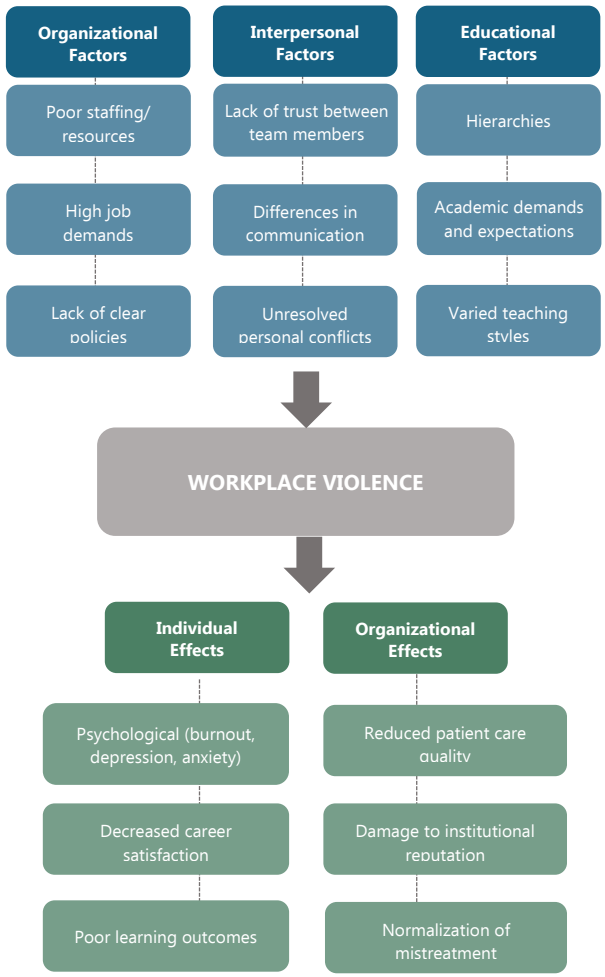
That's the advice that several senior medical students gave me before I began my clinical rotations. At the time, I often wondered what they meant. Now, a year after completing my clinical phase of medical school, I understand why they emphasized it so much. It seems like something we say to convince ourselves that the system isn't broken. A shield, a coping mechanism, a way to navigate the workplace violence and the hierarchies we encounter daily.

Recently, I befriended a couple of preclinical students. Talking to them, I couldn't help but think, "Was I this excited about life before rotations?". The truth is, the more I thought about it, the more I remember how enthusiastic I was. Back then, I didn't fully grasp why the older students gave me that advice. I anticipated some workplace stress and occasional outbursts, but I had no idea how common it was going to be. How I was going to feel consistently diminished and underappreciated, simply because I was labeled as "just the student".

During my rotations, I witnessed students and residents grappling with imposter syndrome and burnout, enduring insults from colleagues, patients, and families. I observed my peers transition from motivated and bright-eyed individuals to cynical, disheartened professionals in a short amount of time. That's when I really started to understand why we tell ourselves that violence in the workplace is something we must endure. Because otherwise, I'm left wondering how every healthcare worker manages not to crumble under the weight of personal attacks layered on top of the inherent stress of the job.

Ultimately, I found comfort in knowing others share my struggles. This inspired me to gather information and explore how to empower future medical professionals to change the current system. With this in mind, I aim to explore the causes and types of violence in healthcare. By doing so, I hope to contribute to changing the culture and preserving the motivation we all initially have as young students entering this field ***Figure 1***.

Figure 1. **Causes and Effects on Workplace Violence in Healthcare Settings.**



The Panorama

Workplace violence (WPV) is "any act or threat of physical violence, harassment, intimidation, or threatening behavior that occurs at the worksite", and is four times more prevalent in healthcare than other industries.[1] This phenomenon is influenced by organizational climate, supervisory style, and interpersonal

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relationships. Factors linked to increased interpersonal aggression include trait anger, interpersonal and situational conflicts, and job dissatisfaction.[2] Healthcare workers are particularly susceptible to various forms of violence, including verbal abuse, sexual harassment, demeaning behaviors, discrimination, and bullying.[3]

Trainees experiencing mistreatment from healthcare professionals are often overlooked victims, particularly in teaching hospitals.[4] This mistreatment ranges from acts of disrespect and humiliation to verbal attacks, reported by up to 83.6% of medical and nursing students during training.[5] In a study done in my country, Mexico, 52.3% of medical residents experienced violence during their training, with psychological (44%) being the most frequent.[4] These behaviors persist due to ingrained practices in medical culture, where young individuals are expected to "endure" the demands of medical practice. Subtle yet pervasive behaviors like rude comments and aggressive questioning induce shame, perceived as part of the Socratic method.[6]

Medical education operates within a structured social context where interactions are heavily influenced by power roles and hierarchies.[7] While these hierarchies ideally aim to enhance patient care and promote a positive learning environment, they often become dysfunctional, leading to increased workplace stress and mistreatment of learners.[8] In these settings, there is resistance to expressing opinions due to fear of challenging authority, with this attitude seen as a "rite of passage." This dynamic predominantly affects individuals at lower hierarchical levels, including residents, students, and nursing staff, hindering open communication, and negatively impacting work quality and learning in healthcare.[9]

This level of mistreatment isn't only experienced in clinical environments but also in research and educational settings. These mistreatments include a range of behaviors such as bullying, harassment, discrimination, and the exploitation of junior staff. These issues are often embedded within a hierarchical structure, similar to clinical medicine, where it is almost expected for junior professionals to tolerate mistreatment.[10] This contributes to broader issues in medical education because it fosters a culture where abuse and mistreatment are normalized, undermining the well-being and development of trainees. When such behaviors are tolerated or even expected, it erodes trust, hinders collaboration, and stifles open dialogue. Consequently, this toxic culture impacts not only individual trainees but also the overall quality and integrity of medical education, ultimately affecting patient care and professional standards.[11,12]

The conjunction of the hierarchical nature of medical education and workplace violence contributes to burnout and imposter syndrome among individuals in the field.[13] Mistreatment also impacts academic achievement, correlating with poorer learning outcomes, lower self-esteem, and reduced quality of patient care.[14] For instance, a study done in Brazil in 2022 showed that 94% of medical students in an academic institution felt affected by violence, with 77% feeling diminished and depressed and more than 50% reporting impaired academic performance.[15] Research indicates that students who have experienced violence are more likely to express dissatisfaction with their chosen careers and exhibit reduced confidence in making clinical decisions.[16]

The effects of structural violence are enduring and can permeate all levels of hierarchy. While it often impacts those in lower positions, such as residents and junior doctors, the toxic environment can influence individuals at all roles and levels, including those in positions of authority like senior doctors/nurses and administrative staff, as well as undergraduate students and non-clinical practitioners.[17] This systemic issue doesn't just harm the most vulnerable; it also affects those who might feel compelled to perpetuate these harmful behaviors. As a result, a culture of abuse can persist and impact everyone within the field. Simply put, this is a systemic issue with serious and widespread negative effects on all involved.

What We Can Do About It

To effectively address workplace violence and create a safer workplace, it is imperative to implement interventions at both the organizational and individual levels. This approach acknowledges that workplace violence is a systemic problem requiring systemic change while also recognizing that change is often motivated by increased awareness and open discussion of the issue.

Institutional Changes

1. **Development and implementation of effective policies:** enforce a zero-tolerance policy toward workplace violence, applicable to all professionals and anyone interacting with the facility's workforce.[1] Government agencies and organizations such as the Occupational Safety and Health Administration (OSHA), the National Institute for Occupational Safety and Health (NIOSH), The Joint Commission, and the American Hospital Association (AHA) have developed effective programs to address and mitigate workplace violence. These programs are being incorporated into training and development initiatives and are being adopted by hospitals globally.[18] However, it is essential that the knowledge and implementation of these programs be customized to address the unique needs of each institution.

2. **Education and training:** according to the National Institute for Occupational Safety and Health (NIOSH), all hospitals and healthcare settings should develop a comprehensive violence prevention program.[1] These programs should incorporate several key characteristics, including conducting assessments of unit-specific risks to identify potential areas of concern, implementing measures to prevent incidents from occurring, and making necessary adjustments to staffing levels to reduce the risk of violence. Additionally, training staff on techniques for preventing workplace violence is crucial, as is the enhancement of record-

keeping protocols to ensure thorough documentation and analysis of incidents.[19]

3. **Reporting and monitoring systems:** encourage healthcare facilities to report instances of WPV through specialized systems capable of handling such cases.[20]

4. **Support systems:** offer follow-up and support to victims and witnesses, including access to trauma and psychological counseling if needed.[19]

Individual Actions

1. **Educating ourselves:** We need to acknowledge that workplace violence is a significant issue and become adept at recognizing subtle forms of it, including microaggressions and nonverbal cues. Refer to ***Table 1***, which details examples of workplace bullying as measured by the Negative Acts Questionnaire-Revised, a validated survey tool.[21] Additionally, ***Table 2*** outlines typical instances of horizontal workplace.[22]

2. **Engaging in training programs offered by our institutions:** Common interventions include prevention programs and simulations.[23] If available, participate in these initiatives to gain knowledge and skills in handling various scenarios.

3. **Don't repeat the patterns as you advance in your career:** It's important not to forget our own experiences and to resist adapting to environments that promote violence. Stay mindful about these issues, working both individually and institutionally to promote a culture of respect and kindness.

Conclusion

Medical education represents a journey of self-discovery and adaptation to a distinct subculture within clinical environments. The challenges related to hierarchies and workplace violence encountered during our early training stages can significantly impact our motivation, self-esteem, and mental health. No student, resident, attending physician, nurse, or any other healthcare professional should ever feel diminished or undervalued. Looking back, I wish I had understood this before starting my clinical training; perhaps then, I wouldn't have felt so isolated. If I could rephrase the advice given to me by senior colleagues, I would tell myself: "Recognize what applies to you and do not tolerate mistreatment to appease others' comfort." I now understand that I have the ability to speak out against these issues, and that these experiences have equipped me to identify opportunities for change within the system. It is crucial to address not only individual changes but also the broader systemic issues that contribute to workplace violence and hierarchical challenges in medical education. The goal is to foster a more respectful and supportive environment in the medical field. By advocating for systemic change and supporting one another, we can advance in our careers without allowing anyone to dim our lights.

Table 1. **Negative Acts Questionnaire.**

Factors	Items
Work bullying	Someone withholding information which affects your performance.
	Being ordered to do work below your level of competence.
	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks.
	Being given tasks with unreasonable or impossible targets or deadlines.
	Excessive monitoring of your work.
	Being exposed to an unmanageable workload.
Personal bullying	Being humiliated or ridiculed in connection with your work.
	Spreading of gossip and rumors about you.
	Being ignored or excluded.
	Having insulting or offensive remarks made about your person, attitudes, or your private life.
	Being shouted at or being the target of spontaneous anger.
	Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way.
	Hints or signals from others that you should quit your job.
	Being ignored or facing a hostile reaction when you approach.
	Persistent criticism of your errors and mistakes.
	Having your opinions and views ignored.
	Practical jokes carried out by people you don't get on with.
	Having allegations made against you.

Table 2. **Observed Horizontal Violence in Clinical Settings.**

Behavior	Possible Manifestations
Nonverbal cues, nonverbal innuendo	Eye rolling, making faces in response to questions.
Verbal remarks, verbal affront	Snide, rude, demeaning comments, shouting, using a condescending, or patronizing tone of voice.
Actions/inactions	Refusing assistance, allocating unrealistic workloads, hoarding, or hiding supplies.
Withholding information	Deliberately withholding information.
Sabotage	Deliberately setting up another worker for failure.
Infighting	Excluding members of staff from communication.
Scapegoating	Blaming negative outcomes on one identified nurse without regard to his or her actual responsibility for those outcomes.
Passive aggressive behavior	Backstabbing, complaining to others about a person but not speaking to that person directly.
Broken confidences	Gossiping, sharing information that is meant to be private.

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