The bullying blemish
By Jibi Kunnetedam

One of the biggest perks of being the president of our student family is the opportunity I have interacting with a large and diverse group of students from all around the country. A question I am often asked by younger medical students is “what is it like being in the hospital?”

The response I give is usually a positive and upbeat answer about all the wonderful things I love about clinical medicine and how nice it is to finally move away from a world of theory-based lectures to join a team of actual real-life doctors and observe medicine in action!

The younger students look at me excited about what their future years hold for them. Occasionally, I’m asked a follow up question regarding how we are treated by the staff and the issue of bullying. This is a question I often find difficult to answer.
I’m in my fifth year now and over the course of the last 18 months where I’ve been a clinical student in the hospital setting, I’ve spent time in five different hospitals throughout the country. Three have been rural hospitals in small towns, one has been a regional base hospital and the other a large tertiary centre in a major city. All five centres have offered me unique experiences, each presenting a different flavour of clinical medicine. I’ve been in situations where the entire Emergency Department consisted of a consultant, a nurse and myself, and I’ve also been on ward rounds where I’m the eighth person tagging along, essentially just opening and closing the curtain. Throughout the last 18 months I’ve also been exposed to a plethora of doctors. Some are fresh out of med school and some not so fresh out of med school. Throughout this entire time, I’ve never really felt like I’ve been bullied for what I personally consider bullying to be.

Now there are a few things to consider when I say this. I’m a 22-year-old NZ Indian male. I grew up in a small town and when I went through school saying I stood out like a sore thumb would be an under-statement. In high school I played first XI football and cricket and was very much used to a lad culture where almost anything said on a sports field would be justified by “relax mate, it’s just banter.” The most vile and hateful comments I’ve ever received in my life have been from abusive parents on the sidelines of a football pitch or fully-grown men parked up in the slip cordon as I took to the batting crease. Compared to most, I have a thick skin.

Despite this, some of the stories I hear from fellow students still shock me to the core. It stuns me when friends share some of the experiences they’ve had in the clinical workplace. I find it difficult to fathom how we as health professionals have allowed a culture of bullying to enter our workplace and how it continues to show its ugly head to our future generation of doctors.
In surveys we have conducted amongst our members, bullying remains a significant issue within the student body. Unsurprisingly, sexism, racism and LGBTQI+ discrimination is at the forefront of this - with female, non-white and LGBTQI+ students more likely to experience bullying as a result. A recent survey conducted by our Wellington division (WMSA - Wellington Medical Students’ Association) focused on Gender in Medicine found that 84% of female students and 100% of non-binary respondents were subject to sexist comments or behaviour during their degree, in comparison to 32% of male respondents.

We have also just concluded our wellbeing month in May where we conducted a nationwide wellbeing survey among our members. Although we are yet to publish the report on this survey, once again bullying is a repeating feature for what students feel is a major issue impacting their wellbeing.

Clearly bullying still exists and it continues to have a significant impact on many. So how do we go about addressing this?

One option is to tell students to harden up - I believe in the past this has been tried and tested and found to only perpetuate this issue. Victim blaming simply shifts the accountability onto the shoulders of the most vulnerable component in this bullying equation - our students.

The Ministry define bullying as “unwanted and unwarranted behaviour that a person finds offensive, intimidating or humiliating and is repeated so as to have a detrimental effect upon a person’s dignity, safety, and well-being.” The blame must fall on the bully themselves and the environment that supports and protects the bullies.

What is important to remember is that we operate in a system with a well-established hierarchy. As students, we are usually at the bottom of most hierarchies, looking up to those above us. In many cases, those above us on the ladder are the people that inspire us to continue to persevere and work towards our goals. As students, we don’t want to view our heroes as bullies who instigate fear in us, but rather as heroes that inspire and empower us. It’s also why bullying from a doctor has such a profound impact on us as students in comparison to bullying we may face in other aspects of our life.
When people ask me about the worst racial abuse I’ve ever experienced, I cast my mind back to when I used to play football in a men’s division. I committed a heavy slide tackle on a striker who was goal bound and was hit with a flurry of racial insults from the 30-year-old meat worker seasoned by some supporting insults from his fans on the side-lines. As a 90kg centre back used to playing in those sorts of hostile environments week in, week out it was somewhat water off my back. Obviously, this is not comparable to the issues we face in our health system. I, along with most of my colleagues, have much higher expectations from health professionals in a hospital than what we can find from a disgruntled amateur sportsman on a rural football pitch. I also don’t run around slide tackling health professionals in the hospital…yet.

For most students overt blatant abuse like this is not the underlying issue at hand. The type of bullying commonly reported by students is usually from someone they spend significant time with, often a superior. Students report pervasive, subtle, underhanded comments that often snowball over the course of time to ultimately have a profound and detrimental impact on their well-being. It may feel insignificant to the perpetrator, but for the victim it is significant and has serious consequences.

Often the catalyst enabling bullying is an environment of poor communication. The bully is unaware their comments are having a serious impact and the victim is unable to communicate their issues. In recent years much work has been done around these areas to the credit of many of the colleges and other senior medical groups. As students, we applaud the individuals who take this issue seriously and make an effort to inspire positive change. Below is a recount we were delighted to receive from a student member following our previous focus on bullying.
“I had some trepidations going into my surgical attachment in light of the recent NZMSA showcase on bullying, however two days into the attachment our surgeon said the following to me and my classmate: ‘I know that my style of teaching can be quite abrupt and blunt and I will push you both hard. I’ve found this to be an effective way for students to learn. However, if this is too much, or if you think that it crosses a line, then I want you both to feel comfortable in letting me know that and I will adjust my approach accordingly.’

The surgeon then went on to ask if we were happy to continue with this style of teaching and we both agreed that we were. It’s hard to say whether this is in response to the increased attention on bullying in the media. However, I was quite taken aback by the professional display of reflection on their own practice. Keep up the good work on the bullying front NZMSA, it can only result in more stories like mine!”

So, the onus is on ourselves as a healthcare profession to change the environment we work in. As students we are also not immune to being a bully or even worse, becoming a bully. It’s important for all of us to reflect on the way we conduct ourselves and speak to one another. It’s a shame that bullying exists to such an extent in our profession and I’m sure none of us signed up to medical school to be recognised as a bully, so let’s all work together to treat this unwanted diagnosis.

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**About Jibi Kunnethedam**

Jibi is the President of the NZMSA and a 5th-year medical student at the University of Auckland, Taranaki Campus.

He is an undergraduate student originally from Oamaru who has served on the NZMSA executive since 2015.

Jibi is also a member of the NZMA Doctors in Training Council, the NZMA board and serves the Ministry of Health as a member of the Professional Behaviours Taskforce and Medical Workforce Advisory Group.

Outside of Medicine, he enjoys letting off some steam on the sports fields as a keen footballer and cricketer.