
Uncivil behaviour

OPINIONS

CONRAD ARNFINN BJØRSHOL

conrad.bjorshol@sus.no

Conrad Arnfinn Bjørshol, anaesthetist and senior researcher at Stavanger University Hospital, and professor at the University of Bergen

The author has completed the ICMJE form and declares no conflicts of interest.

Almost everyone has experienced receiving feedback from colleagues that is delivered in an uncivil or condescending manner. We need to put an end to this.

As a newly qualified junior doctor, I was called on because an epidural pump was giving a high-resistance warning. I checked the pump and inspected the insertion site but was unable to identify the problem. I asked a senior consultant for assistance, and they discovered that a closed three-way tap had been placed mid-line between the pump and the patient. I immediately realised that this was something I should have noticed myself, but I was taken into an office and reprimanded for 20 minutes. I was left feeling like a failure.

As a qualified specialist, I still encounter colleagues using a condescending tone to me or others, often under the guise of clinical authority. I find this behaviour unacceptable. In my experience, healthcare personnel receive no training on how to handle such situations.

Leads to poorer outcomes

A colleague from a surgical specialty told me that being reprimanded is something we simply have to get used to; it is part of our education. But should we accept this as the norm? Should we speak up? And if so, how?

A study of multiple organisations in the United States and Canada found that 98 % of staff had experienced uncivil behaviour, and half of these reported reducing their effort at work [\(1\)](#). Thirty-eight per cent reported a decline in the quality of their work, and 78 % felt less engaged with their organisation. A simulation study among junior

anaesthetists showed that the proportion performing at the expected level fell from 91 % in the control group to 64 % among those exposed to uncivil behaviour (2). The quality of medical decision-making can be compromised by uncivil behaviour.

«Being reprimanded is something we simply have to get used to; it is part of our education. But should we accept this as the norm? Should we speak up? And if so, how?»

A further simulation study among staff in paediatric intensive care units showed that teams performed less effectively when exposed to rude comments immediately prior to the simulation (3). Such comments can also impair staff members' ability to speak up about errors (4). In other words, uncivil behaviour can adversely affect patient outcomes.

Risks of uncivil behaviour

In the UK, the Civility Saves Lives campaign has been launched (5). It collects evidence on how incivility affects patient safety and explores strategies to prevent uncivil behaviour at both the individual and organisational level.

The Norwegian Directorate of Health has noted that 'communication characterised by incivility and rudeness, such as cutting remarks, ignoring colleagues, ridicule, condescension and other forms of unprofessional verbal and non-verbal communication, creates a sense of insecurity. This behaviour, and more serious harassment, impacts on teamwork, concentration, staff health, wellbeing, staff turnover and patient safety' (6).

«Perhaps it is time that we, as doctors, also refuse to accept uncivil behaviour»

The Norwegian Healthcare Investigation Board (NHIB) has highlighted the risks associated with uncivil behaviour and noted that these can be mitigated through courtesy and kindness (deliberate actions characterised by respect, generosity and inclusion) (7).

Not something we should tolerate

The healthcare simulation standard notes that psychological safety is essential for effective facilitation and learning, and that mutual respect must underpin all simulation activities in health care (8). There is no reason why this principle should not also apply to clinical teamwork.

In a newspaper article about working conditions of ferries in Norway, crew members said 'Harassment is not something we will put up with' (9). Perhaps it is time that we, as doctors, also refuse to accept uncivil behaviour.

By learning about uncivil behaviour, discussing it in meetings and lectures, and addressing it on a par with other patient safety measures, together we can create a healthcare environment with zero tolerance for harassment. This can protect our patients and ourselves.

REFERENCES

1. Porath C, Pearson C. The price of incivility. *Harvard Business Review* 2013. <https://hbr.org/2013/01/the-price-of-incivility> Accessed 7.12.2025.
2. Katz D, Blasius K, Isaak R et al. Exposure to incivility hinders clinical performance in a simulated operative crisis. *BMJ Qual Saf* 2019; 28: 750–7. [PubMed][CrossRef]
3. Riskin A, Erez A, Foulk TA et al. The Impact of Rudeness on Medical Team Performance: A Randomized Trial. *Pediatrics* 2015; 136: 487–95. [PubMed][CrossRef]
4. Barzallo Salazar MJ, Minkoff H, Bayya J et al. Influence of surgeon behavior on trainee willingness to speak up: a randomized controlled trial. *J Am Coll Surg* 2014; 219: 1001–7. [PubMed][CrossRef]
5. Civility Saves Lives. <https://www.civilitysaveslives.com/> Accessed 1.10.2025.
6. Helsedirektoratet. Når det som ikke skal skje, allikevel skjer. Guide for ivaretagelse av pasienter, brukere, pårørende og medarbeidere ved uønskede hendelser. <https://www.helsedirektoratet.no/rapporter/ivaretagelse-etter-uønskede-hendelser> Accessed 7.12.2025.
7. Ukom. Trygg pasientbehandling krever et åpent ytringsklima. <https://ukom.no/rapporter/trygg-pasientbehandling-krever-et-åpent-ytringsklima/sammendrag> Accessed 7.12.2025.
8. Diaz-Navarro C, Laws-Chapman C, Moneypenny M et al. The ASPiH Standards 2023 - Guiding simulation-based practice in health and care. *Int J Healthc Simul* 2024 doi: 10.54531/nyvm5886. [CrossRef]
9. Storebø I. Fergeansatte forteller om utskjelling, dytting og påkjørsler: – Det er ikke noe du venner deg til. *VG* 2.8.2025. <https://www.vg.no/nyheter/i/73ay5W/fergearbeidere-og-kaivakter-om-trakasseringen-fra-stressede-reisende> Accessed 7.12.2025.

Publisert: 8. January 2026. *Tidsskr Nor Legeforen*. DOI: 10.4045/tidsskr.25.0745

Received 27.11.2025, accepted 7.12.2025.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 7 July 2026.