

Approaching Gossip and Rumor in Medical Education

Dr. Mariam Rahmani's recent perspectives article in the *Journal of Graduate Medical Education* provided a straightforward approach to helping program directors manage rumors and gossip.¹ We were pleased to see that this important topic is making its way into the medical education literature, especially as social media and other electronic communication methods make the transmission of rumors increasingly effortless. While Dr. Rahmani presents a concrete framework for dealing with rumors, we argue that there is an important distinction between rumor and workplace gossip that must be clarified.

Gossip is different from rumor. Gossip has recently been defined as "evaluative talk about a person who is not present," whereas a rumor is "an unconfirmed statement or report that is in widespread circulation."² These are related because they often involve the discussion of a person's behavior who is not present, but there are important differences between them. Rumors are almost always speculative, lacking in evidence and legitimacy. They are transmitted from person-to-person, not back and forth between individuals, as with gossip. Gossip is often transactional and is usually rooted in truth. While rumors are predominantly negative or harmful, gossip can be characterized differently.

The literature has shown that gossip can be an important sociocultural tool, especially in the context of team formation, learning, and cooperation. Positive gossip can serve to establish constructive group norms. For example, gossiping with a fellow resident about another resident's strong surgical skills communicates that surgical skills are valued and likely to be praised. In experimental models, positive and negative gossip have been shown to influence overall group and individual performance.³ Gossip can be a low-stakes method of reinforcing positive in-group behaviors and deterring negative behaviors, by targeting those who demonstrate or violate group norms, respectively.

Negative gossip, on the other hand, can be harmful within learning communities. Ellwardt and colleagues showed that workplace gossip can lead to a "scape-goating" phenomenon, where those with low status tend to be targets of negative gossip more often than

high-status individuals.⁴ This behavior can lead to further marginalization of those individuals.

Negative workplace gossip can also be a symptom of dysfunctional work environments. Kuo et al showed that employees are more likely to gossip about abusive supervisors and violations of the social contract,⁵ the informal set of rules that dictates how employees and employers are meant to conduct themselves and interact with one another.⁶ Therefore, in our context, the prevalence of negative gossip among residents can be an indication to program directors that violations (eg, harassment and bullying) are occurring in the workplace. In a sense, negative gossip may serve as an indicator of disruptive behavior in the workplace.

In summary, gossip and rumors are related, yet distinct, phenomena. We believe that Dr. Rahmani has presented a meaningful framework for dealing with rumor, but we argue that management of gossip requires a nuanced approach. We must accept that gossip occurs in the workplace and work toward a better understanding of its role in medical education.

Michael Chaikof, MD

Resident, Department of Obstetrics and Gynecology, University of Toronto, Ontario, Canada

Evan Tannenbaum, MD

Resident, Department of Obstetrics and Gynecology, University of Toronto, Ontario, Canada

Siddhi Mathur, MD, MSc

Resident, Department of Obstetrics and Gynecology, University of Toronto, Ontario, Canada

Janet Bodley, MD, MEd, FRCSC

Assistant Professor, Department of Obstetrics and Gynecology, University of Toronto, Ontario, Canada
Assistant Professor, Department of Obstetrics and Gynecology, Sunnybrook Health Sciences Centre

Michèle Farrugia, MD, MEd, FRCSC

Assistant Professor, Department of Obstetrics and Gynecology, University of Toronto, Ontario, Canada
Assistant Professor, Department of Obstetrics and Gynecology, Mount Sinai Hospital

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