

# BULLYING OF POSTGRADUATE MEDICAL TRAINEES IN TERTIARY CARE HOSPITALS

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## ABSTRACT

**Objective:** To determine prevalence of bullying among postgraduate medical trainees in tertiary care hospitals in Peshawar.

**Methodology:** This cross-sectional study of postgraduate medical trainees from different specialties was conducted in three tertiary care hospitals of Peshawar using convenience sampling. A semi structured questionnaire containing questions regarding type of bullying, who perpetrates bullying and effect of bullying was filled by the participants. The results are expressed in the form of frequency and percentages.

**Results:** Out of 246 Postgraduate medical trainees who responded to semi structured questionnaire, 89% (n=219) reported being bullied in one or more forms, Overload with work was reported by 83% (n=203) as most common type of bullying. The common perpetrator of bullying were registrars, senior registrars were mentioned by 20% (n=49), while 18% (n=44) thought junior registrars are bullying them. The effect of bullying was that 31% (n=71) were depressed because of bullying.

**Conclusion:** Bullying of Postgraduate medical trainees is fairly common in hospitals and registrars are most commonly involved as perpetrators. More awareness should be created about bullying and feedback about working environment should be regularly obtained from postgraduate medical trainees.

**Key Words:** Bullying, Feedback, Postgraduate medical trainees.

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## INTRODUCTION

There is bullying in every work place but when it's in hospital, it is no more a problem of a single person. It becomes a serious issue involving many people. It has an impact on health care providers, quality of care and on patient treatment <sup>1</sup>.

Bullying is defined as "A persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient"<sup>2</sup>. Bullying is characterized by Repetition (occurs regularly), Duration (is enduring), Escalation (increasing aggression), Power disparity (the target lacks the power to successfully defend themselves) and Attributed intent <sup>3</sup>.

Bullying behavior commonly described are belittling someone in public, professional humiliation, spreading rumors and gossip about someone, name calling and teasing, ignoring someone's presence, preventing access to opportunities such as leave or training, applying undue pressure to produce work, unnecessary disruption,

failure to give credit when due and repeated reminders of error<sup>4</sup>.

Bullying in hospital is a matter for concern because of its impact on staff health, behaviour, patient management and productivity. In case of doctors in training, it may affect their learning abilities and their ability to provide safe patient care. A trainee who feels humiliated and undermined by a senior colleague will not find it easy to ask questions, or to seek support from him or her <sup>5,6</sup>.

On a personal level, bullying or disrespectful behavior causes the recipient to experience fear, anger, anxiety, humiliation, confusion, loss of job satisfaction, uncertainty, isolation, depression, and a whole host of physical ailments such as insomnia, fatigue, nausea, and loss of self-esteem. The presence of disrespectful behaviors erodes professional communication and collaboration, which is essential to patient safety and quality, and creates an unhealthy or even hostile work environment<sup>7-14</sup>.

A lot of work and research is being done worldwide but in Pakistan not much importance is given to this topic till date. There has only some research assessing extent of bullying or harassment faced by psychiatry trainees and junior doctors in Pakistan<sup>15, 16</sup>.

In this context this study is conducted to determine prevalence of bullying among Postgraduate medical trainees in tertiary care hospitals in Peshawar, to identify common abusive workplace behaviour, identify the person involved in bullying and to elaborate its effects on postgraduate medical trainees.

## METHODOLOGY

This was a cross-sectional questionnaire survey. This study was conducted in tertiary care hospitals in Peshawar in October 2013. Names of the hospitals are withheld to preserve the anonymity of the participants. Sample consisted of 300 postgraduate medical trainees using convenience sampling. All postgraduate medical trainees present in wards at time of distribution of semi structured questionnaire were included, questionnaires were collected back. No participant-identifiable data was recorded to maintain confidentiality.

A questionnaire based on basic five types of bullying behavior as described by Raynor and Hoel<sup>4</sup> and was given to doctors to be filled. The descriptive statistics was applied using Microsoft Excel and the frequency and percentages were calculated and results were expressed in tables.

## RESULTS

Out of 300 questionnaires, 246 were filled and returned; response rate of 82%. The number of participants from different specialties is shown in Table 1.

In this study, 89 % (n=204) of participants were bullied in one form or the other, workload 83% (n=203) and current working pattern 82% (n=201) were reported as commonest types of bullying, making them sleepless and it becomes difficult for them to achieve targets (Table 2).

Effect of bullying on participants is shown in Table 3, most common effect is depression. Registrars were most commonly found to be involved in bullying as perpetrator and 20 % (n=49) named senior registrars while 18% (n=44) thought junior registrars are bullying them (Table 4).

## DISCUSSION

This study found that 89% of all the participants were subjected to bullying in one form or the other which is similar to the study conducted in UK where 84% had experienced bullying behaviours<sup>17</sup>. In similar study in Pakistan, 64% reported at least one type of bullying<sup>16</sup>. Studies from the Subcontinent have reported that about 50% of junior doctors are bullied; the majority by consultants<sup>18</sup>. These results indicate that bullying behaviour is quite common.

More than 80% think that work load and current working pattern is adversely effecting them, These fig-

**Table 1: Specialty and the number of Postgraduate medical trainees**

Name of specialty	Number of participants
General surgery	47
Gynaecology and obstetrics	45
General medicine	39
Pediatrics	38
Neurosurgery	20
Ophthalmology	11
Cardiology	10
Orthopedic	6
Pulmonology	6
Nephrology	4
Dermatology	2
Specialty not mentioned	14

**Table 2: Types of bullying behaviour**

Type of bullying behaviour	Number of bullied candidates	Percentages
Insulted repeatedly in front of others	127	52%
professional humiliation(bad remarks about work)	98	40%
Persistent unjustified criticism	102	41%
Blamed unfairly	112	46%
Targeted purposely	90	37%
Forced to cope with problems beyond competence	149	61%
Denied information and resources necessary for undertaking work	127	52%
Subjected to silent treatment, Intentionally neglected	93	38%
Lack of supervisor support, work on their own	120	49%
Taunted to humiliate	111	45%
Discrimination on grounds of race and gender	61	24%
Inappropriate jokes about them	65	26%
Belittling or undermining of work	146	59%
Undervaluing of efforts	93	38%
Overload with work makes it harder to achieve targets	203	83%
Current working pattern left them feel short of sleep when at work	201	82%
Unreasonable refusal of leave application	109	44%

**Table 3: Effect of bullying**

Effect of bullying	No of effected participants	Percentages
experiencing loss of job satisfaction because of bullying	55	22%
depressed because of inappropriate behaviour of colleague/ seniors	71	31%

**Table 4: The perpetrators**

	No of participants	Percentages
Professor	26	11%
Associate and assistant professors	23	9%
Senior registrars	49	20%
Junior registrar	44	18%
Fellow colleagues	41	17%
Nurses	39	16%
None	24	10%

ure are high and alarming, but due to doctor patient ratio of 1:1000 in Pakistan<sup>19</sup>, there is work load, making environment stressful, no standard implication of duty hours is there in most hospitals, doctors are forced to work beyond competence. All these affect doctors and patient directly. Induction of more doctors is not the only solution but implication of laws about duty hours is the need of hour. In a recent UK study the most common complaints were unmanageable workloads followed by withholding key information and Public humiliation<sup>17</sup>.

In this study more than half of participants said they are Insulted repeatedly in front of others, this culture of insulting in public is norm of our society, but when doctors are involved, decent behavior is expected. Supervisors should be trained how to deal with adverse incidents and how to help his trainees.

Bullying on basis of ethnicity and gender was (16.7%) in this study, in another study bullying due to race, religion, or appearance was reported to be 24%<sup>20</sup>.

Common form of bullying is verbal, 26% doctors were disturbed because of repeated inappropriate jokes about them, a study conducted in Pakistan showed same result i.e. 29% whereas in an American study, inappropriate joking was found to be 46%<sup>21,22</sup>.

Stress, burnout and overload are factors in the under-performance of supervisors<sup>23</sup>. In this study trainee's satisfaction from supervisors is also low, while 38% were of the view that they were shown such an attitude that they felt being intentionally neglected and being blamed unfairly. Similar study reported withholding necessary information, freezing out and ignoring by 24.9% of participants<sup>21</sup>. Regular feedback from trainees will identify these problems and in time remedial measures can be taken.

Denial of leave application is another concern. Imran et al reported Unreasonable refusal of applications

leave, training, or promotion by 30% of participants<sup>16</sup> while in this study 44% were experiencing unreasonable refusal of applications for leave, training or promotion.

Undermining, not giving due credit and getting credit for someone else achievement, Persistent attempts to belittle (disregard) and undermine your work was answered positively by more than half of the candidates. Unfortunately in our culture it is taught to keep silent in front of your senior and elders no matter what they are doing, this approach needs to be changed. One should never be disrespectful but should have courage to speak if they are denied of basic rights or credits.

In this study 41% were of the view that registrars are bullying post graduate medical trainees more than anyone else, while in another study commonest bullies were Consultants (51%). Consultants who feel burnt out and alienated may take their disaffection out on junior colleagues, leading to a climate of anger and disillusionment<sup>24, 25</sup>. One study reported 43% of senior postgraduate trainees were bullied<sup>15</sup> while in this study only 18% were bullied by senior postgraduate trainees/resident medical officers and colleagues. Combination of increasing competition, increase work load, stress, working under pressure, jealousy in medical profession, have created a culture in which bullying can thrive, producing an atmosphere of oppression and stress.

## CONCLUSION

Bullying is common in hospitals and registrars are commonly involved as perpetrators. Bullying is stressful for postgraduate medical trainees and has negative impact on them. This problems needs to be taken seriously, more awareness should be created and every hospital should have committees to deal this problem.

## RECOMMENDATIONS

In the light of findings of this study it is recommended to raise awareness about what constitutes bullying and how it affects its victims. This can be done through the use of posters, leaflets, meetings or lectures organized during the start of employment or postings, for example, at junior doctor's induction meetings. There should also be appropriate policies setting out how to deal with such behavior and clearly stating that bullying includes any form of discrimination or victimization on the grounds of race, sex, sexuality and disability. Every hospital should establish disciplinary committee, so that junior doctors know whom should they contact in case of such problem. Good role modeling and improving interaction with junior doctors and regular feedback from trainees will help to identify and curb the problem. Further research, discussions and legislations are required.

## REFERENCES

1. Paice E, Smith D. Bullying of trainee doctors is a patient safety issue. *Clin Teach* 2009;6:13-7.
2. British Medical Association. Bullying and harassment of doctors in the workplace report [Online]. 2006 [cited on 2009 January 3]. Available from URL: <http://www.bma.org.uk/ap.nsf/content/bullying2006>
3. Thomas S, Rudolph MC. Cases involving allegations of workplace bullying: threats to Ombuds neutrality and other challenges. *J Int Ombuds Assoc* 2010;3:10-3.
4. Rayner C, Hoel H. A review of literature relating to work place bullying. *J Comm Appl Soc Psychol* 1997;7:181-91.
5. Paice E, Firth-Cozens J. Who's a bully then? *BMJ* 2003;326:S127.
6. Hicks B. Time to stop bullying and intimidation. *Hosp Med* 2000;61:428-31.
7. Leape LL, Shore MF, Dienstag JL, Mayer RJ, Edgman-Levitan S, Meyer GS, et al. The nature and causes of disrespectful behavior by physicians. *Acad Med* 2012;87:845-52.
8. Leape LL, Shore MF, Dienstag JL, Mayer RJ, Edgman-Levitan S, Meyer GS, et al. Creating a culture of respect. *Acad Med* 2012;87:853-8.
9. Johnston J. Those who can, do. Those who can't, bully. Health and safety for beginners [Online]. 2004 [cited on 2013 December 23]. Available from URL: <http://www.healthandsafetytips.co.uk/Downloads/Those%20who%20can,%20do.%20%20Those%20who%20cant,%20bully.pdf>
10. Behaviors that undermine a culture of safety. *Sentinel Event Alert* 2008;40:1-3.
11. Rosenstein AH, O'Daniel M. A survey of the impact of disruptive behaviors and communication defects on patient safety. *Jt Comm J Qual Patient Saf* 2008;34:464-71.
12. Johnson C. Bad blood: doctor-nurse behavior problems impact patient care. *Physician Exec* 2009;35:6-11.
13. Patient Safety Authority. Chain of command when disruptive behavior affects communication and teamwork. *Pa Patient Saf Advis* 2010;7:4-13.
14. Hughes RG. Patient safety and quality: an evidence-based handbook for nurses. Rockville (MD): Agency for Healthcare Research and Quality; 2008.
15. Ahmer S, Yousafzai AW, Siddiqi M, Faruqui R, Khan R, Zuberi S. Bullying of trainee psychiatrists in Pakistan: a cross-sectional questionnaire survey. *Acad Psychiatry* 2009;33:335-9.
16. Imran N, Jawaid M, Haider II, Masood Z. Bullying of junior doctors in Pakistan: a cross-sectional survey. *Singapore Med J* 2010;51:592-5.
17. Daily Mail reporter. One in five NHS workers has been bullied by colleagues: managers named worst offenders as increasing workloads take their toll [Online]. 2013 [cited on 2013 December 23]. Available from URL: <http://www.dailymail.co.uk/news/article-2353280/One-NHS-workers-bullied-colleagues-Managers-named-worst-offenders-increasing-workloads-toll.html>
18. Bairy KL, Thirumalaikolundusubramanian P, Sivagnanam G, Saraswathi S, Sachidananda A, Shalini A. Bullying among trainee doctors in Southern India: a questionnaire study. *J Postgrad Med* 2007;53:87-90.
19. Naqvi SK. Doctor-patient ratio of 1:1000 in Pakistan termed alarming.[Online]. 2012 [cited on 2014 January 12]. Available from URL: <http://www.thenews.com.pk/Todays-News-7-109330-Doctor-patient-ratio-of-11000-in-Pakistan-termed-alarming>.
20. Institute for Safe Medication Practice. Intimidation: practitioners speak up about this unresolved problem [Online]. 2004 [cited on 2013 December 23]. Available from URL: <http://www.ismp.org/newsletters/acutecare/articles/200403112.asp>
21. Quine L. Workplace bullying in junior doctors: questionnaire survey. *BMJ* 2002;324:878-9.
22. Johnson C. Bad blood: doctor-nurse behavior problems impact patient care. *Physician Exec* 2009;35:6-11.
23. Faruqui RA, Ikkos G. Poorly performing supervisors and trainers of trainee doctors. *Psychiatr Bull* 2007;31:148-52.
24. Paice E, Moss F, Heard S, Winder B, McManus IC. The rela-

tionship between pre-registration house officers and their consultants. Med Educ 2002;36:26-34.

25. Paice E, Rutter H, Wetherell M, Winder B, McManus IC. Stressful incidents, stress and coping strategies in the pre-registration house officer year. Med Educ 2002;36:56-65.

### CONTRIBUTORS

SSH planned the study, did data analysis and wrote manuscript. RR supervised the study. Both authors contributed significantly to the final manuscript.