

## Impact of Workplace Bullying among Physicians of Tertiary Medical College Hospitals

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### Abstract

**Background:** Over the last decades, a range of studies evaluated that exposure to bullying and harassment among healthcare professionals while at work is associated with elevated level of stress symptoms both at work and everyday life. This phenomenon of abuse or belittlement is faced on a regular basis. The study aimed at evaluating prevalence and forms of physicians' bullying at their workplace with impact of stress among them.

**Materials and methods:** This was a cross sectional questionnaire based study which was conducted among physicians who had been working for at least 6 months of two Medical College Hospitals.

**Results:** 189 physicians provided data. Among them 131 (69.32%) experienced bullying at work place. It was found that female (52.67%) was bullied more than male (47.32%). The most common form of bullying was opinion and views ignored (71%). Depression ( $p=0.006$ ) and feeling of stress ( $p=0.000$ ) were significantly associated with being bullied. There was significant association between harassment at work place faced by junior physicians (Intern and Postgraduate trainee) tantamount to take credit of work, persistent criticism, punishment task, intimidating use of discipline and the source of bullying. The source was mostly from professorial staff (40.38%) and trainee at higher level (36.54%).

**Conclusion:** It is a dire need to raise awareness amongst health care professionals about the consequences of work place bullying and harassment. Without realization of harmful effect of bullying, it is not possible to provide a safe and sound workplace environment for collaborative as well as rewarding outcomes.

**Key words:** Depression; Harassment; Stress; Work place bullying.

### Introduction

We cannot avoid the common aspect 'stress' in our daily life. It has both positive and negative impact in our life. Positive effect of stress is that it makes us ready to feel challenged. Unfortunately negative effect leads to deterioration of quality of work delivered by an individual.<sup>1,2,3</sup>

Physicians including interns, junior doctors working as lecturer or students performing post graduation research invariably receive mistreatment as an important cause of stress. Different studies have reported that in medical life, students, trainee frequently experience work place bullying as one specific stressor. This stress induces depression and anxiety leads to sickness, absence and intention to leave as a negative consequence.<sup>4,5,6</sup>

Mobbing, abuse, work place aggression, horizontal or lateral violence, victimization and social undermining are some other known terms similar to bullying. Isolation of a person in the work place or psychological hurt can be the negative results of bullying in the form of act or verbal comments.<sup>7</sup>

According Lyons R et al. and Imran N et al. presented article in which the definition of bullying is 'persistent, offensive, abusive, intimidating, malicious or insulting behavior, abuse of power or unfair penal sanction, which makes the recipients feel upset, threatened, humiliated or vulnerable and undermines their self confidence and may cause them to suffer stress.'<sup>8,9</sup> Different external or internal expectation if placed upon the shoulder of the medical trainees, they can feel the unbearable field of stress. The burden of expectation is not only from teachers but also

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from parents that a medical trainee has to face. Excess stress sometimes may push the trainee to commit suicide. According to a report in India, highest rate of suicide in the world was reported among the age group 15-29 without any sign of dropping.<sup>10</sup> Interns or junior doctors during their training period may face stress from different source which can hamper their learning and ultimately they may be a victim of poor patient care provider. If a trainee faces continuous destructive criticism and humiliation in front of colleagues, loss of confidence will be the definite end result in most of the cases. They will not feel free to ask any question or seek any help from the senior from whom bullying behavior is obtained. Literature survey stated that self esteem and self confidence becomes lower if a person is persistently exposed to bullying at work.<sup>11,12,13</sup> Consequently they are seen to suffer from social isolation, stigmatization and ill judgment along with symptoms of anxiety, aggression or depression. Victims of bullying are seen to suffer from post traumatic stress disorder who may commit suicide. Stress at workplace in the form of bullying may make the recipient feel upset, threatened, humiliated or vulnerable with lowering of self confidence.<sup>11,14-18</sup>

Work performance, behavior, learning ability, career aspirations of an individual is greatly affected by harassment which has long term consequences also.<sup>19</sup> A bullied victim who is abused during his/her training period is more liable to develop cynicism and aggression, especially in contact with patients. They are discourteous and unprofessional in their conduct and their abusive behavior continues among successive generations.<sup>20</sup> Workplace Bullying also may lead to the inhibition of teamwork performance, obstruction of communication, prevention of new practice by the bullied victim.<sup>21</sup>

Bullying among physicians in the workplace during their carrier build up stage is also very commonly seen in Uk, Australia, India, Malaysia.<sup>4,7,22,23</sup> The extent and form of bullying remains unexposed and unknown in Bangladesh. In this context, our study will plan with the aim of assessing bullying perceptions among internee doctors after 6 months completion of their training, professorial staffs, junior doctors working as lecturerin different academic

departments, post graduation students in two tertiary Medical College Hospitals in Chattogram. This Study results will focus magnitude of workplace bullying and its effect along with identification of potential sources and the extent of bullying in the work place faced by junior doctors and medical trainee. Awareness regarding the burning issue of bullying can be raised through this study.

### Materials and methods

This was a descriptive cross sectional questionnaire based study carried out in two tertiary Medical College Hospital in Chattogram during the period of July 2022 to December 2022. The study was conducted using self designed pre tested questionnaire to obtain information on demographic detailed, experience and forms of bullying at work place, disappointing experience among trainee at work place, sources of bullying, psychosomatic condition. Data were collected from 189 physicians working in two Medical College Hospitals by convenient sampling technique. The name of the two Medical College Hospitals was withheld to keep confidentiality of the participants and institution.

The questionnaire was distributed to those who give verbal consent and collected back on the next day. The study was approved by ethical Committee of those institutions.

Data was analyzed using SPSS software (Version 18). Chi square test was done to analyses different categorical variables and associations between disappointing experiences and source.

### Results

Data were distributed among 260 physicians on their verbal consent and 189 physicians provided data, so response rate was 72.69%. The mean age of the respondents was 28.58 years (SD = 5.98 years) shown in Table I. 131 (69.32%) experienced bullying at work place. Female 69/131 (52.67%) was bullied more than male 62/131 (47.32%). Unmarried 72/131 (55%) was bullied more than married 59/131 (45%).

About 131/189 (69.32%) were bullied among 189 physicians. The most common form of bullying was ignorance of opinion and views (71%). Others forms were been exposed to unmanageable work (68%), work excessively monitored unnecessarily

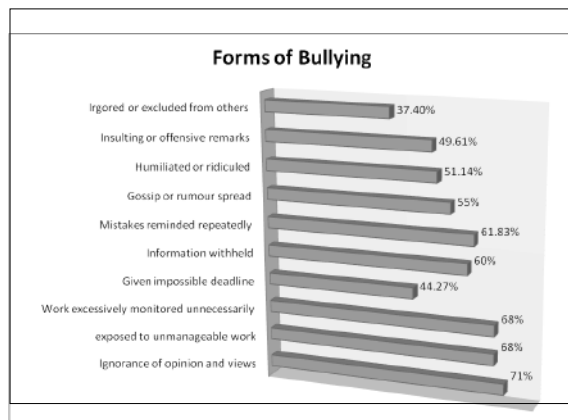
(68%), Given impossible deadline (44.27%), information withheld (60%), reminding mistakes repeatedly (61.83%), gossip or rumour spread (55%), humiliated or ridiculed (51.14%), insulting or offensive remarks (49.61%), ignored or excluded from others (37.40%). shown in Figure 1.

There was significant differences in depression (p=0.006) and stress (p= 0.000) to those who were bullied than those of non bullied. About 91% physicians claimed that there is no policy of bullying in their institution and they get no support as bullying victim. Bullying victims didn't complain due to afraid of its consequences (22.4%), not serious enough to complain (21.4%), not sure how to complain (8.3%) and thought that complaining is of no use (17.2%) shown in Table II. Take credit, persistent criticism, intimidating use of discipline, task of punishment were the disappointing experiences faced by trainee during their training period (Postgraduate and Intern trainee=104) and these experiences were highly significant with the source of bullying and most common perpetrators were professorial staffs (40.38%), followed by Trainee at higher level (36.53%) and then trainee at same level (23.07%) which is shown in Table III.

Bullying victim had very negligible emotional impact on lonely feeling (23%), sleep disturbance (16%) alcohol consume (0.01%) and suicidal thoughts (0.07%).

**Table I** Age groups of respondents (n=189)

Age Group	Frequency	Mean±SD
<25Years	53(27.7%)	
25-35Years	120(63.5%)	28.58±5.98
>36Years	16(8.9%)	



**Figure 1** Forms of bullying in the work place among physicians

**Table II** Categorical factors associated with being bullied (n=189)

Variable	Bullied (n=131)	Not Bullied (n=58)	Test Value	p value
Policy of bullying				
No	122(64.1%)	50(26%)	2.74 (App.)	0.090
Yes	9(5.2%)	8(4.7%)		
Adequate support of Bullying victim				
No	122(64.1%)	42(22%)	12.41 (App.)	0.000***
Yes	9(5.2%)	16(8.4%)		
Depressed				
No	65(34.2%)	41(21.6%)	7.51 (App.)	0.006***
Yes	66(35.3%)	17(8.9%)		
Stress				
No	29(15.34%)	38(34.66%)	33.06 (App.)	0.000***
Yes	102(53.96%)	20(10.58%)		
Feeling Lonely				
No	66(34.7%)	34(17.9%)	1.20 (App.)	0.273
Yes	65(34.7%)	24(12.6%)		
Report of bullying				
No	120(62.5%)	50(26.6%)	0.601 (App.)	0.438
Yes	11(6.8%)	8(4.2%)		
Reason for not Complaining				
Not sufficient serious	41(21.4%)	23(12%)		
Afraid of consequences	43(22.4%)	11(5.7%)	3.94 (App.)	0.267
Not sure how to complain	15(8.3%)	9(4.7%)		
Complaining is of no use	32(17.2%)	15(8.3%)		

**Table III** Cross tabulation between source of bullying and factors associated with disappointing experience among Intern and postgraduate trainee (n=104)

Experiences	Professorial staff	Trainee at higher level	Trainee at same level	Test Value	p Value
Take credit of work	9(8.65%)	15(14.42%)	2(1.92%)		
Persistent Criticism	10(9.61%)	15(14.42%)	1(0.96%)	33.25 (App.)	0.000***
Intimidating use of Discipline	16(15.38%)	1(0.96%)	9(8.65%)		
Task of Punishment	7(6.73%)	7(6.73%)	12(11.53%)		

**Discussion**

The present study was cross sectional questionnaire based study in which the sample was physicians of two tertiary Medical College Hospitals. In this current study the response rate was 72.69% which is similar to a Malaysian study.<sup>23</sup> Female (52.67%) were bullied more than male (47.32%) which is also found in Pennsylvanian study.<sup>24</sup> In this study 69.32% were bullied in their workplace in last 6 month period which is similar to study in Turkey where it mentioned 74%.<sup>25</sup> The most common form of bullying was ignorance of opinion and views (71%) in this study which is also the common form of bullying found in a British study.<sup>26</sup> Physician's

mistakes were repeatedly reminded in this study which is similar to that of other study held in USA.<sup>27</sup>

In a multicentre study in Indonesia major depression 12% and mild to moderate depression 9.2% found to exist due to bullying whereas in present study depression (50.38%) is highly significant to those who were bullied than that of non bullied.<sup>28</sup> Anxiety or stress is a key concern in job performance and can explain the effects of workplace bullying. Stress (53.96%) is highly significant among bullied than that of nonbullied in this study which is in line with the study in Saudi Arabia.<sup>29</sup> 64.1% bullied victim stated that they have no antibullying policy in their institution and get no support as a victim which relates study in Pakistan where reported that their medical college did not have bullying policy and had no support for victim were significantly more likely to have experienced bullying.<sup>30</sup> 35.9% bullied victims were not complained because of afraid of its consequences found in study held in India that is similar to this present study. In this study 22.4% bullied victim did not complaint due to afraid of its future consequences, followed by other causes.<sup>6</sup>

Junior physicians (Post graduate trainee and Intern) faced some disappointing experiences at work place from their peer and senior in this study in the form of taking credit of their work, persistent criticism about their work, intimidating use of discipline, task of punishment which is seen in prior systemic study where there were high prevalence of bullying (30-95%) among junior doctors.<sup>23</sup> The source of these types of harassment at workplace is mostly from Professorial staff and this is strongly correlates with that of other studies.<sup>31</sup> This present study suggest that hierarchy is highly associated with the tendency to do bullying and this is also possible that Professors or senior doctors act as father figure and desire loyal submissiveness from their juniors in every aspect.

Physicians did not experience anynegative emotional impact on lonely feeling, sleep disturbance, alcohol consumption and suicidal thought provided a break in the cloud in this study which is unlikely in other studies. That may be due to our social structure where people are habituated

with being bullied from their childhood. This is almost a normal phenomenon in our society. Moreover the difference with the other studies is age factor. Age of the respondents of this present study is more than adolescent period. Being physicians they have advanced knowledge about harmful effects of alcohol consumption, have responsibility to motivate their patient as well as society towards positive aspects of life. Physicians are mature enough to cope with stressful life, so they are not resort to alcohol consumption, suicidal ideation, lonely feeling or sleep disturbance by being bullied whereas other studies included adolescent age group.<sup>32,33,34</sup>

#### **Limitation**

This study was limited to bullying by colleagues and did not involve bullying by the other official staffs, patient and patient's party and also lacked parameter of physical and sexual harassment.

#### **Conclusion**

In medical profession achieving Postgraduate degree along with hospital duties are painstaking and stressful work. Over and above, bullying from their peer, seniors and Professors, mental stress further aggravated which create hindrance to clinical efficiency and good patient health care. Therefore they should be more empathetic to each other so that a good health care team can established which result in dedication to their clinical proficiency and devotion to their study. Antibullying policy or support team should also be set up to promote a healthier hospital working environment.

#### **Recommendation**

Further multicenter research works are recommended with the inclusion of larger numbers of sample size.

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#### **Contribution of authors**

MA-Conception, design, data collection, drafting & final approval.

MR-Data analysis, critical revision & final approval.

NAN-Data collection, analysis & final approval.

MSHA-Data analysis, critical revision & final approval.

AKG-Data analysis, critical revision & final approval.

SM-Data analysis, critical revision & final approval.

HRB-Data collection, interpretation, manuscript writing & final approval.

RH-Conception, drafting & final approval.

### Disclosure

All the authors declared no conflict of interest.

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