Bullying of junior doctors in Pakistan: a cross-sectional survey

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ABSTRACT

Introduction: The aim of this study was to determine the prevalence of workplace bullying among junior doctors in Pakistan, identify the types and sources of bullying behaviours and investigate the perceived barriers to making complaints against bullying.

Methods: We conducted a cross-sectional survey of junior doctors using convenience sampling in three tertiary care hospitals in two provinces of Pakistan. Demographic details and information about the different types of bullying behaviours experienced by junior doctors in the 12 months preceding the study were collected using a previously validated list of 20 such behaviours. Respondents were also asked to indicate the sources of bullying, any complaints made and if not, the reasons behind it. The data was analysed using the Statistical Package for the Social Sciences.

Results: A total of 654 doctors participated in the study. 417 (63.8 percent) of them reported experiencing one or more type of bullying in the past 12 months. 436 (66.7 percent) doctors had witnessed the bullying of others. The most common source of bullying was consultants (51.6 percent). 306 (73.4 percent) respondents did not make a complaint against the bullying.

Conclusion: Bullying is faced by a fairly large proportion of junior doctors in Pakistan. The most frequent perpetrators of this bullying are consultants. Major changes are required at the national, organisational and individual levels in Pakistan to tackle the bullying problem and prevent its adverse consequences in an already vulnerable healthcare delivery system.

Keywords: cross-sectional studies, doctors, Pakistan, social behaviour, workplace bullying

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INTRODUCTION

Bullying can be defined as "persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair penal sanctions, which makes the recipients feel upset, threatened, humiliated or vulnerable and undermines their self confidence and may cause them to suffer stress".[1] Rayner et al have identified five categories of bullying.[2] These include threats to professional status (public professional humiliation), threats to personal standing (name calling, insults), isolation (withholding information, preventing access to opportunities), overwork (impossible deadlines, undue pressure to produce work) and destabilisation (failure to give credit when due, assigning meaningless tasks).[2]

Bullying is a universal phenomenon that occurs in various professions, and the medical profession is by no means an exception. There is evidence that medical students, doctors in training, consultants, doctors undertaking research as well as other healthcare professionals, including nurses, suffer from harassment or bullying.[3-8] Workplace bullying is a significant issue due to its adverse impact on the health and well-being of affected individuals. It has been associated with high levels of job-induced stress, anxiety, depression, concentration problems, insecurity and lack of initiative. Staff who have been bullied have also been found to have significantly lower levels of job satisfaction and are more likely to have an intention to leave the job.[9,10] Bullying has more recently been associated with the reporting of potentially serious medical errors.[6]

Various prevalence rates of bullying in the medical profession have been reported, depending on the definition of bullying used, the population surveyed, and the timeframe within which the bullying occurred. These rates vary from 10.5% to 38% in studies conducted in the United Kingdom (UK).[6,9,11] In India, Bairy et al found a much higher prevalence rate of 50%, with 90% of bullying incidents unreported.[12]Although bullying among doctors has been studied extensively in the developed world, it has received little attention in developing countries. However, there have been some studies conducted in Pakistan that assessed the extent of bullying among medical students and consultant

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Table I. Proportion of respondents who experienced bullying, the main sources of bullying and reasons for not complaining.

Variable	No. (%)
In your workplace, have you been subjected to bullying? (n = 654)	
Yes	417 (63.8)
Main source of bullying* (n = 417)	
Consultant	215 (51.6)
Other trainee	182 (43.6)
Nurse	84 (20.1)
Patient	15 (3.6)
Patient's relative	90 (21.6)
Paramedical staff	69 (16.5)
Administrative staff	13 (3.1)
Have you complained to anyone about this? (n = 417)	
Yes	111 (26.6)
No	306 (73.4)
If no, what is the main reason why you have not complained?* (n = 417)	
Not sufficiently serious	58 (13.9)
Afraid of consequences	97 (23.3)
Not sure how to complain	37 (8.9)
Problem will go away	36 (8.6)
Dealt with it myself	84 (20.1)
Peers stopped me from complaining	16 (3.8)
Complaining is of no use	4 (1.0)
Did you witness the bullying of others in your workplace? (n = 654)	
Yes	436 (66.7)

*Values do not add up to 100% as respondents were allowed to tick more than one option, if applicable.

psychiatrists, and alarmingly high rates of bullying have been reported.[5,7] To our knowledge, no study has so far been conducted in Pakistan on the prevalence of bullying of junior doctors, including postgraduate trainees. The aim of our study was to determine the prevalence of bullying among junior doctors in Pakistan. We also aimed to identify the sources of bullying, the types of bullying behaviour encountered, whether any action was taken against the bullying, as well as the perceived barriers to lodging complaints.

METHODS

A cross-sectional survey of junior doctors was conducted in three tertiary care hospitals in two provinces of Pakistan from January 2009 to April 2009. Junior doctors included house officers with a minimum of six months clinical experience, postgraduate residents in Year 1 to Year 4, as well as resident medical officers who were regular junior doctors in the Pakistani hospital setup but not necessarily in a postgraduate training programme. All junior doctors who met the inclusion criteria and were present in their respective hospitals on the days of data collection were invited to participate. Those who were absent or on night duties were not approached due to resource constraints. A written explanation of the purpose of the study and bullying behaviours was provided to the participants, and informed consent was sought before the participants completed the questionnaire. The questionnaire was anonymised in order to encourage participation. It was administered and collected immediately upon completion by the data collection team.

The first section of the questionnaire collected demographic information (age, gender, education status, specialty, etc) of the doctors. This was followed by a stem question that had previously been used by Hicks:[13] "In this post, have you been subjected to persistent behaviours by others which has eroded your professional confidence or self esteem?" Respondents who replied in the affirmative to this question were asked about the different types of bullying behaviours they had experienced, through the use of a previously validated list of 20 such behaviours.[9] The doctors were asked to indicate through yes/no answers if they had been subjected to any of the 20 behaviours in the past 12 months. The final section sought information about who the doctors faced the bullying from, whether any complaints were made and if not, the reasons behind it. The data was analysed using the Statistical Package for the Social Sciences version 14 (SPSS Inc, Chicago, IL,USA). Descriptive statistics were employed to report the results.

RESULTS

Among the 795 doctors approached, a total of 654 doctors agreed to participate in the study (82.3% response rate). No further data was collected from those who refused to participate, and it was therefore not available for analysis. The mean age of the respondents was 27.8 ± 5.41. 57.2% of the respondents were male and 65.3% belonged to the medicine and allied specialties. More than half of the respondents (54.0%) were house officers, followed by 46.1% postgraduate trainees and 7.2% resident medical officers.

Overall, 417 (63.8%) doctors reported experiencing one or more types of bullying over the past 12 months. 436 (66.7%) had witnessed the bullying of others. The most common source of bullying was consultants (51.6%), followed by trainee colleagues (43.6%) and others (Table I). Regardless of the type of bullying behaviour encountered and the professional grade of the victim, no action was taken by the victims in 306

Table II. Proportion of respondents who reported the occurrence of each category of bullying (n = 417).

Type of bullying	No. (%)
Persistent attempts to belittle (disregard) and undermine your work	203 (48.7)
Persistent unjustified criticism and monitoring of your work	232 (55.6)
Persistent attempts to humiliate you in front of colleagues	158 (37.9)
Intimidatory use of discipline/competence procedures	104 (24.9)
Undermining your personal integrity	128 (30.7)
Destructive innuendo (intimation) and sarcasm	49 (11.8)
Verbal and non-verbal threats	119 (28.5)
Making inappropriate jokes about you	121 (29.0)
Persistent teasing	126 (30.2)
Physical violence	30 (7.2)
Violence to property	25 (6.0)
Withholding necessary information from you	98 (23.5)
Freezing out/ignoring/excluding	104 (24.9)
Unreasonable refusal of applications for leave, training, or promotion	125 (30.0)
Undue pressure to produce work	132 (31.7)
Setting of impossible deadlines	82 (19.7)
Shifting goalposts without telling you	54 (12.9)
Constant undervaluing of your efforts	120 (28.8)
Persistent attempts to demoralise you	113 (27.1)
Removal of areas of responsibility without consultation	61 (14.6)
Discrimination on grounds of race or gender	135 (32.4)

Values add up to more than 100% as some participants reported facing more than one type of bullying behaviour.

(73.4%) of the cases. The reasons for this are stated in Table I. Table II shows the proportion of respondents who reported each type and category of bullying. The most common bullying behaviour reported was persistent unjustified criticism and persistent attempts to disregard and undermine their work.

DISCUSSION

In our study, the prevalence of bullying was found to be much higher (63.8%) than that reported in previous studies. This should be a cause for concern for the medical community in Pakistan. Studies in the UK have found varying rates of bullying that range from 10.5% to 38%,[6,9,11,13-15] and observed that female, black and Asian doctors are more likely to be bullied.[14] Studies from the Subcontinent have reported that about 50% of junior doctors are bullied, the majority by consultants.[12] The high prevalence rate of bullying found in our study was not surprising as the results are in keeping with other studies from Pakistan. In one study, 57 out of 60 Pakistani psychiatrists reported facing harassment.[7] Another Pakistani study with a large sample size found that (52%) of medical students had experienced bullying.[5] These results indicate that bullying behaviours are not limited to one country, but rather, are prevalent across various cultures and specialties.

Nevertheless, a consideration of the cultural and societal norms in Pakistan may help to explain the high prevalence of bullying found in our study. From a very young age, in the majority of Pakistani households, it is inculcated in a child that authority figures (elders and teachers) are to be obeyed without question. Discussion or seeking clarification is not encouraged in the home and in schools; rather, it is considered rude and impolite. Even today, physical punishment and sometimes, abusive behaviour are used as part of the teaching strategy in many government schools and unmonitored religious institutions. These behaviours are often still seen as part of the learning process and are not considered too harsh by the majority of parents. A child who grows up with these values is likely to consider bullying an acceptable part of training, even in medical institutions and is unlikely to complain when it does occur. It is also important to consider that there is a very strong hierarchical system in the majority of teaching institutions in Pakistan. Teaching by intimidation and practices that may foster a bullying culture are also quite prevalent. The concepts of mentorship and counselling facilities for doctors are still in their infancy in Pakistan. It is unheard of to undergo a change in supervisors due to complaints or poor feedback from trainees. Some important factors that aid in the continuation of the cycle of abuse in Pakistani medical institutions include the large number of trainees who are placed under each supervisor, a lack of time dedicated specifically to the supervision of junior doctors by seniors, as well as the absence of an inbuilt confidential feedback system for junior doctors to assess their consultant supervisors.

Unfortunately, victims of bullying may themselves go on to harass others when they themselves become seniors, thus continuing the cycle of abuse. It is therefore extremely important for bullying to be recognised and dealt with in order to avoid adverse consequences for the entire healthcare delivery system. In certain situations, the intent of bullying behaviour may be to improve performance. As bullying is a subjective phenomenon, individuals may perceive and interpret behaviours in different ways. However, MacPherson has stated that "if a person feels bullied then they are being bullied".[16] Thus, even well-intended bullying behaviour may lead to decreased job satisfaction and is less likely to motivate a person to make a positive change or to improve

performance.[15,16] Poor appreciation, persistent unjust criticism and humiliation in front of colleagues were the most common bullying behaviours reported by our study participants. Other studies have found verbal abuse, undue pressure to produce work and persistent unjustified criticism to be the commonest bullying behaviours experienced by medical professionals.[12] Consultants were found to be the most common perpetrators (51.6%) of bullying in our study. Similar results have been found by studies in the Western world as well as those conducted in the Subcontinent.[5,6,12] Seniors need to be aware that they are role models for junior doctors and that they should therefore not only behave in a professional manner themselves but also treat it as their duty to ingrain important ethical principles into their trainees.

Another area of concern is the significant underreporting of bullying. There are various reasons for this, and fear of consequences ranks among the top. We are not aware of any anti-bullying policies in place in the majority of medical institutions in Pakistan and even if they do exist, the dissemination of information about the policy and its implementation are questionable. Hospital administrators need to be more proactive in preventing bullying practices and offer support to victims in non-threatening ways so as to encourage the reporting of bullying behaviours. Support at work has been found to be protective against the damaging effects of bullying. Therefore, clear policies regarding dispute resolution may be one way forward.

The strengths of our study include its reasonably large sample size, the recruitment of doctors from two provinces in Pakistan and the use of a data collection instrument that has previously been validated in studies in the UK. The study has some weaknesses as well. The use of convenience sampling is not ideal. Also, we relied on a self-reporting questionnaire, as did previous studies on bullying. This may have led to selection bias, as those who experience bullying may be more likely to complete and return the questionnaire. In addition, we did not assess the impact of bullying on victims, such as the incidence of anxiety and depression, which would have been very helpful.

Despite these limitations, our study has highlighted the presence of a bullying culture in medical institutions in Pakistan. Major changes are required at the national, organisational and individual levels to tackle this problem. Acknowledgement of the existence of this problem would be a good starting point. The availability of a mentor to meet regularly with each junior doctor would help to identify and address any concerns, as well as provide support. Regular and confidential feedback about consultants and supervisors should be an inbuilt part of the training programmes for junior doctors. 360º feedback evaluation from patients, peers and administrative staff may also be helpful. In addition, anti-bullying policies need to be developed and implemented. Proper investigation of any complaints and assistance to those who report bullying should be arranged. A junior doctors committee should be established in each institution to ensure that these bullying issues are identified and resolved. Fostering of a bully-free work environment should be the aim. Future studies that assess the impact of bullying on the victims' mental and physical well-being as well as examine institutional workings are urgently required.

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