

Identification of Bullying Behaviours and Coping Strategies of Postgraduate Trainees in Clinical Settings

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ABSTRACT

Background: Despite the world over recognition of bullying it still remains an understudied area which needs further research. Furthermore, the administrations and heads of departments are reluctant to acknowledge that there is occurrence bullying in their institution as that may be a big question mark on their administrative abilities.

Objective: To identify bullying behaviors experienced by post graduate residents in clinical environment and the strategies used for coping with them.

Material and Methods: This cross sectional study was done at Public and private tertiary care hospitals of Peshawar. The study was completed in 6 months after the approval of research proposal. A total of 355 participants were taken. Two tools were used to collect the necessary data, consisted of three parts: Negative Acts Questionnaire, Brief COPE Inventory; and a demographic sheet. Data were analyzed using percentages and several chi-square tests.

Results: There were 125(35.21%) participants who were used to giving up the attempt to cope, I've been getting emotional support from others was told by 116(32.67%), I've been blaming myself for things that happened was reported by 111 (31.26%), I've been criticizing myself was told by 107(30.14%). Others coping strategies (now and then, monthly, weekly daily) were identified as praying or meditating by 295(83.09%) participants, learning to live with it by 291(81.97%) and thinking hard about what steps to take by 291(81.97). The bullying behaviors experienced by residents were having your opinions and views ignored were reported by 259(72.95%), 247 (69.57%) told about being ordered to do work below your level of competence, blaming myself for things that happened for 244(68.73%), repeated reminders of your errors or mistakes by 239(67.32%). Significant association was found between specialty and being humiliated or ridiculed in connection with your work in specialty, p-value < 0.05.

Conclusion: It is concluded that bullying is major problem and must be minimized in new residents by making it part of curriculum or policies of various institutions. It was seen that residents were taking negative coping strategies to ignore or avoid bullying that can have poor impact on their mental and physical health.

Keywords: Workplace, bullying, mental torture, workload, residents.

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INTRODUCTION

Bullying can be defined as maltreatment of one person who is intentionally targeted for the purpose of humiliation, malicious design and sabotaging his confidence and performance¹. A great proportion of students all over the world are the victims of bullying in the clinical practice. According to one survey 59% of students experience bullying by staff with which they are interacting². Verbal harassment, gender discrimination and academic down gradation are common forms of bullying. A particular feature of this is that it is transmitted to other staff members especially in bad workplace environment. Students are no different from others and fell a prey to delirious effects of bullying mainly due to hierarchy issues.

The rate of bullying has been much higher in western countries like UK and US. According to one British study 35 % of the students have been bullied and one in four of 1000 students replied they were subjected nefarious acts of bullying³. According to a US study the frequent forms of bullying include being cursed unnecessarily, inculcating sense of fear, getting thrashed by uncalled attitudes or being caused colossal sense of shame.

In Pakistan junior doctors are also at receiving end of thrashing from seniors. A cross sectional survey showed that there is very high prevalence of bullying in them. The prevalence of bullying is 63.8% that is quite alarming⁴. It still doesn't get reported to the relevant authorities due to fear of consequences. One study has reported that it can cause serious mental health problems leading to sickness absence⁵. There is a scarcity of anti bullying policies or measures in most of the institutions of our country and even if there are a few, their implementation in a true sense is still a question mark.

In Bullying the affected person has feeling of being ridiculed, insecure, intimidated, incompetent and feared. Rayners has classified bullying into five

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types. These comprise of serious threats to professional and personal prestige (humiliation in front of public), denting reputation (insulting behavior), isolation (keeping secret data from him), overwork (unrealistic deadlines and increased workload) and destabilization (not giving due credit for good work, assigning unnecessary tasks)⁶.

Many people over the world are its victims. It is still under researched area especially in terms of postgraduate trainees in clinical setting. According to Guardian, the leading news paper of United Kingdom one in five doctors are victims of harassment and bullying leading to losing personal confidence and disturbed personal lives. So it is the need of the day to highlight this problem. Maintaining positive work environment may prevent distress among healthcare professionals and potentially promote better quality of care⁷. Workplace ethics and decision making are strongly influenced by peer negative behavior leading to professional misconduct.

MATERIALS AND METHODS

This was a cross sectional study done conducted in five public and private tertiary care hospitals of Peshawar. The study duration was 6 months after the approval of research proposal. The sampling method was non probability convenient sampling. The sample size was on the basis of following assumptions, sample size is 355 on the basis of prevalence of bullying 63.8%. A total of 355 trainees from various FCPS and MCPS programs participated in the study. Trainees who changed their supervisors or quit their training were excluded from the study.

The research proposal was presented to graduation committee of IHPER for detailed scrutiny and refinement as well as ethical approval according to certificate dated 7 Jan 2021 Diary no DIR/KMU-AS&RB/IB 001272. This was followed by approval from heads of tertiary care hospitals/institutions prior to the data collection. The rationale of the study and its pros and cons was explained to the participants who have met the inclusion criteria and an informed consent was obtained. Responses of the participants were recorded through a questionnaire. Two already validated tools were used in collection of data. These are revised Negative Acts Questionnaire and Cope Inventory along with demographic sheet. The Brief COPE Inventory, was developed by Carver, that utilized capture adaptive and maladaptive strategies for

coping with bullying⁷. It consists of 14 subscales representing 14 separate coping mechanisms with 2-items per scale, namely: self-distraction, active coping, denial, substance abuse, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self blame. Responses were measured on a 4-point Likert rating scale ranging from 1 (haven't been doing this at all to 4 have been doing this a lot). The total score ranged from 28 to 112. The higher the scores, the higher coping mechanisms used. The Negative Acts Questionnaire revised version (NAQ-R), developed by Einarsen and Raknes⁵. Its initial version was composed of 48 questions, which dropped to 22 items after the revision. It was a prevalidated questionnaire. Its items refer to certain negative behaviors, but they do not refer to the term bullying⁸.

The required information and demographic variables like age, gender was provided in demographic sheet. After explaining the pros and cons and obtaining informed consent, questionnaires were given to the participants and requested to return them in 48-72 hours.

After the data collection, analysis was done using SPSS version 28. Mean and SD was applicable to quantitative data. Frequency % was applied for categorical data. Chi square was applied taking p value less or equal to 5% as significant.

RESULTS

The mean age of participants was 27.93 ± 2.988 years with minimum and maximum age as 21 and 45 years. There were 198(55.77%) male and 157(44.23%) female cases. According to specialty, 132(37.18%) were from General Medicine, 28(7.89%) were from General Surgery, 73(20.56%) were from Gynecology and Obstetrics residents, 38(10.70%) residents from Pediatrics, 17(4.79%) were from Dermatology, 28(7.89%) were from Cardiology department, 30(8.45%) residents were from dentistry and 9(2.45%) were from other specialty.

Maximum participants were of 1st year residency, 99(27.89%) were 2nd year residents, 77(21.69%), 18(5.07%) and 20(5.63%) were from 3rd, 4th and 5th years respectively.

The reliability of coping strategies contains 28 item with reliability as 0.82 (Chronbach's Alpha) and types of bullying consisted of 23 items with

reliability as 0.93 (Chronbach's Alpha). The common coping strategies (a little bit, a medium amount, I've been doing this a lot) were found as. Using alcohol or other drugs to make myself feel better was reported by 277 (78.2%), I've been using drugs to help me get through it was told by 222(62.53%), I've been saying to myself "this isn't real" was reported by 173 (48.73%), 160(45.07%) told that they made fun of the situation, 145 (40.84%) refused to believe that it has happened, making jokes about it was strategy by 143 (40.28%). There were 125(35.21%) participants who were used to giving up the attempt to cope, I've been getting emotional support from others was told by 116(32.67%), I've been blaming myself for things that happened was reported by 111 (31.26%), I've been criticizing myself was told by 107(30.14%). Others coping strategies (now and then, monthly, weekly daily) were identified as praying or meditating by 295(83.09%) participants, learning to live with it by 291(81.97%) and thinking hard about what steps to take by 291(81.97%).

The bullying behaviors experienced by residents were having your opinions and views ignored were reported by 259(72.95%), 247 (69.57%) told about being ordered to do work below your level of competence, blaming myself for things that happened for 244(68.73%), repeated reminders of your errors or mistakes by 239(67.32%), excessive monitoring of your work by 234 (65.91%), being exposed to an unmanageable workload 231(65.07%) and being humiliated or ridiculed in connection with your work was told by 222(62.53%).

Significant association was found between specialty and being humiliated or ridiculed in connection with your work in specialty, p-value <0.05. There were significantly higher proportion of being ordered to do work below your level of competence in specialty in dentistry residents, p-value < 0.05. Moreover significant association was found in residency and practical jokes carried out by people you don't get on with, residency and being ordered to do work below your level of competence, p-value <0.01.

Table 01. Frequency of Bullying Behaviour

Year of residency	Being shouted at or being the target of spontaneous anger (or rage)					Total
	Never	Now and then	Monthly	Weekly	Daily	
1 st	42(29.8%)	63(44.7%)	18(12.8%)	10(7.1%)	8(5.7%)	141(100%)
2 nd	48(48.5%)	33(33.3%)	13(13.1%)	4(4%)	1(1%)	99(100%)
3 rd	28(36.4%)	28(36.4%)	11(14.3%)	3(3.9%)	7(9.1%)	77(100%)
4 th	8(44.4%)	7(38.9%)	3(16.7%)	0(0%)	0(0%)	18(100%)
5 th	13(65%)	2(10%)	4(20%)	1(5%)	0(0%)	20(100%)
Total	139(39.2%)	133(37.5%)	49(13.8%)	18(5.1%)	16(4.5%)	355(100%)

Chi-square =27.226 P-value = 0.039 (Significant)

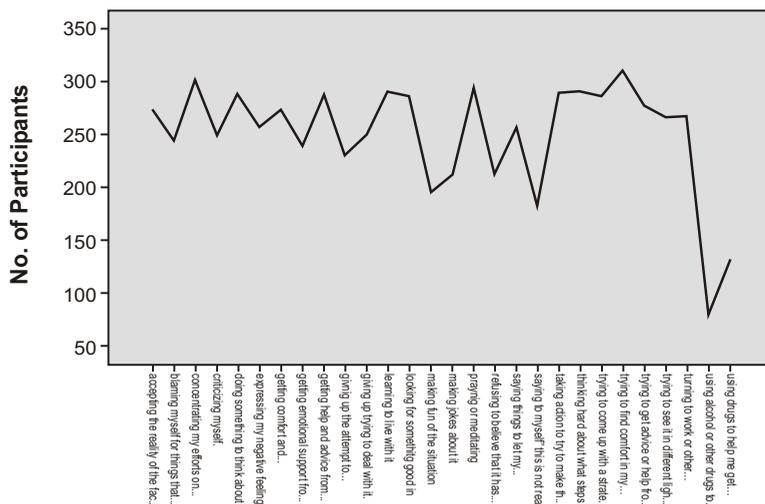


Figure 01. Coping Strategies of Bullying Behaviours

DISCUSSION

In current study it was found that the common coping strategies (a little bit, a medium amount, I've been doing this a lot) were found as. Using alcohol or other drugs to make myself feel better was reported by 277 (78.2%), I've been using drugs to help me get through it was told by 222(62.53%) and I've been saying to myself "this isn't real" was reported by 173 (48.73%). The common negative behavior (now and then, monthly, weekly daily) were identified as praying or meditating by 295(83.09%) participants and learning to live with it by 291(81.97%). A study was conducted very recently for determining prevalence of bullying in doctors doing their postgraduate training in teaching hospitals of Peshawar and all of them were from different specialties⁴. The study was done using convenience sampling method. A semi structured questionnaire was utilized for this purpose containing questions about various forms of bullying, the main perpetrators of bullying and effect of bullying on post graduate residents which was filled by doctors. The results were reported in the form of frequency and percentages. The result has showed that in a total of 246 post graduate residents who participated in the research, 89% (n=219) were subjected to bullying in different ways. The enhanced working hours and being forced to long duties was reported by 83% (n=203) as most frequent form of bullying. The main perpetrators of bullying were registrars. The senior registrars were mentioned by 20% (n=49), while 18% (n=44) held junior registrars responsible for bullying. The disastrous impact of it resulted in 31% (n=71) doctors going into depression⁴. Hence, bullying of post graduates isn't rare in hospitals. It's important to educate doctors and an honest feedback need to be taken from trainee medical officers that will have a good impact on quality of post graduate training.

Different prevalence rates of bullying have been reported in the medical field that depends on the types of bullying, study population, and most importantly the how much time has elapsed since it occurrence. The prevalence rate from 10.5% to 38% as per results of various studies in the United Kingdom (UK)⁸. In India, Baiy et al reported a prevalence rate of 90% clearly explaining the loopholes in their systems¹⁶. Although bullying among doctors has received a lot of attention developed world, it is still an ignored issue in underdeveloped countries. Some work has been done in Pakistan for determining the extent of bullying in undergraduates, young doctors and

freshly qualified physicians, and all over the world causing extremely high rates of bullying have been reported leading to sickness leaves⁹.

The percentages of ridicule, belittlement and bullying experienced by students of different medical colleges ranged from 42% to 91% depending on types of methods used for bullying. It is said that on many occasions the allegations of bullying are associated with circumstances which are very distressing but the same time unavoidable part of post graduate training, for example, clinical supervisors telling trainees that their performance is below par in terms of obtaining histories from patients and doing their clinical examination. However, research has clearly revealed that preconceived ideas of the medical students about mistreatment from seniors is a main source of tension¹⁰.

According to another study more than a third of students thought about leaving the medical colleges and about a fourth of them disclosed that they would have selected a different field if they were aware of amount of stress in medical profession. The experience of getting bullied and harassed leads to serious health hazards such as severe mental illnesses including schizophrenia and negative suicidal thoughts in doctors¹¹.

Another study was done to determine the prevalence of bullying among young doctors in Pakistan, identify its various forms and investigate the hurdles or barriers to lodging complaints. It was a cross sectional junior doctors in three big hospitals in two provinces of Pakistan. The sampling technique was convenient sampling. The responses of doctors were recorded with the help of validated questionnaire. Respondents were queried to pinpoint the major sources of bullying, any in writing complains against the responsible people and if not, what main logic for not doing so. Data analysis was done using SPSS latest version. The junior doctors are also at receiving end of thrashing from seniors. A cross sectional survey showed that there is very high prevalence of 63.8% in them and that was a very high figure when compared with previous figures from other studies. Another area to worry is that although junior doctors are subjected to bullying, it still doesn't get reported to the relevant authorities due to fear of consequences. The frequently reported sources of bullying were consultants (51.6 percent). 306 (73.4 percent) participants did not go for any formal complain due to fear of getting punished¹².

In 2009, a cross sectional study was done on post graduate trainees of psychiatry .In addition to basic demographic sheet, the questionnaire did include a bullying scale that asked the participants about 21 different types of bullying behaviors. The result showed that out of 84 only 60 participated in the survey. 80% of trainees reported that they experienced at least one bullying behavior in the preceding 12 months. There was no significant association between likelihood of experiencing bullying and any of the socio demographic variables. However, due to very small sample size, these findings need to be interpreted with caution. Consultants were mainly responsible bullying of trainees. It will be too absurd to ignore this problem. The bullying is still a major upheaval. It may be imperative for the institutions to formulate strict anti bullying policies. Another cross-sectional questionnaire survey was done on final professional students of medical institutions of Pakistan with overall response rate of 63%. 52% of participants sadly admitted they suffered from bullying during undergraduate life and around 28% experienced it monthly and in some instances more often¹³. The most common way of bullying reported was use of foul language (57%), while senior instructors were the main (46%) perpetrators. Most of the medical colleges unfortunately didn't have any mechanisms for controlling bullying or harassment, and due to lack of any support, bullying was significantly experienced more by the affected individuals. Students in great numbers are victims of bullying in Pakistan clearly indicative of loopholes and deficiencies in our education system. Its time take resolute actions against bullying in medical institutions, and providing avenues of support and counseling for students who now and again get traumatized will help in a long way to reduce this phenomenon, and will ensure better learning by students so that they can concentrate on academics without any fear of getting bullied. According to another study more than a third of students thought about leaving the medical colleges and about a fourth of them disclosed that they would have selected a different field if they were aware of amount of stress in medical profession. The experience of getting bullied and harassed leads to serious health hazards such as severe mental illnesses including schizophrenia and negative suicidal thoughts in doctors¹⁴. Similar was the case in another cross sectional study in Pakistan in which seniors were the main culprits bullying junior doctors¹⁵.

Similarly another study was conducted to determine the extent of bullying endured by medical professionals in India; as a secondary objective, to assess different personality traits of its victims. It was a cross-sectional survey that was conducted on all the post graduate trainee doctors in one of the public sector medical colleges located in Tamil Nadu, a city in India. The sampling technique was convenient sampling. A validated questionnaire was utilized The demographic sheet with all the necessary details was provided. The Chi-square test was used for comparing the frequencies. A total strength of 174 doctors (115 postgraduates and 59 junior doctors), did participate in the study with 100% response. Nearly fifty percent of the surveyed population reported being victims of bullying. About 53% men and 48% women were sufferers of bullying. Significant proportions ($P < 0.0001$) of medical personnel and paramedical staff bullied the post graduates and junior doctors, respectively. A significant ($P < 0.0001$) percentage of post graduates and junior doctors revealed a personality trait towards bully. This indicates that the interventions for coping bullying of clinical¹⁶.

STRENGTHS AND LIMITATIONS

The strength of this study is that sample size was large and data was collected from almost all the major hospitals of Peshawar. We did use a validated instrument that was used in the past as well for a number of studies. The study also pinpointed bullying as an important problem that needs to be eradicated. This study can be helpful in improving workplace learning environment by developing certain planned efforts and policies. The complaints of postgraduates should be taken seriously as they are going to become consultants in future. It's important that they learn and make good concepts about patient's management and have strong medical ethics. Since it was a cross sectional study, there will be a problem to generalize these results.

CONCLUSION

Thus, beyond any shadow of doubt bullying is very common problem in Pakistan. The commonest sources of this bullying are seniors who misuse their authority. Major changes are required to be implemented in a true sense at all the important platforms in our country to address the problem of bullying and prevent its terrible effects on damaged and fragile health system where the hospitals are already overburdened .

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AUTHOR'S CONTRIBUTION

The following authors full fill authorship criteria as per ICMJE guidelines;

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|--------------------------|---|
| Ayub JU, Jamil B: | Idea conception, drafting the work, final approval, agreed to be accountable for all the work. |
| Qaisar A: | Design of the work, data acquisition, critical revision, final approval, agreed to be accountable for all the work. |
| Khan UA: | Data analysis, drafting of the work, final approval, agreed to be accountable for all the work. |
| Shah AZ: | Data interpretation, critical revision, final approval, agreed to be accountable for all the work. |