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## **Workplace bullying amongst gastroenterology residents: A cross sectional study**

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**Abstract**---Background: Bullying is defined as subjecting someone to undue mental torture by virtue of being at a superior position. Unfortunately, the prevalence of bullying in Pakistan is quite high and gastroenterology residents are not an exception. Objective: To identify bullying behaviors experienced by post graduate residents of gastroenterology 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 132 post graduate residents of gastroenterology were included in the study after proper scrutiny. The pros and cons of the study were explained to all the participants in detail and they were given a choice to voluntarily withdraw from the study if they wish to do so. Two validated questionnaires were used namely brief cope inventory and negative acts questionnaire. The data was analyzed by using SPSS latest version. Frequencies and percentages were used for categorical data and p value of less than 0.05 was taken as significant Results: Total 132 post graduate residents were included in this

study. Among these residents 105(79.5%) were male and 27(20.5%) were female. Mean age of these post graduate residents was  $28.13 \pm 2.40$ . Minimum and maximum age of residents ranges between 22-42 years. There were 40(30.3%) residents who were working in 1<sup>st</sup> year, 43(32.6%) were working in 2<sup>nd</sup> year, 37(28%) working in 3<sup>rd</sup> year, 4(3%) working in 4<sup>th</sup> year and only 8(6.1%) were working in 5<sup>th</sup> year. Significant associations were found in terms of Getting help and advice from other people, praying or mediating or learning to live with it. with a p value less than 0.05. Conclusion: It is concluded that bullying is major problem in postgraduate institutions of Pakistan that can impact the quality of medical education to a colossal extent and strict polices need to be intact for addressing them

**Keywords**--workplace, bullying, mental torture, workload, residents.

## **Introduction**

Bullying has been a huge menace in medical education and it is a common debacle witness through the world by all classes of health workers is it doctors, nurses, paramedics, medical students and even trainees. <sup>1</sup>The origin of bullying can be attributed to double standards and nepotisms which can mock the innocence of common men who are underprivileged and consider themselves inferior in terms of status and capabilities. <sup>2</sup> The world is rapidly changing in terms of awareness of people rights and though bullying has reduced in certain institutions it's still eliminated. The curse of bullying has added to poor performance of the doctors in the workplace leading to increased critical incidents in the wards and subsequent complains of the patients. <sup>3</sup> In NHS which is one of the biggest health insurance systems in the world huge compensation amount is given to junior doctors for sickness leaves as there are facing colossal health issues. <sup>4</sup>There is harassment of doctors by the seniors which has led to deterioration of mental health.

Gastroenterology although a subspecialty does contain large number of trainees with huge work burden of increased endoscopy lists, gastrointestinal bleeding roasters and long ward calls. Bullying is not an exception in these specialties like any other clinical specialty. The commonest form of bullying reported are calling by names, unnecessary ridicule in front of other staff, criticizing for poor clinical methods, clinical errors, and assigning extra duties than one is supposed to do. <sup>5</sup> Despite the magnitude of the problem of bullying and measures to address it, it still remains a major issue in all the workplace settings. There is need to address it at war foot settings and the sooner the better.

## **Materials and Methods**

This was a cross Sectional Study done in all the major hospitals. The study duration was 6 months after the approval of research proposal. The sampling method was non-probability convenient sampling. The sample size was of 132 which was calculated with the following parameters. i.e., 90% confidence level, 6.9% margin of error and by taking expected percentage of bullying among junior

doctors from a local study as 63.8% respectively. The pros and cons of the study were explained to all the participants in detail and they were given a choice to voluntarily withdraw from the study if they wish to do so. Two validated questionnaires were used namely brief cope inventory and negative acts questionnaire. The data was analyzed by using SPSS latest version. Frequencies and percentages were used for categorical data and p value of less than 0.05 was taken as significant Following formula was used for sample size calculation.

$$n = \frac{z_{1-\alpha/2}^2 P(1-P)}{d^2}$$

Imran N, Jawaid M, Haider II, Masood Z. Bullying of junior doctors in Pakistan: a cross- sectional survey. Singapore Med J. 2010 Jul 1;51(7):592

## Results

Total 132 post graduate residents were included in this study. Among these residents 105(79.5%) were male and 27(20.5%) were female. Mean age of these post graduate residents was 28.13±2.40. Minimum and maximum age of residents ranges between 22-42 years. There were 40(30.3%) residents who were working in 1<sup>st</sup> year, 43(32.6%) were working in 2<sup>nd</sup> year, 37(28%) warning in 3<sup>rd</sup> year, 4(3%) working n 4<sup>th</sup> year and only 8(6.1%) were working in 5<sup>th</sup> year. Significant associations were found in terms of Getting help and advice from other people, praying or mediating or learning to live with it. with a p value less than 0.05. Being exposed to an unmanageable workload was reported significantly higher in gastroenterology residents accounting for 14.39%. Higher frequencies were found for getting ridiculed, humiliated and given repeated reminders of mistakes as well

Table 1  
Coping strategies from getting bullying (n=132)

	Haven't doing this	Little bit	Medium amount	Doing this a lot
Engaging other activities	30 22.73%	39 29.55%	29 21.97%	34 25.76%
Concentrating on solution	36 27.27%	38 28.79%	36 27.27%	22 16.67%
This isn't real	72 54.55%	39 29.55%	14 10.61%	7 5.30%
Using drugs for feeling better	108 81.82%	17 12.88%	5 3.79%	2 1.52%
Having emotional support	35 26.52%	62 46.97%	27 20.45%	8 6.06%
Giving up	48 36.36%	57 43.18%	20 15.15%	7 5.30%
Taking strive for making situation better	23 17.42%	46 34.85%	32 24.24%	31 23.48%
Self denial that something has occurred	68 51.52%	46 34.85%	11 8.33%	7 5.30%
Getting unpleasant things to escape	41 31.06%	58 43.94%	22 16.67%	11 8.33%
Turning to advice from others	24 18.18%	58 43.94%	34 25.76%	16 12.12%
Using drugs to help me get through it	88 66.67%	26 19.70%	10 7.58%	8 6.06%
Trying to see differently	39 29.55%	45 34.09%	23 17.42%	25 18.94%

Criticizing own self	40	30.30%	44	33.33%	35	26.52%	13	9.85%
Coming up with a strategy	30	22.73%	41	31.06%	38	28.79%	23	17.42%
Getting comfort and word of advice from someone	40	30.30%	48	36.36%	27	20.45%	17	12.88%
Giving up altogether	56	42.42%	52	39.39%	19	14.39%	5	3.79%
Looking for something positive	20	15.15%	47	35.61%	52	39.39%	13	9.85%
Making jokes about it	60	45.45%	37	28.03%	20	15.15%	15	11.36%
Doing something to get it out of thought process	23	17.42%	47	35.61%	34	25.76%	28	21.21%
Accepting it as a reality	31	23.48%	34	25.76%	31	23.48%	36	27.27%
Expressing my negative feelings	44	33.33%	51	38.64%	28	21.21%	9	6.82%
Spiritual belief	16	12.12%	32	24.24%	40	30.30%	44	33.33%
Trying to seek advice from others	31	23.48%	58	43.94%	25	18.94%	18	13.64%
Learning to live with it	31	23.48%	41	31.06%	37	28.03%	23	17.42%
Thinking hard about what steps to take	30	22.73%	35	26.52%	34	25.76%	33	25.00%
Blaming myself for things that happened	44	33.33%	32	24.24%	31	23.48%	25	18.94%
Praying or meditating	24	18.18%	38	28.79%	49	37.12%	21	15.91%
Making fun of the situation	6	4.55%	29	21.97%	23	17.42%	14	10.61%

Table 2  
Negative behavior of Bullying (n=132)

	Never		Now/Then		Monthly		Weekly		Daily	
Holding back information affecting performance	84	63.64%	27	20.45%	11	8.33%	5	3.79%	5	3.79%
Being humiliated	60	45.45%	34	25.76%	13	9.85%	9	6.82%	16	12.12%
Being instructed to function below competence	39	29.55%	48	36.36%	20	15.15%	9	6.82%	16	12.12%
Being devoid of responsibilities	43	32.58%	39	29.55%	28	21.21%	15	11.36%	7	5.30%
Spreading rumors	66	50.00%	35	26.52%	14	10.61%	13	9.85%	4	3.03%
Being ignored and excluded	75	56.82%	29	21.97%	18	13.64%	4	3.03%	6	4.55%
Subjected to insult	72	54.55%	27	20.45%	19	14.39%	6	4.55%	8	6.06%
Becoming target of spontaneous anger	60	45.45%	47	35.61%	14	10.61%	7	5.30%	4	3.03%
Intimidating behavior	87	65.91%	26	19.70%	9	6.82%	7	5.30%	3	2.27%
Hints that you need to quit job	82	62.12%	26	19.70%	16	12.12%	6	4.55%	2	1.52%
Again and again reminders of your errors or mistakes	54	40.91%	48	36.36%	15	11.36%	6	4.55%	9	6.82%
Being ignored or facing hostility	75	56.82%	22	16.67%	18	13.64%	12	9.09%	5	3.79%
Constant criticism of work	64	48.48%	38	28.79%	15	11.36%	10	7.58%	5	3.79%
Ignorance of opinions	45	34.09%	55	41.67%	16	12.12%	9	6.82%	7	5.30%
Practical jokes	83	62.88%	31	23.48%	11	8.33%	3	2.27%	4	3.03%
Being given tasks	73	55.30%	25	18.94%	23	17.42%	7	5.30%	4	3.03%
Getting allegations	86	65.15%	27	20.45%	6	4.55%	10	7.58%	3	2.27%
Scrutiny of your work	47	35.61%	39	29.55%	23	17.42%	12	9.09%	11	8.33%
Pressure not to claim your right	68	51.52%	36	27.27%	11	8.33%	8	6.06%	9	6.82%

Being the subject o extensive teasing	73	55.30%	34	25.76%	15	11.36%	3	2.27%	7	5.30%
Being exposed to an unmanageable workload	55	41.67%	32	24.24%	16	12.12%	10	7.58%	19	14.39%
Physical abuse	88	66.67%	25	18.94%	7	5.30%	5	3.79%	7	5.30%
	No		Rarely		Now/Than		Several Times		Daily	
Bullying in last 6 months	82(62.12%)		31(23.48%)		13(9.85%)		5(3.79%)		1(0.76%)	

Table 3  
Association of Gender & Year of Residency with Coping strategies from getting bullying (n=132)

	p-value	
	Gender	Year of Residence
Getting engaged in other activities	0.719	0.176
Thinking about situation and possible solutions	0.238	0.872
This cant be real	0.686	0.145
Having drugs to feel better	0.621	0.602
Seeking support from others	0.124	0.335
Giving up on efforts to deal	0.881	0.762
Taking steps to make situation better	0.476	0.453
Self denial	0.193	0.929
Saying things to let my unpleasant feelings escape	0.439	0.762
Advice from others	0.002*	0.375
Using drugs to help me get through it	0.481	0.922
Trying to see all differently	0.104	0.692
Criticizing myself	0.217	0.459
Coming up with a strategy	0.163	0.839
Understanding from others	0.007*	0.524
Giving up	0.077	0.378
Looking for positivity	0.072	0.116
Making jokes about it	0.844	0.062
Doing something different	0.007*	0.678
Accepting it as reality	0.223	0.387
Negative thoughts	0.334	0.803
Spiritual help	0.723	0.636
Trying to get advice from others	0.269	0.594
Learning to live with it	0.044*	0.036*
Thinking about the steps to take	0.089	0.610
Self blame	0.694	0.387
Praying or meditating	0.051*	0.105
Making fun of the situation	0.660	0.976

Note: p-value<0.05 (Significant)\*

## Discussions

Bullying has been a major upheaval for the quality of medical education and care across the globe. According to one study the prevalence of bullying in Pakistan doctors is 63.8% which is very high keeping in mind the number of graduating doctors each year and the number of patients a single doctor has to see each day.<sup>7</sup>The prevalence may be actually higher as there may be under reporting to do the fear of getting terminated and reputation tarnished. According to results of this study the majority of bullying victims were in early years of training. Minimum and maximum age of residents ranges between 22-42 years. There were 40(30.3%) residents who were working in 1<sup>st</sup> year, 43(32.6%) were working in 2<sup>nd</sup> year, 37(28%) working in 3<sup>rd</sup> year, 4(3%) working in 4<sup>th</sup> year and only 8(6.1%) were working in 5<sup>th</sup> year.

An enormous amount of damage and harm is due to bullying in the workplace. This can affect the dynamics of workplace environment.<sup>8</sup> The risk factors for bullying are change of administration, bureaucratic nature of top bosses, poor workplace culture, lack of proper support, long working hours, personal jealousies, unclear job descriptions, conflicts, work stress, long sick leaves and favoritism.<sup>9</sup> Similarly, the National Health Service (NHS, UK) include different settings such as medicine and dental disciplines in which bullying with unfortunately no resolute steps to address them.<sup>10</sup> Other reviews on bullying of nurses have found counseling as an effective measure against the negative effects of bullying. D. Ambra & Andrews reported the disastrous impact bullying can have on the education of nurses.<sup>11</sup> However, there is a lack of proper framework or concrete interventions about what works for them in the clinical settings and that is a big question mark.<sup>12</sup>

According to this study, praying was an effective method for addressing the bullying, so was getting advice from others. This was consistent with a study titled "The Mediating and Moderating Effects of Coping Mechanisms Following High School Victimization" which recommended similar strategies for tackling bullying. Rigby and Slee (1999) found that victims of bullying have soaring suicide rates and Ross (1997) did report a significant association between self-harming behavior and suicidal tendencies and the number of perpetrators are enhancing day by day.<sup>13</sup> The Victoria Coroner indicated that 40% of suicide victims have been bullied in school in 2007 (Field, 2013). This is very devastating for the families of those victims of bullying who have experienced it.<sup>14</sup>

## Limitations

The limitations of this study include that data collection was done from hospitals of Peshawar and was a cross-sectional study which is a bias in its own self.

## References

1. Anjum A, Muazzam A, Manzoor F, Visvizi A, Nawaz R. Mediating bullying and strain in higher education institutions: The case of Pakistan. *Sustain.* 2019;11(8):1-11.
2. Verkuil B, Atasayi S, Molendijk ML. Workplace bullying and mental health: A

- meta-analysis on cross-sectional and longitudinal data. *PLoS One*. 2015;10(8):1–16.
3. Nielsen MB, Indregard AMR, Øverland S. Workplace bullying and sickness absence: A systematic review and meta-analysis of the research literature. *Scand J Work Environ Heal*. 2016;42(5):359–70.
  4. Chambers CNL, Frampton CMA, McKee M, Barclay M. It feels like being trapped in an abusive relationship': Bullying prevalence and consequences in the New Zealand senior medical workforce: A cross-sectional study. *BMJ Open*. 2018;8(3).
  5. Smith PK, Bauman S, Wong D. Interventions to Reduce Bullying and Cyberbullying. *Interventions to Reduce Bullying and Cyberbullying*. 2019.
  6. Bairy K, 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(2):87–91.
  7. Naveed S, Waqas A, Aedma KK, Afzaal T, Majeed MH. Association of bullying experiences with depressive symptoms and psychosocial functioning among school going children and adolescents. *BMC Res Notes* [Internet]. 2019;12(1):10–3. Available from: <https://doi.org/10.1186/s13104-019-4236-x>
  8. Imran N, Jawaid M, Haider II, Masood Z. Bullying of junior doctors in Pakistan: A cross-sectional survey. *Singapore Med J*. 2010;51(7):592–5.
  9. Feijó FR, Gräf DD, Pearce N, Fassa AG. Risk factors for workplace bullying: A systematic review. *Int J Environ Res Public Health*. 2019;16(11).
  10. Bradbury S. Adolescent coping strategies for in-person bullying and cyberbullying. 2013;(August).
  11. Cooper J R M Walker J Askew R Robinson J C McNair M. Students' perception of bullying by nursing faculty. *Issues Educ Res*. 2011;21(1):1–21.
  12. Offrey LD, Rinaldi CM. Parent–child communication and adolescents' problem-solving strategies in hypothetical bullying situations. *Int J Adolesc Youth* [Internet]. 2017;22(3):251–67. Available from: <https://doi.org/10.1080/02673843.2014.884006>
  13. Smith PK. Commentary: Types of bullying, types of intervention: reflections on Arseneault (2018). *J Child Psychol Psychiatry Allied Discip*. 2018;59(4):422–3.
  14. Fahie D. Doing sensitive research sensitively: Ethical and methodological issues in researching workplace bullying. *Int J Qual Methods*. 2014;13(1):19–36.