

Bullying among trainee doctors in southern India: A questionnaire study

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ABSTRACT

Background: Workplace bullying is an important and serious issue in a healthcare setting because of its potential impact on the welfare of care-providers as well as the consumers. **Aims:** To gauge the extent of bullying among the medical community in India; as a subsidiary objective, to assess the personality trait of the bullying victims. **Settings and Design:** A cross-sectional, anonymous, self-reported questionnaire survey was undertaken among a convenient sample of all the trainee doctors at a Government Medical College in Tamil Nadu, India. **Materials and Methods:** A questionnaire, in English with standard written explanation of bullying was used. Basic information like age, sex, job grade and the specialty in case of Postgraduates (PGs) were also collected. **Statistical Analysis:** The results were subjected to descriptive statistical analysis and Chi-square test for comparison of frequencies. **Results:** A total of 174 doctors (115 PGs and 59 junior doctors), took part in the study with a cent percent response. Nearly half of the surveyed population reported being subjected to bullying. Nearly 54 (53%) of the men and 35 (48%) of women were subjected to bullying. Significant proportions ($P < 0.0001$) of medical personnel and paramedical staff bullied the PGs and junior doctors, respectively. More than 85 (90%) of bullying incidents went unreported. A significant ($P < 0.0001$) percentage of PGs and junior doctors revealed a personality trait towards bully. **Conclusions:** Workplace bullying is common among trainee doctors and usually goes unreported.

KEY WORDS: Humans, medical students or physicians, prejudice or bullying, social behavior

Bullying is defined as a repeated pattern of aggressive behavior that escalates over time and causes victimization in the subject who is unable to defend himself or herself.^[1] It is bad for every organization and activity since it destroys teamwork, commitment and morale. Workplace bullying seems to be a universal phenomenon that cuts across several professions^[2] and the medical community is not immune to this endemic disease.^[3-6] Studies have confirmed that there is a strong association between victimization (due to bullying) and stress, anxiety, depression and intention to leave.^[7,8] It is an important and serious issue because it not only adversely impacts the health of the bullied (staff) but also the quality of healthcare and patients.^[9,10]

Bullying amongst junior doctors and professionals has been studied only in developed countries^[4,5,11-13] and has received limited, if any, attention in India and developing countries.^[14] This study was carried out to determine the prevalence of persistent and serious bullying amongst junior doctors, identify its sources and determine if any personality trait pointed towards being a "bully".

Materials and Methods

A cross-sectional questionnaire survey was conducted among junior doctors in training (compulsory rotatory resident interneers; CRRIs equivalent to house officers elsewhere) and postgraduate students (PGs) of different specialties in a Government Medical College, in a metropolitan city in Tamil Nadu, India, after obtaining the approval from the institutional ethical committee. The study was carried out over a four-month period beginning January 2005. A convenient sample of 174 subjects (at any given time, approximately 1500 CRRIs and 3000 PGs serve throughout the state of Tamil Nadu) took part in the study. Standard written explanation of bullying^[15] was provided to the participants, who were advised to read it prior to filling the actual questionnaire. An anonymous questionnaire, in English, was then administered to the participants in person during their duty period and was collected immediately upon completion. The survey included four questions on bullying. The stem question, derived from one used by Hicks:^[9] "In this post, have you been subjected to persistent behavior by others which has eroded your

professional confidence or self-esteem?" The analysis of differences between genders was calculated using the Chi-square test.

The questionnaire also included six selected items of a psychometric test based on Myers-Briggs type indicator to understand how the participants make decisions according to others' values and needs,^[16] so as to obtain an idea about whether they were more of thinkers or feelers. Likert type scale ranging from 'strongly agree' to 'strongly disagree' interposed with 'uncertainty' was used to elicit the responses.

On the whole, the questionnaire (Annexure 1) comprised six items pertaining to bullying, four items regarding the traits that point whether a person was a thinker or a feeler and one item regarding job satisfaction. Cronbach's alpha^[17] was used to estimate the internal consistency of the scales and the alpha varied between 0.74 and 0.87. The results were subjected to descriptive statistical analysis and Chi-square analysis for comparison of frequencies.

Table 1: Characteristics of study participants classified according to being bullied or not

Variables (n=174)	Bullied (n=89)	Not bullied (n=85)	X ² , P value, df
Occupational group			
CRRRI	53 (89.8)	6 (10.2)	51.139, <0.0001, 1 (CI: 2.16-3.812)
Postgraduate students	36 (31.3)	79 (68.7)	
Gender			NS
Male	54 (52.9)	48 (47.0)	
Female	35 (48.6)	37 (51.3)	
Age (years)			
18-30	73	53	22.164, <0.0001, 1 (CI:1.815-6.659)
31-50	8	40	

CRRRI - Compulsory rotatory resident internees

Results

One hundred and seventy-four subjects (102 males), who were approached for participation, agreed to do so. They included 59 CRRIs and 115 PGs. As shown in Table 1, 89 subjects reported having being bullied. The proportion of subjects bullied amongst CRRRI was as high as 89%. The proportion of subjects bullied was also significantly higher amongst individuals aged below 30 years ($P<0.0001$) It is pertinent to note that all the CRRIs belonged to the younger age-group category [Table 1]. The PGs were subjected to bullying by the medical personnel ($P<0.0001$; CI: 0.075-0.46), while paramedical personnel were the ones who were most frequently incriminated by the CRRIs ($P<0.0001$; CI: 1.66-1.70) [Table 2].

Irrespective of the group to which they belonged more than 85 (95%) bullying went unreported. Reports of bullying did not vary by job grade. Nearly 20 (20%) of those bullied were not sure how to complain, another 19 (20%) were afraid of the consequences, while 21 (20%) had other reasons for not complaining.

An agreement for each of the first six items [Table 3] added to the score that one has the traits of a thinker and the higher the score one is considered as a potential bully and lower the score one is more likely to be a feeler. Upon analysis there was no significant difference between men and women with four of the six items, except with respect to two items; a) that a superior should always be tough on subordinates and b) it is not important that one should like and be liked at work. However in general, irrespective of sex both men and women scores were high pointing that the majority of them were thinkers rather than feelers.

There was no significant difference between men and women with respect to overall job satisfaction and nearly 50% of the subjects had job satisfaction.

Table 2: Workplace bullying-trainees' seniority and reporting status

Question	Compulsory rotatory resident internees	Postgraduate students	Total
In the current post, have you been subjected to persistent behavior by others which has eroded your professional confidence or self-esteem (self-report)?			
Yes	53 (89.83)	36 (31.13)	89 (51) $P<0.0001$ CI:2.16-3.812
If 'Yes', which of the following is the main source of undermining or harassing?			
Administrators	3 (4.3)	2 (3.4)	5 (2.8) NS
Medical personnel	4 (5.8)	23 (39.6)	27 (15.5) 0.0001 CI:0.075-0.46
Para-clinical	47 (68.1)	15 (25.86)	62 (35.6) 0.0001 CI: 1.66-1.70
Patients, relatives	4 (5.8)	7 (8.6)	11 (6.3) NS
Office staff	3 (4.3)	5 (8.6)	8 (4.5) NS
Others	8 (10.6)	6 (10.3)	14 (8) NS
Have you complained to anyone about this?			
Yes	1 (1.9)	3 (8.3)	4 (4.5)
No	52 (98.1)	33 (91.7)	85 (95.5)
If 'No', what is the main reason why you have not complained?			
Not sufficiently serious	5 (8.2)	10 (26.3)	15 (16.8) 0.0208 CI:0.1152-0.842
Afraid of consequences	11 (18)	8 (21)	19 (21.3) NS
Not sure how to complain	16 (26.2)	4 (10.5)	20 (22.4) NS
Thought that the problem would go away	5 (8.2)	4 (10.5)	9 (10.1) NS
Dealt with it myself	6 (9.8)	9 (23.6)	15 (16.8) NS
Others	18 (29.5)	3 (7.8)	21 (23.5) 0.0116 CI: 1.79-1.845

The values in parenthesis are % score within the corresponding group. NS = Not significant, n = Number of respondents, CI = Confidence interval

Table 3: Men and women showing personality trait pointing towards a bully

Item	Agree		Disagree		P value	CI
	Male	Female	Male	Female		
It is better to settle a dispute on the basis of fairness rather than feelings (emotions)	87	64	5	NS		
It is always better to confront issues head on	66	40	17	11	NS	
A superior should always be tough on subordinates	33	30	51	21	0.033	0.4700-0.9494
Justice is more important than mercy	70	48	17	5	NS	
It is not important that one should like and be liked at work	35	41	49	11	0.0001	0.3956-0.7060
There is no need to get tense or upset while giving a negative feedback	85	63	9	2	NS	
The overall job satisfaction is good	67	44	21	19	NS	

NS = Not significant, CI = Confidence interval, figures are actual numbers

Discussion

Bullying is akin to an endemic disease that runs across borders and cultures. It is also prevalent amongst the medical community and is seen in professional, research, teaching and administrative fields.^[18] In the present study that dealt with bullying amongst junior doctors, approximately 50% of the subjects reported having being bullied, a percentage higher than that reported in a study carried out in the UK.^[4] The study suggests that bullying could be a significant problem in the country. For various reasons, bullying is generally under-reported. However, it is a matter of concern that in this study only 10% of subjects reported bullying in contrast to 67% doing so in the UK.^[4]

The comments by seniors on the failures to meet the standard of expected competence are felt as being bullied by junior colleagues. The former think they are firm but fair and the comments are an inevitable part of the relationship between trainee and trainer. The accuser feels bullied by such behavior that the accused perceives as reasonable.^[19] Such disagreements seem to be the doctors' additional dilemma, especially in a teaching institution. However, it is pertinent to note that even perceptions of bullying can have a negative impact on the overall climate and outcome of the workplace.^[20] This fact has been recently fortified by Stebbing *et al.*,^[21] who have reported dissatisfaction with the post, wanting to change supervisors and inadequate clinical commitment of those subjected to bullying.

It has been reported that bullying others was related to aggressiveness, self-esteem and anxiety.^[22] A positive and significant relationship between depressive symptoms and bullying others was revealed for both boys and girls.^[23]

In general, in the present study, the scores pointed that "thinkers" outnumbered "feelers". In this scenario, it is possible that those who are presently being bullied could turn out to be tomorrow's bullies. At this juncture it is pertinent to mention that the results of the present study should be considered preliminary. The personality trait and the potential bully, the questionnaire in the present study was mainly based on an article by Paice and Firth-Cozens,^[24] which in turn is based on the concept of the "thinker/feeler trait".^[21]

As far as the medical profession is concerned, women remain at a risk of sexual harassment by significant others, including

patients, despite the power they acquire through medical training.^[13] In India a web-based survey found that incidents of workplace-related sexual harassment do exist and the victims were mostly young and/or relatively powerless women, such as rural folk (seeking care in urban health facilities), PGs, field staff and contract employees.^[14]

The study had some inherent weaknesses: The prevalence may not be representative of the country, since the study was carried out in only one institute using a convenience sample. The method used to determine the trait of a person, as a likely potential bully has not been validated and subject to scrutiny. In addition, the study has not focused into the details of bullying, like the type, frequency of bullying. The socioeconomic status, religion and caste of the participants may have a significant bearing on the results. However, these were not elicited for social and ethical reasons.

The problem of bullying needs to be addressed in right earnest. A few measures for tackling the issue are suggested: acknowledging existence of the problem could be the starting point. Next, anti-bullying policies need to be developed, disseminated and implemented. As of now no such policies have been enunciated. Standards of behavior within the workplace, which could include a commitment on the part of employees to interact openly should be established and communicated to all employees. Information sessions could be used to increase the awareness of bullying as an organizational problem. Victims should be provided with support and access to dispute-resolution procedures.^[1,25] Measures like teaching the appropriate skills to those who deal with bullying, personal development of consultants or others who interact inappropriately, program for trainees to tackle bullying effectively and appropriate reward-punishment for the concerned.^[26] Developing role models would also be helpful in this regard.^[27,28]

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Bullying survey questionnaire

Dear Sir/Madam,

We are undertaking a research on bullying undergone by people at the workplace. Though you may already know about bullying, we have provided the accepted meaning of 'bullying', so that it would facilitate in answering the accompanying questionnaire.

What is bullying?

If you are:

- constantly subjected to destructive criticism - your achievements are ignored
- forever subjected to trivial fault-finding, personal remarks or bad language
- degraded, teased, ridiculed, undermined, threatened, shouted at, embarrassed, humiliated, especially in front of others; doubts are expressed over your performance - but, doubts lack evidence
- ignored, sidelined, marginalized, isolated and excluded from what's happening
- treated differently (e.g., others can come at anytime but if you are 1 min late it's an offense)
- the target of unwanted sexual behavior
- set unrealistic, unachievable goals and deadlines or changed without notice or reason
- denied information or knowledge necessary for undertaking work and achieving objectives starved of resources, sometimes whilst others often receive more than they need
- denied support
- overloaded with work or no work allotted (or replaced with menial jobs, e.g., making coffee) have your responsibility increased but your authority removed
- Your work stolen and copied - the bully then presents your work as their own (research work etc.)
- refuses to communicate, avoids eye contact - instructions are received via memos or messengers
- subjected to excessive monitoring, supervision, snooping, etc.
- subject of written complaints by others - trivial or bizarre complaints ["He looked at me in a funny way"]
- forced to work long hours, often without remuneration or under threat
- leave denied or canceled, harassed by calls when on leave, harassed with intimidating memos agree job description, the bully often deliberately makes your role unclear invited to "informal" meetings which turn out to be disciplinary hearings
- denied representation at meetings, under threat of further disciplinary action encouraged to feel guilty and to believe you are always the one at fault
- subjected to unjustified verbal or written warnings facing unjustified disciplinary action on trivial or false charges

Source: <http://www.successunlimited.co.uk/bully/bully.htm> accessed on September 30, 2004

When you are/were subjected to any of these mentioned above (in the present post), that means, you have been bullied. With this in background we would like to know the prevalence of bullying at the workplace (in Indian medical institutions). Kindly fill in the accompanied questionnaire. Please note that all the items including the basic details are to be filled in. Note: Do not write your name

Thank you for your kind cooperation
Research team

Dear Sir/Madam,

Kindly respond with a tick mark you consider appropriate, in the box. Please answer all the questions including the basic details asked for. Please do not write your name.

Thank you again

a) Age: Yrs..... b) = Status CRRI =1 PG diploma =2 Degree =3 PG super specialty =4 Non-PG resident =5c) PG specialty (Specify).....d) Gender: male = 1 female = 2

No. Statement

Response

1. In the current post, have you been subjected to persistent behavior by others which has eroded your professional confidence or self-esteem (self-respect)? Yes No Don't know
2. If 'Yes', which of the following is the main source of bullying (Tick appropriate box; there can be more than one answer also)
 - a) Administrators (Dean, Principal, Vice-principal, Superintendent)
 - b) (Medical personnel) HOD, Unit chief, Assistant Professor, Lecturer, Tutor, etc.
 - c) Paraclinical (Nurse, midwife, radiographer, theatre assistant etc)
 - d) Patients, relatives
 - e) Office staff
 - f) Others (please specify)
3. If 'Yes' have you complained to any one about this? Yes No Don't know
4. If 'No', what is the main reason why you have not complained? (Tick appropriate box; there can be more than one answer also)
 - a) Not sufficiently serious
 - b) Afraid of consequences
 - c) Not sure how to complain
 - d) Thought that the problem would go away
 - e) Dealt with it myself
 - f) Other reason (Please specify in a line)

In my opinion.....

No. Statement

Strongly agree Agree Uncertain Disagree Strongly disagree

5. It is better to settle a dispute on the basis of fairness rather than feelings (emotions)
 6. It is always better to confront issues head on
 7. A superior should always be tough on subordinates
 8. Justice is more important than mercy
 9. It is not important that one should like and be liked at work
 10. There is no need to get tense or upset while giving a negative feedback
 11. The overall job satisfaction is good
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