

ORIGINAL ARTICLE

Workplace Bullying and Harassment among Health Care Professionals

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ABSTRACT

Aim: To determine prevalence of workplace bullying and its effects on doctors at LUMHS Jamshoro.

Study design: Cross sectional survey.

Place and duration of study: Liaquat University of Medical & Health Sciences Jamshoro from 1st January 2021 to 31st March.

Methodology: Seventy five postgraduate residents, house officers and medical officers were selected randomly, all were interviewed by questionnaire. Questions were asked regarding any incident of bullying, aggression, violence, and harassment during hospital duty hours. Which behavior they faced and what was the reason of that behavior; asked from participants. The data was entered and analyzed using the SPSS 22.

Results: Seventy four (98.66%) were females and 1 (1.33%) was male with mean age of 27.3±4.7 years. 51 [68%] have been subjected to being bullied. Main source of harassing was by administration in 12%, faculty in 34.66%, senior colleagues in 42.66% colleagues 16%, paramedics 15%, and patient's attendants in 13%. Effects noticed on personality/ behavior were sadness in 41.33%, aggression 32%, confrontation change in sleep 12%, health complaints in headache/ palpitations 34.66%, loss of interest in activities 41.33%, poor performance at work 18.66%, lack of confidence 46.66%, fear to go to work place 20% and avoiding bullier in 29.33%.

Conclusion: Prevalence of bullying was 68% among health care professionals interviewed in this study. Violence towards medical caretakers is expanding day by day. Serving in safe and healthy surroundings is the basic right of every health care worker to take healthy decisions to give quality patient care.

Keywords: Bullying, harassment, Violence, Doctors, Health care worker

INTRODUCTION

Bullying can be characterized as "tireless, hostile, harmful, scary, malevolent or offending conduct, maltreatment of force or ridiculous reformatory assents, which makes the recipient feel irritated, undermined, embarrassed or defenceless and subverts their self-assurance and may make them endure pressure.¹ Harassing is an all-inclusive wonder that happens in different professions, and the medical profession is in no way, shape or form an exemption. There is proof that undergraduates, postgraduate trainee, experts, specialists undertaking research just as other medical services experts, including medical attendants as nursing staff, experience the ill effects of provocation or then again bullying^{2,3}.

Work environment harassing is a huge issue because of its antagonistic effect on the wellbeing and well-being of influenced people. It has been related with undeniable degrees of occupation instigated pressure, tension, gloom, focus issues, uncertainty and absence of activity. Staff who have been tormented have additionally been found to have essentially lower levels of occupation fulfilment and are bound to have an aim to leave the job. Harassing has all the more as of late been related with the detailing of conceivably genuine clinical errors⁴⁻⁶.

Albeit harassing among health professionals has been concentrated broadly in the developed world, it has gotten little consideration in developing nations. Notwithstanding, there have been a few studies led in Pakistan that surveyed the degree of tormenting among subjects and alarmingly high rates of bullying have been reported in Pakistan^{3,7,8}.

Medical care populace is confronting intense issues among them working environment brutality is one of the serious issues looked by wellbeing industry in terms of its extent and recurrence. Working environment brutality is a troubling circumstance all absurd and precise weight of this perilous circumstance isn't known on the grounds that considers are showing just a glimpse of something larger^{9,10}.

Bullying of doctors is very serious issue globally and especially very prevalent in country like Pakistan where law and order situation is not in control. As doctors are front line workers and are being victimized to be bullying by everyone from patient, its attendant, seniors, faculty and administration. The quality of care of patient is related directly with the performance of health care workers. Ultimately qualitative patient care is our goal and to achieve this we have to provide safe, healthy friendly environment to our frontline workers. This study was intended to know about various aspects of bullying and its effects on doctors.

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MATERIALS AND METHODS

A cross-sectional survey was conducted at LUMHS Jamshoro from 1st January 2021 to 31st March 2021 and comprised 75 postgraduate residents, house officers and medical officers. Consent was taken from participants. The doctors were interviewed by questionnaire. The questionnaire was asked in order to encourage participation. It was administered and collected immediately upon completion by the data collection team. The primary part of the survey gathered segment data age, sexual orientation, schooling status soon of the doctors. Then next were asked regarding any incident of bullying, aggression, violence, and harassment during hospital duty hours. Which behavior they faced and what was the reason of that behavior; asked from participants. Questionnaire contained more questions regarding bullying and its social psychological effects. Participants were assured that none will know about your identity and no will recognize you so that actual data can be gathered. The data was entered and analyzed using the SPSS 22.

RESULTS

There were 74 (98.66%) female and 01 (1.33%) male with mean age of 27.3±4.7 years. 20% were house officer, 61.33% were postgraduate residents and 18.66% were medical officers. 88% were posted at Department of Gynecology and Obstetrics and 12% were related to other Departments. 51 [68%] have been subjected to discriminate behavior by others which eroded their professional confidence or self-esteem. Main source of undermining or harassing was by administration in 12%, faculty in 34.66%, senior colleagues in 42.66% colleagues 16%, paramedics 15%, and patient's attendants in 13%. 26% have complained anyone about that behavior while 53.33% didn't. The ways of discriminate behavior were mocking/ scoffing/ making hurtful comments in 42.66%, discouragement on work done in 45.66%, giving too much assignments/workload 22.66%, exclusion from classes/practical work/ward rounds/ OT list in 18.66%. Effects noticed on personality/ behavior were sadness in 41.33%, aggression 32%, confrontation change in sleep 12%, health complaints in headache/ palpitations 34.66%, loss of interest in activities 41.33%, poor performance at work 18.66%, lack of confidence 46.66%, fear to go to work place 20% and avoiding bullier in 29.33% (Table 1).

Table 1: Descriptive statistics of participants who faced bullying behavior

Variable	No.	%
Gender		
Male	1	1.33
Female	74	98.66
Age (Years)		
20-25	24	32.0
26-30	40	53.33
31-35	8	10.66
>35	3	4.0
Designation		
House Office	15	20.0
Postgraduate	46	61.33
Medical Officer	14	18.66
Department		
Gynecology& Obstetrics	66	88.0
Others	9	12.0

Have you been subjected to discriminate behavior by others which eroded your professional confidence or self esteem		
Yes	51	68.0
No	22	32.0
If yes which of the following is the main source of undermining or harassing?		
Administration	9	12.0
Faculty	26	34.66
Senior Colleagues	32	42.66
Colleagues	12	16.0
Paramedics	15	20.0
Patients attendants	22	32.0
Have you complained anyone about this?		
Yes	20	26.66
No	40	53.33
If yes what was outcome		
Satisfactory	4	5.33
Unsatisfactory	16	21.33
If no then what was the reason		
Not sure how to complain	11	14.66
Afraid of consequences	17	22.66
Dealt with myself	8	10.66
Not considered as serious	12	16.0
It is worthless or of no benefit	19	25.33
What were the ways of discriminate behavior?		
Mocking/ scoffing/ making hurtful comments	32	42.66
Discouragement on work done	34	45.66
Giving too much assignments/ workload	17	22.66
Exclusion from ward rounds/OT list	14	18.66
Physical violence	5	6.66
Verbal abuse	10	16.0
Effects you noticed on your personality/ behavior?		
Sadness	31	41.33
Aggression	24	32.0
Change in Sleep	9	12.0
Suicidal thoughts	5	6.66
Headache/ palpitations	24	32.0
Loss of interest in activities	31	41.33
Poor performance at work	14	18.66
Lack of confidence	35	46.66
Fear to go to work place	15	20.0
Avoiding bullier	22	29.33
Suicidal thoughts	7	9.33
Thinking of quitting job/training	13	17.33
Thinking of change of department	22	29.33
Thinking of change of profession	4	5.33
Did you get treatment from Psychiatrist?	5	6.66

DISCUSSION

Working place bullying is a major issue in medical services laborers in light of the fact that the functioning conditions are now distressing, requesting and sincerely debilitating. An amateurish conduct that influences the nobility at work environment will stay a question mark. It is an essential right of all to give them medical care administrations without dread of being a survivor of working environment harassing. The functioning day of workers ought not to initiate with stressing over being badgering, harassed or threatened in the work environment. Essentially, days at the work environment ought not to be loaded up with tormenting. It requires genuine concentration and need to build up a solid culture at the working environment. This will expect measures to forestall or diminish the frequency of working environment tormenting and proper disciplinary activities against capable people. Arrangement of a protected and positive workplace, where individuals flourish instead of upset, is the duty of each business. On the off chance that workers have a feeling of control, achievement and independence, it will result in advantage of the associations and improved soundness of workers. The

harassing free workplace can expand the profitability of representatives which will prompt upgraded work execution.¹¹⁻¹⁴

Bashir¹⁵ in his survey of bullying among 108 health care professionals, he concludes that bullying leads to job dissatisfaction. Maaari¹⁶ in his cross sectional survey of 90 nurses at Civil Hospital Karachi, reported 35% prevalence of bullying, physical violence (46.7%), verbal harassment (52.2%), bullying (27.8%) and sexual harassment (15.6%). A large portion of the savagery was endeavored by patients and their relatives and most of sexual abuse was witnessed by female nurses and majority of them were attempted by staff and co-workers while we conducted this cross sectional survey in sample size of 75. We did not enquire about sexual harassment faced by lady doctors.

León-Pérez¹⁷ in his systemic review of 97 papers, more than 220,000 workers globally, reported alarming prevalence ratio in under developed countries such as those from South America, Asia, Pacific and Middle Asia regions.

Imran¹⁸ in his cross sectional survey of 654 doctors, reveals the 63% of prevalence, 50% of harassment is by consultants and teaching faculty with Persistent unjustified criticism in half of cases, among them 73% didn't complained to anyone. The physical violence against doctors and nurses reported 16.2 and 21.9 per 1,000, respectively in literature while in our study 6.66% cases reported.¹⁹ Indian study have reported that about half of junior doctors are bullied, the majority by consultants, while we observed 34% bullying by faculty.²⁰

If we will find the routes of bullying behavior, we will find it in our culture. The youngsters are told to obey and follow elder ones. We cannot criticize on social norms and rules made by our ancestors. So this leads to high prevalence for this behavior. Conversation or looking for explanation isn't supported in the home and in schools; rather, it is viewed as inconsiderate and discourteous. These practices are regularly still seen as a component of the learning interaction and are not considered excessively brutal by most of guardians. The ideas of mentorship and guiding offices for specialists are as yet in their outset in Pakistan. The students have to be yes men, they can't argue with the orders whatever it is asked, and if one doesn't obey he is being victimized. And behind bullying by patients and attendants media has a key role. In country like Pakistan the journalism is at its worst situation. Electronic and print media have made a bad image of health care workers among society. Public always feel doctor and paramedic negligence in any case of complication.

CONCLUSION

Violence towards medical caretakers is expanding step by step and associations neglect to give the good preventive measures to shield the medical caretakers from brutality. Health care workers are actually and loudly mishandled by patients and their family individuals. Serving in safe and healthy surroundings is the basic right of every health care worker to take healthy decisions to give quality patient care so policy makers needs to take preventive measures to protect nurses from violent patients and their families.

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