

Bullying and harassment at workplace: Are we aware?

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An unprofessional and unwanted behaviour that affects the dignity of people at the workplace is unacceptable. This serious and unprofessional behaviour which may be related to sex, age, religion, race, disability, ethnic origin, cast and creed or any personal characteristic is called "Bullying."¹ It is not easy to define. There has been no one single definition as it takes different forms and appears in a variety of situations. It can be defined as "persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient."² It aims to frighten or hurt another person through offhand remarks and microaggressions, insults, rumours, threats, humiliation, defamation, and even physical attacks. A person uses his power in unjustifiable manner over a vulnerable colleague or an employee is called a "bully", which has been considered a swearing word in the professional circuits.

Bullying is well recognized among the medical health care professionals all around the world, including medical students, junior doctors and also the senior specialists. According to a survey, more than 50 % medical students in Pakistan have faced bullying and harassment mainly in the form of verbal abuse.³ A survey from United States has shown that vindictiveness, bad references, humiliation and harsh behaviour with medical school is common.⁴ A study carried out in a National Health Service community trust in United Kingdom found that 1 in 3 staff reported being bullied in the previous year.⁵ Another UK study has shown that 37% of junior doctors reported being bullied and 84% had experienced bullying behaviour at least in one year.⁶ Stress and bullying are common in doctors undertaking research. These findings have important implications for medical training and for doctors choosing research projects in UK.⁷ Similar findings from a survey of junior doctors from New Zealand where 50% of the respondents experienced bullying mainly by the consultants and nurses.⁸ In Republic of Ireland, 30% of the doctors who responded to survey had similar experience and non EU doctors are more effected than EU doctors.⁹ Manifestations of bullying shown in a study of specialists in Pakistan include spreading rumours, defamation, unkind and derogatory remarks, false accusation, threats, verbal and physical abuse, blocking promotion, humiliation, questioning credentials and giving bad references.¹⁰

Bullying behaviour is a multifactorial phenomenon.

Feeling of insecurity, jealousy, disturbed psychodynamics, personality traits, internal conflicts, personal inadequacies and possible genetic predisposition are among the few reasons.

Anecdotal evidences suggested that doctors have been less likely to admit to experiencing bullying and harassment compared to other healthcare workers. Seeking help might have been perceived as an admission of failure or even considered as antisocial. Many doctors suffer a lot from bullying and harassment. They keep in silence for fear that their own career progression would be affected. They might consider it as 'part of the job'.¹¹ Research analyses on direct experience of bullying indicated that more than half of sufferers discuss with family and friends and look for new jobs, while 42% talked with colleagues. Only 9% - 18% of effected persons put a formal complaint.^{8,11} It can cause significant stress which can lead to anxiety, depression, and substance abuse and may result in serious mental health disorders among the health care professionals.

Many bullied health care professionals including medical students, health care assistants, whether a nurse or paramedical staff, junior doctor, trainee or a specialist are unsure how to access assistance and very often feel helpless. At institutional level, developing a policy alone is not enough, implementation of policies is more important. Developing awareness among the employees will be pivotal. Encouraging employees to actively reporting and then acknowledging the incidents and appropriate disciplinary actions against responsible persons should be considered to develop a bullying free culture.

Providing health care service without a fear of being a victim of unprofessional behaviour is the right of all. Somebody has to take the responsibility to develop a healthy culture at the workplace. Department of Health in Pakistan might have an existing up to date policy, but is not accessible to public and personal communication has revealed that many of government employees have never even heard of such a policy. Pakistan Medical Association, as a recognized body, aims to protect the rights of doctors, should consider playing an important role in protecting their members by providing a strong supporting platform. College of Physicians and Surgeon of Pakistan can also promote a policy of bullying free training by obtaining a mandatory report of any bullying event during the training period at the time of assessing junior doctors training.

Bullying is a type of mental torture and should be considered as the violation of human rights.¹² Hence, the civil society and human right activists in the country should play their role. This can be helped by organizing workshops and seminars and lecture series to increase the awareness and make medical practice at workplace happy and healthy for all.

Considering the country's political and security conditions, anarchy and corruption at legal and policing levels, it seems a dream to have a bullying free culture in our hospitals. However, we shall not let our healthy desire die down. The days will come!

References

1. Defining workplace bullying and harassment. (Online) 2010 (Cited 2006 May 17). Available from URL: www.bma.org.uk/employmentandcontracts/morale_motivation/b.
2. Chartered Institute of Personnel and Development. Managing conflict at work: a survey of the UK and Ireland. 2004: London: CIPD.
3. Ahmer S, Yousafzia AW, Bhutto N, Alam S, Sarangzai AK, Iqbal A. Bullying of Medical Students in Pakistan: A Cross-Sectional Questionnaire Survey. PLoS one 2008; 3: e 3889.
4. Frank E, Carrera JS, Stratton T, Bickel J, Nora LM. Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey. *BMJ* 2006; 333: 682.
5. Quine L. Workplace bullying in NHS community trust: staff questionnaire survey. *BMJ* 1999; 318: 228-32.
6. Quine L. Workplace bullying in junior doctors: questionnaire survey. *BMJ* 2002; 324: 878-9.
7. Stebbing J, Mandalia S, Portsmouth S, Leonard P, Crane J, Bower M, et al. A questionnaire survey of stress and bullying in doctors undertaking research. *Postgrad Med J* 2004; 80: 93-6.
8. Scott J, Blanshard C, Child S. Workplace bullying of junior doctors: cross-sectional questionnaire survey. *NZ Med J* 2008; 121: 10-4.
9. Cheema S, Ahmad K, Giri SK, Kaliaperumal VK, Naqvi SA. Bullying of junior doctors prevail in Irish Health system: a bitter reality. *Ir Med J* 2005; 98: 274-5.
10. Gadit AA, Mugford GA. A pilot study of bullying and harassment among medical professionals in Pakistan, focussing on psychiatry: need for a medical ombudsman. *J Med Ethics* 2008; 34: 463-6.
11. Reporting bullying behaviour. (Online) 2010 (Cited 2006 May 17). Available from URL: www.bma.org.uk/employmentandcontracts/morale_motivation/b.
12. Basolglu M, Livanou M, Crnobaric C. Torture vs other cruel, inhuman and degrading treatment: Is the distinction real or apparent? *Arch Gen Psychiatry* 2007; 64: 277-85.