Bullying of Trainee Psychiatrists in Pakistan: A Cross-Sectional Questionnaire Survey

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Objective: Bullying is widely prevalent in health care organizations and medical institutions. It leads to stress, anxiety, depression, sickness absences, and intention to leave the job. This issue has not been studied widely and thoroughly in most developing countries.

Methods: The authors surveyed all postgraduate psychiatry trainees in the College of Physicians and Surgeons, Pakistan, with a cross-sectional questionnaire. In addition to sociodemographic data, the questionnaire included a bullying scale that asked whether the respondents had experienced in the preceding 12 months any of the 21 bullying behaviors listed and who had perpetrated the bullying.

Results: Out of 84 psychiatry trainees registered with the College of Physicians and Surgeons in May 2007, 60 participated in the survey. Eighty percent of participating trainees reported experiencing at least one bullying behavior in the preceding 12 months. There was no significant association between likelihood of experiencing bullying and any of the sociodemographic variables. However, in view of the small number of psychiatry trainees in Pakistan, this finding needs to be interpreted cautiously. Consultants were the most likely perpetrators of bullying.

Conclusion: Most postgraduate psychiatry trainees in Pakistan have experienced bullying. Measures need to be taken to increase awareness of what constitutes bullying and how it affects its victims. It may be necessary to introduce antibullying policies at least at the organizational level.

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Bullying has been defined as “persistent behavior against an individual that is intimidating, degrading, offensive, or malicious and undermines the confidence and self-esteem of the recipient” (1). It has been further classified by Rayner and Hoel (2) into five categories: threat to professional status, threat to personal standing, isolation, overwork, and destabilization. Several studies have shown that workplace bullying leads to anxiety, depression, intention to leave the job, and sickness absences (3, 4). According to a U.K. estimate, workplace bullying costs employers £80 million from lost workdays and up to £2 billion in lost revenues each year. It is also responsible for 50% of stress-related workplace illnesses (5).

Health professionals, particularly junior doctors-in-training, are frequent victims of bullying (3, 6–9). In a survey of junior doctors in the United Kingdom, 37% of respondents reported having experienced bullying in the last 12 months, although 84% reported having been subjected to one or more of the bullying behaviors described on a bullying scale (6). In a study of U.S. residents, 93% of respondents reported experiencing at least one incident of perceived mistreatment, while 53% reported being belittled or humiliated during their internship year by more senior colleagues (7). Hoosen and Callaghan (9) reported that in a survey of psychiatry trainees in West Midlands, United Kingdom, 47% of trainees endorsed having experienced one or more bullying behaviors in the previous year. In a similar study of trainee doctors from Southern India, 53% of men and 48% of women reported having experienced bullying (10). Almost half of U.S. women physicians reported having experienced harassment during their careers (11).

With a population of almost 165 million, Pakistan is the sixth most populous nation in the world (12). Altogether, there are an estimated 300 to 350 psychiatrists in Pakistan, which adds up to a psychiatrist to population ratio of about
1 psychiatrist per 500,000 people (13). Keeping the above figures in mind, it seems abundantly clear that Pakistan needs to train a large number of psychiatrists to meet the mental health needs of its population. Doctors are more likely to train in any specialty if, in general, it offers a learning environment that is attractive and conducive to learning. There has been some research on stress and job satisfaction in Pakistani physicians (14, 15). There have been two recently published studies reporting data on bullying of consultant psychiatrists (16) and medical students (17) in Pakistan. However, we have not come across any research on bullying faced by postgraduate trainees in Pakistan. In this study, therefore, we have tried to assess the prevalence of bullying faced by postgraduate psychiatry trainees in Pakistan and to see if any sociodemographic variables make it more likely for someone to be bullied.

**Methods**

The study was granted ethical approval by the ethical review committee of the Aga Khan University in Karachi. The intended sample for this study was all the postgraduate trainees registered with the College of Physicians and Surgeons, Pakistan, for either fellowship or diploma in psychiatry. Trainees registered in other subjects were not included.

We obtained the number and names of trainees registered for fellowship or diploma in psychiatry from the College of Physicians and Surgeons registration department and the list and addresses of all the teaching hospitals approved for training in psychiatry from the College of Physicians and Surgeons web site (18). Nineteen teaching hospitals are approved for psychiatry training in Pakistan; nine are in Punjab, five in Sindh, two in the North West Frontier Province (NWFP), and one in Baluchistan. In May 2007, when we made the inquiry, 84 trainees were registered with the College of Physicians and Surgeons in psychiatry. Of these trainees, 36 were working in Punjab, 31 in Sindh, 15 in NWFP, and two in Baluchistan.

In each city except Karachi we identified a key person, in all cases a health professional, to whom we sent all the data collection forms. In Karachi, the data were collected by the authors themselves. This key person asked all the respondents to read and sign an informed consent form (containing details about the purpose and the conduct of the study and contact numbers/e-mail address of the first author), had the data forms filled, and mailed them to the authors in Karachi.

The questionnaire consisted of two parts. The first collected sociodemographic data, including age, gender, marital status, whether registered for fellowship or diploma, whether the trainee was from an urban or rural background (the place where trainees completed high school was used as a proxy measure), number of years since graduation, year of training since registration with the College of Physicians and Surgeons, and the province where the trainee was being trained.

The second part consisted of a bullying scale developed and validated by Quine (3, 6), which asked whether the respondents had experienced any of the 21 bullying behaviors in the previous 12 months. These behaviors were divided into the following categories: threat to professional status (e.g., persistent attempts to belittle, undermine, or humiliate; persistent unjustified criticism), threat to personal standing (e.g., undermining personal integrity, destructive sarcasm, threats, persistent teasing, physical violence), isolation (e.g., withholding necessary information, social exclusion, denying leave, training, promotion), overwork (e.g., undue pressure, impossible deadlines), and destabilization (e.g., shifting goals, changing responsibilities without notice). The trainees were also asked whether the perpetrator(s) had been consultants, nurses, managers, patients, or peers.

We used the chi-square test and Fisher’s exact test for analyzing nominal data and the Mann-Whitney U test for analyzing ordinal data. All statistical tests were performed with SPSS (Version 13.0).

**Results**

Out of these 84 trainees, 60 participated in the survey, for a response rate of 71.4%. Fifteen refused to participate, and nine could not be reached because they were away either on vacation or external rotations. Among the refusals, 12 trainees working at one teaching hospital were unwilling to participate without the permission of the head of the department, which they did not receive. Not all trainees answered all the questions; hence, the total number of trainees is different in response to different questions.

The sociodemographic details of the participants and the proportion experiencing bullying within each group are given in Table 1.

Forty-eight participants (80%) had experienced at least one of the 21 bullying behaviors in the prior 12 months. There were no significant differences between male and female trainees (79% versus 82%), single and married