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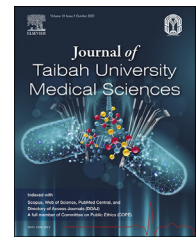
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Editorial

## Bullying among healthcare professionals and students: Prevalence and recommendations



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Bullying is defined as an aggressive behavior in which there is repetitive and intentional aggression from an individual or a group of persons (perpetrator(s)) that targets persons (victim(s)) who are weaker as compared to the person inflicting harm. These behaviors prevail in an organization in which there is an imbalance of power.<sup>1</sup> Bullying may be direct or indirect aggression or a combination of both<sup>1,2</sup>:

1. Direct bullying (physical and verbal) includes overt behaviors like hitting, threatening and persistent humiliation in front of others.
2. Indirect bullying (non-verbal bullying) includes hidden behaviors. It is difficult to detect early and may include spreading rumors, withholding information, and intentionally isolating or excluding from a group.

In British English, the term “bullying” stands for victimization, harassment, behavioral, emotional abuse, and psychological harassment while sometimes the term ‘mobbing’ is also used.<sup>3,4</sup> Volk et al.,<sup>1</sup> suggest that negative behavior can only be labelled as bullying when it fulfils three criteria: a power imbalance between the victim and perpetrator, a clear intention to cause harm, and repetitiveness of negative behavior over time (Figure 1). There are various short and long-term effects of bullying on victims such as poor physical health, higher rate of depression, absenteeism, anxiety, anger, loneliness, sleep disorders, antisocial personality,

negative impact on learning, poor acquisition of skills and professional engagement, reduced morale, demotivation, psychological complaints, drug abuse, suicidal ideations, and suicide.<sup>3,5</sup> On the organization level, bullying can cause disruption in the quality of care and decision-making, intent to leave, or actually dropping out and permanently leaving the profession.<sup>6,7</sup> Because of these detrimental effects on the health and well-being of the victims and the organization, the knowledge about prevalence and the severity of bullying is important to prevent and to address this problem.

In society, it is considered as a taboo topic, which received little attention. We would like to bridge this gap through this publication. Therefore, our aim is to summarize the evidence on bullying behavior among healthcare professionals and students in Pakistan and KSA, describe the detrimental effects associated with bullying in these groups, and outline key preventive strategies.

### Prevalence of bullying

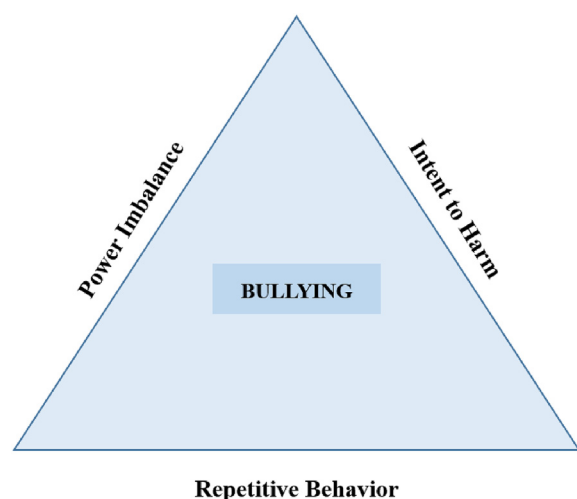
Bullying is not a new phenomenon and globally it is recognized as a problem. We have previously conducted a cross-sectional study identifying bullying experiences of young dental graduates. In our sample of fresh dental graduates working as dental interns in dental teaching hospitals. The prevalence of bullying in our sample of 125 graduate dentists working as dental interns was 36% based on the operational definition by Mikkelsen and Einarsen which states that respondents were labelled as bullying victims if they reported exposure to at least two or more negative acts per week. We also found that 67% of the respondents have observed bullying.<sup>8</sup> The data was searched using Google Scholar database. The articles that are published from 2018 onwards using keywords Bullying Pakistan and Bullying KSA. Numerous articles appeared

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**Figure 1:** Qualities of a negative behavior to label as bullying.

in the search but only top five results in each country pertaining to bullying among health professionals are included in [Table 1](#) and [Table 2](#).

The majority of observations imply healthcare providers in a more senior capacity (consultants/clinical faculty/supervisors) as being the main perpetrator of bullying in healthcare settings. The high prevalence of bullying points towards a lack of awareness or concern by concerned stakeholders including the professional regulatory bodies, which can make the perpetrators potentially authoritative figures within their institutions/workplace.

#### Suggested preventive strategies

Institutions heads, administrators, and regulatory bodies should play an active role in preventing and resolving the issue of bullying and violent behaviors. The authors suggest the following strategies to assist in the identification and resolution of the bullying and harassment problem in healthcare institutions:

**Table 1: Summary of bullying within Pakistani health care academic and workplace settings.**

Author	Year	Setting	Participants	Prevalence	Perpetrator
Rizwan et al. <sup>8</sup>	2018	04 Dental teaching hospitals in Karachi.	125 graduate dentists working as interns.	36.8%	Faculty, paradecimal staff, fellow colleagues, patient and or attendants, subordinates and or juniors.
Malik et al. <sup>6</sup>	2020	6 hospitals of Rawalpindi and Islamabad.	324 Nurses.	82%	Doctors
Wajeaha <sup>9</sup>	2020	5 Hospitals of Karachi	70 Medical trainees, dental and medical house officers	70%	Outsider, Senior staff, batch mates, Senior residents
Liaqat, Mishal et al. <sup>7</sup>	2021	4 hospitals of Lahore	242 Nurses	8%	NA
Malik, M. A. et al. <sup>10</sup>	2021	Surgical training sites, Pakistan.	146 Female surgeons and trainees	27.4%	Co-residents, surgical instructor, nursing or operating room staff

**Table 2: Summary of bullying with in Saudi Arabian health care academic and workplace settings.**

Author	Year	Setting	Participants	Prevalence	Perpetrator
Mohamed, L. K. <sup>11</sup>	2019	01 Nursing School	130 Female Nursing students	83.8%	Classmate, faculty clinical instructors, patients or patients' families, nursing staff, administrative staff, and physicians.
Khaled Al-Surimi <sup>12</sup>	2020	4 Hospitals in KSA	1074 Healthcare professionals that include physicians, nurses, pharmacists, administrative employees, and technicians	63.7%	Patients, Patient relatives, and families, work colleagues, managers/supervisors
Albuainain, Hussah M. et al. <sup>13</sup>	2022	Hospitals in KSA	788 surgeons, trainees, interns, nurses, and students in surgical specialties	Now and then: 27.4% Daily: 3.2% Weekly: 6.5% Monthly: 22.2%	Consultants, Specialists, residents, nurses, and students
Al Muharraq et al. <sup>14</sup>	2022	01 Hospital	347 Nurses	33.4%	Immediate supervisors, colleagues, and other supervisors or managers, and customers/patients/students.
Abdelaziz et al. <sup>15</sup>	2022	01 Nursing School	180 Undergraduate nursing students	42.8%	Classmates, staff nurses, clinical instructors, patients, patient relatives, physicians, administrative staff, faculty members, and patient relatives.

- i. A clear dedicated reporting mechanism should be known to every member to identify perpetrators without breaching the anonymity of the victim. Further, appointed staff, including the teaching faculty, should be aware of zero tolerance toward bullying and harassment, with appropriate action to be taken if proven guilty.<sup>16,17</sup>
- ii. Improvement in leadership and communication at the organizational level may prevent bullying.<sup>17,18</sup>
- iii. Doctors and young future professionals need to be informed of the problem of bullying and harassment early in their careers in form of curriculum reform or workshops. This will help them to improve the skills required to handle and report workplace bullying experiences.<sup>16,17</sup>
- iv. A mid-yearly or yearly anonymous survey should be conducted to gain insight into work and educational experience, and this could help to identify bullying and other violent behaviors at an early stage. However, confidentiality should be maintained because disclosure of any such information may further deteriorate the situation of the victim.<sup>16</sup>
- v. There is a need for anti-bullying/anti-abusive legislation to protect the students and the employees when the institution fails to take appropriate action. Females and ethnic or religious minority groups should be the main focus of the above-suggested strategies as they represent vulnerable groups that are frequently victimized and are less likely to report victimization due to cultural issues.

## Conclusions

Bullying is a major problem in medical education context, which has been reported in several studies however, the need for this to be addressed in healthcare profession remains. The impacts of bullying have been documented in several studies, and the seriousness of its consequences warrants adequate preventive measures by the institutions as well as by the regulatory bodies of health professionals to mitigate the risks of such exposures. Through this document, we have presented prevalence, several guidelines, and recommendations to counter the problem of bullying in healthcare institutions.

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## Conflict of interest

The authors have no conflict of interest to declare

## Ethical approval

Ethical approval is not required for the letter to the editor.

## Authors' contribution

RU conceived the idea, and wrote the initial draft of the article, FS and MSZ wrote a part of the article and critically

revised the final draft. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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