

## Bullying of Medical Students

Fatima Mukhtar<sup>1</sup>, Seema Daud<sup>1</sup>, Iram Manzoor<sup>1</sup>, Ibtesaam Amjad<sup>2</sup>, Kamran Saeed<sup>2</sup>, Mehvish Naeem<sup>2</sup> and Mehwish Javed<sup>2</sup>

### ABSTRACT

**Objective:** To assess the frequency and forms of bullying experienced by medical students, and the associated factors.

**Study Design:** Cross-sectional questionnaire-based survey.

**Place and Duration of Study:** The study was conducted at a private Medical College of Lahore, from January to February 2010.

**Methodology:** All the students of first and fourth year classes were included in the study with voluntary and anonymous participation. Self administered-questionnaires were given to the students which were completed by them in the presence of the surveyor. A modified version of the British Medical Associations (BMA) medical student's welfare and education survey form was used for data collection. The data was recorded and analyzed using the statistical package for social sciences version 16.0. Data was described in the form of frequencies and percentages. Chi-square test and Fisher exact test were used to test statistical significance between categorical variables at  $p \leq 0.05$ .

**Results:** More than half the students 70 (66%) had experienced some form of bullying in the past 6 months at the Medical College. It was found that 70% (49) of the students who were bullied were females. Sixty-seven percent of students reported experiencing a bullying episode at least once in a month, 26% less than once in a month and 7% at least once in a week. The most common forms were verbal abuse (n=44, 63%) and behavioural gestures i.e. making faces (n=36, 51%), followed by having been ignored or excluded (n=20, 29%). The common perpetrators of all types of bullying were fellow students followed by Professors. Feeling lonely or sad ( $p=0.024$ ), not having a close friend ( $p=0.049$ ) and knowledge amongst respondents regarding the availability of support services in their college ( $p=0.019$ ) were significantly associated with being bullied.

**Conclusion:** Most medical students reported of having been bullied in the last 6 months at the College, with verbal abuse being the commonest form of maltreatment and fellow students followed by Professors being the frequent perpetrators. A history of feeling lonely or sad, not having a close friend and knowledge amongst respondents regarding the availability of support services in their college were significantly associated with these experiences.

**Key words:** *Bullying. Medical College. Fellow students. Professors. Verbal abuse.*

### INTRODUCTION

The period of medical training is a stressful time, having implications for students' psychological health. It leads to burnout, perceived stress, and depressive symptoms.<sup>1</sup> These students are not only exposed to disease and illness during their training period but also have to bear the pressures of a demanding and competitive medical field.<sup>2</sup>

During this harsh and exhaustive medical training, medical students are faced by the least prioritized problem of medical education that is, bullying and harassment. Bullying exists in various forms and in various places, but the medical student is the worst hit by it.<sup>3</sup> It is of two types: horizontal bullying and hierarchical bullying. The former is seen to occur

between individuals at the same level, whereas, the latter is influenced by the position of an individual within a set-up, and the degree of power disparity between individuals.<sup>4</sup> The abuse can take various forms such as verbal bullying which includes calling names, written abuse, physical bullying or coercion (psychological manipulation) that can be forced exclusion from activities or social situations.<sup>5</sup>

These bullying episodes inculcate cynicism and aggression in the medical graduates. The product of a bullied/abusive medical training is more liable to give rise to such behaviour when in contact with his patients. Such a person is not only seen to be discourteous and unprofessional in his conduct but it is also seen that abusive behaviour is passed on from one generation to another.<sup>2</sup> Besides having long-term consequences; harassment badly affects the work performance of the individual, his attitude, his behaviour, his learning ability, and his career aspirations.<sup>6</sup> Most importantly, it is a potential risk factor for suicidal behaviour/ideation.<sup>7</sup> It has been noted that bullying not only affects the well-being of the medical students and hence future doctors, but also has negative implications for the recruitment and retention of doctors in the profession and the morale

<sup>1</sup> Department of Community Medicine, Lahore Medical and Dental College, Lahore.

<sup>2</sup> Student, Lahore Medical and Dental College, Lahore.

**Correspondence:** Dr. Fatima Mukhtar, 7, Aziz Bhatti Road, Lahore-Cantt, Lahore.

E-mail: fatimamukhtar@doctor.com

Received April 01, 2010; accepted October 26, 2010.

of the health workforce.<sup>8</sup> Bullying is an international phenomenon. In the United States several studies have shown that medical students suffer high levels of job related bullying during training that escalates with progression through training.<sup>9</sup>

The first large scale study of bullying among medical students in the United States revealed that 40% of students in their senior year reported having been harassed and 84% reported having been belittled.<sup>10</sup> The prevalence of bullying was found to be 52% in the medical students of Pakistan.<sup>11</sup> In most professional trainings such as Medicine, Law, Nursing etc. the trainees are not in a position to speak about any injustice or abuse of power entailed upon them nor are they ready to challenge the long standing myth that discipline and unemotional cold behaviour breeds good practitioners, as they do not want to jeopardize their future lying in the hands of their masters.<sup>12</sup>

Therefore, it is important to increase the awareness of medical educators regarding this problem by determining its prevalence so that appropriate measures are instituted against it. Keeping this in mind, this particular study was conducted on the medical students of a private medical college in Lahore to assess the frequency and forms of bullying experienced by medical students, and determine the factors associated with it.

## METHODOLOGY

A cross-sectional questionnaire survey was conducted in a private medical college of Lahore. The name of the college is not being disclosed for the purpose of confidentiality. All the students of first and fourth year classes were included in the study by voluntary and anonymous participation. The purpose of the survey was explained to the students and questionnaires were administered to them within the college hours. Self administered questionnaires were given to the students which were completed by them in our presence. The data collection tool used was a modified version of the British Medical Associations (BMA) medical student's welfare and education survey form. The data was recorded and analyzed using the statistical package for social sciences version 16 (SPSS 16). Data on the frequency of bullying, forms of bullying experienced by students and the perpetrators of bullying was described in the form of frequencies and percentages. Chi-square test and Fisher's Exact test were used to test statistical significance between bullying and the factors associated with it at a cut-off value of  $p < 0.05$ . Fisher's Exact test was used for the variables having an expected cell value of less than 5, i.e. bereavement, disability, substance abuse, learning disability and lack of parental supervision. Chi-square was used to test statistical significance between bullying and gender, depression, feeling of being lonely/sad, absence of close friend, the availability of support services and other problems.

## RESULTS

A total of 106 students, comprising of 52 (49%) first year and 54 (51%) fourth year students were part of the study. The respondents included a smaller proportion of male students than female students (30% and 70% respectively). Respondents' ages ranged from 18- 24, the median age being 21 years (mean, 20.8 years). Bullying was common in the medical college, since 70 (66%) of the 106 medical students had experienced some form of bullying during the last 6 months in the Medical College.

It was found that 70% (49) of the students that were bullied were female while 30% (21) were male students. The frequency of bullying episodes was 37% (26) among the students aged 18-20 years, 53% (37) among 20-22 years of age and 10% (7) among the students above 22 years. An approximately equal proportion of first [(33), 47%] and fourth [(37), 53%] year medical students were bullied. Whereas, 97% (68) of the unmarried students and 88% (62) of those residing in urban localities experienced bullying. Medical students who reported having been bullied did not differ significantly from those not reporting such experiences by gender, age, year of study or residential background.

Sixty-seven percent of students reported experiencing a bullying episode at least once in a month, 26% less than once in a month and 7% at least once in a week. The most common forms of bullying faced by the students were verbal abuse 63% (44/70), behavioural gestures i.e. making faces 51% (36/70), followed by 29% (20/70) respondents having been ignored or excluded. Whereas, written abuse and physical abuse were experienced by 20% (14/70) and 16% (11/70) students respectively (Figure 1). As is highlighted in Table I, the common perpetrators of verbal abuse were fellow students 24 (34%) and professors 11 (16%) followed by the category of Lecturers/ H.O/ M.O/ S.M.O 4 (6%). Students felt being ignored/ excluded 11 (16%) by fellow students, and 5 (7%) by professors. Behavioural

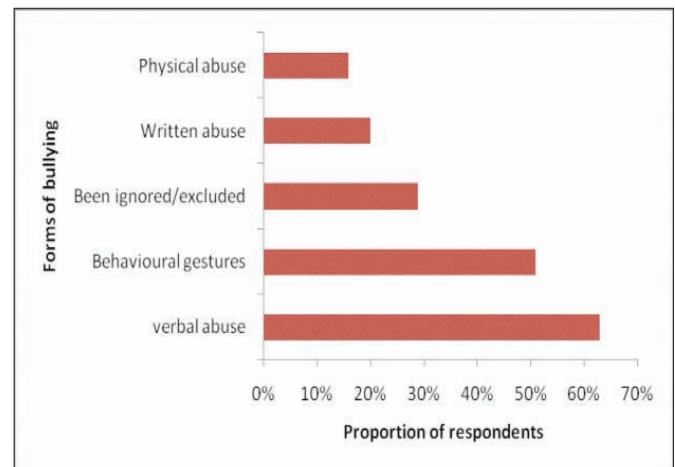


Figure 1: Forms of bullying among medical students.

mistreatment was the most often used form of abuse by fellow students 28 (40%) followed by an equal number 2 (3%) of professors, assistant professors and Lecturers/H.O/M.O/S.M.O. However, written and physical abuse were experienced by students from 12 (17%) and 7 (10%) of their fellow students respectively. The responses of the students on factors associated with being bullied are shown in Table II. A history of feeling lonely or sad ( $p=0.024$ ), not having a close friend ( $p=0.049$ ) and knowledge amongst respondents regarding the availability of support services in their college ( $p=0.019$ ) were significantly associated with being bullied.

**Table I:** Forms of bullying by source.

Source	Frequency N=70	Percentage (%)
<b>Verbal abuse by:</b>		
Fellow students	24	34
Professors	11	16
Associate professors	2	3
Assistant professors	1	1
Lecturers/H.O/M.O/S.M.O	4	6
Other staff	2	3
Never verbally abused	26	37
<b>Physical abuse by:</b>		
Fellow students	7	10
Professors	1	1.4
Associate professors	1	1.4
Assistant professors	0	0
Lecturers/H.O/M.O/S.M.O	1	1.4
Other staff	1	1.4
Never physically abused	59	84.3
<b>Behavioral abuse by:</b>		
Fellow students	28	40
Professors	2	3
Associate professors	1	1
Assistant professors	2	3
Lecturers/H.O/M.O/S.M.O	2	3
Other staff	1	1
Never abused by behavioural gestures	34	49
<b>Written abuse by:</b>		
Fellow students	12	17
Professors	1	1
Associate professors	0	0
Assistant professors	0	0
Lecturers/H.O/M.O/S.M.O	0	0
Other staff	1	1
Never abused through written material	56	80
<b>Been ignored/excluded by:</b>		
Fellow students	11	16
Professors	5	7
Associate professors	1	1
Assistant professors	1	1
Lecturers/H.O/M.O/S.M.O	0	0
Other staff	2	3
Never been ignored/excluded	50	72

\* HO= House officers; MO= Medical officers; SMO= Senior Medical Officer.

## DISCUSSION

The present study estimated the frequency of bullying to be 66%, among the medical students during the last 6 months at the college. In a survey on final year medical students in six medical colleges of Pakistan, 52% of respondents reported that they had faced bullying or harassment during their medical education.<sup>11</sup> In contrast

**Table II:** Factors associated with being bullied.

Factor	Students bullied N=70		Students not-bullied N=36		p-value
	n	%	n	%	
<b>Gender</b>					
Male	21	30	11	31	0.953
Female	49	70	25	69	
<b>Depression</b>					
Yes	29	41	9	25	0.095
No	41	59	27	75	
<b>Bereavement</b>					
Yes	0	0	1	3	0.339*
No	70	100	35	97	
<b>Disability</b>					
Yes	1	1	0	0	1.000*
No	69	99	36	100	
<b>Feel lonely/sad</b>					
Yes	29	41	7	19	0.024
No	41	59	29	81	
<b>Substance abuse</b>					
Yes	1	1	0	0	1.000*
No	69	99	36	100	
<b>Learning disability</b>					
Yes	2	3	2	6	0.603*
No	68	97	34	94	
<b>Lack of parental supervision</b>					
Yes	3	4	1	3	1.000*
No	67	96	35	97	
<b>No close friend</b>					
Yes	14	20	2	6	0.049
No	56	80	34	94	
<b>Availability of support services</b>					
Yes	19	51	18	49	0.019
No	51	74	18	26	
<b>Other problems</b>					
Yes	19	27	7	19	0.383
No	51	73	29	81	

\*Fisher's exact test used as expected cell value is less than 5.

to the results mentioned here, a much higher bullying prevalence of 91.7% was reported in one medical school.<sup>12</sup> And a study conducted in Finland by Uhari *et al.* reported that 3 out of every 4 students were bullied during their course of medical studies.<sup>13</sup> An inquiry into the frequency of these bullying episodes revealed 67% students facing it at least once in a month, 26% less than once in a month and 7% at least once in a week. An American study reported 6.4% students having faced bullying at least once, 1.5% students occasionally, and 0.4% frequently.<sup>14</sup>

This study highlighted verbal abuse 63% (44/70), behavioural gestures i.e. making faces 51% (36/70), followed by 29% (20/70) respondents having been ignored or excluded as the frequent forms of abusive behaviour encountered by the victims of abuse. Whereas, written abuse and physical abuse were experienced by 20% (14/70) and 16% (11/70) students respectively. Studies performed globally have shown different types of abusive behaviour used by bullies. According to a study performed in Pakistan, the overwhelming form of bullying had been through verbal abuse (57%).<sup>11</sup> In the medical college of the University of Chile verbal abuse (85.4%) was the commonest form of bullying, followed

by psychological (79.9%), sexual (26.4%) and physical (23.6%) abuse.<sup>12</sup> Similar results were reported by a study in Israel by Lebenthal *et al.* in which verbal abuse was the most frequently reported form of abuse.<sup>15</sup> Verbal and physical abuse were also reported by Uhari *et al.*<sup>13</sup> It has been observed that verbal abuse affects the students' confidence and mental health, his career choice, loyalty to the institution and has negative effects on his learning environment.<sup>16</sup>

The analysis of study results showed that some bullying was caused by associate professors, assistant professors, lecturers, house-officers, and other staff, but the most frequent perpetrators were fellow students and professors. Results comparable to this study were reported by Maida *et al.* who found peers and teachers to be the main offenders.<sup>12</sup> In contrast to the present study, Ahmer *et al.* reported consultants (46%) as the most frequent perpetrators.<sup>11</sup> Whereas, in a study among medical students of United States by Frank *et al.*, the frequency of harassment reported was (32%, 36/111) by residents or fellows, (30%, 33/111) by clinical professors and (29%, 32/112) by patients.<sup>10</sup>

A history of feeling lonely or sad, not having a close friend and knowledge amongst respondents regarding the availability of support services in their college were significantly associated with being bullied, in the current study ( $p \leq 0.05$ ). A study conducted on female physicians, identified being a young physician, divorced or separated as the factors associated with being bullied.<sup>17</sup> According to a four year study in USA, anxiety and depression were positively correlated with perceived mistreatment.<sup>18</sup> The study conducted in 16 medical schools identified stress, depression, suicidal ideation, drinking alcohol, and being unsatisfied with faculty as factors associated with bullying.<sup>10</sup>

In the present study, it was found that 70% (49) of the students that were bullied were females while 30% (21) were male students. Whereas, a Chinese study reported more males being bullied in contrast to females.<sup>19</sup> Although, most literature points towards greater proportion of females falling victim to bullying as compared to males. The absence of a significant gender difference in this study is attributed to it having looked at general bullying/harassment and not sexual harassment. Studies having studied sexual abuse have reported a significant association between gender and bullying.<sup>6</sup>

## CONCLUSION

Most medical students reported of having been bullied in the last 6 months at the college, with verbal abuse being the commonest form of maltreatment and fellow students, followed by professors the frequent perpetrators. A history of feeling lonely or sad, not having a close friend and knowledge amongst respondents regarding the

availability of support services in their college were significantly associated with these experiences. It is suggested that positive student-faculty mentoring programs be established, which have a beneficial effect on the well-being of the student. Also, student led support programs should be introduced within the college premises. In addition, education on abuse, discrimination, and harassment should be provided to students and faculty.

**Disclosure:** The name of the place of study is not published on author's request due to confidentiality issue.

## REFERENCES

1. Waldman SV, Diez JC, Arazi HC, Linetzky B, Guinjoan S, Grancelli H. Burnout, perceived stress and depression among cardiology residents in Argentina. *Acad Psychiatry* 2009; **33**: 296-301.
2. Roberts LW. Hard duty. *Acad Psychiatry* 2009; **33**:274-7.
3. Rautio A, Sunnari V, Nuutinen M, Laitala M. Mistreatment of university students most common during medical studies. *BMC Med Educ* 2005; **5**:36.
4. Turney L. Mental health and workplace bullying: the role of power, professions and on the job training. *Australian e-J Adv Mental Health* 2003; **2**:1-9.
5. Carey TA. Improving the success of anti-bullying intervention programmes: a tool for matching programmes with purposes. *Int J Reality Therapy* 2003; **23**:16-23.
6. Mangus RS, Hawkins CE, Miller MJ. Prevalence of harassment and discrimination among 1996 medical school graduates: a survey of eight US schools. *JAMA* 1998; **280**:851-3.
7. Kim YS, Koh YJ, Leventhal B. School bullying and suicidal risk in Korean middle school students. *Pediatrics* 2005; **115**:357-63.
8. Wood DF. Bullying in medical schools. *Student BMJ* 2006; **14**: 353-96.
9. Daugherty S, Baldwin DJ, Rowley B. Learning, satisfaction and mistreatment during medical internship: a national survey of working conditions. *JAMA* 1998; **279**:1194-9.
10. 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. Epub 2006 Sep 6. Comment in: *BMJ* 2006; **333**(7572):809.
11. Ahmer S, Yousafzai AW, Bhutto N, Alam S, Sarangzai AK, Iqbal A. Bullying of medical students in Pakistan: A cross sectional questionnaire survey. *PLoS One* 2008; **3**:e3889. Epub 2008 Dec 8.
12. Maida AM, Vásquez A, Herskovic V, Calderón JL, Jacard M, Pereira A, *et al.* A report on student abuse during medical training. *Med Teach* 2003; **25**:497-501. Comment in: p. 461-2.
13. Uhari M, Kokkonen J, Nuutinen M, Vainionpää L, Rantala H, Lautala P, *et al.* Medical student abuse: an international phenomenon. *JAMA* 1994; **271**:1049-51.
14. Association of American Medical Colleges' Graduation Questionnaire. Program evaluation survey: all schools summary

- report [Internet]. [updated 2008]. Available from: [http://www.aamc.org/data/gq/allschoolsreports/2008\\_pe.pdf](http://www.aamc.org/data/gq/allschoolsreports/2008_pe.pdf)
15. Lebenthal A, Kaiserman I, Lernau O. Student abuse in medical school: a comparison of students' and faculty's perceptions. *Isr J Med Sci* 1996; **32**:229-38.
  16. Dyrbye LN, Thomas MR, Shanafelt TD. Medical student distress: causes, consequences, and proposed solutions. *Mayo Clin Proc* 2005; **80**:1613-22.
  17. Frank E, Brogan D, Schiffman M. Prevalence and correlates of harassment among US women physicians. *Arch Intern Med* 1998; **158**:352-8.
  18. Wolf TM, Scurria PL, Webster MG. A four-year study of anxiety, depression, loneliness, social support, and perceived mistreatment in medical students. *J Health Psychol* 1998; **3**:125-36.
  19. Hazemba A, Siziya S, Muula AS, Rudatsikira E. Prevalence and correlates of being bullied among in-school adolescents in Beijing: results from the 2003 Beijing Global School-Based Health Survey. *Ann Gen Psychiatry* 2008; **7**:6.

