ORIGINAL ARTICLE

BULLYING BEHAVIOUR IN OPERATING THEATRES

Almas Iqbal, Afshan Khattak*, Farhat R Malik**

Department of Anaesthesia, Shalamar Medical College and Teaching Hospital, Lahore, *Society for Undergraduate Medical Research (SUMR) Peshawar-Pakistan, **Department of Community Health Sciences, Peshawar Medical College, Peshawar, Riphah International University, Islamabad-Pakistan

Background: Bullying is a well-recognized negative behaviour, involving a perpetrator and a victim, with negative physical and/or psychological consequences. Bullying, as a multifaceted form of mistreatment, came to the attention of academic and administrative teams in schools and the workplace, more than three decades ago. Workplace bullying is well recognized to lead to anxiety, depression, feeling of helplessness, higher risks of cardiovascular disease and suicidal ideation among its victims. Healthcare teams face high odds and challenging roles in intensive care units and operating theatres. The objective of the study was to determine the prevalence of bullying behaviour through (Revised), Negative Attitudes Questionnaire (NAQ-R), among healthcare team members in an operating theatre of a Tertiary Care hospital in Lahore **Methods:** A cross-sectional pilot study was conducted, through a validated tool, Negative Attitude Questionnaire-Revised (NAQ-R). An online survey was posted through Survey Monkey. Data analysed through SPSS Version- 19 by computing descriptive statistics as frequency and percentages with graph construction. **Results:** One hundred thirty-one complete responses received out of 139 with a response rate of 94.24%. Responses were from both government (53%) and private sector (47%) hospitals. Norway cut off values used for analysis. Overall, 32% were not bullied whereas 68% were bullied, 47.6% were victims of bullying frequently and rest occasionally. Bullying behaviour across gender confirmed higher frequency in women as compared to men (83% vs 58%) with frequent bullying also more common in women when compared with males (51% versus 18%). **Conclusion:** Bullying occurs in both genders although, predominantly more among women

Keywords: Bullying; Behaviour; Gender; Pilot Study; Anxiety; Depression; Prevalence; Aggression; Female; NAQ- R

Citation: Iqbal A, Khattak A, Malik FR. Bullying behaviour in operating theatres. J Ayub Med Coll Abbottabad 2020;32(3):352–6.

INTRODUCTION

Bullying is a well-recognized negative behaviour, involving a perpetrator and a victim, with negative physical and/or psychological consequences. Bullying, as a multifaceted form of mistreatment, came to attention of academic and administrative teams in schools and the workplace, more than three decades ago. Bullying, as a phenomenon, is characterized by the repeated exposure to physical and/or emotional aggression including mockery, name calling, threats, harassment, snide verbal interactions, hazing, hurtful remarks about personal appearance or work, social exclusion or rumors.[1,2] Wide range of statistics related to different levels of bullying behaviour has been documented among academia and workforces, worldwide.[3,4] World Health Organization (WHO) issued recommendations for prevention of bullying in 2010. WHO recommended, "Bullying prevention strategies can help governments to ensure safe and healthy learning and working conditions, while reducing expenditure on bullying-related injuries and ill health [5]"

Workplace bullying is well recognized to lead to anxiety, depression,[6,7] feeling of helplessness[7] higher risks of cardiovascular disease[7] and suicidal ideation[8] among its victims. Higher numbers of absenteeism from work is reported in hospital staff exposed to bullying resulting in financial burden as well as poor workplace dynamics.[9] There is a growing evidence of bullying behaviour compromising patient safety.[10–13] Medical errors leading to adverse patient related outcomes are positively correlated with bullying of trainee doctors[9] and healthcare team members. The Mid Staffordshire enquiry[11] report highlighted bullying culture as a main factor of patient safety failing. Doctors facing such negative attitudes are more likely to make serious mistakes having serious patient safety compromises.[11] Those who are on receiving end of bullying may also end up being bully later on, perpetuating a cycle of abuse (transgenerational legacy) and strengthening culture of bullying. Healthcare teams face high odds and challenging roles in intensive care units and operating theatres. Operating room efficiency and patient care depends upon good team work.

Bullying not only affects individuals in terms of their learning, care delivery and health.[7,8] but also impacts organizational efficiencies with low productivity and turnover rate.

National survey of Royal Australasian College of Surgeons in 2015[14] reflects that trainees who reported behaviour took action continued to face it. The biggest implication of reporting it is a potential negative impact on career progression.

Bullying behaviour is cross cultural issue and is of variable extent in different countries. While searching the literature no such study was found in for Pakistan. It is an area that is of interest to hospital human resource, administration, national training bodies, and doctor associations. It has potential to improve workplace environment and patient safety.

This pilot study is aimed to assess the feasibility of larger surveys in our set up, if this negative behaviour exists in our (Lahore's) operating rooms.

MATERIAL AND METHODS

This is a cross-sectional (descriptive) pilot study, conducted as an online survey with the validated research tool posted to doctors working in surgery operation theatres as well as anaesthetists.

Ethical clearance was granted by a local research organization Society for Undergraduate Research (SUMR) in August 2018 and awarded financial support through grant number; Social/010/2018. Ethical considerations were strictly followed for the conduction of the study being an anonymous online survey with names of the institutions and participating doctors kept confidential and not revealing the data to any irrelevant third part. All the members were taken prior consent for confidentiality maintenance. Total of 139 online questionnaires were distributed, which returned as 131 completely and correctly filled with response rate of 94.24%.

Operational Definitions:

Bullying; "A situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where target of bullying has difficulty in defending him or herself against these actions".

Or

Disruptive behaviour also known as bullying is defined as a behaviour which does not show others an adequate level of respect and causes victims or witnesses to feel threatened, is a concern in the operating room.[23]

Isolated, one-time and accidental incidents are not considered as bullying for purpose of this study.

Negative Behaviour; "Any action performed by a person or people which is not in line with the norms and expectation of people living in the society. It is an anti- social behaviour that is not acceptable by society. This is because it brings bad name, poor image and disrepute to the country".

Or

Voluntary behaviour that violates significant organizational norms and in so doing threatens the wellbeing of an organization, its members, or both" (Robinson & Bennett, 1995)

Research Tool; used was a previously validated one known as ''Negative Attitude Questionnaire- Revised NAQ-R'' (Attached as supplementary file) in an online survey.

NAQ-R has been used in more than 700 projects worldwide for workplace assessments for bullying and negative behaviour. NAQ-R consists of 22 questions in which bullying is described in terms of behaviour rather than direct reference to word "bullying" which may alter the way participants respond. Bullying, as a term is subjective and each individual may have a different threshold 15 of accepting it. Questions are related to negative behaviour related to person, their work and abuse. Each question is answered on a five-point, Likert scale based on frequency of occurrence. A numerical point is assigned as follows, never is assigned 1, Now & then is 2, Monthly is 3, Weekly is 4, Daily is 5. The last question is direct question about bullying based on its definition. Demographic data was also collected. Both, anaesthesia and surgical doctors were sent invite via email/ social media to take part in the survey. These doctors of varying grades are working in both government and private sector hospitals. This is an optional anonymous data (to ensure confidentiality) which is collected using survey app, "Planet survey" over June to August 2018.

A cumulative score of less than 33 is considered as not being bullied, score between 33 and 45 are bullied infrequently and above 45 are targets of frequent bullying at workplace.

The two cut off levels[16] of 33 and 45 is based on a Norway study. Norway is a high human development index country whereas Pakistan is under- developed and culturally different too. For a closer cultural comparison, literature search was done for local or regional study. An Indian study[17] also based on NAQ-R had validated the cut off value of below 40 as never bullied, 40–56 occasionally bullied and above 56 severely bullied.

As a simple tool Leyman's[18] operational criterion was also employed which is, at least one response is positive for either daily or weekly frequency of occurrence is considered bullying.

For purpose, of statistical analysis Microsoft Excel spreadsheet 2007, along with Google doc spreadsheet was employed. Each response based on frequency had a numerical weightage assigned to it, as described earlier. Based on cumulative score of each respondent they are then categorized into 'not bullied', 'occasional bullied' and frequently bullied' based on cut off values of Norway and Indian studies referenced earlier. Percentage frequency of each group 'not bullied', occasional bullied and 'frequently bullied' is then calculated for overall and also for different segment analysis such as male versus female and anaesthetist versus surgeons.

RESULTS

Through the distributed 139 online questionnaires only received 131 which were complete and included into analysis. Responses included from both government (53%) and private sector (47%) hospitals are included. Respondent's demographics with total number and percentages are shown in table-1.

In the NAQ-R each question answered on frequency scale is given point score, the cumulative score of each respondent is then categorized as being bullied, bullied occasionally and not bullied.

In our analysis and discussion both models (Norway and Indian)[16,17] are used to make a good comparison of where we stand in comparison to developed country like Norway and developing country like India which is closer to home, both shown in figure-1 & 2.

From Leyman's[18] operational criteria, at least one response is positive for either daily or weekly frequency of occurrence is considered bullying and is 58.2% for this study. Whereas taking cut-off values of Indian study[17] little less than half (46.8%) are bullied, with 18.6% severely bullied.

Based on Norway[16] cut off values, overall, 32% are not bullied whereas of 68% that are bullied, 47.6% are victims of bullying frequently and rest occasionally as shown in figure-1.

It is quite an overwhelming number of two third of workforce who face bullying to a variable degree and does require intervention to prevent further propagation of culture. Specialty wise breakdown shows that some specialties are more badly affected by it. Surgery has more prevalence compared to Anaesthesiology (78% versus 54.4%) and is also more frequent behaviour (22.8% versus 44%) as depicted in figure- 3.

Bullying behaviour across gender confirms the commonly held belief that it is more prevalent in women (83% vs 58%), and frequent bullying is also more common in women (51% versus 18%) as depicted in Figure- 4.

Women working in anaesthesiology have similar prevalence rate as men working in anaesthesiology (47% versus 47.4%). Whereas in surgery overall prevalence is higher, it is also disproportionately higher in women than in men (65%vs. 26% frequent bullying). In response to a direct question of being bullied 48% reported not to be bullied.

Table-1: Respondent's Demographics;

Gender **Total (n=131)**	**Male** **71 (54.1%)**	**Female** **60 (45.8%)**
Age (n=131)	<40 years [53 (40.45%)]	>40 years [78 (59.5%)]
Specialty (n = 131)	Anaesthesia [60 (46.1%)]	Surgery [52 (40%)]
Work place (n= 130)	Government setup [69 (53%)]	Private set up [61 (47%)]

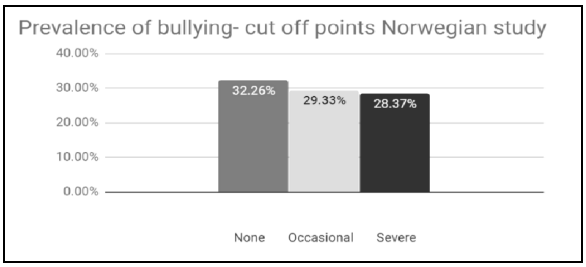

Figure-1: Bullying prevalence cut off points in relation to Norwegian study

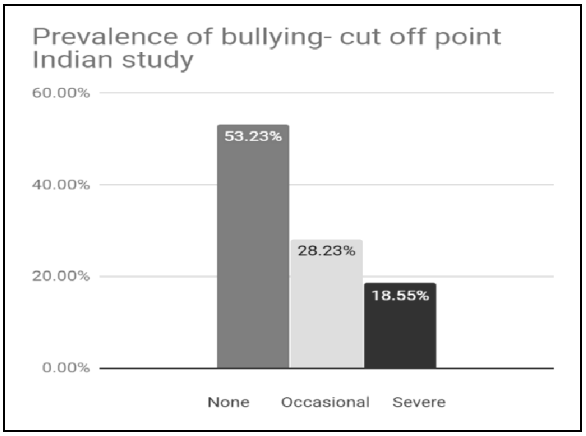

Figure-2: Indian study cut-off points regarding bullying

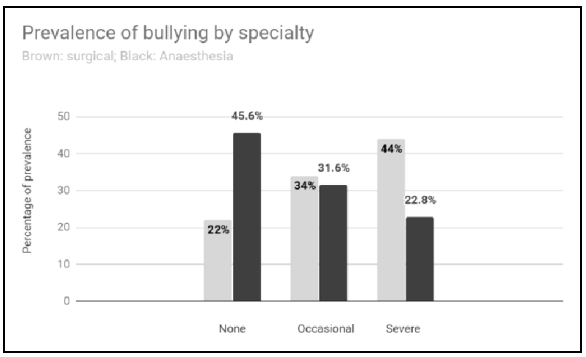

Figure-3: Distribution of bullying speciality wise

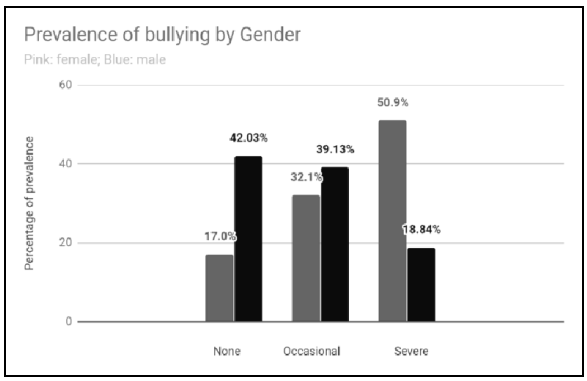

Figure-4: Gender wise distribution of bullying

DISCUSSION

This pilot study indicates that bullying is a significant problem in our operation theatres. Irrespective of different operational criteria, bullying is quite prevalent ranging from a little less than half (46.8%) if taking cut off values of Indian study to over two thirds (68%) for Norwegian study.

Bullying is a phenomenon which is preceded by negative attitudes and is hard to pin point due to its subtle nature and is followed by physical and/or psychological abuse. The entire spectrum of negative behaviour at workplace is inclusive of bullying and it does not exist in isolation. Its prevalence needs further research into its cause and its impact on health delivery. It would also help in identifying early stages for corrective action in order to prevent its evolution to abuse and ingraining into work culture.

An early recognition of its existence will help in not only prevention but also punitive measures to root it out. A culture of bullying in training perpetuates a cycle of bullying from top who view it as part of training and power disparity deepens. It becomes difficult to root out without institutional awareness and support. An approach of creating awareness and zero tolerance is required.

In this study bullying is more common in certain specialties, surgical more than anaesthesia (78% versus 54.4%), which reflects a global trend.

In General, Medical Council UK national trainee survey 2012 report, 13% of trainees reported being undermined or bullied and 20% having observed it at workplace. The incidence is higher in surgical trainees compared to other specialty trainees. Other healthcare systems have also echoed similar issues.

Royal Australasian College of Surgeons national survey[14] in 2015 showed that 39% reported bullying at workplace. Surgical subspecialties also had similar results of their survey. Royal College of Obstetricians and Gynaecologists surveyed[19] consultants and fellows, in which 44% reported of persistent bullying or being undermined.

Its prevalence in surgical specialty might in part be related to different personality of surgeons[20,21] compared to other physicians. Both personality traits and training culture reinforce behaviour and leadership styles. Within Anaesthesiology there was no gender bias, women have similar prevalence rate of bullying as men (47% versus 47.4%). Whereas in surgery not only the overall prevalence is higher compared to anaesthesia (graph 3) but also is disproportionately higher in women than in men (65% vs. 26% frequent bullying). It could be related to perception of surgery as a male dominant specialty, and with fewer women who make it to the middle and top grade.

Overall bullying behaviour across gender (graph 4) validates general impression that women suffer more bullying compared to their men counterpart (83% vs 58%), and also face more frequent bullying as well (51% versus 18%). This helps us in identifying at risk group and direct preventive actions to safeguard them. Limitation of this study is that it is amenable to selection bias. Respondents who are affected are more likely to respond than those who are not affected and therefore less motivated to respond. Staff was invited via social media and internet-based survey tool is used which on one-hand makes it easy to respond and ensures anonymity of responder, however those not keen to use these apps may have been left out.

A segmental analysis of bullying behaviour (work related, person or physically intimidating) is not done due to small size of study. Further sources of bullying are not studied which would help to determine possible factors [22] and how deeply rooted it is. In literature search, we did not find any such study for Pakistan. It is an area that is of interest to hospital human resource, administration, national training bodies, and doctor associations. It has potential to improve workplace environment and patient safety.

CONCLUSION

This pilot study concluded bullying prevalent at the operational theatres and both genders were affected by it. However, females came out to be the most vulnerable group to be bullied. Surgery department has more frequency bullying as compared to Anaesthesia department.

ACKNOWLEDGEMENT

Authors of this study acknowledge the academic and financial support of Society for Undergraduate Medical Research, SUMR, in execution and completion of this project.

We owe a note of gratitude to all the team members who worked efficiently in data collection, analysis and final compilation of the manuscript.

We are highly obliged to all the doctors who participated in the study and shared their confidential matters as contribution to this study.

AUTHORS' CONTRIBUTION

AI: Contribution in concept and design; Acquisition of data and analysis with interpretation Basic drafting of the manuscript done. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. AK: Basic conception, design of the work; the acquisition, analysis and interpretation of data for the work. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. FR: Drafting the work; revising it critically for important intellectual content; reference writing and manuscript writing. Final approval of the work to be published. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

REFERENCES

1. Olweus D. Norway. In: Smith PK, Morita Y, Junger-Tas J, Olweus D, Catalano R, Slee Pl, editors. The nature of school bullying: a cross-national perspective, 1st ed. London: Routledge, 1999; p.31.
2. Einarsen S, Hoel H, Zapf D, Cooper CL. The concept of bullying at work. In: Einarsen S, Hoel H, Zapf D, Cooper CL, editors. Bullying and emotional abuse in the workplace: international perspectives in research and practice, 1st ed. London: Taylor and Francis, 2003; p.6.
3. European working conditions survey. Violence, harassment and discrimination in the workplace. Dublin: European Foundation for the Improvement of Living and Working Conditions; 2005 [Internet] Fourth European Working Conditions Survey [cited 2018 Sep 20th]. Available from: http://www.eurofound.europa.eu/docs/ewco/4EWCS/ef0698/chapter4.pdf
4. Due P, Holstein BE, Soc MS. Bullying victimization among 13 to 15-year-old school children: results from two comparative studies in 66 countries and regions. Int J Adolesc Med Health 2008; 20:209–21.
5. Srabstein J, Leventhal B. Prevention of bullying-related morbidity and mortality: A call of public health policies. Bull World Health Organ 2010; 88:403.
6. Kivimaki M, Virtanen M, Vartia M, Elovainio M, Vahtera J, Keltikangas-Jarvinen L. Workplace bullying and the risk of cardiovascular disease and depression. Occup Environ Med 2003;60(10):779–83.
7. Gullander M, Hogh A, Hansen AM, Persson R, Rugulies R, Kolstad HA, *et al*. Exposure to workplace bullying and risk of depression. J Occup Environ Med 2014;56(12):1258–65.
8. Nielsen MB, Nielsen GH, Notelaers G, Einarsen S. Workplace Bullying and Suicidal Ideation: A 3-Wave Longitudinal Norwegian Study. Am J Public Health 2015;105(11): e23–8.
9. Kivimäki M, Elovainio M, Vahtera J. Workplace bullying and sickness absence in hospital staff. Occup Environ Med 2000;57(10):656–60.
10. Paice E, Smith D. Bullying of trainee doctors is a patient safety issue. Clin Teach 2009;6 (1):13–7.
11. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. February 2013 Executive Summary. Published by The Stationery Office (TSO) [Internet] [cited 2019 Jan 3rd]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf
12. Halligan A. The Francis report: what you permit, you promote. J R Soc Med 2013;106(4):116–7.
13. Riskin A, Erez A, Foulk TA, Kugelman A, Gover A, *et al*. The Impact of Rudeness on Medical Team Performance: A Randomized Trial. Pediatrics 2015;136(3):487–95.
14. Crebbin W, Campbell G, Hillis DA, Watters DA. Prevalence of bullying, discrimination and sexual harassment in surgery in Australasia. ANZ J Surg 2015;85(12):905–9.
15. Nielsen MB, Hetland J, Matthiesen SB, Einarsen S. Longitudinal relationships between workplace bullying and psychological distress. Scand J Work Environ Health 2012;38(1):38–46.
16. Notelaers G, Einarsen S. The world turns at 33 and 45: Defining simple cutoff scores for the Negative Acts Questionnaire-Revised in a representative sample. Eur J Work Organ Psychol 2013;22(6):670–82.
17. Gupta R, Bakhshi A, Einarsen S. Investigating Workplace Bullying in India: Psychometric Properties, Validity, and Cutoff Scores of Negative Acts Questionnaire-Revised. SAGE Open 2017;7(2):2158244017715674.
18. Leymann H. Mobbing and psychological terror at workplaces. Violence Vict 1990;5(2):119–26.
19. Wise J. Significant numbers of consultant obstetricians and gynecologists report bullying. BMJ 2016; 353: i3576.
20. Drosdeck JM, Osayi SN, Peterson LA, Yu L, Ellison EC, Muscarella P. Surgeon and nonsurgeon personalities at different career points. J Surg Res 2015;196(1):60–6.
21. Whitaker M. The surgical personality: does it exist? Ann R Coll Surg Engl 2018;100(1):72–7.
22. Ariza-Montes JA, Muniz R NM, Leal-Rodríguez AL, Leal-Millán AG. Workplace bullying among managers: a multifactorial perspective and understanding. Int J Environ Res Public Health 2014;11(3):2657–82.
23. Villafranca A, Hamlin C, Enns S, Jacobsohn E. Disruptive behaviour in the perioperative setting: a contemporary review. Can J Anaesth 2017;64(2):128–40.

Submitted: September 21, 2019	*Revised: October 5, 2019*	*Accepted: October 20, 2019*

Address for Correspondence:

Afshan Khattak, Chairperson of Society for Undergraduate Medical Research (SUMR) Peshawar-Pakistan
Cell: +92 321 980 1238
Email: palwasha.bibi@gmail.com