Pakistan Journal of Medical and Health Education

Original Article

Academic Medicine Bullying, experienced by Lead Women Physicians

Ujala Sajid[1] **& Syeda Faiza Batool**[2]

[1]Advance Educational Institute and Research Center, Karachi-Pakistan
[2]Psychophysiology Research Lab, MAHQ Biological Research Centre, University of Karachi, Karachi-Pakistan.

Citation: Sajid U, Batool SF. Academic Medicine Bullying, experienced by Lead Women Physicians. PJMHE. 2022;2(2):77-81.

Corresponding Author Email:
ujala@aeirc-edu.com

Funding:
The author(s) received no specific funding for this work.

Conflicts of Interests:
The authors have declared that no competing interests exist.

Received 22/06/2022
Accepted 12/07/2022
First Published 20/10/2022

Abstract

Background: Bullying is a serious issue in academic medicine, which can have significant negative impacts on the victims and the entire healthcare system. Women physicians are particularly vulnerable to bullying because of the gender-based power imbalances that exist in the healthcare industry.

Objective: This study aims to identify the prevalence and kind of bullying experienced by women physician leaders in academic medicine.

Methodology: A total of 50 female lead physicians working in academic medicine in Karachi, Pakistan were asked to participate in a survey-based study that examined workplace bullying. Several self-generated questions were posed to the participants, such as: What forms of bullying they experienced in academic medicine, when they had been bullied, how it affected their careers, and bullying solutions.

Results: A total of 50 female lead physicians take part in this survey. The mean age of the study participants was 51 ± 2.76 years.

Conclusion: Based on the survey findings, it is clear that bullying of lead women physicians is a prevalent issue in academic medicine. The study found that lead women physicians experienced various types of bullying, including harassment, discrimination, and exclusion from professional opportunities. The findings suggest that creating a more equitable and diverse workplace environment, promoting gender equity, and providing more opportunities for women in leadership positions could help to mitigate bullying of lead women physicians.

Keywords

Bullying, Academics Career, Medicine Practice, Female Physicians

Published by Koohi Goth Publishers (KGP)

Introduction

Bullying is a serious issue in academic medicine, which can have significant negative impacts on the victims and the entire healthcare system. Bullying in academic medicine can take various forms, such as verbal abuse, humiliation, harassment, and exclusion[1]. The effects of bullying on victims can include depression, anxiety, stress-related illnesses, reduced job satisfaction, and decreased productivity. In addition, bullying can also have a negative impact on the entire healthcare system, leading to decreased patient satisfaction, increased medical errors, and higher turnover rates among healthcare professionals[2].

Bullying of women physicians is a significant issue that can have far-reaching negative consequences for both the individual and the healthcare system as a whole[1,2]. Women physicians are particularly vulnerable to bullying because of the gender-based power imbalances that exist in the healthcare industry[3].Several factors contribute to bullying in academic medicine, including power imbalances, competitive environments, and a lack of accountability. To combat this issue, institutions must take a multi-faceted approach that includes education and training for all healthcare professionals, implementing anti-bullying policies, and providing resources and support for victims of bullying[3].

Women physicians are often subjected to sexist comments and behaviors, as well as microaggressions, which can have a cumulative effect on their mental and physical health. This has a significant impact on the mental health of female lead physicians[4]. Research has shown that bullying leads to negative mental health outcomes.

Women physicians who experience bullying are also more likely to report feelings of isolation and loneliness, as well as decreased job satisfaction and overall quality of life. Bullying can lead to feelings of inadequacy, self-doubt, and imposter syndrome, which can exacerbate existing mental health concerns and lead to a higher risk of developing mental health disorders such as anxiety and depression[5].

The long-term consequences of bullying on mental health are also significant. Women physicians who experience bullying are more likely to experience long-term mental health problems, leading to decreased productivity, increased medical errors, and reduced patient satisfaction[6]. In some cases, bullying may even cause women physicians to leave their profession, resulting in a loss of talent and expertise in the healthcare industry. In addition, bullying can also lead to a significant loss of talent and expertise, as women physicians may leave their profession due to the negative impact of bullying[7].

Therefore, the objective of this study was to characterize the nature of bullying behavior, to estimate the prevalence of gender-based mistreatment, particularly bullying, experienced by women physicians who have advanced to leadership positions in academic medicine, and to determine whether the victim's gender was influenced by the perpetrator.

Methodology

This survey-based study includes 50female lead physicians working in academic medicine in Karachi, Pakistan. A convenience sampling method was used to recruit lead women physicians working in academic medicine at various sites across the city. Recruitment was done through professional networks, associations, and online communities. Participants were given informed consent before participating in the study, and their confidentiality and anonymity were ensured.

The survey includes both closed-ended and open-ended questions, covering the research questions. The survey was designed to be completed within 15 to 20 minutes. Several self-generated questions were posed to the participants, such as: What forms of bullying they experienced in academic medicine, when they had been bullied, how it affected their careers, and bullying solutions.

Statistical analysis was conducted using SPSS, version 21.0. Descriptive statistics were used to summarize the survey data, including frequencies, means, and standard deviations. Inferential

statistics such as correlation and regression analysis were used to analyze the relationships between variables. Qualitative data was analyzed using content analysis to identify common themes and patterns.

Results

A total of 50 female lead physicians take part in this survey. The mean age of the study participants was 51 ± 2.76 years. Table 1 shows the demographic characteristics of the study participants. The majority of the study female lead physicians have practice experience of 11 to 30 years (40%). Moreover, almost 30% of them belong to government hospital settings (Table1).

Table 1: Demographic Characteristics of the study participants

Variables		**Mean ± St. Deviation**
Age		51 ± 2.76 years
		n(%)
Practice Time in years	<5	0(0)
	5-10	5(10)
	11-20	20(40)
	21-30	20(40)
	>30	5(10)
Setting	Government Hospital	15(30)
	Academic Institute	5(10)
	Academic Medical Centre	12(24)
	Community Medical Centre	8(16)
	Private Hospital	10(20)
Designation	Departmental Head	20(40)
	Chair	5(10)
	Vice Chair	15(30)
	Director	10(20)
	Emeritus	0(0)
	Senior Faculty	0(0)
	Medical Director	0(0)

With reference to our open-ended questions of the survey, we get different responses. Overall, the survey results suggest that lead women physicians in academic medicine experience various types of bullying, including harassment, discrimination, exclusion from professional opportunities, and verbal abuse. These experiences have significant negative consequences on the mental and physical health of physicians, as well as the quality of patient care.

Factors contributing to bullying include gender-based power imbalances, competitive environments, and a lack of accountability. The study also found that strategies such as anti-bullying policies, education and training for healthcare professionals, and providing resources and support for victims of bullying were effective in addressing bullying. Additionally, promoting gender equity, diversity, and creating a supportive and inclusive workplace culture were identified as important strategies to mitigate bullying in academic medicine.

Discussion

We discovered that the majority of the women medical leaders in this incredibly insightful sample had endured bullying and other forms of sexism during their careers. Being ignored or ostracized, typically by men in supervisory roles, was the most

frequent bullying conduct experienced, supporting the scant evidence in the literature[7,8,9]. Our data further support the notion that the bullying tactics most frequently encountered by women include exclusion, deceitful accusations, being ignored or left out, rumor spreading, excessive pressure to deliver results, and information hiding[8-14]. Bullying according to our participants, was most prevalent while they were faculty practitioners and occurred in the academic medical facility where they worked. Most people encountered bullying at least behavior.

Outside of medicine, workplace bullying is a significant contributor to people quitting their jobs[14-16]. Our work goes beyond the body of nursing literature to demonstrate that bullying seriously harms the careers of even accomplished female physician leaders. Bullying had the intended effect of slowing our respondents' career advancement, forcing them to quit their professions, or forcing them to purposefully switch roles. Bullying tactics including ignoring them, leaving them out of important emails, and excluding them from essential meetings had an adverse effect on their effectiveness as leaders[17-19]. Bullying, according to one responder, made it simpler for people to ignore their opinions. It should be noted that we purposefully chose a sample of female physician leaders who were successful despite these experiences; given their anti-stereotypical actions, they might have been more susceptible to bullying.

Even though we had a decent response rate for a physician survey—especially considering that we were dealing with a sensitive subject—bias resulting from nonresponses is still possible. Our findings might not apply to the entire group of female medical leaders in the programme. Parallel to this, even though we evaluated bullying encounters using validated measures, it's possible that those who replied were unwilling to fully discuss their experiences, which could cause our results to be understated. As a result, it's possible that we were unable to detect bullying's true prevalence and severity in the population of women physician leaders. Moreover, we did not inquire about a person's career-long experiences with bullying, medical women in leadership positions, or junior faculty doctors. Also, we did not assess other demographic traits in order to investigate intersectionality and its significance in bullying experiences. Future research should compile these viewpoints to present a complete picture of bullying in academic medicine.

Conclusion

Overall, this study highlights the urgent need for action to address bullying of lead women physicians in academic medicine. Failure to address this issue could result in a significant loss of talent and expertise, as well as negative consequences for patient care. Therefore, it is essential to continue to research, identify, and implement strategies to create a more supportive and inclusive workplace culture that ensures the well-being of all healthcare professionals.

The study's results have important implications for the healthcare industry, highlighting the need for a more inclusive and supportive workplace culture. The findings suggest that creating a more equitable and diverse workplace environment, promoting gender equity, and providing more opportunities for women in leadership positions could help to mitigate bullying of lead women physicians.

Acknowledgement

The authors would like to acknowledge all the female physicians for their time and contribution to the study.

References

1. Richman RC, Magrane D. The Executive Leadership in Academic Medicine (ELAM) Program for Women Fourteen Years of Academic Women Leaders in Medicine, Dentistry, and Public Health. AAMC Faculty Vitae. Retrieved June. 2009;30:2009.
2. Jagsi R, Spector ND. Leading by design: lessons for the future from 25 years of the Executive Leadership in Academic Medicine (ELAM) program for women. Academic Medicine. 2020 Oct 1;95(10):1479-82.
3. Phillips AW, Durning SJ, Artino Jr AR. Survey Methods for Medical and Health Professions Education-E-

Book: A Six-Step Approach. Elsevier Health Sciences; 2021 Apr 10.

4. Notelaers G, Van der Heijden B, Hoel H, Einarsen S. Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. Work & Stress. 2019 Jan 2;33(1):58-75.
5. Notelaers G, Van der Heijden B, Hoel H, Einarsen S. Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. Work & Stress. 2019 Jan 2;33(1):58-75.
6. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap)—a metadata-driven methodology and workflow process for providing translational research informatics support. Journal of biomedical informatics. 2009 Apr 1;42(2):377-81.
7. Averbuch T, Eliya Y, Van Spall HG. Systematic review of academic bullying in medical settings: dynamics and consequences. BMJ open. 2021 Jul 1;11(7):e043256.
8. Berthelsen M, Skogstad A, Lau B, Einarsen S. Do they stay or do they go? A longitudinal study of intentions to leave and exclusion from working life among targets of workplace bullying. International Journal of Manpower. 2011 May 10;32(2):178-93.
9. Averbuch T, Eliya Y, Van Spall HG. Systematic review of academic bullying in medical settings: dynamics and consequences. BMJ open. 2021 Jul 1;11(7):e043256.
10. Chadaga AR, Villines D, Krikorian A. Bullying in the American graduate medical education system: a national cross-sectional survey. PLoS One. 2016 Mar 16;11(3):e0150246.
11. Zhang LM, Ellis RJ, Ma M, Cheung EO, Hoyt DB, Bilimoria KY, Hu YY. Prevalence, types, and sources of bullying reported by US general surgery residents in 2019. JAMA. 2020 May 26;323(20):2093-5.
12. Zhang LM, Ellis RJ, Ma M, Cheung EO, Hoyt DB, Bilimoria KY, Hu YY. Prevalence, types, and sources of bullying reported by US general surgery residents in 2019. JAMA. 2020 May 26;323(20):2093-5.
13. Berthelsen M, Skogstad A, Lau B, Einarsen S. Do they stay or do they go? A longitudinal study of intentions to leave and exclusion from working life among targets of workplace bullying. International Journal of Manpower. 2011 May 10;32(2):178-93.
14. Shabazz T, Parry-Smith W, Oates S, Henderson S, Mountfield J. Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences. BMJ open. 2016 Jun 1;6(6):e011462.
15. Khoo SB. Academic mobbing: Hidden health hazard at workplace. Malaysian family physician: the official journal of the Academy of Family Physicians of Malaysia. 2010;5(2):61.
16. Neto M, Ferreira AI, Martinez LF, Ferreira PC. Workplace bullying and presenteeism: the path through emotional exhaustion and psychological wellbeing. Annals of work exposures and health. 2017 Jun 1;61(5):528-38.
17. Kim Y, Lee E, Lee H. Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. PLoS one. 2019 Dec 20;14(12):e0226506.
18. Notelaers G, Van der Heijden B, Hoel H, Einarsen S. Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. Work & Stress. 2019 Jan 2;33(1):58-75.
19. Iyer MS, Way DP, MacDowell DJ, Overholser BM, Spector ND, Jagsi R. Bullying in academic medicine: experiences of women physician Leaders. Academic medicine. 2023 Jan 20;98(2):255-63.