

INCIDENCE AND DETERMINANTS OF BULLYING IN PRIVATE DENTAL COLLEGES OF LAHORE

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ABSTRACT: This study aimed to identify the incidence of bullying among dental students in Lahore and to find out the usual sources and forms of bullying. In three different private dental colleges of Lahore, a cross sectional survey of undergraduate dental students was conducted. Data was collected by using a standardized, pre-validated Negative Acts Questionnaire (NAQ-R) to identify tormenting of dental students for past 12 months from 150 students. One-Way ANOVA was applied to explore the difference of bullying prevalence among 3 colleges. Overall, 137 (91.3%) dental students reported bullying of various types, confronted over the past 12 months. Most commonly noticed bullying source in this study was trainee fellows. 94 (68.6%) of participants never lodged a complaint about bullying. Higher Percentage of Participants reported of being bullied in dental college which needs serious attention as well as action to control this situation.

Key Words: Bullying, Harassment, Work place harassment, Private dental colleges, Dental student.

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INTRODUCTION

Bullying is a universally accepted phenomenon and occurs nearly everywhere. Bullying is a consciously done constant or intermittent, offensive, abusive, intimidating, or offending conduct of behavior towards an individual. It can be maltreatment of varying intensity, unjust penal sanctions or physical misconduct that incites the sentiments of individual, makes him furious, feels him humiliated, threatened or vulnerable that undermines his self-confidence and may make-him endure pressure (Rayner and Hoel, 1997).

Bullying taking place at workplace is known as workplace harassment (Ullah, Siddiqui, Zafar, and Iqbal, 2018). Workplace harassment is a plight because of its unfriendly effect on the wellbeing and prosperity of effected individuals. It has been related to significant levels of occupational incited pressure tension, despondency, focus issues, frailty, and absence of activity (Stebbing *et al*, 2004; Maida *et al*. 2003). Staff members, who ever confronted harassment have been observed lower levels of occupation fulfilment stamina and bound to have an aim to leave the activity (Stebbing *et al*, 2004; Maida *et al*. 2003).

Occurrence of harassment in health care profession have been accounted for, contingent upon tormenting definition used, survey of the targeted population, and the period inside which the tormenting

occurred. In Europe like United Kingdom, studies have been showing the fluctuation of results ranging from 10.5% to 38% (Paice, Aitken, Houghton, and Firth-Cozens, 2004; Paice and Smith, 2009; Quine, 1999). Bairy *et al* discovered 50% of high occurrence rate, with 90% of unreported tormenting incidents in subcontinent of Asia like India (Bairy, *et al.*, 2007).

Few investigations held in Pakistan evaluated bullying extent among medicos and psychiatrist. Alarmingly high paces of harassing have been accounted (95%) among Pakistani psychiatrist (Gadit and Mugford, 2008). According to Imran, Jawaid, Haider, and Masood, (2010), 63.8% prevalence rate of bullying was reported by junior doctors, working in tertiary health care hospitals in two different provinces of Pakistan. In one of the studies conducted in Karachi, Pakistan, prevalence of bullying reported to be was 36.8% among dental trainees, while 55% were observed as a self-labeled bullying (Ullah, Siddiqui, Zafar, and Iqbal, 2018). But literature search revealed scarce information on prevalence of bullying in dental schools of Lahore, Pakistan. Prevalence of bullying in dental schools of Lahore, association of bullies with certain professional background and various existing forms of bullies and bullying needs to be explored. Hence a multi-institutional study was planned to collect data from dental students of different institutional environment. The study aimed to find out the incidence of bullying and to identify

sources and forms of bullying in dental schools of Lahore.

METHOD

The aim of the study was achieved through a cross-sectional survey using a Pre validated Questionnaire NAQ-R (Einarsen *et al* and Hoel, H.2001). Three private Dental Colleges were selected from all the private Dental Colleges of Lahore, Pakistan using simple manual lottery methods. Name of the private dental colleges were kept anonymous as per ethical consideration by labelling them with codes, i-e., college 1, college 2 and college 3 randomly. Research information sheet was shared with all the participants to provide them with the end goal of investigation and harassing practices as well as bullying behaviors. Participants were included in study with informed consent. Population targeted was fresh graduates i.e. house officers. Data was collected by using a standardized, validated Negative Act Questionnaire (NAQ-R) to identify tormenting among dental students in the course of the past 12 months. It consists of 20 items with 5 response categories in form of Likert scale (1= Never, 2= Now and then, 3= Monthly, 4= weekly, 5= Daily). Demographic data (gender, age, education status) of the dentist was collected in the first section of

questionnaire and the second section was about the bullying, its sources and forms. Among 160 dentists (house officers) approached, an aggregate of 150 doctors consented to take interest in the study. The response rate was (93.7%). The mean age of respondents was 24±2.0. Females respondents were 102(68%) whereas 48(32%) were male respondents.

The data collected was analyzed using SPSS version 20. Outcome was achieved using the descriptive statistics, i-e., frequencies and means. To explore the incidence difference of bullying between the participants of three dental colleges, One-way ANOVA was used and post hoc Tukey's HSD was carried out. The relationship was established with the help of Pearson's coefficient of correlation.

RESULT

In this study, 137(91.3%) of the house officers reported some sort of bullying. Out of these, 96(70%) reported rare encounters of bullying and only 7(9.5%) reported about confronting bullying in routine. So, the bullying was existent but was a rare incident. When bullying was compared among different dental schools, it was found that bullying was existent but a rare phenomenon in all the dental schools as shown in Figure 1.

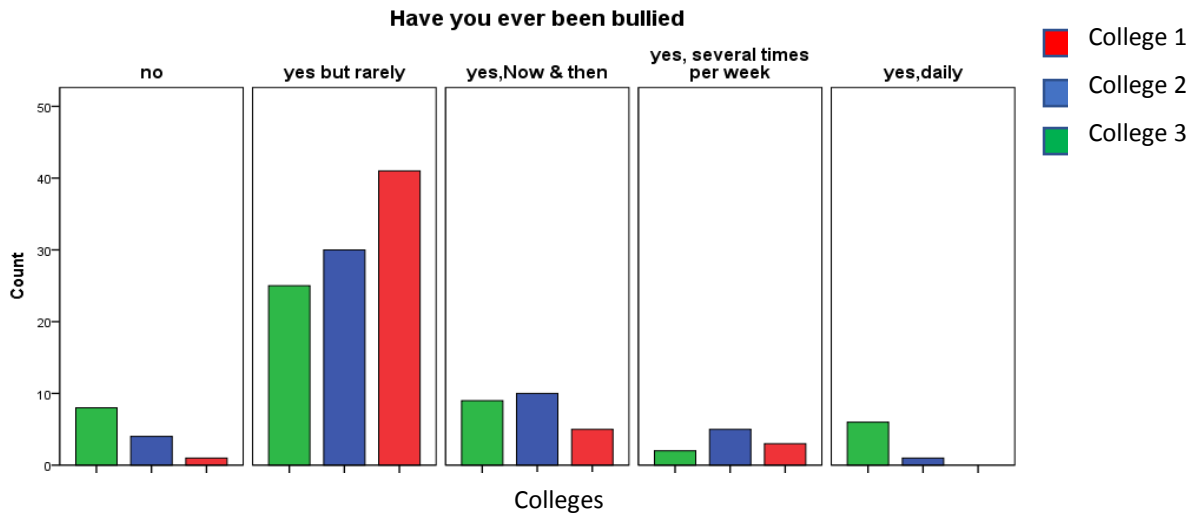


Figure 1: Bullying among different Dental Colleges

Overall, 137(91.3%) doctors revealed encountering either one or two types of bullying in the course of the last 12 months. The most common source of bullying found in all colleges was the other trainee fellow

colleagues (37.1%). Followed by the Administrative staff (24.2%), senior colleagues (12.14%) and Paramedical staff (9.29%) as shown in Figure 2.

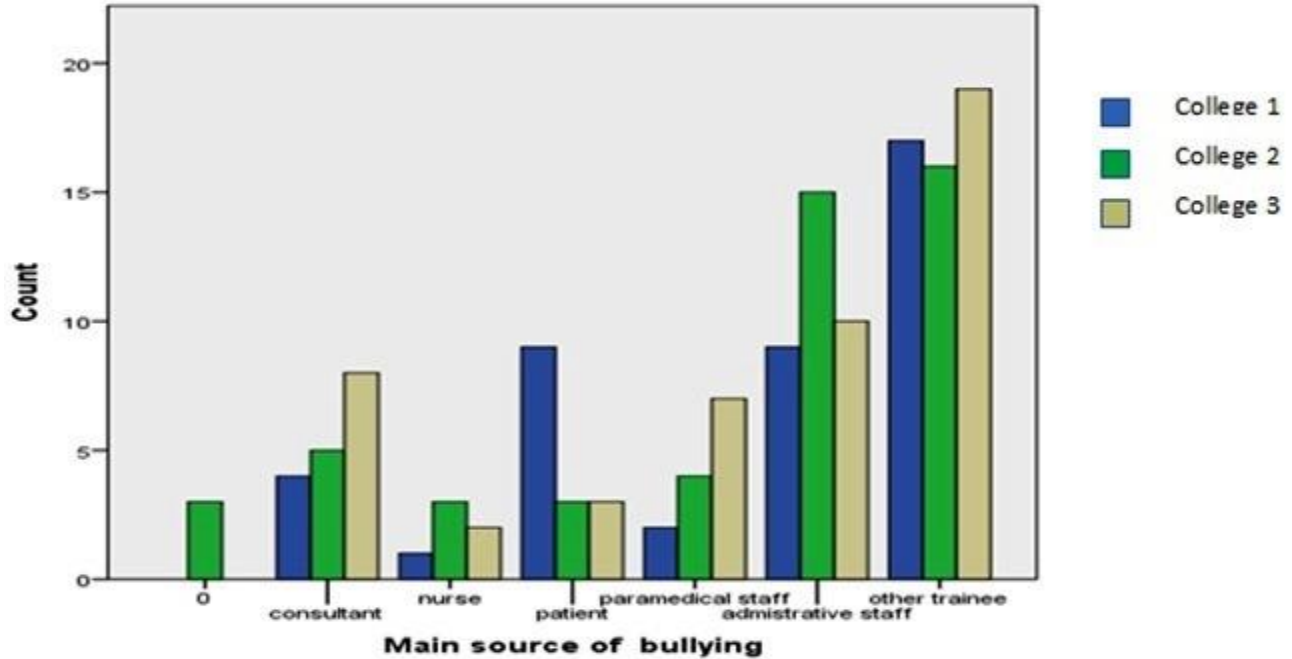


Figure 2. Source of Bullying in Dental Colleges

85% of the male felt that they had confronted some sort of bullying while females who faced at least one or more types of bullying were 94%.

Bullying in males and females were existent and no significant difference was observed in the means of males and females (Males mean bullying = 2.23 and

females = 2.40). Similarly, no statistically significant difference observed between dental colleges which indicates significantly low level of bullying. (Mean bullying in College 1=2.46, College 2=2.38, College 3=2.20).

Table 1: Comparison of bullying types among three Dental colleges.

Bullying type	Mean			F	Sig.
	College 1	College 2	College 3		
Someone withholding information which affects your performance	1.60	2	1.76	1.79	.13
Being humiliated or ridiculed in connection with your work	1.80	2.52	1.94	2.09	.00
Being ordered to do work below your level of competence	2.42	2.16	1.8	2.13	.43
Having key areas of responsibility removed or replaced with unpleasant tasks	2.12	2.10	1.82	2.01	.37
Spreading of gossip and rumors about you	2.32	2.88	2.28	2.49	.43
Being ignored, excluded or being 'sent to Coventry'	2	2.28	1.94	2.07	.32
Having insulting or offensive remarks made about your personal (i.e. habits and background), your attitudes or your private life	2.16	2.68	2.2	2.35	.08
Being shouted at or being the target of spontaneous anger (or rage)	2.30	2.22	2.02	2.18	.46
Intimidating behavior such as finger-pointing, invasion of personal space, Blocking/barring the way	2.16	2.28	1.78	2.07	.11
Hints or signals from others that you should quit your job	1.62	2.06	1.66	1.78	.12
Repeated reminders of your errors or mistakes	2.14	2.42	1.76	2.11	.01
Being ignored or facing a hostile reaction when you approach	2	2.36	1.68	2.01	.00
Persistent criticism of your work and effort	1.98	2.52	1.66	2.05	.00
Having your opinions and views ignored	2.16	2.8	1.84	2.27	.00
Practical jokes carried out by people you don't get on with	2.04	2.86	1.72	2.21	.00
Being given tasks with unreasonable or impossible targets or deadlines	1.94	2.66	2.02	2.21	.01
Having allegations made against you	2.16	2.64	1.84	2.21	.01

Excessive monitoring of your work	2.02	2.56	1.92	2.17	.02
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	1.82	2.25	2.0	2.13	.00
Being the subject of excessive teasing and sarcasm	2.02	2.8	1.88	2.23	.00

Table 1 showed the results of One-Way ANOVA to explore the difference between the responses reported by the participants of the three Colleges regarding bullying types.

The difference between the responses reported by the participants of three dental colleges was significant for being humiliated and ridiculed for working below the level of your competence, spreading gossips and rumors, repeated reminders of mistakes, persistent criticism, ignoring your hostile reaction when approached, ignoring your views and jokes carried out with people you don't get on with, giving unrealistic tasks, making allegations against you, extra keeping of a track related your work, pressurizing to not claim your right and being subjected to excessive testing and sarcasm.

When Tukey HSD was done, it was found that values of College 2 were significantly different from both College 1 and College 3 for being humiliated and ridiculed for work, persistent criticism, ignoring your views, jokes being carried out with people you don't get on with, giving unrealistic tasks, being subjected to excessive testing and sarcasm.

The values of College 2 were significantly different from College 3 only for repeated reminders of mistakes, ignoring you or hostile reaction when you approached, having allegations made against you, excessive monitoring of your work, while values of College 2 were significantly different from College 1 pressurizing not to claim your right. College 1 and College 3 were significantly different in ordering to work below the level of your competence,

When the Pearson correlation coefficient was calculated, a moderate positive correlation ($r=.66, P=.01$) was found between being ordered to work below your competence level and replacing from key area of responsibility to unpleasant task.

Spreading gossips was moderately correlated to being ignored ($r=.54, P=.02$) and passing offensive remarks that are insulting ($r=.55, P=.001$). Being subject to excessive teasing was moderately correlated to practical jokes carried out by people you don't get on with ($r=.62, P=.01$) and making allegations against you ($r=.62, P=.03$). Making allegations was also moderately correlated to unreasonable tasks, practical jokes, intimidating behaviors, insulting or offensive remarks, ignoring and spreading rumors and gossips against you.

DISCUSSION

Most of the studies have reported bullying and

mistreatment caused by clinical faculty and classmates (Rowland, Naidoo, AbdulKadir, Moraru, Huang, and Pau, 2010). In the present study, as far as the main source of bullying is concerned, it was found that in all the dental colleges, most common source of bullying was trainee colleagues followed by administrative staff.

According to the results of current study, 80% of total male participants (33 out of 41 males) and 77% (74 out of 96 females) of total female participants did not complain of being bullied which was negating the findings of Rautio, Sunnari, Nuutinen, and Laitala, (2005), reported gender based treatment as significant, where most commonly females reported mistreatment than males. So, gender was not related to complaining about bullying in private dental colleges of Lahore which is in accordance with the study done in US reported that gender is not related to this behavior (McCann, Holyfield, and Schneiderman, 2017).

About the complaint being bullied, it was found that only 33(24%) managed to complain and 104(76%) did not complain at all among the Colleges in the study, house officers of College 3 were most reluctant to complain about bullying, on the other hand, College 1 students were least reluctant of complaining about bullying attitude. In response to an important question that, why they did not complain, it was found that 37(35.6%) House Officers said that the bullying issue was not sufficiently serious to complain about 42% males in comparison to 23% of females perceived this. 24(23%) said that they dealt with bullying themselves while 26(25%) said they were afraid of the consequences of complaining 27% of males and 17% of females were afraid of consequences. Current study revealed females as relatively bold in this regard.

While comparing the findings of previously conducted studies in different areas of Pakistan as well as across the border, it was found that the prevalence of bullying is 91.3% in Dental colleges of Lahore which is quite high in relation to the findings of the studies conducted in Europe (10.5%) and Asia (38%) (Paice, Aitken, Houghton, and Firth-Cozens, 2004; Paice and Smith, 2009; Quine, 1999; Hicks, 2000; Hoosen, and Callaghan, 2004). Bairy *et al.* in 2007 found 50% of occurrence rate of bullying in subcontinent of Asia like India. In Pakistan, a study conducted in Karachi revealed 36.8% incidence of bullying among dental trainees (Ullah, Siddiqui, Zafar, and Iqbal, 2018) which was found higher in the result of present study.

Conclusion: Bullying is a universal phenomenon and it occurs everywhere and dental profession is no exception

to it. Most dental students reported of having been bullied in their tenure of training. Most of the time bullying went unreported. The need of the hours is to educate people about bullying. Significant substitutes are required at institutional and distinctive levels in Pakistan to handle the tormenting problems and avert its drastic effects. It is suggested that mentoring classes be organized in dental institution for students and faculty to minimize bullying, which will bring a positive impact on the well-being of students.

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