

ORIGINAL ARTICLE:

Workplace Harassment and Its Association with Depression among Postgraduate Trainees at a Tertiary Care Hospital

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ABSTRACT

OBJECTIVE

To determine the frequency of workplace harassment and to assess its association with depression among postgraduate trainees in a tertiary care hospital.

STUDY DESIGN

Descriptive cross-sectional study.

PLACE & DURATION OF STUDY

The study was conducted at Jinnah Postgraduate Medical Centre (JPMC), Karachi, from 25th July 2023 to 24th January 2024 over a period of six months following approval from the Institutional Review Board and the Research Evaluation Unit of the College of Physicians and Surgeons Pakistan.

SUBJECTS AND METHODS

A cross-sectional study was conducted at Jinnah Postgraduate Medical Centre, Karachi. Eighty postgraduate trainees aged 25–45 years, enrolled in FCPS and MCPS programs, were selected through convenient sampling. Workplace harassment was assessed using the Negative Acts Questionnaire-Revised (NAQ-R), with a score ≥ 23 indicating presence of harassment. Depressive symptoms were evaluated using the Patient Health Questionnaire-9 (PHQ-9) and categorized into none, mild, moderate, moderately severe, and severe. Data were analyzed using SPSS version 23. Descriptive statistics were calculated, and the association between workplace harassment and depression was assessed using the chi-square test. A p-value ≤ 0.05 was considered statistically significant.

RESULTS

The mean age of participants was 29.1 ± 3.2 years, and 52.5% were female. Workplace harassment was reported by 56 (70%) trainees. Depressive symptoms were present in 34 (42.5%) participants. Depression was significantly more appreciated among trainees exposed to harassment compared with those not exposed (53.6% vs. 16.7%, $p < 0.001$).

CONCLUSION

Workplace harassment is quite frequent among postgraduate trainees and is significantly associated with depressive symptoms. Institutional strategies focusing on prevention, early identification, and psychological support are essential to ensure a safe training environment.

KEYWORDS

Postgraduate medical trainees; Healthcare workplace; Occupational stress; Mental health

INTRODUCTION

The term "workplace harassment" refers to persistent, unwanted behaviors that produce an offensive or hostile work environment that degrades, humiliates, or intimidates an individual. These behaviors can include verbal abuse, psychological intimidation, unfair work practices, exclusion, or sexual misbehavior in healthcare settings. Medical training environments are especially susceptible to the emergence and maintenance of such detrimental interpersonal behaviors because of the hierarchical structure, heavy workload, and high-performance expectations¹. A particularly vulnerable category is postgraduate medical trainees. They work long hours under pressure, hold junior positions in inflexible hierarchies, and rely on managers

for evaluations and professional advancement. These elements may make it more difficult for them to face or report harassment, which raises the possibility of recurrent exposure. A significant percentage of healthcare professionals, particularly trainees, report bullying and harassment while performing their jobs, according to recent research from tertiary care hospitals². Such exposure has significant effects on mental health in addition to affecting professional satisfaction. One of the most prevalent psychological effects of unfavorable work settings is depressive disorder. According to the globe Health Organization, depressive disorder is one of the main causes of disability around the globe, and because of occupational pressures, healthcare workers are especially vulnerable. Chronic stress reactions can be triggered by repeated exposure to humiliation, intimidation, and harsh criticism. These reactions can result in emotional weariness, helplessness, and eventually depressive symptomatology. According to recent research, people who experience bullying at work are much more likely to experience depression than people who work in supportive settings³. The idea of "psychosocial safety climate," which refers to organizational procedures and policies that safeguard employees' mental health, has received more attention in recent years. Poor psychosocial safety conditions have been linked to greater incidence of common mental illnesses including anxiety and depression as well as higher levels of workplace harassment⁴. Inadequate institutional controls may allow harassment to continue unchecked at training hospitals, where service delivery demands frequently take precedence over staff well-being, exacerbating psychological suffering among trainees. Studies conducted both domestically and internationally have shown that harassment in the healthcare industry is very common. More than half of junior physicians and residents in tertiary care institutions in Asia and the Middle East report experiencing some kind of mistreatment at work, most frequently verbal abuse and psychological bullying. Reduced job satisfaction, higher intention to quit the profession, and higher scores on standardized depression instruments have all been repeatedly associated with these situations⁵.

Despite this, there is still a dearth of rigorous research on the effects of workplace harassment on postgraduate trainees' mental health in Pakistan. This study was planned to ascertain the presence of workplace harassment among postgraduate trainees at tertiary care level and to investigate its relationship with depressive symptoms using validated instruments, given the dearth of local data and the urgent need for evidence-based interventions. It is anticipated that the results will assist the integration of mental health services into postgraduate training programs, help create preventive initiatives, and shape institutional policies.

SUBJECTS AND METHODS

Participants

Sample size was calculated to be 80, by using open epi, keeping in mind 69.2%⁵ as a frequency of workplace harassment among doctors, with 10% confidence interval limit and 1% desired effect. Postgraduate trainees aged 25–45 years, enrolled in FCPS or MCPS programs and working at JPMC for at least 12 months, were included through convenient sampling technique. Trainees with a previously diagnosed psychiatric disorder or those using psychoactive substances (other than caffeine or nicotine) were excluded.

Instruments

A semi-structured proforma was used to measure certain study variables, including age, gender, religion, mother tongue, education, occupation, marital status, monthly income, area of residence, family structure, family history of psychiatric illness and their own history of psychiatric illness. Negative Acts Questionnaire-Revised (NAQ-R); A 22-item scale assessing exposure to workplace harassment was used to measure workplace harassment. A total score ≥ 23 was taken as indicative of harassment. While depression was assessed through Patient Health Questionnaire-9 (PHQ-9) that also categorized depressive symptoms in terms of severity.

Procedure

After getting the ethical approval from Institutional Review Board (IRB) of JPMC along with approval from Research Evaluation Unit (REU) of College of Physicians and Surgeons Pakistan (CPSP), postgraduate trainees from different department of JPMC were enrolled in the study. Informed consent was taken from PG trainees who have been working for more than 12 months. They were assured that their confidentiality would be maintained and they would have the option of withdrawing from interview at any point, without mentioning a reason to withdraw. Data was analyzed using SPSS version 23. Frequencies and percentages were

computed for categorical variables, mean $\pm$ standard deviation for quantitative variables. The chi-square test was applied to determine the association between workplace harassment and depression, with $p \leq 0.05$ considered statistically significant.

RESULTS

A total of 80 postgraduate trainees participated. The mean age was 29.1 ± 3.2 years; 42 (52.5%) were female and 38 (47.5%) were male. Workplace harassment, as measured by NAQ-R, was present in 56 (70%) participants.

A statistically significant association was observed between workplace harassment and depression ($p < 0.001$), indicating that trainees exposed to harassment were significantly more likely to exhibit depressive symptoms.

Table 1

Workplace Harassment and Depression among PG trainees (n=80)

Variable	Frequency	Percentage
Workplace harassment present	56	70.0%
Workplace harassment absent	24	30.0%
Depression present (PHQ-9 ≥ 5)	34	42.5%
No depression	46	57.5%

Table 2

Association between Workplace Harassment and Depression

Harassment Status	Depressed n (%)	Not Depressed n (%)	Total	p-value
Present (n=56)	30 (53.6)	26 (46.4)	56	<0.001

Harassment Status	Depressed n (%)	Not Depressed n (%)	Total	p-value
Absent (n=24)	4 (16.7)	20 (83.3)	24	
Total	34	46	80	

DISCUSSION

The current study revealed a significant burden of depression symptoms (42.5%) and a high frequency of workplace harassment (70%) among postgraduate trainees. More than half of the trainees who experienced harassment had depressed symptoms, compared to only one-sixth of those who did not, indicating a statistically significant correlation between harassment exposure and depression. These results are in line with previous international research that emphasizes workplace harassment as a significant psychosocial risk in healthcare environments and a reliable indicator of mental health morbidity⁶. High workloads, extended job hours, sleep deprivation, and rigid hierarchical supervision are hallmarks of postgraduate medical training. Negative behaviors like verbal abuse, humiliation, harsh criticism, and unequal labor distribution may become commonplace because of these causes. According to recent research, junior physicians and residents are especially susceptible to bullying and harassment due to power disparities and fear of reprisals, which frequently discourage reporting and foster a culture of silence⁷. The current study's high workplace harassment lends credence to the idea that workplace harassment is a systematic problem in training institutions rather than a singular occurrence. This study found a strong correlation between sadness and harassment, which makes sense both psychologically and physically. Frequent exposure to hostile behaviors can trigger chronic stress pathways, which can result in sleep disturbances, emotional weariness, dysregulation of the hypothalamic-pituitary-adrenal axis, negative cognitive evaluations, and depressive symptoms. According to recent research, healthcare professionals who are bullied are two to four times more likely than their peers to experience depression⁸. Our results supported these findings and provided evidence of the negative effects of workplace harassment on the mental health of trainees. Similar patterns have been seen in recent research from the Middle East and Asia. Exposure to workplace abuse was substantially linked to higher PHQ-9 and anxiety scores, as well as increased burnout and intention to discontinue training programs, according to a multi-center study conducted among residents in tertiary care institutions⁹. Another study looking at psychosocial work environments in the healthcare industry found a strong correlation between the prevalence of bullying, depressive symptoms, inadequate organizational support and ineffective reporting systems¹⁰. These results highlighted the fact that harassment reflected

larger institutional and cultural flaws rather than just an individual problem. Depression among postgraduate trainees has consequences that go beyond personal pain. Patient safety and treatment quality may be negatively impacted by depression symptoms, which are linked to decreased empathy, decreased clinical efficiency, increased medical errors, and poor focus. Additionally, untreated depression during training can lead to substance abuse, long-term mental health issues, and professional turnover, all of which increase workforce shortages and weaken the resilience of healthcare system¹¹. The findings highlight the critical need to improve the psychological safety atmosphere in training hospitals from an organizational standpoint. Institutions must create private, easily available methods for reporting harassment, implement zero-tolerance rules, and guarantee protection from reprisals. To change ingrained authoritarian tendencies, faculty development programs that emphasize leadership training, communication skills, and courteous monitoring are crucial. According to recent policy-focused studies, hospitals with clear anti-harassment policies and mental health support services showed reduced bullying rates and improved staff psychological outcomes¹².

Additionally, early detection of depression and prompt referrals for psychological support can be facilitated by routine mental health screening of postgraduate trainees using quick, validated instruments like the PHQ-9. The negative consequences of occupational pressures may be further reduced by incorporating peer support groups, counselling services, and stress management training into residency programs. Reducing stigma and enhancing mental health results require fostering a culture that values trainee well-being and normalizes seeking assistance. There are several restrictions on the study. Causal inference is not possible due to the cross-sectional design, and reporting bias may be introduced using self-reported variables. Generalizability to other institutions may be limited by using convenience sampling from a single tertiary care facility.

CONCLUSION

This study shows a significant number of caregivers suffer from psychological distress, including high levels Workplace harassment is quite frequent among postgraduate trainees and is significantly associated with depressive symptoms. Institutional strategies focusing on prevention, early identification, and psychological support are essential to ensure a safe training environment.

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