Experiences of workplace bullying among academics in a health sciences faculty at a South African university

D N Conco,[1] PhD; L Baldwin-Ragaven,[2] MDCM, FCFP (Canada), FCFP (SA); N J Christofides,[1] PhD; E Libhaber,[2,3] PhD; L C Rispel,[1,4] PhD; J A White,[1] MSocSci; B Kramer,[5] PhD

[1] School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
[2] Department of Family Medicine and Primary Care, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
[3] Health Sciences Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
[4] South African Research Chairs Initiative (SARChI), National Research Foundation, South Africa
[5] School of Anatomical Sciences, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

Corresponding author: B Kramer (beverley.kramer@wits.ac.za)

Background. Workplace bullying and other negative workplace behaviours are problems that need to be addressed across many work settings, including at universities.

Objectives. To examine the prevalence of bullying among academics, and factors associated with bullying, in a faculty of health sciences (FHS) of a South African university.

Methods. All academic staff, except senior managers, were invited to participate by completing a self-administered, web-based questionnaire hosted on REDCap. In adition to sociodemographic information, the survey collected information on bullying, and the factors associated with experiences of workplace bullying. Survey data were exported to Stata 13 for analysis. The data were weighted to take account of the distribution of staff in the FHS. Chi-square tests and a multiple logistic regression model for bullying were utilised.

Results. The majority of study participants were white (52%), female (70%) and South African (85%). Bullying in the workplace was experienced by 58% of respondents, of whom 44% experienced bullying more than once, and 64% of participants had witnessed bullying. Being female (adjusted odds ratio (aOR) 1.83; 95% confidence interval (CI) 1.14 - 2.93; $p<0.05$) and being jointly appointed as both a clinician in a health facility and an academic in the university (aOR 1.73; 95% CI 1.29 - 2.32; $p<0.001$) increased the odds of experiencing workplace bullying.

Conclusions. A combination of strategies is needed, including clear FHS policies to prevent bullying, training in bullying prevention and critical diversity, and positive practice environments.

Job quality is a global priority of the International Labour Organization (ILO) and central to its Decent Work Agenda.[1] In this context, workplace bullying and other negative workplace behaviours have gained prominence as a severe problem across many work settings.[1] Einarsen *et al.*[2] defined bullying at work as 'repeated actions and practices that are directed against one or more workers; that are unwanted by the worker(s), that may be carried out deliberately or unconsciously, but cause humiliation, offence, and distress; and that may interfere with work performance and/or cause an unpleasant working environment' (p. 9). Workplace bullying has serious adverse consequences at both individual and organisational levels.[2-4] At the individual level, bullying can lead to physical problems such as somatic or musculoskeletal disorders, and to mental health problems, including anxiety, depression, psychological distress and even suicidal ideation.[1-5] At the organisational level, bullying has been associated with decreased work motivation and commitment, decreased job satisfaction, absenteeism and increased staff turnover.[2-6]

Several studies in high-income countries have found bullying in university settings.[7-12] Studies at universities in Africa[13,14] similarly found that bullying is prevalent, while evidence, albeit limited, suggests that workplace bullying also occurs in South African (SA) universities.[15] This may relate to the corporatisation of higher-education institutions and explain the reduction in the characteristics of mutual respect and civility, traditionally associated with academic environments.[16,17]

There is a substantial body of literature on bullying in healthcare settings globally,[12,18-21] particularly among nurses.[14,22-25] Faculties of health sciences (FHSs) are responsible for the training of future healthcare professionals and scientific researchers to meet the human resources needs of the country.[26,27] Many of the academics in these FHSs are employed in a joint capacity with government health departments, and are responsible for providing essential health services to communities that are dependent on the public health sector.[28] An examination of the prevalence and experiences of bullying in an FHS enables the development of strategies to prevent or mitigate this phenomenon.

While bullying appears to be prevalent in SA workplaces, there has been limited research on this topic,[29] particularly in academic settings, such as FHSs.

Objectives

To examine the prevalence of bullying among academics, and factors associated with bullying, in an FHS of a university in Johannesburg, SA.

Methods

Ethics clearance to undertake the study was obtained from the University of the Witwatersrand's Human Research Ethics Committee (ref. no. M170845/2017/08/25).

Study setting

The study setting was an FHS that is part of a large, research-intensive university with a national and global footprint. The FHS was responsible for training ~4 000 undergraduate health professional students and a large postgraduate student cohort of ~2 800 in 2018.[30] The university has policies in place that highlight commitment to an inclusive and diverse environment in which staff and students can engage 'without fear of bullying, harassment, victimisation or vilification'.[31] The FHS has also pledged to prevent all forms of discrimination and victimisation in the workplace and to foster an inclusive academic environment.[22]

Study population

The study population consisted of all academic staff in the university's FHS, whether full-time, part-time, honorary or visitors, who were employed by the university. It also included those appointed in a joint capacity with either the provincial Department of Health or the SA National Health Laboratory Service (NHLS). Senior academics in management positions, including the Dean of the FHS and the heads of the seven schools, were excluded from participation, as were staff with <6 months' service in the university.

At the time of the study, the FHS staff complement consisted of 306 university-paid staff (accounting for 11% of the total FHS staff) and joint staff (*n*=2 465, accounting for 89% of academic employees). Jointly appointed, externally paid clinical staff are funded by either the provincial or national governments and contribute to teaching and research in the FHS. Approximately 1 000 joint staff are registrars/residents undergoing specialist training, who are enrolled as postgraduate students and appointed as associate lecturers in the university. In total, 2 771 FHS academics were invited to participate in the study.

Study design

This was a cross-sectional survey, using an online questionnaire.

Measurement and data collection

Following an extensive literature review and consultations with various stakeholders including the Academic Staff Association of the university, a self-administered online questionnaire was developed that included a section on sociodemographic information (race, age, sex, marital status, citizenship, educational qualification and position in the university).

Respondents self-identified 'race' from a list of pre-defined categories: black African, coloured, Indian or Asian, white or other. The inclusion of race as a sociodemographic measure reflects its continued relevance in the SA context as an important determinant of social status and health, rather than as an essential biological category.

The study adapted the Workplace Bullying Institute[23] definition of workplace bullying, namely 'repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that is threatening, humiliating, or intimidating, or work interference – sabotage – which prevents work from getting done, or verbal abuse.'[23]

Respondents were first asked to indicate if they had *personally experienced* bullying and then if they had *witnessed* bullying of others in the workplace, specifically while employed in the university faculty under study. Response categories were never, once, a few times, and often. In addition, there were two open-ended questions to elicit free responses from participants to expand on why they thought that bullying had happened to them, as well as why it might have happened to others, which were then analysed qualitatively. However, this article reports on the survey data only.

The survey instrument was tested among 10 senior academic staff from outside the FHS for content and construct validity; minor adjustments were made prior to data collection. These responses were excluded from the main results.

Recruitment activities for voluntary participation

The research team engaged in a number of activities to ensure maximum voluntary participation. Support was obtained from the university academic staff association, the Dean and Executive Committee of the FHS (Deanery), the Faculty Human Resources (HR) and the FHS Transformation Committee. A link to the online survey using e-mail addresses provided by HR was sent to all FHS academic staff. The team also sent customised emails to all heads of schools and/or clinical departments to publicise the survey and encourage participation.

Data management and analysis

Data from the self-administered online questionnaires were captured into REDCap (Research Electronic Data Capture), a secure, web-based application. Responses were password protected and only the research team had access to this password.

The data were exported into Stata 13 (StataCorp, USA) for statistical analysis. Standard descriptive statistical methods were used to present the sociodemographic characteristics of study participants.

Chi-square tests were used for analysing the difference between the characteristics of those who had experienced bullying and those who had not. Given the distribution of experiences of bullying across population groups, we combined responses from 'minority' groups in the staff complement – Indian, Asian and coloured – into one category, and analysed responses of black African and white participants independently.

A multiple logistic regression analysis to identify factors associated with the outcome variable 'having experienced bullying' was performed. In order to improve the statistical power, we collapsed the categories for experiences of workplace bullying into a binary category yes/no. The final model was built by selecting the explanatory variables, which were significant at a conservative level of ≤20% based on χ^2 tests.

Results

Demographic characteristics

A total of 515 academics (83% of university-appointed staff and 10% of jointly appointed staff) completed the survey, equating to an overall response rate of 19%. The majority of study participants were white (52%), female (70%) and SA nationals (85%) (Table 1). Of the total sample, 50% (*n*=257) were jointly appointed staff. The sociodemographic characteristics of the sample are shown in Table 1.

Prevalence of workplace bullying

More than half of the survey respondents (58%) indicated that they had experienced bullying in the workplace, with 44% of academics experiencing bullying more than once. Nearly two-thirds of respondents (64%) reported that they had witnessed bullying (Table 2).

Table 1. Sociodemographic characteristics of respondents	
	n (%)
Race (*N*=512)	
Black African	125 (24)
Indian	96 (19)
White	264 (52)
Coloured	15 (3)
Asian (Chinese)	6 (1)
Other	6 (1)
Gender identity (*N*=515)	
Female	361 (70)
Male	151 (29)
Other	3 (1)
Citizenship (*N*=514)	
South African	439 (85)
International	75 (15)
FHS academics (*N*=512)	
Jointly appointed staff	257 (50)
University-paid staff	255 (50)
Age (years) (*N*=515)	
20 - 29	62 (12)
30 - 39	203 (39)
40 - 49	115 (22)
50 - 59	100 (19)
≥60	35 (7)
Highest degree attained (*N*=515)	
PhD level	156 (30)
Master's level	258 (50)
Honours level	30 (6)
Bachelor's level	71 (14)
Currently registered for a higher degree (*N*=358)	
Yes	193 (54)
No	165 (46)
Years of service (*N*=515)	
0 - 5	253 (49)
>5	262 (51)
Academic rank (*N*=515)	
Tutor, lecturer, researcher, clinical lecturer	354 (69)
Senior lecturer/senior researcher/senior clinical lecturer	80 (15)
Associate professor/reader/adjunct professor	59 (12)
Professor/research professor	22 (4)

FHS = faculty of health sciences.

Reasons offered for experiencing or witnessing workplace bullying

According to the respondents, the most common reason for bullying was academic rank/status in the university hierarchy, with race and gender given as additional reasons: status *n*=173 (bullied = b) v. 212 (witnessed bullying = wb); race (*n*=111 (b) v. 136 (wb)); and gender (*n*=82 (b) v. 96 (wb)) (Table 3).

Factors associated with the experience of workplace bullying

In the univariate analysis, statistically significant sociodemographic characteristics associated with the experience of bullying were being female (61%), being a jointly appointed staff member (69%), having

been a member of the academic staff for longer than the 6-year median (65%), and being South African (59.5%) (Table 4).

After adjusting for length of service, nationality and age (Table 4), being female and working as a joint appointee nearly doubled the odds of having experienced workplace bullying. The odds of experiencing workplace bullying for participants who self-identified as coloured, Indian and Asian was 1.67 (*p*<0.05) compared with white (Table 5).

Discussion

In a 2019 report, the ILO found that 12% of workers worldwide experience verbal abuse, humiliating behaviour, bullying, unwanted sexual attention or sexual harassment.[32] Bullying and harassment are widespread phenomena, with workplace bullying in higher-education institutions occurring at rates of between 32% and 65%.[33-35]

Despite the existence of university and FHS policies to nurture a positive, equitable workplace environment, 58% of respondents reported personal experiences of abusive behaviours in the workplace. Of these, the majority had experienced recurrent episodes of bullying. Being female or having a joint appointment with the provincial Department of Health or the NHLS significantly increased the odds of having experienced bullying in our study.

Nearly two-thirds of participants stated that they had witnessed bullying in the workplace. While bullying was attributed by witnesses to many of the same reasons (e.g. the university structures, race and gender) as given by those individuals who personally experienced bullying, the characteristics of the person being bullied also appeared to play a role.

Findings pointed to hierarchy and academic rank as being the prime drivers of bullying in the FHS. This is similar to other studies which indicate that being of lower rank, such as registrars, places one at high risk of workplace bullying.[20,21] A systematic review of junior doctors reported that nearly two-thirds (63.4%) of residents or registrars reported some form of harassment.[31] Bullying has also been reported by nurses and family physicians.[36,37] The implications of workplace bullying may not only impact on the clinicians themselves, but have an adverse effect on patient care and safety.[38]

The present study found that female participants were at increased risk of experiencing workplace bullying, similar to research which found that a higher percentage of female family physicians than their male colleagues reported being bullied.[37] Female nurses too experienced higher levels of verbal abuse in the workplace.[39] Furthermore, women who protest against infringement of rights are often subjected to hostile work environments and bullying.[37] Likewise, the combined sociodemographic category of 'minority' (coloured, Indian and Asian) experienced a significantly higher rate of bullying in our study, which is consistent with other research in both the international and SA contexts, including higher education.[40] This has been explained as an expression of intolerance by majority groups of different minority groups in the workplace, cutting across socially constructed categories such as gender, race, ethnicity or sexual orientation. While diversity in these categories is the norm, the advantages and disadvantages of social position play out across the intersectionality of these identifiers, conferring degrees of privilege as well as disadvantage or discrimination.

Workplace bullying thrives when organisations have stated ethical values 'which are espoused but not employed', and other non-ethical values, which 'may predominate and are unexpressed'.[41] This premise resonates with the present study. The university in general and the FHS in particular have a more than 20-year history of processes, policies and documents intended to redress

Table 2. Experiencing and witnessing bullying in the FHS (*N*=480)

	Never, *n* (%)	Once, *n* (%)	A few times, *n* (%)	Multiple times, *n* (%)	Total, *n*
Experiencing bullying	204 (43)	67 (14)	168 (35)	41 (9)	480
Witnessing bullying	173 (36)	40 (8)	204 (43)	63 (13)	480

FHS = faculty of health sciences.

Table 3. Respondents' reasons for being bullied or for bullying witnessed (*N*=480)

Reasons reported by respondents*	Bullying experienced, *n* (%)	Bullying witnessed, *n* (%)
Status in the university hierarchy	173 (36)	212 (44)
Race	111 (23)	136 (28)
Gender	82 (17)	96 (20)
Age	47 (10)	43 (9)
Nationality	16 (3)	30 (6)
Parental status	12 (2.5)	11 (2)
Marital status	6 (1)	7 (1.5)
Sexual orientation	2 (0.4)	7 (1.5)
Other	77 (16)	54 (11)

*Participants could select multiple responses.

Table 4. Factors associated with experiences of bullying in the workplace

Sociodemographic characteristics	Experienced bullying, *n* (%)	No report of being bullied, *n* (%)	Total, *n*	*p*-value
Gender*				0.007
Female	207 (61)	131 (39)	338	
Male	67 (48)	73 (52)	140	
Race				0.008
Black African	65 (55)	53 (45)	118	
Indian, coloured and Asian	78 (70)	33 (30)	111	
White	132 (53)	117 (47)	249	
Citizenship				0.031
South African	244 (60)	166 (41)	410	
Non-South African	32 (46)	38 (54)	70	
Length of service (years)				0.001
≤5	116 (50)	117 (50)	233	
≥6	160 (65)	87 (35)	247	
Joint staff*				<0.001
Yes	163 (69)	74 (31)	240	
No	111 (46)	129 (54)	237	
Age (years)				0.65
20 - 39	136 (44)	108 (56)	244	
40 - 49	67 (61)	43 (39)	110	
≥50	73 (58)	53 (42)	126	

*Weighted proportions for gender and joint staff.

past inequities that existed during apartheid.[42] Strategies were identified to promote ethics among staff and students and facilitate healing of divisions to make way for a more diverse and inclusive future.[42] Subsequently, codes of conduct were developed which listed behaviours that should be prevented, including the abuse of power and unfair discrimination.[24] A number of social justice policies and pledges followed, which aim to promote transformation and respect for diversity, while eliminating all forms of harassment, bullying and discrimination.[22,43] Given this policy context, the high levels of workplace bullying experienced and witnessed by respondents in the FHS indicate a gap between intention and the realities.

Such policies may have shortcomings in definitions and reporting channels or implementation challenges, and may therefore not be fully operationalised.

Institutional culture is known to contribute to bullying. This has been shown by McKay *et al.*,[33] who observed that 'such cultures thrive when good people are silent, silenced, or pushed out; when bad apples are vocal, retained, promoted, and empowered; and when the neutral majority remain silent in order to survive'. Contemporary SA also provides the larger canvas for these negative workplace behaviours, with academia often seen as a microcosm of the tensions within the broader society.[24] There are daily conflicts linked to crime,

Table 5. Multiple logistic regression for having experienced workplace bullying

Variables	aOR	95% CI	p-value
Gender female*	1.83	1.14 - 2.93	0.01
Length of service (≥6 years)	1.29	0.97 - 1.72	0.09
Joint staff*	1.73	1.29 - 2.32	<0.001`
Race			
White (reference)	-	-	
Black African	1.13	0.73 - 1.92	0.14
Coloured, Indian and Asian	1.67	1.01 - 2.79	0.049
Age (categories, years)			
20 - 39 (reference)	-	-	
40 - 49	1.65	0.86 - 3.04	0.14
≥50	1.33	0.67 - 2.66	0.42
Citizenship South African	1.32	0.76 - 2.30	0.33

aOR = adjusted odds ratio; CI = confidence interval.
*Analysis weighted for gender and joint staff.

securitisation, road rage, gender violence, sexual assault, migration, xenophobia, police brutality and Afrocentrism, contributing to inter-racial tensions among people living in contested spaces, including the workplace. This could explain why academics who self-identified as Indian, Asian or coloured were more likely than black African and white academic staff to report workplace bullying.

Recommendations

A number of recommendations emerge from this study. Since the tone of organisational culture is set by leadership,[24] ongoing efforts by the faculty leadership should be made to operationalise the transformation policies and pledges that already exist. Consequence management for negative workplace behaviours is imperative and would indicate a zero tolerance for any type of bullying. Dialogue between management and academic staff on diversity and social cohesion should be encouraged. In addition, since those who are bullied by their leaders or managers believe that there is little recourse,[44] the appointment of an independent facilitator or ombudsperson, unrelated to the faculty or university, should be considered.

Profiles of senior leaders/managers should be carefully considered in order to mitigate the impact of bullying in this environment. Additional training of senior managers and academics on performance management skills, diversity and enhancing emotional intelligence should be undertaken. The training could be supported by ongoing coaching and mentoring, particularly in relation to emotional intelligence.

Finally, there should be greater support for academic staff who experience the physical and mental health consequences of bullying to access reporting channels and enhanced mental and physical health services.

Study limitations

The rates of workplace bullying in this study may be an underestimation owing to the operational definition, which defined bullying as 'abuse' and referred to 'sabotage'. Other definitions in the literature are more lenient and refer to 'unwanted actions' that cause offence.[44]

The presence of the ~1 000 registrars in the study sample may be one of the reasons for the low response rate. Even though registrars are recognised as staff, their trainee/student status could explain their reluctance to participate in university staff activities. In addition, all jointly appointed staff received email invitations to participate

through their university email addresses and not their personal addresses, which is known to lead to low responses.

Conclusions

This study found a high prevalence of workplace bullying, both experienced and witnessed, by academics in an FHS of an SA university. As leadership sets the tone for organisational culture, consequence management for negative workplace behaviours is imperative. The study findings suggest a need to create positive academic work environments, change organisational culture, and enhance management training in bullying prevention and critical diversity.

1. Aleksynska M, Berg J, Foden D, Johnston HES, Parent-Thirion A, Vanderleyden J; Eurofound and International Labour Organization. Working Conditions in a Global Perspective: Working Conditions Joint ILO-Eurofound Report. Luxembourg and Geneva: Publications Office of the European Union and ILO, 2019. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_696174.pdf (accessed 30 November 2019).
2. Einarsen S, Hoel H, Zapf D, Cooper C. Bullying and Harassment in the Workplace: Developments in Theory, Research, and Practice. 2nd ed. New York: CRC Press, 2010.
3. Nielsen MB, Einarsen SV. What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. Aggress Violent Behav 2018;42:71-83. https://doi.org/10.1016/j.avb.2018.06.007
4. Lippel K. Addressing Occupational Violence: An Overview of Conceptual and Policy Considerations Viewed Through a Gender Lens. Report No. 5. Geneva: International Labour Office, 2016. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_535656.pdf (accessed 20 February 2019).

5. Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: A meta-analytic review. Work Stress 2012;26(4):309-332. https://doi.org/10.1080/02678373.2012.734709

6. Zapf D, Einarsen S. Mobbing at work: Escalated conflicts in organizations. In: Fox S, Spector PE, eds. Counterproductive Work Behavior: Investigations of Actors and Targets. Washington, DC: American Psychological Organization, 2005:237-270.

7. Zabrodska K, Kveton P. Prevalence and forms of workplace bullying among university employees. Employ Respons Rights J 2013;25(2):89-108. https://doi.org/10.1007/s10672-012-9210-x

8. Keashly L, Neuman JH. Faculty experiences with bullying in higher education: Causes, consequences, and management. Adm Theory Prax 2010;32(1):48-70. https://doi.org/10.2753/ATP1084-1806320103

9. King C, Piotrowski C. Bullying of educators by educators: Incivility in higher education. Contemp Issues Educ Res 2015;8(4):257-262. https://doi.org/10.19030/cier.v8i4.9434

10. Piotrowski C, King C. The enigma of adult bullying in higher education: A research-based conceptual framework. Education 2016;136(3):299-306. https://www.researchgate.net/publication/303365811_The_enigma_of_adult_bullying_in_higher_education_a_research-based_conceptual_framework (accessed 22 September 2019).

11. LaSala KB, Wilson V, Sprunk E. Nursing academic administrators' lived experiences with incivility and bullying from faculty: Consequences and outcomes demanding action. Nurse Educ 2016;41(3):120-124. https://doi.org/10.1097/nne.0000000000000234

12. Crampton P, Wilkinson T, Anderson L, Walthert S, Wilson H. Bullying in health care settings: Time for a whole-of-system response. N Z Med J 2015;128(1424):10-13. https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f660272fd58c_Ed-Crampton1424.pdf (accessed 22 September 2019).

13. Ngalellongo F. Defining workplace bullying in institutions of higher learning. J Organ Hum Behav 2015;4(1):6-12. https://doi.org/10.21863/johb/2015.4.1.002

14. Ojedokun O, Oteri IO, Ogungbamila A. Which of the big five traits is more predictive of workplace bullying among academics in Nigeria. Niger J Appl Behav Sci 2014;2(1):184-203. https://www.researchgate.net/profile/Oluyinka_Ojedokun/publication/305815299_which_of_the_big_five_trait_is_more_predictive_of_workplace_bullying_among_academics_in_nigeria/links/57a320ce08ae2f2c24bd91a2.pdf (accessed 30 November 2019).

15. Academic Staff Association of Wits University. Bullying at Wits University: A Survey of Wits' Academics Opinions/experiences on Bullying at the University 2014 - 2015. Johannesburg: ASAWU, 2015.

16. Hazelkorn E. How rankings are reshaping higher education. In: Climent V, Michavila F, Ripolles M, eds. Los Rankings Univeritarios: Mitos y Realidades, Ed Tecnos. Mitos y Realidades; New York: Palgrave Macmillan, 2013:1-8.

17. Vieira RC, Lima MC. Academic ranking – from its genesis to its international expansion. High Educ Stud 2015;5(1):63-72. https://doi.org/10.5539/hes.v5n1p63

18. Báez-León C, Moreno-Jiménez B, Aguirre-Camacho A, Olmos R. Factors influencing intention to help and helping behaviour in witnesses of bullying in nursing settings. Nurs Inq 2016;23(4):358-367. https://doi.org/10.1111/nin.12149

19. Luparell S. Incivility in nursing: The connection between academia and clinical settings. Crit Care Nurs 2011;31(2):92-95. https://doi.org/10.4037/ccn2011171

20. Hu Y-Y, Ellis RJ, Hewitt DB, et al. Discrimination, abuse, harassment, and burnout in surgical residency training. N Engl J Med 2019;381(18):1741-1752. https://doi.org/10.1056/nejmsa1903759

21. Chowdhury ML, Husainat MM, Suson KD. Workplace bullying of urology residents: Implications for the patient and provider. Urology 2019;127:30-35. https://doi.org/10.1016/j.urology.2018.11.062

22. University of the Witwatersrand. Anti-discrimination policy and procedures. 2015. https://www.wits.ac.za/media/wits-university/students/gender-equity-and-tolerance/documents/Anti-Discrimination%20Policy%20and%20Procedures.pdf (accessed 30 November 2019).

23. Workplace Bullying Institute. The Healthy Workplace Bill. 2019. https://healthyworkplacebill.org/ (accessed 30 November 2019).

24. Council on Higher Education, South Africa. South African Higher Education Reviewed: Two Decades of Democracy. Pretoria: CHE, 2016:795-808. https://www.researchgate.net/publication/312889357_South_African_Higher_Education_Reviewed_Two_decades_of_Democracy_including_chapter_on_Governance (accessed 20 February 2019).

25. Einarsen S, Hoel H, Zapf D, Cooper C. The concept of bullying at work: The European tradition. In: Einarsen S, Hoel H, Zapf D, Cooper C, eds. Bullying and Emotional Abuse in the Workplace: International Perspectives in Research and Practice. London: Taylor & Francis, 2003:1-30.

26. Crisp N, Chen L. Global supply of health professionals. N Engl J Med 2014;370(10):950-957. https://doi.org/10.1056/nejmra1111610

27. Knebel E, Greiner AC, eds. Institute of Medicine (US) Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality. Washington, DC: National Academies Press, 2003.

28. National Department of Health, South Africa. Human Resources for Health South Africa 2030. August 2011. https://www.gov.za/sites/default/files/gcis_document/201409/dohdrafthrstrategyconsultation.pdf (accessed 20 February 2019).

29. Pietersen C. Interpersonal bullying behaviours in the workplace. SA J Ind Psychol 2007;33(1):59-66. https://doi.org/10.4102/sajip.v33i1.256

30. University of the Witwatersrand. Facts & Figures 2018/2019. https://www.wits.ac.za/media/wits-university/about-wits/documents/WITS_Facts__Figures_2018_2019_Final_RevisedMay2019[1].pdf (accessed 15 November 2019).

31. Fnais N, Soobiah C, Chen MH, et al. Harassment and discrimination in medical training: A systematic review and meta-analysis. Acad Med 2014;89(5):817-827. https://doi.org/10.1097/acm.0000000000000200

32. International Labour Organization. World Employment and Social Outlook: Trends 2019. Geneva: ILO, 2019. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_670542.pdf (accessed 15 October 2019).

33. McKay R, Arnold DH, Fratzl J, Thomas R. Workplace bullying in academia: A Canadian study. Employ Respons Rights J 2008;20(2):77-100. https://psycnet.apa.org/doi/10.1007/s10672-008-9073-3

34. Keashly L, Neuman JH. Workplace behavior (bullying) project survey. Minnesota State University, Mankato, 2008. https://www.mnsu.edu/csw/workplacebullying/workplace_bullying_final_report.pdf (accessed 16 February 2019).

35. Raskauskas J. Bullying in academia: An examination of workplace bullying in New Zealand universities. Presented at the American Education Research Association Conference, San Francisco, 20 April 2006.

36. Murray JS. Workplace bullying in nursing: A problem that can't be ignored. Medsurg Nurs 2009;18(5):273-276. https://www.academia.edu/download/31950303/CASES-workplace_bullying_in_nursing.pdf (accessed 15 October 2019).

37. Rouse LP, Gallagher-Garza S, Gebhard RE, Harrison SL, Wallace LS. Workplace bullying among family physicians: A gender focused study. J Womens Health 2016;25(9):882-888. https://doi.org/10.1089/jwh.2015.5577

38. Rahm G, Rystedt I, Wilde-Larsson B, Nordström G, Strandmark KM. Workplace bullying among healthcare professionals in Sweden: A descriptive study. Scand J Caring Sci 2019;33(3):582-591. https://doi.org/10.1111/scs.12633

39. Farrell GA, Bobrowski C, Bobrowski P. Scoping workplace aggression in nursing: Findings from an Australian study. J Adv Nurs 2006;55(6):778-787. https://doi.org/10.1111/j.1365-2648.2006.03956.x

40. Namie G, Namie R. Bully at Work: What You Can Do To Stop the Hurt and Reclaim Your Dignity on the Job. 2nd ed. Naperville, Ill.: Sourcebooks, Inc., 2009.

41. McKay RB. When I knew it was time to leave: Bottom-up workplace bullying. Int J Econ Manage Sci 2012;2(3):25-34. https://www.hilarispublisher.com/open-access/when-i-knew-it-was-time-to-leave-bottomup-workplace-bullying-2162-6359-2-126.pdf (accessed 15 October 2019).

42. Goodman T, Price M. Using an internal reconciliation commission to facilitate transformation at a health sciences faculty in post-apartheid South Africa: the case of Witwatersrand Health Sciences Faculty. Health Hum Rights 2002;6(1):211-227.

43. University of the Witwatersrand. Academic Code of Conduct. 2006. https://intranet.wits.ac.za/exec/registrar/Policies/HRG26%20-%20Code%20of%20Conduct.pdf#search=code%20of%20conduct (accessed 16 February 2019, on Wits intranet and therefore not open access).

44. Schein EH. Organizational Culture and Leadership. Vol. 2. 4th ed. San Francisco: John Wiley & Sons, 2010.