

Bullying in Medical Education: Causes and Its Impact on Student Performance

Touheed Ahmed^{1*}

¹ Shah Abdul Latief University Khairpur

*Corresponding Author: toheedhakro@gmail.com

ARTICLE INFO

Article History

Submitted:

16 December 2024

Revised:

11 October 2025

Accepted:

28 October 2025

Keywords

Bullying, Hierarchy,
Medical Students,
Education

ABSTRACT

Structure Bullying in medical education is an aggressive behavior that is repeated with the intention of harming the physical, mental, or emotional well-being of individuals perceived as weaker. This behavior often occurs between educators, residents, nurses, and students in medical settings. It violates ethical standards of the medical profession and human rights while negatively impacting the quality of education and healthcare services. This study employs a literature review methodology to analyze the causes and effects of bullying on the performance of medical students. The findings indicate that factors such as hierarchical seniority, insufficient supervision, and academic pressure contribute to bullying, which adversely affects students' mental health and academic performance. Comprehensive preventive measures are required to create a safer learning environment that supports students' well-being.

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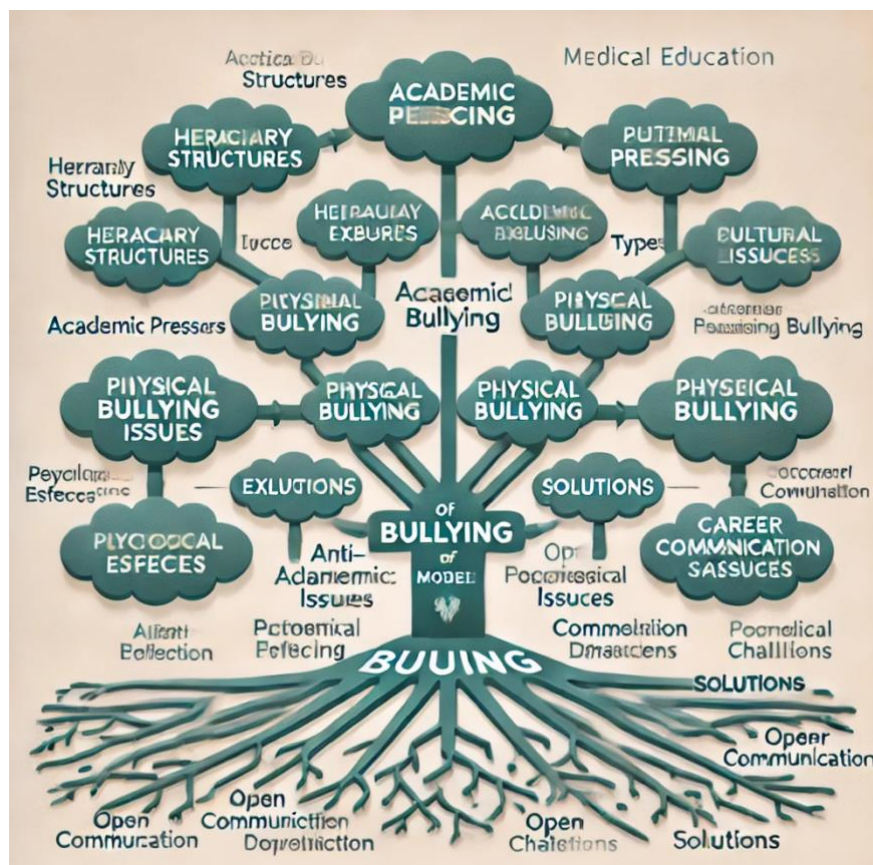
INTRODUCTION

Bullying in medical education has become an increasingly recognized issue that threatens the quality of learning and the mental health of students. Medical schools, with their rigorous academic demands and hierarchical structures, have long been criticized for fostering environments where bullying can thrive. Medical students often face immense stress from high expectations, long hours, and the pressure to perform, which can lead to a toxic culture of bullying. This bullying can manifest in various forms, from verbal abuse and humiliation to more subtle, but equally damaging behaviors such as exclusion or undermining students' confidence. Despite growing awareness of the issue, bullying in medical education remains a significant barrier to creating a healthy learning environment.

The nature of medical education, which emphasizes competition, authority, and obedience, can inadvertently encourage bullying behaviors among peers and faculty. Junior students, in particular, may become vulnerable targets due to their perceived lower status within the academic hierarchy. Additionally, the failure of medical institutions to adequately address this issue through clear policies and preventive measures exacerbates the problem. Not only does bullying harm the immediate well-being of students, but it can also have far-reaching consequences on their academic performance, mental health, and ultimately, their future careers as medical professionals.

The importance of addressing bullying in medical education cannot be overstated. As future healthcare providers, medical students are expected to exemplify compassion, professionalism, and ethical conduct. However, bullying undermines these core values and creates a contradictory learning environment where students are taught to tolerate mistreatment. The effects of bullying are profound and long-lasting, influencing not only students' academic trajectories but also their personal and professional lives. This article explores the causes of bullying in medical education, its impact on student performance, and potential strategies to combat this harmful behavior within medical schools.

The issue of bullying in medical education has gained increased attention in recent years, yet it continues to be under-researched in comparison to other forms of academic misconduct. Studies suggest that bullying in medical schools is often normalized, with many students either not recognizing the behavior as bullying or feeling powerless to speak out due to fear of retaliation or damage to their academic standing. This silence perpetuates a cycle of mistreatment, where new students learn to accept abusive behavior as a rite of passage. Moreover, faculty members, who may themselves be victims or perpetrators of bullying, often fail to intervene or take effective action, either due to lack of awareness or insufficient institutional support. This reinforces the toxic culture and exacerbates the harmful effects on students. Understanding the root causes of bullying, including the structural and cultural factors within medical schools, is essential to developing effective solutions that can protect students and foster a healthier, more supportive learning environment.



offers a holistic approach to understanding and addressing bullying in medical education.

METHODS

This study employs a literature review methodology to examine bullying in medical education, focusing on the causes and its impact on student performance. Data was gathered from various indexed journal articles, both national and international, using keywords such as "bullying," "health education," and "impact of bullying." The selected articles focus on empirical research conducted in recent years to ensure relevance and accuracy. The data was analyzed using a qualitative descriptive method to identify patterns in the causes of bullying and how this behavior affects the mental and academic well-being of medical students.

RESULTS AND DISCUSSION

Bullying and Its Causes in Medical Education

According to the Indonesian Dictionary (KBBI), bullying refers to actions or behaviors performed repeatedly by individuals or groups to harm, frighten, or degrade others who are perceived as weak or vulnerable. Bullying can include physical, verbal, or psychological behavior aimed at exploiting the weaknesses or differences of individuals, causing victims to feel threatened, unsafe, or isolated.

In the context of medical education, bullying is considered a violation of basic ethical principles such as autonomy and nonmaleficence, as well as human rights. It often occurs in physical, verbal, relational, and psychological forms, both directly and through social media. Bullying creates a non-conducive environment, reduces motivation to learn, and disrupts the mental and physical health of the victims (Nurdianto, Zamroni & Miarsa, 2022). Bullying occurs at various levels, from junior to senior students, as well as between residents and educators. Several factors contribute to bullying, including the traditional seniority hierarchy system. Senior faculty members and advanced-level students often misuse their authority to pressure junior students, perceiving this as a normal part of medical education.

Additionally, the lack of supervision by universities and teaching hospitals exacerbates the situation, as bullying reports are rarely addressed effectively, allowing perpetrators to continue with impunity. Moreover, academic and professional pressures in medical education complicate the issue, as senior members view bullying as a way to "strengthen" the mental toughness of junior students, preparing them for the harsh realities of the medical profession.

Data from incidents of bullying in medical education in Indonesia, particularly in Ministry of Health-affiliated Teaching Hospitals, show that from July 2023 to August 2024, 356 reports were received, with 211 cases in vertical hospitals and 145 in non-vertical hospitals. The most frequently reported types of bullying included non-physical, non-verbal bullying, unreasonable working hours, tasks unrelated to education, and verbal intimidation (Rokom, 2023). Incidents include residents being forced to buy food or give money to senior doctors, being assigned exhausting tasks outside their responsibilities, which affect their mental and physical health (Mojok.co, 2018). Other forms of bullying include throwing objects at victims, dismissing students' opinions, shouting, threats, and inappropriate comments towards junior residents. The hierarchical structure makes it difficult to break this cycle, as students endure mistreatment on their journey to becoming doctors or specialists (Fikri & Patih, 2024).

According to the spokesperson of the Ministry of Health, dr. M. Syahril, investigations into 156 cases of bullying resulted in disciplinary actions against 39 medical students and teaching doctors, with sanctions ranging from warnings to suspensions and even dismissal from hospital positions (Kemenkes, 2023). Despite these actions, many bullying incidents continue to be unaddressed, with bullying resuming after brief interruptions, revealing the deeply ingrained culture of seniority within medical education, which is seen as a tradition that harms the professional and emotional development of residents.

Impact of Bullying

Bullying has both short-term and long-term psychological, social, and emotional consequences for victims. In some cases, victims may perceive the unpleasant treatment as a necessary part of increasing their competencies and adapting to the workplace. However, in many instances, bullying leads to psychological disorders, negatively affects future performance, career choices, and overall job retention in the medical profession. Victims may experience trauma,

alcohol abuse, suicidal tendencies, and disappointment with their chosen profession. Negative effects of bullying include cognitive decline, with a reduction in coordination and psychological well-being by 60% (Fikri & Patih, 2024). Reports of the deaths of residents in the Specialist Doctor Training Program at Diponegoro University Faculty of Medicine suggest that bullying in medical education can lead to severe consequences, even loss of life.

Research indicates that bullying leads to high levels of psychological disturbance, social issues, depression, and physical health problems in residents. Emotional, psychological, and social problems caused by bullying may develop into more serious issues, including academic performance deterioration, divorce, infidelity, and family breakdowns. Bullying victims may experience severe physical and psychological health issues, including nausea, fatigue, self-harm, loneliness, despair, psychosis, and suicidal ideation, compared to their non-bullied peers. Some perpetrators justify their actions as a way to "mature" junior residents, despite these claims being fundamentally incorrect (Averbuch in Nurdianto et al., 2022).

In Malaysia, newspaper articles have highlighted bullying cases among young doctors in recent years, with significant negative effects on victims, including depression, job resignation, and even suicidal thoughts. Research reveals that exposure to bullying in medical workplaces can lead to mental health issues, job dissatisfaction, and burnout. Strikingly, bullied junior doctors were more likely to commit serious medical errors and have higher accident rates compared to their non-bullied peers, further exacerbating the risks to patient care (Samsudin et al., 2021).

Based on findings from Rudianto et al., bullying in healthcare reveals that most respondents (86.8%) had not experienced bullying, while the most common forms of bullying involved being ignored (49.4%) or receiving harsh criticism (38.1%). Overall, the healthcare sector has a relatively high rate of mental well-being among workers (77.7%), but bullying remains linked to distress and dissatisfaction (Hidayati, 2016; Silviandari & Helmi, 2018).

Research by Leisy and Ahmad (2016) highlights that medical trainees often assimilate behavior and attitudes from their mentors, meaning that exposure to aggressive behavior can perpetuate bullying throughout the system. Bullying is not isolated to a few individuals but can become systemic. It has profound impacts on

individuals, families, and even patient safety, potentially leading to medical errors, increased healthcare costs, and loss of quality patient care. To promote safety and quality, healthcare organizations must address the issue of bullying to improve teamwork and care delivery.

Burnout, defined by emotional exhaustion, inefficiency, and lack of personal achievement, is also higher among residents subjected to bullying. Many residents reconsider their career choices due to the emotional toll of bullying, with more than 20% of residents indicating they would not continue in medicine if given the opportunity to restart their careers.

CONCLUSION

In conclusion, bullying in medical education remains a serious and pervasive issue that undermines the academic and professional growth of students. The root causes of bullying in this environment are complex, stemming from a combination of institutional hierarchies, immense academic pressure, and the challenging nature of medical training. The power dynamics within medical schools often lead to a culture of intimidation where mistreatment, whether overt or subtle, is normalized and overlooked. Students may feel compelled to endure these behaviors to progress in their education, but this environment severely impacts their emotional and psychological well-being. The pressure to perform at high academic standards, combined with the stress of rigorous clinical training, makes students particularly vulnerable to bullying, which can take the form of verbal abuse, exclusion, or even physical intimidation. These experiences, left unchecked, contribute to a hostile learning environment, diminishing students' motivation, self-esteem, and sense of belonging. As such, it is crucial to identify and address these systemic issues to safeguard the mental health and academic success of students.

The impact of bullying extends far beyond the immediate psychological effects, influencing students' long-term performance and future careers in healthcare. Students who experience bullying are more likely to develop symptoms of anxiety, depression, and burnout, which can lead to disengagement from their studies, poor academic performance, and even premature dropout. Furthermore, the effects of bullying often carry into the professional lives of students, affecting their ability to form healthy working relationships with colleagues, patients, and supervisors. Medical education should foster a collaborative and supportive environment that nurtures resilience and emotional intelligence, ensuring that students are prepared not only academically but also personally to navigate the

challenges of the healthcare field. Addressing bullying requires comprehensive institutional efforts, including the establishment of clear anti-bullying policies, creating supportive counseling services, and promoting an open dialogue between faculty and students. Ultimately, by tackling bullying in medical education, institutions can cultivate future healthcare professionals who are not only competent but also compassionate and equipped to deliver the highest standards of patient care.

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