Dear Editor,

Bullying has traditionally been considered normal during health professional training (1). However, it is now recognized as harmful to both academic training and mental and emotional health, with negative consequences such as low career satisfaction, depression, burnout syndrome, and post-traumatic stress symptoms (2,3).

The hierarchy observed in the different stages of the medical career facilitates power abuse and makes medical students vulnerable. Likewise, frequently undervaluing abuse leads to less willingness to report bullying cases, and in the continuity of this behavior over time (1,4). During medical internships, students are also considered as workers, which increases the chances of being bullied; in addition, the training environment differs from what they experienced early in their career (3).

In December 2016, we conducted a study to determine the characteristics of bullying perceived during medical internship. A previously validated questionnaire (1) was applied to medical interns in three hospitals subscribed to the Ministry of Health (MINSA) in Chiclayo, Peru. The questionnaire was divided into two parts: 1) sociodemographic data (sex, age, and hospital), and 2) perception of bullying according to psychological, physical, academic and sexual components.

70 medical interns were surveyed, 20 from Hospital Belén de Lambayeque, 20 from Hospital Regional de Lambayeque, and 30 from Hospital Las Mercedes. The median age was 25 (IQR: 22-30), and 37 participants (52.9%) were male. The universities of origin were Universidad San Martín de Porres (30/70), Universidad Nacional Pedro Ruiz Gallo (18/70), Universidad Santo Toribio de Mogrovejo (11/70), Universidad de Chiclayo (10/70) and Universidad Privada Antenor Orrego (1/70).

The study found that all participants had perceived some type of bullying at least once during the course of the internship. Regarding the psychological component, the most frequent types of bullying (at least once a month) were being shouted at (64/70), and receiving unjustified criticism (64/70) and negative or derogatory comments (59/70). In relation to the physical component, students reported being assigned excessive work (58/70); in the academic component, they were assigned tasks as punishment while others took credit for their work (both 62/70), and in the sexual component, students received sexual or obscene comments and were shown offensive sexual images (both 35/70) (Figure 1).

Results show that bullying is frequently perceived by the medical interns of these hospitals. Previous studies conducted in Peru (1) and Chile (3) showed similar results, reporting at least one incident in 89.8% and 90.9%, respectively, being verbal abuse the most common one.

These results reflect an institutional culture that facilitates and promotes power abuse (1,5). To avoid this in the future, making teachers and medical students aware of the harmful effects of bullying on academic performance and emotional health is highly important. A study by Fried et al. (2012) concluded that the creation of a Gender and Power Abuse Prevention Committee, as well as implementing anonymous periodic evaluations to medical students, may have a beneficial but limited effect on the reduction of bullying cases. Furthermore, they suggest that to achieve greater impact, institutional and national zero tolerance policies are required (4).

Bullying and medical education do not go hand in hand. The next generations of health professionals have the responsibility to humanize the relationship between doctor and patients, and also between doctor and students.

Authors’ contribution
All authors contributed to the conception and design of the study, analyzed and interpreted the data collected, drafted the manuscript, critically revised the content, and gave their final approval.

Funding
None stated by the authors.

Conflict of interests
None stated by the authors.
**Figure 1.** Types of bullying perceived by medical interns from three hospitals of the Ministry of Health, Lambayeque, Peru 2016. Source: Own elaboration based on the data obtained in the study.

**References**


