

The Studies of Legal Framework between Malaysia and the United Kingdom in Combating Bullying among Junior Doctor

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ABSTRACT

This research critically examines the adequacy of the legal framework in Malaysia in addressing workplace bullying among junior doctors and draws comparative insights from the United Kingdom's legal and institutional measures. Bullying in medical settings, particularly during early career stages, has emerged as a serious concern with detrimental effects on mental health, job satisfaction, professional development, and patient care. Despite growing awareness, underreporting, fear of retaliation, and hierarchical power dynamics continue to hinder effective prevention and resolution in Malaysia. Through an in-depth literature review, analysis of statutory and subsidiary legislation, and a comparative study of healthcare governance structures, the research finds that Malaysia's existing legal instruments, such as the Occupational Safety and Health Act 1994, Employment Act 1955, Code of Professional Conduct 2019 and Good Medical Practice 2019 offer only indirect protections and lack specificity, enforcement, and healthcare-centric orientation. In contrast, the United Kingdom adopts a multi-tiered strategy integrating the Equality Act 2010, Protection from Harassment Act 1997, Worker Protection (Amendment of Equality Act 2010) Act 2023, Freedom to Speak Up Policy, Institutional Safeguards, and Professional Codes of Conduct enforced by the General Medical Council. These mechanisms promote a culture of transparency, protect whistle-blowers, and hold leadership accountable. The research concludes that Malaysia requires a comprehensive policy overhaul, including the enactment of specific anti-bullying legislation, the establishment of independent reporting mechanisms, mandatory training for senior doctors, and cultural reform within healthcare institutions. By drawing on the UK's best practices while adapting to local contexts, Malaysia can create a safer, more supportive working environment for junior doctors, ultimately improving healthcare delivery and patient outcomes.

Keywords: workplace bullying, junior doctors, legal framework, comparative study, healthcare governance

INTRODUCTION

Workplace bullying among junior doctors represents a critical challenge that undermines both individual well-being and healthcare system effectiveness. The hierarchical nature of medical training environments, combined with high-stress conditions and power imbalances, creates fertile ground for bullying behaviours that can have devastating consequences on young medical professionals [1]. The phenomenon of bullying in healthcare settings is not unique to Malaysia but represents a global concern that affects healthcare systems worldwide. Junior doctors, being at the bottom of the medical hierarchy, are particularly vulnerable to various forms of bullying, including verbal abuse, professional undermining, excessive workload assignment, and exclusion from learning opportunities [2]. These experiences not only affect the mental health and professional development of individual doctors but also compromise patient safety and healthcare quality. The Malaysian healthcare system has witnessed several high-profile cases that have exposed the severity of bullying among medical professionals. The tragic death of a houseman in 2022 brought national attention to the toxic work culture prevalent in many healthcare institutions [3]. This incident, along with subsequent revelations of

widespread bullying practices, has prompted calls for urgent reform of the legal and regulatory framework governing workplace conduct in healthcare settings

In contrast, the United Kingdom has developed a more comprehensive approach to addressing workplace bullying in healthcare through a combination of legislative measures, institutional policies, and cultural initiatives. The UK's multi-tiered strategy includes specific anti-bullying legislation, whistle-blower protection mechanisms, and professional accountability measures that create a more supportive environment for junior doctors [4]. This comparative study aims to examine the adequacy of Malaysia's current legal framework in addressing workplace bullying among junior doctors and to identify lessons that can be learned from the United Kingdom's approach. The research seeks to understand the gaps in Malaysia's existing legal protections and to propose recommendations for strengthening the regulatory framework to better protect junior doctors from workplace bullying

The significance of this study extends beyond academic inquiry to practical implications for policy development and healthcare governance. By comparing the legal frameworks of Malaysia and the United Kingdom, this research provides insights into effective strategies for combating workplace bullying and creating safer working environments for healthcare professionals. The findings of this study are intended to inform policy makers, healthcare administrators, and legal practitioners about the need for comprehensive reform in addressing workplace bullying among junior doctors.

LITERATURE REVIEW

The literature on workplace bullying in healthcare settings reveals a complex phenomenon that intersects with issues of professional hierarchy, organizational culture, and regulatory oversight. Bullying in healthcare environments has been extensively studied internationally, with researchers identifying common patterns and consequences that transcend national boundaries [5].

Definition and Characteristics of Workplace Bullying

Workplace bullying is generally defined as repeated, unreasonable behaviour directed toward an employee or group of employees that creates a risk to health and safety [6]. In the context of healthcare, bullying often manifests through various forms including verbal aggression, professional undermining, excessive criticism, exclusion from professional activities, and assignment of unreasonable workloads [7]. The power dynamics inherent in medical training environments, where junior doctors are dependent on senior colleagues for learning opportunities and career advancement, create particular vulnerabilities to bullying behaviours

Research has identified several characteristics that distinguish workplace bullying from isolated incidents of conflict or disagreement. These include the systematic nature of the behaviour, the power imbalance between perpetrator and victim, and the negative impact on the target's professional and personal well-being [8]. In healthcare settings, bullying often occurs within the context of medical training and supervision, making it particularly challenging to identify and address.

Prevalence and Impact of Bullying Among Junior Doctor

Studies from various countries have documented high rates of bullying among junior doctors, with prevalence rates ranging from 30% to 70% depending on the definition used and the healthcare system studied [9]. In Malaysia, a survey conducted by the Malaysian Medical Association in 2024 found that two out of five doctors had experienced bullying during their careers, with junior doctors being disproportionately affected [10]

The impact of workplace bullying on junior doctors extends beyond immediate psychological distress to include long-term consequences for professional development and patient care. Research has shown that bullied junior doctors experience higher rates of depression, anxiety, and burnout, leading to increased turnover rates and reduced job satisfaction [11]. These individual impacts translate into broader systemic effects, including compromised patient safety, reduced healthcare quality, and increased healthcare costs.

Legal and Regulatory Responses to Workplace Bullying

The legal response to workplace bullying varies significantly across jurisdictions, reflecting different approaches to employment law, occupational health and safety regulation, and professional governance. Some countries have enacted specific anti-bullying legislation, while others rely on existing employment and discrimination laws to address bullying behaviors [12]

In the context of healthcare, professional regulatory bodies play a crucial role in setting standards for professional conduct and addressing misconduct. However, the effectiveness of professional regulation in addressing workplace bullying depends on the comprehensiveness of professional codes, the robustness of enforcement mechanisms, and the willingness of victims to report incidents [13].

Comparative Studies of Legal Framework

Comparative studies of legal frameworks for addressing workplace bullying have identified several key factors that contribute to effective prevention and response mechanisms. These include clear legal definitions of bullying, comprehensive reporting procedures, protection for whistle-blowers, and accountability mechanisms for organizations and individuals [14]

The United Kingdom's approach to addressing workplace bullying in healthcare has been characterized as comprehensive and multi-faceted, incorporating legislative measures, institutional policies, and cultural initiatives. The Freedom to Speak Up policy, introduced following the Francis Report on the Mid Staffordshire NHS Foundation Trust, represents a significant shift toward creating a culture of transparency and accountability in healthcare organizations [15].

Challenges in Addressing Workplace Bullying among young doctor

Despite increasing awareness and policy attention, addressing workplace bullying in healthcare remains challenging. Research has identified several barriers to effective prevention and response, including underreporting due to fear of retaliation, hierarchical organizational cultures that discourage complaints, and inadequate investigation and resolution procedures [16]

The medical profession's emphasis on hierarchy and authority can create particular challenges in addressing bullying behaviours. Junior doctors may be reluctant to report bullying by senior colleagues due to concerns about career advancement and professional relationships. This culture of silence perpetuates bullying behaviours and undermines efforts to create safer working environments [17].

The Research Finding

Legal Framework in Malaysia

The analysis of Malaysia's legal framework reveals a fragmented approach to addressing workplace bullying among junior doctors, with existing legislation providing only indirect and limited protections. The primary legal instruments relevant to workplace bullying include the Occupational Safety and Health Act 1994, the Employment Act 1955, and Professional Codes of Conduct established by the Malaysian Medical Council.

Occupational Safety and Health Act 199

The Occupational Safety and Health Act 1994 (OSHA) represents Malaysia's primary legislation governing workplace safety and health. However, the Act's focus on physical safety hazards means that psychological harassment and bullying fall into a regulatory gray area [18]. While the Act requires employers to ensure the safety and health of employees, the interpretation of what constitutes a safe working environment in terms of psychological well-being remains unclear.

The 2022 amendment to OSHA introduced some provisions related to workplace harassment, but these remain limited in scope and lack specific application to healthcare settings. The enforcement mechanisms under

OSHA are primarily designed for industrial safety violations and may not be well-suited to addressing the complex interpersonal dynamics involved in workplace bullying [19].

Employment Act 1955

The Employment Act 1955 (EA) provides basic employment protections but lacks specific provisions addressing workplace bullying or harassment. The Act's general provisions regarding unfair dismissal and workplace conduct offer limited protection for junior doctors who experience bullying, particularly given the unique employment relationships in healthcare training programs [20].

The Act's complaint mechanisms are designed for traditional employer-employee relationships and may not adequately address the complex hierarchical relationships in medical training environments. Junior doctors, who often hold temporary positions with limited job security, may find little practical protection under the existing employment law framework [21].

Professional Codes of Conduct

The Malaysian Medical Council's Code of Professional Conduct 2019 and Good Medical Practice 2019 establish professional standards for medical practitioners, including provisions related to professional behaviour and collegiality. However, these codes focus primarily on patient care and professional competence rather than workplace relationships and bullying prevention [22].

The enforcement of professional codes relies on the Malaysian Medical Council's disciplinary procedures, which are primarily designed to address serious professional misconduct rather than workplace bullying. The complaint process is formal and may be intimidating for junior doctors seeking to report bullying by senior colleagues [23].

Legal Framework in United Kingdom

The United Kingdom's approach to addressing workplace bullying among junior doctors is characterized by a comprehensive, multi-layered framework that combines legislative protections, institutional policies, and cultural initiatives. This integrated approach provides multiple avenues for prevention, reporting, and resolution of bullying incidents.

Legislative Framework

The UK's legislative framework includes several key pieces of legislation that provide comprehensive protection against workplace bullying and harassment. The Equality Act 2010 prohibits harassment related to protected characteristics and establishes employer liability for harassment by employees [24]. The Protection from Harassment Act 1997 provides both civil and criminal remedies for harassment, including workplace harassment [25].

The recent Worker Protection (Amendment of Equality Act 2010) Act 2023 strengthens employer obligations to prevent harassment and introduces proactive duties for employers to take reasonable steps to prevent harassment of their workers [26]. This legislation represents a significant shift toward preventive rather than merely reactive approaches to workplace harassment.

Institutional Policies and Frameworks

The National Health Service (NHS) has developed comprehensive policies and frameworks for addressing workplace bullying and harassment. The Freedom to Speak Up policy, implemented across all NHS organizations, provides protected channels for raising concerns about patient safety, quality of care, or staff treatment [27]. This policy includes specific protections for whistle-blowers and requires organizations to demonstrate how they encourage and support staff to speak up.

The NHS also implements mandatory training programs on dignity at work, bullying and harassment prevention, and bystander intervention. These programs are designed to create a culture of respect and accountability throughout healthcare organizations [28].

Professional Regulation

The General Medical Council (GMC) in the UK has developed comprehensive guidance on professional behaviour and workplace conduct. The GMC's guidance on "Good Medical Practice" includes specific provisions on treating colleagues fairly and with respect, and the organization has established clear procedures for investigating and addressing complaints about professional behaviour [29].

The GMC works closely with healthcare organizations to promote professional standards and provides support for doctors who experience workplace difficulties. This collaborative approach helps ensure that professional regulation reinforces rather than conflicts with organizational policies [30].

Comparative Analysis of The Effectiveness of Legal Framework

The comparative analysis reveals significant differences in the comprehensiveness and effectiveness of the legal frameworks in Malaysia and the United Kingdom. The UK's multi-tiered approach provides more comprehensive protection and multiple avenues for addressing workplace bullying, while Malaysia's fragmented approach leaves significant gaps in protection for junior doctors.

Prevention and Early Intervention

The UK's emphasis on prevention through mandatory training, cultural initiatives, and proactive employer duties contrasts sharply with Malaysia's reactive approach. The Freedom to Speak Up policy and similar initiatives create a culture that encourages early reporting and intervention, potentially preventing escalation of bullying behaviours [31].

Malaysia's current framework lacks comprehensive prevention strategies and relies primarily on reactive measures after incidents have occurred. The absence of mandatory training on workplace behaviour and bullying prevention means that many healthcare workers lack awareness of appropriate professional conduct and reporting mechanisms [32].

Reporting and Investigation Mechanisms

The UK's multiple reporting channels, including Freedom to Speak Up guardians, professional regulatory bodies, and civil/criminal legal remedies, provide options for victims with different needs and circumstances. The protection of whistle-blowers and emphasis on organizational accountability encourage reporting and ensure appropriate investigation of complaints [33].

Malaysia's reporting mechanisms are more limited and may be less accessible to junior doctors. The formal nature of existing complaint procedures and the lack of specific protections for complainants may discourage reporting and allow bullying behaviours to continue unchecked [34].

Accountability and Enforcement

The UK's framework includes clear accountability mechanisms for both individual perpetrators and healthcare organizations. The combination of professional regulation, employment law remedies, and organizational policies creates multiple layers of accountability that reinforce appropriate behaviour [35].

Malaysia's enforcement mechanisms are less comprehensive and may not effectively hold perpetrators or organizations accountable for bullying behaviours. The limited integration between different regulatory bodies and the lack of specific anti-bullying legislation reduce the effectiveness of enforcement efforts [36].

Causes of Bullying Among Young Doctor in Malaysia

This study also includes findings from qualitative structured interviews conducted with junior doctors in Malaysia to assess their understanding of the existing legal framework and to gather information on the causes of bullying, as follows:

Respondent 1	A junior doctor in Malaysia and knows firsthand the realities of practicing in the local healthcare system. Although he has not personally been bullied, this respondent gives insight into the deep-seated culture of hierarchy, long working hours, and the absence of specific legal protections for junior doctors. They refer to the issues that are faced by house officers, including overwork, sleep deprivation, and pressure to adhere to unwritten rules demanded by seniors. The respondent also mentions the insufficiency of existing platforms for providing feedback and the need for improved, clearer policies to safeguard the well-being of junior doctors.
Respondent 2	A junior doctor who gives a view informed by experience spanning more than two years in the Malaysian health system. This respondent emphasizes hierarchical structure casualness, outdated beliefs, and work stress as foundations of physician bullying. They acknowledge that there are reporting mechanisms like <i>Sistem Pengurusan Aduan Awam KKM</i> (SISPAA) which is an online platform for managing feedback such as complaints, appreciation, inquiries, and suggestions from the public regarding the services of the Ministry of Health Malaysia (KKM) and Occupational Safety and Health Administration (OSHA) but doubt whether they are effective in reshaping the foundation issues. The respondent advocates for such changes as confidential reporting mechanisms, professionalism and conflict resolution training, and stricter legislation to ensure safety and mental health of young doctors.
Respondent 3	A criminal and civil litigation lawyer who is also experienced in conveyancing. He has been practicing law since 2012 and undergone various types of roles such as partnership and sole proprietorship. Drawing on his experience in the law, he analyzes the etiology of bullying in medicine as a mirror of hierarchical structure, bad administration, and non-enforcement in law. He describes the relevant legislation, OSHA 1994, the Employment Act 1955 and the Whistleblower Protection Act 2010, and decries their failures. He proposes legal reforms, clear-cut definitions of bullying, and the establishment of independent monitoring bodies so as to protect junior doctors in the best possible way.
Respondent 4	A doctor who provides brief but sharp remarks. This respondent mentions understaffing and overwork at the workplace as key contributors to medical profession bullying. He states the lack of current legal protection and how common such issues are among medical practitioners. The respondent suggests that legislation like OSHA 1994 and the Employment Act 1955 would have to be rewritten and more strictly enforced. They also stress the necessity of cultural change and continuous education to overcome the underlying reasons for bullying and improve the working environment for junior doctors.

Table 1: The causes, legal framework, enforcement tools, and social culture of workplace bullying amongst young doctors

RECOMMENDATIONS AND CONCLUSIONS

Recommendations for Malaysia

Based on the comparative analysis of legal frameworks and the identified gaps in Malaysia's current approach, several key recommendations emerge for strengthening protection against workplace bullying among junior doctors.

Legislative Reforms

Malaysia should consider enacting comprehensive anti-bullying legislation specifically designed to address workplace harassment in healthcare settings. This legislation should include clear definitions of bullying behaviour, establish proactive duties for healthcare organizations, and provide multiple remedies for victims [37]. The legislation should be modelled on successful international examples while being adapted to Malaysia's legal system and cultural context.

The existing Occupational Safety and Health Act should be amended to explicitly include psychological safety and workplace bullying within its scope. This would provide a stronger legal foundation for addressing bullying behaviours and would enable more effective enforcement by occupational safety authorities [38].

Institutional Reforms

Healthcare organizations in Malaysia should be required to implement comprehensive anti-bullying policies that include clear reporting mechanisms, investigation procedures, and support services for victims. These policies should be modelled on the UK's Freedom to Speak Up framework and should include protection for whistle-blowers and accountability measures for leadership [39].

The establishment of independent ombudsman services or similar mechanisms could provide additional avenues for reporting and resolving workplace bullying incidents. These services should be independent of healthcare organizations and should have the authority to investigate complaints and recommend remedial action [40].

Professional Regulation Reforms

The Malaysian Medical Council should strengthen its professional codes of conduct to include specific provisions addressing workplace bullying and harassment. The enforcement mechanisms should be enhanced to ensure timely and effective investigation of complaints, and the disciplinary procedures should include appropriate sanctions for bullying behaviours [41].

Professional training and continuing education programs should include mandatory components on workplace behaviour, bullying prevention, and professional collegiality. These programs should be required for all medical practitioners and should be regularly updated to reflect best practices and emerging issues [42].

Cultural and Organizational Changes

Healthcare organizations should implement comprehensive cultural change initiatives designed to promote respect, collegiality, and professional behavior. These initiatives should include leadership training, bystander intervention programs, and regular assessment of workplace culture [43].

The medical profession in Malaysia should engage in broader discussions about professional values and workplace culture, with senior leaders taking responsibility for modeling appropriate behavior and holding colleagues accountable for their conduct [44].

Implementation Strategy

The implementation of these recommendations requires a coordinated approach involving government agencies, healthcare organizations, professional bodies, and individual practitioners. A phased implementation strategy should be developed that prioritizes the most critical reforms while building capacity for longer-term changes [45].

The government should establish a multi-stakeholder task force to oversee the development and implementation of anti-bullying reforms. This task force should include representatives from the Ministry of Health, legal experts, healthcare organizations, professional bodies, and junior doctor representatives [46]. Adequate resources should be allocated for training, system development, and enforcement activities. The cost

of implementing comprehensive anti-bullying measures should be viewed as an investment in healthcare quality and professional development rather than as an additional burden on the healthcare system [47].

Monitoring and Evaluation

A comprehensive monitoring and evaluation framework should be established to assess the effectiveness of anti-bullying measures and to identify areas for continuous improvement. This framework should include regular surveys of healthcare workers, analysis of complaint data, and assessment of organizational culture [48].

The monitoring system should include mechanisms for tracking the implementation of recommendations and measuring progress toward creating safer working environments for junior doctors. Regular reporting on progress should be provided to stakeholders and the public to ensure accountability and transparency [49].

Conclusions

This comparative study has revealed significant gaps in Malaysia's legal framework for addressing workplace bullying among junior doctors when compared to the United Kingdom's comprehensive approach. The UK's multi-tiered strategy, which combines legislative protections, institutional policies, professional regulation, and cultural initiatives, provides a more effective foundation for preventing and addressing workplace bullying.

Malaysia's current framework, while containing some relevant provisions, lacks the comprehensiveness and integration necessary to effectively address the complex challenge of workplace bullying in healthcare settings. The fragmented nature of existing protections, combined with cultural and organizational barriers to reporting, creates an environment where bullying behaviours can persist and cause significant harm to individual doctors and the healthcare system as a whole.

The recommendations presented in this study provide a roadmap for strengthening Malaysia's approach to combating workplace bullying among junior doctors. The implementation of these recommendations would require significant commitment from government, healthcare organizations, and the medical profession, but the benefits in terms of improved professional well-being, healthcare quality, and patient outcomes would justify the investment required.

The experience of the United Kingdom demonstrates that comprehensive reform is possible and can be effective in creating safer working environments for healthcare professionals. By learning from international best practices while adapting to local contexts, Malaysia can develop a more effective approach to addressing workplace bullying and creating a more supportive environment for junior doctors.

The ultimate goal of these reforms should be to create a healthcare system where all professionals can work with dignity and respect, free from bullying and harassment. This would not only benefit individual doctors but would also contribute to improved healthcare delivery and better outcomes for patients. The time for action is now, and the recommendations presented in this study provide a foundation for moving forward with necessary reforms.

REFERENCES

1. Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: A systematic review and meta-analysis. *Academic Medicine*, 89(5), 817-827.
2. Illing, J., Carter, M., Thompson, N. J., Crampton, P. E., Morrow, G., Howse, J. & Peile, E. (2013). Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. Final Report. Durham University.
3. Health Ministry Sets Up Independent Task Force to Improve Work Culture Following Houseman's Death. (2022, May 13). Malay Mail. <https://www.malaymail.com/news/malaysia/2022/05/13/health-ministry-sets-up-independent-task-force-to-improve-work-culture-foll/2058740>

4. Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Stationery Office.
5. Workplace Bullying Institute. (2021). WBI U.S. Workplace Bullying Survey. <https://workplacebullying.org/>
6. Occupational Safety and Health Act 1994 (Malaysia).
7. Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (Eds.). (2020). Bullying and harassment in the workplace: Theory, research and practice. CRC Press.
8. Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by bullying in the American workplace: Prevalence, perception, degree and impact. *Journal of Management Studies*, 44(6), 837-862.
9. Mahon, B., Pattani, S., & Cowan, J. (2020). A systematic review of the prevalence of workplace bullying in healthcare settings. *International Journal of Workplace Health Management*, 13(3), 341-361.
10. Malaysian Medical Association. (2024). Survey on bullying among Malaysian doctors: Findings and analysis. <https://www.thestar.com.my/news/nation/2023/10/15/two-out-of-five-doctors-have-been-bullied-before-survey-finds>
11. Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C., & Illing, J. (2013). Workplace bullying in the UK NHS: A questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*, 3(6), e002628.
12. Yamada, D. C. (2008). Workplace bullying and American employment law: A ten-year progress report and assessment. *Comparative Labor Law & Policy Journal*, 32, 251.
13. General Medical Council. (2020). Good medical practice. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>
14. Hoel, H., & Cooper, C. L. (2000). Destructive conflict and bullying at work. Manchester School of Management, UMIST.
15. NHS England. (2016). Freedom to Speak Up: Raising concerns (whistleblowing) policy for the NHS. <https://www.england.nhs.uk/publication/freedom-to-speak-up-policy/>
16. Baillien, E., Neyens, I., De Witte, H., & De Cuyper, N. (2009). A qualitative study on the development of workplace bullying: Towards a three way model. *Journal of Community & Applied Social Psychology*, 19(1), 1-16.
17. Hickling, L. S., Perez-Iglesias, R., McNeill, A., Dawson, A., Moxham, J., Ruffell, T., ... & Cheeta, S. (2021). Mental health of doctors during the COVID-19 pandemic: A systematic review and meta-analysis. *The Lancet Psychiatry*, 8(10), 917-930.
18. Occupational Safety and Health Act 1994 (Malaysia), Section 15.
19. Occupational Safety and Health (Amendment) Act 2022 (Malaysia).
20. Employment Act 1955 (Malaysia), Part XII.
21. Malaysian Medical Council. (2019). Code of Professional Conduct 2019.
22. Malaysian Medical Council. (2019). Good Medical Practice 2019.
23. Medical Act 1971 (Malaysia), Part V.
24. Equality Act 2010 (UK), Chapter 15.
25. Protection from Harassment Act 1997 (UK).
26. Worker Protection (Amendment of Equality Act 2010) Act 2023 (UK).
27. NHS England. (2019). Freedom to Speak Up Guardian role in a nutshell. <https://www.england.nhs.uk/publication/freedom-to-speak-up-guardian-role/>
28. NHS Employers. (2020). Dignity at work: Bullying and harassment. <https://www.nhsemployers.org/>
29. General Medical Council. (2021). Workplace culture and environment. <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-and-business-plans/supporting-a-profession-under-pressure/workplace-culture-and-environment>
30. *Majrowski v Guy's and St Thomas' NHS Trust* [2006] UKHL 34.
31. Rayner, C., & Cooper, C. L. (2003). The black hole in 'bullying at work' research. *International Journal of Management and Decision Making*, 4(1), 47-64.
32. Housemen Bullying Due to Absence of Stringent SOP – Expert. (2022, May 5). Sinar Daily. <https://www.sinardaily.my/article/174384/malaysia/national/housemen-bullying-due-to-absence-of-stringent-sop-ndash-expert>

33. Dyer, C. (2020). UK introduces new legal duty on employers to prevent workplace harassment. *BMJ*, 371, m4547.
34. Ministry of Health Malaysia. MyHELP Online Complaint System. <https://myhelp.spab.gov.my/eApps/system/index.do>
35. Advisory, Conciliation and Arbitration Service. (2020). Bullying and harassment at work: A guide for managers and employers. <https://www.acas.org.uk/>
36. Tong, G., & Ariff, S. U. (2024, October 6). Flushing out toxic workplaces. *The Star*. <https://www.thestar.com.my/news/nation/2024/10/06/flushing-out-toxic-workplaces>
37. Dewan Rakyat, Parliamentary Debate, 19 February 2025, page 13 (Hansard). <https://www.parlimen.gov.my/hansard-dewan-rakyat.html>
38. Dewan Rakyat, Parliamentary Debate, 26 November 2024, Fifteenth Parliament, Third Session, Meeting 3, Hansard, Parliament of Malaysia, p. 114f.
39. Free Malaysia Today. (2023, February 20). False complainants harass civil servants via online complaints system. <https://www.freemalaysiatoday.com/category/nation/2023/02/20/false-complainants-harass-civil-servants-via-online-complaints-system>
40. Gov.UK. Workplace bullying and harassment. <https://www.gov.uk/workplace-bullying-and-harassment>
41. Health and Safety Executive. (2020). Managing the causes of work-related stress: A step-by-step approach using the Management Standards. HSE Books.
42. International Labour Organization. (2019). Violence and harassment in the world of work. ILO Publications.
43. Keashly, L., & Harvey, S. (2005). Emotional abuse in the workplace. In S. Fox & P. E. Spector (Eds.), *Counterproductive work behavior: Investigations of actors and targets* (pp. 201-235). American Psychological Association.
44. Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology*, 5(2), 165-184.
45. Nielsen, M. B., & Einarsen, S. (2012). Outcomes of exposure to workplace bullying: A meta-analytic review. *Work & Stress*, 26(4), 309-332.
46. Samnani, A. K., & Singh, P. (2012). 20 years of workplace bullying research: A review of the antecedents and consequences of bullying in the workplace. *Aggression and Violent Behavior*, 17(6), 581-589.
47. Spector, P. E., & Fox, S. (2005). The stressor-emotion model of counterproductive work behavior. In S. Fox & P. E. Spector (Eds.), *Counterproductive work behavior: Investigations of actors and targets* (pp. 151-174). American Psychological Association.
48. Vartia, M. A. L. (2001). Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scandinavian Journal of Work, Environment & Health*, 27(1), 63-69.
49. Zapf, D., & Einarsen, S. (2005). Mobbing at work: Escalated conflicts in organizations. In S. Fox & P. E. Spector (Eds.), *Counterproductive work behavior: Investigations of actors and targets* (pp. 237-270). American Psychological Association.