



Original Article



Workplace Politics and Its Effect on Postgraduate Obstetrics and Gynecology Training: An Exploratory Study

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ABSTRACT

Power, favoritism, and informal influence are the hallmark features of workplace politics, which can have significant implications on postgraduate medical education. **Objectives:** To investigate the effects of these dynamics on learning, morale, and professional growth among obstetrics and gynecology fellowship trainees in two tertiary care hospitals in Pakistan. **Methods:** Qualitative exploratory study using thematic analysis of semi-structured interviews and open-ended survey responses. Sixteen female obstetrics and gynecology fellows from two different teaching hospitals of Pakistan responded; the names of these hospitals are being kept anonymous. Data were collected via anonymous online questionnaires with quantitative Likert items and open-ended questions, followed by in-depth semi-structured interviews. Responses underwent inductive coding to identify recurrent themes around politics, mentorship, bullying, and workplace culture. **Results:** Six themes emerged: (1) favoritism affecting access to surgical cases and evaluations, (2) lack of supervisory accountability, (3) isolation and reduced self-confidence among non-favored trainees, (4) impaired team cohesion, (5) normalization of political behavior, and (6) absence of formal grievance mechanisms. Quantitatively, 75% of trainees reported that workplace politics substantially hindered their learning, including limited clinical exposure, delayed skill acquisition, and reduced participation in teaching sessions. Additionally, 87.5% felt uncomfortable reporting bias or bullying, highlighting a lack of psychological safety in the training environment. **Conclusions:** Workplace politics in postgraduate obstetrics and gynecology training negatively impact learning outcomes by restricting access to practical training, reducing self-efficacy, and undermining collaborative learning. Implementing transparent case allocation, ethical leadership training, anonymous reporting mechanisms, and structured audits is essential to foster an equitable and supportive educational environment.

INTRODUCTION

Workplace politics can be defined as unofficial practices and influence strategies by an individual or a group of people to achieve a specific goal, usually to their own benefit, at the cost of others [1]. In the healthcare system, politics may influence resource distribution, career advancement, and the distribution of learning opportunities [2]. Postgraduate medical education,

especially in the field of surgery, is based on the fairness of access to cases, mentorship, and feedback to become competent and confident [3]. Training environments may suffer the loss of trust, degraded collaboration, and prejudiced learning results when political actions like favoritism, gossip, and power politics find their way into them [4]. Research in various health care facilities has



shown negative impacts of the political conditions on work-based learning and health. Chang et al. found that negative competition, power games, and blame reduced learning transfer among Taiwanese nurses to a large extent [5]. A different study established that office politics raised the level of employee cynicism and reduced engagement that mediated the decline in learning efficacy [6]. Mitosis and colleagues noted the relation of political stressors and ill-health results among Dutch hospital workers [7]. These results highlight the urgent necessity to learn about the experience of politics in postgraduate medical education. To address this gap, the present study aims to explore the perceived impact of workplace politics on learning, professional development, and interpersonal relationships among obstetrics and gynecology postgraduate trainees in two tertiary care hospitals in Pakistan. The objectives of the study are: (1) to assess how workplace politics affects access to clinical training, surgical opportunities, and educational activities, (2) to examine the effects of workplace politics on trainee morale, self-efficacy, and peer relationships, and (3) to identify trainee-recommended strategies to mitigate the negative impact of workplace politics on learning. The central research question guiding this study is: How does workplace politics influence learning outcomes, professional development, and interpersonal relationships among obstetrics and gynecology postgraduate trainees? The expressions of workplace politics can take a very diverse form, as they may include acts of favoritism and gossip, sabotage, bullying, seclusion, withholding of essential information, and, at least, unethical practices [7, 8]. The existing data indicate that the effects of workplace politics on learning to acquire surgical skills in postgraduate Obstetrics and Gynecology programs are dual, specifically, in the post-training programs that are based on the on-the-job programs [9, 10]. On the one hand, a positive and helpful environment leads to the establishment of positive relations in the workplace and, consequently, enhances the learning process significantly. Such an environment not only contributes to the skills development through mentorship and guidance of the seasoned professionals but also assists in developing a feeling of harmony and teamwork, which are crucial in networking of the professional beings, in addition to personal growth and development [11, 12]. In its turn, the adverse consequences of workplace politics can be displayed in a competitive or hostile work culture, according to which the trainees might feel cornered, marginalized, and even intimidated. This may trigger a chain of negative educational processes, such as isolation, low motivation, and unwillingness to participate in the learning process as a whole. Within this kind of

environment, the education system will be compromised by favoritism and prejudice, which might result in stress or anxiety in trainees¹⁰. It has been emphasized that too much politics tends to make an employee isolated and demoralized. This, in the case of a trainee, may result in insufficient confidence and failure to do and learn anything at all, with a marked psychological blurring. Moreover, politics may lead to a negative work environment that decreases the quality of training and education, and decreases job satisfaction, in addition to job productivity. It is also capable of stopping learning and acquisition of skills by postgraduate fellows in medicine. It is therefore important to tackle the issue of politics at the workplace in a friendly manner and ensure that a healthy work culture that facilitates learning and development is put in place [13, 14]. Bullying that is usually carried out by people holding power and authority is also deemed to be a major contributing factor through which the adverse effects of workplace politics are magnified [15]. These actions can help create a culture where trainee can avoid responsibility to escape resultant responsibility that can damage their career advancement and judgment of morality. The lack of specific rules can and is likely to enable such behavior and even promote it, making the quality and reliability of medical education difficult, which, in its turn, can lead to the safety of patients as well. Given that learning in this model is based on mentoring and role models, the emergent generation of consultants would be filtered through this culture of politics, thus forming a long-term impact. Therefore, inadequate policies on politics in the workplace, harassment, and bullying are other factors that can aggravate the training environment [16]. To address these potential negative consequences, it is important to establish a culture of transparency, fairness, ownership, and accountability in the workplace, which can help to minimize the negative impact of politics and create an environment in which trainees feel supported and empowered to learn and grow. Additionally, providing opportunities for open and honest feedback on learning, training, and learning environments can help to identify and address potential problems before they become more significant issues [10]. Despite the recognized impact of workplace politics on the learning environment in postgraduate training programs, there remains a gap in the empirical evidence available on this subject. To address this, our study aims to explore the perception of trainees that workplace politics detrimentally influence the efficacy of training programs. Moreover, we aim to identify actionable strategies that can mitigate such negative outcomes, thereby contributing to the enhancement of postgraduate medical education. We anticipate that

through our proposed interventions, this work can transform some of the 'threats' in post-graduate training into a learning opportunity whereby trainees can develop the coping skills that allow them to effectively deal with the challenges of the new environments [16]. The proposed interventions aim at reducing the levels of engagement of the trainees in workplace politics, as well as seeking their opinion on the same in their own words, and what they think may help them to curb the issue of workplace politics. The research also examines the perceptions of the participants on the presence or absence of a negative impact of workplace politics on student learning as a whole and the learning of surgical skills in particular. This, in its turn, has the potential to bring about a culture of objectivity and underline their clinical and academic duties first. The strategy is also capable of ensuring that trainees are involved in an intense and uninterrupted learning process that can be facilitated by weekly educational classes. Moreover, such sessions have to focus on enhancing not only the clinical competencies but also the endurance of the trainees in the face of the divisive effect of politics in the workplace. In an attempt to determine the effectiveness of our interventions, the study develops measures that can be used before interventions and after the intended intervention, after which it will inform us whether the proposed interventions can lead to some outcomes or not.

Despite recognition that workplace politics can influence healthcare environments, there is limited empirical research specifically exploring its impact on postgraduate Obstetrics and Gynecology training within Pakistan. Existing literature mainly addresses general workplace dynamics or nursing staff, leaving a gap regarding how political behaviors affect surgical learning opportunities, trainee morale, and professional development in residency programs. Additionally, there is insufficient qualitative insight into trainees' lived experiences and suggested solutions. This study aims to investigate the effects of these dynamics on learning, morale, and professional growth among obstetrics and gynecology fellowship trainees in two tertiary care hospitals in Pakistan.

METHODS

The study used a mixed-methods approach to capture both quantitative and qualitative aspects of workplace politics in postgraduate medical training. The study was conducted from January 2024 to January 2025. Written informed consent was taken. This approach was chosen to measure the prevalence and perceived impact of workplace politics (quantitative) while also exploring trainees' personal experiences and suggestions in depth (qualitative). Surveys identified trends and patterns, whereas semi-

structured interviews and open-ended responses provided richer insight, allowing a comprehensive understanding of how workplace politics affects learning, professional development, and interpersonal relationships. "Given the exploratory nature of this study and the small sample size (n=16), the quantitative component was designed for descriptive purposes only. Inferential analysis was not intended or performed, as the primary aim was to use the quantitative data to identify general trends and patterns, which would then be explored in depth through qualitative methods." The sample size was determined by convenience and accessibility within the two participating institutions during the study period. The 32% response rate (16/50) was acknowledged as a limitation, which may introduce non-response bias, as the experiences of non-respondents might differ from those who participated. The sample consisted of 16 female postgraduate residents of the Obstetrics and Gynecology (Ob/Gyn) Department from two medical teaching institutions (MTIs) in Sialkot and Lahore, whose names are kept anonymous. The small sample size and inclusion of only female trainees may limit the generalizability of the findings and the diversity of perspectives. "The study employed convenience sampling by distributing the online questionnaire to all eligible Ob/Gyn fellows (n=50) across the two participating hospitals. Participants self-selected through voluntary response, which may limit the representativeness of the sample. The survey was administered online to nearly 50 postgraduate residents, of whom only 16 responded; the remainder declined participation. The questionnaire included items related to workplace politics, job satisfaction, teacher morale, and student learning outcomes. Likert-scale responses were treated as ordinal data, and descriptive statistics (frequencies and percentages) were used to summarize trends and perceived impact. Due to the small sample size, inferential statistics were not performed. These descriptive findings were contextualized using qualitative interview data. However, given the small sample size (n=16), percentages alone may be misleading. Therefore, all tables present both absolute numbers and percentages to provide a clearer representation of the data. Semi-structured interviews were conducted with a subset of participants to explore their experiences with workplace politics in greater depth. A total of 8 interviews were conducted, each lasting approximately 30-45 minutes. Interviews were audio-recorded, transcribed verbatim, and analyzed using inductive thematic analysis to identify recurrent themes. These qualitative findings were integrated with the quantitative survey results to provide a more complete understanding of the impact of workplace politics on learning and professional development. The questionnaire was designed after brainstorming with a group of Ob/Gyn

medical teachers and reviewing literature primarily focused on workplace politics in healthcare, rather than specifically in medical education. It was piloted with a small group of Ob/Gyn trainees (not included in the main study). The questionnaire included items addressing workplace politics, learning environment, teaching quality, and perceptions of fairness, seclusion, and support mechanisms.

RESULTS

A total of 16 Participants responded to the questionnaire. All were female, Ob/Gyn residents, as this is primarily a female-dominated field in our country, where very few male doctors join training, and there were no male PGRs in the hospitals being studied. The questions were designed to inquire about various aspects of the interplay of workplace politics and learning, and the results are being reproduced in table 1.

Table 1: Relationship of Perceived Impact of Workplace Politics on Student Learning and Learning Environment

Questions	1	2	3	4	5
In your opinion, how much of a negative role does workplace politics play in your ability to learn in your postgraduate fellowship program? 1 is for least, 5 is for most.	1 (6.3%)	0 (0%)	3 (18.8%)	5 (31.3%)	7 (43.8%)
How often have you witnessed workplace politics negatively affecting the learning environment in your fellowship program? 1 is never, 5 is ALWAYS.	0	1 (6.3%)	1 (6.3%)	7 (43.8%)	7 (43.8%)
How often does workplace politics negatively affect the quality of teaching in your fellowship program? 1 is never, 5 is always.	0	0	5 (31.3%)	7 (43.8%)	4 (25%)
In your opinion, how much does the prevalence of workplace politics negatively affect the overall learning environment in your fellowship program? 1 is not at all, 5 is a lot.	0	2 (12.5%)	3 (18.8%)	7 (43.8%)	4 (25%)

Table 4: Perceived Effectiveness of proposed interventions in the eyes of Learners(1= Strongly Disagree; 5 Strongly Agree)

Proposed Strategy of Political Disengagement	Strongly Disagree=1	2	3	4	Strongly Agree=5
Consultants actively disengaging trainees from politics	1(6.25%)	2(12.5%)	3(18.75%)	4(25%)	6(37.5%)
Almost all Consultants are engaging in teaching activities.	1(6.25%)	2(12.5%)	1(6.25%)	2(12.5%)	10(62.5%)
Strict schedule of teaching & learning activities in the hands of only one trainer, taking traditional lecture room classes (HOD)	3(18.75%)	1(6.25%)	3(18.75%)	4(25%)	5(31.25%)
Trainees are actively engaged in learning rather than being passive learners	3(18.75%)	1(6.25%)	3(18.75%)	4(25%)	5(31.25%)
Trainees are constantly reminded by all the consultants to shift focus from politics to learning	1(6.25%)	2(12.5%)	3(18.75%)	1(6.25%)	9(56.25%)
Trainees who are actively engaged in politics are favoured more than trainees who try to avoid politics and learn better	1(6.25%)	1(6.25%)	3(18.75%)	3(18.75%)	8(50%)

Responses to questions on individual perceptions of seclusion, marginalization, and lack of equal opportunity are reproduced in table 2.

Table 2: Individual Perceptions of Seclusion, Marginalization, and Lack of Equal Opportunities

Questions	Yes	No	Maybe
Have you ever felt that you were not given equal opportunities to learn due to workplace politics?	50%	31.3%	18.8%
Do you think that workplace politics has negatively affected your relationships with your peers and colleagues in your fellowship program?	81.3%	0	12.5%
Have you ever felt that workplace politics has affected your performance in your fellowship program?	87.5%	6.25%	6.25%
Do you feel comfortable in reporting Workplace Politics to a superior, someone in authority, or the CPSP (College of Physicians and Surgeons Pakistan)?	0%	87.5%	12.5%

Responses to questions on perceptions of the existence of an anti-politics support group opportunity are reproduced in table 3.

Table 3: Perceptions on Existence of Anti-Politics Support Groups

Questions	Yes	No	Maybe
Have you ever received support from a superior or someone in authority when reporting Workplace Politics?	25%	68.8%	6.4%
Did active counseling on the part of consultants to break away from politics and strategies of how not to engage in politics have any role in reducing the impact of politics on teaching and learning activities in your department?	37.5%	18.8%	43.8%
Do you think that the CPSP should include a confidential column for reporting workplace bullying and politics?	87.5%	0	12.5%

The findings depict the learners' responses as to which measure would be most effective in their opinion to negate the effects of workplace politics on trainee learning and skill development: rate 1 for strongly disagree to 5 for strongly agree, as shown in table 4.

A fair workplace environment with no perception of favoritism promotes learning more than a culture of workplace politics	1 (6.25%)	2 (12.5%)	3 (18.75%)	1 (6.25%)	9 (56.25%)
The CPSP Curriculum is religiously adopted in almost all teaching institutions, with no place for workplace politics	3 (18.75%)	1 (6.25%)	3 (18.75%)	4 (25%)	5 (31.25%)

The questionnaire had a final open ended question, "In your opinion, what steps can be taken to reduce the impact of workplace politics on the learning environment in your fellowship program? (open-ended)" which was not mandatory. 11 out of 16 trainees responded and had different answers, which are being reproduced in inverted commas venue with individual responses as bullet points: "Consultants should end favoritism and should behave equally with all trainees. Should encourage every resident, irrespective of whether they are among their favorites or not. Any resident playing a negative role towards fellow residents should be discouraged. It's very unfortunate when a consultant gels up with the person who is spreading negativity or fake talks about other residents just to make her look low in others' eyes. This halts the process of growth in the department." Just focus on the quality of learning skills and harmony should be created in the environment, Equal opportunities for all, there should be routine lectures on ethics, monitoring system to assess consultants' contribution towards patient's management, as always it is the system that needs to be modified / better policies should be made, discipline should be maintained everywhere by junior and senior fellows. If we have to report at 8 am, that means 8 am. Secondly, favoritism also affects the work environment. Politics only arises when the rules and regulations are not followed properly. For a healthy working environment, the system needs to be maintained and followed, superiors should be open to receiving such incidents, and steps should be taken to minimize workplace politics, regular workshops and counseling sessions for consultants and PGRs, both combined and separate.

DISCUSSION

Our study demonstrates that workplace politics significantly affects postgraduate training and the acquisition of surgical skills among Obs/Gyn fellows, consistent with prior research in healthcare settings. A major theme was favoritism governing access to surgical cases and evaluations, which mirrors findings from studies in surgical specialties, where selective allocation of cases limited hands-on experience for non-favored trainees, undermining both competence and confidence [4, 6]. In Obs/Gyn programs specifically, unequal access to operative opportunities can have lasting consequences, as surgical skills are heavily dependent on repeated, supervised practice. The lack of supervisory accountability was another critical theme [17, 18]. In Obs/Gyn training, structured mentorship is essential for

both technical and non-technical skill acquisition [19, 20]. Current findings align with those of Owolabi et al. who reported that inconsistent mentorship and unchecked political behavior hindered career development [6]. Trainees in our study described receiving irregular feedback, which impaired their ability to monitor progress and achieve learning objectives. Isolation and reduced self-efficacy among non-favored trainees emerged as a recurrent concern. This resonates with Paarim et al. who observed that political dynamics in healthcare settings decreased motivation to learn and willingness to collaborate [5]. In ObGyn fellowship programs, where teamwork in labor wards and operating rooms is critical, feelings of marginalization directly reduce engagement in practical learning opportunities, affecting both clinical decision-making and surgical performance. The theme of impaired team cohesion resonates with Mitosis et al. who reported that workplace politics increased employee cynicism, reduced engagement, and consequently hindered learning transfer [7]. In the ObGyn training environment, poor team cohesion manifested as communication gaps and reluctance to collaborate, which further compromised patient care and educational outcomes. Finally, themes such as the normalization of political behavior and the absence of formal grievance mechanisms highlight systemic barriers to equitable learning. These findings suggest that the persistence of unchecked political behaviors not only perpetuates inequities but also reinforces a culture where psychological safety is compromised, ultimately affecting both knowledge acquisition and technical skill development. Taken together, our results extend the literature by explicitly linking specific political behaviors favoritism, lack of accountability, isolation, and normalized politics to measurable negative effects on postgraduate learning outcomes. They underscore the urgent need for structured interventions, such as transparent case-allocation, ethical leadership training, and confidential reporting mechanisms, to mitigate the detrimental impact of politics on learning and professional development in surgical training programs.

The study was limited by a small sample size, convenience sampling, and inclusion of only female trainees from two institutions, which restricts generalizability and diversity of perspectives. The low response rate may introduce non-response bias, and reliance on self-reported perceptions could affect objectivity. The descriptive quantitative analysis without inferential testing limits statistical conclusions. Future studies should involve larger

multicenter samples including both genders, use mixed data sources with institutional performance indicators, and adopt longitudinal or comparative designs to evaluate the long-term effects of workplace politics and effectiveness of intervention strategies in postgraduate medical education.

CONCLUSIONS

Our findings prove that a culture of workplace politics within ObGyn fellowship programs hinders the learning and development of surgical skills among resident doctors. This additionally has detrimental consequences for individual residents' career trajectories along with an impact on patient care quality and safety in the long run. These results serve as a crucial call to action for residency program directors (RPDs) and healthcare institutions to implement proactive measures to mitigate the negative effects of workplace politics.

Authors' Contribution

Conceptualization: QN

Methodology: QN, SG, SS, JSK

Formal analysis: AN

Writing and Drafting: MA, SN

Review and Editing: QN, SG, SS, JSK, AN, MA, SN

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

The authors declare no conflict of interest.

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