PREVALENCE AND FACTORS ASSOCIATED WITH HARASSMENT IN FEMALE DOCTORS AND NURSES IN TEACHING HOSPITALS OF KPK IN 2018

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ABSTRACT:

OBJECTIVES:

To determine the prevalence of physical and verbal harassment in nurses and doctors and to evaluate the associated factors which lead to harassment in Teachings Hospitals in Peshawar district in 2018.

METHODOLOGY:

Nurses and doctors of three government and one private hospital of District Peshawar were included in this study. Sample size was 384. Simple random sampling was used and those nurses and doctors having experience less than 6 months were excluded. A self-administered questionnaire was implemented having both closed and open-ended questions and a written informed consent was taken. Data was analyzed using SPSS version 22.

RESULTS:

Out of 384 respondents 235 (61.3%) were harassed. Common type was verbal. Prevalence was more in nurses (69.5%) than doctors (52.2%), in non-pathan (73%), Muslim (62%), rural (67.2%), non-married (61.3%), younger age and in surgical and allied (65.5%) nurses and doctors. Main source of harassment were colleagues. More harassment occurs in wards and in night shift and among those nurses and doctors whose daily working hours are more than 8 hours (62.5%) and working experience is more than 4 years (64.6%).

CONCLUSION:

The prevalence of harassment in our study was 61.3% and significant associated factors of harassment in our study are ethnicity, daily working hours, duration of job, nature of duty, place of duty, religion, work specialty and assailant.

KEYWORDS: *Physical Harassment, Verbal Harassment, Prevalence, Risk Factors, Lady Doctors, Nurses*

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INTRODUCTION:

Harassment can be defined as “A situation where an individual perceives to be on the receiving end of negative actions from others, in a situation where the target of harassment has difficulty in defending him or herself against these actions”[1]. For individuals exposed to harassment can have serious implications[2]. Research with nurses has demonstrated a link between increased stress and inferior job performance, which could have a detrimental effect on patient care[3]. In Kolkata a survey was conducted on working women of different sectors, 95% of respondents agreed that sexual harassment was a workplace reality, including pressure from a superior for sexual favors and physical comments[4]. Another study conducted at a hospital in Islamabad (21.1%) experienced verbal and sexual harassment, (16.9%) experienced physical sexual harassment and (29.6%) nurses reported that male physicians sexually harass nurses[5]. Farooqi (1997)[5] investigated harassment among female house-officers in Pakistani hospital, 75% of the house officers experienced constant staring, obscene gesture, verbal threats, body violence, unwanted phone calls or remarks from male colleagues in the hospital premises. Workplace harassment is a very serious issue throughout the world and its incidence is increasing day by day as nurses and doctors are at frontline due to their nature of job. The quality of patient care is directly related to nurses’ and doctors’ performance which itself is dependent on environment in which they are working. Given the dearth of national studies on harassment, this study was designed to test the prevalence and factors associated with harassment in female doctors and nurses in teaching hospitals of KPK.

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METHODOLOGY:

It was a cross sectional analytical type of study to find out the relationship between harassment and other variables of interest. The durations of study were 4 months (November 2018 - March 2019). Ethical approval was obtained from the ethical committee Gandhara University Peshawar. Four Teaching hospitals of Peshawar were included in our study that is Hayatabad Medical Complex (HMC), Khyber Teaching Hospital (KTH), Lady Reading Hospital (LRH) and Naseer Teaching Hospital (NTH). The study population was about 3500. As harassment is very rare in old age, the nurses included in our study was aged 55 years or less. The lady doctors and nurses having less than 6 months job experience were excluded from the study. A questionnaire was designed that include both open and close-ended questions. The questionnaire included written informed consent, which was signed by all respondents. The sample size calculated for this study was 384. We took nurses and doctors list from each hospital. Mean and standard deviation of quantitative variables were calculated; frequency and percentages of qualitative variables were also calculated. T-test was carried out to find the association of quantitative variables with outcome variables and Chi square test was carried out for association of qualitative variables with outcome.

RESULTS:

A total of 184 (48%) lady doctors and 200 (52%) nurses were included in our sample. Out of the 384 nurses and lady doctors, 235 (61.3%) were harassed. The average age of nurses and lady doctors was 26 years with a standard deviation of ± 6. There were 269 (70%) Pathan, 183 (47%) were having rural back grounds. There were 363 (94%) Muslim respondents, 256 (67%) were not married. Their experience of job was more than 4 years in 130 (34%) of our sample, 267 (69.5%) were working for less than 8 hours per day. One hundred and forty-five (38%) were working in day shifts, 18 were working at night shifts, and 221 were working alternatively. Two hundred and forty-five (64%) were working in medical and allied wards while remaining 36% were working in surgical wards.

Table 1: Association of Age with Harassment in Nurses and Lady Doctors of NTH, LRH, KTH, and HMC in 2018

Total (N)	Harassment	Mean	Std. Deviation	t-value	P–value	95% Confidence Interval	
149	No	26.9	6.8	2.215	0.027	0.164	2.753
235	Yes	25.5	5.9				

Table 2: Association of Ethnicity, Location, Religion, Marital Status, Working Specialty, Duration of Job, Daily Working Hours, Timing of Duty, Place of Duty, Place of Occurrence of Harassment, and Type of Assailant with Harassment in Nurses and Lady Doctors

	Harassment	Yes	No	Total	Pearson chi	P-value
Ethnicity	Pathan	151 (56%)	118 (44%)	269 (100%)	9.7	0.002
	Non-Pathan	84 (73%)	31 (27%)	115 (100%)		
Location	Rural	123 (67%)	60 (33%)	183 (100%)	5.327	0.021
	Urban	112 (56%)	89 (44%)	201 (100%)		
Religion	Muslim	225 (62%)	138 (38%)	363 (100%)	1.72	0.189
	Non-Muslim	10 (48%)	11 (52%)	21 (100%)		
Marital status	Married	78 (60%)	50(40%)	128(100%)	1.31	0.59
	Unmarried	157(61%)	99(39%)	256(100%)		
Working specialty	Lady doctor	96(52%)	88(48%)	184(100%)	12.1	0.001
	Nurses	138(70%)	61(30%)	200(100%)		
Duration of job	< 4 years	151 (59%)	103(41%)	254(100%)	0.97	0.325
	> 4 years	84(65%)	46(35%)	130 (100%)		
Daily working hours	< 8 hours	167(62%)	100(38%)	267(100%)	0.67	0.41
	> 8 hours	68(58%)	49(42%)	117(100%)		

Timing of duty	Day shift	76(52%)	69(48%)	145(100%)	7.6	0.023
	Night shift	12(68%)	6(32%)	18(100%)		
Place of duty	Medical allied	144(59%)	101(41%)	245(100%)	1.67	0.196
	Surgical allied	91(65%)	48(35%)	139(100%)		
Place of occurrence	Ward	175(61%)	112 (39%)	287(100%)		
	Laboratory	11(65%)	6(35%)	17(100%)		
	Operation theater	7(56%)	5(44%)	12(100%)	2.45	0.484
	Others	42(62%)	26(38%)	68(100%)		
Assailant	Patient	33(55%)	27(45%)	60(100%)	11.4	0.01
	Relative of patient	112(54%)	94(46%)	206(100%)		
	Colleagues	52(91%)	5(9%)	57(100%)		
	Others	38(62%)	23(38%)	61(100%)		

DISCUSSION:

Our study estimated a prevalence of 61%. Studies have revealed that 25% of all respondents experienced workplace bullying in the past three years in Japan[6]. Direct contact of health care professionals with highly stressed patients; their relatives or colleagues may be a reason for high estimates in our study[7]. Overcrowding and lack of staff training in prevention and management of aggression and harassment[8] are identified as some of the contributing factors towards this high prevalence of workplace harassment in healthcare settings. These reasons are consistent in our setup where health professionals are most vulnerable to workplace harassment. In our study prevalence of harassment is higher in nurses (69.5%) than doctors (52.2%). These findings are comparable with other studies. One reason may be that nurses are coming from poor economic background. It is easy to harass them and go scot-free. Power dynamics in the hospital setting make working women notably nurses and junior doctors vulnerable to victimization. Concerning the physician, it could be hierarchical settings in the hospital that leads to sexual harassment of nurses. Whereas doctors, who are at a higher post and their contact being for a brief span of time and at a considerable distance from the patients and their attendants are seen to be at a lower risk of harassment. According to a study carried out in Nepal[9], harassment was more frequent in nurses' especially sexual harassment. A research carried out in Sri Lanka[10], concluded that harassment was workplace concern for nurses in hospitals. Another research carried out on nursing students[11] support the view that nurses are a vulnerable group in relation to experiencing verbal abuse. In our study, harassment is more among rural settings (67.2%) as compared to urban (55.7%). While in completely contrasting situation, a survey in university of Bristol on violence against women in rural and urban areas[12] shows that harassment or violence occur frequently in urban areas than in rural. The main cause of violence according to respondents is alcohol and drug use, gender inequality, anger management issues and lack of effective sanctions against it. While in our situation, income, education and self-confidence plays a major role. The higher prevalence of harassment in rural population is mainly due to lack of awareness of human rights and lack of confidence among the population. In our study, the respondents they are not supported by their families or other authorities. In case of reported incidences, they are not provided with sufficient attention and cooperation from the authorities. Harassment is more prevalent in non-pathan nurses and doctors than Pathan nurses and lady doctors according to our study. Many other studies show that culturally stigmatized groups face more workplace harassment[13]. A study by Candice shows that black Americans face more harassment than white Americans[14]. According to survey at Aga Khan University Karachi[15] ethnicity is a major factor for harassment. Prevalence of harassment is more in Punjabi (42.7%) than in Pathan (13.8%). The mistreatment and harassment do not explicitly "reference race or discrimination as the cause of treatment", because overt racism is prohibited in workplaces. According to another survey[16] raced based harassment was more prevalent. Factors associated with this high prevalence may be broad range of negative behaviors and conditions;

adolescents who reported some form of harassment had lower self–esteem and body satisfaction, greater symptoms of depression, greater odds of substance use and self-harm behavior than those who had not been harassed. In our study, result shows that harassment is more in younger nurses and lady doctors. Similar results have been shown by a study carried out in Nepal[17], that sexual harassment was more frequently in the nurses of age group 20-29 years (62.96%). A study[18] carried out in Turkey, 60% of nurses being harassed were under the age of 25. Nurses and doctors are more harassed by their colleagues. While other studies show that clinical faculty and residents as being the source of mistreatment as compared to patients, students and basic science faculty[19]. This is partly explicable by greater interactions. This can also be attributed to the fact that the consultants or senior doctors are the one with more authority. The nurses on the other hand are also seen to be perpetrators of humiliation as the senior's doctors often mistreat them themselves. According to our study, unmarried nurses and doctors are harassed more (61.3%). The reason behind this may be the fact that married women are more confident and know how to protect themselves from harassment. Also, unmarried women are younger and less aware of harassment. Another research in the United States shows, sexually harassing experiences were greater among single[20]. Similarly, married respondents were less likely to experience sexual harassment than other marital categories[21]. Social stratification by marital status appears to be a factor in the incidences of sexual harassment. Nurse and lady doctors in night shift experience more harassment, followed by those working alternatively while prevalence is less in daytime. This implies that working in nighttime is riskier. The reason may be a smaller number of people and less help is provided at nighttime so assailant can take advantage. In Kathmandu Valley[22] a study also showed night shift harassment. According to a study carried out in Turkey[23], 30% of the day shift, 41% evening shift and 29% midnight shift experienced sexual harassment. Harassment is found to be directly related to job duration such that harassment is more common in nurses and doctors having experience more than 4 years as compare to those having less experience. This result may be due to their increased time of exposure and contact with patients and their attendants. A survey in India[24] shows that maximum employees harassed at workplace had more than 3-6 years of experience while only 8.1% of the participants had less than 1 year of experience, which is according to our survey.

CONCLUSION:

The prevalence of harassment in our study was 61.3%. The significant associated factors of harassment in our study were younger age, ethnicity, rural background, nurses, nighttime duty, and colleagues.

RECOMMENDATIONS:

There should be provision of security for nurses and doctors in nighttime duty because there is association of nature of duty with harassment and incidence of harassment is especially more in nighttime. The younger and rural nurses and doctors should be educated about self-protection from harassment.

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