

Research Article

Unveiling the Silent Suffering: Evaluating the Frequency of Workplace Verbal, Discriminatory, and Psychological Harassment among Female Healthcare Professionals in Punjab

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Abstract

Background: Workplace harassment, including psychological, discriminatory, and bullying behaviors, specifically excluding sexual harassment is a pervasive issue globally, adversely affecting the mental and physical well-being of women in the workforce. However, there is a significant lack of scientific research on workplace harassment in Pakistan.

Objective: To evaluate the frequency and types of workplace verbal, discriminatory and psychological harassment experienced by female healthcare professionals in Punjab

Methods: Workplace Harassment scale (WHS) 24- items questionnaire was used for this study, duration of study was from January 2023 to March 2023, E- Questionnaire was circulated via email and a total of 444 participants took part in this study. Descriptive statistics were applied to analyze the demographic data and results were presented in frequency and percentage.

Results: Among 444 participants, that 64.4 % of females (n=286) have faced verbal, discriminatory and psychological harassment at some point in their career.

Conclusion: This study on Workplace verbal, discriminatory, and psychological harassment among female healthcare Professionals highlight the urgency of implementing interventions to discourage such behavior and cultivate a more respectful and supportive atmosphere for healthcare professionals. The study adds to the existing body of research on workplace harassment and emphasizes the significance of prioritizing the psychological well-being of healthcare professionals in a safe working place. This study aims to fill this gap by examining the various types of workplace harassment experienced by female healthcare professionals, highlighting the need for preventive measures and timely interventions to support the mental health of victims in healthcare.

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Introduction

Workplace harassment is defined broadly as any improper offensive and damaging behavior,

verbal or written word, or attitude from a head of department or supervisor, a coworker, a subordinate, or any other individual in the workplace to humiliate, intimidate, threaten, or harm a person.¹ It is a big problem nowadays, as working women all across the world are reporting workplace harassment including verbal, discriminatory and psychological type of harassment. It is a common occurrence in social services, particularly



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in health care settings and among nurses.^{2,3} Despite all efforts to prevent workplace harassment, the problem persists and has a negative impact on the mental and physical health of working women worldwide.⁴

Workplace discrimination is prevalent in the health care sector and among health professions as in other industries and professions. Workplace discrimination against health care workers is particularly based on gender, age, and seniority.⁵ Women in the workplace face unfair treatment not only from male employers, but also from female employers. Because women are exploited not just from the male side, but also from the female side, as a result, women's deprivation is attributable to the power aspect rather than the element of male dominance alone.⁶

Workplace bullying is characterized by behaviors, such as intimidation, humiliation, name-calling, and the setting of impossible deadlines and the giving of meaningless tasks.⁷ These behaviors may also include verbal or written insulting comments, socially isolating a person, physical abuse and intimidation.⁸ Workplace bullying not only affects individuals but also the workplace organizations, and ultimately society.⁹ Bullying in front of coworkers or excluding someone greatly affects the performance of a person especially when particular activity or process of bullying is done repeatedly and regularly by the harasser.¹⁰ A recent comprehensive analysis of bullying among healthcare staff found that up to one in every four healthcare professionals was subjected to regular bullying¹¹. Workplace bullying in the healthcare sector has negative consequences for organizations and their patients. As in the general population of workers, healthcare workers who report after bullying have to leave their jobs due to organizational pressures.¹²

Psychological harassment is the repetitive and persistent attack on someone in order to torture, annoy, frustrate, provoke, or humiliate them in order to hurt them professionally or personally. Psychological violence is defined as the intentional use of power, including the threat of physical force, against another person or group with the intent of impairing the affected individual's physical, mental, spiritual, moral, or social development.¹³

Workplace harassment has a negative impact on the victim's health and well-being. Workplace harassment

victims frequently present with features of anxiety, sadness, sleep issues, physical problems, and lack of attention, irritability, nightmares, low self-esteem, and self-hatred.

The key problem in Pakistani society is that incidents of harassment, particularly workplace harassment, are perceived to be the fault of the harassed rather than the harasser.¹⁴ As a result, there have been very few scientific studies about workplace harassment, excluding sexual harassment. So, the current study is the first and only one of its kind because it attempts to explore the frequency of various types of workplace harassment, excluding sexual harassment, among Pakistani female healthcare professionals. Furthermore, these findings have implications for workplace harassment prevention as well as the adoption of timely interventions in the Pakistani healthcare system to boost the mental health of victims of workplace harassment.

Objective of this study was to evaluate the frequency and types of workplace verbal, discriminatory and psychological harassment experienced by female healthcare professionals in Punjab.

Methods

Based on particular qualifying requirements, participants in this study were chosen. The target group included Punjab-based Government and private hospitals and medical centers' staff members who were female healthcare professionals. The duration of study was from January 2023 to March 2023. Sample size was 444, calculated by using SPSS version 25 with 95% confidence level and 5% margin of error¹⁵. Female medical professionals, including doctors, nurses, and allied health professionals, from both public and private teaching, non-teaching hospitals and institutions across Punjab were included in the study. Participants who had never experienced mental illness previously and who freely consented to take part in the study were included. The participants were chosen using a practical purposive sampling technique, allowing for concentrated recruitment in accordance with predefined norms. On-working female healthcare professional were not included in the study. Any diagnosed psychologically ill case or having past history of criminal offence was also excluded. The pertinent characteristics, such as race or ethnicity, were not included by the study. These

factors were not important because they could not be assessed or justified.

The methodology section consists of comprehensive technical information regarding the research design and data collection tools. A 24-item work harassment scale (WHS) was used to collect information on the various forms of workplace harassment that female healthcare employees reported experiencing. The Work Harassment Scale was created by Bjorkqvist and Osterman in 1992 and consists of 24 items¹⁶. It asks respondents to recall frequency they have experienced bullying behaviors at work. A digital survey was used to distribute the scale via e- Questionnaire.

The statistical techniques used in this investigation were given in enough depth to allow for the reported results to be independently verified. The results were quantified and displayed with the proper measurement error or uncertainty indications, such as confidence intervals. For clarification, statistical abbreviations, terminologies, and symbols were defined. The SPSS version 25 program was used to conduct the statistical analysis. P- Value less than 0.05 was considered significant.

Demographic information like place of work (public or private), age, years of experience, specific profession related to healthcare and current designation was presented in frequency and percentages that provided levels of workplace harassment of women healthcare professionals using the 24 items Workplace Harassment scale (WHS) questionnaire.

Results

The demographic data reveals the sample's age distribution and enables a deeper comprehension of its demographic make-up. The age group of 25 to 35 is where most people are, followed by that of 36 to 45. 282 (63.5%) people belong to age group 25 to 35 years and lowest number of people 15 (3.4%) belong to age group 56-65 years.

The study's sample population showed a wide variety of occupational experience. The majority (36.5%) of the 444 participants had to 1-5 years of experience, showing a sizable percentage of those in the beginning to middle of their careers. Participants with 6–10 years of experience made up the second-largest group, making

up 23.0% of the sample. Furthermore, 16.9% of participants had less than a year of experience, compared to 14.2% who had between 11 and 15 years. 9.5% of the sample's participants had more than 16 years of professional experience, which was a lesser percentage. While examining the workplace distribution of study participants, The results showed that 138(31.1%) of participants worked in the public sector, compared to 308(68.9%) of participants who worked in the private sector. According to the findings, 68.2% of participants were physicians or dentists. The sample contained a smaller percentage of physiotherapists (2.0%), chemists (4.7%), and nurses (10.1%). 14.9% of individuals fell under the category of "Allied Health Care". The total percentages show that medical/dental doctors made up the largest section (68.2%), with the other healthcare professions making up the remainder of the distribution. While having insight into frequency of workplace harassment in govt. and private sector, in the government sector, 45 people (32.61%) reported experiencing workplace harassment "seldom," compared to 58 people (18.95%) in the private sector who reported encountering it "seldom." So in govt. more people experienced seldom harassment. While In the private sector, 42 people (13.73%) said they experienced workplace harassment "often," and 18 people (13.04%) said they experienced it similarly frequently in the public sector. So worst type of workplace harassment (often) was a little more experienced in private sector as compared to govt. sector.

There appears to be a statistically significant correlation or difference in workplace harassment between the private and public sectors, according to the significant p-values in the chi-square tests. The results indicates that there are disparities in the prevalence of workplace harassment across the public and private sectors, and that it does not happen randomly.

67 out of 303 (22.11%) doctors reported experiencing workplace harassment "seldom" while 33 out of 303 doctors (10.89%) reported experiencing workplace harassment "often". None of the physiotherapists reported experiencing workplace harassment "seldom" within their cohort. Only 3 out of 9 physiotherapists (33%) reported experiencing workplace harassment "often". 3 out of 21 pharmacists (14.29%) reported experiencing workplace harassment "seldom". 9 out of 21 pharmacists (42%.82) reported experiencing workplace harassment

"often". 15 out of 45 nurses (33.33%) reported experiencing workplace harassment "seldom" within their cohort. While 9 out of 45 nurses (20%) reported experiencing workplace harassment "often". 18 out of 66 individuals (27%) in the allied healthcare profession reported experiencing workplace harassment "seldom" within their cohort. 6 out of 66 individuals (9.09%) in the allied healthcare profession reported experiencing workplace harassment "often". According to these results, pharmacist reported the highest frequency of "often" work-

place harassment, while nurses reported the highest frequency of "seldom" workplace harassment. (Table no.1)

The biggest percentage of participants (105, or 37.23%) who said they had never witnessed workplace bullying was among people in the 25–35 age group. In contrast, the age group of 36 to 45 years had the highest frequency of "seldom" workplace bullying, with 37 people (30.83%) reporting this type of harassment. The same age range of 25 to 35 years had the largest number of cases of

Table 1: Frequency of Work Place Harassment within Healthcare Profession

Count		Work place harassment					Total
		Never	Seldom	Occasionally	Often	Very often	
Healthcare Profession	Doctor (Medical/Dental)	116	67	66	33	21	303
	Physiotherapist	3	0	3	3	0	9
	Pharmacist	0	3	9	9	0	21
	Nurse	12	15	6	9	3	45
	Allied Health Care	27	18	12	6	3	66
Total		158	103	96	60	27	444
		Chi-Square Tests					
		Value	df	Asymp. Sig. (2-sided)			
Pearson Chi-Square		19.127 ^a	4	.001			
Likelihood Ratio		19.602	4	.001			
Linear-by-Linear Association		1.025	1	.311			
N of Valid Cases		444					
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.59.							

Table 2: Years of Experience * Ridiculed in Front of Others

Count		Ridiculed in front of others					Total
		Never	Occasionally	Often	Seldom	Very often	
Years Of Experience	< 1year	6	0	0	0	0	6
	>15 years	0	39	6	9	15	75
	1-5 years	0	18	3	0	18	42
	11-15 years	0	66	30	30	30	162
	6-10 years	0	18	15	9	18	63
	6-10 years	0	30	27	9	36	102
Total		6	171	81	57	117	450
		Chi-Square Tests					
		Value	df	Asymp. Sig. (2-sided)			
Pearson Chi-Square		501.967 ^a	25	.000			
Likelihood Ratio		124.357	25	.000			
N of Valid Cases		450					
a. 15 cells (41.7%) have expected count less than 5. The minimum expected count is .08.							
These statistics suggest that there is a significant association or relationship between the variables being tested. The p-value is very close to 0, indicating that the association is unlikely to have occurred by chance. There is strong evidence that the variables are not independent, and there is a significant relationship between them, that healthcare professionals with 1 - 5years of experience were most ridiculed in front of others.							

"very often" bullying, with 18 people (6.38%) falling victim to this severe type of professional harassment. These results imply that younger persons, especially those between the ages of 25 and 35, both experience less workplace bullying and are more likely to encounter serious and recurrent episodes.

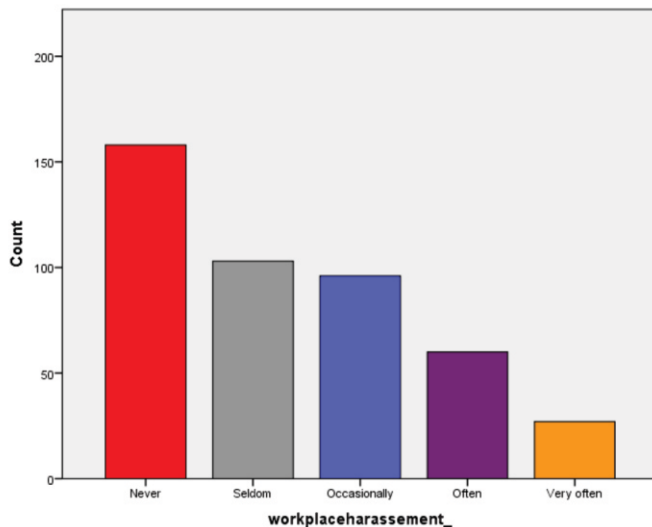


Figure No. 1: Graph Showing Overall Frequency of Levels of Harassment at Workplace among Female Health Care Professionals

Discussion

This study aims to shed light on various aspects of harassment faced by female healthcare professionals in multiple domains. The discrete sample including wide occupational variation is among one of the strengths of our study. The findings of this research surely contribute to the growing body of literature on workplace harassment especially experienced by women in the medical profession. According to a meta-analysis, workplace bullying seems to be a potential threat in contemporary working life moreover a worldwide average, the results shows that at least 1 out of 10, and maybe as many as about 1 out of 5, workers are exposed to bullying in their workplaces¹⁷. Our study suggests that 64.4 % of females (n=286) have faced verbal, discriminatory and psychological harassment at some point in their career while 19.5% of women (n = 87) among them have experienced it "often" and "very often".

According to our study, the most common form of bullying faced by women in health care was "having your sense of judgment questioned" (36.4%), followed by "lies about you told to others" (27%) "Malicious rumors"

spread behind your back" (27%), and "having your work judged in an incorrect and insulting way" (22.5%). "Being unduly criticized", "being given meaningless tasks" and "belittling your opinion" are also frequently encountered verbal and psychological abuses, another study conducted in Switzerland suggested that that bullying-related behavior was associated with the greatest levels of ethically detached reasoning. This result is in line with earlier development showing a connection between bullying in adolescence and its outcome later in life.¹⁸

In our study pharmacists were noted to face the most bullying (42.8 %) and Members of Allied healthcare are seen to endure the least harassment (13.6%), while 27.6 % of nurses admitted to have faced workplace bullying¹⁹. Among female doctors, 17.8 % of them felt harassed "often" or "very often", while an additional 21.7% were bullied occasionally. Less number of physiotherapists was included in study and 33% of them often faced workplace abuse.

Another study of Brazil identified psychological violence by means of verbal abuse among healthcare workers to be (48.7%) which is higher than our study²⁰. Another study conducted in Iran claims nurses are subject to harassment hence they are most subjected to bullying²¹. About two in three (68.1 %) female nurses report bullying in a study conducted in Cyprus.²² The frequency of harassment among nurses is higher as compared to our study. This calls for another study on nursing staff in our region to re-evaluate the prevalence of verbal and psychological abuse in them.

Our study also addresses how the frequency of harassment may vary between the public and private sectors, the females in public healthcare systems being more affected as compared to private ones. Similar results are obtained in a study conducted in Italy and Australia claiming higher workplace harassment and lower psychological well-being experienced by public sector nurses.²³

This research was unable to highlight that which group of female healthcare professionals has faced most workplace harassment, as research was conducted in general for all healthcare professionals. Due to convenient sampling technique, some groups of female healthcare professionals like pharmacists, physiotherapists and pharmacists remained under represented. It is impor-

tant to perform another study in Punjab using a fixed stratified data representation from all medical specialists. This study will offer a more thorough and in-depth understanding of workplace harassment, enabling a more precise identification of the healthcare sector professions that are most affected.

Conclusion

This study concludes by highlighting the alarmingly high rate of workplace harassment among Punjab's female healthcare workers. A sizeable percentage of people said they had experienced various types of harassment, with nurses and doctors suffering the most. The outcomes highlight the urgent requirement for all-inclusive initiatives and regulations to address workplace harassment in healthcare settings. This problem has potential repercussions for patient treatment, the efficiency of the healthcare system as a whole, and the well being of healthcare staff. To build safe and respected workplaces for all healthcare professionals, more research and focused solutions are necessary.

Ethical Approval: The Institutional review board approved the study vide letter No. IRB/2023/098

Conflict of Interest: The authors declare no conflict of interest.

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Authors' Contribution:

AS: Concept, contribution to data analysis and final approval for draft

NK: Introduction and critical appraisal

SY: Interpretation of results and proof reading

AM: Data analysis and interpretation

UAH: Review the Discussion

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