SOCIAL FACTORS AND HARASSMENT IN FEMALE HEALTH CARE PROVIDERS IN TEACHING HOSPITALS OF KP IN 2018

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ABSTRACT:

Background: Harassment is a common routine problem faced by majority of health care providers. Harassment has serious implications for mental and physical health of the aggrieved party which can seriously affect their routine work.

Objectives: Prevalence of harassment in female health care providers and to evaluate the associated factors which lead to harassment in Teachings Hospitals in district Peshawar in 2018.

Methodology: Female health care providers of three government and one private hospitals of District Peshawar, were included in this study. Sample size calculated was 384. Simple Random sampling was used and those ladies having experience less than 6 months were excluded. A Questionnaire having both closed and open-ended questions was administered and a written informed consent was taken. T-tests and logistic regression analysis was done. A P-value of less than 0.05 was considered as significant. Data was analyzed using SPSS version 22.

Results: Out of 384 respondents 235 (61.3%) were being harassed. Commonest was verbal. Prevalence was more in nurses (69.5%) than doctors (52.2%), rural (67.2%), non-married (61.3%), younger age and in surgical and allied (65.5%) nurses and lady-doctors. More harassment occurs inwards and in night shift and in those nurses and doctors whose daily working hours are more than 8 hours (62.5%). Use of hijab was a protective factor.

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 Non-use of hijab.

Key Words: Harassment, Prevalence, Risk Factors, Female Health Care Providers, Hijab.

INTRODUCTION

Harassment can be defined as "Harassment is a form of discrimination. It includes any unwanted physical or verbal behavior that offends or humiliates".[1] For individuals exposed to harassment can have serious implications[2]. Furthermore 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 a survey of women in Kolkata, 95% of respondents agreed that sexual harassment was a workplace reality, including pressure from a superior for sexual favors and physical comments[4]. In a study conducted at a hospital in Islamabad[5](21.1%) respondents reported having experienced verbal, 16.9% reported sexual harassment and (29.6%) nurses said that they believe male physicians sexually harass nurses. Farooqi (1997)[6] investigated harassment among female House-job doctors in a Pakistani hospital, the findings suggests that 75% of the house job doctors reported experience of constant obscene gestures, 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 care providers are at frontline. The quality of patient care is directly related to nurses' and doctors' performance which itself is dependent on environment in which they are working.

OBJECTIVES

1. To determine the prevalence of harassment in female health care providers of teaching hospitals of district Peshawar in 2018.
2. To evaluate the factors associated with harassment in female health care providers of teaching hospitals of district Peshawar.

METHODOLOGY

It was a cross sectional analytical study to examine the relationship between harassment and other factors. The durations of study were 6 months (oct 2018 - March 2019)

Four Teaching hospitals of Peshawar were includ-

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ed in thestudy which were,Naseer Teaching Hospital (NTH), Khyber Teaching Hospital (KTH), Lady Reading Hospital (LRH), Hayatabad Medical Complex (HMC), having population of about 3500. Naseer teaching hospital was private while the other three are government run hospitals.We includedfemale care providers having age less than 55 years because harassment is very rare in old and excluded those having experience of less than 6 months because they may not have experienced any episode of harassment in a lesser duration.A Questionnaire was designed, translated into local language and was given to the respondents. The Questionnaire included written informed consent which was signed by the respondents. Our sample size calculated was 384. We tookfemale health care providers list from each Hospital and then sample were taken from each Hospital according to proportion of providers working there. Mean and standard deviation of quantitative variables were calculated.Frequency and percentages of qualitative variables were calculated.T-test was carried out to find the association of quantitative variables with outcome variables.To control confounding we conducted the regression analysis. A p-value of less the 0.05 was considered as significant.

RESULTS

Harassment in female health care providers of teaching hospitals in 2018.Of the 384 female health care providers, 235 (61.3%)are harassed There were 184 (48%) lady doctors and 200 nurses in our sample. The average age of female health care providers was 26.05 years with a standard deviation of 6.319. There were 269 (70%) Pathan, 183 (47%) were having rural back grounds. There were 363 (94%) Muslimsrespondents, 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. There were 214(56%) using Hijab while 170 (44%) were not using Hijab.

DISCUSSION

Our study estimates a prevalence of 61%. Studies have revealed that 25% of all respondents experienced workplace bullying in the past three years in Japan.

Table 1: Association of age with Harassment in nurses and ladies doctors of tertiary hospitals in 2018

Harassment	Mean age	Std. Deviation	t-value	P – value	95% confidence interval	
Yes	25.5	5.9	- 2.215	0.027	-2.753	- 0.164
No	26.9	6.8				

Table 2: Association of ethnicity, location, religion, marital status, working specialty, duration of job, daily working hours, timing of duty, place of duty, use of Hijab, place with harassment in female health care providers after calculating adjusted odds ratio with logistic regression analysis

	Harassment	Yes	No	OR	P-value	Adg OR	P-value
Ethnicity	Pathan	151 (56%)	118 (44%)	2.11	0.002	2.2	0.001
	Non pathan	84 (73%)	31 (27%)				
Location	Rural	123 (67%)	60 (33%)	1.6	0.006	1.8	0.002
	Urban	112 (56%)	89 (44%)				
Marital status	Married	78 (60%)	50(40%)	0.98	0.1	0.8	0.1
	Unmarried	157(61%)	99(39%)				
Working specialty	Lady Doctor	96(52%)	88(48%)	0.5	0.003	0.4	0.002
	Nurses	138(70%)	61(30%)				
Duration of job	< 4 years	151 (59%)	103(41%)	0.8	0.09	0.9	0.1
	>4 years	84(65%)	46(35%)				
Daily working	< 8 hours	167(62%)	100(38%)	1.2	0.06	1.1	0.08
	> 8 hours	68(58%)	49(42%)				
Timing of duty	Day shift	76(52%)	69(48%)	0.55	0.001	0.6	0.001
	Night shift	12(68%)	6(32%)				
Use of Hijab	Yes	129(60%)	85(40%)	0.9	0.07	0.5	0.002
	No	106(62%)	64(38%)				

Direct contact of health care professionals with highly stressed patients, their relativesor colleagues may be a reason high estimate in our study[8].Overcrowding and lack of staff training in prevention and management of aggression and harassment[9] 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%).This collaborates with other studies.One reason among other 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-[10]harassment was more frequent in nurses especially sexual harassment. A research carried out in Srilanka[11] concluded that Harassment was workplace concern for nurses in hospitals. A research carried out on nursing students[12] support the view that nurses are a vulnerable group in relation to experiencing verbal abuse.Harassment is more among rural nurses and doctors (67.2%) than urban (55.7%) in this study. While in completely contrasting situation, a survey in university of Bristol on violence against women in rural and urban areas[13] 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 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 population. According to the respondents they are not supported by their families or the 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 female health care providers according to our study. Many other studies show that culturally stigmatized groups face more workplace harassment[14]. A study by Candice shows that black Americans face more harassment than white Americans[15]. A survey carried out at Aga Khan University Karachi[16] 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[17] raced based harassment was more prevalent. Factors associated with this high prevalence may be broad range of negative behaviors and conditions; according to this survey adolescents who reported some form of harassment had lower self–esteem and body satisfaction, greater symptoms of depression, and greater odds of substance use and self-harm behavior than did those who had not been harassed.

Our study shows that use of Hijab is significantly associated with harassment, those not using Hijab (62.4%) are at greater risk of harrasement. In Muslim communities this phenomenon may be extrapolated to positive evaluation of women who wear the Islamic headscarf (Hijab). It was a common belief until now that Hijab prevents harassment. A speech was delivered by Khamenei in March in which he claimed that Islamic veil prevents sexual harassment and violence towards women. He says that "By introducing Hijab Islam has shut the door on a path that would pull women towards violence and other such deviation. Islam does not allow this through Hijab. A confounding reason may be that mostly nurses use hijab and they being from economically compromised population are more at risk of harassment. This may have been the reason for not showing hijab as a protective factor in simple analysis but when we run the regression analysis and controlled the other confounding factors, use of hijab was a very obvious protective factor.In our study results have shown that harassment is more in youngerfemale health care providers. Similar results have been shown by a study carried out in Nepal[18]that suggests that sexual harassment was more frequently in the nurses of age group 20-29 years (62.96%). In another study[19] in Turkey 60% of nurses being harassed were under the age of 25.Female health care providers in night shift experience more harassment while prevalence is less in day time. This implies that working in night time is riskier for female doctors and nurses. The reason may be a smaller number of people and less help is provided at night time so assailant can take advantage. Result of a study conducted in Kathmandu Valley[20] shows that harassment mostly occurs at night shift. According to another study carried out in Turkey[21], 30% of the respondents reported that that had worked in daily shift when they had experienced sexual harassment, 41% of them worked in evening shift and 29% had worked in midnight shift.

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. Another survey in India[22] 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, use of hijab, ethnicity, rural background, nurses, and night time duty.

RECOMMENDATIONS

1. There should be provision of security for female health care providers in night time duty because there is association of Nature of duty with Harassment and Percentage of Harassment is especially more in night time.
2. The female health care providers should not spend much time with male colleagues
3. The younger, non-hijab users and rural female health care providers should be educated about self protection from harassment.
4. The institutions should have a zero-tolerance policy for harassment.

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