

EXPERIENCE OF SEXUAL HARASSMENT AND CHALLENGES FOR NURSES IN PUBLIC & PRIVATE HOSPITALS

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ABSTRACT

OBJECTIVE

To examine reasons behind psycho-social challenges and violence/harassment related issues faced by female nurses in different public and private hospitals in Lahore, Pakistan.

STUDY DESIGN

Mixed Method Correlational research.

PLACE AND DURATION OF THE STUDY

The study was conducted during March-May 2019 at public and private hospitals of Lahore.

SUBJECTS AND METHODS

Sexual Harassment Experience questionnaire was used for quantitative analysis for which 250 female nurses from public/private hospitals were contacted. For qualitative analysis two focus group discussions were conducted on a sample of 20 female nurse participants, 10 each from public and private hospitals.

RESULTS

Independent sample t test showed that private hospital nurses were facing more gender based harassment and sexual coercion as compared with nurses in public hospitals. The thematic analysis revealed four major themes comprising of factors affecting performance, lack of facilities, coping tactics and psychosocial issues.

CONCLUSION

In a culture where giving voice to sexual harassment turns into stigma, it is difficult for nurses to report their problems which can influence their professional or personal growth.

KEY WORDS

Psycho-social challenges, Gender harassment, Sexual attention, Sexual coercion

INTRODUCTION

Social Policy Statement of Nursing outlines that nursing as an occupation has a social contract with society. The nurses contribute to society (the community in which nurses work), and as a result, the nurses have a connection with society, institutions and their culture¹.

Workplace violence is prevalent across the globe but in developing nations such as Pakistan it is not archived, disclosed or released in any event. Organizational governments often have many problems due to this occurrence². Providing an environment which is assisting and cooperative instead of being hostile and abusive will greatly improve the working conditions for nurses. This can also enhance productivity and performance. Previous studies identified the effect of sexual harassment on workplace efficiency and productivity of female nurses working in private and government hospitals. The results showed that 40.30% faced verbal harassment and 59.25% of unmarried female nurses aged 20-29 faced more sexual harassment by physicians 37.03% and patients 20.93%³.

In Pakistan, nurses are considered as oppressed professional group due to the disrespect and oppression associated with their profession, which may prevent them in provision of quality hospital services⁴. At workplace, nurses usually face two types of violence including physical and mental. Psychological violence comprised of verbal abuse, harassment/ sexual harassment⁵. While Physical violence may comprise of various kind of physical strikes or attacks including any harmful pressing, hitting, kicking, scratching, rummaging, pounding, killing and abusive behavior⁵.

A study explored an association between harassment, sexual harassment and posttraumatic stress faced by physicians and nurses due to severity of harassment at workplace, problems were identified including (reasons of violence/ harassment & psycho-social facets) that have been influencing nurses' professional lives and growth⁶. The evidence of recent studies were emphasized in a meta-analysis of electronic databases to identify the prevalence of sexual harassment of nurses and nursing students. The results revealed that there was prevalence of sexual harassment that was significantly associated with negative consequences⁷. Hence the objectives of the present study are;

1. To identify the different types of violence and harassment prevalent from which nurses suffer in public and private hospitals.
2. To explore the psychosocial problems faced by nurses in public and private hospitals of Lahore.
3. To identify the reasons behind the problems faced.

SUBJECTS AND METHODS

Participants

A mixed method research design was used in present study. In quantitative phase, survey method was used to collect data from 250 nurses with age limit of 22-35 years, working in private and public hospitals, having at least 6 months experience in nursing field. While, nurses aged more than 35 years and working in health care centers and clinics were excluded. In qualitative phase 20 female nurses participated in the focus group discussion, 10 each from public and private hospitals.

Instruments

"Sexual Harassment Experience Questionnaire" comprising of 35 items and .94 internal reliability was used for data collection⁵. Questionnaire was filled up by 125 participants from public hospital nurses (MAYO Hospital and Sir Ganga Ram Hospital) while 125 from private hospital nurses (Akram Medical Complex Hospital and Surgimed Hospital) of Lahore. In qualitative phase, two focus group discussions based on self-constructed questionnaire were carried out for in-depth information from nurses of private/public hospitals. Thematic analysis was done on the obtained data.

Procedure

Researcher took permission for collecting data from the hospital administration after BOS approval of the study. In qualitative phase

20 female nurses were contacted to participate in the focus group discussion, 10 each from public and private hospitals. To maintain the quality of the study, the discussions were recorded on two different devices, then transcribed so as to not miss any information. During thematic analysis, credibility of the study was ensured by repeated checking, intercoder reliability and using technique of reframing questions. For quantitative phase, informed consent was sought and questionnaires were handed over to fill in by the consenting nurses. Data were entered to SPSS for analysis.

RESULTS

Demographic information of the nurses working in public and private hospitals is given in table 1. Table 2 showed two independent sample t-test applied to examine the differences between nurses working in public and private hospitals, on the basis of Gender Harassment (GH), Sexual Attention (SA) and Sexual Coercion (SC). Private sector nurses faced ($M=10.34, S.D=3.39$) more GH than public sector nurses ($M=9.71, S.D=3.37$) and were more exposed to SC ($M=9.38, S.D=2.95$) as compared with public hospital nurses ($M=8.42, S.D=3.01$).

Independent sample t test could not find significant differences in SA between public and private sector nurses (see table 2 for details).

Table 1

Demographic information of nurses.

Characteristics	Nurses of Public Sector		Nurses of Private Sector	
	f	%	f	%
Age range				
20-25	54	43.2	58	46.4
26-30	50	40	54	43.2
31-35	21	16.8	13	10.4
Marital Status				
Single	60	48	57	45.6
married	65	52	68	54.4
Income				
10,000-15,000	0	0	86	68.8
16,000-20,000	46	36.8	39	31.2
21,000-25,000	78	62.4	0	0
26,000-30,000	1	0.8	0	0

Table 2

Independent sample t-test on gender harassment (GH), sexual attention (SA) and sexual coercion (SC) between public and private sector nurses.

Variable	Private (n = 125)		Public (n = 125)		t	p
	M	SD	M	SD		
GH	10.34	3.39	9.16	3.37	2.76	.006
SA	29.8	8.24	27.5	10.22	1.92	.055
SC	9.38	2.95	8.42	3.01	2.54	.012

Table 3

Thematic analysis gave forth following four themes from both focus group discussions.

Main Themes	Emerging Themes			
	Private Hospital	No. of Codes 131	Public Hospital	No. of Codes 119
Factors affecting performance	Harassment issues	9	Harassment issues	5
	Insulting/Impolite attitude	5	Yelling/High volume of patients	6
	No Reward for hard work	3	Interruptions/ Insulting Behavior from Attendees	7
	Non hierarchal system	7	Bullying	5
	Gender Inequality in preference for male staff or pay structure	7	Threaten if not listen to attendants	6
	Excessive Workload from Management	5	Misbehavior from Male Staff	5
Lack of facilities	No separate room/washroom	5	Lack of proper policies	8
	Timing issues	5	Administration is not working	7
	Lack of staff/ irregular staff	8	No separate room	7
	Low wages	10	Irresponsible security personnel	5
	No complaint cell	8	Lack of updated Medical Instruments	7
	Lack of Daycare facilities	6	Lack of Air Conditioning	2
	Job Insecurity	6	No complaint cell	3
	Lack of policy framework	6	Lack of Daycare facilities	4
	Lack of maternity leave	8	Better in joint family system	5
Coping Tactics	Active Administration	4	Casual leave structure	8
	24/7 Security service	6	Maternity leave	8
Social & Family life	Poor public perception	8	Poor public perception	8
	Dual burden	8	Dual burden	9
	Financial crisis	7	Difficulty in social mobility	4

DISCUSSION

Quantitatively issues including gender harassment (verbal/ non-verbal behavior i.e. insulting, hostile, degrading and sexist attitudes), unwanted sexual attention (verbal/ non-verbal behavior i.e. repeated/ non-reciprocal request for dates, intrusive letters/ phone calls, touching & grabbing) and sexual coercion (promotional benefits on sexual cooperation i.e. bribes and threats) were found present for both nurses of public and private hospitals. However private hospital nurses have been facing significantly more harassment related challenges of GH & SC. The findings of the present study are supported by literature in which 65.8% nurses experienced unwanted sexual attention in different ways⁸. Another study identified that female nurses reported 60% and male nurses reported 34% incident of sexual harassment⁹. It was also seen that 55.8% of nurses were sexually harassed by their patients and they were not able to stop them because of their professional duty to respond to them respectfully¹⁰. Another study showed that 37.1% of nurses had been sexually harassed and 80% of nurses never reported the incident of sexual harassment¹¹.

In qualitative analysis the first theme of 'factors affecting performance' showed that the nurses' performance has been influenced by hierarchy and authoritative attitude due to patriarchal nature of society. Despite of same qualifications and skills, men are usually preferred for higher rank jobs than women due to glass ceiling effect. A nurse from public hospital reported that, "Management is not cooperative; we only do this job, as there are

few other opportunities" and another reported that, "Management is not good, it makes us feel inferior" however they had better facilities including good salary, as compared with nurses working in private hospitals but they also reported more issues of hostility. A nurse from public hospital reported that, "Patient's talking style is very rude, disrespectful, sexist and bossy". While private hospital nurses discussed about sexual harassment that influenced their professional life. A participant said that, "There is a harassment issue from male colleagues". A study supported these findings revealing that intimidating behaviors faced by nurses is associated with their lower psychological health¹². Conducts of attendants/visitors including bullying, assaulting and threats of complain against them, a respondent said that, "If we don't give special protocol and attention to the patients their attendants/relatives threaten us".

Lack of facilities was the second theme identified showed that although nurses had willingness to work with devotion and dedication, but lack of facilities influenced them. A participant from private hospital said that, "Shortage of nurses is affecting their performance". A study showed that shortage of nurses influenced the workload as well as the quality of patient care¹³. A research was conducted to aware patients regarding their rights and enhance their satisfaction level via patient's rights charter¹². From private hospital a respondent said that, "They were hired to meet opportunities and other benefits but hospital does not preserve equality between men and women". Different participants reported that, "Although management often organizes seminars and conferences on gender and employee rights awareness but this is a

patriarchal society where the boss is a male". "Equality should exist between the two sexes, with both men and women privileged". Every hospital should have hiring staff criteria (HR) according to structural and infrastructural requirement, regardless of gender equality framework. One participant from private hospital reported that, "They have established a boundary that, we cannot use mobile phones, we can't even get maternity leaves, and we do not have daycare centers." Another respondent said that, "Management is not good, it makes us feel inferior." Another nurse responded that, "We are getting fewer wages for more work, this is not fair, fewer facilities and benefits and you get no reward in the end". A research revealed that better wages are positively associated with increased job satisfaction, better nursing staff and work environment¹⁴. As far as implementation of policies is concerned a nurse from public hospital said that, "We have a complaint cell, but its administration is not properly functioning." Another reported that, "Yes, some policies have been implemented by management. You know that policies do not actually work according to documentation". A research showed that nurses had done best to provide high-quality care, but they had faced problems in performing their role and duties appropriately due to lack of staff and limited resources¹⁴. Respondents emphasized that there should be better structural changes on basis of equitable (fair distribution of resource, wages, and benefits) and equality between both gender in professional sphere.

Third major theme was "coping tactics" which showed that in public hospitals facilities of casual leaves and maternity leave helped them in handling stress and to deal with different problems of their personal lives. Whereas nurses from private hospitals reported that having active security personnel and administration helped them in carrying out their work.

The last major theme of 'Social and family life' of female nurses either married or single were influenced by various problems faced with in hospital's sphere. Nurses from both of the hospitals reported issues of social marginalization, a nurse from public hospital said that, "I think it's not a good profession, we're doing this only to fulfill our financial needs, otherwise people do not consider us good, and we know that we face difficulty in social mobility. Nurses working in public hospital were distressed due to imbalanced workload in professional and family life. Dual burden and irregular duties were the major reason of their unhappy family life. On the other hand, life of nurses working in private hospital was affected by issues related to social mobility and lack of social support. A participant from private hospital reported that, "We do not even get time for our families, we spend less time with them due to dual burden". In Pakistani society, nurses' personal life get disturbed, due to poor public perception for nursing profession, scarcity of time, and financial crisis as well. A study on dual burden and poor work environment for nursing profession showed that this had affected the quality of patient care and also compelled nurses to leave their jobs¹⁵.

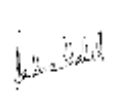
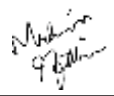
CONCLUSION

Nursing profession is challenging and the difficulties faced by them go unreported due to fear of social disrespect and marginalization. The study highlighted issues of harassment, gender inequity/inequality because of lack of practice/ availability of appropriate policies by administration, while public hospital nurses were more vulnerable to antagonistic issues including disrespectful and rude behavior/attitude but due to security of

permanent job and better leave structure they faced less financial complications.

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