

Harassment in Medical Profession - Myth or Reality in Pakistan

Pages with reference to book, From 131 To 132

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Introduction

Views about what constitutes harassment differs widely and there is no single definition of what constitutes harassment, Harassment in the work place is an issue that has not been addressed adequately in our country, especially in the medical profession, In the West, there is an increasing awareness of this problem, its ramifications and an appreciation for its prevention and policy adjustments. The professional societies and legislature are defining the problem and establishing the code of conduct in order to prevent and punish the perpetrators¹⁻³. Nurses responding to questionnaires mailed in various surveys report verbal abuse ranging from 33% to 51% as opposed to 8,9% for sexual harassment⁴.

Subjects, Methods and Results

A study was done using an anonymous, self-administered, brief questionnaire in a cross-sectional written survey of 100 nurses at a hospital in Islamabad, which elicited examples of behaviour perceived to be a verbal or physical harassment through an open-ended question 'what do you understand by the term verbal and physical harassment'. The anonymous self-administered format of the study has definite advantages over personal interviews due to the sensitive nature of the questions asked⁵. The respondents were also asked to report whether and how often they had been harassed during their job as well as while being a nursing student, by physicians. The response rate was 68%. Out of the available responses, 72% of nurses reported being sometimes or often harassed verbally, while 13.2% reported physical harassment. Sixty-three percent also reported being harassed either verbally or physically while being a nursing student. Eighty-six percent of the nurses said that they see harassment as an occupational hazard of being a nurse. The examples of verbal harassment described were shouting, threatening and use of abusive language. While slapping and beating were reported as forms of physical harassment. It was felt that explicit questions about sexual harassment would reduce the response rate, so these questions were not included in the questionnaire and neither the respondents volunteered information on any form of sexual harassment.

Comments

Owing to the sensitive nature of the questions asked and the potential repercussions for the harassed, if the anonymity is not kept, almost all of the studies done on the prevalence, type and ramifications of verbal and/or sexual harassment have used an anonymous questionnaire and have reported prevalence rates of verbal harassment up to 51%⁴ and in surveys determining the extent of only sexual harassment have reported rates of up to 70% in medical students, residents and nurses¹. Harassment of nurses and especially sexual harassment seriously affects performance and productivity leading to in some instances quitting the profession³. In Pakistan studies on the frequency and type of verbal, physical and sexual harassment in the medical profession are non-existent. This study suggests that harassment could be a major hidden problem for nurses and the fact that sexual harassment was not reported could be ascribed to its sensitive nature and embarrassment, so future studies should include explicit questions about sexual harassment. As it is important to study the extent and impact of various forms of harassment of nurses in our setting in order to address and prevent this behaviour.

References

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