

## Determinants of workplace incivility and violence faced by female doctors in medical institutions

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### Abstract

**Objective:** To assess the frequency of workplace gender-based violence and incivility faced by female doctors.

**Method:** The analytical, cross-sectional study was conducted from June 10 to August 31, 2023, in Lahore, Pakistan, and comprised female doctors working in 1 public and 1 private medical institution in Lahore. Data was collected using a questionnaire. Workplace incivility and various demographic factors were compared. Data was analysed using SPSS 21.

**Results:** Of the 200 subjects, 138(69%) were from the private sector and 62(31%) were from the public sector. The majority was aged <30 years 95(47.5%). Some form of workplace violence was faced by 86(43%) doctors; psychological violence by 58(29%), verbal 56(28%), digital harassment 11(5.5%) and physical violence 2(1%). Supervisor incivility was faced by 94(47%) respondents, while 87(43.5%) faced co-worker incivility over the preceding year. Supervisor incivility was significantly higher in private institutions and those having income less than Rs100,000 per month ( $p < 0.05$ ).

**Conclusion:** Workplace gender-based violence and incivility faced by working female doctors was found to be high. The most common forms faced were psychological and verbal violence. Supervisor incivility faced by female doctors at workplace was significantly higher in private institutions and those having monthly income less than Rs100,000.

**Keywords:** Workplace incivility, Gender-based violence, Medical Institutions. (JPMA 74: 1959; 2024)

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### Introduction

Workplace incivility and gender-based violence (GBV) are major problems that violate human rights. GBV refers to acts of violence that are specifically targeted at someone based on their gender. It includes harmful actions like sexual, physical and mental abuse, and economic harm in public or private. GBV can also involve threats of violence, forcing people to do things and manipulating them. Examples of GBV include violence by partners, sexual violence, child marriages, female genital mutilation, and so-called 'honour crimes'.<sup>1</sup> Workplace incivility is characterised as a form of deviant behaviour that exhibits low intensity, and possesses an unclear intention to cause harm to the recipient.<sup>2</sup> Women are more likely than men to experience uncivil behaviours, and men are the primary perpetrators of workplace incivility.<sup>3</sup> Regardless of its subtleness, incivility has been considered a risk factor for more severe aggressive behaviour and adverse health outcomes.<sup>4</sup> Human resource is of vital importance for achieving universal health coverage. The World Health Organisation (WHO) is promoting healthy workplace to improve retention of human resource and improve people's mental

health.<sup>5</sup> To overcome the shortage of human resource, female employees should be targeted. Family pressure, society norms and workplace challenges make job continuation difficult. Workplace GBV and incivility are factors that pose challenges to the females.<sup>6</sup>

Violence is the result of a complex interaction of individuals and relationships with social, cultural and environmental factors.<sup>7</sup> A meta-analysis showed that 61.9% of respondents had experienced some form of workplace violence.<sup>8</sup> A study in Nigeria showed that there was a high prevalence of GBV among university women, and an interrelationship between women's experience of incivility, bullying and sexual harassment.<sup>9</sup> A study on resident doctors in India showed workplace violence as an emerging occupational health hazard among doctors. Results showed that 40.8% of the resident doctors had experienced workplace violence. Verbal abuse (75.4%) was the most common form of violence, with males facing more physical violence and verbal abuse, while female doctors faced threats.<sup>10</sup> Workplace incivility can result in academic stress, poor motivation, low productivity, absenteeism, mental health problems, low self-efficacy, poor self-control, diminished task performance, and burnout. Women with disability face discrimination and are disproportionately affected.<sup>11</sup>

In Pakistan, there is a shortage of human resource in the health sector. In Lahore, a city renowned for its medical and dental educational institutions, female doctors have long

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battled against various forms of workplace mistreatment that significantly undermine their professional growth and wellbeing. The prevalence of incivility, ranging from subtle derogatory remarks and microaggressions to outright harassment and violence, has reached alarming levels, tarnishing the noble ideals that these institutions should uphold.<sup>12</sup> Against this backdrop, a recent among female healthcare professionals in Pakistan shed light on the harrowing reality these dedicated individuals face. The study revealed that an astonishing 57.5% of the surveyed female professionals had experienced or witnessed violence while carrying out their responsibilities in the workplace.<sup>13</sup> Also, a study showed that female nursing staff in Lahore's public hospitals feel secure, but face workplace incivility, including stereotyping, touching and unwanted friendships, leading to occasional physical assaults.<sup>14</sup> Such data underscores the urgency of addressing the pervasive issue of GBV and incivility in medical and dental educational institutions, as it gravely impacts the lives and careers of female doctors.

The current study was planned to determine the burden of workplace GBV, incivility and factors associated with them.

## Subjects and Methods

The analytical, cross-sectional study was conducted from June 10 to August 31, 2023, in Lahore, Pakistan. After approval from the institutional ethics review board of Akhtar Saeed Medical and Dental College via Letter No. M-23/122/-CM, the sample size was calculated with openepi software with 95% confidence interval (CI), 5% margin of error, and anticipated frequency of verbal incivility 15.5%.<sup>15</sup> The sample was raised using convenience sampling technique. Those included were female doctors working in 1 public and 1 private medical institution in Lahore. Those not willing to participate were excluded. Data was collected after taking informed consent.

The initial proforma on workplace violence was self-designed through literature search.<sup>5-7</sup> For data quality assurance, the questionnaire was pretested on 25 participants, and feedback was incorporated into the final questionnaire. The questionnaire consisted of socio-demographic data, violence faced at the workplace, and workplace incivility. Data from the pilot study was not used in analysis.<sup>16</sup> Workplace incivility was categorised as supervisor and co-worker incivility. Any one or more positive dimensions of supervisor or co-worker incivility were taken as incivility present.

Data was analysed using SPSS 21. For quantitative variables, mean±standard deviation were calculated. For qualitative variables, frequencies and percentages were calculated. Chi-square test was used to compare workplace

incivility and sociodemographic factors.  $P \leq 0.05$  was taken as significant.

## Results

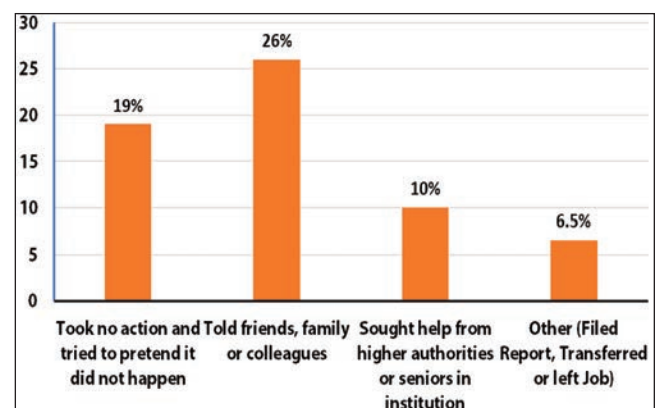
Of the 200 subjects, 138(69%) were from the private sector and 62(31%) were from the public sector. The majority was aged <30 years 95(47.5%) (Table 1).

Some form of workplace violence was faced by 86(43%) doctors; psychological violence by 58(29%), verbal 56(28%), digital harassment 11(5.5%) and physical violence 2(1%). The most common perpetrators of violence were seniors 54(27%), colleagues 16(8%), clerical staff 16(8%), juniors 2(1%) and patients 18(9%). The perceptions behind reasons for violence were poor organisational management 51(25.5%), work overload 40(20%), work

**Table-1:** Sociodemographic characteristics (n=200).

Variables	n (%)
<b>Age (years)</b>	
< 30	95 (47.5)
31 to 40	63 (31.5)
41 to 50	23 (11.5)
51 to 60	15 (7.5)
> 60	4 (2.0)
<b>Type of Institution</b>	
Public	62 (31.0)
Private	138 (69.0)
<b>Income (Monthly)</b>	
Less than Rs.100000	106 (53.0)
Rs.100000 to Rs.300000	82 (41.0)
More than Rs.300000	12 (6.0)
<b>Marital Status</b>	
Married	128 (64.0)
Unmarried	66 (33.0)
Divorced/Widow	6 (3.0)
<b>Working As</b>	
House Officer	50 (25.0)
Medical Officer/ PGR/ Demonstrator	84 (42.0)
Assistant professor, Associate Professor or Professor	66 (33.0)

PGR: Postgraduate resident.



**Figure:** Response to gender-based violence (GBV) at workplace by female doctors (n=86).

disagreement 32(16%), personal grudge 23(11.5%), understaffing 18(9%), timelines 7(3.5%) and racial or religious conflict 7(3.5%). Taking friends, families and colleagues into confidence was the most common reaction of the respondents (Figure).

Supervisor incivility was faced by 94(47%) respondents, while 87(43.5%) faced co-worker incivility over the preceding year. Different dimensions of incivility assessment were noted (Table 2).

Regarding the frequency of supervisor incivility, 18(9%) faced it yearly, 32(16%) monthly, 26(13%) weekly, and 7(3.5%) faced it almost daily. With regard to co-worker incivility, 26(13%) respondents faced it yearly, 32(16%) monthly, 26(13%) weekly, and 12(6%) faced it almost daily.

Supervisor incivility was significantly higher in private institutions ( $p=0.013$ ) and those having income less than Rs100,000 per month ( $p=0.032$ ) (Table 3).

**Table-2:** Dimensions of supervisor or co-worker incivility.

	Supervisor Incivility n (%)	Co-worker Incivility n (%)
Has ignored me or did not respect my opinion	42 (21.0)	44 (22.0)
Gossiped about me to my colleagues.	53 (26.5)	65 (32.5)
Excluded me from a discussion.	35 (17.5)	38 (19.0)
Questioned my professional competence.	42 (21.0)	33 (16.5)
Showed inappropriate interest in my personal life.	34 (17.0)	29 (14.5)
Showed dislike/scorn in sarcasm, facial expressions gestures.	42 (21.0)	40 (20.0)
Expressed negative attitudes or complained about work demands.	38 (19.0)	43 (21.5)
Acted in a rude, inconsiderate manner.	44 (22.0)	51 (25.5)

**Table-3:** Workplace incivility and socio-demographic factors.

Variables	Supervisor Incivility [n (%)]		p-value	Co-worker Incivility [n (%)]		p-value
	Yes	No		Yes	No	
<b>Age (years)</b>						
< 40	79 (50.0)	79 (50.0)	0.09	68(43)	90(57)	0.79
> 40	15 (38.1)	27 (61.9)		19(45.2)	23(54.8)	
<b>Institution Type</b>						
Public	21 (33.8)	41 (66.1)	0.013	32(51.6)	30(48.4)	0.121
Private	73 (52.9)	65 (47.1)		55(36.8)	83(60.1)	
<b>Income (Monthly)</b>						
< Rs. 100,000	59 (55.7)	47(44.3)	0.032	45(42.5)	61(57.5)	0.564
Rs. 100,000 - 300,000	31(37.8)	51(62.2)		35(42.7)	47(57.3)	
> Rs. 300,000	4(33.3)	8(66.7)		7(58.3)	5(41.7)	
<b>Marital Status</b>						
Married	60(46.9%)	68(53.1%)	0.053	60(46.9)	68(53.1)	0.35
Unmarried	34(51.5%)	32(48.5%)		24(36.4)	42(63.6)	
Divorced/ Widow	0(0%)	6(100%)		3(50)	3(50)	
<b>Working as</b>						
House officer	27(54%)	23(46%)	0.186	20(40)	30(60)	0.75
Medical officer/ Demonstrator/ Postgraduate Resident	43(51.2%)	41(48.8%)		39(46.4)	45(53.6)	
Assistant Professor and Above	24(36.4%)	42(63.6%)		28(42.4)	38(57.6)	

## Discussion

The issue of workplace GBV and incivility is on the rise, presenting a growing occupational health concern, particularly within the context of female doctors in Lahore. The current study highlighted the urgent need to implement a policy focussed on safe workplaces for doctors to promote violence prevention. Implementation of a multiagency strategy to counter violence against women is needed.<sup>17</sup>

The current study showed that a substantial 43% of female professionals had been subjected to GBV at their workplace. A study comprising family medicine physicians reported a higher rate of bullying reported by females than males, with females more prone to recurrence.<sup>18</sup> In a study, all 100% of the student nurses responded to the study questionnaire, stressing that they had encountered instances of violence, either through first-hand experience or by witnessing such incidents, within their clinical placements.<sup>19</sup> The current study focussed on female doctors alone.

In the current study, psychological (29%) and verbal violence (28%) constituted frequently encountered expressions of aggressive behaviour at the workplace. These results were consistent with a study done in Karachi.<sup>20</sup> In northern Italy, over 50% of the sample experienced verbal aggression during work hours.<sup>21</sup> In India, the most prevalent type of violence was verbal abuse (75.4%), closely followed by instances of threats.<sup>22</sup> Among the factors brought to light by the current study, 51(25.5%) participants identified poor organisational management, whereas 40(20%) participants cited work overload as contributory factors. This highlighted the interconnectedness between individual wellbeing and the prevalence of uncivil behaviours.<sup>23</sup>

In the current study supervisors accounted for about 47% incidents of incivility. This percentage was significantly lower compared to 67.4% and 58.4% reported by earlier studies.<sup>9,24</sup> The current findings was, however, higher compared to 40.7% and 21.7% reported from Greece and Brazil, respectively.<sup>25,26</sup> The higher prevalence of supervisor incivility in the current study can be attributed to its exclusive focus on female doctors compared to other studies that comprised a diverse range of other medical professionals.

The current finding of co-worker incivility (43.5%) was lower compared to prior studies in the literature.<sup>27,28</sup> These variations could be attributed to cultural, organisational and sector-specific factors.

The current study highlighted the magnitude of workplace problems so that policies could be made to address the problem. Workplace incivility and violence mostly go unreported in Pakistani society in the absence of relevant rules for dealing with institutional violence. The current study has its limitations as well. The study used convenience sampling for data collection which could have led to selection bias. Moreover, only female doctors were included. A large-scale study also including male doctors and paramedical staff should be conducted to capture a fuller picture of workplace violence and incivility. Also, the current study had a cross-sectional design, and data was collected retrospectively which could have brought recall bias into play.

## Conclusion

Workplace GBV and incivility faced by working female doctors was found to be high. The most common forms of violence encountered were physiological and verbal. Supervisor incivility was significantly higher in private institutions and targeted those having monthly income less than Rs100,000.

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**Author Contribution:**

MN: Revision, data analysis and interpretation.

IM: Concept and final approval.

AUQ: Drafting and (Introduction and discussion writing).

GR: Data analysis and interpretation.

AA: Drafting and (discussion writing).