RESEARCH ARTICLE

Workplace Sexual and Racial harassment among nurses at tertiary care hospitals in Karachi

Noureen Fazal[1], Lubna Baig[2], Hira Tariq[3], Athar Hussain Memon[4]

Abstract

Objective: To determine the prevalence of workplace sexual and racial harassment faced by nurses, to identify the associated determinants, and to examine its related effects.

Method: The cross-sectional, descriptive study was conducted at the Jinnah Postgraduate Medical Centre and the National Institute of Child Health, Karachi, from February to October 2022, and comprised registered nurses with at least one year of work experience. Data was collected through a structured questionnaire adapted from standardised workplace violence instruments. Association of harassment with demographic variables was examined. Data was analysed using SPSS 21.

Results: Of the 322 nurses with mean age 27.68±8.35 years, 179(55.6%) were females and 143(44.4%) were males, while 220(68.3%) were aged 20-25 years and 248(77%) had working experience 1-5 years. Overall, 32(9.9%) nurses had experienced sexual harassment, while 34(10.1%) reported racial harassment. Sexual harassment was significantly more common among female nurses, those aged >25 years, those with >5 years of work experience, individuals belonging to minority sects, and night-shift workers (p<0.05). Racial harassment was significantly associated with older age, longer work experience, and night duty (p<0.05). Both forms of harassment were linked to psychological effects, such as recurrent distressing recollections and heightened vigilance. Hospital staff members were identified as the primary perpetrators.

Conclusion: Sexual and racial harassment was found to be a key concern for female, senior and night-shift nurses. The resulting psychological effects showed the need for improved policies, systematic reporting and strong preventive elements to foster a safer and more supportive workplace environment.

Keywords: Sexual harassment, Racial harassment, Workplace harassment among nurses, Nurses in Karachi, Abuse.

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Introduction

Workplace harassment poses a significant challenge in medical environments worldwide.[1] Sexual harassment and violence targetting nurses have emerged as an intricate issue, constituting an occupational hazard within the nursing profession.[2] Harassment has been defined as "aggressive pressure or intimidation".[3,4] Nurses face heightened vulnerability to workplace harassment due to the nature of their duties, such as assisting with personal-care tasks, like bathing patients, changing clothes, and handling bodily fluid.[5]

The repercussions of workplace harassment extend beyond individual nurses, impacting the healthcare system. It leads to decreased productivity among nurses due to heightened stress and other adverse mental health conditions.[6] Additionally, organisations suffer from negative consequences, such as tarnished reputation, wasted time and the loss of skilled personnel.[7]

A 2023 qualitative study in Ghana[8] stated that participants encountered various forms of sexual harassment, including verbal, nonverbal and physical, frequently perpetrated by physicians, colleagues and patients. Despite enduring adverse mental health consequences, most nurses exhibited a passive response to instances of sexual harassment.[8]

The issue of underreporting workplace harassment is widespread.[3,4] Similar trends have been observed in studies conducted in the Pakistani cities of Peshawar and Karachi where nurses hesitated to report incidents due to the fear of cultural stigma and feelings of shame.[7,9,10] A cross-sectional study at Civil Hospital Karachi identified that a significant proportion of healthcare providers experienced various forms of harassment, including physical attacks, verbal abuse, bullying and sexual harassment.[10]

In the context of Pakistani culture, the nursing profession often faces marginalisation, rendering nurses more susceptible to harassment compared to their counterparts in other healthcare professions.[7] Research underscored the heightened vulnerability of healthcare professionals, particularly nurses, to workplace harassment.[4]

[1]Jinnah Sindh Medical University, Karachi, Pakistan; [2]Department of Medical Education, University College of Medicine and Dentistry, Lahore; [3]Department of Community Health Sciences, Aga Khan University, Karachi; [4]School of Communication Studies, Scripps College of Communication, Ohio University, Athens Ohio United State.

Correspondence: Noureen Fazal. e-mail: fazalnaureen@gmail.com

ORCID ID: 0009-0009-4243-9664

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Despite some attention to workplace harassment in Pakistan, there remains a dearth of research specifically addressing sexual and racial harassment.[11] The current study was planned to fill the gap in literature by determining the prevalence of workplace sexual and racial harassment faced by nurses, to identify the associated determinants, and to examine its related effects.

Subjects and Methods

The cross-sectional, descriptive study was conducted at the Jinnah Postgraduate Medical Centre (JPMC) and the National Institute of Child Health (NICH), Karachi, from February to October 2022, and comprised registered/ licensed nurses of either gender having at least one year of work experience. The sample was raised using convenience sampling technique. Student nurses were excluded. The sample size was calculated using OpenEpi with a prevalence estimate of 40.3% for sexual harassment.[12] The distribution of sample participants was based on the capacity and staff strength of the participating hospitals.

Data was collected using a questionnaire adapted from standardised workplace violence instruments developed by the World Health Organisation (WHO), International Labour Organisation (ILO), International Council of Nurses (ICN), and Public Services International (PSI).[11,13,14] Items were modified to reflect the study objectives, and only domains related to workplace sexual and racial harassment were retained. To assess content and face validity, a panel of subject-matter experts in public health and nursing reviewed the adapted questionnaire for clarity, relevance and cultural appropriateness. The questionnaire was pilot-tested on nurses who were not part of the main sample, and minor revisions were incorporated. Reliability testing demonstrated strong internal consistency for sexual harassment (α=0.88) and racial harassment (α=0.93) scales.

Data was collected at the workplace, but due to the busy schedule of emergency department (ED) staff, they were permitted to complete the questionnaire at home and return it the following day. To minimise recall bias, the participants were asked to report only incidents of sexual or racial harassment personally experienced within the preceding 12 months.

Approval was obtained from the institutional ethics review boards of Jinnah Sindh Medical University (JSMU-), Karachi, JPMC and NICH. Written informed consent was taken from all the participants who were assured of data confidentially. Only female data-collectors were hired so that female nurses may not feel any hesitation in sharing data.

Data was analysed using SPSS 21. Frequencies and percentages were calculated for demographic variables. The association between the outcome variables (sexual harassment and racial harassment) and demographic characteristics was assessed using the chi-square test. Prior to inferential analysis, marital status and sect were found to have low-category frequencies. Therefore, they were recoded to ensure adequate cell counts. Fisher's Exact Test was used where indicated. Marital status was dichotomised as married and unmarried, with single, widowed, divorced, and separated being grouped as unmarried. Minority sect

Table-1: Demographic characterstics of the nurse (n= 322).

Variables	n (%)
Mean Age (years)	27.68 ± 8.35
20-25	220 (68.3)
Above 25	102 (31.6)
Gender	
Male	143 (44.4)
Female	179 (55.6)
Marital Status	
Married	83 (25.8)
Unmarried	239 (74.2)
Hospital	
Jinnah Postgraduate Medical Centre (JPMC)	252 (78.3)
National Institute of child Health (NICH)	70 (21.7)
Religion	
Islam	220 (68.3)
Hindu	52 (16.1)
Christian	50 (15.5)
Sect	
Sunni	194 (60.2)
Other (Deobandi/Brelvi Sects/Shia/Aga Khani)	128 (39.7)
Designation	
Attendant	28 (8.7)
Nurse	271 (84.2)
In-charge Nurse	23 (7.1)
Working Experience	
1 to 5	248 (77)
Above 5 years	74 (23%)
Nature of Job	
Full time	114 (35.4%)
Part time	48 (14.9)
Temporary	160 (49.7)
Shift	
Morning	263 (81.7)
Evening	30 (9.3)
Night	29 (9)
Ward	
Emergency	40 (12.5)
Surgery and Allied	166 (51.5)
Medicine and Allied	116 (36)
Usually Interact	
Male	29 (9)
Female	21 (6.5)
Both	272 (84.5)
Number of staff in same shift	
1 to 5	213 (66.1)
Above 5	109 (33.8)

categories (Deobandi, Barelvi, Shia, Aga Khani) were grouped as "other". Across all statistical analyses, p<0.05 was considered significant.

Results

Of the 322 nurses, 252(78.26%) were working at JPMC, while 70(21.73%) were recruited from NICH. The overall mean age was 27.68±8.35 years, with 220(68.3%) aged 20-25 years. There were 179(55.6%) females and 143(44.4%) males, while 248(77%) had working experience 1-5 years. Demographic and professional characteristics of the respondents were noted in detail (Table 1).

Overall, 32(9.9%) nurses had experienced sexual harassment, while 34(10.1%) reported racial harassment. Sexual harassment was significantly more common among female nurses, those aged >25 years, those with >5 years of work experience, individuals belonging to minority sects, and night-shift workers (p<0.05). Racial harassment was significantly associated with older age, longer work experience, and night duty (p<0.05). Both forms of harassment were significantly more prevalent at NICH than JPMC (Table 2). However, the significant difference observed across night shift should be interpreted with caution because >20% of the expected cell counts were <5.

Table-2: Association of sexual and racial harassment with demographic and professional variables.

Study Variables	Sexual Harassment		*p*-value	Racial Harassment		*p*-value
	Yes [n (%)]	No [n (%)]		Yes [n (%)]	No [n (%)]	
Age (years)						
20-25	15(6.8)	205(93.2)		16(7.3)	204(92.7)	
Above 25	17(16.7)	85(83.3)	0.009	17(16.7)	85(83.3)	0.01
Gender						
Male	7 (4.9)	136(95.1)		11(7.7)	132(92.3)	
Female	25(14)	154(86)	0.008	22(12.3)	157(87.7)	0.19
Marital Status						
Married	12(14.5)	71(85.5)		13(15.7)	70(84.3)	
Unmarried	20(8.4)	219(91.6)	0.86	20(8.4)	219(91.6)	0.09
Type of Hospital						
JPMC	20(7.9)	232(92.1)		16(6.3)	236(93.7)	
NICH	12(17.1)	58(82.9)	0.02	17(24.3)	53(75.7)	0.000
Religion						
Islam	24(10.9)	196(89.1)		25(10.9)	195(89.1)	
Hindu	2(3.8)	50(96.2)		02(3.8)	50(96.2)	
Christian	6(12.0)	44(88.0)	0.28	07(14)	43(86)	0.20
Sect						
Sunni	17(8.8)	177(91.2)		16(8.2)	178(91.8)	
Other	15(11.7)	113(88.3)	0.48	17(13.3)	111(86.7)	0.18
Designation						
Staff Nurse	28(10.3)	243(89.7)		28(10.3)	243(89.7)	
In-charge Nurse	0(0.0)	23(100)		04(17.4)	19(82.6)	
Attendant	04(14.3)	24(85.7)	0.19 *	01(3.6)	27(96.4)	0.30
Working Experience						
1 to 5	18(7.3)	230(92.7)		19(7.7)	229(92.3)	
Above 5 years	14(18.9)	60(81.1)	0.005	14(18.9)	60(81.1)	0.008
Nature of Job						
Full time	20(17.5)	94(82.5)		19(16.8)	95(83.2)	
Part time	5(10.4)	43(89.6)		05(10.4)	43(89.6)	
Temporary	7(4.4)	153(95.6)	0.002	09(5.6)	151(94.4)	0.01
Shift						
Morning	19(7.2)	244(92.8)		20(7.6)	243(92.4)	
Evening	1(3.3)	27(96.7)	0.001*	02(6.7)	28(93.3)	0.001*
Night	12(41.4)	17(58.6)		11(37.9)	18(62.1)	
Ward						
Emergency	02(5)	38(95)		03(7.5)	37(92.5)	
General Surgery and Allied	24(11.9)	178(88.1)		23(11)	179(88.6)	
General Medicine an Allied	6(7.5)	74(92.5)	0.32	7(8.8)	73(91.3)	0.68
Usually Interact						
Male	2(6.9)	27(93.1)		02(6.9)	27(93.1)	
Female	2(9.5)	26.1(90.5)	0.92*	02(9.5)	19(90.5)	0.92*
Both	28(10.3)	244(89.7)		29(10.7)	243(89.3)	
Number of staff in same shift						
1 to 5	18(8.5)	195(91.5)		20(9.4)	193(90.6)	
Above 5	14(12.8)	95(87.2)	0.23	13(11.9)	96(88.1)	0.56

* Fisher Exact test used as test of significance; JPMC: Jinnah Postgraduate Medical Centre, NICH: National Institute of Child Health.

The most common perpetrators of both sexual and racial harassment were reported to be staff members, followed by patient attendants (Figure).

Discussion

Studies conducted in various settings in Pakistan have reported diverse findings regarding sexual harassment prevalence among nurses.[7,11,15] The current study revealed a 9.9% incidence of sexual harassment among the nurses, closely resembling a study conducted in Karachi where a 15.6% prevalence was reported.[15] Studies in Hazara and Faisalabad cities reported 70% and 12.5%, respectively.[16,17] Notably, in the current study, a larger proportion of female nurses (14%) experienced sexual harassment compared to male participants (4.4%), consistent with earlier

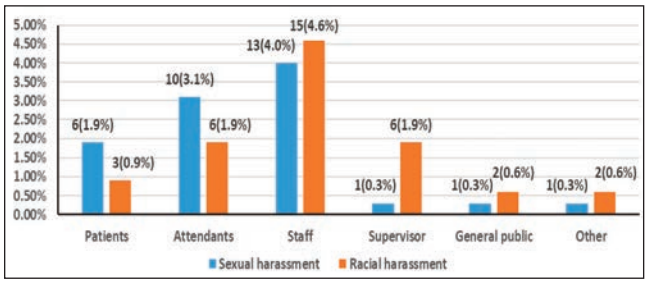

Figure: Perpetrators of racial and sexual harassment as reported by the participants.

findings.[12] Furthermore, the study identified nursing staff as the primary perpetrators, aligning with earlier studies.[13,18]

A survey conducted across eight Ministry Hospitals in Turkiye[19] revealed a 37% prevalence of sexual harassment among nurses, surpassing the findings of the current study. This variance may potentially be attributed to the larger sample size (n=622) employed in that study, as well as potential normalisation of certain forms of sexual abuse. Moreover, the estimated prevalence of sexual harassment in Turkiye is lower compared to reports from Nepal.[12] For instance, a study in Greece[20] among 1,268 nurses documented a 70% prevalence of sexual harassment, exceeding the current findings. This difference could be attributed to the larger pool of participants and the timeframe for recall, as the Greek study queried experiences throughout the nurses' working lives, whereas the current study focussed on incidents within the preceding year in the workplace.

In the present study, sexual harassment was more prevalent among nurses aged 25 and above, which was in line with a study in Turkiye.[19] However, it contrasted with findings from Nepal,[12] where the majority (62%) of nurses reporting sexual harassment were aged 20-29 years. In both the Turkish[19] and Nepalese studies,[12] sexual harassment predominantly affected unmarried nurses, accounting for 42.3% and 59.2%, respectively. In contrast, in the current study, married nurses reported a higher frequency of sexual harassment. This difference could be attributed to a potential lack of awareness regarding sexual harassment among younger nurses, coupled with potentially greater ease of disclosure among married nurses.

Furthermore, in the current study, the majority (18.9%) of nurses with >5 years of work experience reported higher sexual harassment, consistent with findings from Turkiye (47%).[19]

Literature indicates variations in the timing of working shifts for nurses across hospitals globally. The current study categorised operational shift timings into morning (8am to 2pm), evening (2pm to 8pm), and night shifts (8pm to 8am). Findings revealed that 41% of harassment incidents occurred during the night shift, with morning and evening shifts accounting for 7% and 3.3% of the incidents, respectively. This observation mirrors similar findings from a study conducted in Nepal.[21] Conversely, research in Egypt[22] reported that sexual harassment was common across both day and night shifts. Additionally, a study in Turkiye[23] found that the majority (41%) of incidents occurred during the evening shift, followed by morning (30%) and midnight shifts (29%).

In the current study, it was observed that 4% of individuals responsible for perpetrating sexual harassment against nurses were identified as co-workers or other nursing staff. Conversely, research conducted in various countries has indicated that doctors/physicians often emerge as primary perpetrators of sexual harassment, with attendants and patients also implicated to a lesser extent.[12]

Following incidents of sexual harassment, a notable proportion of participants in the current study opted to feign ignorance or denial, effectively disregarding the occurrence. This finding parallels a study in Turkiye.[23] In another Turkish study[19] 59.3% of the nurses did not take any action and 30.7% engaged in pretending ignorance. Similarly, a study in Japan[24] found that 44% of participants took no action, while an additional 30% exhibited behaviour indicative of disregarding the event.

The act of visually fixating on the physical attributes of nurses (7.8%) emerged as the predominant manifestation of sexual harassment in the current study. A study in Egypt[22] reported a prevalence of 70.9% for the act of gazing at body parts. Likewise, studies in Japan[24] and Turkiye[23] reported rates of sexual taunting and joking at 72% and 70%, respectively.

The present investigation found a racial harassment prevalence of 10.1%, consistent with a study in Iran[4] (12%). However, a psychiatric hospital study in Iran[25] identified a higher prevalence of 19.1%. In the United States, a study among Medicine Emergency residents reported a higher rate of 26%, possibly influenced by specific demographic and professional factors.[26] In Barbados,[27] racial harassment accounted for 3% of violence cases, while a survey in Taiwan[28] targetting psychiatric hospital nurses found a 4.5% occurrence. In Italy,[29] nurses experienced racial harassment at a rate of 3.1%, with doctors reporting a lower rate of 1.8%. The current study study indicated a higher incidence of racial harassment among female nurses (12%) compared to males (7%), possibly due to differing study populations.

Shift-related racial harassment patterns varied between

studies, with the current findings differing from those in Iran.[25] Shift-related incidents may be influenced by contextual factors, such as facility settings and patient demographics. Additionally, in the current study, 3.7% of perpetrators were identified as co-workers or nursing staff, contrasting with a survey in Iran[4] where most incidents were attributed to patients' relatives (48.1%).

The current study has several limitations. Since data collection relied on self-administered questionnaires, self-report bias may have affected the accuracy of the responses. Additionally, the cross-sectional study captured associations at a single point in time and cannot establish causal relationships among variables. Social desirability and underreporting may have influenced responses, particularly in the state-run hospital setting, where nurses might have refrained from reporting harassment due to job security concerns, despite confidentiality assurances. Recall bias is another concern, as the lack of a robust incident reporting system in hospitals may have led the participants to rely on memory when reporting past experiences. The coronavirus disease-2019 (COVID-19) pandemic also impacted the intended sample size, as many nurses were re-assigned to other healthcare centres, potentially affecting the study's representativeness. Consequently, while the findings, based on a sample of 322 participants, are generalisable to the population of Karachi, they may not reflect broader trends. Furthermore, to meet statistical test assumptions, some variable categories were merged, which may have resulted in potential overestimation or underestimation of findings.

Despite the limitations, however, the current groundbreaking study, to our knowledge, is the first in Pakistan to examine the frequency, determinants and impact of sexual and racial harassment among nurses, providing critical insights into pervasive yet often overlooked issues.

Conclusion

Racial harassment was found to be slightly more prevalent than sexual harassment, underscoring the need for greater awareness and intervention. Both forms of harassment were most commonly perpetrated by individuals within healthcare settings, emphasising the urgent need for hospital administrations to take decisive action. Implementing robust awareness programmes, establishing clear reporting mechanisms, and enforcing strict zero-tolerance policies are essential to addressing this problem and preventing its damaging consequences for nurses and healthcare institutions alike.

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Author Contribution:
NF: Concept, literature review, data collection and drafting.
LB & HT: Revision and final approval.
AHM: Data analysis, compilation and revising the content.