

Frequency of Workplace Harassment and the Awareness about Reporting of Incidents in Health Professionals of Khyber Teaching Hospital

Rubeena Gul¹, Saad Salman Safir², Khurram Shehzad², Imran Khan²
and Imtiaz Rehman Khattak²

ABSTRACT

Objective: The objectives of the survey were to assess the frequency, types and source of the work place harassment experienced by health professionals and to assess the awareness about reporting procedure of the incidence by the health professionals of Khyber Teaching hospital Peshawar.

Study Design: A descriptive survey was conducted in the Khyber teaching hospital of Khyber Pahthunkawa from 1st January to 15th February 2016.

Materials & Methods: A self administered structured questionnaire was implemented having close ended questions. Sample size was 256, simple random sampling technique was used those health professional present on the day of the survey were included in the survey population informed written consent was taken. Data was analyzed using M.S excel.

Results: Workplace harassment among health professionals in KTH was 47(27.6%). 38(80.8%) harassed were doctors. All health professionals were verbally harassed off the total 4 male doctors were also physically harassed. The main source of harassment was the patient attendants. 95(56%) of the respondents were aware about reporting procedure of the incident in the institute.

Conclusion: Frequency of harassment among doctors was high, although awareness about reporting procedure was there but reporting was done on small scale.

Key words: Work place, harassment, health professional, verbal, reporting.

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INTRODUCTION

World Health Organization defines workplace harassment as “those incidents where the staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health”¹. Nowadays harassment within the health care system is a debatable public health issue.

As health care professionals are the focus of work place harassment; this makes it unsafe for them to adequately perform their professional duties. The viciousness can be from various sources, including patients, relatives and colleagues. The route involved could be physical or psychological which could be

perilous to individual prosperity and security. Wide spread media coverage of cases has resulted in mistrust and has damaged the trust based health professional and patients relationship. It not only decreases the morale of the professionals but also affect their long term perception of the profession and the work performance of the health provider.

It has been estimated that health care professionals are at a higher risk of workplace harassment²⁻⁴ world wide. In recent years researchers have focused on workplace harassment directed especially against nurses⁵⁻⁷. Most studies have examined harassment against nurses especially in psychiatric settings and emergency department⁸⁻¹⁰. Very few studies have systematically explored harassment against other health professionals¹¹⁻¹⁵ especially doctors.

Recent studies have focused on harassment and aggression prevalence and associated factors in Psychiatric hospitals^{16,17}, emergency departments¹⁰, public sector hospitals¹⁸ welfare sectors¹⁹ and nursing homes²⁰ but majority of these studies were done in the

Department of Community Medicine¹/ Student, 3rd Year M.B.B.S.,²/ Khyber Medical College Peshawar, Pakistan.

Correspondence: Dr. Rubeena Gul, Department of Community Medicine, Khyber Medical College Peshawar, Pakistan.

Email: gul_rubeena@yahoo.com

developed world. The results of these studies can only be applied to developing world including Pakistan to a limited extent mainly because of different organizational structure of healthcare settings. Harassment and aggression in health care settings in Pakistan constitutes a serious problem but knowledge gap in research needs to be addressed in order to develop preventive measures. Another area, which needs clarification, is reporting of these incidents, as well as institutional policies and training to deal with such incidents. However, in Khyberpathankawa, this issue remains under-researched, especially in hospitals.

This survey is an initiative to gather baseline information about work place harassment in Khyber teaching hospital, as the statistics on this issue are difficult to estimate as mostly information is given through media but not systematically collected by any health agency. Thus clear knowledge about the frequency of work place harassment may serve to take steps in order to improve the working condition of health professional. Therefore, our focus was on the frequency, types and causes of the work place harassment and awareness about the route of reporting of such incident by the health professionals working in the Khyber teaching hospital.

MATERIALS & METHODS

A retrospective cross-sectional survey was conducted in the Khyber teaching hospital, a tertiary care government hospital in Peshawar, KPK between 1st January 2016 and 15th February 2016. The total sample size was 256 with 95% confidence level and 5% confidence interval. Simple random sampling technique was adopted and every third individual was included in the survey population.

The sample were from a variety of departments medicine, surgery, gynecology obstetrics, pediatrics, ENT, psychiatry, orthopedic and burn units. The researcher informed in charge nurse and professor of each ward of the purpose of the survey. The in charge nurse and concerned doctor of each ward were approached by the researcher and questionnaires were distributed among the staff members after the morning rounds. Questionnaire was distributed among those who consented to participate in study. In order to ensure anonymity, no personnel information was asked and also they were requested to return questionnaire in sealed envelopes and drop in boxes which were provided in each wards. These boxes were emptied on daily bases by the researcher themselves.

Doctors and nurses of both genders and all ages who had work in the hospital for at least one year were

included. Those professionals who were absent from duty or were busy with their professional duties were excluded from the study population.

The questionnaire which was used to measure harassment was developed in 2003 by the ILO/ICN/WHO/PSI joint programme²¹. We adopted the survey questionnaire according to our settings. Questionnaire consisted of 3 sections the first section sought information about general demographics of respondents (gender, and their place of work). The second section asked respondents to give a binary (yes/no) response to a stem questions about whether they had been exposed to any harassment in the past twelve months. Those who answered in the affirmative were requested to identify the type of harassment (physical aggression, verbal aggression, threats, harassment and both verbal and physical, source of harassment i.e patient, attendant, immediate supervisor). The next section sought information about whether the victims reported the violent incidents and if not, the reasons behind it.

Before the interviews, approval was obtained from the ethical review committee of the institute. All participants gave their informed written consent to participate in the study.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Informed consent was obtained from all patients for being included in the study.

The data was analyzed manually at first on different variables (age, ward, gender, professional group) and then M.S excel was used to construct different graphs for these variables.

RESULTS

The response rate was 66.4% (170) out of 256 health professional interviewed. Of which 91(54%) respondents were males and 79(46%) were females. 137(80.5%) were doctors and 33(19.4%) were nurses. Among doctors, 91(64.4%) respondents were males and 46(33.5%) respondents were female. Majority of the male doctors were from medical unit while female respondents were mostly from gynaecology and obstetrics unit. Nurses were all female. Ward wise distribution is given in figure-1

Frequency of harassment: Of 170 respondents, 47 (27.64%) health professionals (38 doctors and 9 nurses) were victims of harassment at least once in the last 12 months. Majority 38 (80.8%) were doctors and 9(19.14%) were nurses.

Verbal abuse was found to be the main harassment type in all of the harassed doctors and nurses encountered followed by physical harassment in 4 (8.5%) male doctors. The source of harassment was from the patients/attendants 32(68%), while 15 (31.9%) were harassed by the senior staff members.

Awareness about the reporting protocols: The subjects were asked whether they knew the procedure for reporting harassment in their workplace 95(56%) answered YES and 75 (44%) answered NO. Ward wise analysis of data regarding awareness about the procedure of reporting of harassment in their workplace and knowledge of using their procedures among doctors and nurses is shown in figure 2 and 3.

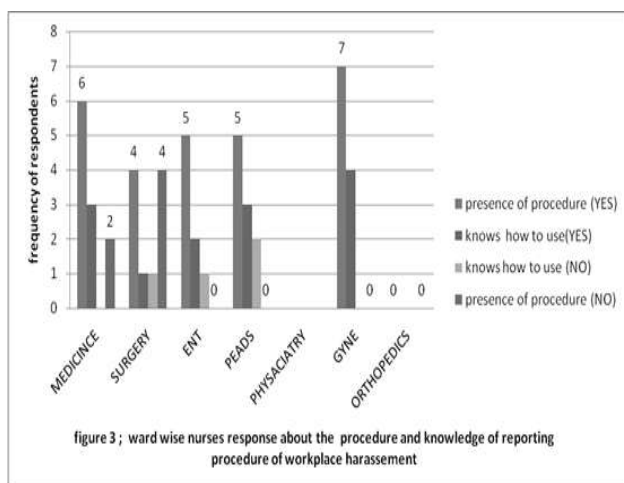
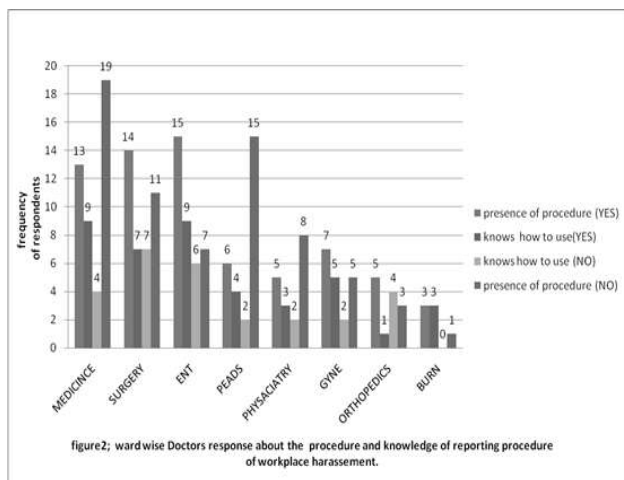
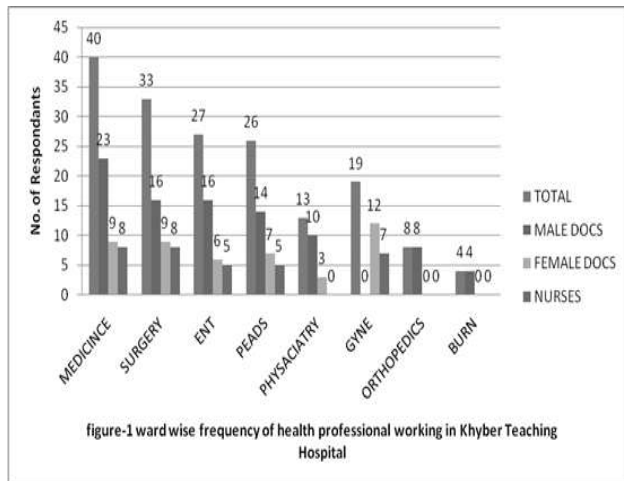
Reporting of the incident: Of the 47 harassed respondents, 20(42.5%) reported the incident to their superiors whereas the 27(57.4%) respondents did not report the incident. The reason for the non reporting of the incident, “the incidence was not important” (10 respondents), “it was useless to report to supervisors” (5 respondents), “afraid of negative consequences on the professional training” (5 respondents) and “don’t know who to report the incident to” (7 respondents).

DISCUSSION

A significant proportion (27.64%) of respondents in the survey experienced workplace harassment in the previous one year. The main type was verbal and the source was patient or attendants. Our findings correlate with literature review which revealed verbal and physical aggression prevailed from ranges 0.4% to 91%²²⁻²⁴ among the health care professionals (HCP). Studies have revealed that 70.7% of health care workers experienced physical and 81.4%, verbal aggression in previous one year in Germany²⁰. One out of ten professionals reported physical assault and one out of three, exposure to non-physical harassment in a public health care facility in Italy²⁴. Direct contact of HCP with highly stressed patients and families because of illness²⁵, unrestricted movements of visitors in the hospitals²⁷, overcrowding²⁸, and lack of staff training in prevention and management of aggression and harassment²⁷, are identified as some of the contributing factors towards this high prevalence of workplace harassment in healthcare settings. These reasons are consistent in our set up where health professionals are most vulnerable to work place harassment.

In our study males experience more harassment than females²⁹, which could be related to differences in exposures level, culture issue or acceptance the incident as noxious one by the male doctor.

Differences in survey settings and healthcare systems and population studied makes it difficult to compare results of various studies but still the very high figures reported in our and previous studies underscores the importance of issue of harassment and aggression faced by HCP in workplace.



Negative consequences of harassment and aggression on physical and psychological wellbeing have been well demonstrated in previous researches. Studies found HCP responses to aggression to be similar across different countries, cultures and settings and include immediate reactions like fear, anger, anxiety^{30,31}, as well as intention to quit profession³². As expected, our survey respondents reported many negative effects of exposure to harassment like anger, distress and guilt as well as high work related stress, which in turn translates into staff dissatisfaction and poor patient care in an already vulnerable healthcare delivery system.

Our survey result corroborates previous reports of under reporting of harassment and aggression incidents faced by HCP, to the institutional authorities. Staff mostly appears to get support from colleagues in informal discussions. Only a fraction of actual cases gets reported³³ a trend seen also in studies of harassment faced by junior doctors in Pakistan³⁴. Causes for low rates of reporting may be lack of support from seniors, unclear reporting procedures, and institutional policies in this regards and conceivable acknowledgment of harassment and aggression as an integral part of clinical work³⁰.

The respondents felt unprepared to deal with aggression and harassment shown at the workplace by the patients, attendants and seniors doctors. Institutions should offer better training for managing harassment and effectiveness of the training should be assessed by regular feedback from the staff.

The results of the study may not be generalized, as health professional does not have the proper channels through which they can report incidents in an official capacity. Also element of recall bias among respondent resulted in under reporting of the incidence. This survey represents an attempt to investigate the harassment in health professionals in a hospital, but lacked in-depth interviews about the emotional and physical consequences of the incidence to the health professional. There is a possibility that the respondents might have neglected the harassment from the senior staff in answering the questions and also because of fear of exposure of identity, they might have not mentioned such an event (if any).

It is concluded that harassment in healthcare institutions in Pakistan is a hidden phenomenon and needs to be address in order to improve the work performance of the health professionals. There is need to train staff in good working practices, de-escalation techniques which alongside Institutional policies and organizational safety policies may also be a way forward in decreasing likelihood of workplace harassment.

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