The Risk Factors Associated with Violence among Female Healthcare Workers at Public Hospitals of Punjab, Pakistan

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ABSTRACT

It has been observed that violence among female healthcare workers have been increased in last decades. Many incidents have been reported by the female healthcare workers including doctors and nurses and other female staff. Most importantly, violence in public hospitals was unleashed by the colleagues, patients and management. The objective of the study was to dig out the risk factors associated with violence among female healthcare workers in public hospitals of Punjab, Pakistan. The nature of study was cross-sectional and descriptive. The target population of the study was female doctors and nurses. Simple random sampling technique of probability sampling was used and a representative sample of 200 female healthcare workers was drawn from the four public hospitals i.e. Jinnah Hospital, Services Hospital, Sar Ganga Ram Hospital and Mian Munshi DHQ-I Teaching Hospital located in Lahore ,provincial headquarters of Punjab, Province. The findings of the study reveals age, career duration, type of working shift, job demand, social support, job insecurity and job strain were significantly associated with violence among female healthcare workers at public hospitals. It can be concluded that female healthcare workers has greater risk and exposure of violence as compared to male healthcare workers in public hospitals. Therefore, it is recommended that it is a high time to take stringent measures to curb the debilitating factors associated with violence among female healthcare workers.

Index Terms: Bullying, Healthcare Workers, Sexual Harassment, Workplace Violence.

1. INTRODUCTION

Violence among female healthcare at public hospitals can be defined as any incident in which employees are threatened, harmed, or assaulted at work or as a result of their employment (Brophy et al., 2018). Violence is classified according to its kind, which includes physical, sexual, psychological, and verbal abuse. It can also be categorized into two types of violence: internal (done by employers and employees of the same organization) and external (committed by outsiders such as clients and criminals (Khan et al., 2021). Previously, emphasis was placed on workplace physical violence, but recent data has revealed the harm caused by non-physical violence, including verbal and psychological abuse at work (Hasan et al., 2018).

Violence is usually connected with vocations that require interaction with a wide range of people, including the general public, and has become a major concern, particularly in the healthcare sector (Yenealem et al, 2019). Healthcare facilities are expected to provide a safe and comfortable environment for both patients and healthcare professionals. Violence at public hospitals disrupts the secure environment and pose a risk to the efficient delivery of healthcare services (Zafar et al., 2013). Many prior studies shown a significant prevalence of workplace violence in healthcare settings (Kumari et al., 2020). Previous research has shown that verbal abuse is the most common type of WPV, with patients and their relatives perpetrating the majority of the violence (Lown & Setnik, 2018).

Previous research has revealed several psychological characteristics associated with workplace violence among healthcare employees, including high job strain, low social support, and low organizational justice (Imran et al., 2013). According to the Job Demand Control Support model, these psychosocial elements interact with one another and cause psychological strain in workers (Baig et al., 2018). According to this hypothesis, psychological strain arises when psychological demands are high and the worker's choice latitude is limited, and a lack of social support at work adds to the risk. In a prior study, this theory was also shown to predict workplace violence among police officers (Shaikh et al., 2020). As a result, it is hypothesized in this study that these psychosocial factors are likewise significantly related with WPV among healthcare workers. Furthermore, workplace violence has been linked to higher levels of psychological distress. It has also been connected to worker rage, depression, headaches, and exhaustion (Hasan et al., 2018). Violence at public hospitals effects are not restricted to workers; it is also recognised as a source of poor organizational behavior, such as increased job turnover (Shafran et al., 2017).

Despite the fact that issues of violence at public hospitals among healthcare workers have been widely publicized in commercial and social media in Pakistan, there has been a very limited quantity of scientific data accessible to explain variables that lead to WPV among healthcare workers. The findings of this study will provide preliminary data on workplace violence among healthcare professionals, which will aid in better understanding of WPV in the healthcare setting.

2. OBJECTIVE OF THE STUDY

The objective of this study was to dig out the risk factors associated with violence among female healthcare workers at public hospitals of Punjab, Pakistan.

3. MATERIALS AND METHODS

The nature of the study was cross-sectional and descriptive. The target population of the study was female doctors and nurses. Simple random sampling technique of probability sampling was used and a representative sample of 200 female healthcare workers was drawn from the four public hospitals i.e. Jinnah Hospital, Services Hospital, Sar Ganga Ram Hospital and Mian Munshi DHQ-I Teaching Hospital located in Lahore, provincial headquarters of Punjab, Province. Equal representation was given to the public hospitals and female healthcare workers in this study. The inclusion criteria was (i) age should be 30-50 years (ii) having at least five years of experience in the same hospital. Regarding the ethical consideration, ethical approval was granted from the

Medical Superintendent of each hospital and it was pledged that obtained data will be used only for research purpose.

A well-structured questionnaire comprised of two parts was used to collect the data. The first part was covered the information regarding the background characteristics and job attributes. The second part of the questionnaire was original version of Job Content Questionnaire which was used to dig out the psychosocial factors attached with the job of doctors and nurses. There were four major parts of this questionnaire (i) Job Decision Latitude, (ii) Job Demand, (iii) Social Support, and (iv) Job Insecurity. A Likert-Scale was used to measure the respondent's response by median point value. The data was collected from January 15, 2023 to February 07, 2023.

The collected data was coded and entered into SPSS version 26. The normality test were employed to check the normal distribution of the data. The descriptive analysis was applied to assess the background and job attributes of the respondents. Chi-square test was also employed at the significant level of 5% to assess the relationship of background characteristics, job attributes and psychosocial factors with violence among female healthcare workers in public hospitals.

4. RESULTS AND DISCUSSIONS

Table 4. 1: Demographic and Job Characteristics of Respondents (n=200)

Demographic Characteristics		**Frequency**	**Percentage**
Age	30-35	60	30
	36-40	70	35
	41-45	40	20
	46-50	30	15
Marital Status	Un-Married	38	19
	Married	162	81
Career Duration	5-6 years	20	10
	7-8 years	30	15
	9-10 years	94	47
	More than 10 years	56	28
Type of Working Shift	Day Shift	90	45
	Night Shift	62	31
	Day & Night Shift	48	24

The above table 4.1 shows that age of the most of the participants (35%) were between 30-35 years, 30% of the participants were aged between 36-40 years, 20% of the respondents were aged 41-45 years and 15% of the participants were aged 46-50. The majority of the participants (81%) were married. The career duration of the 10% of the participants were 5-6 years, 15% of the participants had career duration of 7-8 years, 47% of the participants had career duration of 9-10 years and 28% of the participants had career duration of more than 10 years. The majority of participants (45%) were performing duty at day shift, 31% of the participants were performing duty at night shift and 24% of the participants were performing duty day and night shift.

Table 4. 2: Female Healthcare Workers' Exposure to Violence at Public Hospitals (n=200)

Forms of Violence		Frequency	Percentage
Physical Violence	Yes	60	30
	No	140	70
Verbal Abuse	Yes	158	79
	No	42	21
Bullying	Yes	130	65
	No	70	35
Sexual Harassment	Yes	80	40
	No	120	60

The above table 4.2 shows that practice of verbal abuse were deep rooted (79%) and healthcare workers face on regular basis, occurrence of the bullying was 65% followed by sexual harassment 40% and physical violence 30%. Most common types of violence are faced by the healthcare workers at public hospitals are verbal abuse and overwhelmed bullying.

Table 4. 3: Distribution of Respondents by Perpetrators of Different forms of Violence at Public Hospitals

Perpetrators		Frequency	Percentage
Physical Violence (n=60)	Patients/Relatives of Patients	38	63
	Male Colleagues	12	20
	Management	10	17
Verbal Abuse (n=158)	Patients/Relatives of Patients	90	57
	Male Colleagues	42	27
	Management	26	16
Bullying (n=130)	Patients/Relatives of Patients	80	61
	Male Colleagues	36	28
	Management	14	11
Sexual Harassment (80)	Patients/Relatives of Patients	48	60
	Male Colleagues	20	25
	Management	12	15

The above table 4.3 states that patients and relatives of the patients are major perpetrators of the violence among female healthcare at public hospitals. Regarding the physical violence, 63% of the violence triggered by the patients/relatives of the patients, 20% of the incidents of physical violence unleashed by the male colleagues and 17% of the physical violence triggered by the management. In the same manner, 57% of the incidence of verbal violence triggered by the patients/relatives of the patients, 27% of the verbal violence triggered by the male colleagues and 16% of the verbal violence triggered by the management. Most of the perpetrators of bullying (61%) were patients/relatives of patients, 28% of the perpetrators of bullying were male colleagues and 11% of the perpetrators of bullying were staff of the management. Similarly, 60% of the sexual violence was perpetuated by the patients/relatives of the patients followed by the male colleagues (25%) and management staff (15%).

Table 4.4: Distribution of Respondents by Psychosocial Factors (n=200)

Psychosocial Factors		Frequency	Percentage
Decision Latitude	Low	78	39
	High	122	61
Job Demand	Low	86	43
	High	114	57
Social Support	Low	70	35
	High	130	65
Job Insecurity	Low	60	30
	High	140	70
Job Strain	Low	90	45
	High	110	55

The above table 4.4 reveals that most of respondents (61%) stated high decision latitude, 57% of the respondents shared high job demand, 65% of the respondents revealed high social support, 70% of the respondents also discussed high job insecurity and more than half of the respondents (55%) reported high job strain.

Table 4. 5: The Relationship of Background and Job Characteristics with Violence among Female Healthcare Workers at Public Hospitals in Punjab, Pakistan

Risk Factors		Violence at Public Hospitals		X^2	p-value
		Yes F (%)	No F (%)		
Age	30-35	38 (63%)	22 (37%)	13.74	0.003*
	36-40	40 (57%)	30 (43%)		
	41-45	26 (65%)	14 (35%)		
	46-50	20 (67%)	10 (33%)		
Marital Status	Un-Married	24 (63%)	14 (37%)	3.40	0.467
	Married	114 (70%)	48 (30%)		
Career Duration	5-6 years	14 (70%)	6 (30%)	10.43	0.001*
	7-8 years	20 (67%)	10 (33%)		
	9-10 years	74 (79%)	20 (21%)		
	More than 10 years	42 (78%)	12 (22%)		
Type of Working Shift	Day Shift	62 (69%)	28 (31%)	9.56	0.001*
	Night Shift	52 (84%)	10 (16%)		
	Day & Night Shift	36 (75%)	12 (25%)		
Decision Latitude	Low	52 (67%)	26 (33%)	1.781	0.256
	High	84 (69%)	38 (31%)		
Job Demand	Low	50 (58%)	36 (42%)	4.678	0.036*
	High	84 (74%)	30 (26%)		
Social Support	Low	46 (66%)	24 (34%)	9.560	0.003*
	High	96 (74%)	34 (26%)		

Job Insecurity	Low	42 (70%)	18 (30%)	6.654	0.026*
	High	108 (77%)	32 (23%)		
Job Strain	Low	58 (73%)	32 (27%)	7.987	0.012*
	High	86 (78%)	24 (22%)		

*Significant at p-value <0.05, X^2=Chi-Square Test

The Chi-Square test was used to measure the relationship of background characteristics, job attributes and psychosocial factors with violence among nurses at public hospitals. The findings reveal that there was a significant relationship between age of the respondents and violence at public hospitals (p=0.003) among healthcare workers. Regarding job attributes, career duration and type of working shift were significantly associated with the violence among healthcare workers (p=0.001) at public hospitals. Regarding the association of psychosocial factors, there was a significant relationship between job demand and violence among female healthcare workers (p=0.036). In the same way, social support (p=0.003), job security (p=0.026) and job strain (p=0.012) were significantly associated with violence among female healthcare workers at public hospitals. There were no significant relationship of marital status (p=0.467) and decision latitude (p=0.256) with violence among female healthcare workers at public hospitals in Punjab, Pakistan.

5. CONCLUSION

It can be concluded that violence among female healthcare at public hospitals is widespread. In the public hospital, all four types of workplace violence occur, with verbal abuse being the most common type of violence reported. The vast majority of perpetrators are patients' relatives and visitors. After controlling of other socio-demographic factors, psychosocial factors, and other occupational characteristics, the most significant risk factors for violence among female healthcare were age, career duration, type of working shift.

According to the findings of this study, younger workers aged 30-40 years are strongly associated with an increase in reported occurrences of workplace violence. The current study's findings are addition in the theory and practice of existing scientific knowledge. Because violence at public hospitals is a workplace violence was prevalent among respondents, therefore, organized intervention techniques such as offering training to increase coping skills in dealing with workplace violence, particularly among newly licensed doctors and nurses. It is need of the hour to implement the relevant laws in a stringent manner to create the friendly and conducive working environment.

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