Workplace Violence against Female Nurses in Public Sector Hospitals in Lahore, Pakistan

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This research aims to examine the phenomenon of workplace violence in public hospitals on female nursing staff. The study explores the experiences of nurses towards workplace violence and identifies the influencing factors to workplace violence. This study followed a cross-sectional research design. Female nurses working in public sector hospitals in Lahore was the population of this study. In order to maximize the external validity of results when complete details about population were unknown, mixed methods sampling approach was used. At first stage, five hospitals were randomly selected from a total of 15 public hospitals in Lahore. At the second stage, 10 senior female nurses were purposefully selected as ‘key informants’ and in-depth interviews were conducted using semi-structured interview guide. Thematic analysis was done to analyze the qualitative data. Findings of the study determine different factors like incivility, leader’s role, physical arrangement and legal framework that may contribute towards workplace violence against nurses in hospitals. It is found that physical advancements such as touching and incivility are normal behaviors that happen often at hospitals with female nurses but due to the leader’s positive role and collectivist culture, the ratio of violence is minimized to a great extent. Nurses felt themselves secure at workplace. Several recommendations are also proposed to minimize these reservations in public hospitals.

Introduction

Organizations are facing workplace violence (Health and safety at work in Europe 1999-2007) 2010) and it is increasing worldwide (Estrada, et al. 2010). Nurses in hospitals frequently experience workplace violence from patients, attendants, coworkers and doctors (Kwok, et al. 2006). Kwok et al. (2006) reported that workplace violence against nurses is above 87%. The World Health Organization (WHO) identified fifty-five forms of misbehavior including abusing verbally, bullying, harassment, victimization, mobbing, physical threat etc. Many nurses left their jobs due to misbehavior at workplace (Simsons 2008). But most of the nurses assume that it as a part of their job and don’t report it (Adib, et al. 2002) and this results in different health and stress issues when they no longer feel themselves secure at workplace (Longo and Sherman 2007). This stress acts as a barrier which limits their performance. Management and patients both suffer due to bad
performance of nurses and it adds burden on community (Farrell, Bobrowski and Bobrowski 2006).

Objectives:

This study is aimed to:
1) explore the prevalence of workplace violence against nurses
2) investigate the most influential factors that may contribute to workplace violence in public hospitals in Lahore.

Research Questions:

1. Is workplace violence against female nurses prevalent in public hospitals in Lahore?
2. What is the extent of workplace violence against female nurses in public hospitals?
3. What are the forms in which workplace violence may be experienced?
4. What factors may contribute to workplace violence against female nurses in public hospitals?
5. How the issue of workplace violence against female nurses may be addressed at managerial and policy levels?

Limitations:

The interpretations may be subjective at times in order to understand the comprehensive picture of the phenomenon. Study of workplace violence in females is a difficult task as they feel reluctant to accept victimization and misrepresent the facts (Koss 1990).

Workplace Violence

Workplace violence and aggression are studied rarely (Keashly, Trott and MacLean 1994) although some studies have been carried which focused women related issues especially the violence and aggression they faced at workplace (Flannery, 1996; Leather, Cox, & Farnsworth, 1990). Workplace violence is defined as an act of aggression that takes place at work (Vidal-Martí and Testor 2017). Hospitals, emergency services, senior citizen homes, and mental health services are the places where workplace violence prevails most (Chappel and Martino 2006) and healthcare professionals are at the highest risk of workplace violence (Belayachi, et al. 2010, Magnavita 2011, Campbell, Burg and Gammonley 2015).

Behavioral Civility

It is a behavior of people which includes social norms of the society or organization, people feel esteemed and they treat other people with respect and give regard to other’s feelings (Carter 1998). Civility is more concerned of being polite, showing regard and sensibility instead of following rules and formal behaviors of the organization (Carter 1998). The norms are developed in result of daily meetings, sharing information, sentiments and moral understanding among organizational members (Hartman 1996, Solomon 1998). Different types of aggression have been discussed in literature. Active and obvious forms of aggression e.g. physical assault have been focused more than passive and
subtle type of aggression i.e. selfish acts and vulgar remarks (Neuman and Baron 1997). Workplace violence varies in different organizations and cultures. A study conducted in Finland stated that 32% of the respondents experience verbal harassment at workplace (Bjorkqvist, Osterman and Hjelt-Back 1994). These passive mistreatments are considered to be the precursor to the intense form of aggression (Neuman and Baron 1997). Staring, physical and verbal advances and intimidation by the bosses are considered as part of incivility which eventually can lead to aggressive behavior (Porter, Lawler and Hackman 1975).

**Role of Leadership**

Leaders are the most influential persons at a workplace. They might help a victim by using their formal and informal power and addressing the follower’s problems. Leaders who are consistent with their behavior they have the attribute of integrity (Yukl, leadership in organizations 2011). A leader who is sometimes fair or honest may not have the integrity. If a leader has integrity with all its components the leader-follower relation will be more trustworthy. Employees tend to feel more secure and safe if they have trust on leadership. (Lapidot, Kark and Shamir 2007). Trustworthy leader-follower relationship helps a victim to share her problem with management (Rousseau, et al. 1998). In uncertain conditions it becomes easier for employees to share problems with management when they know leadership is supportive and courageous (Cuddy, Kohut and Neffinger 2013).

**Physical Arrangements**

Physical environment is the second largest financial overhead for various organizations (McCoy 2005). Office environment and its setting affects the performance of the employees (Leaman, 1990; Duffy, 1997). It also has a major role in psychological and behavioral output (Oldham and Brass 1979), interaction models (Sundstrom and Sundstrom 1986) and job satisfaction (Veitch, et al. 2007). The physical environment is considered less important as a factor to workplace violence (Nasreen, Rathore and Ali 2017). Physical structure and design of building influences the interaction of the employees (Proshansky, Ittelson and Rivlin 1976) and interaction patterns are strongly correlated with location of the office.

**Legal Framework**

Harassment is an act which is conducted mostly by men against women and it can be vice versa. Sexual harassment term was first coined in 1980 in United States and a document was designed which addressed dispute resolution and punishment details etc. (Bernstein April 1994). Legislation against harassment is a new concept in Pakistan and it was introduced in 2010. A bill named “Protection Against Harassment at Workplace Act 2010” was formed to regulate harassment acts at workplace. The bill defines a code of conduct against unethical acts and issues at workplace. This bill declares penalties including minor penalties and major penalties. In case the owner or a senior manager is associated with violence against employees then employee would have the choice to go outside the organization and register a complaint to an Ombudsperson, whose office would be established specifically for this purpose.
Methodology
This study followed a cross sectional research design. Female nurses working in public sector hospitals in Lahore were the population of this study. In order to maximize the external validity of results when complete details about population were unknown, mixed methods sampling approach was used (Teddlie and Yu 2007). At first stage, five hospitals were randomly selected from a total of 15 public hospitals in Lahore. At the second stage, 10 senior female nurses were purposefully selected as ‘key informants’ and in-depth interviews were conducted using semi-structured interview guide (Patton, 1990; Marshall, 1996). Female nurses were reluctant to provide information and they did not allow to record their voice. Hence, the researcher wrote all the interviews and then data was shown to female nurses in order to remove any discrepancy. The names of the hospitals and female nurses are not given in the study because they requested to keep it confidential for several issues. Data of interviews were then analyzed through thematic analysis.

Analysis
Through thematic analysis different themes have been identified which includes incivility, leaders’ effectiveness, physical arrangements, and legal framework.

Incivility
Literature provides evidence that incivility is an important factor contributing towards workplace violence (Marks, 1996; Felson & Steadman, 1983). According to female nurses incivility is a common practice against them and it happens frequently. But they also believed that these are minor things and that they do not bother about it. Certain sub-themes were identified in this context i.e. stereotypical remark, unnecessary touching and norms of interaction which are discussed below:
**Stereotypical remarks:** People respect this profession and they don’t pass stereotypical remarks about nurses. If some people pass such remarks about female nurses they avoid them because they know that they are living in a male dominant society and some people need to learn how to behave and respect others. They avoid them because they have to perform their duty and need to earn a fairlivelihood for themselves and their families with respect and dignity.

“We ignore mostly this type of attitude because we are aware the condition of patient and their family. We cannot leave a patient untreated because of this. I always say to my juniors to ignore these types of comments” (Respondent 2).

Most of the time female nurses used to smile with patients and their families to make them comfortable and to show good behavior but people draw different meanings from this which hurt them.

“If I am smiling it does not mean I don’t have good character. I smile with every patient because I have to make patients comfortable. If I am rude with patients and their families then people make filthy comments about me” (Respondent 6).

**Unnecessary touching:** It is very common practice in hospitals. Some do not bother about it while others are very sensitive about it. As nurses have no control over these types of acts so they try to replace their duty with senior nurses. People do unnecessary touching or try to engage them in personal discussions. Mostly people offer friendships and try to share contact numbers with them.

“......but as a nurse this is common practice for us. We ignore them and try to perform our job professionally. We cannot change people but we can limit ourselves” (Respondent 1).

“.....not patients but their attendants mostly do it. Touching is very small world relative to the things they do. They go beyond it. It is very depressing for us” (Respondent 8).

“This type of uncivilized behavior is an obstacle which sometimes limits our performance. The life of a patient is more important for us. Most of the time people who visit patients do such things. Then I realize them about their behavior that you are not here for entertainment but to care your patient, do pray for them” (Respondent 5).

**Norms of interactions:** Male co-workers are not irritating and they are helpful. They are professional in office environment and respect female staff.

“Male co-worker even our seniors behave well with us. They know the dignity of women and how to respect women” (Respondent, 1).

“All employees are professional and they know how to behave. We do have disputes but not at personal level. We respect each other and follow ethics at workplace” (Respondent, 3).

Some nurses are uncomfortable with the environment in the hospitals and they feel that there should be defined norms of social actions. Social pressure restricts people to misbehave at workplace. But some people continuously look for an opportunity and they try to take full advantage.
“People tend to follow social pressures prevailing in our society but they try catch up the opportunity. They offer friendship, try to share the phone number or ask the phone number” (Respondent, 8).

Some time we are forced to have good relationships with coworkers to make workplace better. Otherwise their coworkers do not deserve it.

“But we know we have to work together. It’s better to have good relationship with each other” (Respondent, 4).

Role of Leadership
Leadership is considered as one of the key factor contributing towards the workplace violence. It plays an important role to increase the psychological strength of the working adults (Spence Laschinger, Finegan, & Shamian, 2001; Leroy, et al., 2012). Practicing the espouse safety values of leaders increases the perceptions of physical and psychological safety among followers (Leroy, et al. 2012). Our respondents believe that leaders are genuinely concerned about them and will help them in any misconduct against them. Trust is present at the workplace where leaders fulfills their agreements, behaves consistently, invest time in their people and acknowledge them. People tend to trust and share their problems with trustworthy leaders without fears and concerns (Reina and Reina 2006).

Support from leader: Leadership in hospital is very supportive. Female nursing staff trust on leadership and leadership helps them if they face any unethical issue at workplace.

“Leadership helps us in every situation whether it’s our personal problems with staff or we face problems with patients. We share our problems with them and we have trust on our leadership” (Respondent, 1).

“Our superior is our mentor. We learn a lot of things from their knowledge and experience. They also help us in difficult situations” (Respondent, 9).

Leader’s integrity: Leadership helps if they face any unethical behavior at workplace. But leader never go beyond their limits to help them. They have some constraints and within these limits leaders will work for them but not beyond those limits and constraints.

“If harasser is influential, having resources to control the situation then leaders may support him instead of me. Because I don’t have resources to take my stand without being defame” (Respondent, 5).

“I believe that my immediate supervisor will help me if I face unethical situation as they did previously to help my other colleagues” (Respondent, 8).

Physical Arrangements
Physical arrangements in hospitals support female nursing staff. Mostly hospitals have open stations for nurses in each ward. They work in groups and each group consists of two to three nurses and two ward boys. They have the facilities of separate washrooms and rest rooms. Female nurses are quite pleased with the physical structure of the workplace.
“Physical arrangements are good and properly managed and we don’t face any issue” (Respondent, 4).

“Physical arrangements are good enough. We have separate washrooms and rest rooms” (Respondent, 3).

Legal Framework

Awareness of Laws: Female nursing staff has no awareness of Sexual Harassment Act at workplace. Hospital management never conducted any formal session on “harassment at workplace” to educate female nursing staff.

“No, I do not know anything about legal things. I think our immediate supervisor nurses and head nurses help us very much. We do not need to know laws” (Respondent 1).

Trust on Law: Female nursing staff has no legal information about workplace violence and they do not want to know anything about law. They think it’s a useless practice to follow the law as they don’t have trust on the judicial system prevailing in Pakistan and this practice will defame them in the society.

“No, I do not know any laws regarding workplace violence but I don’t think laws can help us and even if we report any unethical behavior it is like to defame ourselves. People will disrespect us and make stereotype statements” (Respondent, 8).

“I don’t know any laws and I don’t think law would protect us rather it will protect the influential people. In our culture girls are more defamed even if she is a victim” (Respondent, 5).

Discussion

Female nursing staff is not facing any serious workplace violence in public hospitals and they feel very comfortable at workplace. Perceived workplace security of female nursing staff is high among nurses in public hospitals in Lahore (Nasreen, Rathore and Ali 2017) but they do face certain issue at workplace in hospitals. Female nursing staff has to face civility problem at the most and it is prevailing in its all forms in hospitals which includes stereotypical remarks about them, touching and offering friendships. Physical assaults are the result of harsh comments (Felson and Steadman 1983). Incivility is a precursor to physical assault but female nursing staff is satisfied of their team work and conflict resolution skills. Nurses usually solved their problems with coworkers and others with the help of their leaders or themselves.

Pakistan has collectivist culture and the social pressure acts as a barrier to restrict people to breach social norms and values (Hofstede 1980). The consequences are well defined i.e. social boycott or defamation (Heinrichs, et al. 2006). Female nursing staff knows this fact that social pressure is a main factor that can avoid any big event of violence at workplaces. The main influential factor that has major contribution to stop workplace violence is the leader’s effective role. Nurses need their leaders’ support when they face workplace violence. They believe that their leaders will act same as they commit to their
employees. Although the role of leaders is limited but they try to help and support their employees to the extent they can. To create a safer work environment leader’s reliability matters and a more reliable organization constitutes (Simons 2008) while trust is considered as a positive psychological strength on working adults (Spence Laschinger, Finegan and Shamian 2001). People share their problems with leaders who are trustworthy (Reina and Reina 2006).

Nurses are satisfied from the physical arrangements in public hospitals. They perform well in their work stations because it is transparent, most of the nurses’ work in open work environment which leads towards transparency (McPhaul, et al. 2008 ) and it helps to save the probable victim by having social pressure and existence of people. Nurses don’t know about laws that can help to reduce workplace violence. No formal training sessions are conducted to educate them and how they can proceed if they face any unethical behavior at workplace. Female nursing staff doesn’t trust on law. They have a clear view that they cannot get justice because they are powerless and have no financial resources and if they proceed their case in judiciary they will be defamed and people will categoriesthem as bad character.

Conclusion
Female nurses perceive themselves safe from workplace violence in public hospital in Lahore, although different studies show a high rate of workplace violence with nurses (Saunders & Easteal, 2013; Kwok, et al., 2006). Collectivist culture and good workplace relationships are the main factors for female nursing staff which help to reduce workplace violence in public hospitals. Although nurses are facing civility issue at workplace but its intensity becomes less when they work in groups. Leader-employee relationships and integrity of the leadership play a very vital role to reduce workplace violence and it also increases trust of nurses on leadership. Female nurses have negative feelings about the legal system and they have no trust on laws and legal procedures prevailing in the country.

Recommendations
1. The negative perception about legal procedures can be collapsed through proper education. It is important to realize that laws are introduced to help women rather to defame them.
2. Organizations should arrange different sessions on workplace violence in order to educate employees.
3. Public awareness can play a major role to reduce workplace violence in hospitals. Public institutions and sector organizations (NGOs, Community based organizations, other organized civil society) should play an effective role to create awareness among females about their security and how to report these issues. Media can also play its role to increase awareness and importance of knowing security measures to avoid violence at workplaces.
4. Complaints against workplace violence need to be addressed properly and action should be taken against those people who are responsible for these acts.
Notes and References


Patton, M. 1990. "Qualitative evaluation and research methods."


2010. "Protection from harassment at workplace."


