

Study on the Existence and Extent of Harassment among Medical Staff in a Saudi University Hospital

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Abstract

A questionnaire was distributed amongst staff to determine the existence and extent of harassment in the studied hospital. Harassment wasn't recognized as a problem by 45.8% of hospital staff. However, participants felt harassment was a serious issue. It is therefore recommended that substantial actions be taken to reduce harassment. A transparent, widely known, valid, readily accessible, and effective system for complaints is needed.

Keywords

Bioethics, Ethics, Medical, Harassment, Non-Sexual, Saudi Arabia, Sexual Harassment, Hospitals, University, Schools, Medical

1. Introduction

Harassment is “the act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands” [1]. Many publications studied harassment in healthcare [2]-[15]. Some focused on sexual harassment (SH) [2] [4]-[10] [12] [13] [14] [15]. A good number of studies specified nurses [2] [5] [7] [8] [12] [14] [15] and others residents [3] [6] [11]. A study conducted in Saudi Arabia at the National Guard hospitals showed 83.6% reported one type of harassment amongst residents [3]. Physicians were the number one harassers in some studies [3] [4] [5] [6]; others showed that patients and their relatives accounted for the highest percentage [5] [7]. Many incidences of harassment go unreported. In an Australian study only 7% of victims took a “formal action” by requesting an investigation by their organization, other res-

pondents reported harassment, yet the majority did not believe sexual harassment was a problem at work [14]. The reasons given for not reporting incidences of harassment were clear amongst males, as they said they didn't need help dealing with the problem [10]. On the other hand, females gave a variety of reasons; most feared their reputation would suffer or felt guilty for the incidence itself. Multiple studies also showed that females did not report harassment due to the fear of revenge or job loss [10] [13]. The prevalence of harassment increased depending on age (those in their 20s and 30s were more at risk), marital status (with single female being at the highest risk) and the degree of qualification [5] [12].

This study aims to address harassment at a Saudi university hospital in general. The focus however, was on medical students, interns and residents in a Saudi university hospital, which makes this study unique. Harassment may be widely underestimated due to the social structure the conservative Saudi culture.

2. Methods

500 quantitative, cross sectional questionnaires (**Appendix 1**) were distributed amongst all residents in training, interns and 5th year medical students in the tertiary care unit of the university hospital. Prior to that, a pilot questionnaire was adapted after reviewing previous publications [1]-[15]. The pilot was distributed to 20 participants and the feedback was used to make slight modifications and ultimately tailor it to the target population. The threshold on whether harassment was deemed serious was set at the values specified in the study by Coggin, J. *et al.* (2002); when at least 60% of female staff and 34% of male staff report sexual harassment [8]. Of the 500 questionnaires, 233 were returned. Of these, 6 were discarded due to inconsistent answers leaving a total sample of 227. Of these 78 were from 5th year medical students, 72 from interns replied and 77 from residents. The age range was from 21 - 50 years old, with the mean being 25.31 ± 3.236 . The first section of the questionnaire included consent, and a definition of harassment; this was to clarify that harassment is not restricted to sexual harassment. The remainder of the questionnaire comprised of 7 questions on demographics, 3 for knowledge of harassment, 8 for incidence, 5 on subsequent actions taken and results of these and lastly a question asking the participant to describe an episode in which they may have been involved. Data was then subject to qualitative analysis via correlation tests between incidence of harassment and the subject's age, gender, and specialty.

3. Results

Roughly, two thirds of participants (62%) reported being a victim of harassment. Of these, 31% were sub-interns, 40.8% were interns, and 28.2% were residents (**Table 1**). Gender played a significant role ($p = 0.027$) as 70.2% of cases were females. When correlating incidences to marital status, single participants had the highest percentage of harassment (74%) followed by married individuals (21.8%). The remaining groups (engaged and divorced) had insignificant com-

Table 1. Details on the incidence of harassment. Inappropriate jokes were of greater concern for 5th year students and stalking had the highest incidence on interns. Regarding gender, almost all type of harassment was significantly higher for female subjects.

Type of Harassment	Position						<i>p</i> -value	Gender				<i>p</i> -value
	5 th year students		Interns		Residents			Male		Female		
	#	%	#	%	#	%		#	%	#	%	
Inappropriate jokes/comments	37	84.1	37	63.8	27	67.5	0.021	46	68.7	55	75.3	0.103
Inappropriate gestures	16	36.4	26	44.8	16	40.0	0.652	25	37.3	31	42.5	0.223
Verbal abuse	12	27.3	17	29.3	15	37.5	0.225	28	41.8	16	21.9	0.012
Racial discrimination	11	25.0	11	19.0	7	17.5	0.165	15	22.4	14	19.2	0.365
Stalking	5	11.4	14	24.1	5	12.5	0.025	11	16.4	13	17.8	0.58
Undesirable physical contact/unwanted touch	12	27.3	11	19.0	7	17.5	0.185	11	16.4	17	23.3	0.62
Gender discrimination	0	0.0	1	1.7	1	2.5	0.822	1	1.5	1	1.4	0.65
Bothersome phone calls	1	2.3	0	0.0	1	2.5	0.741	0	0.0	2	2.7	0.52
Total any type of harassment	44		58		40		-	67		75		-

plaints with 3.5% and 0.7% respectively. Age also had a significant effect on incidence, with 94.1% of sufferers being in their 20s, 5.2% in their 30s. Details of harassers are shown in **Table 2**. Only 7.8% of people harassed logged an official complaint (11). The remaining 92.2% did not report officially. Of reported cases, an official action was taken in only 5; a warning letter was sent in 1, a meeting with the administration was arranged in the second, and the contracts of the harassers were terminated in the remaining 2 cases. Of the 11 reported cases, 8 were in their 20s, 1 in their 30s and the remainder did not specify their age. In terms of gender, 7 were female and 4 male. When analyzing the reasons given to not report an incident of harassment, the most common was that it didn't adversely affect the harassed individual (**Table 3**). Analyzing the harassers, 8.1% of subjects admitted to having taken part in harassing someone. The most admitted form taken was inappropriate jokes and comments, with very few people admitting to any more serious actions (**Table 4**).

4. Discussion

As defined in the introduction, harassment may include all forms of unwanted attention or actions and is not restricted to undesired sexual advancements. Most studies conducted in the past looked at harassment in nurses, and focused on sexual harassment specifically. Our study is unique as it looked at a broader

Table 2. Details on harassers according to gender and position. Most harassers were identified as males ($p < 0.05$) except amongst nurses where females were the main harassers.

Harasser	Male		Female		Unspecified gender	Total	p-value
	#	%	#	%			
Student	22	59.5	10	27.0	5	37	0.013
Intern	12	46.2	10	38.5	4	26	0.225
Resident	23	67.6	11	32.4	0	34	0.011
Team member	13	65.0	5	25.0	2	20	0.0065
Patients	36	66.7	10	18.5	8	54	0.001
Nurses	3	17.6	11	64.7	3	17	0.001
Consultant	54	66.7	13	16.0	14	81	0.012
Patient relatives and friends	29	50.9	14	24.6	14	57	0.028
Administrative staff	15	62.5	5	20.8	4	24	0.015
Laboratory staff	2	100	0	0.0	0	2	0.001
Porter	1	100	0	0.0	0	1	-
Unspecified position	12	70.6	5	29.4	0	17	0.001

Table 3. Reasons given for not reporting harassment.

Reasons for not reporting	#	%	Ranking
I felt ashamed	9	7	6
Incidence didn't affect me/I saw no need to report	69	53.1	1
I feared the harasser's revenge	15	11.5	5
I didn't know what action to take	39	30	2
I thought it would make my work situation unpleasant	29	22.3	3
I thought it would be held against me or that I would be blamed	27	20.8	4
I did not want to hurt the person who bothered me	15	11.5	5
There was no security around	1	1.9	8
Thought no action would be taken	2	3.7	7
I told the harasser about the policy in the hospital and never saw him again	1	1.9	8
Thought it would affect my marks	1	1.9	8
Thought it is the rule of the country (females are inferior)	1	1.9	8
The patient was elderly	1	1.9	8

Table 4. Admitted forms of harassment by practicing individuals.

Type of Harassment	#	%	Ranking
Inappropriate jokes/comments	17	44.7	1
Inappropriate gestures	4	10.5	3
Verbal abuse	9	23.7	2
Racial discrimination	2	5.3	4
Stalking	4	10.5	3
Undesirable physical contact/unwanted touch	2	5.3	4

definition of harassment and across a myriad of academic levels and professional positions.

There is a higher prevalence of harassment than that acknowledged by the hospital community. 45.8% of participants stated that harassment was not a problem. While 62% said that they had been victims of harassment. This could be attributed by the sensitivity of this topic in Saudi Arabia in general. It is heavily influenced by conservative cultural norms and lack of transparency.

The frequency of harassment was lower than expected from the various literature reviews although it did exceed the stated threshold for concern. This is a problem of any study that is dependent on subjectivity. The results rely heavily on the definition used, the sample size and the particular group of people asked. One hospital reported over 75% harassment, but the sample size was merely 58 individuals [10]. Another reported over 83% but the sample size spanned 3 separate institutions [3] and one study reported 94% harassment, but they defined harassment as purely sexual [7]. It is therefore impossible to establish any definite objectivity on this subject and the results will vary widely.

The professional status of the individual showed to have a significant role in the frequency of reported harassment. Interns were the most likely to be harassed, followed by 5th year students and residents were found to be the least prone. This could be due to the interns' position at the bottom of the professional medical hierarchy, coupled with the highest hospital hours. Students in their 5th year (sub-interns) ranked second. Senior staff frequently tests them during rounds. Patients also frequently ask 5th year students for information. The discrepancies between the expectations of senior staff and patients on one hand and the actual knowledge level of students may contribute to a feeling of harassment. Residents were harassed the least, but made up a percentage that could not be overlooked (28.2%). This may be because residents have a strong knowledge base and realize that the university hospital depend on them which gives them confidence.

Gender was also associated with the prevalence of harassment. Females were at a higher risk of being harassed than males. This could be due to the stereotype that put females at risk for being bothered generally and male prejudice that is embedded in society. Not surprisingly, these results were consistent with published literature.

When correlating age with the prevalence of harassment, most of our participants fell into the 20s and 30s group. A younger age showed an association with increased risk of harassment, as those in their 20s was more likely to be harassed than those in their 30s. Published literature draws a parallel result, as younger nurses were more likely to get harassed [11]. Additionally, younger individuals are more likely to report incidents whilst older individuals will dismiss considerable acts of harassment as childish behavior. Therefore, we must be careful not use an increased reporting of harassment in a specific harassed group, to compare to other harassed groups. Finally, single individuals were, at increased chances of being harassed. This correlates with most literature that single indi-

viduals were more likely to be harassed [5] [12].

Finally, harassment is an existent and serious issue that needs to be tackled. The interpretation and reporting of harassment is subjective, therefore the results can never be used for an absolute conclusion on prevalence or for comparing harassed groups. Future studies may use an interview-based prospective study, to minimize subjectivity & recall bias. Hospital policy on harassment should be transparent and enforced. Additionally, there should be significant steps to disseminate the policy using continuous repetitive seminars, multimedia, and on hospital screens in the hallways, waiting rooms & lobbies, and hospital ward and office computers.

5. Conclusion

Harassment is an existent and serious issue. Although it is difficult to measure, there is a higher prevalence of harassment than recognized by the community in the studied hospital. An increased incidence of harassment was reported against interns and females. Younger age & junior staff were at a higher risk. Policies on this matter, in all institutes, should be made clear with continuous education of all employees, students, patients and their relatives.

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Appendix

We are researchers who would like to assess the existence and extent of harassment in sub-interns, interns and residents at King Khalid University Hospital (KKUH). The KSU IRB has approved our study. We would like to assure that all the information will be handled confidentially. Your participation is much appreciated. Your participation is voluntary, and you may withdraw at any time. Harassment is the act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands. Examples of harassment:

- | | |
|---------------------------------|--|
| 1. Inappropriate jokes/comments | 2. Inappropriate gestures
(e.g. winking, flying kiss, inappropriate gazing/looking) |
| 3. Verbal abuse | 4. Racial discrimination |
| 5. Stalking | 6. Undesirable physical contact/unwanted touch |
| 7. Sexual behaviors | |

If you would like to participate, please sign:

Signature of the participant: _____

Name of the researcher: _____

Serial number (by the researcher): _____

(1) Position:

- a) Sub-intern/5th year student
- b) Intern
- c) Resident
- d) R1
- e) R2
- f) R3
- g) R4
- h) R5
- i) R6
- j) Other

(2) Years of employment: _____ year/s

(3) Gender:

- a) Male
- b) Female

(4) Age: _____ years

(5) Residency/Postgraduate program:

- | | |
|---|---|
| <input type="radio"/> Anatomy | <input type="radio"/> Anesthesia |
| <input type="radio"/> Biochemistry | <input type="radio"/> Emergency Medicine |
| <input type="radio"/> ENT | <input type="radio"/> Family and Community Medicine |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Microbiology |
| <input type="radio"/> Obstetrics and Gynecology | <input type="radio"/> Ophthalmology |
| <input type="radio"/> Orthopedics | <input type="radio"/> Pathology |
| <input type="radio"/> Pediatrics | <input type="radio"/> Pharmacology |
| <input type="radio"/> Physiology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Radiology | <input type="radio"/> Surgery |
| <input type="radio"/> N/A | <input type="radio"/> Other: |

(6) Sponsor: _____

(7) Marital status:

-
- | | |
|--------------------------------|------------------------------------|
| <input type="radio"/> Divorced | <input type="radio"/> Engaged |
| <input type="radio"/> Married | <input type="radio"/> Single |
| <input type="radio"/> Widowed | <input type="radio"/> Other: _____ |
-

(8) Do you think harassment (as defined above) is a problem in King Khalid University Hospital (KKUH)?

-
- | | |
|-------------------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> I do not know | |
-

(9) Have you ever been bothered by any of the following? (you may choose more than one)

-
- | | |
|---|--|
| <input type="radio"/> Inappropriate jokes/comments | <input type="radio"/> Inappropriate gestures (e.g. winking, flying kiss, inappropriate gazing/looking) |
| <input type="radio"/> Verbal abuse | <input type="radio"/> Racial discrimination |
| <input type="radio"/> Stalking | <input type="radio"/> Undesirable physical contact/unwanted touch |
| <input type="radio"/> No (if "NO", please go to 17) | <input type="radio"/> Other: _____ |
-

(10) Who was the harasser? Tick the box and circle the gender you may choose more than one)

-
- | | |
|--|--|
| <input type="radio"/> Student (Male/Female) | <input type="radio"/> Intern (Male/Female) |
| <input type="radio"/> Resident (Male/Female) | <input type="radio"/> Team member (Male/Female) |
| <input type="radio"/> Patient (Male/Female) | <input type="radio"/> Nurses (Male/Female) |
| <input type="radio"/> Consultant (Male/Female) | <input type="radio"/> Patient relatives and friends (Male/Female) |
| <input type="radio"/> Administrative staff (Male/Female) | <input type="radio"/> Don't know or "random person" (Male/Female) |
| <input type="radio"/> Other: _____ (Male/Female) | |
-

(11) At what time was the harassment? (you may choose more than one)

-
- | | |
|---|--|
| <input type="radio"/> Morning (7 am - 3 pm) | <input type="radio"/> Afternoon (3 pm - 11 pm) |
| <input type="radio"/> Night. (11pm - 7 am) | |
-

(12) What was your response? (you may choose more than one)

Reported an official complaint (please answer questions 13&14, then skip 15)

-
- | | | |
|--|---|-------------------------------------|
| <input type="radio"/> Didn't report
<input type="radio"/> Confronted the harasser
<input type="radio"/> Complained to friend/family member
<input type="radio"/> It wasn't an issue
<input type="radio"/> Other: _____ | } | (please go to question 15 directly) |
|--|---|-------------------------------------|
-

(13) After reporting, was an official action taken?

- Yes, what type of action? _____
- No
- Not applicable

(14) After reporting, what did the harasser do?

-
- | | |
|---|--|
| <input type="radio"/> Stop bothering you | <input type="radio"/> Continue to bother you |
| <input type="radio"/> Bothered you more than before | <input type="radio"/> Not applicable |
| <input type="radio"/> Other | |
-

(15) If you did not report, why didn't you report (you may choose more than one)?

-
- | | |
|--|---|
| <input type="radio"/> I felt ashamed | <input type="radio"/> The incidence didn't affect me/I saw no need to report it |
| <input type="radio"/> I fear the Harasser revenge | <input type="radio"/> I did not know what action to take |
| <input type="radio"/> I thought it would make my work situation unpleasant | <input type="radio"/> I thought it would be held against me or that I would be blamed |
| <input type="radio"/> I did not want to hurt the person who bothered me | <input type="radio"/> Not applicable |
| <input type="radio"/> Other: _____ | |
-

(16) How were you affected by the incidence? (you may choose more than one)

-
- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Shame | <input type="radio"/> Anger | <input type="radio"/> Guilt |
| <input type="radio"/> Affected my social life negatively | <input type="radio"/> Wasn't affected | <input type="radio"/> Humiliation |
| <input type="radio"/> Affected my work performance negatively | <input type="radio"/> Other: _____ | |
-

(17) Do you know any one that has been harassed?

- Yes
- No

(18) Does your organization have a formal policy for dealing with harassment?

- Yes
- No
- I don't know

(19) Would you like the policy of complaints to be distributed and well known to KKHU attendants?

- Yes
- No
- I don't care

(20) Did you ever harass any one?

- Yes (If you answered "YES", please answer the questions 21 - 23 also)
- No (If you answered "NO", please go to question 24 directly)

(21) How did you harass them? (you may choose more than one)

-
- | | |
|--|--|
| <input type="radio"/> Inappropriate jokes/comments | <input type="radio"/> Inappropriate gestures
(winking, flying kiss, inappropriate gazing/looking) |
| <input type="radio"/> Verbal abuse | <input type="radio"/> Racial discrimination |
| <input type="radio"/> Stalking | <input type="radio"/> Undesirable physical contact/unwanted touch |
| <input type="radio"/> Other: _____ | |
-

(22) Why did you do it?

-
- | | |
|--|------------------------------------|
| <input type="radio"/> Position authority | <input type="radio"/> Amusement |
| <input type="radio"/> Sarcasm | <input type="radio"/> Other: _____ |
-

(23) Whom did you harass? Choose both position and gender (you may choose more than one)

-
- | | |
|--|---|
| <input type="radio"/> Student (Male/female) | <input type="radio"/> Intern (Male/female) |
| <input type="radio"/> Resident (Male/female) | <input type="radio"/> Team member (Male/female) |
| <input type="radio"/> Patient (Male/female) | <input type="radio"/> Nurses (Male/female) |
| <input type="radio"/> Consultant (Male/female) | <input type="radio"/> Patient relatives and friends (Male/female) |
| <input type="radio"/> Administration (Male/female) | <input type="radio"/> Don't know "random person" (Male/female) |
| <input type="radio"/> Other:_____ (Male/female) | |
-

(24) If you would like to share an experience or a story, please fill below:**Submit or recommend next manuscript to SCIRP and we will provide best service for you:**

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