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Assessment of Workplace Safety and Harassment Experiences Among Female Nurses & ASHA Workers in Healthcare Centers in Gadhinglaj Taluka : A Survey

Dr. Tabassum Yakub Patel
D.K.Shinde College of Education, Gadhinglaj,
Maharashtra, India

Abstract

This study aims to assess the workplace safety and harassment experiences of female nurses and ASHA (Accredited Social Health Activists) workers in healthcare centers across Western Maharashtra. The healthcare sector, particularly in rural and semi-urban areas, faces unique challenges in ensuring a safe and respectful work environment, especially for female healthcare workers.

A survey was conducted with a sample of nurses and ASHA workers from various healthcare centers in the region. Data were collected using a structured questionnaire that covered aspects of workplace safety, incidents of verbal and physical harassment, support systems available, and the workers' perceptions of their work environment.

The results indicate that a significant percentage of respondents reported experiencing verbal harassment, while concerns about physical safety were common among ASHA workers operating in remote areas.

Keywords: ASHA workers, Female nurses, Harassment, Healthcare, Maharashtra.

Introduction

"Workplace safety is a critical concern in healthcare settings, where professionals often encounter various stressors that can impact their well-being. Female nurses, who comprise a significant portion of the healthcare workforce, are particularly vulnerable to issues of harassment and unsafe working conditions. In Western Maharashtra, a region marked by rapid healthcare expansion, understanding the experiences of female nurses regarding workplace safety and harassment is vital. Addressing these issues not only protects healthcare workers but also enhances the quality of patient care. Previous studies have documented high rates of harassment and safety concerns in healthcare settings globally [1-2]; however, there is limited research focusing specifically on female nurses in the Indian context, particularly in Western Maharashtra. This study aims to assess the prevalence and nature of workplace safety concerns and harassment experiences among female nurses in Western Maharashtra, focusing on key factors such as the types of harassment experienced and demographic influences. By shedding light on these critical issues, this research seeks to contribute to the development of effective policies and interventions to improve workplace safety for female nurses in healthcare setting

Literature Review Ketankumar patil et al., (2024)

The objective of this study was to assess the resilience of primary healthcare workers (HCWs) by identifying the factors contributing to their resilience following the coronavirus disease 2019 (COVID-19) pandemic. The study followed a cross-sectional design and was conducted in selected municipal hospitals. A total of 245 HCWs, including nurses and paramedics from Pune Municipal Corporation (PMC) hospitals in Pune City, participated in the study. To evaluate resilience, the Connor-Davidson Resilience Scale was utilized. The findings revealed that the mean scores for key resilience factors were as follows: hardiness scored 20.15 (± 3.87), optimism 21.22 (± 3.39), resourcefulness 17.24 (± 2.76), and purpose 16.40 (± 2.17). These scores reflect the participants' ability to adapt and recover from challenging situations, indicating varying levels of resilience across different attributes. Additionally, it was found that 60% of the participants experienced mental health issues related to their routine workloads. Commonly reported concerns included irritation, anger, frustration, tension, worry, fatigue, work-related stress, sadness, and anxiety. To address these challenges, participants suggested several improvements, such as increasing human resources, better management, skilled staff recruitment, enhanced facilities and funding, and fostering cooperation among staff members.

Minikumary C et al., (2023)

This study aimed to examine the occupational safety and health conditions among healthcare workers at a tertiary care hospital in South India. The research followed a cross-sectional descriptive design, involving 120 healthcare workers who were assessed using a pre-tested questionnaire. In addition to the questionnaire and interviews, the

study utilized inspection rounds and a review of the hospital's incident register, which contained 32 case reports, as secondary data sources. The gathered data was analyzed using simple statistical methods. The risk assessment revealed several key findings related to physical hazards. Among the 120 participants, 21% reported musculoskeletal disorders, followed by 13% who experienced burns and 10% who suffered from strain due to uncomfortable postures. In terms of chemical hazards, 8% were exposed to dust, 7% to chemical inhalation, and 6% to sterilization gases. Biological hazards were also prevalent, with 12% of the workers reporting needle stick injuries, 11% experiencing splash incidents, and 5% encountering sharp injuries. Notably, equipment-related hazards were more commonly reported among nurses. In the context of psychosocial hazards, stress from shift duties was the most frequently cited issue, affecting 17% of the participants. A review of the incident register further highlighted that slips and falls (28%), equipment hazards (23%), and needle stick injuries (19%) were the most commonly documented hazards among the 32 case reports.

Ponnambily Jobin et al (2017)

Assessment of occupational safety, hazards and related health problems among quarry workers at work places in India. The objectives of this study were to assess the demographic variables, occupational safety, potential hazards, and health-related problems among quarry workers. A quantitative approach using a descriptive design was employed to evaluate the occupational safety, hazards, and health issues in two quarry sites located in Vellore district, India. The study followed a cross-sectional survey approach and included 72 quarry workers. The first objective was to examine the demographic variables of the quarry workers. The results indicated that the majority (52.8%) of the workers were between 18 and 45 years of age. The second objective focused on assessing occupational safety among the workers. It was found that none of the participants used personal protective equipment (PPE), there were no first aid boxes available, and no ambulance services were accessible within a 10 km radius of the quarry sites. The third objective involved assessing the potential hazards faced by quarry workers. Investigators classified these hazards into three categories: man-made, manual, and natural ergonomic hazards, based on their observations. The fourth objective was to evaluate the health-related problems of the workers. It was observed that 8.3% of the workers were diagnosed with diabetes mellitus, 12.5% with hypertension, and 2.7% with tuberculosis. Data analysis methods included computing percentages to describe the demographic details of the participants, such as age, gender, work experience, and marital status. The mean age of the participants was calculated along with their work experience to provide further insight into the demographic profile of the quarry workers.

Methodology

The survey method has been conducted for research

Sample selection

Population: In Gadhinglaj Taluka, there are six primary health centers staffed by 43 nurses and 196 ASHA workers.

Sampling Method:

The sample selection from above population was done by cooperative method and lottery method as follows

Kadgaon centre (11 nurses and 43 ASHA worker)



Nurses (11)



ASHA workers (28)

The selection criteria included:

- Female healthcare workers (nurses and ASHA workers)

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- Experience working in healthcare centers within the Western Maharashtra region
- Direct interaction with patients and staff, as these interactions are pivotal to understanding harassment dynamics.

Data collection tool

Questionnaire: The researcher developed a structured questionnaire based on the study's objectives, which was reviewed and validated by experts that includes:

- **Demographic Information:** Age, years of experience, type of healthcare facility, etc.
- **Workplace Safety Perceptions:** Questions regarding safety policies, equipment availability, and safety training.
- **Harassment Experiences:** Items assessing types, frequency, and reporting of harassment incidents, including both verbal and physical forms.
- **4-point Scale:** Use a 4-point scale for respondents to indicate their agreement or experiences, which allows for quantitative analysis.

Pilot Testing: Conduct a pilot test of the questionnaire with a small group of female nurses to refine questions and improve clarity.

Data Collection Procedure

- Administer the survey offline in person, depending on accessibility and resources.
- Ensure confidentiality to encourage honest responses.

Data Analysis

1) Percentages were computed on participant's demographic details such as age, gender, work experience, and marital status, Workplace Safety and Harassment Incidents, Reporting and Response towards their complaints and training program and preventing measures. The analysis was conducted in three sections based on the objectives of the study, and then further divided into two sections: ANM (Auxiliary Nurse Midwife) and ASHA (Accredited Social Health Activist) workers.

Results And Discussion

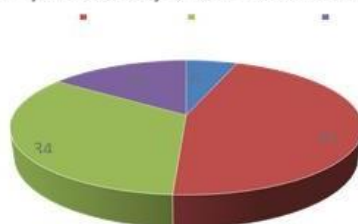
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Section 1: Workplace Safety and Harassment Incidents (Table 1-2, Figure 1-2)

Table 1: - Work place safety and harassment incidents among Asha workers

Number of respondents	Responses	Total responses	Percentage
28	1. Never	11	5.61%
	2. Rarely	89	45.41%
	3. sometimes	66	33.67%
	4. often	30	15.31%
		196	

Workplace Safety and Harassment Incidents



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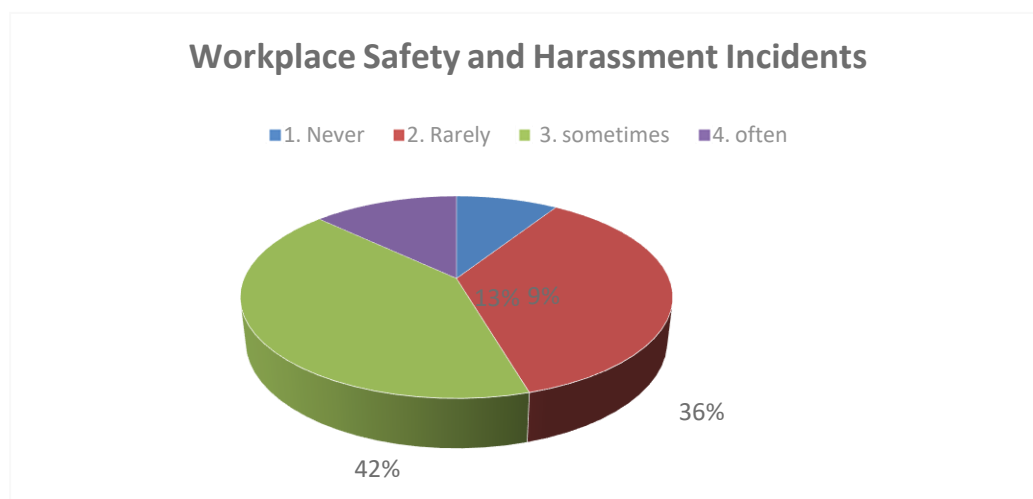
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Fig 1: - Work place safety and harassment incidents among Asha workers Table 2: - Analysis of

Workplace Safety and Harassment Incidents Among ANM

Number of respondents	Responses	Total responses	Percentage
11	1. Never	7	9.09%
	2. Rarely	28	36.36%
	3. sometimes	32	41.56%
	4. often	10	13%

Fig 2: - Analysis of Workplace Safety and Harassment Incidents Among ANM



Perception of Safety in the Workplace:

The majority of employees seldom feel unsafe, but nearly half experience a sense of unsafety occasionally. This reflects a moderate level of concern regarding workplace safety, indicating that while many employees feel secure, there is a substantial number who sometimes feel threatened. The small percentage who feel unsafe often suggests that specific areas or situations might require attention to enhance safety for all employees.

Verbal Harassment:

Over 90% of respondents have experienced verbal harassment either frequently or occasionally, highlighting that this is a widespread issue in the workplace. Notably, 51.3% of respondents face this problem regularly, which may have a negative impact on their work environment and well-being. The low percentage of employees experiencing it seldom indicates that verbal harassment is a common challenge. Addressing this issue could help foster a more respectful and supportive atmosphere.

Harassment Sources:

Most harassment incidents are reported as coming from patients, with few cases involving coworkers, supervisors, or other sources. This suggests that patient-related harassment is a significant issue that may need targeted interventions to improve how difficult interactions with patients are managed and resolved.

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Overall Harassment:

A majority (64.1%) of respondent's report experiencing harassment rarely, which is a positive sign. However, nearly one-third (28.2%) face harassment occasionally, and 7.7% experience it often or always, indicating that harassment is a recurring issue for a portion of employees. This signals a need for addressing these problems more directly to create a safer work environment.

Pressure Not to Report Incidents:

While most employees (69.2%) report rarely feeling pressure not to report incidents, 20.5% do experience this sometimes. This points to a majority feeling secure in reporting incidents, but there is a notable group facing challenges that may deter them from speaking out. Improving this aspect could enhance transparency and accountability in the workplace.

Physical Threats in the Workplace:

A majority (51.3%) of respondents never feel physically threatened at work, but 33.3% sometimes experience this concern. Although most employees feel safe, the substantial number of those facing physical threats suggests a need for preventive measures to ensure a consistently secure work environment for everyone.

Section 2: Reporting and Response (Table 3-4, Figure 3-4)

Table 3: - Analysis of Reporting and Responses Among ASHA Workers

Number of respondents	Responses	Total responses	Percentage
28	not at all	1	0.89%
	Slightly confident	73	65.18%
	Moderate confidence	14	12.5%
	Always	24	21.43%

Fig 3: - Analysis of Reporting and Responses Among ASHA Workers

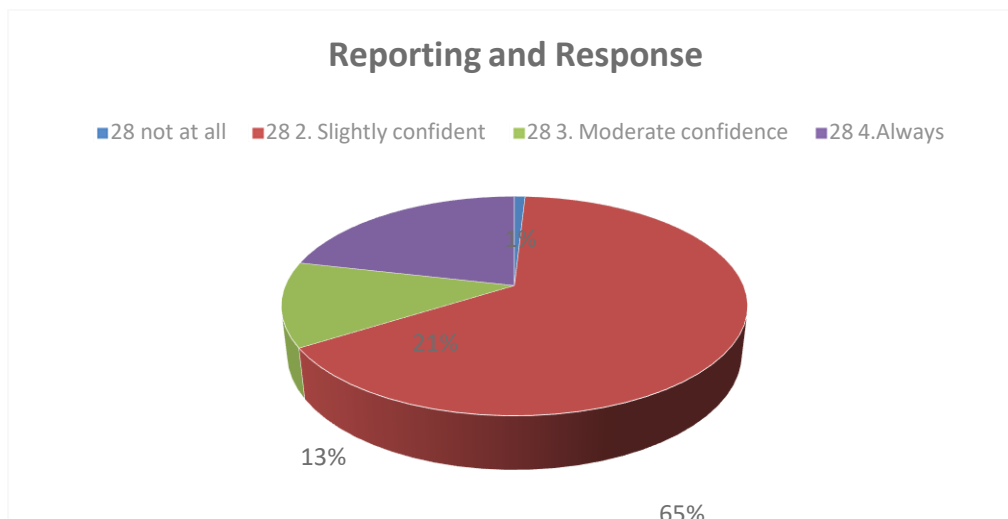


Table 4: - Analysis of Reporting and Responses Among ANM

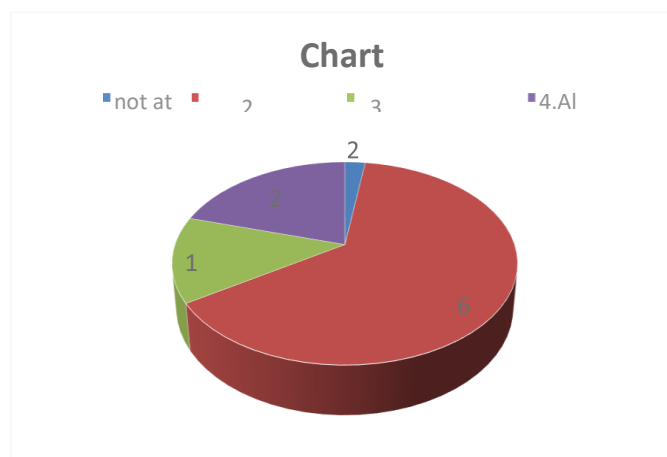
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Number of respondents	Responses	Total responses	Percentage
11	not at all	1	2.27%
	Slightly confident	28	63.64%
	Moderate confidence	6	13.64%
	Always	9	20.45%
	Total	44	

Fig 4: - Analysis of Reporting and Responses Among ANM



Confidence in Reporting Harassment (Table 5-6, Figure 5-6)

The majority of respondents, approximately two-thirds, express confidence in the reliability of reporting harassment to their supervisor or HR. However, around 30.8% feel less assured, reporting only moderate trust in the process. A small percentage finds the system rarely dependable, indicating that while most employees trust the process, there remains a noticeable group who may lack confidence in the effectiveness or outcomes of reporting incidents. This suggests an area for improvement in building consistent trust across all employees.

Overall Trust in Harassment Reporting System:

Nearly 92.3% of respondents demonstrate skepticism or moderate confidence in the system's ability to properly address harassment. The largest group (48.7%) expresses only moderate confidence, suggesting they believe some actions are taken but are unsure of their thoroughness or effectiveness. The absence of full confidence from any respondent suggests a potential gap in trust or satisfaction with the management of harassment cases. This highlights a need for greater transparency, communication, or efficiency in handling these incidents.

Low Confidence in the Reporting Process:

A small percentage (7.7%) of respondents express no confidence in the reporting process, potentially due to experiencing or witnessing unsatisfactory outcomes. This group may represent individuals with complete distrust in the process, suggesting an area requiring immediate improvement to restore faith in the system.

Perception of Management's Commitment to Addressing Harassment:

An overwhelming majority (92.3%) of respondents feel that management takes workplace harassment very seriously. This indicates a strong positive perception of the organization's commitment to addressing and managing harassment issues, demonstrating that efforts by management are recognized and appreciated by employees.

Support for Women Facing Harassment:

There is a highly positive perception of the support available for women who have been harassed at the

workplace. A significant majority (94.3%) rate the support as either "very promising" or "promising," reflecting a high level of satisfaction with the resources and services provided to women facing harassment

Section 3: *Training and Prevention*

Table 5 : - Analysis of Training and Prevention Among ASHA worker

Number of respondents	Responses	Total responses	Percentage
28	Not Effective	27	24.11%
	Slightly Effective	6	5.36%
	Moderately Effective	79	70.54%
	Highly Effective	0	0%
		112	

Fig.5 : - Analysis of Training and Prevention Among ASHA worker



Table 6: - Analysis of Training and Prevention Among ANM

Number of respondents	Responses	Total responses	Percentage
11	Not Effective	0	0 %
	Slightly Effective	14	31.82%
	Moderately effective	28	63.64%
	Highly Effective	2	4.55%
		44	

Fig 6: - Analysis of Training and Prevention Among ANM



Lack of Workplace Safety and Harassment Prevention Training:

A significant majority of respondents (87.2%) report never having received any workplace safety or harassment prevention training, highlighting a major gap in this area. This suggests that employees may not be adequately prepared to prevent or address workplace safety concerns, and targeted interventions are necessary to improve the current situation and promote a safer work environment.

Perception of Current Training:

Most respondents view the current training as moderate or sufficient, but none rate it as perfect. Approximately 25% of respondents believe there is not enough training, indicating that while some training is in place, there remains room for improvement. Enhancing the content and frequency of the training could help address the needs of those who find it insufficient.

Frequency of Training:

All respondents report receiving workplace safety and harassment prevention training, but only once per year. The absence of more frequent or regular training raises concerns that a once-a-year session may not be sufficient to maintain ongoing awareness or adapt to new issues or policy changes. More frequent training may be necessary to ensure continuous education, especially in workplaces where harassment incidents occur frequently or new safety measures are introduced.

Perception of Security Measures:

A majority (69.2%) of respondents have a positive perception of current security measures, rating them as very effective. However, half of the respondents (50%) also consider the security measures to be ineffective. This contradiction suggests that while many employees appreciate existing safety protocols, there is still significant dissatisfaction and room for improvement in making the workplace more secure.

Conclusion:

The analysis of the first section reveals both positive and concerning trends in the workplace. While many employees report feeling safe and facing harassment infrequently, significant groups are experiencing challenges related to verbal harassment, pressure to avoid reporting incidents, and physical threats. These issues highlight areas where focused actions are needed to create a more secure, respectful, and supportive workplace environment.

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The qualitative data in the second section reveals a generally positive outlook on management's approach to

workplace harassment and the support available for women. However, there are notable areas for improvement, particularly in building confidence in the reporting process and addressing concerns about the system's reliability. Increased transparency, communication, and trust-building initiatives could help enhance employee confidence and ensure the consistent effectiveness of the harassment reporting process.

The analysis of the third section reveals critical areas of concern regarding workplace safety and harassment prevention training. There is a substantial gap in training frequency, with many employees having never received any training, and existing training programs are viewed as only moderately effective. Additionally, while some employees view security measures positively, a large portion believes they are inadequate. To address these issues, more frequent and comprehensive training programs are needed, as well as improvements to workplace security measures.

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