

Workplace Harassment Among Medical Professionals In Chennai City: An Empirical Study

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ABSTRACT: Workplace harassment among medical professionals in Chennai city has become an emerging issue, with serious consequences for individuals and the healthcare system. Medical professionals, such as doctors, nurses, administrative staff, and technicians are frequently surveyed under high-pressure settings, causing them to face different kinds of harassment, including verbal harassment, physical harassment, and sexual harassment. This harassment can have a severe impact on mental, and physical well-being and job satisfaction, which affects the overall healthcare service. One of the serious problems of increasing workplace harassment among medical professionals is usually underreported due to a hierarchical culture, fear of revenge, or the stigma that is labeled one who is seeking help. This study aims to identify the frequency, primary perpetrator, and predominant risk factor, and it also analyzes the consequences of workplace harassment on medical professionals' well-being and job satisfaction in Chennai. The study utilizes quantitative analysis through standardized questionnaires in multiple clinics and hospitals. The finding of this study will recommend changing the policy and addressing these issues to provide a harassment-free working environment for the medical professional.

KEYWORDS: Workplace harassment, medical professionals, frequency, perpetrator, risk factors, consequence

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I. INTRODUCTION

The healthcare sector plays a vital role in the well-being of society, and the medical profession is at its heart. In cities such as Chennai, which is known for its medical infrastructure and serves as a center for medical services in Tamil Nadu. Workplace harassment among medical professionals is an emerging issue and the guaranteeing for excellent care as well as improving the overall health outcome in the working environment of medical professionals is critical. Chennai has many hospitals and healthcare organizations that provide a unique working environment for medical professionals such as doctors, nurses, administrative staff, and technicians. While the city provides enormous opportunities for professional development but does not focus on individuals' mental or physical well-being. Rapidly increasing the stressful nature of the job along with extended working hours and sometimes limited resources, can hurt healthcare workers.

1. Workplace harassment and its major types

According to International Labor Organization (ILO) “Any unwelcome verbal, non-verbal or physical conduct, including bullying, intimidation, threats or abuse, that humiliates, offends or creates a hostile work environment”.

The Prevention, Prohibition and Redressal Act, 2013, define various types of Workplace Harassment which includes,

Verbal harassment: This involves spoken or written communication that is offensive, demeaning, or threatening.

Physical Harassment: This encompasses any form of unwelcome physical contact or invasive actions, such as pushing, shoving, touching, or any behavior that makes an individual feel physically threatened or unsafe.

Sexual harassment: includes any one or more of the following unwelcome acts or behaviors (whether directly or by implication) namely

- (a) physical contact and advances;
- (b) a demand or request for sexual favors;
- (c) making sexually colored remarks;
- (d) showing pornography;

(e) any other unwelcome physical, verbal, or non-verbal conduct of a sexual nature."

2. Cause of workplace harassment among the medical professional

- Hierarchy culture and Power Imbalance: In a highly organized organization, senior professionals could misuse their position of authority, resulting in the exploitation and harassment of junior or subordinate workers.
- Stressful Work surrounding: High-stress settings, long working hours, and emotionally demanding jobs can all raise the risk of conflict and mistreatment
- Underreporting: In many circumstances, a culture of silence inhibits people from reporting harassment which allows the repetition of such offence.
- Lack of awareness and training: Employees do not have a full understanding of distinguishing harassment and well as a lack of training about conflict resolution, communication, and the respect at work.
- Inadequate institutional policies: There is no strict enforcement of anti-harassment policies or the employees are not aware of these policies and a lack of proper grievance redressal system.
- Not understanding: the patient or their family are not ready to understand the working pressure of these professionals which is the main reason for increasing verbal harassment in the medical field.

3. Significance of this study

Workplace harassment is an alarming problem that hurts worker's well-being, productivity, and the overall institutional climate, particularly in high-stress settings such as healthcare. Medical practitioners are required to care for and assist patients while balancing emotional and physical responsibilities. Yet, when the medical professional encounters harassment—whether verbal, physical, psychological, or sexual it ultimately affects the performance, mental health, and patient care.

The significance of this study is to explore the frequency, risk factor, perpetrator, and consequence of such harassment on the mental, and physical wellbeing and job satisfaction on medical professionals. By identifying the perpetrator, risk factors, and consequence of physical and mental health, the study helps highlight the unidentified Challenges that healthcare workers encounter on their profession.

II. RESEARCH OBJECTIVES

The primary objective of this study is to identify the frequency, primary perpetrator, and predominate risk factor of Workplace harassment among the medical professionals in Chennai city. This study also aimed to assess the consequence of workplace harassment on the physical and mental well-being as well as the job satisfaction. Additionally, this study seeks to recommend effective preventive measures to reduce such harassment and improve the safer and more secure working environment of medical professionals which is free from harassment and focuses on the mental health of the professional.

2.1. Research Question

1. What is the prevalence of workplace harassment among medical professionals in Chennai city?
2. Who is the primary perpetrator of workplace harassment?
3. What is the predominant risk factor of Workplace harassment?
4. What is the consequence of such harassment on medical professionals' well-being?
5. What are the most common types of verbal harassment, physical harassment, and sexual harassment?
6. What is the percentage of workplace harassment reported by the medical professionals?

2.2 Hypothesis testing

1. There is a significant difference between the workplace harassment and the mental well-being
2. There is a significant difference between the workplace harassment and the physical well-being
3. There is a significant difference between the workplace harassment and the job satisfaction

III. METHODOLOGY

3.1. Materials and method

This study used an empirical approach. A survey was conducted in both online and offline mode by using standardized questionnaires designed to analyze the Workplace harassment among the medical professionals. In the online mode Google form is shared with the professionals and in the offline mode the printed question paper is distributed to the medical professional with the consent of the respective healthcare management. Before distributing the questionnaires, the nature of the survey was informed which is voluntary and anonymous. The sample of this study was a medical professional which included the doctors, nurses, administrative staff, and technicians. The purposive sampling techniques were employed to select samples from the multiple clinics and the hospital in Chennai. The 50 samples were statically analyzed in IBM SPSS version 30.

IV. FINDINGS

Demographic Information

Out of 51 medical professionals 23(45.1%) **male** respondents and 28(54.9%) **female** respondents and the age ranges from 20 to 51 and above. The majority of the respondents are from the **20-30 age (56%)** and have working experience **of less than 5 years (57%)**. The maximum number of respondents are **nurses 18(35.3%)** followed by **doctors 14(27.5)**.

Frequency of Workplace Harassment

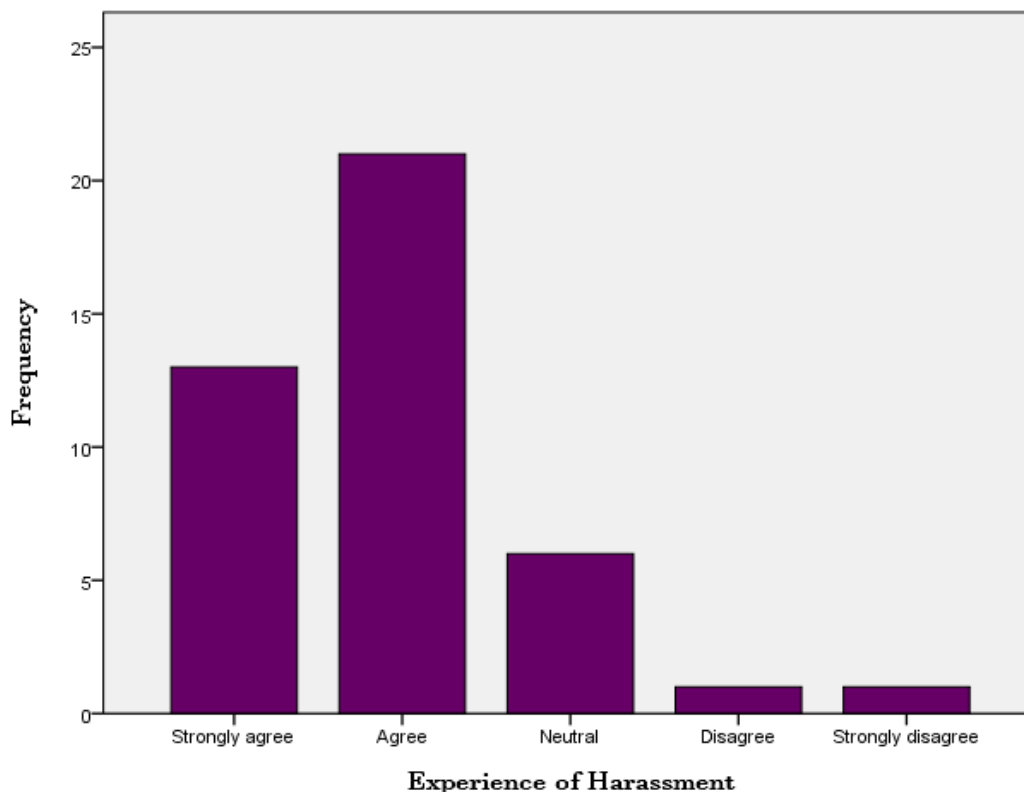


Table 1. Frequency of Workplace Harassment

Likert scale is used to identify the frequency of Workplace harassment which ranges from strongly agree to strongly disagree. Out of 100%, **81%** of medical professionals have **experienced harassment** in their workplace and **8.6%** of the professionals have **not experienced workplace harassment**.

Perpetrator of Workplace Harassment

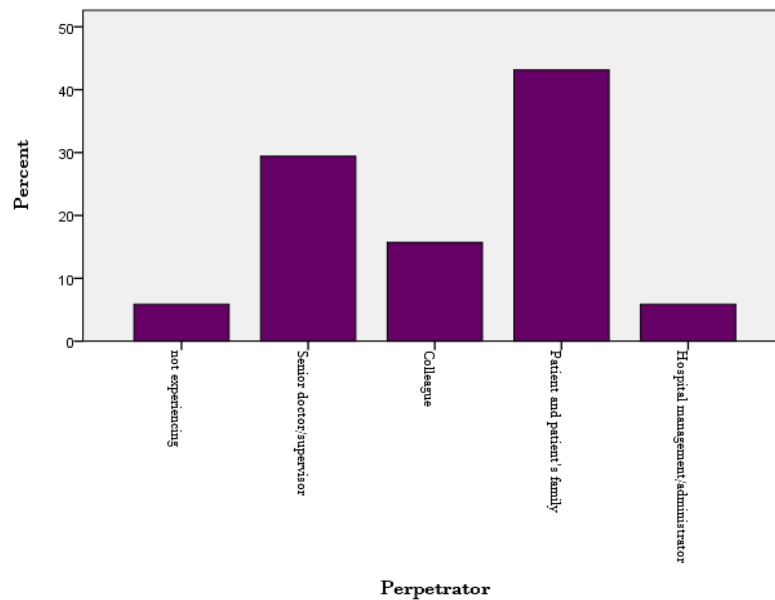


Table 2. Perpetrator of Workplace Harassment

The perpetrator of Workplace Harassment among medical professionals is Senior doctors/ supervisor, Colleagues, Patients and patient's families, Hospital management/ administrator. **Patient and Patients family** is the **primary perpetrator** (43.1%) followed by the **Senior doctor/Supervisor (29.4%)**. The **hospital management** is less involved (5.9%) in the harassment.

Risk Factors of Workplace Harassment

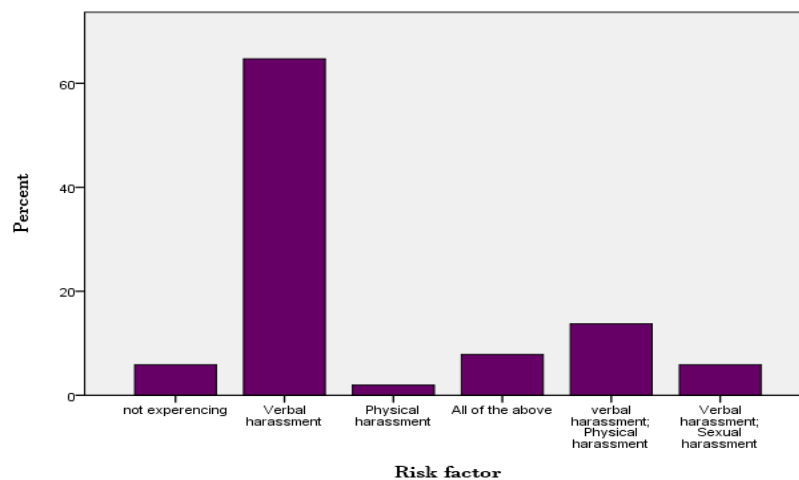


Table 3. Risk Factors of Workplace Harassment

The **Predominant Risk factor** in workplace harassment among medical professionals is **Verbal Harassment (62.7%)** and the combination of **Verbal harassment and Physical Harassment (13.7%)** of Workplace harassment among medical professionals. **7.8%** of the respondents reported **all three types** of harassment.

Impact of such harassment on the professional's well-being

Harassment	Pearson Correlation	1	0.363**
	Sig. (2-tailed)		0.009

	N	51	51
Well-being total	Pearson Correlation	0.363**	1
	Sig. (2-tailed)	0.009	
	N	51	51

Table 4. Correlation of Workplace Harassment and Well-being Total

Pearson correlation (r)=**0.363****this indicates that there is a correlation between harassment and well-being. The mean value of harassment 2.37 (SD= 1.199) well-being is 6.53 (SD= 2.20) these values suggest that workplace harassment increases which is ultimately affects the well-being of the medical professionals.

p-value=0.009 which is less than 0.01 this indicates the correlation is **statically significant**.

The most common type of Verbal, physical, and sexual Harassment in the Workplace harassment

Verbal Harassment	Insult	31.4%
	Disrespect comment	
Physical Harassment	Pushing	11.8%
Sexual Harassment	Inappropriate Comment	7.8%

Table 5. Type of verbal, Physical, and Sexual Harassment

- **Insult and Disrespect comment (31.4%)** is the most common type of **Verbal harassment** experienced by medical professionals.
- **Pushing (11.8%)** is the most common type of **Physical harassment** experienced by medical professionals.
- **Inappropriate Comment (7.8%)** is the most common type of **Sexual harassment** experienced by medical professionals.

Number of incidents reported

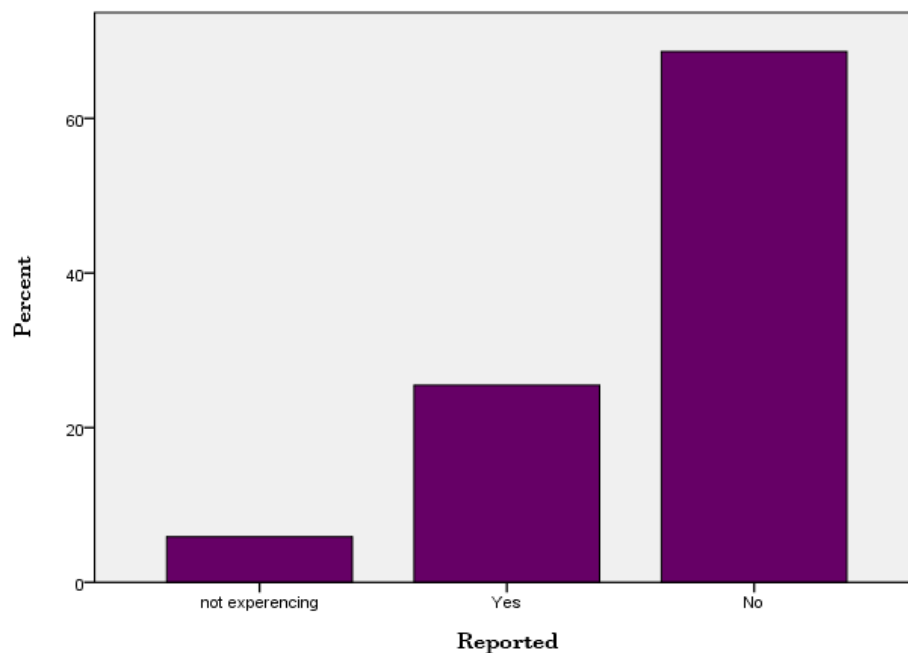


Table 6. The percentage of incidents reported

- **68.6%** of the incidents were **not reported** and **25.5%** of the incident were **reported** by the medical professionals.
- Among 25.5%, **13.7 % of action was taken 11.8% of action was not taken** and nearly half of the incident was not addressed.

A hypothesis test is done in the Fisher-Freeman-Halton Exact Test. This test is conducted when the sample number is less than 100.

1. The Fisher-Freeman-Halton Exact test data indicates there is a statically significant association between the harassment and the mental well-being p-value =0.002 which is less than 0.05.
2. The Fisher-Freeman-Halton Exact test data indicates there is a statically significant association between the harassment and the physical well-being p-value =0.027 which is less than 0.05.
3. The Fisher-Freeman-Halton Exact test data indicates there is a statically significant association between the harassment and the physical well-being p-value =0.015 which is less than 0.05.

V. DISCUSSION

This paper examines the prevalence nature and consequence of workplace harassment among medical professionals in Chennai City. The study findings highlight the important issues in the healthcare sector: practitioners are subjected to numerous forms of abuse, with few options for redressal and psychological support.

Moreover, the outcome of this study indicates that workplace harassment is a common and significant issue among medical professionals. Harassment in Healthcare settings not only impacts mental well-being but also affect patient care. The study investigates the frequency, perpetrator, risk factor and the consequence of such harassment on the mental well-being, physical well-being and job satisfaction of the medical professionals.

The initial study reveals that workplace harassment is fairly uncommon among healthcare professionals. Verbal harassment, in particular, appeared as the most prevalent kind of harassment, consistent with existing studies. According to research conducted by the Indian Medical Association (IMA), more than 75% of Indian doctors with a considerable proportion of respondents reporting incidents of rudeness, threats, and verbal abuse, particularly during peak hours or emergency treatment.

The primary perpetrators of this study are patients and their families this is consistent with the report of the World Health Organization (WHO) which discovered that patients and visitors are the most common perpetrators. The doctor-patient relationship is frequently affected due to some lack of resources or overcrowding which leads to poor communication, extended waiting times, and excessive expectations. Additionally, harassment is happening among individuals as well such as bullying, and discrimination on the grounds of gender, caste, and sex, but this is not frequent. These finding of global research says that the perpetrator is both in external (patients) and internal (senior or colleagues) environments of workplace harassment in a medical setting.

The impact of harassment on well-being is significant. Respondents who reported being harassed reported negative impacts on their mental health, such as stress, anxiety, depression, and weakness. Physical problems such as tiredness, sleep difficulties, and headaches were also reported. The correlation study between harassment and well-being validated the hypothesis that higher harassment leads to decreased psychological and physical well-being. Furthermore, those who experienced frequent harassment were more likely to be dissatisfied with their jobs, raising concerns regarding healthcare worker recruitment and performance.

The hierarchical structure of medical facilities, in which subordinate staff are frequently put under severe pressure from senior professionals, adds to an environment in which power can be abused. One of the disturbing outcomes of the study is the high prevalence of underreported harassment. A maximum number of respondents state that they do not report due to fear of retaliation, or lack of support, and they believe that it doesn't make any changes. Some people mentioned it led to harm to their career and the social stigma also plays a vital role in underreporting. When the harassment was reported many respondents were dissatisfied with the result. Many people believe that the allegation was not seriously taken and there is no sustainable action was taken against the perpetrator. This highlights the need to improve the grievous redressal process.

Furthermore, the survey found a lack of awareness and application of anti-harassment measures in various healthcare sectors. In many situations, respondents were not aware that such procedures existed or who to contact in the event of an occurrence. This lack of institutional support highlights the need for stricter enforcement of workplace conduct standards, as well as more frequent harassment prevention and reporting awareness training.

In conclusion, Workplace harassment among the medical professionals in Chennai is a major issue that requires a quick reaction. Institutional reforms, awareness programs, and the establishment of a transparent and accountable system for reporting are vital to creating a safe and respected workplace. By tackling this issue, healthcare organizations can enhance not only employee well-being but also the entire quality of treatment provided to patients.

VI. RECOMMENDATION

To tackle the problem of workplace harassment effectively, a range of measures should be established to protect medical professionals.

- Healthcare organizations should establish clear and written policies that deal with all forms of workplace harassment such as verbal harassment, physical harassment, sexual harassment, and psychological harassment. This policy should clearly define Harassment, list prohibited acts, clarify how to file a complaint and explain about the investigation and the punishment procedure. Displaying these rules noticeably in hospitals and clinics will serve as both awareness and a deterrent.
- Underreporting was one of the biggest challenges in workplace harassment. Organizations should establish several reporting channels such as physical drop boxes to maintain confidentiality. The staff in the healthcare organization should give a clear guarantee that they will not face the fear of retaliation to decrease the fear of revenge and encourage reporting. The problem must be resolved by impartial and experienced professionals to ensure justice.
- Providing regular workshops and training sessions for all healthcare employees on how to recognize, prevent, and react to workplace harassment. Special training should be offer for junior doctors, nurses who may be more susceptible to infect. These program section should include the culture awareness, authority and ethics for handling of patients.
- The hospital must give support to the victim for counseling. Establish the employee assistance committee to help victims manage the stress, anxiety caused due to harassment. Regular monitoring is required to ensure the well-being of the impacted employees.
- The hospital management dealt with the harassment complaint quickly. The management is capable of conducting investigations, resolving problems, and maintaining confidentiality.
- Encourage an organizational culture that prioritizes morality with equality and mutual respect. Encouraging communication between employees establishing feedback mechanisms and recognize proper conduct can all contribute to build a safer and more productive environment.
- Hospitals should conduct yearly reviews or anonymous surveys to get a better understanding of the changing nature of workplace harassment and analyze the effectiveness of existing policies. New methods and training modules are created based on the research findings.

VII. CONCLUSION

The present study examines the frequency and impact of workplace harassment among medical professionals in Chennai city. The study concludes that 80.4% of the respondents had experienced Workplace Harassment, which shows an important issue in the healthcare sector. Among the various forms of Workplace harassment Verbal harassment, 63% emerged as a predominant risk factor which suggests the critical need to address the social and behavioral problems within the medical environment. In addition, the patient and their family have been identified as a primary perpetrator 43.1%. The correlation analysis revealed that there is a significant relation between Workplace Harassment and general well-being which includes mental well and physical well-being and job satisfaction. This shows that a higher level of Workplace Harassment is associated with lower well-being which potentially affects patient care and job satisfaction. The study highlights the need for healthcare institutions to establish strict anti-harassment policies, awareness programs, and secure and support report system. Creating a respectful working atmosphere is necessary not only for the welfare of the staff but also for maintaining an excellent standard of patient care.

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