

UNSPOKEN CHALLENGES: SEXUAL HARASSMENT AND ITS IMPACT ON SOCIAL AND PROFESSIONAL LIFE OF FEMALE NURSES IN KARACHI

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Abstract

Sexual harassment poses a deep challenge in Pakistan, especially in environments where women may face distinctive vulnerabilities. This study delves into the experiences of female nurses in government hospitals in Karachi, assessing how different forms of harassment impact their professional life, mental health, and overall well-being. Employing a qualitative methodology, twenty female nurses from major government hospital in Karachi shared personal narratives of harassment, offering insights into the prevalence and nature of these incidents, a thematic analysis approach was adopted to identify and analyze the key findings. The findings indicate that entrenched societal norms, in which men occupy dominant positions of authority, perpetuate a culture of power imbalance, thereby reinforcing the vulnerability of women in the workplace and stifling their ability to address harassment. Participants reported a broad range of adverse effects, ranging from psychological distress to professional limitations and social isolation. These experiences underscore an urgent need for reform at both the institutional and societal levels. To promote a safer workplace, the study emphasizes the importance of raising awareness, enhancing reporting mechanisms, and strengthening policies that specifically support female healthcare professionals. Furthermore, this study calls for comprehensive policy interventions and organizational efforts to empower women in Pakistan's healthcare sector. Addressing these challenges holistically could not only improve workplace safety for female nurses but also set a precedent for wider societal change in safeguarding women's rights and dignity.

Keywords: Sexual Harassment, Female Nurses, Professional Limitations, Social Consequences, Women Empowerment

INTRODUCTION

Sexual harassment is a prevalent issue that, while not confined to workplaces, disproportionately affects working individuals, particularly those who may risk their livelihoods by speaking out. Although both men and women can experience harassment, women are significantly more vulnerable worldwide, a reflection of deeply rooted male-controlled structures and gender-based power imbalances (Bond, 2010). Recognizing this, the International Labor Conference in 1985 officially defined workplace sexual harassment as a fundamental violation of workers' rights, describing it as a threat to personal safety, health, and equality (International Labour Organization, 1985). Sexual harassment encompasses a spectrum of behaviors, from verbal harassment and bullying to physical assault, all of which contribute to a hostile or threatening work environment, eventually impairing productivity and well-being (McLaughlin et al., 2012).

In Pakistan, the prevalence of sexual harassment is particularly concerning in male-dominated workplaces such as healthcare institutions. Female nurses, especially in government hospitals, frequently encounter harassment rooted not only in workplace dynamics but also in entrenched societal norms that expect women to occupy submissive roles. This harassment often takes the form of unwelcome sexual

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advances, insulting language, and attempts to exert control through established hierarchies, which discourage women from reporting incidents and contribute to chronic underreporting (Goodman, 1981; Pettinson, 1991). These settings expose the complex interchange between power and gender, exposing how workplace harassment is bolstered by both structural and cultural factors.

Despite legal protections, such as Pakistan's "Protection against Harassment of Women at the Workplace Act, 2010," barriers to reporting remain considerable. This Act requires organizations to establish Codes of Conduct and complaint committees aimed at preventing and addressing harassment. However, cultural and economic pressures often deter women from reporting incidents, as societal norms reinforce male authority and discourage challenges to established power dynamics (Pakistan Penal Code, 2010). As Choudhry (2005) highlights, such entrenched social norms perpetuate gender-based discriminations, reinforcing male dominance and marginalizing women's voices in workplace and broader societal contexts.

The persistent power imbalance and social inequality underscore an urgent need for transformative institutional and societal reforms. Empowering women and fostering a safe, respectful work environment requires a multifaceted approach that goes beyond legislative measures to challenge and shift underlying cultural attitudes and behaviors. Institutional policies must be augmented with widespread cultural change to ensure meaningful protection, dignity, and equality for women in Pakistan's workforce (Jabeen, 2018).

The issue of sexual harassment within healthcare settings in Pakistan has gained attention as scholars examine its psychological, social, and professional consequences on female healthcare workers. Noor et al. (2024) focus on the experiences of female nurses who face harassment in Pakistani hospitals, revealing its detrimental impact on their mental well-being, job performance, and career advancement. Their study identifies systemic barriers within healthcare institutions, such as lack of effective reporting channels and lacking policies, which perpetuate a culture of silence and discourage victims from seeking justice.

Choudhry (2005) expands on these issues by discussing the cultural and institutional barriers that prevent women from reporting harassment. This study underscores how patriarchal norms and strict social expectations shape workplace dynamics, making harassment appear normalized and women's voices marginalized. Choudhry's work highlights the role of societal attitudes in reinforcing gender inequality, where fear of social stigma and potential backlash often deters victims from speaking out. These findings reflect the pervasive influence of cultural values on workplace behaviors and underline the need for culturally sensitive reforms in addressing harassment.

Goodman (1981) contributes to understanding the psychological impact of harassment, bordering effects such as anxiety, depression, and diminished job satisfaction among victims. Goodman's research is particularly relevant to female nurses in high-stress environments, where harassment exacerbates existing professional challenges and hinders job performance. These psychological consequences create a cycle of reduced workplace engagement and diminished mental health, which further isolates victims and impedes their professional growth.

The International Labour Organization (ILO) (1985) formally recognized workplace sexual harassment as a violation of workers' rights, setting a foundational standard for addressing harassment. This groundbreaking document provides a framework for institutions worldwide to develop policies ensuring safe and supportive work environments. The ILO's guidelines highlight the importance of a comprehensive approach to harassment, advocating for preventive measures, clear reporting mechanisms, and accountability structures that prioritize worker safety and dignity. Pettinson (1991) offers valuable

insights into the different forms of harassment encountered across various industries, with relevance to healthcare settings where hierarchical structures may exacerbate power imbalances. The study stresses the necessity for robust reporting instruments and institutional safeguards, noting that without these, harassment continues unaddressed, leaving employees vulnerable to ongoing abuse.

Rasul and Raza (2020) investigate the socioeconomic factors that contribute to underreporting of harassment among female healthcare workers. They find that economic dependency, job insecurity, and lack of family or community support play a significant role in discouraging women from reporting incidents. Their research highlights the consistent nature of economic and social challenges that spread harassment, underscoring the need for both policy reforms and support networks that empower women to voice their experiences safely. This literature collectively illustrates how sexual harassment in healthcare is influenced by a complex interplay of psychological, cultural, institutional, and socioeconomic factors. It emphasizes the need for a multifaceted approach to address these challenges effectively. By integrating policy changes with cultural shifts and institutional support, there is potential to create a safer and more

Objectives

1. Examine the prevalence and specific forms of sexual harassment faced by female nurses.
2. Evaluate the social and professional impact of harassment.
3. Examine societal and institutional barriers that deter reporting.

Significant of the Study

The significance of this study lies in its contribution to understanding the prevalent issue of sexual harassment within Pakistan's healthcare sector, with a focus on female nurses who are particularly vulnerable to such misconduct. By examining the psychological, professional, and social consequences of harassment, this study provides critical insights into the barriers that discourage women from reporting incidents, including economic dependence, social stigma, and lack of institutional support. Key findings underscore the systemic and cultural dynamics that normalize harassment and marginalize women's voices, shedding light on the power imbalances that shape the workplace experiences of female healthcare workers in Pakistan.

The study's significance extends to its practical implications, advocating for institutional and policy-level reforms that address the need for effective reporting procedures and a supportive workplace culture. It aligns with the International Labour Organization's framework for workers' rights, underlining the necessity of creating safe, equitable, and empowering work environments for women in male-dominated fields. Furthermore, this research adds to the global discourse on gender-based workplace harassment, demonstrating how socio-cultural contexts, particularly patriarchal norms, effect both the occurrence of harassment and the responses to it. By addressing these issues, this study not only advances scholarly knowledge on workplace harassment in healthcare but also provides a basis for policy interventions that could foster greater equality and safety for women in Pakistan's workforce. Its findings could inform stakeholders, including policymakers, healthcare administrators, and advocates, directing them in creating actionable strategies to reduce harassment and improve workplace protections in healthcare settings.

METHODOLOGY

This exploratory study used a qualitative research design to investigate the experiences of female nurses facing workplace harassment in public hospitals across Karachi. The study sample involved 20 female

nurses selected from various hospitals to capture a broad range of experiences within the healthcare sector. Data collection was conducted through semi-structured, in-depth interviews and focus groups, which enabled an in-depth exploration of participants' insights and experiences. An interview guide with open-ended questions and tailored prompts facilitated rich, detailed responses while allowing flexibility for participants to express themselves freely. Interviews and focus groups were designed to foster a comfortable environment, encouraging participants to share sensitive information regarding harassment. Each session lasted between 30 to 60 minutes, providing sufficient time to investigate complex and nuanced topics related to harassment's psychological, professional, and social impacts. All data were recorded literally and analyzed thematically to identify key themes and patterns that were discussed in next section.

DISCUSSION

Themes identified are mentioned below:

Impact on Professional Life

Sexual harassment manifests in various forms i.e., physical, verbal, and psychological and significantly affects nurses' professional performance. Many nurses reported that harassment diverts them from their duties, increases their anxiety, and could lead to serious oversights in patient care. The fear of losing their jobs or facing retaliation compounds their struggles, causing them to endure harassment in silence.

Modes of Harassment

Nurses face harassment not only from patients and their families but also from colleagues and superiors. This includes unsolicited comments, pursuing, and unwanted advances. Young, inexperienced nurses, particularly those from conservative backgrounds, are especially vulnerable, as they often lack the awareness and confidence to confront their harassers.

Socioeconomic Factors

Poverty emerges as a critical factor aggravating the issue. Many nurses come from lower socioeconomic families, making them hesitant to report harassment due to fears of job loss and financial instability. This economic dependency reinforces their silence and perpetuates the cycle of abuse.

Weak Legal Protections

The failure of laws addressing sexual harassment in the workplace contributes to the ongoing victimization of nurses. Weak enforcement and a lack of institutional support create an environment where offenders operate with impunity. Many nurses expressed a sense of vulnerability, believing that legal protections are ineffective or non-existent.

Public Perception and Stigma

The societal view of nursing is a less respectable profession influence how nurses are treated. Many families view nursing profession negatively, further isolating nurses and restraining them from discussing their experiences of harassment. This stigma contributes to a culture of silence, where victims feel unsupported and vulnerable.

Gender Dynamics

The research underscores the male-controlled structures within society that view women as subordinate and perpetuate harmful stereotypes about femininity. Men are socialized to demonstrate dominance, while women are conditioned to be passive and submissive. This dynamic not only normalizes harassment but also discourages women from asserting their rights.

Helplessness and Lack of Support

A pervasive sense of helplessness prevails among nurses, compounded by the absence of effective support systems. Many nurses feel that their complaints would be ignored or trivialized, leading them to accept their situation rather than seek justice. This resignation is indicative of a larger systemic issue where women's concerns are routinely overlooked.

Call for Action

Nurses advocate for better policies and protections against harassment. They emphasize the need for serious governmental attention to the issue, as well as for institutions to establish clear guiding principle and support systems to protect their rights and welfare.

CONCLUSION

This study reveals the prevalent issue of workplace harassment faced by female nurses in Pakistan, highlighting its detrimental impact on their professional lives and overall well-being. The findings emphasize the manifold nature of harassment, which manifests through various forms i.e., physical, verbal, and psychological affecting nurses' ability to perform their duties effectively. Economic reliance, societal stigma, and weak legal protections further exacerbate the challenges faced by these healthcare professionals, perpetuating a culture of silence and failure to act. The entrenched patriarchal structures not only normalize harassment but also hinder efforts toward meaningful change. As essential providers of care, the welfare of nurses is inherently linked to the quality of patient care and the functioning of the healthcare system. Therefore, addressing workplace harassment is not merely a matter of individual rights; it is crucial for ensuring a safe and effective healthcare environment.

Recommendations

- It is identified that enforcement of the "Protection against Harassment for Women at the Workplace Act, 2010" is weak; therefore, it is recommended to improve training for officials and improve complaint mechanisms.
- It is analyzed that healthcare institutions often lack clear anti-harassment policies; so, it is recommended to establish comprehensive policies with specific reporting mechanisms and regular sensitivity training for all employees.
- It is observed that nurses face a lack of support systems and economic dependency; based on that, it is recommended to create peer support groups and implement programs that promote economic empowerment for female nurses.
- It is identified that societal stigma affects the nursing profession; therefore, it is recommended to engage in community awareness campaigns to reshape perceptions of nursing and advocate for wider institutional reforms to support women's rights.

- It is analyzed that further research is necessary to understand the experiences of female nurses; so, it is recommended to conduct studies to evaluate the effectiveness of current policies and interventions.

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