



(RESEARCH ARTICLE)



## Harassment among women health workers in university hospital: An epidemiological study

Samia Mouachi <sup>1,\*</sup>, Saadia Karroumi <sup>1</sup>, Meriem Akenous <sup>1</sup>, Kaoutar Elouazzani <sup>1</sup>, Imane Adali <sup>2</sup> and Fatiha Manoudi <sup>2</sup>

<sup>1</sup> Mental Health Research Team, Ibn Nafis Psychiatric Hospital, Mohammed VI University Hospital, Marrakech, Morocco.

<sup>2</sup> Higher education, Research team for mental health, Ibn Nafis psychiatric hospital, Mohammed VI university hospital center, Marrakech, Morocco.

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### Abstract

**Introduction:** Women have played an active role in medicine since ancient times, but they have often faced many challenges. Today, bullying is a major issue in the healthcare field. According to Einarsen (1999) and Leymann, this phenomenon encompasses frequent abuse over a prolonged period, with humiliating consequences. Studies carried out in Morocco, notably in Fez and Marrakech, show a high incidence of moral harassment, at 34.2% and 27.5% respectively. Despite progress, women still face prejudice and obstacles in the healthcare field. The aim of this study is to assess the frequency of moral harassment among female doctors and paramedical staff at the Med VI University Hospital (CHU) in Marrakech, by analyzing their profile and identifying related elements.

**Materials and method:** From September 2019 to February 2020, this descriptive, cross-sectional study was conducted among all female healthcare staff at Marrakech University Hospital with at least six months' experience, with the exception of students, office workers, administrators and secretaries. Data were collected using the Leymann Inventory of Psychological Terror (LIPT), supplemented by questions on personal history and job satisfaction. Three hundred professionals were approached, and 208 responded (70% participation rate). The participants were doctors and paramedics. Informed consent was obtained, and anonymity was respected. Statistical analysis was carried out with SPSS version 23.0, using the Chi2 test for categorical variables with a significance level of  $p = 0.05$ .

**Results:** The average age of the participants was 29, mainly single (60%). The majority were junior doctors (60%). Average professional seniority was 36.4 months, with 50% having less than five years' seniority. 62% worked in medical departments. The prevalence of moral harassment was 26%. Frequent situations included rumors (32%) and humiliating remarks (37.4%). Harassment came mainly from hierarchical superiors (41% of perpetrators were women). There were no significant gender differences in terms of harassment.

**Conclusion:** The study reveals a high incidence of moral harassment among female doctors and paramedical staff at Marrakech University Hospital. Despite advances, women still face major challenges that impact on their well-being and professional fulfillment. Recognizing and addressing these behaviors is essential to improving the professional environment for women in healthcare. Urgent, coordinated measures are needed to prevent bullying, support victims and promote gender equality in medicine.

**Keywords:** Female; Mobbing; Epidemiological Study; Discrimination; Healthcare sector

\* Corresponding author: Samia Mouachi

## 1. Introduction

Since ancient times, women have played an active role in the medical field, despite numerous obstacles. Their interest in medicine has always been present. A striking example is Margaret Ann Bulkley, known as James Barry, who adopted a male identity to pursue a medical career. She practiced as a skilled surgeon in the British Army for 40 years, and her true female identity was not revealed until after her death(1). However, women continue to face significant challenges in the medical field, not least when it comes to bullying.

Workplace bullying is a serious and pervasive problem(2), having received increasing attention over the past decade. It is defined as a form of abuse of power in which an employee is subjected to unethical behavior designed to humiliate him or her(3). Several terms have been used to refer to bullying, such as psychic harassment, bullying and mobbing(4). Einarsen (1999) has grouped mobbing, psychological violence, harassment, abuse and victimization under the same umbrella as bullying(5). According to Leymann, specific criteria must be met to qualify a behavior as moral harassment: frequency of at least once a week, duration of at least six months, and a humiliating effect on the person harassed (6).

On a national scale, moral harassment is a threatening reality in our care facilities. A study by Elghazouani et al. assessed moral harassment among healthcare staff at the Centre Hospitalier Universitaire de Fès(2), revealing a prevalence of 34.2%. In contrast, a study by Mouachi et al. at the Centre Hospitalier Universitaire de Marrakech found a prevalence of 27.5%(7). This form of harassment disproportionately affects women, highlighting a significant gender disparity in the workplace(8).

Despite advances, medicine remains a field where women often face prejudice and obstacles. Patriarchal society has long stifled women's desire to enter medicine, relegating them to the role of home carers. Although some have succeeded in breaking through, taking advantage of opportunities at different historical moments, women continue to face stereotypes and barriers in their medical careers. Studies show that gender bias in medicine remains a recurring problem, particularly in specialties such as general surgery. For example, Bruce et al (2015) showed that 88% of women perceived prejudice during their training(9).

Faced with these challenges, some women abandon their dream of a medical career, while others, who are more resilient, manage to overcome these obstacles. However, even those who reach management positions often come up against a difficult reality. Despite this, women continue to play an essential role in the medical field, bringing their expertise and dedication to the profession.

The aim of this study is to assess the prevalence of harassment among female doctors and paramedical staff at Marrakech University Hospital, to describe the epidemiological profile, to determine associated factors, and to inform and alert managers to this particular form of psychological violence at work.

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## 2. Materials and Methods

This was a descriptive, cross-sectional survey conducted over a six-month period, from September 2019 to February 2020. The study included all female healthcare staff with at least six months' seniority at Marrakech University Hospital, excluding medical students on placement, clerical staff, administrators and secretaries.

Data were collected using a questionnaire including the validated French version of the "Leymann Inventory of Psychological Terror" (LIPT), an international reference instrument comprising a list of 45 situations of violence at work. The questionnaire was supplemented by questions on the frequency and duration of exposure, the perpetrator of the violence, his or her hierarchical position, and the resource persons consulted by the victims.

To meet our objectives, the LIPT was enriched with additional items concerning socio-demographic data, personal history, consequences of harassment, and job satisfaction.

Three hundred (n = 300) healthcare professionals at Marrakech University Hospital were asked to participate in the survey. Of these, 208 completed and returned the self-questionnaires, representing a participation rate of around 70%. The participants held medical positions (interns, residents, general practitioners and specialists, university professors) as well as paramedical positions (nurses and laboratory technicians).

Consent was obtained from participants prior to administering the questionnaire, after informing them of the survey's objectives. Anonymity and confidentiality of data were respected throughout the study.

Statistical analysis was carried out using SPSS software version 23.0. For categorical variables, the Chi2 test was used, with a significance level of  $p = 0.05$ .

### 3. Results

The socio-demographic characteristics of our female population were as follows: the age range of the group was distributed with an average of 29 years, with extreme ages ranging from 22 to 50 years. The most representative age range was 25 to 34. In terms of marital status, the majority of participants were single (60%), followed by 39% married and 1% divorced.

The breakdown by professional status showed that doctors in training (interns and residents) and medical specialists were the main respondents, with a response rate of around 60%. The response rate for paramedical staff was 32%. In our population, the average length of service was  $36.4 \pm 9.2$  months, with a predominance of less than 5 years at 50%.

62% of the women worked in medical departments, compared with 38% in surgical departments. In terms of psychiatric history, 15% of participants had a history of depression. Substance abuse was reported by 2.4% of participants, mainly tobacco.

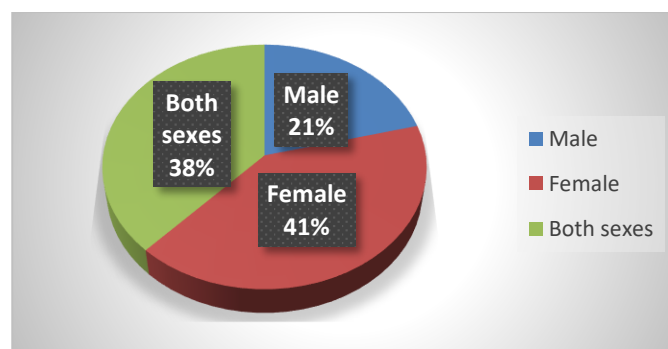
Leymann defines exposure to psychological violence as being exposed to at least one of 45 situations, at least once a week, for at least six months. According to this definition, the prevalence of psychological violence among female healthcare staff at Marrakech University Hospital was 26% ( $n = 54$ ). The most frequent situations were: "People say bad things about you behind your back" (item 24) with a rate of 37.4%, and a rate of 32% for the following items: "Other people prevent you from expressing yourself" (item 3) and "People spread false rumors about you" (item 25). Frequency of exposure was greater than or equal to once a week for 56% of participants, with an average duration of  $17.35 \pm 21.3$  months.

The item "Despite your poor health, you are obliged to do work that is harmful to your health" was reported by 16% of participants. The items "You are verbally subjected to sexual allusions or propositions" (item 37), "You are threatened with physical violence" (item 40), "You are physically abused" (item 42), and "You are sexually assaulted" (item 45), mainly relating to physical or sexual violence, were noted by less than 5% of participants.

Socio-demographic data show that the average age of stalked women was 28, with extremes of 28 and 34. 64% of stalked women were single. 62% of psychologically abused women worked in medical services. 80% of harassed women had less than 5 years' seniority. 70% of harassed women were junior and associate doctors. 15% of harassed women had a psychiatric history.

In our series, vertical harassment from the top down was reported by the majority of women. 41% of perpetrators were female, and 38% of cases involved perpetrators of both sexes (Figure 1).

We note that 26% of women were targets of psychological violence, compared with 30.6% of men. However, there was no statistically significant difference ( $p=0.36$ ) in the correlation between gender and exposure to psychological harassment (table 1).



**Figure 1** Sex of the Harasser

**Table 1** Correlation between gender and exposure to moral harassment

Gender	Total (n=329)	Presentations(n=91)	Not exposed(n=238)	P
Female	208(63.2%)	54(26%)	154(74%)	0.36
Male	121(36.8%)	37(30.6%)	84(69.4%)	

#### 4. Discussion

Some studies confirm the overrepresentation of women as targets of harassment in the healthcare sector. However, in our study, we found no difference between the sexes. This could be explained by the absence of inequalities between men and women in terms of hierarchical positions or professional roles.

The study by De Gasparo et al. revealed that over a quarter of women who had experienced harassment had also been victims of sexist techniques throughout the harassment process, while no men reported such experiences. These sexist acts were mainly committed by men, although 13% of women were also victims of sexual harassment(10).

Another study by Tehrani et al. questioned 165 healthcare professionals about their experience of harassment at work. The results show that women are more often victims of bullying than men, although this varies according to professional status. Among managers, women were more frequently bullied (43%) than men (30%). However, among non-managers, men were more often victims of harassment (45%) than women (41%). The study did not reveal any significant difference between the genders of harassers(11).

We note that our study, carried out on a specific population, young people have less seniority and a lower hierarchical position compared with older medical staff. Regarding the gender of harassers, it is prudent not to generalize from our results, as the study population is predominantly female.

Research into gender inequality in surgery shows that women are frequently victims of harassment. For example, 49.1% of female surgeons registered with the Brazilian College of Surgeons reported harassment during their training or career, often related to their gender. These women also reported more frequent physical and emotional threats and fewer surgical opportunities(12).

In Canada, female general surgery residents reported fewer opportunities because of their gender(13). In the U.S.A, a survey by Hu et al. showed that abuse was common among general surgery residents, particularly women, and was associated with burnout and suicidal ideation. 65.1% of women reported sexual discrimination and 19.9% sexual harassment(14).

Other studies, such as that by Taiwo Adesoye et al. found that 66% of female doctors in the USA had experienced sexual discrimination(15). A study by Schlick et al. found that 42.5% of discrimination cases took the form of sexual harassment. Such discrimination has a negative impact on job satisfaction and mental health(16).

In an Italian study, women were the main victims of discrimination related to family management, children and gender, committed mainly by men. Harassed men suffer more severe impacts on their mental health than women(17).

#### 5. Conclusion

This study highlights the significant prevalence of moral harassment among female doctors and paramedical staff at Marrakech University Hospital. Despite significant advances in the medical field, women continue to face major obstacles, particularly in the form of mobbing, which affect their well-being and job satisfaction.

The findings underline the importance of recognizing and addressing these harmful behaviors to improve the working environment for women in the healthcare sector. This study calls for urgent and concerted action to eliminate bullying, strengthen the resilience of women in the healthcare sector and ensure a respectful and inclusive working environment. It is crucial that managers and decision-makers take concrete steps to prevent bullying, support victims and promote gender equality in the medical field.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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