The Research of Medical Science Review
ISSN: 3007-1208 & 3007-1216 Volume 3, Issue 12, 2025

GENDER-BASED VIOLENCE AMONG HEALTHCARE WORKERS IN ISLAMABAD: PREVALENCE, REPORTING BARRIERS, AND INSTITUTIONAL RESPONSES

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DOI: https://doi.org/10.5281/zenodo.18218132

Keywords
Harassment, Bullying, Sexual Harassment, Hostile work environment, Abuse of power

Article History
Received: 30 October 2025
Accepted: 18 December 2025
Published: 31 December 2025

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Abstract

One major but under-developed problem in the healthcare sector of Pakistan is gender-based violence (GBV) in the workplace. The paper examines the incidence, type, perpetrators and the consequences of GBV among healthcare workers (HCWs) at Islamabad considering the behavior of reporting and institutional reactions. A survey was interrupted in 30 HCWs who participated in a cross-section study, among which are doctors, nurses, paramedics, and administration personnel of a public hospital and a private hospital. Table comparison was done to analyze data in SPSS with descriptive and inferential statistics. Results show that the most frequent types of GBV were the verbal harassment (42.3) and the psychological abuse (21.2), only the violence and sexual abuse were less common but present at the same time. The most common offenders were identified to be colleagues and supervisors (29.8 each) and third is patients (24.6). The response rates were not high since 61.8 percent of the respondents decided to hide the incidents, most of them being afraid of repercussions (34.7) and they did not trust the reporting systems (26.5). GBV posed significant work related effects among them being stress (33.9%) poor concentration (30.4%), absenteeism (44.1) and job change consideration (23.2). These results indicate that more stringent reporting systems, employee education, and counseling, and policy can help to tackle GBV in hospitals. The work environment should be made safer in order to safeguard HCWs, and thus quality healthcare provision.

INTRODUCTION

Gender-based violence (GBV) is a widespread issue in professional circles, whose geography, culture, and occupation are all crossed. According to the United Nations (1993), the definition of the sex-based violence has included verbal abuse, harassment, discrimination and physical assault, as any act inflicted on the physical harm of person; a sexual or psychological then of a nature based on gender. In

the healthcare community, GBV poses a threat to the welfare of the workers, job satisfaction, and quality of patient care (WHO, 2021).

The healthcare workers (HCWs) are more at risk of workplace violence than many other professions in the world because of high-stress conditions, direct contact with patients, and the hierarchical structure of the workplace (Doss et al., 2020). In the U.S., Europe, and Australia, it is estimated that a quarter to a third of the HCWs experience harassment (only partially reported) (Fitzgerald et al., 2019; Smith et al., 2018). Among the effects, it might cause stress, anxiety, burnouts, or high turnover (Anderson and Meyer, 2020).

GBV in healthcare in South Asia is influenced by feminine order and practices. Studies in India, Bangladesh, and Nepal emphasize that abuse by verb and violence are high with the underreporting due to a fear of being stigmatized or subjected to reprisals or lack of faith in the system (Patel and Dey, 2020; Rahman et al., 2021; Karki et al., 2019).

The situation in Pakistan is the most difficult. Weak labor protections, questionable reporting systems, and patriarchal value systems provide circumstances where harassment has become a welcome behavior (Ali et al., 2019). There is local data that show that as many as 73 percent of female HCWs have been victims of workplace violence which in most cases is verbal harassment, however very few report the cases (Sami et al., 2021; Nisar et al., 2020). Notably, the current studies in Pakistan are not comprehensive enough in the scope, as they are tendering to focus particularly on nurses, small sample sizes, or the qualitative approach. There is limited literature (studies) that follow the ways of the doctors, paramedics as well as the administrative staff or observe institutional strategies of dealing with GBV.

This paper fills these gaps by exploring the GBV in HCWs in Islamabad diseases and in various contexts linked to different roles and both in the public and private hospitals. It inquires about the instances of prevalence and forms of GBV, the people who perpetrate it, reasons to or not to report, and psychological and professional consequences of exposure. To the study, the institutional responses have also been considered and evidence-based recommendations given on how to work in a safe manner.

Research Questions:

- What is the incidence and the character of GBV among HCWs in Islamabad?
- Who are the primary aggressors of GBV cases?
- What are the barriers to the reporting of HCWs against GBV?
- Are there professional and psychological consequences of GBV among HCWs?
- What is the level of effectiveness of institutional responses to GBV?

This study by producing empirical evidence enhances the current debates on the climate of the topic of workplace violence in healthcare globally and gives context-based information to Pakistan. The aim of its findings is to influence policy changes, institutional responsiveness as well as workplace interventions to protect workers in healthcare and improve healthcare delivery.

Instruments & Methodology:

The research was quantitative in nature and assumed a cross-sectional survey design to investigate the issue of prevalence, types, and effects of gender-based violence (GBV) among health care workers (HCWs) in Islamabad, Pakistan.

Two large health care facilities (one public and one private) based in Pakistan were chosen to gather the data: these are Pakistan Institute of Medical Sciences (PIMS) and Shifa International Hospital. These environments have been chosen to help give comparative analysis of organizational culture and reporting functions in the public and private set ups.

Sample of the study consisted of Doctors, nurses and paramedics, as well as administrative staff currently working at the two institutions were included. One had to be eligible for at least three months of work experience as suitable coverage of the dynamics at the workplace.

Although the intended original sample size was worked out as 317 considering the prevalence rate estimated in the recent studies, the end result slows down to 30 respondents due to difficulties in recruitment and one hand, related to the institutional constraints on one hand. Although the sample was small, data saturation was achieved

because similar themes were repeated throughout the participants.

The structured, self-administered questionnaire was applied that is based on the standardized tools that were utilized in the WHO (2013) and previous studies of GBV. Demographic data, GBV experience (verbal, physical, psychological, sexual), perpetrators, reporting, and consequences (psychological and professional) were gathered by the questionnaire. It also contained some set of questions regarding responses of the institution and recommended reforms. SPSS was used to analyze the quantitative data.

Results

Prevalence and Types of GBV

The majority of the participants mentioned that they were exposed to some type of GBV in the course of their employment. And the most frequent was verbal harassment (42.3%), then psychological abuse (21.2). Physical and sexual harassment were not well reported but were there. Just 12.9 per cent of the respondents said that they had never been subjected to GBV. These results indicate that there is widespread GBV in professional fields and types of hospitals.

Table 1: Prevalence and Types of Gender-Based Violence (n = 30)

Type of GBV	Frequency (n)	Percentage (%)
Verbal Harassment	13	42.3%
Psychological Abuse	7	21.2%
Physical Harassment	4	13.3%
Sexual Harassment	2	6.7%
None Reported	4	12.9%
Total	30	100%

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Perpetrators:

The workplace hierarchies and peer relations were observed to create the possibility of violence, with colleagues (29.8%) and supervisors (29.8%) identified to be the principal perpetrators of GBV.

The figure of patients equated to 24.6, whereas that of visitors stood at 12.3. This distribution points out the role of GBV as being caused by internal and external factors threatening accountability of institutions.

Table 2: Main Perpetrators of GBV Incidents

Perpetrator Type	Frequency (n)	Percentage (%)
Colleagues	9	29.8%
Supervisors	9	29.8%
Patients	7	24.6%
Visitors	4	12.3%
Others	1	3.5%
Total	30	100%

Reporting Behavior:
Although there was high exposure there was lack of reporting indicating that GBV incidences were not evident in 61.8 percent of respondents. Only a quarter 26.5% reported to institutional authorities and the rest 11.8 gave ambiguous reports. The most common motives of underreporting were said to be fear of retaliation (34.7%), lack of confidence in institutional machinery (26.5%), and perceived minor severity (24.5%). Little knowledge of the reporting practices also made a contribution (12.2%). These trends support organizational malfunctions in the way credible reporting pathways are offered in a safe manner.

Table 3: Reporting Behavior and Barriers to Reporting GBV

Reporting Response	Frequency (n)	Percentage (%)
Reported Formality	8	26.5%
Did Not Report	18	61.8%
Unclear Response	4	11.8%
Total	30	100%

Reasons for Not Reporting (Multiple Responses)

Reason	Percentage
Fear of Retaliation	34.7%
Lack of Trust in System	26.5%
Incident Seen as Minor	24.5%
Unaware of Procedures	12.2%
Other	2.1%

Work and Psychological Effects:
There were adverse consequences of GBV in professional performance and in mental health. It was found that 33.9 percent, 30.4 percent and 23.2 percent of the respondents experienced more stress, less concentration and job vacillation respectively. Incidences placed almost half (44.1%) of staff on leave which led to staffing shortages and a low care capacity. The qualitative remarks expressed an increased anxiety of female workers and frustration with constant institutional disregard.

Table 4: Psychological and Workplace Impacts of GBV

Impact Type	Frequency (n)	Percentage (%)
Stress/Anxiety	10	33.9%
Reduced Focus/Concentration	9	30.4%

Absenteeism	13	44.1%
Thoughts of Leaving Job	7	23.2%
Required Time Off	14	46.0%

Institutional Responses:
There were 20.6 percent of male nurses who felt that their work places had enough to prevent GBV. Most (35.3) indicated their institution did not have effective safeguards, and 29.4% said that they were uncertain. HCWs were recommended strategies like training, confidential reporting, counseling facilities, and harsher policies on the offenders.

Table 5: Institutional Response to GBV

Institutional Response	Frequency (n)	Percentage (%)
Adequate Measures in Place	6	20.6%
Inadequate/No Measures	10	35.3%
Uncertain	8	29.4%
No Response	6	14.7%
Total	30	100%

Comparative Views between Public and Private Hospitals:
The initial data indicated that at least reporting was better in the private compared to the public hospitals, though the sample size used was insufficient enough to register any statistically significant differences. That indicates the dissimilarities in organizational culture, where the systems employed by the private institutions were slightly better (and still poor) to manage GBV.

Discussion:
This paper presents some empirical case findings on the nature, commonness, and consequences of gender-based violence (GBV) on healthcare professionals (HCWs) in Islamabad. The sample is rather small; the results are, nevertheless, in line with the international and national studies highlighting that GBV is a widespread issue within healthcare settings.
Verbal harassment was the most common GBV, which again is a common aspect, as WHO (2021) and Fitzgerald et al., (2019) mention that verbal abuse is most prevalent but the least reported in the event of workplace violence across the world. The psychological abuse prevalence is also characteristic of South East Asia, due to human vulnerability due to power disparities and strict gender roles (Patel and Dey, 2020; Rahman et al., 2021; Syeda et al., 2025). Although the occurrence of physical and sexual harassment is lower reported incidences, it is still disturbing owing to the ethical and professional ramifications.
One of the contributions of this study is that it deals with perpetrators at the workplace. Whereas patient-driven violence appears to frequently be the center of attention in the context of the global literature (Doss et al., 2020), our analysis shows that co-workers, as well as leadership, were equally, even more, the cause of violence. This highlights the contribution of the culture of hierarchical organization toward facilitating abuse. Such behaviors are not just condoned by administrative silence or inaction, but they are even normalized by it.

In line with the findings of other researches on the topic in Pakistan and beyond, fear of retaliation and distrust in the reporting systems were the most prominent ones (Ali et al., 2019; Nisar et al., 2020). Other studies in the same region point to the same: Nepal (Karki et al., 2019) and India (Patel and Dey, 2020) found that underreporting is a local trend that is influenced by patriarchal values and stigma as well as the insufficiency of alternative reaction by the institution. These hurdles hamper any formal measures and reporting and the victims turn without justice and the criminals without scrutiny.

The occupational, psychological effects that have been identified include: stress, difficulty concentrating, absenteeism, and job change interests, which are consistent with researchers in other international regions citing workplace violence as the basis of burnout, lower productivity, and staff turnover (Anderson and Meyer, 2020; Campbell et al., 2022; Almas et al., 2025). Notably, not only does absenteeism and job dissatisfaction among HCWs negatively affect the well-being of the individual, but so does the negatively impacted patient care, which creates inefficiencies in the already overstretched healthcare systems systemically.

The analysis showed there were few institutional responses indicated in dealing with GBV since the proportion of respondents who cited satisfactory protections was only a fifth. This means that there is a great disconnect between the rhetoric and real action in the policy situation. Though some of the private hospitals reported slightly bigger fine-tuning rates, both in the years in question, the ascendancy between the public and the private institutions was lacking in terms of providing the system of complete support. The existing global experience has proven that the correct implementation of workplace policies can essentially minimize GBV (Steinert et al., 2021). The healthcare institutions in Pakistan should therefore emphasize on the need to incorporate and enforce gender-sensitive policies, ensuring that there are confidential reporting systems and that psychological counseling should be made available.

Contributions:

As opposed to earlier researches in Pakistan, which involve majorly nurses, this study was conducted involving doctors, paramedics and administrative employees and this had the benefit of casting a wider scope of GBV in healthcare. Further, the fact that it compares both public and private hospitals early gives indicators of institutional variations of interest in the implementation.

Limitations:

The results should be viewed with reservations. The limited sample size (n=30) reduces the external validity, and self-reported data can be affected by the recall bias and underreporting. The paper was also limited to inner city hospitals and those in the rural hospital settings where workplace relationships might be different. However, due to similarity of results in relation to larger regional and international studies, their validity is enhanced.

Future Research:

It is necessary to conduct future studies over wide geographical areas and in special sectors to realize the full manifestation of GBV in the Pakistani healthcare system. *Mixed-method design that provides the integration of surveys together with deep interviews would reveal subtle means through which institutional culture and power networks are reinforced to produce GBV.

Conclusion:

This research proves that gender-based violence is a widespread problem among the medical professionals in Islamabad that expresses through verbal and psychological aggression, but also forms physical and sexual harassment tendencies. Workplace hierarchies that provide space to abuse were most prevalent with colleagues and those with supervisors making up the majority of the perpetrators. However, even in the face of most of the cases being benched, the majority of HCWs failed to report them, either out of fear of penalty, lack of trust in the institutions and as a result of stigma.

The conclusions point out the necessity of massive reforms. Deconstructing gender-sensitive policies in institutions and creating confidential reporting outlets and psychological services are essential to healthcare institutions. Staff ought to be provided with knowledge on their rights and reporting processes through training and awareness programs

although the leaders of institutions ought to also undertake accountability and transparency.

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