MED-PHOENIX: JOURNAL OF NATIONAL MEDICAL COLLEGE

ORIGINAL ARTICLE

# GENDER-BASED VIOLENCE AMONG PHARMACISTS WORKING IN HEALTHCARE HOSPITALS: A CROSS-SECTIONAL STUDY

**Binamra Bista[1], Sandip Karki[2], Raman Kumar Gurmaita[3]**

[1]Department of Forensic Medicine and Toxicology, Karnali Academy of Health Sciences, Jumla, Nepal

[2]Department of Pharmacy, Sunsari Technical College, Dharan, Nepal

[3]Universal College of Medical Sciences, Bhairahawa, Nepal

***Date of Submission*** : November 20, 2024

***Date of Acceptance*** : November 25, 2024

***Date of Publication*** : January 3, 2025

***Correspondence to:**

*Mr. Sandip Karki,*

*Department of Pharmacy, Sunsari Technical College, Dharan, Nepal*

*Email: sandeepkarki864@gmail.com*

*Phone No: 977-*

***Citation:***

Bista B, Karki S, Gurmaita RK. Gender-Based Violence Among Pharmacists Working in Healthcare Hospitals: A Cross-Sectional Study. Medphoenix. 2024;9(2):51-55.

***DOI:https://doi.org/10.3126/medphoenix.v9i2.73414***

***Conflict of interest:*** None, ***Funding:*** None

***Publisher:*** *National Medical College Pvt. Ltd.*

***MedPhoenix - Journal of National Medical College (JNMC); 2024,9(2), available at www.jnmc.com.np***

ISSN:2631-1992 (Online); ISSN:2392-425X (Print)



## ABSTRACT

***Introduction:*** *Gender-based violence (GBV) is a pervasive issue affecting healthcare professionals globally, including pharmacists. In Nepal, pharmacists working in tertiary healthcare settings may face unique challenges related to GBV. This study aims to explore the prevalence and impact of GBV among registered pharmacists in these settings.*

***Materials and methods:*** *A cross-sectional study was conducted among 105 randomly selected registered pharmacists working in tertiary healthcare hospitals in Nepal. Data were collected using a structured questionnaire that assessed experiences of GBV, workplace environment, and support systems. The study employed descriptive statistics and chi-square tests for data analysis using SPSS version 20.0.*

***Results:*** *The study found that 35.23% of pharmacists reported experiencing some form of GBV in the workplace. Verbal abuse was the most common form (59.45%), followed by psychological (21.62%) and physical violence (10.81%). Female pharmacists were significantly more likely to experience GBV than their male counterparts ($p<0.01$). Only 27.02% of those affected reported incidents to their supervisors, citing fear of retaliation and lack of institutional support as primary barriers.*

***Conclusion:*** *Addressing GBV in healthcare settings is crucial to ensuring a safe and equitable work environment for pharmacists. Efforts should focus on enhancing awareness, strengthening institutional policies, and providing comprehensive support to victims.*

***Keywords:*** *Gender-based Violence, Nepalese Pharmacists, Tertiary Healthcare*

## INTRODUCTION

Gender-based violence (GBV) is a pervasive issue that affects individuals across all sectors, including healthcare. GBV encompasses a range of harmful acts directed at individuals based on their gender, including physical, emotional, and sexual abuse.[1] In the context of healthcare, GBV can adversely impact professionals' mental and physical well-being, job satisfaction, and performance.[2] Pharmacists, as essential members of the healthcare team, are not immune to such challenges. In Nepal, pharmacists working in tertiary healthcare settings face unique cultural and societal challenges that may exacerbate their risk of experiencing GBV. Furthermore, pharmacist also faces the lack of believe from the patients for the service provided by hospital pharmacists. There is ill perception among the patients that the pharmaceutical care provided by pharmacists is not outcome oriented.[3] Conversely, community pharmacists gaining popularity among the patients for their drug related problems.[4]

While there is a growing body of literature on GBV in healthcare settings globally, limited research has focused on the experiences of pharmacists, particularly in Nepal. In other department of health care system little research is available and existing studies have concentrated on GBV among nurses and physicians, leaving a gap in understanding the specific challenges faced by pharmacists.[5] In health care system the major pharmaceutical provider to the patients is pharmacist. Pharmacists play significant role in curing of disease and uplifting the patients' health.[6] However, the absence of comprehensive data on GBV among pharmacists in Nepalese tertiary hospitals limits the development of targeted interventions and policies to address this issue. Professional identity leads to peaceful and equality in work place which is crucial for developing effective strategies to ensure a safe and equitable work environment.[7]

Given the significant role pharmacists in patient care and

the potential impact of GBV on their professional and personal lives, this study aims to fill the existing knowledge gap. This study aims to investigate the prevalence and forms of gender-based violence experienced by Nepalese pharmacists working in tertiary healthcare hospitals.

## MATERIALS AND METHODS

### Study Design and Setting:

This cross-sectional study was conducted in healthcare hospitals in Kapilvastu district, Nepal. The research was conducted from October to December 2023. The ethical clearance was taken from the institutional review board of Sunsari Technical College, Dharan, Nepal (IRC no: .

### Sample Size and Sampling Method:

A total of 105 registered pharmacists were randomly selected using a random sampling technique. The target population included all registered pharmacists working in these hospitals.Sample size calculation was done by usingcalculator.net (https://www.calculator.net/sample-sizecalculator.html), an online web server.[8]

### Data Collection:

Data were collected using a structured questionnaire (total of 10 questions) designed to assess experiences of GBV, workplace environment, and available support systems. The questionnaire was pre-tested for validity and reliability. The result of pre-test was not included in the final research report. Before deciding, questions were double-checked and confirmed by an expert. To verify the validity of the questionnaire, the professional recommendation was followed. To ensure that respondents are clear and there are no misunderstandings, a questionnaire was produced in bold, legible font. The data was gathered by direct communication with the individual.

### Inclusion Criteria:

Registered pharmacists employed in healthcare hospitals in Kapilvastu district who consented to participate.

### Exclusion Criteria:

Pharmacists not willing to participate or those not currently employed in tertiary healthcare settings. Helper and provisionally working pharmacy personnel were not included. Pharmacy students who were in their internship also not included in the analysis.

### Statistical Analysis:

Data were analyzed using SPSS version 20.0. Descriptive statistics were used to summarize the data, and chi-square tests were applied to identify associations between variables. A p-value of ≤ 0.05 was considered statistically significant.

## RESULTS

### Socio-demographic Characteristics:

All the participants gave complete information. Therefore, all (n=105) the responses were included in analysis. The study population consisted of 59.04% female and 40.95% male pharmacists. Most participants were aged between 25 to 30 years, with an average work experience of 5 years in tertiary healthcare settings (Table 1).

**Table 1: Socio-demographic characteristic of respondents.**

| Socio-demographic Characteristics | |
|---|---|
| Sex | Percentage (n=105) |
| Male | 59.04 % |
| Female | 40.95% |
| Age group | |
| 20-25 | 19.04% |
| 25-30 | 41.90 % |
| 30-40 | 15.23 % |
| 40-45 | 12.38% |
| 45-50 | 6.66% |
| >50 | 4.76% |
| Education level | |
| D.Pharm | 57.14% |
| B.Pharm | 24.75% |
| PharmD | 3.80% |
| M.Pharm | 14.28% |
| Religion | |
| Brahamin | 32.38% |
| Chhetri | 45.71% |
| Janajati | 17.14% |
| Dalit | 4.76% |

### Prevalence of Gender-Based Violence:

About, 35.23% of pharmacists reported experiencing GBV at work. Remaining 64.76% did not experience the same (Figure 1). Among the 35.23% respondent, the most common form of GBV was verbal abuse (59.45%), followed by psychological (21.62%), physical violence (10.81%), and sexual (9.82%) (Figure 2).


**Figure 1: Response of pharmacist on GBV experience.**

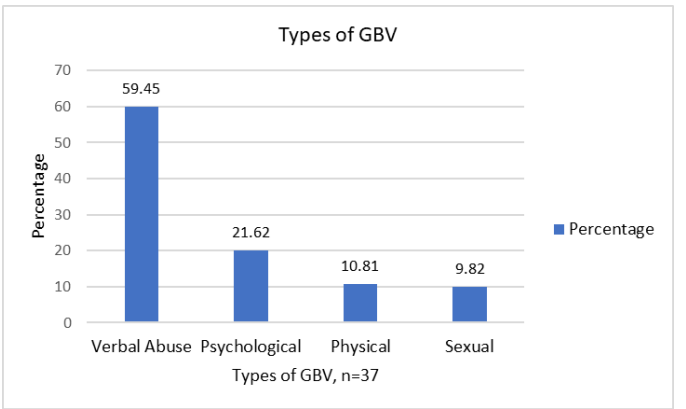


**Figure 2: Response of pharmacist on type of violence experience at work.**

**Gender Disparities:**

Figure3 showed that, 76.19% female pharmacists experience GBV. Female pharmacists were significantly more likely to experience GBV than their male counterparts ($p<0.01$).

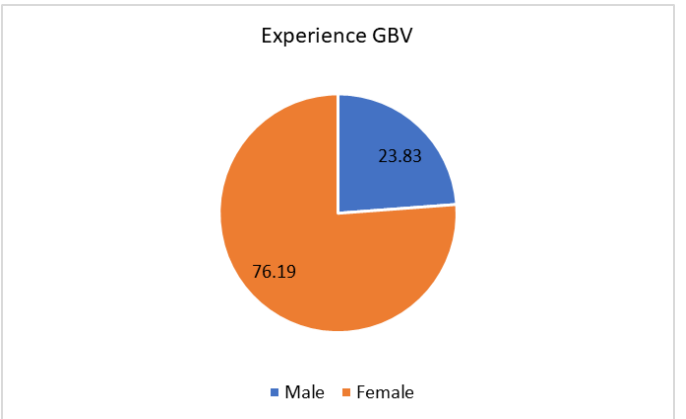


**Figure 3: Gender disparity of violence in workplace.**

**Barriers to Reporting:**

Nearly, 27 pharmacist (72.97%) did not report the case against GBV (Figure 4). Therefore, we have analysed their data only as barrier to report the case (n=27). The primary barriers to reporting included fear of retaliation (59.25%) and lack of institutional support and complain system comprised same responses of 18.51% (Figure 5).

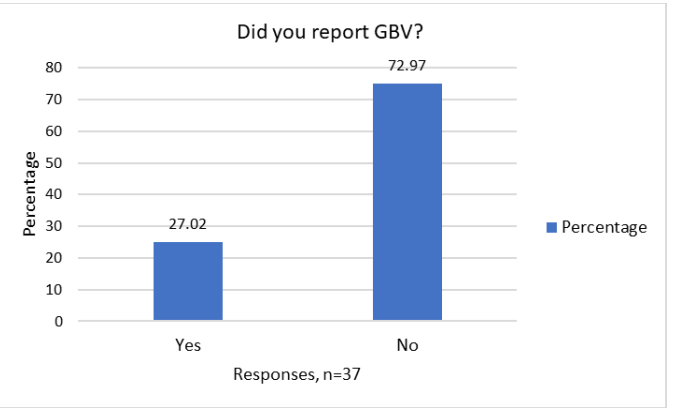


**Figure 4: Responses of participants on reporting the GBV at work.**

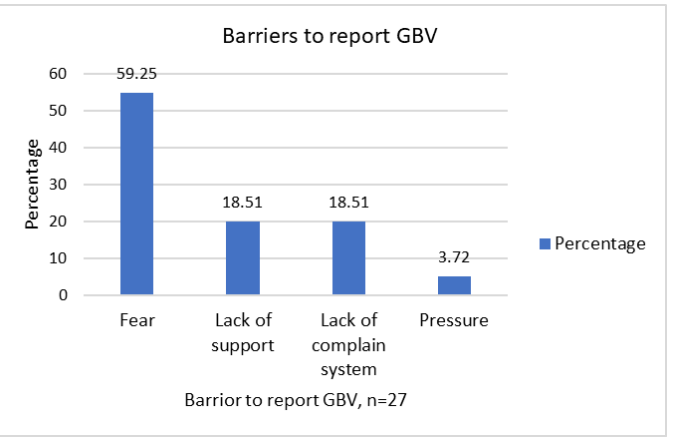


**Figure 5: Responses of pharmacists on barrier to reporting the GBV at work.**

## DISCUSSION

This study focuses the GBV experience and reporting by pharmacists in Kapilvastu district, Nepal. This study highlights the concerning prevalence of GBV among pharmacists in healthcare hospitals, with a significant gender disparity.

The socio-demographic characteristics of the 105 pharmacists who participated in the gender-based violence research presented a diverse sample. In terms of gender, most respondents were male, comprising 59.04%, while 40.95% were female. Age distribution showed that the largest group (41.90%) fell within the 25-30 years range, followed by 19.04% in the 20-25 years group. Other age categories included 15.23% aged 30-40, 12.38% aged 40-45, 6.66% aged 45-50, and a smaller 4.76% who were over 50 years old. Regarding education, the majority (57.14%) held a Diploma in Pharmacy (D. Pharm), while 24.75% had a bachelor's degree in pharmacy (B. Pharm). A smaller proportion had more advanced degrees, with 14.28% holding a Master of Pharmacy (M. Pharm) and 3.80% holding a Doctor of Pharmacy (PharmD).In terms

of religion, the respondents were predominantly Chhetri (45.71%) and Brahmin (32.38%), while 17.14% belonged to Janajati groups, and 4.76% were Dalit. This socio-demographic data provides a varied perspective on pharmacists' experiences and attitudes towards gender-based violence within the healthcare setting.

The figure 1 indicated the overall experience of gender-based violence (GBV) among pharmacists, with 35.23% of respondents reporting having experienced GBV and 64.76% indicating no experience. This aligns with recent meta-analysison work place violence toward pharmacists, that showed that about 23-50% of pharmacists experience violence in community pharmacies.[9].This suggested that while a significant proportion of pharmacists had been exposed to GBV, a majority had not. Meanwhile figure 2 broke down the types of abuse among the 35.23% who experienced GBV. Verbal abuse was the most common form at 59.45%, followed by psychological (21.62%), physical violence (10.81%), and sexual (9.82%).The relatively higher occurrence of verbal and psychological abuse could have been due to the nature of workplace dynamics, where verbal interactions and mental stress were more frequent compared to physical abuse. Sexual abuse, though less prevalent, still indicated marginalization in some social contexts within the professional environment. The low rate of physical abuse reflected the professional setting where physical altercations were less likely to occur but did not negate the impact of other forms of GBV.M. Popčevićet al. also reported the majority of responded experience a verbal abuse (80%)while more than 20% of them reported physical and sexual violence in the workplace in southeast Europe.[10] The sexual abusereported in southeast Europe is double than our finding. This difference in results, may be the conservative societal nature regarding sexual discussion in Nepal. These findings highlighted the necessity for addressing verbal and psychological abuses, which were more pervasive but often less visible, potentially due to entrenched social norms or workplace power dynamics that made it difficult to report. The finding of our study is also aligning with the report of S.ElHadidyet al. on verbal abuse being more prevalence than other types of abuse in workplace.[11]

About 59.25 % pharmacists did not report the case against GBV due to fear. This fear could have stemmed from potential retaliation, job insecurity, or social stigmatization, which is common in workplaces where power imbalances exist.The low reporting rate of GBV incidents suggests that current support systems and reporting mechanisms are inadequate. To address these issues, healthcare institutions must prioritize the development of comprehensive policies and support structures that promote a safe and equitable work environment. The prevalence of GBV among pharmacists in Nepalese hospitals is concerning, with a significant gender disparity in experiences. The low reporting rate highlights the need for improved support systems and reporting mechanisms.

## CONCLUSIONS

The findings of this study underscore the urgent need to address GBV in healthcare settings, particularly among pharmacists in Nepalese tertiary hospitals. Efforts should focus on enhancing awareness, strengthening institutional policies, and providing comprehensive support to victims. By addressing GBV, healthcare institutions can improve the well-being and job satisfaction of pharmacists, ultimately contributing to better healthcare outcomes.

FUNDING: Not any

CONFLICT OF INTEREST: No

## REFERENCES

1. Crooks C V., Jaffe P, Dunlop C, Kerry A, Exner-Cortens D. Preventing Gender-Based Violence Among Adolescents and Young Adults: Lessons From 25 Years of Program Development and Evaluation. Violence Against Women. 2019 Jan 16;25(1):29–55.

2. Goicolea I. What a critical public health perspective can add to the analysis of healthcare responses to gender-based violence that focus on asking. BMC Public Health. 2023;23(1):1–6.

3. Shrestha S, Poudel RS, Thapa P, Baniya S, Bhuvan KC. Perception of patients towards the role of pharmacist: a cross-sectional study from selected three hospitals in Central Nepal. J Pharm Heal Serv Res. 2018;9(2):145–51.

4. Ojha A, Bista D, Kc B. Patients' Perceptions on Community Pharmacy Services of a Ward (10) of Kathmandu Metropolitan. Patient Prefer Adherence. 2023;17(10):1487–99.

5. Sanjel S. Gender-based violence: A crucial challenge for public health. Kathmandu Univ Med J. 2013;11(42):179–84.

6. Acharya Y, Nepal P, Yang D, Karki K, Bajracharya D, Prentis T, et al. Economic and social drivers of antibiotic dispensing practices among community pharmacies in Nepal. Trop Med Int Heal. 2021;26(5):557–71.

7. Fitzgerald A. Professional identity: A concept analysis. Nurs Forum. 2020;55(3):447–72.

8. Thapa S. Assessment of knowledge and attitude on pharmacovigilance among the healthcare professional and pharmacy student at Dharan. J

Karnali Acad Heal Sci. 2022;5(3):1–7.

9. Bhagavathula AS, Obamiro K, Hussain Z, Tesfaye W. Workplace violence against pharmacists: A systematic review and meta-analysis. J Am Pharm Assoc. 2023;63(1):23–31.

10. Popčević M, Javorina T, Košiček M, Meštrović A. Exposure of Pharmacists and Pharmacy Technicians to Violence in Community Pharmacies in Southeast Europe: Frequency and Ethical Considerations. Pharmacy. 2024;12(3):88.

11. S E, A E-G. Violence among Pharmacists and Their Assistants in The Community Pharmacies. Egypt J Occup Med. 2020;44(3):727–44.