



Invited Editorial

Breaking the Silence on Workplace Safety of Women Healthcare Workers: Are we doing Enough?

Aditi Aikat¹

¹Department of Community Medicine, Jagannath Gupta Institute of Medical Sciences and Hospital, Kolkata, West Bengal, India.

***Corresponding author:**

Aditi Aikat,
Department of Community
Medicine, Jagannath Gupta
Institute of Medical Sciences
and Hospital, Kolkata, West
Bengal, India.

aikat_aditi@yahoo.com

Received: 11 September 2024
Accepted: 29 November 2024
Epub Ahead of Print: 12 February 2025
Published:

DOI
10.25259/JCH_37_2024

Quick Response Code:



INTRODUCTION

In May 2023 Kerala, a young lady doctor was murdered in her workplace. One year down the line, in August 2024 West Bengal, a heinous act of rape and murder takes place on a young lady doctor in a Medical College, meant to save lives and uphold human dignity. If we dig deep, this in-between period is dotted with innumerable unreported cases of workplace violence (WPV) of variable intensities.¹

Let us break the silence and embark on a journey of treading the complex landscape of being a woman in a human world that, on the one hand, reveres and celebrates them as symbols of virtue, strength, and even divinity, yet largely deems them marginalized and vulnerable. Over the years, little has changed in policy implementation or security infrastructure and, underscores a critical issue that transcends the boundaries of any single profession: The safety of women in the workplace. These are not isolated incidents but manifestations of the broader vulnerabilities women face across various professional environments, including healthcare. It compels us to question: Are we doing enough to protect women at their workplaces, particularly in professions dedicated to caring for others?

PREVALENT VULNERABILITY

The National Institute for Occupational Safety and Health puts WPV as “any physical assault, threatening behavior, or verbal abuse occurring in the work setting,” with nearly 8–38% of female healthcare workers experiencing it. This number may, in all probability, reflect an underreported picture stemming from fear of retaliation, social stigma, and lack of institutional support.^{2,3} A scoping review on gender-based WPV revealed that 64% of studies reported an increased prevalence of all forms of WPV for women, which included sexual violence, verbal abuse, discrimination, bullying, and physical violence of variable forms.⁴ In India, the National Crime Records Bureau reports an escalating trend in crimes against women in workplaces over the past 5 years. Alarming, healthcare settings are found to be more prone, showing that even women in privileged positions, such as doctors and nurses, are not immune to such heinous acts of violence.⁵

CURRENT LEGISLATION

Our country has the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013 (POSH Act) which intends to provide a comprehensive framework for

addressing sexual harassment but finds dismal application. Many institutions do not have functional Internal Complaints Committees/Vishakha Committees, and awareness among employees is minimal. Besides, the POSH act primarily focuses on harassment and does not address the various forms of WPV, such as assault or threats of violence. It also does not substantiate any clear guidance to ensure a physically secure gender-sensitive working environment.⁶

In addition, the Occupational Safety, Health, and Working Conditions Code, 2020, while bringing together various labor laws, fails to incorporate specific measures to safeguard women from violence and harassment comprehensively. Even global standards, such as the International Labour Organization's (ILO) Convention 190 on Violence and Harassment, which calls for participating nations to “respect, promote and realize the right of everyone to a world of work free from violence and harassment,” are yet to be fully ratified or implemented in many countries, including India.⁵ In the wake of the August 9th, 2024 incident of rape and murder of a lady doctor, the State government launched the “Rattirer Sathi” program to ensure security measures for female workers and the “Aparajita Bill” for speedy justice of offenders of all forms. On the one hand, it speaks of Mobile Apps, Helplines, Women Volunteers, closed circuit television coverage, and the use of breath analyzers, and on the other hand, it suggests restricting the duty hours of women workers and Night duties.⁷

THE CONSEQUENCES: BEYOND THE IMMEDIATE

The implications of WPV against women are profound and far-reaching. For the victims, immediate physical and psychological trauma can lead to long-term mental health issues such as anxiety, depression, and post-traumatic stress disorder. The ripple effects extend beyond the individual, affecting workplace morale, productivity, and even patient care. It has been documented that healthcare institutions with high rates of WPV report increased absenteeism, lower job satisfaction, and higher turnover rates among staff – all of which compromise the quality of care provided to patients.⁸

Moreover, the pervasive fear and insecurity resulting from such incidents can deter women from pursuing careers in fields perceived as unsafe, especially healthcare. This not only aggravates the existing lack of gender parity in leadership roles within the sector but also hinders the overall progress toward gender equality in the workplace.

NAVIGATING TOWARD A SAFER FUTURE: A MULTI-PRONGED APPROACH

Globally, if we do not strive to end violence against women and girls, evidence points out that almost 14 of the 17 sustainable development goals will remain unachieved.⁹ To transition from

the current environment of vulnerability to one of safety and empowerment for women, particularly in healthcare settings, a comprehensive, multi-faceted strategy is imperative.

Strengthening legislation and policy implementation

Strengthening of existing laws and rigorous implementation are highly called for. Expansion of the scope of the POSH Act to cover all forms of WPV, including physical and psychological harm, along with mandating regular audits of safety protocols in institutions, especially healthcare settings, is required. Swift ratification and implementation of international conventions, such as ILO Convention 190, would reinforce global standards for workplace safety.

Institutional accountability and infrastructure enhancement

Leadership Commitment toward worker health, safety, and well-being drives accountability and provides positive working conditions. This includes the installation of adequate security measures such as surveillance cameras, panic buttons, and alarm systems, especially in high-risk areas such as emergency rooms and late-night shifts. Ensuring well-lit premises, secured access points, and regular security patrols are essential steps. Institutions should also establish clear protocols for reporting and addressing incidents of violence and harassment, ensuring transparency and swift action.

Education and training

A cultural shift toward zero tolerance for WPV begins with education. To build training manuals along the still relevant and yet-to-find implementation framework guidelines for addressing WPV in the Health sector developed in 2005 commissioned by the Steering Committee of the ILO, international council for nursing (ICN), World Health Organization, public services international (PSI) Joint Programme on WPV in the Health Sector for mandatory comprehensive training programs for all employees, emphasizing, recognizing, preventing, and responding to WPV.¹⁰ Training needs to be survivor oriented with stakeholders at all levels having clarity about their roles and responsibilities in ensuring a safe work environment.

Gender-sensitive workplaces

A gender-sensitive workplace culture is essential to reduce WPV against women.¹¹ This involves promoting policies that promote gender parity, equitable career advancement opportunities, and ensuring a workplace free from bias and discrimination while encouraging women in leadership roles. These measures can significantly impact decision-making processes and policy development related to workplace safety.

Support systems for survivors

Enabling robust support systems in terms of access to counseling services, necessary medical care, and legal aid for survivors of WPV is crucial in establishing a safe workplace for women employees with assurances of confidentiality, non-retaliation, and comprehensive redressal mechanisms. Although measures like the Internal Complaint Committee at the Institutional level aim to prevent gender discrimination and sexual harassment and promote gender amity, these are mostly non-functional, with hardly any regular interaction with the workers except for drop boxes that are rarely attended to. Regular evaluation of the same ensures better decision-making and continuous improvement of worker safety and well-being of women workers.

Community engagement and advocacy

Community engagement and advocacy are crucial in bringing long-term social changes in women's safety and rights to spread awareness, bring forth legislative changes, and build a culture of accountability and respect in all realms of life. Positive reinforcements regarding the social perspective of women both in the home and workplace need to be built in every phase of the upbringing of a child irrespective of gender to ensure that no role stereotypes are created in their minds of a perceived weaker gender.

CONCLUSION: MOVING FORWARD TO SAFER DAYS

To ensure the safety and well-being of women in the workplace, especially in healthcare settings, stakeholders of all levels, from policymakers, healthcare administrators, and society at large, need to address the vulnerability by enforcing effective legislation, promoting institutional accountability, and gender sensitivity. We need to do away with the social structures that perpetuate violence and create safer environments for all without putting restrictions on the way of functioning of women. To ensure a safer future for women, we require collective, sustained advocacy, and unwavering commitment at both the community and policy level. We cannot wait for another gory incident to befall a woman and realize once and for all, that the safety of women in a workplace is not negotiable but a fundamental human right that must be upheld.

REFERENCES

1. Kerala Doctor Death: Doctors Continue Protest Demanding Workplace Safety; 2023. Available from: [https://economictimes.indiatimes.com/news/india/kerala-](https://economictimes.indiatimes.com/news/india/kerala-doctor-death-doctors-continue-protest-demanding-workplace-safety/articleshow/100158792.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

[doctor-death-doctors-continue-protest-demanding-workplace-safety/articleshow/100158792.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst](https://economictimes.indiatimes.com/news/india/kerala-doctor-death-doctors-continue-protest-demanding-workplace-safety/articleshow/100158792.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst) [Last accessed on 2024 Sep 04].

2. Lim MC, Jeffree MS, Saupin SS, Giloi N, Lukman KA. Workplace Violence in Healthcare Settings: The Risk Factors, Implications and Collaborative Preventive Measures. *Ann Med Surg* 2022;78:103727.
3. Nelson S, Ayaz B, Baumann AL, Dozois G. A Gender-based Review of Workplace Violence amongst the Global Health Workforce-A Scoping Review of the Literature. *PLOS Glob Public Health* 2024;4:e0003336.
4. National Crime Records Bureau. Crime in India 2021: Statistics. Ministry of Home Affairs, Government of India; 2022. Available from: <https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1701607577CrimeinIndia2022Book1.pdf> [Last accessed on 2024 Sep 04].
5. The Sexual Harassment at Work Place (Prevention, Prohibition And Redressal) Act. National Commission for Women; 2013. Available from: <https://ncw.nic.in/basic-page/sexual-harassment-work-place-prevention-prohibition-and-redressal-act-2013> [Last accessed on 2023 Apr 24].
6. ILO. Convention C190 - Violence and Harassment Convention; 2019. Available from: https://normlex.ilo.org/dyn/normlex/en/f?p=normlexpub:12100:0:no:p12100_ilo_code:c190 [Last accessed on 2024 Sep 04].
7. The Kolkata Gazette, Government of West Bengal, Legislative notification, No. 1023 L; 2024. Available from: https://prsindia.org/files/bills_acts/bills_states/west-bengal/2024/Bill14of2024WB.pdf [Last accessed on 2024 Sep 04].
8. Yusoff HM, Ahmad H, Ismail H, Reffin N, Chan D, Kusnin F, *et al.* Contemporary Evidence of Workplace Violence against the Primary Healthcare Workforce Worldwide: A Systematic Review. *Hum Resour Health* 2023;21:82.
9. Sustainable Development Goals and Violence against Women and Girls; The Equality Institute. Available from: <https://equalityinstitute.org/projects/sustainable-development-goals-and-violence-against-women-and-girls> [Last accessed on 2024 Sep 04].
10. International Labour Office/International Council of Nurses/ World Health Organization/Public Services International Framework Guidelines for Addressing Workplace Violence in the Health Sector. Geneva: International Labour Office; 2002. Available from: <https://www.who.int/publications/i/item/9221134466> [Last accessed on 2024 Sep 04].
11. Upadhyay AK, Khandelwal K, Iyengar J, Panda G. Role of Gender Sensitisation Training in Combating Gender-based Bullying, Inequality, and Violence. *Cogent Bus Manag* 2023;10:2266615.

How to cite this article: Aikat A. Breaking the Silence on Workplace Safety of Women Healthcare Workers: Are we doing Enough? *J Compr Health*. doi: 10.25259/JCH_37_2024