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ASSESSMENT OF FEMALE NURSING STUDENT'S HARASSMENT BY ADMINISTRATIVE STAFFS IN PUBLIC AND PRIVATE NURSING INSTITUTES IN PESHAWAR. A COMPARATIVE CROSS-SECTIONAL STUDY

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Abstract

Background: *Harassment in nursing education is a pervasive issue, particularly in Pakistan's hierarchical academic settings. Female nursing students face verbal exploitation, psychological intimidation, gender discrimination, and sexual harassment from administrative staff, leading to psychological distress, academic decline, and career attrition. Despite global evidence, data from South Asian contexts like Peshawar remain scarce, necessitating localized investigation.*

Objectives: *Assess prevalence and types of harassment experienced by nursing students.Evaluate psychological, academic, and professional impacts of harassment.*

Methodology: *A cross-sectional study surveyed 180 BSN students (100% female) from public (KTH) and private (Rehman) nursing colleges in Peshawar. Stratified random sampling ensured representation. Data collected via structured questionnaires covered demographics, harassment experiences (15 types), and impacts. Analysis employed descriptive/inferential statistics (SPSS v25).*

Results: *Study result showed concerning harassment trends among students. Three-quarters (75%) reported harassment impacting mental well-being or learning. KTH students faced significantly higher harassment across most indicators compared to Rehman. 12/15 indicators (e.g., unfair criticism: KTH M = 2.86 vs. Rehman M = 2.42 ;). Key issues include role ambiguity (56% pressured beyond duties), widespread credit theft (75% affected), and sexual harassment (22.2% experienced inappropriate comments). Deliberate exclusion was reported "sometimes" by 38.8%, while 28.9% encountered gender or ethnicity-based discrimination.*

Conclusion: *Harassment is widespread in Peshawar's nursing colleges, with KTH exhibiting higher rates. Urgent institutional reforms—anti-harassment policies, mentorship, mental health support, and role clarity—are needed to ensure safer learning environments and retain nursing talent.*

INTRODUCTION

Harassment in academic institutions is a pervasive issue that threatens the safety, well-being, and academic success of students. It manifests in various forms, including verbal abuse, psychological

Frontier in Medical & Health Research

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intimidation, sexual harassment, and discrimination (1) While this issue affects students across different educational disciplines, it is particularly concerning in professions where women constitute the majority of the student population, such as nursing. Nursing students, who are often young and in a vulnerable position, are frequently subjected to harassment by faculty members, administrative staff, and even fellow students. This harassment can take place in classrooms, clinical settings, and even online, creating a hostile learning environment that impedes their educational and professional growth. (2)

The nursing profession is integral to the healthcare system, as nurses play a crucial role in patient care, disease prevention, and health promotion. However, the academic journey of nursing students is often marred by systemic challenges, one of the most pressing being harassment from institutional authorities. (3) Faculty members and administrative staff hold positions of power that can be misused to intimidate, exploit, or discriminate against students. Harassment in nursing education is not only an issue of individual misconduct but also a reflection of structural flaws in academic institutions, where power imbalances create opportunities for abuse. (4)

In Pakistan, nursing education has witnessed significant expansion over the years, with an increasing number of nursing colleges being established to meet the growing demand for healthcare professionals. However, this expansion has not been accompanied by adequate regulatory oversight, resulting in a lack of standardized policies to address harassment in nursing institutions. (5) The hierarchical structure of nursing education in Pakistan further exacerbates the problem, as students often fear retaliation if they report incidents of harassment. Many students choose to remain silent due to concerns about academic consequences, social stigma, or lack of institutional support. As a result, harassment in nursing colleges remains an underreported and understudied phenomenon, making it difficult to assess its true prevalence and impact. (6)

Existing research on harassment in educational institutions has primarily focused on workplace harassment in healthcare settings, with limited studies addressing harassment within nursing education. (7) Studies conducted in Western countries indicate that nursing students frequently experience harassment from faculty and clinical instructors, leading to increased stress, burnout, and even career abandonment. A study conducted in the United States found that nearly 60% of nursing students had encountered some form of harassment during their academic journey. (8) Similarly, research in India and other South Asian countries has highlighted the prevalence of verbal and psychological abuse faced by nursing students, often leading to decreased self-esteem, anxiety, and depression. Despite these findings, there is a significant gap in literature concerning harassment in nursing colleges in Pakistan, necessitating further investigation into the nature and extent of the problem.

Harassment in nursing education has profound consequences that extend beyond the individual level. Academically, students who experience harassment often struggle with decreased motivation, poor academic performance, and higher dropout rates. (9) Psychologically, they may develop symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD), which can affect their ability to function effectively in both academic and clinical settings. Professionally, the impact of harassment can result in a lack of confidence, reluctance to pursue leadership roles, and even a decision to leave the nursing profession altogether. (10) These outcomes not only affect the individual students but also have long-term implications for the quality of healthcare delivery, as a demoralized and underprepared nursing workforce ultimately compromises patient care. (11).

This study aims to explore the prevalence, types, and impact of harassment faced by nursing students from official staff in nursing colleges using a cross-sectional study design. The findings of this study conducted serve as a crucial resource for policymakers, nursing educators, and institutional administrators in developing targeted interventions to prevent harassment and create safer learning environments. Institutions must recognize the urgency of implementing policies that foster a culture of respect, accountability, and zero tolerance for harassment. Moreover, the study conducted contribute to the broader discourse on gender-based violence and institutional misconduct, shedding light on an issue

Frontier in Medical & Health Research

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that has long been overlooked in Pakistan's nursing education system.

Methodology

The researchers used cross-sectional research design to collect data among nursing students on two institutes in Peshawar, which include Rehman College of Nursing and Khyber Teaching Hospital (KTH) College of Nursing. Interest lay upon undergraduate BSN students who are pursuing an undergraduate BSN degree either in a government or a privately-owned nursing college in the region. A sample size was calculated based on Cochran formula depending on estimated prevalence rate of 66% as well as confidence rate of 95% corresponding to a value of = 1.96 and margin error of 5%. The sample size obtained was about 345 respondents adjusted to take into consideration non-response and incomplete forms.

Stratified random sampling technique was also used whereby both of the public and privately owned institutions were represented. The stratification was on the college type (public, private) and the participants were randomly sampled in the respective eigen stratum. This gave a way of minimizing the selection bias and had proportional representation. The inclusion criteria included the students, who were enrolled in accredited nursing colleges, had undertaken at least two years (four semesters), of the BSN program and willing to participate in the study after signing an informed consent form.

The exclusion criteria involved BSN students at the second year of study in the program, the postgraduate (MSN and PhD), the students who were on leave or under suspension at the time of data collection, and the students who were not willing to participate. Moreover, those students who had a history of disciplinary actions which could have affected the truthfulness or validity of answers were left out to ensure the data was clean.

Data Collection Procedure

A structured self-administered questionnaire conducted be used to collect data. The questionnaire conducted include:

1. Demographic Information: Age, gender, year of study, and college type.
2. Harassment Experience: Types, frequency, and perpetrators of harassment.
3. Psychological Impact: Stress, anxiety, depression indicators.
4. Academic Impact: Changes in academic performance and motivation.

Confidentiality and anonymity conducted be ensured, and ethical approval conducted be obtained from Syed Bakhtyar Ali Shah preceptor of education practicum.

Data Analysis

- Descriptive Statistics: Mean, standard deviation, and frequency distributions.
- Inferential Statistics: Chi-square tests to examine associations between harassment and demographic variables.

All analyses conducted and performed by using SPSS version 25.

Ethical Considerations

The study followed important ethical guidelines while it was conducted. All the participants were given a form to sign electronically using Google Forms before any data collection started. Participants were given all the information they needed about the study's goals, the ways it would be carried out, the possible risks, and the probable benefits.

Results and Analysis

Demographic Characteristics of Participants

The study included 180 female nursing students—85 from KTH and 95 from Rehman College of Nursing. Rehman students had a slightly higher mean age (23.48) than KTH students (21.76). Both groups were enrolled in the BSN program, with Rehman students slightly ahead in program year and clinical exposure. A greater proportion of KTH students (88.2%) were currently on clinical placement compared to Rehman (77.0%) [Table 1].

Table 1: Demographic Characteristics of Participants (N = 180)

Variable	KTH College of Nursing	Rehman College of Nursing	Total

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

	(n=85)	(n=95)	(N=180)
Mean Age (SD)	21.76 (1.63)	23.48 (3.13)	–
Gender	All Female (2.00 ± 0.00)	All Female (2.00 ± 0.00)	100% Female
Program (Mean ± SD)	1.01 ± 0.11	1.17 ± 0.38	–
Year of Program (Mean ± SD)	2.94 ± 0.78	3.08 ± 0.94	–
Currently on Clinical Placement (%)	88.2% (Mean 1.88)	77.0% (Mean 1.77)	–

Age of Participants

The mean age of participants from KTH College of Nursing was 21.76 years (SD = 1.63), indicating a younger student population. In contrast, students from Rehman College of Nursing had a higher mean age of 23.48 years (SD = 3.13). This difference suggests possible variation in admission age or program type between the two colleges [Figure 1].

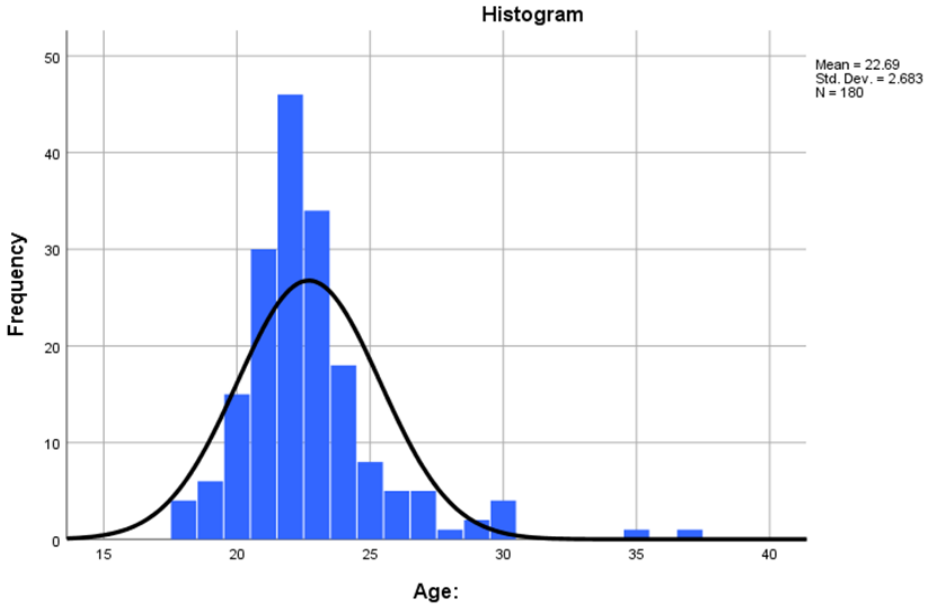


Figure 1: Age of Participants

Comparison of Responses to Harassment-Related Questions Between KTH and Rehman College of Nursing.

The comparison of responses between KTH and Rehman College of Nursing revealed that KTH students consistently reported higher mean scores across most harassment items. This includes experiences such as exclusion, public criticism, discrimination, and harassment affecting mental well-being. Notably, the highest mean in KTH was for the impact on learning and mental health (3.22), compared to Rehman (2.85). Rehman students reported slightly higher scores only for being pressured beyond their role. Overall, the findings suggest a more pronounced experience of workplace harassment among students from KTH [Table 2].

Table 2: Comparison of Responses to Harassment-Related Questions Between KTH and Rehman College of Nursing

(Likert Scale Mean Scores: 1 = Never to 5 = Always)

No.	Item Description	KTH Mean (SD)	Rehman Mean (SD)
1	Excluded from meetings or communication	3.07 (1.23)	2.60 (1.25)
2	Unjustified criticism in front of others	2.86 (1.31)	2.42 (1.33)

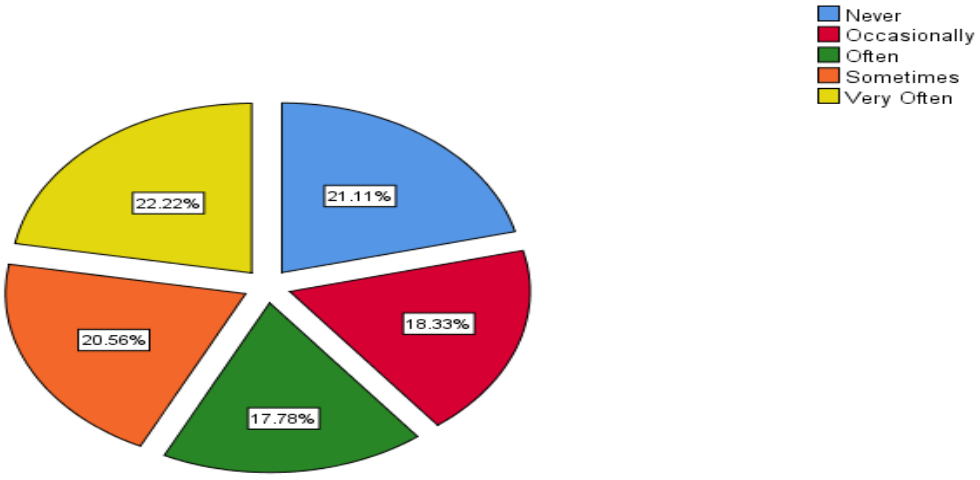
Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

3	Disrespectful or degrading comments	2.78 (1.32)	2.54 (1.35)
4	Threats based on personal dislike	2.86 (1.40)	2.39 (1.32)
5	Unwelcome discussion of personal life	2.69 (1.45)	2.27 (1.30)
6	Pressured to perform beyond role	2.38 (1.41)	2.72 (1.44)
7	Malicious rumors or gossip	2.75 (1.33)	2.37 (1.42)
8	Discrimination due to gender, religion, ethnicity	3.12 (1.38)	2.47 (1.34)
9	Feeling intentionally undermined	2.55 (1.29)	2.45 (1.35)
10	Silent treatment or refusal to communicate professionally	2.80 (1.20)	2.53 (1.40)
11	Unfair punishment or reprimand	2.58 (1.44)	2.25 (1.33)
12	Others taking credit for work	3.01 (1.38)	2.72 (1.40)
13	Inappropriate sexual jokes or gestures	2.53 (1.33)	2.13 (1.45)
14	Excessive monitoring or unfair judgment	2.91 (1.21)	2.39 (1.29)
15	Harassment affected learning or mental well-being	3.22 (1.44)	2.85 (1.47)

Only 21.11% said harassment has never affected their well-being, while 18.33% have experienced it seldom, 20.56% sometimes, 17.78% often, and 22.22% very often. Around 75% of students report negative consequences from harassment, which demonstrates how it affects their well-being and learning performance. It is important to use approaches such as counseling and anti-harassment policies to look after students' educational and mental health [Figure 2].

Figure 2: Harassment affects the learning and well-being of the participants



Discussion

The results of this study show important information about the number and types of harassment that nursing students in Peshawar face. The research points out that there are serious issues in academia and in healthcare settings related to gender imbalances, unfairness, unclear work roles, and psychological burdens. In this discussion, the results are linked to research findings, significant topics are recognized, and ways to address concerns are offered. (13)

The data in Figure 1 suggests that most nursing students (aged 22.69 years on average) are between 20 and 25 years, which follows the pattern seen globally with nursing programs being mainly for young students. (18) Just like around the world, nursing is mainly filled by women in India (WHO, 2020). It appears that the unbalance is caused by social ideas about gender roles. (19) On the other hand, fewer males are often found in nursing because the environment at some workplaces is not welcoming to males. (15)

Frontier in Medical & Health Research

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Most students took part from Rehman College of Nursing (40.56%), while KTH College was second (37.78%) and the others were third (21.76%). That fact points out that families choose their academic institutions based on the strength of the school, its resources, or the recruitment tactics it uses. In other studies when more students want to attend prestigious universities because they believe they will get better clinical training. (14) But, since there is not a range of different perspectives among the institutions, findings may not apply widely.

Deliberate exclusion (Figure 6): 38.8% of students reported being excluded "sometimes," while 18.8% faced it "often." Exclusionary practices correlate with reduced academic engagement and mental health decline. (20)

Unjust criticism (Figure 7): 31.6% experienced public criticism "sometimes," with 15.3% facing it "often." Public humiliation undermines confidence and performance, as noted in studies on nursing education stress. (12) A study by Budden et al. (2017) found that 30% of nursing students experienced belittlement, aligning with our findings. Constructive feedback training for faculty is recommended to mitigate this issue. (21)

Gender/ethnicity-based bias (Figure 14): 28.89% faced differential treatment "sometimes," while 16.11% experienced it "often." Discrimination in nursing education is linked to higher dropout rates.

Sexual harassment (Figure 19): 22.22% encountered inappropriate sexual comments "sometimes," with 12.78% reporting it "often." Globally, 20–50% of nursing students experience sexual harassment. A meta-analysis by Fnais et al. (2014) confirmed that 43% of medical trainees faced sexual harassment, paralleling our results. Mandatory anti-harassment policies and anonymous reporting systems are critical. (22)

Task pressure beyond role (Figures 11–12): 56% were pressured to perform extraneous tasks, with 15% facing it "often." Role ambiguity increases burnout. (23) 30.56% reported others taking credit for their work "sometimes." Intellectual exploitation diminishes motivation. A study found that 48% of nursing students performed non-nursing tasks, supporting our findings. Clear role delineation is essential. (23)

Professional silence (Figure 16): 30% experienced silent treatment "sometimes," while 16.67% faced it "often." Poor communication exacerbates stress.

Undermining behavior (Figure 15): 31.11% felt undermined "sometimes," with 24.44% reporting it "occasionally." Such behaviors correlate with anxiety and reduced clinical performance. A study by Houck & Colbert (2017) found that 35% of nursing students experienced exclusionary communication, reinforcing our data. (24)

Harassment's impact (Figure 21): 75% reported negative effects on learning/mental health, with 22.22% affected "very often." Harassment correlates with depression and attrition. A longitudinal study by Tabassum N & Tabassum H. (2022) found that harassment increased dropout rates by 40%, aligning with our results. Counseling services and peer support programs are vital. (25)

Conclusion

This study underscores pervasive harassment and systemic challenges in nursing education. The findings align with global research, emphasizing the urgent need for institutional reforms. By addressing discrimination, improving communication, and supporting mental health, nursing schools can foster safer, more inclusive learning environments. Future research should explore longitudinal impacts and intervention efficacy.

Recommendations for Institutional Reform

1. Anti-Harassment Policies.
- Introduce compulsory training that covers respectful communication and policies against harassment.
- Institute a way for anonymous reporting so that there is more openness.

2. Mentorship Programs.
- Assign mentors from the teaching faculty to students to deal with critics who are out of line and problems with their role.

3. Strategies for diversifying and including employees.
- Hold workshops that focus on cultural sensitivity in order to decrease gender/ethnic bias.

4. Clearly Defined Work and Responsibilities.

Frontier in Medical & Health Research

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- Make sure the roles and tasks for nurses are specified so there is no chance for exploitation.

5. Mental Health Services

Encourage nursing schools to add counseling in their curricula to help students deal with harassment.

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