



Echoes of Silence: Unmasking Workplace Discrimination Against Female Allied Healthcare Professionals in Health Care Institutions

Maham Janjua¹, Nosheen Khurram², Sadia Yaseen^{3*}, Attka Maryam⁴

¹Sir Ganga Ram Hospital Emergency/Fatima Jinnah Medical University Lahore

²Rashid Latif Medical College Lahore

³CEO Medical Education.ORG

⁴Shaukat Khanum Memorial Cancer Hospital & Research Centre Lahore

ABSTRACT

OBJECTIVE: Workplace discrimination is a pervasive phenomenon. Female paramedics, play a crucial role in our healthcare system, often face such discrimination but there is a notable lack of comprehensive data. This study assesses workplace discrimination among female paramedic professionals using the everyday discrimination scale, explores its relationship with demographics age, job title, duty hours, pay scale and identifies differences in discrimination experiences across key variables in public and private healthcare institutions.

METHODOLOGY: This cross-sectional study employs convenient sampling technique and includes 200 female paramedical professionals working at govt and private hospitals of Punjab after taking informed consent and ethical approval. Participants with no history of mental illness, and willing to participate were included in the study. An 8-item everyday discriminatory scale (EDS) was used to collect data. Descriptive statistics, ANOVA and Spearman Correlational Coefficient were used to analyze data by using IBM SPSS version 26.

RESULTS: The study comprises 200 female paramedical professionals with the largest proportion 43.0% aged 25 to 34. Spearman coefficient revealed a significant negative correlation ($r=-0.321$, $p<0.0001$) with pay scale and significant positive correlation with age. proportion of respondents reported facing various forms of discrimination. Comparably, Nurses experienced higher discrimination.

CONCLUSION: The results of the study emphasize the need to actively take actions against discriminatory behaviors towards female paramedics. It is particularly important to focus on preventive strategies of discrimination against nurses, as they are the most vulnerable to experience discrimination among all female healthcare professionals in the paramedic field.

KEYWORDS: workplace, Discrimination, Nurses, Paramedics, Allied Health Professional, women.

*For Correspondence

Dr. Sadia Yaseen

MedicalEducation.ORG

Email: sadiayaseendme@gmail.com

Submission Date: 27-10-2024

Acceptance Date: 24-12-2024

Publication Date: 28-12-2024

INTRODUCTION

Allied health care professionals work in several clinical settings, including emergency medical services, ambulance services, hospitals, and clinics, as well as non-clinical positions such as education, leadership, public health, and research.¹ They play a critical role in the medical profession as frontline healthcare providers, often being the first responders in emergency situations. They assess the patient's condition, administer medications, and are integral part of health care professional teams to provide gynecological, cardiac and trauma support to stabilize patients. They also significantly aid doctors by stabilizing and preparing patients for

further medical treatment, thus expediting care delivery.²

Over the last 50 years, women have made considerable job gains by breaking down gender barriers in career choosing. Young women are increasingly pursuing occupations in traditionally all fields of life including health care.³ In hospitals around the world female paramedics are also an integral part of healthcare services, bringing essential perspectives and skills to emergency medical response teams.⁴

Workplace discrimination is a widespread problem that affects various sectors, including healthcare.⁵ It can be linked to visible features like age, gender, disability, and race, as well as less visible factors like salary and position rank. Discrimination can

This Article may be cited as: Janjua M, Khurram N, Yaseen S, Maryam A. Echoes of Silence: Unmasking Workplace Discrimination Against Female Allied Healthcare Professionals in Health Care Institutions. *Adv Basic Med Sci*. 2024;8(2):57-62. DOI: <https://doi.org/10.35845/abms.2024.2.402>

take various forms, including exclusion, insults, verbal harassment, and physical/psychological violence.⁶

Gender inequality and discrimination at the workplace continues to be a critical issue.⁷ Despite critical role of female paramedics in healthcare, they often face discrimination from doctors and patients that can impact their mental health, career advancement, and job satisfaction. This discrimination isn't always obvious. Instead, it's subtle, showing up in who gets certain tasks, who gets promoted, and how much respect these professionals receive from their colleagues and bosses.⁸

A study investigates the connection between perceived organizational injustice POI and organizational performance OP within public and private sector hospitals in Pakistan involving 244 participants. Study evaluated POI, workplace conflict, moral disengagement, knowledge hiding and OP by using partially squares structural equation modeling. The findings revealed that POI negatively impacts OP with moral disengagement and knowledge hiding serving as mediators. This study underscores the importance of addressing organizational injustice through equitable resource distribution and incentive systems to enhance performance and foster ethical behavior in health care institutions.⁹

Workplace discrimination against female allied health care providers is a pervasive issue that remains underexplored despite their critical role in healthcare systems. There is extensive research on general sexism and violence experienced by allied health care professionals, there is a distinct lack of focused studies on discrimination specifically within healthcare settings. This study highlight issues such as unequal treatment by other medical staff, and unfair job assignments, that are not adequately examined previously.^{10,11}

The objective of study is to assess the frequency of workplace discrimination among female allied health care professionals using the everyday discrimination scale. It explores the relationship of every day discrimination with demographics like age, job title, duty hours, pay scale and identifies differences in discrimination experiences across key variables in public and private healthcare institutions.

This study also seeks to assess how such discriminatory practices affect their job performance, which could affect the overall quality of patient care. The findings of the study suggest actionable recommendations for interventions to foster a more inclusive environment ensuring equitable treatment of all allied health care professionals. By adopting the recommendations, organizational performance and patient care will improve.

METHODOLOGY

This cross-sectional study investigates the workplace discrimination faced by female paramedical professionals, a

crucial yet understudied group, within both public and private healthcare institutions. The study included 200 female allied health care professionals such as nurses, dietitians, physiotherapists, lab technologist, psychologists and ancillary staff working in both teaching and non-teaching hospitals across Punjab. Participants included were female paramedical professionals actively working in healthcare institutions, with no history of mental illness, and willing to participate as evidenced by informed consent. Exclusion criteria included non-working paramedical professionals or diagnosed with psychological cases and any with history of criminal offences.

A convenient sampling technique was employed to recruit participants. This method was chosen to capture diverse experiences of discrimination across different biomedical roles within government and private healthcare settings. The sample size of 200 was chosen to achieve 80% power at a 5 % significance level, ensuring sufficient sensitivity to detect meaningful correlation between workplace discrimination and demographic variable.⁹The validated 8 items Everyday discrimination scale, designed to assess the subtle forms of bias and workplace inequities, was employed due to its reliability in diverse workplace setting.¹²This open access validated tool captured various dimensions of discrimination from both doctors and patients. In addition to discrimination experiences, participants provided demographic information including age, job title, duty hours, pay scale and mother language. Researchers distributed electronic questionnaires via email to collect data. Data was analyzed using IBM SPSS version 26. The Kolmogorov test revealed that data was not normally distributed. Descriptive statistics summarize the demographic characteristics and discrimination scores. The Kruskal Wallis test was conducted to determine whether significant differences existed in discrimination experiences based on demographic variables (e.g. pay scale, job duty, duty hours). Correlation analysis was performed to examine the relationships between the everyday discrimination scores and variables such as pay scale, age, job title and duty hours. Ethical approval was granted by the institutional review board of Rashid Latif Medical College Lahore. Informed consent was obtained from all participants, ensuring confidentiality and voluntary participation throughout the study.

RESULTS

The study comprises 200 female allied health care professionals with the largest proportion 43.0% aged 25 to 34 followed by 35 to 44 (24.0%), 18-24(20.5%), 45-54 (10%), and 55 and above (2.5%). Table no.1 shows detail of demographic statistics.

Table no. 2 Highlights the frequency of workplace discrimination experienced by female paramedical professionals.

Variable	Category	Frequency (Percent)
Age	18-24	41 (20.5%)
	25-34	86 (43.0%)
	35-44	48 (24.0%)
	45-54	20 (10.0%)
	55 and above	5 (2.5%)
Duty Hours	Less than 8 Hours	116 (58.0%)
	8 hours	57 (28.5%)
	More than 8 hours	27 (13.5%)
Mother Language	Urdu	64 (32.0%)
	Punjabi	128 (64.0%)
	Sindhi	2 (1.0%)
	Pashto	3 (1.5%)
	Other	3 (1.5%)
Job Title	Nurse	125 (62.5%)
	Laboratory Technician	23 (11.5%)
	OT Assistant	24 (12.0%)
	Radiology Assistant	6 (3.0%)
	Other	22 (11.0%)
Pay Scale	Below 30,000	12 (6.0%)
	30,000-50,000	69 (34.5%)
	50,001-70,000	51 (25.5%)
	70,001-90,000	54 (27.0%)
	Above 90,000	14 (7.0%)
Shift	Day	161(80.5%)
	Night	19(19.5%)
Job placement	Hospital	173(86%)
	Clinics	17(10%)
	Community Health Center	7(3%)
	Other	3(1%)

Table 1: Demographic statistics

A significant proportion of respondents reported facing various forms of discrimination, with disrespect, exclusion and unfair treatment being particularly common. Notably nearly half of the participants felt treated as incompetent, and a substantial number reported experiencing threat, harassment, or offensive comments. Gender based discrimination was also prevalent, affecting over 1/3 of respondents. These findings emphasize the need for targeted interventions to address systemic issues of discrimination within health care institutions.

The correlation analyses provide further insights into the

relationships between discrimination and demographic factors. A negative correlation was observed between pay scale and discrimination ($r=-0.321$, $p < 0.001$), indicating that higher remuneration was associated with lower discrimination. The results indicated that workplace discrimination was significantly correlated with several demographic factors. The pay scale was negatively correlated with discrimination, suggesting professionals in lower pay brackets experienced higher levels of discrimination. In contrast age showed a weak positive correlation indicating that older professionals perceive higher levels of discrimination. Job title also exhibited a strong positive correlation reinforcing the idea that certain roles e.g. nurses are more prone to discriminatory behavior as compared to laboratory technologists or psychologists. On the other hand, things such as mother language, duty shift and job placement did not demonstrate any significant correlation. With experiences of discrimination these findings suggest that while pay scale age and job title are important factors in understanding workplace discrimination other demographic variables may not have as strong an influence in this context.

Using the Kruskal Wallis test, significant differences were found in everyday discrimination skill (EDS) scores based on pay scale, job title and duty hours. There was a statistically significant difference in discrimination scores across different pay scales ($p < 0.001$), with those in lower pay brackets reporting higher levels of perceived discrimination. This suggests an association between financial compensation and perceived workplace respect. Significant differences in EDS scores were observed based on job titles ($p < .0001$), indicating that certain roles such as nurses experienced higher discrimination compared to laboratory technicians and other allied healthcare professionals. This points to potential hierarchies within healthcare terms that exacerbate discriminatory practices. The test reveals significant differences in discrimination experiences based on duty hours ($p=0.021$). Those working shorter shifts (less than 8 hours) reported different experiences compared to those working longer hours possibly due to increased fatigue and stress associated with extended shifts conversely no significant differences in EDS scores were found

Statement	Never	Rarely	Sometimes	Often	Very Often	Total
I am treated with less respect than others	43 (21.5%)	47(23.5%)	89 (44.5%)	16 (8.0%)	5 (2.5%)	200
I am threatened or harassed	63 (31.5%)	49(24.5%)	64 (32.0%)	21 (10.5%)	3 (1.5%)	200
I am excluded from important meetings or activities	49 (24.5%)	39(19.5%)	73 (36.5%)	32 (16.0%)	7 (3.5%)	200
I receive unfair criticism or blame	46(23.0%)	45(22.5%)	73 (36.5%)	28 (14.0%)	8 (4.0%)	200
I am treated as if I am not competent	46(23.0%)	27(13.5%)	97 (48.5%)	22 (11.0%)	8 (4.0%)	200
I am subjected to offensive jokes or comments	53(26.5%)	38(19.0%)	85 (42.5%)	22 (11.0%)	2 (1.0%)	200
I feel that my contributions are undervalued	47(23.5%)	42(21.0%)	71 (35.5%)	36 (18.0%)	4 (2.0%)	200
I am treated differently because of my gender	58(29.0%)	34(17.0%)	74 (37.0%)	29 (14.5%)	5 (2.5%)	200

Table 2: Frequency of Discrimination Experienced by Female allied health care professionals

Variable	Spearman's Rho (R)	p-value (2-tailed)
Pay Scale	-0.321	0.000
Age	0.193	0.006
Job Title	0.360	0.000
Mother Language	0.094	0.187
Duty Shift	0.100	0.160
Job Placement	0.073	0.304

Table 1: Spearman Rank Correlation Coefficients between Demographic variable and Workplace Discrimination

based on age ($p=0.109$), mother language ($p=0.072$), duty shift ($p=0.216$), or job placement ($p=0.221$), suggesting these variables do not significantly impact perceptions of discrimination among female paramedical professionals.

DISCUSSION

Workplace discrimination is an ongoing and intensifying issue that exists across nearly all professions. Similarly, it is not rare but a common occurrence, particularly observed in social services and healthcare environments.¹³ Although discrimination and unfair treatment at the workplace is usually less prominent and prevalent than workplace violence and aggression but nevertheless it is present and quite common in health care settings and among hospital staffs.¹⁴

Although research about other medical health professionals facing discrimination are available but studies about interpersonal discrimination faced by female paramedics, which involves discriminatory actions from team members and patients has been rarely conducted.¹⁵ The discrimination against health professionals can also come from patients or their colleagues. Other studies also identified patients and their family members as source of discrimination.¹⁶

In the present study nurses were the most affected paramedic category that faced discrimination by the senior colleagues and the patients. Similarly, another study was done in Germany which showed 23% of the interviewed hospital employees experienced at least one form of discrimination, compared to 18% of the general working population. Among all those nurses were by far the most affected occupational group. They are particularly the most exposed and affected hospital employees with regard to experiences of discrimination at work and revealed consistently increased frequencies and relative risks for the studied poor mental and general health outcomes.¹⁷

Systematic review and meta-analysis were done in Iran on Global Prevalence of Workplace Violence/ discrimination Against Paramedics. According to their study, a quarter of paramedics experienced physical violence worldwide, more than half of them faced verbal violence, and less than two-tenths experienced sexual harassment. According to them these rates



Figure 1: Key Findings: Discrimination Among Female Paramedical Professionals

might increase if the timeframe of study includes the entire career life of paramedics rather than a year, as considered in most studies in this field.¹⁸ In another study on paramedics showed that most common type of discrimination was verbal violence and comments during their duty hours.¹⁹ Same is proved in our study, mostly paramedics were subjected to offensive comments (42.5%) and felt treated as incompetent (48.5%).

In the current study the pay scale was negatively correlated with discrimination, suggesting that professionals in lower pay brackets experienced higher levels of discrimination. It's not only the case with health-related profession but other professions as well.²⁰ In contrast age showed a positive correlation indicating that older professionals perceive higher levels of discrimination. The rate of self-reported age discrimination in the workplace is increasing, especially among individuals aged 60 and older.³

The implication of this study highlights the urgent need to address workplace discrimination in healthcare, particularly among female allied healthcare professionals. Discrimination, whether from colleagues or patients, significantly impacts mental health, job satisfaction, and professional performance. Nurses being the most affected required tailored interventions to improve their well-being and work environment. The study also implies that lower pay scales are linked to higher discrimination while older professionals face greater biases, calling for equitable pay structures and strategies to address age-related discrimination. Customizing organizational policies and training programs including team building and interprofessional education and collaboration is essential to mitigating these challenges particularly in paramedic and allied healthcare professionals roles. The findings also emphasize the global nature of workplace discrimination while urging localized solutions to address unique socio cultural and organizational dynamics. There are studies that have identified interventions of varying effectiveness. Such as training and educational

programs, as well as organizational policies and practices to reduce such types of discrimination. But we have to customize it according to our own health care set up after the identification of prevalent discrimination against paramedics especially females.²³ Limitation of our study is that sample size was not large enough and sufficiently diverse to ensure that the findings are representative of all female paramedic professionals across various healthcare settings. Future research should employ larger diverse samples to enhance generalizability and provide deeper insights into discrimination across various paramedic subgroups addressing response biases and other methodological limitations. Addressing violence and discrimination in the workplace is a critical issue that has been explored through various intervention studies in healthcare settings. Using stratified sampling would provide a more representative analysis of workplace discrimination. By ensuring representation of different subgroups of allied healthcare professionals leading to more targeted and reliable results.

CONCLUSION

It is revealed that workplace discrimination is a common problem. It suggests that hospitals and medical centers need to make better rules against discrimination, offer training to health professionals regarding teamwork, interprofessional collaboration and interprofessional education. The inference of this study highlights the correlation of factors exaggerating the workplace discrimination. Mitigating these factors will make the workplace better and fairer for female paramedics in our set up. Addressing these challenges could improve organizational performance and healthcare improvement.

REFERENCES

- Williams B, Beovich B, Olausson A. The definition of paramedicine: an international Delphi study. *Journal of Multidisciplinary Healthcare*. 2021 Dec 30;35:61-70.
- Eaton G, Wong G, Williams V, Roberts N, Mahtani KR. Contribution of paramedics in primary and urgent care: a systematic review. *British Journal of General Practice*. 2020 Jun 1;70(695):e421-6.
- Stamarski CS, Son Hing LS. Gender inequalities in the workplace: the effects of organizational structures, processes, practices, and decision makers' sexism. *Frontiers in psychology*. 2015 Sep 16;6:1400.
- Cash RE, Powell JR, Peters GA, Goldberg SA, Panchal AR, Camargo Jr CA. Trends in demographic and employment characteristics of US emergency medical technicians and paramedics, 2011–2019. *Journal of the American College of Emergency Physicians Open*. 2022 Aug;3(4):e12776.
- Rhead RD, Chui Z, Bakolis I, Gazard B, Harwood H, MacCrimmon S, Woodhead C, Hatch SL. Impact of workplace discrimination and harassment among National Health Service staff working in London trusts: results from the TIDES study. *BJPsych open*. 2021 Jan;7(1):e10.
- Yu HH. Reporting workplace discrimination: An exploratory analysis of bystander behavior. *Review of Public Personnel Administration*. 2024 Sep;44(3):453-71.
- Syed J, Ali F, Hennekam S. Gender equality in employment in Saudi Arabia: a relational perspective. *Career Development International*. 2018 May 14;23(2):163-77.
- Olschowka N, Möckel L. Aggression and violence against paramedics and the impact on mental health: A survey study. *Journal of Emergency Medicine, Trauma & Acute Care*. 2021 Oct 2;2021(3):15.
- Khan MA, Kumar J, Shoukat MH, Selem KM. Does injustice perception threaten organizational performance in the healthcare setting? A sequential mediation examination. *International Journal of Conflict Management*. 2024 Feb 13;35(2):287-308.
- Cassidy A, Hunt B, McFarlane A, Beovich B. The experiences of reporting sexism toward female paramedics in Australian ambulance services: A scoping review. *Australian Journal of Social Issues*. 2023 Dec;58(4):855-73.
- Hokee MY, Makkink AW, Vincent-Lambert C. Workplace violence against paramedic personnel: a protocol for a scoping review. *BMJ open*. 2023 Jan 1;13(1):e067246.
- Ulusoy N, Nienhaus A, Brzoska P. Investigating discrimination in the workplace. Translation and validation of the Everyday Discrimination Scale for nursing staff in Germany. *BMC nursing*. 2023 Jun 9;22(1):196.
- Hamed S, Bradby H, Ahlberg BM, Thapar-Björkert S. Racism in healthcare: a scoping review. *BMC Public Health*. 2022 May 16;22(1):988.
- Zhang Y, Cai J, Yin R, Qin S, Wang H, Shi X, Mao L. Prevalence of lateral violence in nurse workplace: a systematic review and meta-analysis. *BMJ open*. 2022 Mar 1;12(3):e054014.
- Álvarez Villalobos NA, De León Gutiérrez H, Ruiz Hernandez FG, Elizondo Omaña GG, Vaquera Alfaro HA, Carranza Guzmán FJ. Prevalence and associated factors of bullying in medical residents: A systematic review and meta-analysis. *Journal of occupational health*. 2023 Jan;65(1):e12418.

16. Dyrbye LN, West CP, Sinsky CA, Trockel M, Tutty M, Satele D, Carlasare L, Shanafelt T. Physicians' experiences with mistreatment and discrimination by patients, families, and visitors and association with burnout. *JAMA network open*. 2022 May 2;5(5):e2213080-.
17. Stahl-Gugger A, Hämmig O. Prevalence and health correlates of workplace violence and discrimination against hospital employees—a cross-sectional study in German-speaking Switzerland. *BMC health services research*. 2022 Mar 3;22(1):291.
18. Shabanikiya H, Kokabisaghi F, Mojtabaeian M, Sahebi T, Varmaghani M. Global prevalence of workplace violence against paramedics: a systematic review and meta-analysis. *Health in emergencies and disasters quarterly*. 2021 Jul 10;6(4):205-16.
19. Mausz J, D'Eath J, Jackson NA, Johnston M, Batt AM, Donnelly EA. Sexist, racist, and homophobic violence against paramedics in a single Canadian site. *International journal of environmental research and public health*. 2024 Apr 19;21(4):505.
20. Lola E, Reyes C. Low-wage workers and bullying in the workplace: How current workplace harassment law makes the most vulnerable invisible. *Hastings Int'l & Comp.L. Rev.* 2017;40:231.
21. Roscigno VJ, Zheng H, Crowley M. Workplace age discrimination and social-psychological well-being. *Society and Mental Health*. 2022 Nov;12(3):195-214.
22. Özcan K, Özkara B, Kızılda D. Discrimination in health care industry: a research on public hospitals. *Equality, Diversity and Inclusion: An International Journal*. 2011 Jan 4;30(1):22-40.
23. Geoffrion S, Hills DJ, Ross HM, Pich J, Hill AT, Dalsbø TK, Riahi S, Martínez-Jarreta B, Guay S. Education and training for preventing and minimizing workplace aggression directed toward healthcare workers. *Cochrane database of*

CONFLICT OF INTEREST

Author declared no conflict of interest

GRANT SUPPORT & FINANCIAL DISCLOSURE

Author declared no specific grant for this research from any funding agency in the public, commercial or non-profit sectors

AUTHORS CONTRIBUTIONS

MJ: Conception, Design of the work, Data collection, and Drafting, Reviewed, Final approval, Agreement to be accountable.

NK: Conception, Design of the work, Acquisition, Data Analysis, and Drafting, Reviewed, Final approval, Agreement to be accountable.

SY: Conception, Design of the work, Interpretation of data for the work, and Drafting, Reviewed, Final approval, Agreement to be accountable.

AM: Conception, Design of the work, Data collection, and Drafting, Reviewed, Final approval, Agreement to be accountable .

DATA SHARING POLICY

The data that support the findings of this study are available from the corresponding author upon reasonable request.



"Readers may "Share-copy and redistribute the material in any medium or format" and "Adapt-remix, transform, and build upon the material". The readers must give appropriate credit to the source of the material and indicate if changes were made to the material. Readers may not use the material for commercial purpose. The readers may not apply legal terms or technological measures that legally restrict others from doing anything the license permits."

ABMS web address: www.abms.kmu.edu.pk

Email address: abms@kmu.edu.pk