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Experiences of Sexual Harassment among Nurses in a Tertiary Hospital

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ABSTRACT

Introduction: Sexual harassment among nurses is a major issue of work place, health and safety that seriously affects patient care. It is more common among nurses. The aim of this study was to identify experiences of sexual harassment among nurses in a tertiary hospital.

Method: A descriptive cross-sectional design was used to find out the experience of sexual harassment among nurses. Two hundred and twenty-three, nurses working in a tertiary hospital were selected using purposive sampling technique. Data were collected through structured, self-administered questionnaire. Ethical approval was obtained from Institutional Review Committee Institute of Medicine Kathmandu. Data were analyzed using Statistical Package for Social Science (version 16)

Results: The mean age of the nurses was 29.6 (SD ± 7.4) years and 57.0% were married. Most of the nurses (85.2%) performed as roster basis in all shifts (rotation; morning, evening and night) duty and 15.2% of the nurses were from emergency ward. Median duration of work experience was 4.17 years (range= 6months to 31 years). Total 18.5% nurses had experienced some kinds of sexual harassment in their workplace. More than half (53.8%) each were harassed by doctors and visitors; 46.2% of the nurses were harassed in emergency/ general ward/ operation theatre; 30.8% were harassed at bed side; 38.5% were harassed in the evening shift and 66.7% were harassed when they are working alone. Likewise, 28.2% reported the incident of sexual harassment; 90.9% reported verbally and 89.7% suggested that hospital need to develop policy against sexual harassment. Nurses with night shift duty (100.0%), PCL/ B. Sc level of education (20.0%), unmarried (21.8%), staff nurse (201.7%), slim body (21.3%), fierce nature (33.3%) and beautiful looks (29.8%) were more frequently victimized but that was not statistically significant.

Conclusions: Workplace sexual harassment is frequent among nurses working at tertiary hospital. However, reporting rate is very low due to fear of negative consequences and lack of knowledge about how and where to report. Proper policy, law and reporting mechanism should be developed to combat sexual harassment among nurses.

KEYWORDS

Experience, Nurses, Sexual harassment, Workplace

INTRODUCTION

Sexual harassment (SH) is a complex occupational hazard in nursing profession (Kahsay, Negarandeh, Dehghan & Nayeri, 2020). Since the nurses are physically and emotionally close to the patients, families and other co-workers, they have the highest rate of SH in the profession (Lamesoo, 2013). One in fourth nurse worldwide reported exposure to SH (Spector, Zhou, &Che, 2014) and71.0% of nurses have experienced SH from patients (Frellick, 2018).

Many studies have reported a high prevalence of SH among nurses during their careers, ranging from 30 to 97.0% (Owoaje & Olusola-Taiwo, 2010). Studies from different countries showed variation in sexual harassment among the nurses such as 19.0% in USA(Rossheim, 2016), 63.0%in Turkey(Kisa, Dziegielewski & Ates, 2002), 91.0% of nurses and nursing students in Israel (Bronner, Peretz, & Ehrenfeld, 2003), 51.2% Malaysia (Suhaila, & Rampal, 2012), 80.0 % nurses and nursing students in Pakistan (Khan, Begum, & Shaheen, 2015), 57.0% female health workers and 62.0% nurses in Kolkata of India (Chaudhur, 2007). In Nepal, 42.0% female health workers in grass-root level health institutions of Kathmandu had faced sexual harassmentin their workplace (Sapkota & Bhusal, 2015) and 40.30% nurses of Kaski district had ever faced some form of SH in their workplace (Subedi, Hamal & Kaphle, 2013).

SH can have adverse effects on nurses' physical and psychological health as well as a direct impact on patient care (Robbins, Bender, & Finnis, 1997). Though the prevalence of workplace SH among nurses is very high and consequences are very serious, very few studies have been conducted in Nepal. Therefore, this study aimed to identify experience of SH Among nurses in their clinical practice.

METHODS

Descriptive cross-sectional study design was used. This study was conducted in different wards of tertiary hospital, Kathmandu, where large number and different level of nurses, large number of different type and level of medical professionals and other administrative staffs working. This setting was selected for convenient to the researcher. Altogether 450 nurses were working in different or wards of the hospitals during data collection period. Only those nurses who involved in bed side patient care were included in study. Nursing supervisors, senior nursing supervisors, nursing director and nurses who are working in Outpatient Department (OPD) were excluded from the study. Probability purposive sampling technique was used to select the study samples. The sample size was 226 which was calculated using Cochrane formula,

$n_o = z^2 p(1-p)/d^2$

Where $n_o$is the sample sizewithout considering the finite population correction factor

Level of confidence (Z) = 95.0%

Expected prevalence of experience of SH (P) = 42.0% (Sapkota & Bhusal, 2015)

n_o = 375

This number had adjusting using finite population correction factors.

$n = n_o N/n_o + (N-1)$

where, n is final sample size with considering the finite population correction factor, N is total population

i.e., 450
Therefore, n=205
Adding 10.0% non-response rate, final sample size (n) = 226

Data were collected using self-administered, structured questionnaire developed by the researchers. Content validity was established through extensive review of available literatures, consultation with panel of experts and nurses; and questions were revised as their feed back. Pre-testing was done among 10.0% of sample size (i.e., 26). Among 226questionnaires distributed; only 223 were returned. Ethical approval was taken from Institutional Review committee Institute of Medicine, Kathmandu. Written informed consent was taken from each participant before distribution of questionnaire. Data were collected in 4 weeks period (June 1 to June 30, 2017). Data were analyzed using SPSS version 16.0. Frequencies, percentage, mean and standard deviation were calculated to illustrate socio-demographic characteristics, nurses' self- perceived attributes and experiences of sexual harassment. Chi square test at 5.0% level of significance (α) was calculated to measure the association between experience of SH and selected variables.

RESULTS

Socio-demographic Characteristics of Nurses

More than two third (66.4%) of the nurses were in 20-29 years age group and the mean age of the nurses was 29.6 (SD ± 7.4) years, 43.9% of the nurses were Bhrahmin/Chhetri, 88.8% believed in Hinduism and 57.0% were married.

Regarding the job-related factors of the nurses, most of nurses (82.9%) were staff nurse, 85.2% performed duty as roster basis in all shifts (morning, evening and night) and 15.2% of the nurses were from emergency ward. Majority (40.8%) of nurses had 1 to 5 years working experience and mean duration of work experience was 7.8 years (SD ± 7.6, range = 6 months to 31.3 years).
Likewise, 51.15% of the nurses had Post Basic Bachelor of Nursing education.

Regarding the nurses' self-perceived personal attribute, majority (74.4%) of the nurses were perceived average appearance of self-body image. Similarly, 27.8% nurses had perceived their body shape was slim and more than half (51.6%) of them perceived that they were friendly in nature (Table 1).

Table1: Nurses' Self Perceived Personal Attributes **n=223**

Variables	Number	Percent
Appearance		
Average	166	74.4
Beautiful	49	22.0
Others	3	1.3
Not mentioned	5	2.2
Shape of the body		
Skinny (slim)	62	27.8
Normal	61	27.4
Obese	54	24.2
Attractive	41	18.4
Not mentioned	5	2.2
Nature		
Friendly	115	51.6
Gentle	53	23.8
Easy going	38	17.0
Strict	9	4.0
Fierce	3	1.3
Not mentioned	5	2.2

Nurses were asked about experience of SH in their workplace. Majority of the nurses (81.5%) were not sexually harassed in workplace within a last 12 months. Only18.5% of the nurses' experience SH and all predators were male. Majority of the predator (97.4%) were attempted to have sex. More than half (59.0%) predator told unwanted sexual jokes, stories and nearly half (46.2%) of the nurses felt the touch on the body (Table 2).

Table 2: Experience of Workplace SH among Nurses **n = 223**

Variables	Number	Percent
Sexually harassed in the last 12 months (n=223)		
Yes	65	29.1
No	146	69.2
Not mentioned	12	5.7
Sexually harassed in workplace within last 12 month (n=223)		
No	172	81.5
Yes	39	18.5
Not mentioned	12	5.7
If yes, Predator(n=39) *		
Doctors	21	53.8
Visitors	21	53.8
Security person	3	7.7
Patient	10	25.4
Co-worker	3	7.7
Seniors, management/supervisor	2	5.1
Unknown person	1	2.6
Sex of predator (n=39)		
Male	39	100.0
Female	0	0.0
Type of harassment (n=39) *		
Attempt to have sex	38	97.4
Told unwanted sexual jokes, stories, questions, or words	23	59.0
Touched on the body	18	46.2
Shown sexual behaviors with eyes, hand or face	9	23.0
Made kissing sounds	8	20.5
Received unwanted mail or telephone calls	8	20.5
Received sexual link web address, message, pictures, comments by social media	5	12.8
Calling name unnecessarily	4	10.3
Shown someone's body sexually	3	7.7

***Multiple response**

Regarding the circumstances and places related to sexual harassment, majority (46.2%) of the nurses were harassed in emergency, general ward, operation theatre, 30.8% were harassed in bed side. 38.5% of the nurses were harassment in evening shift duty and majority (66.7%) of nurses were harassed when they are working alone (Table 3).

Table 3: Circumstances and Places of Sexual Harassment **n = 39**

Variables	Number	Percent
Area (location)of harassment *		
General ward/ operation theater/ Emergency	18	46.2
Bed side	12	30.8
Nursing Station	7	18.0
Lobby/Corridor	6	15.4
Procedure room	1	2.6
Time of SH*		
Evening	15	38.5
Day shift	11	28.2
Night shift	10	25.6
All shift	5	12.8
Situation of harassment*		
When nurses are working alone	26	66.7
Uncontrolled crowding	5	12.8
On the way	3	7.7
During visiting hours	2	5.1
Not mentioned	3	7.7

***Multiple responses**

Concerning about the reporting system, 100.0% nurses mentioned that there was no any reporting system/mechanism for SH in the hospital. However, after victimization from sexual harassment, only 41.0% nurses had considered that harassment event was typical incidents. Majority of the nurses (71.8%) did not report the event. Among the reported cases, 46.2% nurses told their friends, only 9.1% reported to the hospital authority, however, no one reported to the police station. Most of the nurses (90.9%) reported verbally, 21.4% of the nurses did not report due to afraid of negative consequence and feeling of reporting is useless and 14.3% did not know process of reporting (Table 4).

Table 4: Responses towards Sexual Harassment

Variables	Number	Percent
Reporting system(n=39)		
No	39	100.0
Report the event of SH (n=39)		
Yes	11	28.2
No	28	71.8
If yes, report to (n=11)		
Friends	6	54.5
Senior	4	36.4
Authority	1	9.1
Method of report (n=11)		
Verbal	10	90.9
Written	1	9.1
If no, reason for not reporting (n=28)		
Afraid of negative consequences	6	21.4
Useless/ It was not important	11	39.3
Felt guilty	4	14.3
Didn't know where to report	4	14.3
Felt ashamed	3	10.7

Association between Experience of SH and Selected Variables

While doing cross tabulation to show association between experience of SH and selected variables, nurses who did night shift duty were more victimized (100.0%) than other shift, nurses with basic level (PCL/ B Sc) education were more (20.0%) victimized than the nurses with higher level of education. Similarly, unmarried (21.8%) were more victimized than married (16.3%). Nurses worked at lower level (staff nurse) were more victimized than officer level (6.3%). This indicates that junior nurses were victimized than senior nurses. Nurses with slim body shape (21.3%) were more victimized. Nurses with fierce nature (33.3%) and with beautiful looks (29.8%) were victimized more. However, is no statistically significant association between experience of SH and these variables (Table 5).

Table 5: Association between Experience of SH and Selected Variables n = 223

Variables	Experience of S. H.		X^2	p-value
	Yes	No		
Usual Duty Shift				
All shift	32(18.0%)	146(82.0%)	5.146	.161
Morning	3(15.0%	17(85.0%)		
Evening	3(27.3%)	8(72.7%)		
Night	1(100.0%)	0(0.0%)		
Level of education				
PCL nursing	14(20.3%)	55(79.7%)	.354	.552
Post basic BN	19(17.6%)	89(82.4%)		
B Sc. Nursing	6(20.0%)	24(80.0%)		
MN	0(0.0%)	4(100.0%)		
Marital status				
Married	20(16.3%)	103(83.7)	1.049	.306
Unmarried	19(21.8%)	68(78.2%)		
Current job position				
Staff nurse	37(20.7%)	142(79.3%)	2.756	.097
Nursing officer	2(6.3%)	30(93.7%)		
Self-perceived body Shape				
Obese	9(17.3%)	43(82.7%)	1.336	.721
Skinny (slim)	13(21.3%)	48(78.7%)		
Attractive	5(12.8%)	34(87.2%)		
Normal	12(20.3%)	47(79.7%)		
Character(nature) of the Nurses				
Fierce	1(33.3)	2(66.7%)	.998	.910
Strict	2(22.2%)	7(77.8)		
Gentle	8(16.0%)	42(84.0%)		
Easy going	8(21.6)	29(78.4%)		
Friendly	20(17.9%)	92(82.1%)		
Looks				
Beautiful	14(29.8%)	33(70.2%)	5.599	.068
Average	25(15.5%)	136(84.5%)		

Regarding the suggestions for the prevention of workplace SH among nurses, most (89.7%) of the nurses suggested as hospital policy against SH is necessary. Similarly, nurses had suggested that work place SH among nurses can be prevented through awareness program (70.0%), strict rules and regulation (64.6%),

heavy penalty for the abuser (49.8%), appropriate policy (32.3%) and healthy working environment (25.6%)to prevent workplace SH among nurses (Table 6).

Table 6: Suggestion for the Prevention Workplace Sexual Harassment n=223

Variables	Number	Percent
Hospital policy against SH is necessary		
Yes	200	89.7
No	2	0.9
Not mentioned	21	
Suggestion about prevention of SH*		
Awareness regarding the SH	158	70.9
Strict rules and regulations	144	64.6
Heavy penalty for the abuser	111	49.8
Appropriate policy	72	32.3
Healthy working environment	57	25.6

***Multiple responses**

DISCUSSION

In this study, 39 (18.5%) had experienced workplace SH in last 12 months. This finding is lower than the prevalence reported from the study of different countries. For example,42.0% female health workers reported SH in their workplace in the study of Kathmandu (Sapkota, 2015);while 22.8% in Melaka, Malaysia (Suhaila, 2012);22.4% in South Korea (Chang, 2016), and 63.4% in Wuhan, China (Yang, 2018). Similarly, higher rate of SH was reported in Taiwan (57.0%) (Chuang, & Lin, 2006), 71.0% in Bangladesh (Fatema, 2017) and 56.0% in Japan (Hibino, 2009). But some other studies reported lower prevalence of SH than the prevalence of our study. Prevalence of SH among nurses was 16.2% in Europe (Spector, 2014), 19.70% in south Korea (Park, 2015), 13.0% in Ethiopia (Fute, 2015) and 9.4% in Saudi Arabia (Mohamed,2002). Worldwide prevalence of SH towards nurses in the past 12 months and during nursing career was 12.6% and 53.4%, respectively (Lu, 2020) Different definitions, measures, sample size, populations, study settings and time frames may partly contribute to the discrepancy between these results.

In this study, 100% perpetuators were male which is supported by study done in Kathmandu which reported that almost all of the perpetuators were male (Sapkota, 2015). Similar finding had also reported in the study conducted in Japan where almost all (94.0%) perpetuators were male (Hibino, 2006). This study found that 53.8% nurses were harassed sexually by doctor and visitors whereas 25.4% were harassed by patients. These findings are supported by the study done in Kaski reported that physicians were the foremost perpetuator (37.03%), patients' relatives (25.9%) and patients (18.5%) (Subedi, 2013). In contrast to these findings, many other studies reported that patients were the most common perpetuators of SH to the nurses. For example, 42.70% patients in Egypt (Ali, 2015), 55.5%in south Korea (Park, 2015), 43.30% patients in Turkey (Çelik, 2007) and 18.52% in Kaski, Nepal (Subedi, 2013).

Likewise, another study done in Kathmandu reported that about two third (64.0%) of harasser were senior level male co-workers followed by same level male workers (23.0%) and male clients/visitors of their service (13.0%) (Sapkota, 2015). These differences might be due to different in study setting, population, and sample size.

Regarding types of harassment experienced by nurses, almost (97.4%) of the nurses had mentioned that predator attempted to have sex followed by told unwanted sexual jokes, stories, questions, or words (59.0%), touched on the body (46.2) %, shown sexual behaviors with eyes, hand or face 23.0%, made kissing sounds and received unwanted mail or telephone calls 20.5% each, received sexual link web address, message, pictures, comments by social media 12.8% and shown body sexually 7.7%. The findings were different in the study done in Kathmandu reported that most frequent type (35.0%) of SH was verbal (passing vulgar jokes, remarks or teasing obscenely) followed by physical harassment (30.0%). New forms of harassment identified was sending vulgar message through cell phone and giving missed call at late evening/night (23.0%) (Sapkota, 2015).Different findings also reported by the study done in Malaysia in which most common forms of SH were verbal (46.6%), visual (24.8%), psychological (20.9%), physical (20.7%) and non -verbal (16.7%) (Suhaila, 2012). These differences also might be due to difference in study population and settings.

Regarding the location of harassment, majority (46.2%) of nurses were harassed in wards like emergency, general ward, operation theatre which is supported by the findings of the study done in Malaysia reported 51.8 % nurses were harassed in wards (Suhaila, 2012).

Regarding the reporting of the victimization from sexual harassment, only 28.2% nurses reported the event of harassment. Among them, more than half (54.5%) reported to their own friends which are lesser than the finding of study conducted in Pakistan and China revealed that 65.3% and 60.0% nurses reported incidence respectively (Khan, 2015; Song, Wang & Wu, 2020).Whereas 90.0% incidents were reported in Israel (Bronner, 2003) and 45.1% of SH victims reported in Malaysia(Suhaila, 2012). In this study, among the total reported incidents, 90.9% were reported verbally and 14.3% were not reported the incidents due to unknown where to report which is supported by study done in Malaysia that common reasons were that not knowing the proper way of how and who to report the incidence (Suhaila, 2012).

While doing cross tabulation to show association between experience of SH and selected variables nurses with skinny body shape (21.3%) and nurses with beautiful looks (29.8%) were victimize more which is supported by the findings done in Malaysia revealed that there was a significant relationship between SH and those who have beautiful looks and those who were skinny would increase by nearly two-fold the risk of being sexually harassed than those who were obese. Similarly, it was reported that nurses with fierce nature (33.3%), strict (22.2%), easy going (21.6 %) and friendly (17.9%) in this study. This is contrast to the findings of the study from Malaysia mentioned that friendly nurses were sixteen times more at risk of being sexually harassed compared to those with fierce characteristic. Easy going nurses were nearly nine times at risk of being harassed than those who were fierce. The gentle and timid individuals were six times more at risk for experiencing similar harassment compared to the fierce while the strict ones are two times more at risk to be harassed sexually as compared to those who were fierce (Suhaila, 2012).

Regarding the suggestions for the prevention of workplace SH most (89.7%) nurses suggested the hospital policy against SH is necessary. Workplace SH among nurses can be prevented through awareness program (70.0%). This finding is supported by the study of Korea mentioned that education is necessary for prevention of SH (88.3%) and recommended that education program is needed to prevent SH and enhance the gender sensitivity of nursing students (Lee, 2011). Similar recommendations also

done by other studies carried out in other countries (Zeng, 2019). A systematic review on SH against female nurses also recommended that nursing curriculums to include SH prevention strategies and improve life skills of female nurses in tackling sexual harassments (Kahsay, 2020). Another systematic review and meta-analysis recommended that nursing councils and professional nursing organizations should put in their effort towards the formulation and implementation of occupational safety legislation in their respective countries through appropriate political lobbying (Varghese, 2021).

CONCLUSIONS

Workplace SH is frequent among nurses working at tertiary hospital and perpetuators are male. Reporting rate is very low due to fear of negative consequences and lack of knowledge about how and where to report. Proper policy, law and reporting mechanism should be developed to combat SH among nurses. In addition, it is recommended to the hospital administration for the development of healthy working environment and ongoing sensitization program on sexual harassment.

LIMITATIONS OF THE STUDY

This study was conducted only one setting with purposive sampling technique. So, it lacks the generalizability in other setting and population. Information collected with structured self-administered questionnaire also limits the nurses' opinions and there was also problem of non-responses of the question.

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CONFLICTS OF INTEREST

There is no conflict of interest in this study

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