



Original Research Article

Sexual Harassment in the Hospital: Are Nurses Safe?

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ABSTRACT

Introduction: Sexual harassment against nurses can affect the work performance and productivity in hospital. This study was conducted to identify the status of sexual harassment among nurses, namely magnitude, nature, perpetrators, consequences and reactions, and potential recommendations for prevention and control.

Materials and Methods: Nurses of one governmental and three private hospitals of Kaski district of Nepal were included in the study. Out of total 190 nurses, only 134 nurses participated and completed the survey with anonymous and semi structured self administered questionnaire.

Results: Fifty four (40.30%) respondents have ever faced some form of sexual harassment, verbal harassment being the most common form. Sexual harassment was more frequent in the nurses of age group 20 – 29 years (62.96%) and in unmarried (59.25%). Physicians were the foremost perpetrators (37.03%) followed by patient's relatives (25.93%). Regarding the ways of coping or seeking help for harassment, just ignoring the situation was the main strategy. However, some of them shared the incidents with friends and told about it to the ward in charge. Most of the respondents believed that stronger security system and legalized channels for complaint mechanism in the hospital would be helpful to reduce the harassing behavior.

Conclusion: Sexual harassment in the workplace though an age-old problem, it still exists as a serious concern and an important and widespread problem particularly in nursing sector. Appropriate preventive, control and remedial measures supported by legislative measures is essential to address the concerned issue.

Keywords: Sexual harassment, nurses, perpetrators.

INTRODUCTION

Sexual harassment at the workplace is a violation of human rights. It is an attack on a person's privacy and dignity. It affects the victim in forms of emotional stress, humiliation, anxiety, depression, anger, powerlessness, fatigue and physical illnesses. [1] It consists of the sexualization

of an instrumental relationship through the introduction or imposition of sexist or sexual remarks, physical contact and advances, showing pornography and seeking sexual demands whether by words or actions; such behavior is unwanted by, or offensive to the individual which can be humiliating and may constitute safety

problem. [1, 2] Sexual harassment should not be confused with workplace flirtation, which is generally based on mutual consent and attraction; behavior becomes harassing when it is coercive or accompanied by threats, promises or abuse.

Sexual harassment in the workplace has become an issue of increasing concern globally in the past decades. It is highly prevalent in our society, but it is not spoken openly because it has always been considered as a taboo. It is gaining a gradual recognition as a problem of discrimination against women as workers at the workplace. It is an issue that interfaces with two concerns: violence against women and rights of women in the workplace. [3] When it's the matter of work places, hospitals are not any exception. Nurses in hospital, due to their nature of work such as night shifts, proximity with other's bodies, and involvement with topics related to bodily functions including sexuality, and the hierarchical setting in hospitals are supposed to be more vulnerable to sexual harassment. Nurses in hospitals who experienced sexual harassment easily suffer from emotional distress and unsafe feelings toward the workplace, and this might result in negative effects on the quality of their services i.e. patient care. [4]

This study was conducted to identify the various characteristics of sexual harassment among hospital nurses, namely magnitude, nature, perpetrators, consequences and reactions, and potential recommendations for prevention and control of such harassment. The results of this research are expected to provide important information for the hospital administration and concerned authority to develop the strategies for prevention and control of sexual harassment in the hospital.

MATERIALS AND METHODS

The study was descriptive cross sectional type involving both quantitative and qualitative approaches. It was conducted among all the nurses at randomly selected one governmental and three private hospitals of Kaski district of Nepal in December 2012. Experience of sexual harassment was dependent variable with other independent variables – baseline characteristics (age, ethnicity, marital status and Body Mass Index), job related factors (length of job in hospitals, availability of separate changing room and toilets for male and female and duty shifts), perpetrators of sexual harassments and coping strategies against sexual harassment. Semi-structured self administered questionnaire was used to collect the data and information from the respondents. Seal enveloped questionnaire was distributed to all the 190 nurses working in the hospitals during the time of survey and collected in a similar manner. Anonymity, confidentiality, and voluntary participation and termination were highly emphasized and adopted to make the study more effective. Approval from nursing department and hospital administration was taken prior to the survey. Statistical Package for Social Sciences (SPSS) software was used for data entry, and descriptive statistics was done to interpret the findings.

RESULTS

Baseline Characteristics:

A total of 134 out of the 190 questionnaires distributed to the respondents were returned (response rate=70.52%). Baseline characteristics of the respondents are shown in table 1. Majority of respondents (64.17%) were from age group 20 – 29 years and were unmarried (59.70%). More than three fourth (76.12%) respondents have normal Body Mass Index (BMI) and less than one fourth (22.39%) of the respondents have their job lengths more than five years in the studied hospitals.

Table 1: Baseline Characteristics of Respondents (n=134)

Characteristics	n	%
Age (in yrs) (Mean 24.91, SD \pm 7.13, Range 18 – 50)		
< 20	22	16.41
20 – 29	86	64.17
30 – 39	18	13.44
> 40	8	5.98
Ethnicity		
Brahmin	54	40.30
Newar	14	10.44
Chhetri	22	16.41
Magar	12	8.96
Others	32	23.89
Marital status		
Married	54	40.30
Unmarried	80	59.70
BMI (Mean 21.81, SD \pm 3.14, Range 17.20 – 33.60)		
<18.5	16	11.94
18.5 – 24.9	102	76.12
>25	16	11.94
Job length in hospital		
<5 yrs	104	77.61
>5 yrs	30	22.39

Fifty four (40.30%) respondents have ever faced some form of sexual harassment in the hospital, verbal harassment being the most common form. Other forms of harassment were looking their body with sex appeal, unwanted touch and embracing without permission. Few of the respondents had also gone through pornographic exposure, emotional blackmail, threatening for sex and facing rape like situation. Other forms of harassment like asking dates with sexual desire, receiving Short Message Service (SMS) and phone calls with sexual desire, and showing sex organs were not faced by any of the respondents.

Experience of sexual harassment:

Table 2: Sexual Harassment Faced by Respondents (n=54, Multiple Response)

Forms of harassment	Faced once	Faced sometimes	Faced often
Hearing vulgar words	6	22	2
Hearing vulgar jokes	18	30	-
People staring at body	10	10	-
People showing naked pictures	3	-	-
People trying to touch them	6	10	-
People embracing without permission	10	10	-
Emotional blackmail for sex	3	-	-
Threatening for sex	3	-	-
Facing rape like situation	3	-	-

Sexual harassment according to baseline characteristics: Sexual harassment was more frequent in the nurses of age group 20 – 29 years (62.96%) and in Brahmin – upper cast group (40.75%). The unmarried nurses reported more frequently the experiences of sexual harassment (59.25%). Similarly, nurses in the normal range of BMI mostly used to get harassed.

Table 3: Experience of sexual harassment according to baseline characteristics (n=54)

Characteristics	n	%
Age (in yrs)		
<20	8	14.82
20 – 29	34	62.96
30 – 39	10	18.52
>40	2	3.70
Ethnicity		
Brahmin	22	40.75
Newar	6	11.11
Chhetri	8	14.81
Magar	4	7.41
Others	14	25.92
Marital status		
Married	22	40.75
Unmarried	32	59.25
BMI		
<18.5	6	11.11
18.5 – 24.9	42	77.78
>25	6	11.11

Perpetrators of harassment:

All the perpetrators were male. Regarding the profession and related factor, physicians were the foremost perpetrators (37.03%) followed by patient's relatives (25.93%), patients (18.52%), administrative staffs (11.11%) and other technical staffs (7.41%). Seniors were the frequent perpetrators (62.97%) followed by coworkers (37.03%).

Table 4: Perpetrators of harassment (n=54)

Category wise perpetrators	n	%
Gender		
Male	54	100
Profession and related		
Physicians	20	37.03
Administrative staffs	6	11.11
Technical staffs	4	7.41
Patients	10	18.52
Patient's relatives	14	25.93
Hierarchy		
Coworkers	20	37.03
Seniors	34	62.97

Coping strategies of nurses during and after sexual harassment:

"Harassment in the hospital is minor thing for nurses. So I just ignore it." (28 years, married)

"Once I faced a type of harassment. For this, immediately I got helped by a friend and then reported it to the head nurse." (22 years, unmarried)

"..... I felt like I have been harassed. All the people around me were having fun enjoying that incident, I felt like I have became the centre of issue so I just bowed my head and moved to my way doing nothing. There is no any formal complaint mechanism so there is no use of raising the issue with anybody." (23 years, married).

Respondents reported a range of emotional sequel to sexual harassment notably feeling embarrassed, fearful, angry and threatened. Majority of the nurses who had been sexually harassed either did nothing or just pretended not to see/feel the situation. Many of them shared the incidents

with the colleagues and friends and also told about it to the ward in charge. Some of them wrote that as there is no any formal desk for complaining the incidents, it is of no use sharing the incidents with anyone. However, few of them showed reactions immediately like shouting at the perpetrators and keeping them in place.

Respondent's view on preventive measures against sexual harassment:

"First and foremost, the nurses themselves should be cautious with how they behave with others. They should be professional, not personal in their duty hours. And whenever, they face such situations, they should be strong enough to raise voice against such acts." (23 years, unmarried)

"The nurses should not spend time talking and gossiping with patients and visitors. Moreover, whenever they have to go the cabins for care taking, they should take another friend too". (39 years, married)

"There should be well maintained security system. There should be restriction on entry to the people who have taken alcohol and drugs. Moreover, strict action should be taken against the people who do harassment so that it becomes a lesson to everybody in the future". (27 years, married)

"There should be CCTV cameras in the hospital premises so that the potential perpetrators fear to make harassment. Also some code calling system should be implemented so that the victim can call immediately for help. Whenever found, strict actions should be taken against the perpetrators." (25 years, unmarried)

"There should be facility of separate changing rooms for male and female staffs." (21 years, unmarried)

Majority of the respondents emphasized on the availability of strong legislative procedure regarding sexual harassment and also on the awareness

regarding sexual harassment to all the employees in the hospital. Most of them believed that if there is better security system in the hospital, such incidents can be reduced. However, some of them considered that if the female themselves put limit on their closeness to the patients and visitors, such incidents are less likely to occur. Other preventive and control measures suggested by the respondents were punishing the senior workers who get drunk during working hours, educating entire working teams both male and female on sexual harassment, formation of strong legislation regarding the punishment to the perpetrators, availability of guards at each ward, and bringing favorable changes in people's perception and attitude towards nursing profession.

DISCUSSION

This study was one of the uncommon subject matter concerning hospital based sexual harassment against nursing staffs in Nepal. Although the study follows census method of selecting the respondents, only 134 respondents were fully participated in the study. The response rate was 70.52%; other similar studies had response rate of 25%, [5] 30%, [6] 58%, [7] 56%, [8] and 61%. [9] Although this study reported relatively lower magnitude of sexual harassment (40.30%) than other studies from other countries like 57% in Canada and India, [3, 6] 62% in Turkey, [9] 66% in UK, [8] and 76% in Hong Kong, [5] it is clear and evident that there persists different forms and magnitude of sexual harassment in the nursing profession which should be a key concern issue to the health institution. The study revealed the various forms of sexual harassment ranging from verbal to threatening for sex and facing rape like situation. Physicians and patient's relatives were the common perpetrators and the nurses from age 20 – 29 years were the

frequent sufferers. Physicians, patients, patient's relative and co-workers as the frequent perpetrators were also stated by different studies. [3, 7, 8, 10-12]

Findings of this study illustrate that the female nurses are being the victims of the harassment more often by those people who they should be in regular contact. The nature of nursing profession which involves working physically and emotionally close to the patients and their relatives may results in sexual harassment from the other side. If those people, who the nurses have to take care of every bodily need, are the ones who exploit them, then it can obviously have the adverse effects on the nurses' physical and psychological health as well as a direct impact on health care delivery. Concerning the physician, it could be the hierarchical settings in the hospital that leads to sexual harassment. This finding can be further explained by the fact that many nursing practices cannot be performed without permission of doctors, and nurses cannot make any decisions independently regarding patient care. This fact may give higher autonomy to physician, making them relatively more powerful. Power dynamics in the hospital setting make working women--notably nurses, junior doctors and non-medical staff--particularly vulnerable to victimization if not outright dismissal, and fear of these consequences inhibits women from making formal complaints. [3]

The institutional factor like unavailability of the separate toilet and changing room for male and female staffs in the working ward also seemed to raise the incidents of sexual harassment. The nurses working in the wards with no separate toilet and changing rooms reported the harassment incidents more frequently than those working in the wards having separate toilet and changing rooms. Though this variable has not been examined in the other studies, it can be an important indication that the

availability of separate toilet and changing room for the male and the female staff in the wards may reduce the harassment incidents.

Sexual harassment is considered as a traumatic event for an individual's life. An individual who had experienced such an event may end up in having physical and mental sufferings. The sexual harassment frequently impact on victim's psychological and physiological health, economical conditions and vocational development.^[13] The small amount of available evidence suggests that sexual harassment in the workplace continues to be a common occurrence, typically perpetrated by a person in a position of authority; the majority of women do not take action or lodge an official complaint for fear of being dismissed, losing their reputation or facing hostility or social stigma in the workplace.^[3]

Health-care institutions are not always healthy workplaces and may increasingly be stressful and hazardous ones.^[10] Nursing has dealt with sexual harassment since the era of Florence Nightingale. Despite legislation and increased media attention, nurses continue to experience frustration, embarrassment, and psychological and economic repercussions because of sexual harassment.^[14] Sexual harassment is not only the issue of an individual or employee; it is also the issue for institution too which directly or indirectly affects the efficiency and effectiveness of concerned institution. It is the ethical and managerial responsibility of employer to maintain work environments that discourage sexual harassment and to provide a safe work environment to their women employees including both preventive and remedial measures. Policies and procedures strictly prohibiting sexual harassment should be well publicized and supported strongly by management.^[14]

CONCLUSION

Sexual harassment among nurses is a significant problem in hospitals. Nurses, who are responsible for different health care, are suffered from various forms of sexual harassment that is affecting the quality of health services provided by them. Appropriate preventive, control and remedial measures supported by legislative procedure should be implemented against sexual harassment. Elimination of sexual harassment in the hospitals is the responsibility of health workers, employers/institutions, communities and nation. Further large-scale studies are suggested to examine the problem more closely and comprehensively.

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