



Experience of sexual harassment among nursing students in clinical settings in private nursing colleges in Kathmandu Valley

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ABSTRACT

Background

Over the last decade, the pervasiveness and the cost of sexual harassment, a manifestation of sex-based discrimination, has become a growing concern at the national and international level. This study aims to assess the experience of sexual harassment among nursing students in the clinical settings.

Methods

A cross-sectional research design was carried out in 2017 in three private nursing colleges, Kathmandu. Census method was used to recruit 232 respondents. A structured questionnaire was used for data collection. Data was objectively analyzed in SPSS full version 21.

Results

Nursing students experiencing sexual harassment were 28.9%. Respondents were found to be sexually harassed mostly by patient party/visitor 50%. Mostly harassment occurs at night shift (Between 7pm- 8am) 53.7% and in ward 88%. Regarding effects of Sexual Harassment, approx. 72.9% of the nursing students had repeated disturbing memories and thoughts about a sexual harassment incident. Among total participant only 15% heard about hotline number of workplace violence and 42.6% know about act in workplace. Majority of nursing students did not report sexual harassment because of 49.7% were afraid of negative consequences. Sexual harassment was significantly associated with age, education, and age group of patient 0.021, .007, .005 respectively.

Conclusion

Sexual harassment of any type ranging from staring to verbal abuses is major issue. Hence raising awareness of the growing and invisible issue of sexual harassment towards nurses at workplace is most to maintain good working environment.

Keywords: Sexual Harassment, Nursing Students, Private Colleges

INTRODUCTION

Over the last decade, the pervasiveness and the cost of sexual harassment, a manifestation of sex-based discrimination, has become a growing concern at the

national and international level.¹ From 2002 to 2013, incidents of serious workplace violence were four times more common in healthcare on average, 80% of serious violent incidents reported in healthcare settings were caused by interactions with patients.²

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Exposure to lateral violence can alter a nursing students attitude ,thought process and perception of the nursing profession.³

Sexual harassment at work increases anxiety and undermines the nurse's ability to focus on the delivery of safe and competent care.⁴ The wide use of new technologies such as mobile phones, email and social networking websites creates new spaces where sexual harassment may occur.⁵

Many research also found that sexual harassment may lead to emotional and mental stress to the victims that affect the quality of their services that nursing student provide. Thus, sexual harassment in workplace should be taken seriously. This is because its effect is not only to the victims, but also to their family members, colleagues, patients under their care and whole hospital nursing services. Nursing student experience sexual harassment not only from working staff but also from patients, patients visitors due to their close communication and care that has to be provide for them. Sexual harassment in nursing field is emerging issue. Therefore, the present research was conducted to focus on the pattern of sexual harassment among nursing students studying in nursing college.

MATERIAL AND METHODS

A descriptive study was conducted in three private nursing colleges of Kathmandu. Target population of this study was nursing students studying of proficiency certificate level (PCL) 2nd and 3rd year level meeting the Criteria. Nursing Students studying for more than 6 month from the time of admission are included. Students of PCL studying for less than 6 month from the time of admission in nursing colleges was not included in research due to their limited exposure to the clinical areas.

Sample Size

Considering the prevalence of sexual harassment among 542 nursing students recruited from 12 different nursing colleges in Korea, 17.9% of them reported that they experienced sexual harassment during their clinical placement ($p=0.179$).⁶

Taking this value and using the formula, the proposed sample of the study was calculated as 232. Census method was used to select the sample for the study. From each nursing college, a total 77 students were included.

For data collection, structured questionnaire was used which was developed in 2003 by International Labor Organization, Internal Council of Nurses, the World Health Organization and the Public Services International's.⁶⁻⁷ Respondents experienced of sexual harassment were assessed by using original set of 12 questions with multiple choice and open ended. Researcher administered the questionnaire to students in the classroom setting. Students were given enough time to fill in the questionnaire. Informed written consent was taken from each participant after explanation on the purpose of the study.

To ensure validity and reliability of questionnaire, it was pretested in 10% (i.e. around 23) of the subjects with similar characteristics. Ethical clearance was taken from NHRC and Ministry of Women, Children and Social Welfare. Approval was also obtained from Tri-Chandra Multiple Campus. Verbal as well as written informed consent was taken from each participant before data collection. Privacy was maintained and participants were assured of confidentiality. SPSS version 21 software was used to manage and analyze the data.

RESULTS

Regarding the socio-demographic characteristics of the respondents, majority 87.1% of the respondents were between 10-19 years, mean age was 20.5 years. All respondents were female. The largest number was Janajati (39.7%) and least were Muslim 0.4%. Most of respondents were single 81.5%. Majority of nursing student frequently interacted with adult age group 59.1% and they were of both male and female 92.2% (Table 1).

Table 1 Socio-Demographic Characteristics of the Respondents (n=232)

Variables	Number	Percent	Mean
Age (in years)			
10-19	202	87.1	20.5
20-29	39	12.9	
Ethnicity of Respondents			
Brahmin	56	24.1	
Chhetri	77	33.2	
Janajati	92	39.7	
Adiwashi	4	1.7	
Madheshi	2	0.9	
Muslim	1	0.4	
Marital Status			
Single	189	81.5	
Married	43	18.5	
Education Level			
PCL 2 nd Year	112	48.3	
PCL 3 rd Year	120	51.7	
Frequently Working Age Group			
Children	18	7.8	
Adolescent	20	8.6	
Adult	137	59.1	
Elderly	57	24.6	
Frequently Working Age Group			
Female	18	7.8	
Both Sex	214	92.2	

Characteristics of Harasser

Nursing students experiencing sexual harassment in last 6 month were 28.9%. Respondents were found to

be sexually harassed mostly by visitors of patient as 50% followed by hospital staff 19.7%, Patient 18.1% and doctors 12.1% (Table 2).

Table 2 Characteristics of the Harasser (n=232)

Parameters	Frequency	Percentage
Sexually harassed in last 6 month		
No	165	71.1
Yes	67	28.9
If Yes, Perpetrator of last sexual harasser (n=67)		
Identity of the Harasser		
Patient/Client	12	18.1
Visitors	33	50
Hospital Staff	13	19.7
Doctors	8	12.1

Regarding the characteristics of the Harassment, majority of harassment type was staring at the body repetitively and in a suggestive manner 67.1%. The number of sexual harassment was affirmed as

sometimes. Mostly harassment occurs at night shift (Between 7pm- 8am) 53.7% and in ward 88% (Table 3).

Table 3 Characteristics of Harassment (n=67)

Variables		Number	Percentage
The types of Harassments	Staring at the body repetitively and in a suggestive manner	45	67.1
	Unwelcome excessive special interest	15	22.3
	Unnecessary touch, unwelcome contact	20	29.8
The number of Harassments	All the time	1	1.4
	Sometimes	48	71.6
	Once	18	26.8
Harassment time	Night shift (Between 7pm- 8am)	36	53.7
	Day Shift (Between 8am - 7 pm)	31	46.2
	Nursing Room	2	2.9
Harassment Place	Doctor Room	1	1.4
	Stairs	5	7.4
	Ward	59	88

Regarding effects of Sexual Harassment, approx. 72.9% of the nursing students had repeated disturbing memories and thoughts about a sexual harassment incident. Close to 81.9% of the nurses had difficulties avoiding thinking about, or having

feeling related to an incident of sexual harassment. A higher proportion 92.3% reported being 'super alert' and 'on guard' following their harassment. Approximately, least 44.5% had feeling like everything you did was an effort (Table 4).

Table 4 Effects of Sexual Harassment (n=67)

Variables	Number	Percentage	Mean	S.D
Repeated disturbing memories, thoughts or images of the incident				
Not at all	18	26.8	2.1493	1.0038
A little bit	31	46.2		
Moderately	9	13.4		
Quite a bit	8	11.9		
Extremely	1	1.4		
Avoiding thinking about the incident				
Not at all	12	17.9	2.6418	1.16387
A little bit	20	29.8		
Moderately	20	29.8		
Quite a bit	10	14.9		
Extremely	5	7.4		
Being 'super alert' or watchful and on guard				
Not at all	5	7.4	3.5373	1.36324
A little bit	15	22.3		
Moderately	9	13.4		
Quite a bit	15	22.3		
Extremely	23	34.3		
Feeling like everything you did was an effort				
Not at all	37	55.2	1.9104	1.54460
A little bit	15	22.3		
Moderately	7	10.4		
Quite a bit	6	8.9		
Extremely	2	2.9		

Reactions to Sexual Harassment

Responses to a multiple-response question revealed that participants reacted to workplace sexual harassment in a variety of ways. Among total participant only 15% heard about hotline number of workplace violence and 42.6% had listened about sexual harassment act in workplace. Among 67 participants who were harassed sexually, majority 67.1% told a friends/family about the incident and least 10.4% reported the incident to a senior staff. Approximately 64.1% respondents revealed that no

action taken to investigate the incident, 31.3% told they don't know and only 4.4% told the incidents, were investigated by management/employer and union.

Concerning the reasons why nursing students did not report workplace sexual harassment, 49.7% were afraid of negative consequences, 32.8% did not know who to report to, 10.4% felt ashamed and 5.9% felt guilty (Table 5).

Table 5 Reactions to Sexual Harassment

Parameters	Number	Percentage
Herd about hotline number of workplace violence		
Yes	35	15.0
No	197	84.9
Heard about sexual harassment act at workplace		
Yes	99	42.6
No	133	57.3
Responses to violence		
Took no action/Keep Secret	12	17.9
Told friends/family	45	67.1
Report to Senior	7	10.4
Warn instantly	8	11.9
Was action taken to investigate the incident		
Yes	3	4.4
No	43	64.1
Don't know	21	31.3
If yes by whom,		
Management/employer	2	66.6
Union	1	33.3
Reasons for not reporting incidents		
Felt ashamed	7	10.4
Felt guilty	4	5.9
Did not know who to report to	22	32.8
Afraid of negative consequences	32	49.7

The table below shows the experience of sexual harassment that were significantly associated with age, education, age group of patient $p= 0.021, .007,$

.005 respectively. Similarly, marital status, sex of patient were not statistically significant (Table 6)

Table 6 Association Between Experience of Sexual Harassment and Selected Demographic Variables

Variables	Sexually harassed in last 6 month		P-value
	Yes	No	
Age			
10-19	53(26.2)	149(73.8)	.021
20-29	14(46.7)	16(53.3)	
Education level			
P.C.L 2nd year	23(20.5)	89(79.5)	.007
P.C.L 3rd year	44(36.7)	76(63.3)	
Marital Status			
Single	60(31.7)	129(68.3)	0.43
Married	7(16.3)	36(83.7)	
Sex of patients frequently work with			
Female	4(22.2)	14(77.8)	.516
Both	63(29.4)	151(70.6)	
Age group of patient Frequently work with			
Children	8(44.4)	10(55.6)	.005
Adolescent	2(10.0)	18(90.0)	
Adult	48(35.0)	89(65.0)	
Elderly	9(15.8)	48(84.2)	

DISCUSSION

Over the last decade, the pervasiveness and the cost of sexual harassment, a manifestation of sex-based discrimination, has become a growing concern at the national and international level. Total 232 nursing students were included to find out the experienced of sexual harassment. Our study concluded with the result of nursing students experiencing sexual harassment in last 6 month was (28.9%) which is accordance to the result reported by Spector, Zhou & Che (25%),⁸ Bronner, Peretz & Ehrenfeld (23%).⁹ However, higher prevalence were reported by Subedi, Hamal & Kaphle (40.30%),¹⁰ Suhaila & Rampal (51.2%).¹¹ But comparatively low prevalence was reported by study of Lee, Song & Kim (17.9%).⁷ These comparisons indicate that experience of sexual harassment rate is in moderate level. The probable reason could be due to no any security and reporting system, students may be aware of negative consequences if incident found to be reported. The reports of cases on sexual harassment towards nurses, specifically from patients, are sparse and this phenomenon is seldom seen in literature.¹⁹ Nurses are seen tolerating and justifying the patients' behavior as they are categorized as "sick" and "they don't often know what they are doing".¹⁸ If nurses

keep supporting this way of thinking, the silence and invisibility surrounding the problem will be hard to improve.

A study was conducted in Turkey reported that health students are exposed to the harassment during "watch duty/night shift" mostly²² which is similar to our study findings as mostly harassment occurs at night shift (Between 7pm- 8am) (15.5%) and in ward (25.4%). The number of sexual harassment was affirmed as sometimes. Study done in Nepal showed that Physicians were the foremost perpetrators (37.03%) followed by patient's relatives (25.93%).¹⁰ But in our study foremost perpetrators were visitors of patient (14.2%) followed by hospital staff (5.6%), patient (5.2%) and (3.4%) doctors.

In our study the effects of Sexual Harassment, approx. (21.1%) of the nursing students had repeated disturbing memories and thoughts about a sexual harassment incident. Close to one quarter (23.7%) of the nurses had difficulties avoiding thinking about, or having feeling related to an incident of sexual harassment. A higher proportion (26.8%) reported being 'super alert' and 'on guard' following their harassment. Approximately, least (13%) had feeling

like everything you did was an effort which is similar to the study done by Boaf, Hancock & Gringart report that more than one-third (33.8%) of the nurses had repeated disturbing memories and thoughts about a sexual harassment incident. Close to half (46.4%) of the nurses had difficulties avoiding thinking about, or having feeling related to an incident of sexual harassment. A higher proportion (66.2%) reported being 'super alert' and 'on guard' following their harassment.¹³

Participants reacted to workplace sexual harassment in a variety of ways. Our study shows that among 67 participants who were harassed sexually, majority (19.4%) told to friends/family about the incident. Approximately (18.5%) respondents revealed that no action taken to investigate the incident. Concerning the reasons why nursing students did not report workplace sexual harassment, (13.8%) were afraid of negative consequences, (9.5%) did not know who to report to, (3.0%) felt ashamed and (1.7%) felt guilty. But in the study done in Pakistan report that 65.3% respondent report incidence, management addresses the issue 33.3% but 70.7% are not satisfied from its measures.¹⁴ This is because that sexual harassment is sensitive issue no one want to express openly instead they try to hide or cope silently. Attitude and workplace culture plays a significant part in preventing and minimizing sexual harassment.²¹ Prevention is seen as the first, last and primary line of protection against sexual harassment. Good belief paired with preventive sexual harassment policies aided employers to stay away from the negative effect resulting from harassment occurring at work. As mentioned in Lazarus' and Folkman's theory (1984) social support is a contributing factor on how individuals cope with stressful situations. Therefore the importance of talking about and discussing sexual harassment at the work place and after incidents should be emphasized and done in a non-judging manner.²¹ Giving emotional support to ones coworkers and listening and communicating is important to diminish the negative emotional reactions that can be followed by sexual harassment.¹⁹

Our study shows that that experience of sexual harassment were significantly associated with age,

education, age group of patient ($p=0.05$) $p > .021$, $.007$, $.005$ respectively. There was not a significant relation between marital status and ethnicity. A Study done by Malik, Malik, Qureshi & Atta shows that Hierarchical regression revealed age as significant moderator in relationship between harassment and low self-esteem.¹⁵ But the study done by Bayram & Dinc shows that there was not a significant relation between exposing sexual harassment and marital status and, exposing sexual harassment and career duration.¹² It is important to continue building a better picture and reinventing the nurse as a professional that has standards, and not just someone who swallows everything that is given to them²² so that nurses could gain more respect, and therefore have a chance on minimizing the prevalence of sexual harassment conducted towards them.

CONCLUSION

Sexual harassment among nursing students is a significant problem in clinical area. This study shows that more than one third of nursing students are exposed to sexual harassment that affects the quality of services they provide. Although government have formulate policies and regulations regarding the sexual harassment at the work place but it should be planned and structured and made accessible for all working population. There are very few respondent who had heard about act and hotline number of workplace violence. Thus raising awareness is crucial. There is need for further research on the subject of sexual harassment towards nurses, to ensure the safety of nurses' wellbeing and to preserve the quality of care given in hospitals setting.

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