

**WORKPLACE HARASSMENT: AN EXPLORATORY STUDY OF NURSES IN HAZARA**Dr. Sehrish Khan<sup>1</sup>, Babar Khan Jadoon<sup>2</sup>, Soniya Shams<sup>3</sup>, Dr. Ume Kalsoom<sup>4</sup>

Original Article

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Received: February, 2021

Accepted: May, 2021

Published: July, 2021

**Abstract**

*The present research was conducted to find out the rate of sexual harassment among nurses, their experiences of harassment, and the difference between the frequency of harassment of nurses working under aged authority and the other working under young bosses at health sector. Both qualitative and quantitative measures are used to fulfill these objectives. One hundred nurses with the age range of 20-40 who were serving in different private and government hospitals of Abbottabad and Mansehra participated in the study. They were further categorized into two categories, 50 working under aged boss (above age 40) and 50 working under young boss (below age 40). Sexual harassment experience questionnaire (SHEQ) was used to measure the frequency of sexual harassment while open-ended in-depth interviews were conducted to collect the experiences, perception of work environment, techniques, domains and causes of sexual harassment. The data collected through SHEQ was analyzed by using the SPSS, frequency distribution, and measures of central tendency was calculated. While thematic analysis was used to analyze the in-depth interview material. The results show that 70% nurses at health sector face sexual harassment. Moreover, it was shown that nurses working under aged boss experience harassment more frequently as compared to the nurses who are working under young boss. In depth interviews revealed that there are many types of harassment used by seniors to harass nurses at health sector. Moreover, rate of sexual harassment is more in young, unmarried, divorced, and widows as compared to married women. The common causes of harassment that are told by most of the participants are undue favors and promotions given to subordinates, nurses' intentional involvement in harassment, poverty, etc.*

**Keywords:** Harassment, Intentional involvement, Workplace, Favors, Nurses.

**Introduction**

Harassment is a widespread problem around the whole world (Homayuni, Hosseini, Aghamolaei, & Shahini, 2021). Harassment of working women is a significant problem of our society. Many studies in Pakistan were conducted to find the prevalence of harassment

among working women. For example, in a study at Gilgit it was concluded that women face many problems at workplace in Government organization and sexual harassment is one of them (Paree & Perveen, 2009). Similarly, in a phenomenological study conducted in Karachi

showed that the harassment of working women has become a normal practice of male workers (Sadruddin, 2013).

Studies reveal that workplace harassment occurs almost everywhere (Chai & Lipnic, 2016). However, there are some professions where it happens frequently. Nursing is one of them. Nurses are facing sexual harassment of different types. People consider them as person of low status (Riasat, 2009). Nursing is a profession where 95 % of the population is women (Bryant, 2003). Nurses are usually degraded by men because they make close physical contact with male patients (Mirza, 2002). Nurses are the foremost victims of sexual harassment. It is the most prevalent problem of nurses that effect their psychological health. Workplace harassment effects the job performance and psychological health of nurses (Lockhart, 2016).

Literature shows that the sexual harassment is very common in nursing profession. By using interview, non-participant observation, and questionnaires 173 female nurses were approached at Pakistan Institute of Medical Sciences, Islamabad. It was shown that 72% participants confirmed that sexual harassment exist in nursing profession (Riasat, 2009). Similarly, focus group discussion, observation and intensive interviews with 20 nurses working in Khyber Teaching Hospital, Peshawar revealed that harassers at health sector are usually doctors, paramedic staff, patients, and attendants. The reasons for harassment include male dominance, no security for nurses, tight uniforms (Zeb, 2009). Same was reported in another study conducted at Nursing School Karachi (Somani & Khawaja, 2012).

There are many other studies which are conducted to explore the factors behind sexual harassment. Madison and Minichiello (2004) conducted 16 unstructured interviews of registered Australian nurses. The verbatim analysis of these interviews showed that lack of respect, politeness of nurses, their welcoming and friendly behavior, perceived dominance and control, and free type of environment are the main causes of harassment among nurses. Research evidence revealed that sometimes the nurses have to quit their jobs because of

harassment. A self-administered questionnaire was applied on 90 nurses from different hospitals of Islamabad in a cross sectional study to find the extent of sexual harassment by medical staff and it was revealed that 30 % nurses were sexually harassed by doctors and 22 % nurses quit job because of sexual harassment (Shaikh, 2000).

Studies show that the harassment is a common cause of psychological distress among nurses. A study conducted in different hospital of Australia found that sexual harassment is a common problem among nurses, and it is the most prevailing cause of psychological stress among these employees. It further revealed the coping strategies used by nurses to deal with harassment (Hammlin & Hoffman, 2002). Another study found workplace sexual harassment as mediator factor among depression and family deviance (Zhu, Lyu, & Ye, 2019). This shows a need to study harassment and convince related departments to develop some policies to overcome this issue.

Previous studies show that age and marital status are important variables to be studied with respect to harassment. Young people are less sensitive to harassment than aged people (Ohse & Stockdale, 2008). Older employees are more likely to be supervisors and are directly related to policies regarding harassment (Reese & Lindenberg, 2005). In a case report it was reported that a nurse was blocked by a senior who is famous for his bad character. The senior member tried to physically touch the nurse and she slapped him unintentionally. After that she felt regret as she could not face the problems created by that doctor and she did not report the case which was later on reported to researchers by another colleague (Naveed, Thrani, & Alvani, 2010). No study found age of harasser as a factor of harassment. Current study filled this gap by exploring the age of boss as a factor of harassment. Studies revealed that marital status is not an important factor behind harassment (Homayuni, Hosseini, Aghamolaei, & Shahini, 2021).

Sexual harassment occurs throughout the world. In Pakistan many researches and surveys are conducted on this problem. This research is an attempt to highlight this issue in

Hazara and to create awareness among authorities and administration so that they can take notice of harassment. This research will provide findings to make facts-based decisions and prevention measures to enhance women's empowerment. This would help in sensitizing nursing about harassment. More research evidences are needed to highlight this issue as it has become a common practice in hospitals that people even do not think it as a problem. Nurses have accepted this thing as a part of their job and thus this profession has become a symbol of immorality. People do not respect nurses and this profession but still they are giving respect to doctors and other perpetrators. This research is done in the favor of nurses so that they can get back their respect and should be acknowledged for their servings for humanity.

## Method

### Objectives

Objective of the present study is to measure the sexual harassment among the nurses with reference to age of nurses as victim, age of boss as harasser and marital status of nurses.

### Research questions

**The inquiry questions of the present study were**

- Are unmarried, widowed, and divorced nurses are more vulnerable to sexual harassment?
- Does experience of sexual harassment will be higher among young aged nurses than the middle age nurses?
- What are the modes and causes of sexual harassment?

### Hypothesis

Experience of sexual harassment will be higher among nurses working with aged boss as compared to nurses working with young boss.

### Sample

A sample of 100 female nurses were selected by using the purposive sampling technique from different private (Shahina jamil hospital, Rehmat memorial hospital, CMH) and Government

hospitals (Ayub medical complex, Valley medical complex, Women children hospital, & DHQ Mansehra) of Hazara division of KPK. A predetermined inclusion criterion was set by the researcher for selecting the sample. A total of 130 nurses were contacted for this purpose however only 100 nurses showed their willingness to participate in the study. Hence the response rate was 76% and dropout rate was 24% which is satisfactory considering the sensitivity of the study. The inclusion criteria of the sample were nurses having the experiences of sexual harassment and also willing to share it. The exclusion criteria of the sample were nurses having no sexual harassment experience and those who were victim but did not give the consent to participate in the study.

## Instruments

### In-depth interviews

A 30 minutes in-depth open ended and individual interview was conducted with nursing a confidential and relaxed environment where they were asked about some of the pre-planned questions as well as some instant questions. The obtained information was recorded with paper and pencil. The questions are based on issues like perception of sexual harassment, personal experiences, incidents that have been occurred with other employees, domain of sexual harassment (abuse of authority, creation of hostile working environment, and retaliation), modes of harassment, causes of harassment, age of harasser, age of the victim, and marital status of the nurses

### Sexual harassment experience questionnaire (SHEQ)

SHEQ is a 35 items questionnaire with polychotomous response which is never, once, few times, very frequent. It was developed by Kamal (2002) to measure sexual harassment of women workers in Pakistan. There are no negative items. The higher the response of a given option; the higher will be possibility of the condition. There are three dimensions of this scale which are gender harassment, unwanted sexual attention, and coercion. Gender harassment refers to staring, jokes, use of pornography material. It consists of 7 items. Unwanted sexual attention comprised of 21 items and measures unwanted discussion of

sexual issues, requests for dates, attempt for rape, attempt to establish sexual relations, forcible attempt to touch. While there are 7 items for measuring sexual coercion e.g bribery for sexual attempts, threats for retaliation, sexual non-cooperation, negative experience for not cooperating. The cronbach's reliability coefficient of this instrument  $\alpha = .94$  (Kamal & Tariq, 1997). The results of this study ( $\alpha = .94$ ) also proved it a reliable scale to use with the said sample.

### Procedure

The researcher approached a total of seven public and private sector hospitals of Hazara Official permission was taken from the MS of hospitals. Then the nurses were given a brief introduction regarding objectives of research. They were assured about the confidentiality of their personal information. After

developing rapport, a 30 minutes interview was conducted individually with all nurses. The interview was started with less sensitive issues such as the working environment, cooperation from management, and then gradually forwarded towards questions about their perception of sexual harassment, their own experiences of harassment, and incidents occurring to their colleagues. In the beginning most of them were reluctant to share this information but later on they share almost everything they know about this issue. Then SHEQ was administered to them and they were asked to answer the statements honestly without biases. They all were co-operative and took a great interest in the test. So, in order to find out the degree of sexual harassment final data was analyzed by using the SPSS and content thematic analysis.

## RESULTS

**Table 1**

**Alpha Reliability co-efficient of sexual harassment experience questionnaire (Urdu version), SHEQ (N=100)**

Scale	No. of items	A	M	SD
SHEQ	35	.884	87.81	19.07

Table 1 shows the alpha reliability co-efficient of SHEQ. The alpha value indicates that the scale is reliable to use with current sample.

**Table 2**

**Mean, S.D, and t-value of nurses working under young boss and the one who are working under aged boss on SHEQ (Urdu version)**

Aged men (n=50)		young men (n=50)		t(df)	P	UL	LL	Cohen's d
M	SD	M	SD					
96.66	14.83	78.96	18.85	5.21(98)	.000	24.43	10.96	0.46

Table 3 shows the t -value of nurses working under young boss and those working under aged boss on SHEQ. Results indicate that there is significant mean difference ( $p < .000$ ) between two groups which shows that group 1 experience sexual harassment more frequently as compared to group 2.

Table 3

**Self-reported experience of sexual harassment by type of harassment (N=100)**

Number of respondents	No. who reported personal experience of being harassed	Type of harassment experienced		
		Abuse of authority	Creation of hostile working environment	Retaliation
100	70	38	22	10

Table 4 shows the self reported experiences of sexual harassment by type of harassment among nurses. There are three domains of sexual harassment, abuse of authority, creation of hostile working environment, and retaliation. Narrative report reveals 70 nurses who experienced harassment themselves. Out of these 38 reported abuse of authority, 22 reported creation of hostile work p[lace and 10 reported retaliation type of harassment. This indicates that abuse of authority is the most common type of harassment at health sector. While the second common type is creation of hostile working environment.

**Findings of in-depth interviews**

Findings of in-depth interviews are presented in following sections.

**Analysis****Brief summary of experience sexual harassment by the nurses**

Nurses were not satisfied with the current working environment because they believe that there is no respect for nursing profession in our country. They have close interaction with all type of male than any other working women.	No respect for nursing profession
Workplace favoritism is very common in nursing profession. Some senior nurses reported that the young and beautiful nurses get quick promotions than others.	Workplace favoritism for young and beautiful nurses
Many respondents reported that doctors used to call them in their rooms alone at night without any task. Similarly, patients and attendants call nurses unnecessarily and repeatedly.	Un-necessary Repeated calls by patients and authorities
All of the respondents reported that doctors, patients, attendants, and other male used to pass vulgar comments on them during duty timings.	Verbal harassment
Most of the respondents reported that abuse of authority, creating hostile working environment & retaliation are the common domains of harassment used by doctors. They are usually emotionally blackmailed by senior doctors. Doctors offered them promotions and other incentives in exchange of illegal relations and the one who is of low status accept those offers in the lust of promotions. There were few nurses who said that if one refuses to accept the offer then doctors create hostile working environment for them and do negative annual evaluation.	Willingly becoming a victim for incentives
According to respondents, the causes of harassment include negative image of nursing profession, lack of law implementation, male dominance, and low positions of nurses, job insecurity, and social norms which keep the victims silent.	Non-implementation of law and poor image of nursing profession

## Narrative results

### Perception of work environment and sexual harassment

Nurses were not satisfied with the current working environment because they believe that there is no respect for nursing profession in our country. They have close interaction with all type of male than any other working women. As one of the respondents said that, *“we know that people used to degrade us so verbal and nonverbal harassment is quite normal for us”*. Workplace favoritism is very common in nursing profession. Some senior nurses reported that the young and beautiful nurses get quick promotions than others. As one of the nurses said that, *“I never experience any harassment because I am not beautiful and young. I have greater workload than younger and beautiful nurses”*.

### Common techniques of harassment

According to most of the respondents the common techniques used by perpetrators to harass nurses include staring, touching sensitive parts of the body, sexual gestures, brushing against body, pinching the buttocks, poking the breast, phone calls at night, and holding hands. Many respondents reported that doctors used to call them in their rooms alone at night without any task. Similarly, patients and attendants call nurses unnecessarily and repeatedly. Following expressions of nurses reflect the types of harassment used by doctors, non-medical staff, and attendants.

*One of the patients commented on my shirt that this print is like a pillow cover and I would love to sleep on it.*

*A doctor raped a nurse 6 years back and was murdered by her boyfriend later.*

*a senior doctor asked me to pass this forceps during duty and touched my hand intentionally while I was passing the forceps to him.*

## Domain of harassment

Most of the respondents reported that abuse of authority, creating hostile working environment & retaliation are the common domains of harassment used by doctors. They are usually emotionally blackmailed by senior doctors. Doctors offered them promotions and other incentives in exchange of illegal relations and the one who is of low status accept those offers in the lust of promotions. There were few nurses who said that if one refuses to accept the offer then doctors create hostile working environment for them and do negative annual evaluation.

## Modes of harassment

According to respondents' harassers are usually the doctors, paramedical staff, patients, male nurses and attendants. But the respondents self reported experiences show that doctors are more likely to involved in this issue than any other mode of sexual harassment.

## Causes of harassment

According to respondents, the causes of harassment include negative image of nursing profession, lack of law implementation, male dominance, and low positions of nurses, job insecurity, and social norms which keep the victims silent.

## Discussion

This study was conducted to find the experiences of sexual harassment among nurses the age of harasser and age of nurses, and marital status of nurses as a factor of harassment. It was hypothesized that experience of sexual harassment will be higher among nurses working with aged boss as compared to nurses working with young boss.

Table 2 shows the results for first hypothesis. Results indicate that nurses working under aged boss experienced more sexual harassment as compared to the nurses working under young aged boss. Results are consistent

with previous literature that young nurses are at higher risk of harassment (Karami et al., 2020). Another study was conducted by Kamal (2000) in which it was revealed that age is an important contributing factor in harassment of women at workplace. There are some case studies which also support this finding. One female worker reported that an old religious person used to stare her and once he asked her to be with him alone on dinner. Other women reported that her project manager who was above 50 used to tell dirty jokes and tried to involve her in vulgar discussion. One more female worker wrote that she was comfortable with all her colleagues but her boss used to harass her by commenting on her body parts like breasts (Association of women for action and research, 4<sup>th</sup> August, 2013 para1) .Researches conducted outside Pakistan also support the findings of this study. Celik and Celik (2007) surveyed 622 nurses from eight Ministry of health hospitals in Turkey by using sexual harassment questionnaire and found that 37.1 % of participants had been sexually harassed. Another study conducted in Malaysia also showed that sexual harassment is a widespread problem for women in workplace (Ismail, Chee, & Bee, 2007).

The basic inquiry question was to find the effect of age and marital status of nurses on the harassment experiences. Table 5 shows the self-reported experiences of respondents. 70 out of 100 respondents reported experiences of harassment at workplace. Further it was shown that 38 nurses reported abuse of authority, 22 reported creation of hostile working environment, and 10 reported retaliation as a domain of harassment. The results are consistent with a previous study conducted by Chaudhry (2006) in which it was observed that half of the respondents in his study left their jobs or they were forced to resign (retaliation & creation of hostile working environment). Similarly, it was found that sexual harassment is linked with the abuse of authority (Wilson & Thompson, 2001).

Respondents perceived workplace environment as non-supporting, threatening,

rejecting, and male dominating which is also reported by nurses in previous studies (Zeb, 2009; Riasat, 2009). Perpetrators used different tactics to harass nurses at workplace. The common tactics are staring, touching sensitive parts of the body, use of vulgar language, interference in personal affairs etc. For example, Somani (2012), Zeb (2009), Riasat (2009) & Kamal (2000) in their research studies found the similar ways that harassers used to harass the nurses in hospitals. Doctors, paramedical staff, patients, and attendants are the common perpetrators in hospitals, but doctors are more frequently reported harassers. Previous studies also confirm this conclusion (Zeb, 2009; Celik & Celik, 2007). A cross section study of nurses revealed that male doctors are the major harassers among all perpetrators (Shaikh, 2000). Causes of the harassment according to majority of the nurses include, negative image of nursing profession, lack of law implementation, male dominance, and low positions of nurses, job insecurity, and social norms which keep the victims silent.

Hence the current study highlighted the frequency, age factor of perpetrators, modes, domain, techniques, and causes of harassment as reported by respondents themselves. All the previous literature shows that harassment is very common among nurses, but still the Government and other authorities fail to overcome this problem. So this issue needs to be explored. More research evidences are needed to highlight this issue as it has become a common practice in hospitals that people even do not think it as a problem. Nurses have accepted this thing as a part of their job.

## Conclusion

Current study explored harassment experienced by nurses at workplace. Experiences of nurses were assessed by administering SHEQ scale. Moreover, in depth interviews were conducted. Results showed that seventy percent nurses experienced harassment at workplace. Further old age people in health sector are more involved in harassment than young people.

## Recommendations

Hospital authorities should have some practical guidelines for prevention of harassment among nurses. There should be punishment system for perpetrators in hospital according to the code of sexual harassment given by Supreme Court. Nurses should be given orientation about sexual harassment code and guidelines and should be encouraged to report cases rather than hiding such issues which are very common among nurses. A complaint section should be established in hospitals to deal with such issues. Cc footage cameras should be installed to get the evidence as in most cases nurses don't have proof of harassment. Incentives, promotions, and other facilities should be provided according to the rules of government. Annual evaluation reports should be written by a group of authorities rather than a single person.

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