

## Effect of Educational Guidelines Program on Internship Nursing Students Facing Sexual Harassment Behavior

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**Abstract:** Sexual harassment behavior is one of the most difficult problems facing internship nursing students in recent years; sexual harassment behavior evokes stronger emotional reactions among student nurses, such as frustration, anger, feeling hurt, fear, resentment, helplessness, anxiety and irritation. Therefore, this study aimed to investigate the effect of an educational guideline program on internship nursing students facing sexual harassment behaviors. A quasi- experimental design was utilized in this study. The study was conducted at Ain Shams university Hospital. purposive sample of 60 student nurses were recruited for this study. Three A structured questionnaire sheet for students which included A demographic characteristics of nurses as age, marital status, Gender, residence, working unit and working shifts. The sheet also included information related to Nurse's knowledge about exposure to sexual harassment, nature of sexual harassment, meaning of sexual harassment, risk factors of sexual harassment, different forms of sexual harassment, the effects of sexual harassment on victims, family and community and the measures used to prevent sexual harassment.; 2) Feeling word checklist; and 3) student nurses experience toward sexual harassment behaviors. The result of this study indicated that the implementation of the educational guideline program showed a highly significant improvement in nurses' level of knowledge about sexual harassment and nurses' reaction and experience toward sexual harassment. The study recommended that, effective policies and procedures to combat this situation are to be established as policies and procedures would empower both administrators and nurses, enabling them to take certain actions against sexual harassment. 2-educational program, including nurses, human rights, gender perspective and assertiveness training are needed for both clinical and student nurses assertive attitude that could help nurses discourage patients from engaging in inappropriate sexual behavior.

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**Key Words:** Sexual harassment, Educational guideline program, Nurses' emotional reaction, knowledge Experience.

### 1.Introduction

Sexual harassment has been described as any unwelcomed sexual advances, requests for sexual favors or other physical and expressive behaviors of a sexual nature (*Oyedunni, 2013*). It has also been described as repeated and unwelcome sexual comments, looks, or physical contact at workplaces or other places (*Chen et al., 2009; Lee et al., 2011*). Many other studies done in Japan, Israel, United Kingdom, Florida and Turkey found that the prevalence of sexual harassment among nurses is more than 50% (*Fayankinnu, 2012*). On the other hand, results of the study conducted to nurses in Ankara, Turkey by (*Celik, 2007*), found that only 37.1% had experienced sexual harassment in the workplace. In Malaysia *Jamal*, who carried out a research on the prevalence of sexual harassment among workers in 2002, they found that 35% of 1483 respondents had experienced at least one episode of sexual harassment in the workplace. Meanwhile,

*David and Debbie (2008)* who undertook a study of 108 students at one of the centers of higher learning in Malaysia found that 87 (80%) of them had experienced sexual harassment. These figures are high, therefore sexual harassment problem in workplace should not be taken likely because it is one of the most difficult problems facing nursing students in recent years; it has been framed as an occupational health hazard posing particular risk to nursing students (*Imonikhe et al., 2012*).

Nurses are primary caregivers in hospitals and are more likely to encounter sexual harassment because of the amount of time spent in the hospital to direct patient care. Many nurses have not been trained to manage sexual harassment situations. So, sexual harassment threatens the welfare of the nursing students (*Kullima et al., 2010*). Nursing students suffer from many feelings as frustration, anger, feeling hurt, fear, resentment, helplessness, anxiety and

irritation relating to sexual harassment behavior (*Lee et al., 2011*).

From various international studies, estimates of the annual prevalence rates of hospital staff who have experienced sexual harassment vary from 0.7 to 9.5%. Empirically, nurses are the most vulnerable population to sexual harassment behavior among hospital workers (*Suhaila, & Rampal, 2012*). Numerous studies have reported a high prevalence of sexual harassment behavior among nurses during their careers, ranging from 30 to 97% *Owoaje and Olusola-Taiwo, (2010)* clarified that the nature of nursing profession is such that it involves working closely with patients and staff members, which often results in an attachment, both physically and emotionally. Due to this rather fragile state of being, it is easy for them to fall prey to those who take advantage of these situations leading to occurrences of sexual harassment.

Many of the studies also found out that most of the sexual harassment victims didn't report the incidence (*Yuri et al., 2006*). Most publications refer to sexual harassment as a major workplace problem that causes humiliation and embarrassment and damages health care workers' performance (*Fiedler, 2000*); *Cogin, & Fish, 2009*). Many studies also found out that sexual harassment may lead to emotional and mental stress to the victims (*Tammella, 1993*); *Hamlin and Hoffman, 2002*). This intern will give bad impact to the victims' performance and affect the quality of their services. Thus, sexual harassment in workplace should not be taken lightly. This is because its effect is not only to the victims, but also to their family members, colleagues and patients under their care. Hence, steps should be taken by hospital management in order to manage and prevent these problems from occurring again in the future.

#### **Aim of the study:**

This study aimed to investigate the effect of an educational guideline program on internship nursing students facing sexual harassment behaviors.

#### **Research hypothesis:**

The researchers proposed that the implementation of the educational guideline program in addition to dissemination of sexual harassment educational guideline booklet will improve the knowledge, experience, coping and emotional reaction toward sexual harassment behavior. As well, there will be a facing sexual harassment attack in the hospital from patients, visitors, physicians or other workers in the hospital.

## **2. Subjects and Methods:**

### **Study design**

A quasi-experimental design was utilized to conduct the study.

### **Setting:**

The study was carried out at Ain Shams University Hospital as a clinical area for internship nursing students.

### **Sample:**

A purposive sample of 60 nursing students being trained in the previously mentioned setting, who appreciated to participate in the study were selected to be involved as the study sample, according to the following criteria ;Both sexes, at least six months training in the hospital and not absent from the clinical area.

### **Tools for Data Collection**

Three tools were used to collect data pertaining to the study:

I-A structured questionnaire sheet for students which included A demographic characteristics of nurses as age, marital status, Gender, residence, working unit and working shifts. The sheet also included information related to Nurse's Knowledge about exposure to sexual harassment, nature of sexual harassment, meaning of sexual harassment,, risk factors of sexual harassment, different forms of sexual harassment, the effects of sexual harassment on victims, family and community, the measures used to prevent sexual harassment and role of organization in preventing sexual harassment.

The questionnaire was derived from literature reviews (*Bimrose, 2004, Brown, et al., 2005*). Nursing students answers were compared with Key answer model and accordingly their knowledge were categorized into either: Unsatisfactory, less than 50% and Satisfactory, 50% or more.

B-Experience of sexual harassment questionnaire: A adapted from *Senol-Celik and Bayraktar's (2004)*, it included incidence of harassment, forms of sexual harassment behavior, attended any courses in sexual harassment and Perpetrators of sexual harassment. All questions regarding characteristics of sexual harassment had two options; "Yes" or "No".

II- Feeling Word Checklist: This scale constructed by *Rosberg, et al (2003)*, to assess staff members' emotional reactions toward harassment behavior. The scale included (39 items) grouped into 7 subscales, namely: Important (9 items), Confident (6 items), Rejected (5items), On guard (5 items), Bored (5 items), Overwhelmed (5 items) and Inadequate(4 items). The scale was modified to suit the current study by omitting 11items due to similarity between items and presence of unnecessary items, this was done according to the pilot study results. The scale includes two positive dimensions: important (helpful, enthusiastic, empathic & caring); and confident (relaxed, objective & confident). The five negative dimensions were: rejected (rejected, & stupid), on guard (anxious, cautious, &threatened), bored (tired, bored & empty), overwhelmed (surprised, confused,

& invaded), and inadequate (sad, distressed, & helpless). The scale was modified for the current study into 3-point Likert scale with response options of little (1), average (2) and much (3) by adding not at all to little and much to very much, this modification gave the best results.

III- Coping methods questionnaire toward sexual harassment behavior was developed by McCabe and Hardman. (2005). The questionnaire is both a valid and reliable instrument for the assessment of coping among working nurses who were exposed to sexual harassment behavior and it contained 11 items. All questions regarding coping methods toward sexual harassment behavior had two options; "Yes" or "No".

#### 4- Construction of the educational guideline program

Actual needs assessment was done and accordingly the program was designed after reviewing the related literature. A variety of teaching strategies were used in implementation of the program such as; lecture, discussion, feedback, demonstration and re demonstration. In addition to the program intervention a sexual harassment educational guideline booklet was designed by the researchers; it was designed in English language. It serves as a referral guidelines for internship nursing students. The guiding booklet was evaluated for its content validity and clarity by a panel of experts' professions in the field of the study. In the light of their comments, the necessary modifications were carried out and the final form of the guiding booklet was administered. The booklet included: meaning of sexual harassment, risk factors and etiology of sexual harassment, different forms of sexual harassment, the effects of sexual harassment on victims, family and community and the measures used to prevent sexual harassment and role of organization in preventing sexual harassment..

#### Operational Design

##### 1- Preparatory phase

A review of the past, current related literature covering various aspects of sexual harassment was done by using available books, articles, periodicals and magazines to get acquainted with the research problem and to develop the study tools and content of the guiding booklet and the program.

##### 2- Pilot study

A pilot study was conducted in order to test the content validity of the questionnaires and clarity of questions, also to estimate the needed time to fill them, and to make sure that items are understood. The pilot study was carried out on 10 nurses. Simple modifications were done as revealed from the pilot study result by omission and re modifications of certain items. All nurses in the pilot study were not involved in the study sample later on.

#### Administrative Design:

An official permission was requested from the director of Ain Shams University Hospital, where the research was conducted. Subjects who fitted the study criteria were contacted by the researcher. At that time, the purpose and nature of the study were explained. Agreement to participate in the study was obtained from nurses and confidentiality was assured.

#### Statistical Design:

The researchers checked all the administered copies of the questionnaires one by one and edited them for completeness and accuracy with a serial number assigned to each for easy identification. Questionnaires were then coded using a guide developed for that purpose, and data were entered onto the computer. Analysis was done using the Statistical Package for Social Sciences (SPSS), version 15. Descriptive statistics and Chi-square test were used for data analysis at 5% level of significance.

#### Ethical consideration

Approval for conducting the study was obtained from the director of Ain Shams University Hospital. The nature, purpose and process of the study were explained to the participants after which verbal informed consent was obtained from each Participant. They were assured about confidentiality; privacy and anonymity of information were provided. Necessary steps such as asking for no names and data sources in a secure place were taken to ensure confidentiality. Participants were continuously reminded of their right to withdraw from the study at any time without giving any reason.

#### 3- Field Work

The actual field work was carried out at the first week of February (2013) up to the end of March (2013) for data collection and program implementation. The researchers were available 2 days/week from 8.00 a.m. to 1.00 p.m. The aim of the study and the expected outcome were explained for the internship nursing students and they were cooperative in participation in the study. The researchers distributed the questionnaire sheets on the study subjects to obtain their responses. Time required to fill in the sheets ranged from 30-45 minutes. The implementation and evaluation of the program regarding sexual harassment were carried out at the previously mentioned setting in a separate room and equipped with the required facilities for the study. The educational guideline program was developed in the form of booklet after reviewing related literature (it took one month). The booklet was implemented in the form of sessions. It was difficult to gather all nurses at the same time, so they were divided into 6 groups; each researcher took two groups, each group consisted of 10 nurses. Once /week for each study group. The total number of sessions was 10 for each group. These

sessions started at 9.00- 10.30 a.m. and were held on Saturdays and Sundays for the first researcher, Mondays and Tuesdays for the second researcher, and Wednesdays and Thursdays for the third researcher. This phase lasted for 10 weeks. Different teaching strategies were used such as; modified small group discussion, role play, demonstration and re demonstration Aids prepared especially for the program were booklet, and colored posters.

#### Evaluation:

Upon the completion of the program, the post test was done using the same tools to evaluate the outcomes. The guiding booklet was distributed to the study subjects after the program implementation, where the researchers explained the content of the booklet to be used as a personal reference.

#### Limitation of the study

Methodological problems faced the researchers such as; response rate, sample size, sample diversity due to sensitive and embarrassing proprieties of the study topic.

#### 3. Results

Table (1) shows that the majority of the studied sample exposed to sexual harassment were female student nurses (86.7%), within the age groups < 22-years (79.4%), As for marital status most of those exposed to sexual harassment were single (93.3%) and had their training in medical /surgical ward (35 %). Concerning their residence, more than three quarters of the sample were from rural area (78.3%) and for two fifths (40%) training was at night shift.

**Table (1):** Socio -demographic characteristics of nursing students according to their exposure to sexual harassment

Items	Exposure to Sexual Harassment	
	No	%
Age (in years)		
<22	7	11.7
22-24	46	67.7
>24	7	11.7
Mean ±SD	2.00±0.4871	
Gender		
Male	8	13.3
Female	52	86.7
Marital status		
Single	56	93.3
Married	4	6.7
Training ward		
Surgical ward/ Medical ward.	21	35
Emergency unit	5	8.3
Orthopedic unit	12	20
Obstetric and gynecologic ward	6	10
Outpatient clinic	10	16.7
Intensive care unit	6	10
Shifts usually worked		
Morning shift	13	21.7
Evening shift	11	18.3
Night shift	24	40
Rotated.	12	20
Residence		
Rural	47	78.3
Urban	13	21.7

Regarding experience of sexual harassment among nursing students, (Table 2) reveals that (71.7%) of students reported ever been sexually harassed. Types of sexual harassment experienced as reported by students were receiving unwanted mail or telephone calls (36.7%). Moreover, the current study findings indicated that (71.7%) the student nurses

experienced sexual harassment <3 times. Additionally, all staff members (100%) stated that they had not received any type of training on how to deal with harassment behavior.

Concerning knowledge among nursing students about sexual harassment, table (3) reveals that highly statistically significant differences were found in items

meaning of sexual harassment, risk factors of sexual harassment, different forms of sexual harassment. The same table reveals also that statistically significant differences were found for effects of sexual

harassment on victims, family and community, the measures used to prevent sexual harassment and role of organization in preventing sexual harassment. ( $p<0.05$ ).

**Table 2.** Experience of sexual harassment among nursing students (n=60)

Items	n=60	
Experienced harassment in past 6 months	43	71.7
Yes	17	28.3
No		
Number of times harassment experienced in past 6 months		
None	4	6.7
< 3	43	71.7
>3	23	38.3
Forms of sexual harassment behavior		
- Were subjected to unwanted sexual jokes, stories, questions, or words	9	15
- Were subjected to sexual behaviors with the eye, hand, or face	11	18.3
- Were subjected to kissing sounds.	3	5
- Received unwanted mail or telephone calls	22	36.7
- Were shown someone's body sexually	8	13.3
- Were touched on the body	7	11.7
Perpetrators		
Patient	43	71.7
Patient's relatives / friends.	6	10
Physician	3	5
Other Nurses	2	3.3
Security officers	2	3.3
Housekeepers	4	6.
Received training about sexual harassment		
Yes	0	0
No	60	100
Reported to higher authority		
Yes	17	28.3
No	43	71.7

**Table (3):** Comparison of the knowledge score among nursing students before and after educational guidelines

Items	Pre program(n=60)			Pre program(n=60)			$\chi^2$	P
	poor	Average	good	Poor	Average	good		
Meaning of harassment	73.3	26.7%	0	11.7%	35.0	53.3%	19.091	<0.001
Forms of sexual harassment	76.7	23.3%	0%	3.3%	38.3	48.3%	19.520	<0.001
Risk factors of sexual harassment	71.3	26.7	.7	8.3	40.0	51.7	22.191	<0.001
The effects of sexual harassment on victims, family and community	83.3	13.3	3.3	10.0	31.7	58.3	8.571	0.037
Measures used to prevent sexual harassment	65.0	23.3	11.7	5.0	20.0	75.0	10.769	0.029
Role of organization in preventing sexual harassment.	61.7	30.0	8.3	10.0	18.3	71.7	14.745	<0.005

**Table (4)** Coping methods followed by nursing students towards sexual harassment behavior pre/post educational guideline program

Items	Pre Educational Program		Post Educational Program		X <sup>2</sup>	P
	Yes	no	Yes	No		
1- Be "super alert" vigilant and careful	30%	70%	78.3%	21.7	7.112	<0.008
2-Do nothing and keep silent	33.3	66.7	71.7	28.3	11.860	<0.001
3-Patient directly confronted about his behavior and told to stop	44	16	11	49	4.898	0.027
4- Take sick leave	51	9	10	50	2.118	0146
5- Fight with the perpetrator	33	27	13	47	13.578	<0.001
6-Discussed the harassment situation during formal staff meeting	13	37	46	4	54.231	<0.001
7-change topic	11	49	42	18	5.773	0,016
8- Withdraw from the place or the perpetrator	54	6	22	38	3.860	0.049
9-ask others help	49	11	24	36	8.980	<0.003
10-scold the harassed individual	37	23	12	48	9.324	<0.002
11-Avoid thinking about or talking about the attack	37	23	11	49	8.373	<0.004

**Table (5):** Nursing students' emotional reaction toward sexual harassment behavior regarding to positive feelings at pre/post educational guideline program

Positive Feelings	Pre- intervention (n=60)			Post- intervention (n=60)			X <sup>2</sup>	P value
	Little NO %	Average No (%)	Much NO %	Little NO %	Average No (%)	Much NO %		
Helpfulness: Important: When I deal with sexual harassment behavior I feel:-								
Helpful	13 21.7	10 16.7	37 61.7	5 8.3	8 13.3	47 78.3	60.0	<0.001
Enthusiastic	32 53.3	21 35.0	7 11.7	15 25.0	12 20.0	33 55.0	42.955	<0.001
Affectionate	15 25.0	13 21.7	32 53.3	9 15.0	9 15.0	42 70.0	53.310	<0.001
Sympathetic	16 29.7	12 20	32 53.3	8 13.3	10 16.7	42 70.0	53.619	<0.001
Empathetic	2 3.3	19 31.7	39 65.0	37 61.7	9 15.0	14 23.3	20.083	<0.001
Important	37 61.7	11 18.3	12 20.0	4 6.7	23 38.3	33 55.0	30.516	<0.001
Clever	34 56.7	14 23.3	12 20	6 10.0	21 35.0	33 55.0	37.540	<0.001

**Table (6):** Positive relationship score of nurses' knowledge and nurses coping strategies toward sexual harassment behavior at pre/post educational guideline program

Items	Nurses' knowledge			
	Pre-intervention no=60		Post-intervention no=60	
	rp		r<0.001	
Nurses' emotional reaction toward the sexual harassment behavior	0754	<0.001	0919	<0.001
Nurses' coping strategies with the sexual harassment behavior	-324	0.012	-409	<0.001

**Table (7):** Correlations between nurses' knowledge, emotional reaction and coping methods toward sexual harassment behavior at pre/post educational guidelines program

Scores of Total Scale	Pre-intervention no=60	Post-intervention no=60	T	P value
Nurses' knowledge	1.5833±0719	2.633±0688	-10.900	<0.001
Nurses' emotional reaction toward harassment behavior	2.283±08	2.550±06992	-4.632	<0.001
Nurses' coping methods with the harassment behavior	0200±04033	0733±04459	-0302	0.019

Considering the coping methods followed by nursing students towards sexual harassment behavior, table (4) shows that highly statistically significant differences were found in items: Be "super alert",

vigilant and careful; do nothing and keep silent; fight with the perpetrator; scold the harassed individual; ask others' help; avoid thinking about or talking about the attack, and discussed the harassment situation

during formal staff meeting. Table (4) reveals also that statistically significant differences were found for: Patient directly confronted about his behavior and told to stop; withdraw from the place or the perpetrator; and change topic ( $p < 0.05$ ). No statistically significant difference was found only in item: Take sick leave ( $p > 0.05$ ).

Table (5) indicates that highly statistically significant differences for nursing students' emotional reaction toward sexual harassment behavior in all items regarding to positive feelings between pre/post educational guideline program ( $p < 0.001$ ).

Table (6) displays the positive relationship between nurses' knowledge and nurses' emotional reaction and coping towards the harassment behavior with highly statistically significant correlations ( $p < 0.001$ ). As shown in table (7) highly statistically significant correlations ( $p < 0.001$ ) were detected in relation to nurses' knowledge, nurses' emotional reaction and coping methods towards the harassment behavior at pre/post educational guideline program intervention.

#### 4. Discussion

Although numerous studies have been done on sexual harassment against nurses and its effect on health, job performance and overall patient care, studies on this problem in Egypt are very limited. Therefore, this study aimed to investigate the effect of an educational guideline program on internship nursing students facing sexual harassment behavior.

Regarding socio-demographic characteristics of nursing students according to their exposure to sexual harassment, the results of the present study revealed that the highest percentages of the sample exposed to sexual harassment were females and single representing a majority. The literature indicates that female student nurses are the ones most likely to experience sexual harassment, either because their duties require working closely with patients, or because nursing is seen as a female profession (Kwok *et al.*, 2006; Aydin *et al.*; 2010). This result is incongruent with the result of Yusuf and Senol (2007) who reported that the rates of sexual harassment were higher among male nurses.

The result of the present study revealed that the highest percentages of nursing students, their age ranged between <20—24 years. This may be due to that younger age may be a reflection of lack of work experience and lower education, resulting in nurse's inability to handle potentially difficult situations.

In relation to working shift, the present study revealed that the highest percentages of the sample who were exposed to sexual harassment were trained in medical /surgical wards at nightshift. This result is consistent with Suhaila (2012) who found that most of the sexual harassment episodes occurred during

the evening or night shifts and with nurses working in medical/surgical wards because the patients are sitting in hospital for a long period of time in these wards.

Regarding experience of sexual harassment among nursing students under study less than three quarters of nursing students reported ever been sexually harassed. Types of sexual harassment reportedly experienced by students were being Received unwanted mail or telephone calls representing more than one third. It may be due to that the mobile or email were the recent methods for verbal sexual harassment. Moreover, the current findings indicated that the nursing students who experienced sexual harassment <3times during the past six months accounting for less than three quarters. This result is consistent with Larry(2000), who found that more than three quarters of the students surveyed (77 %) reported having been sexually harassed by a patient especially those with severe symptoms caused by their disease or from drugs <3 times during their career. This result is inconsistent with, Ayranci *et al.*(2006), Erkol *et al.*(2007) Aydin *e et al.*(2010) who concluded in their studies that relatives or friends accompanying the patients were most often responsible for the sexual harassment behaviors.

Additionally, almost majority of the studied sample stated that they had not received any type of training on how to deal with harassment behavior. Findings of the present study were congruent with (Oyedunni, 2013) who found that most of study sample did not receive any type of training on how to deal with harassment behavior. This result is supported also by Jones and Remland, (2001) and Celik and Senol-Celik, (2007), who found that most students are aware that they lack many of the skills necessary to defuse a potentially sexual harassment behavior situation.

Results of the present study reveal also that less than three quarters of nursing students do not report sexual harassment behavior situation during the last six months. It may be due to that the students did not classify the behavior as harassment, either because the behavior seemed ambiguous or because the patient had a psychological or neurological illness. It may be also due to the fact that the format system is time-consuming or that the hospital lacks a formal system for reporting harassment. Or because organizations do not take action when verbal abuse does occur this perpetuating the problem.

The results of the current study showed that, there was a highly statistically significant difference of the nurses' knowledge between pre/ post educational guideline program. This could be due to using different methods of educational guidelines

program as face to face interaction. Lap top, discussion and demonstration supported by using real objects, posters, models, and handouts which are effective approaches for conveying information. In congruence with these results *Lee et al. (2011)* stated that educational guidelines program can increase students' level of information through the use of basic principles, which are acceptance, understanding, empathy, and communication which are helping students to make decisions for themselves according to their information and problems.

Regarding the coping methods followed by nursing students towards sexual harassment behavior, results reveal highly statistically significant differences found between pre/post program intervention in items Be "super alert" vigilant and careful", "do nothing and keep silent", " Fight with the perpetrator", "scold the harassed individual", "Ask others help" "Avoid thinking about or talking about the attack", and "Discussed the harassment situation during formal staff meeting". These results may be due to that those nursing students' perception was that the harassment will stop if it is ignored, or they were afraid that no one will believe them, feeling of intimidation, embarrassment, shame, or helpless, being unfamiliar with college policies and complaint-resolution producers relating to sexual harassment, fear of retaliation from the perpetrator will be disappear and all these improved after implementation of the educational guidelines

Results reveals also that a statistically significant differences between pre/post educational guideline program was found for "Patient directly confronted about his behavior and told to stop", "Withdraw from the place or the perpetrator", or "Change topic" However,, no statistically significant difference was found in the item "Take sick leave". This finding indicates that many incidents of abuse are not reported and that ineffectual coping methods are used by nursing students (*Jones & Remland, 2001, Oztunc, 2006*). It has been reported that uncomfortable and inappropriate working conditions might also be other reasons for lack of action taken against sexual harassment behavior. These findings suggest that there is something wrong with the integrity of the facilities, which needs to be addressed.

As regards positive feelings in relation to students' emotional reaction toward sexual harassment behavior, the current study findings showed that, there were highly statistically significant differences between pre/post educational guideline program. These results are consistent with *Antecol, and Cobb-Clark (2003)*, who found that nurses may tend to focus on positive feelings. Nurses probably choose to work in hospitals in order to help others,

and they probably feel confident about their ability to do so, which presents the possibility of response bias. Nurses probably think that they are supposed to feel enthusiastic, affectionate, sympathetic, helpful and confident and that they are not supposed to express negative feelings. This result is also supported by *Terpstra and Cook (1995) and Bell et al.(2004)* who reported that, sympathetic understanding toward patients, originally derived from psychotherapy, is strongly advocated in Egyptian nurse, both in educational nursing and daily nursing and in daily clinical settings., although it is also associated with understanding how another person is feeling. Other measures of sympathy include having tender and concerned feelings for people who are less fortunate than oneself, feeling sorry for people when they are having problems, being protective of others, being emotionally affected by events, and perceiving the self as "soft-hearted".

The current study result indicates that, there were highly statistically significant differences between mean scores of pre/post educational guideline program in relation to total nurses knowledge score, emotional reaction and coping methods towards the sexual harassment behavior. Results indicate that the educational guideline program had good effect in improving nurses' level of knowledge and emotional reaction and coping methods towards the patient with harassment behavior. This could be attributed to that, the program content was based on the nurses' needs adding to its clarity, simplicity, frequent repetition, and motivating staff to share in the program. This result is consistent with *Robbins, et al. (1997) who found that* sexual harassment in nursing revealed significant improvements persisted after the training, indicating that the training, resulted in enduring changes in knowledge and behavior of nurses. Participants' scores on ability to cope showed a further increase after the training. After the training program, participants may have the opportunity to apply the knowledge and behavior they learned in the training in their everyday work situation. On the same line, (*Kisa and Dziegielewski (1996), Valente and Bullough(2004)*) reported that, healthcare workers who participated in a training program about workplace sexual harassment were more aware of risk situations and had gained more knowledge and practice of how risk situations could be handled after the training. Similarly, *Kinard and Little (2002)* implemented an extensive educational program for nurses who have experienced sexual harassment. They found that, the program increased participants' knowledge about the various aspects of sexual harassment (e.g., how the students nurses react) and gave participants a supportive network, which helped



them recognize that there were other individuals who have experienced similar behavior after such events.

The result of the current study indicated that, nurses' knowledge was highly statistically significantly correlated with nurses' coping, and reaction feeling towards the harassment behavior. This result indicated that with increase in nurse's knowledge about harassment behavior, the psychiatric nurse emotional reaction and coping toward the harasser patient increase. This result is consistent with *Bronner et al. (2003)* and *Hibino (2006)*, who found that nurses who had attended training sessions for coping with the harasser patient reported more reaction than nurses who had not attended the training. They speculated that nurses attending the training had become sensitized and react more to the problem of harassment, and this may be the case with the intervention program in this study.

### Conclusions

From the finding of this study it can be concluded that the implementation of the educational program showed highly statistically significant improvements in nurses' level of knowledge about harassment, nurses' emotional reaction and coping toward harasser patient's behavior.

### Recommendation

- 1-Effective policies and procedures to combat this situation are established, policies and procedures would empower both administrators and nurses, enabling them to take certain actions against sexual harassment.
- 2-Educational program, including nurses, human rights, gender perspective and assertiveness training are needed for both clinical and student nurses. Assertive attitude could help nurses discourage patients from engaging in inappropriate sexual behavior.
- 3-There is some needs for reflection and reconsideration of nursing theory and practice. Nursing care tends to focus on micro-social relationships between nurses and patients, and this tendency leads to invisible factors regarding macro-social politics, including gender discrimination and sexual harassment.
- 4-It is important to have and implement a strict policy on abuse or the threat of abuse in all healthcare environments. At the same time all staff, including nurses, must be adequately informed of the policies so that they are prepared in the event of an incident. They need to know how and to whom to report as well as how to document problem situations. Nurses should be reassured that reporting threatening behavior will not result

in reprisals and that appropriate action will be taken to deal with abusers. A zero tolerance policy will help to raise the awareness of abuse and emphasize the importance of communicating violent episodes.

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