



Effects of Sexual Harassment on Job Satisfaction and Self-Esteem in Nursing Students at Teaching Hospitals

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Present study examined the impact of sexual harassment on self-esteem and job satisfaction among in-training nurses of four teaching hospitals/medical institutes i.e., the Faiz Memorial Hospital, Ibrahim Hospital, Niazi Medical Complex, and Fatima Hospital in Sargodha City. Convenient sampling for data collection was approved by the institutional review board. Participants were assured of their privacy and confidentiality and could choose not to answer any questions. Twenty of the sixty female respondents were members of the nursing staff, and 40 of the respondents were third-year bachelor's nursing program students. Data was collected from 60 female in-training nurses through the questions that were designed to comply with the World Health Organization's ethical and safety guidelines for intervention research on violence against women. Study results hold significant importance for mental health and HRM professionals for upgrading and maintaining the smooth work environment in medical health profession by initiating and implementing sexual harassment training, policies, and procedures to provide a safe, healthy work environment for in-training nurses.

Keywords: sexual harassment, self-esteem, health, nurses

Introduction:

Women are increasingly working side by side with male coworkers in a variety of practical industries. Harassment is characterized as an inappropriate and unwanted gesture that always makes the target feel ashamed and offended. The main kind of harassment, sexual harassment, is now a global problem. Verbal, physical, psychological, and sexual harassment are further types of harassment. One According to women, harassment at work is defined as any behavior that intimidates, denigrates, or humiliates another individual, hence creating a hostile work environment that negatively impacts the victim's mental and social well-being and productivity[1]. The majority of sexual harassment incidents, it has been observed, do not result in police reports. The fear of punishment or being accused of whistleblowing, which might destroy a woman's career, is the cause of this. Women firmly believe that reporting abuse at work won't be taken seriously and could even lead to victimization. Additionally, they worry that they will be informed that harassment is a necessary step on the path to success. This has a negative impact on their personal lives, professions, and psychological and mental health. Additionally, it is evident that more than just a token effort is made in the official processes to address harassment accusations, and no real progress is made in resolving the issue[2]. Nursing is considered as one of the most sacred profession and it is considered that nurses must provide every day care to patients in health care system. Therefore, owing to its high importance and valuable input in building health and recovery from illness among patients, one cannot deny the huge importance of nurses' own mental

stability, self-esteem, their commitment and motivation towards their job leading to satisfaction. All these features are inter-related to their work environment which is a fundamental feature for smooth and efficient working capacity of nurses. Among many of hazards, ailments and negative factors present in working environment, sexual harassment is the most dangerous and damaging one. Sexual harassment which is a form of harassment includes such behaviors and comments that can negatively affect not only the victim but his/her work environment also. In a rigid society like Pakistan the role of a woman is usually considered within the domain of family/house. Any effort to work outside the home and to share the economic burden of family makes a woman's life pathetic and miserable. It is estimated that seven out of ten women have to experience physical[3].

Psychological or social harassment in either way. There is always a possibility that a woman might experience some type of harassment whether she is at home or office, in street[4]. It is further argued that Pakistani women generally face harassment at three different levels. Initially, women try to hide such experiences of sexual harassment due to cultural values. If they decide to report the incident there is a lack of proper procedures at organizational and government level and in case, they dare to report the problem they have to face serious psychological and social victimization[5]. Sexual harassment is a type of discrimination and it includes behaviors such as unwanted comments, suggestive looks or jokes, verbal abuse, terrorization or threats, obnoxious pictures, and offensive messages and email. Such type of unwanted behaviors causes feelings of discomfort for nurses, who must be very much careful about differentiating between their professional responsibilities and their protection. Though co-workers and physicians are mostly involved in sexual harassment, still a large percentage is generated by the patients and their attendants[6]. Workplace sexual harassment causes anxiety and decreases nurses' ability to focus on their job responsibility and provide proper care to their patients. Sexual harassment is basically related to power than about sex or emotions and consequently, it causes mental agony and both obvious and dangerous workplace disturbance as it endangers both patients and nurses. Though male and female nurses both can experience sexual harassment but females are more vulnerable to be sexually harassed. Furthermore, women are more prone to face negative job related consequences of harassment including quitting job due to unwelcome sexual advances at workplace[7]. Researchers conducted a study on sexual harassment in registered nurses, results showed that incidence of sexual harassments towards them within the past one year was at 46 percent. They further, found that the majority of the perpetrators are patients and followed by colleagues. In another research in Turkey, conducted revealed that nurses were sexually disturbed by the physicians followed by other nurses, patients, patient family or friends and subsequently other colleagues[8]. The empirical evidence shows that sexual harassment initiated by bosses or supervisors is a common and frequently occurring issue in the workplace the majority of women feel hesitant in discussing openly or reporting a complaint because of the fear of being sent away, disrespect, stigmatization or public humiliation reported that though colleagues seem to engage in less severe forms of harassment as compared to supervisors, but they are the most regular perpetrators. They usually use the tactics of withholding information, lack of cooperation, and support in team efforts. In this way, they can exert authority over other coworkers[9]. There are variations in reported cases of experiencing harassment of different women. The incidence rate varies from about 28 percent to 75 percent. It is difficult to determine the actual incidence rates mainly because of the underreporting of the incidents and secondly, because of the different research methodologies among studies[10]. According to describe sexual harassment as a male claim of control over women which badly affects the basic right of women to freely move in public spaces and get financial

independence. Though sexual harassment is presented as a minor and harmless act it causes serious consequences for the victim, such as emotional stress and physical disturbance which can lead to illness and eventually hospitalization. The psychological consequences of emotional stress can include anxiety, uneasiness, and depression, lack of self-esteem and lack of confidence. Similarly, consequences of physical trauma include insomnia, headaches, nausea and ulcers[11]. According to researcher[12] self-esteem is a positive or critical attitude towards self. It is mainly developed by childhood experiences, relationship with others and interaction with society. Reported that positive self-esteem included self-worth, knowing one's own potentials and kindness towards others which consequently improves the wellbeing of an individual. Self-esteem is a shielding aspect of a person which can predict future academic success and achievements in life[13]. Different negative life experiences such continuous criticism, physical and verbal abuse and comments of being unattractive or unworthy can decrease self-esteem. Low self-esteem negative affects moods, behaviors and thoughts; it affects decision making and self-expressing ability of a person. Low self-esteem develops feelings of incompetency and reduces the job satisfaction. A person with low self-esteem relies on approval from others and compromises his values[14]. According job satisfaction is a positive emotional condition resulting from acceptance of one's job. It is further described as "persistent feelings toward discriminable aspects of the job situation". Many studies about sexual harassment among nurses have been done abroad. Recent cross-cultural research also asserts that sexual harassment is common in many societies around the world. Most of the victims experienced sexual annoyance rather than sexual coercion. In most of the studies, they found out verbal harassment as most common form[15]. Empirical evidence has shown that harassing behavior is correlated with many features of the work environment, including organizational problems, role and functional conflicts, high stress, organizational restructuring, low satisfaction with leadership, conflicts in general in the work unit, and difficulties in discussing problems within the working group[16]. Researchers found that sexual harassment has both short and long term negative effects on women. Sexual harassment at work not only damages the abilities of women it may also lead to workplace problems such as decreased performance. The harassed women may experience illness, humiliation, anger, loss of self-confidence and psychological distress. In some cases, it may lead to resignation[17]. Sexual harassment at workplace increases anxiety and affects their performance which ultimately negatively impacts on their self-esteem and satisfaction with job[18]. Literature further supports that perceived discrimination in the form of harassment at work place powerfully influence one's self-esteem and job outcomes. It is also evident that as result of sexual harassment employee's job satisfaction becomes affected and he/she has low self-esteem. Mediating and moderating role of multiple factors e.g., group identity, self-efficacy, and perceived control in power for buffering self-esteem; job satisfaction; moderator role of culture and coping for self-esteem have been explored by the research scholars. Studies related to sexual violence found that age and gender were significant moderators for self-esteem as younger females were high on victimization which declined with age as they get older whereas older males experienced higher abuse than their counter parts. Paying consideration to the above scenario present study focuses on the effects of sexual harassment on self-esteem and job satisfaction with the exploration of moderating role of age between both constructs among in training nurses[19].

Material and Method:

Four distinct facilities in Sargodha City—the Faiz Memorial Hospital, Ibrahim Hospital, Niazi Medical Complex, and Fatima Hospital—participated in a cross-sectional study. The institutional review board gave approval to use convenient sampling for data collection[20].

Participants had the choice to decline answering questions and were guaranteed anonymity and confidentiality. 40 of the sixty female respondents were third-year bachelor's nursing program students, while the remaining 20 were nursing staff members. All of the respondents gave their consent to participate. The delicate nature of the research issue and cultural sensitivity both had an impact on the sample size. The study's questions were designed to comply with the World Health Organization's ethical and safety guidelines for intervention research on violence against women[21]. The frequency and kind of sexual harassment, prevalent forms of harassment, victim safety precautions, and the effects of harassment on mental and physical health were all measured using a pre-tested, standardized questionnaire. For data analysis and reporting, percentages and frequencies were computed.

Procedure

For data collection, proper permissions were availed from administrations of concerned hospitals. In- training nurses at these hospitals and training centers were approached and ensured about the confidentiality of information provided by them. Written consent was obtained from the participant. Firstly, demographic information was filled by the participants then researcher gave direction for completion criteria of study scales. Participants were thanked for their cooperation.

Results and Discussion:

Respondents showing awareness, our survey revealed that respondents' general awareness of frequent forms of harassment was remarkably high. The male coworkers' obscene gestures, inappropriate communication (texts, voice messages, letters), needless gazing, and inappropriate remarks were among the behaviors and acts that participants recognized as prevalent kinds of harassment. Even with this awareness, a lot of women were afraid to report these instances for fear of being stigmatized by their peers. In addition, they encountered challenges in submitting complaints because there were no official institutional structures in place to properly handle workplace harassment. The most common type of harassment that respondents reported experiencing at work was sexual harassment. Respondents listed low self-esteem, absenteeism, decreased job interest, decisions to quit, mental and physical health issues, and decisions to avoid workplaces with male coworkers as possible negative impacts of harassment on victims. Even while more than half of respondents said their own institution was safe for women, there were some recommendations for development. Regarding harassment at the institutional level, respondents agreed to host official informational sessions, and many more said they would be willing to assist in organizing and attend lectures on the subject. Furthermore, over two thirds of participants supported providing training on harassment prevention to women at work. At the workplace, remedial actions for victims included confidence-boosting counseling, investigating occurrences without jeopardizing the victim's reputation, and taking into account circumstantial evidence that was available.

Table 1

Results of the Workplace Behavior Survey for Female Nurses:

Statement	Agree	Disagree
purposely making small talk with female coworkers	64%	36%
Making inappropriate comments to female coworkers	43%	57%
Making needless eye contact with women	77%	23%
sending offensive emails, voicemails, texts, or letters	39%	61%
using offensive noises or gestures to unnerve women	62%	38%

The answers of female nurses to various workplace behaviors are displayed in the table. The statements that described various sorts of inappropriate conduct in their job environment were given to the participants to indicate whether they agreed with them or not. Sixty-four percent of the female nurses who responded to the poll admitted to having intentionally

struck up small talk with their male coworkers. In addition, 43% of respondents said they had heard offensive remarks made about them while they were working. A sizable majority, 77%, reported that throughout their shifts, male coworkers had made unnecessary eye contact with them. Furthermore, 39% of the participants reported that they had received offensive messages, voicemails, emails, or letters. Additionally, 62% of respondents said they had encountered inappropriate sounds or actions meant to make them uncomfortable. These findings provide insight into how common inappropriate behaviors are for female nurses in the workplace. These kinds of actions can exacerbate a hostile work environment and negatively impact the happiness and well-being of female healthcare workers. Promoting a courteous and encouraging work environment in healthcare facilities requires addressing and stopping these practices.

Table 2

Views of Female Nurses on Workplace Harassment:

Statement	Agree	Disagree
Sexual Harassment	34%	66%
Psychological harassment	61%	39%
Physical harassment	37%	63%
Verbal harassment	69%	31%

The responses from female nurses about how they see various forms of workplace harassment are shown in the table. Respondents were asked to rate their agreement or disapproval of statements detailing different types of harassment they have experienced at work. 66% of female nurses disagreed with the survey's conclusions, with only 34% of respondents saying they had encountered sexual harassment at work. Sixty-one percent of the participants reported having experienced psychological harassment, demonstrating the high frequency of this type of maltreatment. The majority, 63%, disagreed, with only 37% reporting having experienced physical harassment. Sixty-nine percent of female nurses reported experiencing verbal harassment at work, indicating that this is a common problem. The complexity of the workplace harassment that female nurses endure is highlighted by these findings. Sexual and physical harassment are less frequently reported than other types of harassment, such as psychological and verbal harassment, which seem to be more widespread. Proactive steps must be taken to address these problems and establish a secure and encouraging work environment for female nurses, where harassment of any kind is efficiently dealt with and avoided.

Table 3

Results of a Survey on the Effects of Harassment on Female Nurses:

Statement	Agreed Respondents	Percentage
Effects on Mental Health	45	75%
Effects on Physical Health	36	60%
Workplace Contentment and Effectiveness	42	70%
Promotion in Careers	33	55%
Emotional Health Workplace Dynamics and Relationships	39	65%
Experience with Retention and Turnover in Training	30	50%
General Health and Life Quality	27	45%
Effects on Mental Health	24	40%
Effects on Physical Health	42	70%

The responses of female nurses to the above table about how harassment affects different facets of their lives are displayed. Participants were asked to indicate whether or not they agreed with statements that described how harassment affected their overall quality of life, training experience, career progression, mental and physical health, and job satisfaction. The results show that a sizable percentage of female nurses reported adverse consequences as a result of harassment. Sixty percent of respondents acknowledged that harassment negatively

impacted their physical health, and seventy-five percent agreed that it had a negative influence on their mental health. Furthermore, 70% stated that harassment had resulted in a drop in workplace effectiveness and contentment. More than half of the respondents (55%) said that harassment has hampered their chances of moving up the professional ladder. Workplace dynamics and emotional health were also impacted; according to 65% of respondents, harassment has an effect on these areas. Additionally, half of the participants mentioned that they had problems with turnover and retention during their training, indicating that harassment could be a factor in these difficulties. Lastly, 45% of participants said that harassment negatively affected their general well-being and standard of living. The substantial and varied effects of harassment on female nurses are brought to light by these findings. In order to promote a courteous and encouraging work atmosphere that supports each nurse's well-being and professional development, it is imperative to address and mitigate these consequences.

Conclusion:

The study's conclusions, in summary, throw light on the widespread problem of workplace harassment that female nurses in Sargodha City deal with. According to the report, harassment in many forms—including verbal, physical, psychological, and sexual—predominates with alarming frequency. Many female nurses are still reluctant to report instances because they fear stigma and lack institutional support systems, even though responders have high awareness of prevalent forms of harassment. This demonstrates the pressing necessity for healthcare facilities to put strong rules and processes in place for dealing with and avoiding workplace harassment[22]. According to the report, harassment has a major negative influence on female nurses' general well-being, job happiness, mental and physical health, and ability to progress in their careers. The negative consequences are not limited to the individual; they also contribute to workplace dynamics and turnover problems in training programs. In order to address these effects, comprehensive interventions that provide a respected, safe, and safe work environment for female nurses are needed[23]. In the future, healthcare facilities should give top priority to putting preventative measures in place, like training and education programs on how to avoid harassment, official reporting procedures, and victim support services. A workplace where all nurses feel appreciated, respected, and empowered to succeed in their careers must also be created through initiatives to promote gender equality and cultural change in healthcare settings[24]. In the end, healthcare facilities can improve patient care results, staff retention rates, and the development of a more equitable and inclusive healthcare workforce by addressing the underlying causes of workplace harassment and promoting the wellbeing of female nurses.

Recommendations:

- Give people private channels to report instances of harassment.
- To address and prevent workplace harassment, put in place strict regulations and processes.
- Ensure that all nurses have a secure, encouraging, and courteous workplace.
- Educate and train every employee on how to prevent harassment.
- To help victims deal with the repercussions of harassment, provide them resources and assistance.
- Maintain the commitment of the leadership to tackling the problem of harassment.

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