

Workplace Sexual Harassment Against Female Nurses in Thi-Qar Governorate: A Rarely Debated Problem

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Abstract

Objective: This study aim to assess the prevalence, types, and effects of sexual harassment. **Methods:** Cross-sectional study involved 464 female nurses whom selected by convenience sampling, working in Al-Nasiriyah Teaching Hospital is completed during the period from 3rd of August to 27th of November, 2022. Descriptive statistics and binary logistic regression analysis were used. **Results:** Findings show that about 37.1% of participants were exposed to at least one type of sexual harassment, with non-verbal type was the most common among exposed female nurses (62.2%) and patients relatives were the most common type of sexual harassers as (42.4%). Being single and working in inpatient departments were identified as predictors to sexual harassment, and about 52.3% of participants reported being negatively affected where anxiety was the most common harmful outcome in 38.9% of exposed female nurses. **Conclusion:** Victims should be encouraged to report their exposure and express their fears and feelings to minimize the negative effects of sexual harassment.

Keywords

Sexual harassment, Female nurses, Iraq.

Most health professionals are nurses, who play a crucial role in the healthcare system. The World Health Statistics Report estimates about 29 million nurses and midwives worldwide (1). However, the nursing profession continues to face shortages for numerous causes and issues of concern (2). The nurse shortage is influenced by violence in the healthcare industry, especially sexual harassment, and a difficult atmosphere is made worse by the constant danger of mental or physical harm (3).

Sexual harassment is defined as “unwelcome sexual conduct that makes a person feel offended, humiliated and/or intimidated

where that reaction is reasonable in the circumstances” (4). Also, Article 37 of Iraq’s labor law of 2015 defined sexual harassment as, “Any physical or verbal act of a sexual nature, or any other behavior that is related to sex and targets the dignity of men and women, is unwanted, unjustifiable, or degrading to the person at the receiving end of it, leading to their rejection, refusal to be subject to that behavior, or to an explicit or implicit decision that impacts their job.” (5)

Nevertheless, even though sexual behaviors are unwanted, unpleasant, threatening, or insulting, it need to be interpreted by the victims themselves as sexual harassment. So,

It is tough for academics to quantify or gauge the presence and severity of sexual harassment because of this level of subjective interpretation (6).

Workplace sexual harassment is a phenomenon of inequality against women in the workplace that is receiving more and more attention on a worldwide scale (7). Additionally, because of the nature of their work, which includes night shifts, being close to other people's bodies, discussion of relevant topics to the functions, such as sexuality, and the hierarchical nature of hospitals, nursing is generally regarded as being one of the high-risk specialties for encounters with sexual harassment (8).

The causes of nurses being sexually harassed remain unknown. Sexual harassment has been made worse by uncomfortable work circumstances, hierarchical institutions, the acceptability of gender-based violence, cultural background, and a lacking of proactive leadership (9). Sexual harassment can therefore induce psychological issues for nurses and result in poor patient care as a major professional risk (10).

Developing countries (including Iraq) suffer from a lack of such studies on sexual harassment (11). In general, The scarce research on this topic in Arab countries indicates that sexual harassment may indeed be widespread but underreported (12). So, this study aims to assess prevalence, types, effects, response of sexual harassment among female Iraqi nurses.

Patients and Data Collection

Study sample

The study involves the participation of 464 convenience sample female nurses with a response rate $\approx 91\%$. Participants are recruited from different departments of Al-Nasiriyah Teaching Hospital. This hospital is the largest in Thi-Qar governorate with more than 1800 female nurses working in it.

Study Design

Cross-sectional study was conducted during the period from 1st to 29th of September, 2022.

Data collection

The researchers constructed a self-

administered questionnaire through an extensive review of related literature in order to achieve study objectives. The questionnaire was reviewed by a panel of 5 experts (1 psychologist, 1 community health Physician, 1 director from the Ministry of Labor, 1 from human resources department, and 1 legal advocate) whom have more than 10 years of experience in their respective fields. The Cronbach's α model is used to examine the questionnaire's reliability, and the results show a correlation coefficient = 0.81.

The questionnaire consists of three parts. First part is related to sociodemographic characteristics of the sample and includes 7 items (age, marital status, educational qualification, years of experience, department of work, work shift, and participation in educational sessions about sexual harassment). The second part starts with a question (Did you exposed to any type of sexual harassment during the past six months?) in order to determine prevalence of sexual harassment, followed by a table with the types and an examples on each one to female nurses to choose from.

Third part is related to the identity of perpetrator (e.g. coworker, patient, or patient relative) and effect of the incident on harassed nurse.

Ethical Consideration

Each participant has been provided with an informed consent that involved a question whether they like to participate in current study or not. Also, formal ethical approval has been gained from Thi-Qar Health Directorate/Council of Ethics. Also, anonymity was strictly assured during the handling of data by the researcher due to the sensitivity of the study subject.

Statistical Analyses

The data collected during this study were analyzed through using of SPSS 27.0 and Microsoft Excel software, statistical techniques were used (descriptive statistics as frequency, percentage, mean, and standard deviation). Logistic regression analysis was done to significant variables through bivariate analysis to identify nurses' sexual harassment predictors. P-value ≤ 0.05 was determined as

significant.

Results

Sociodemographic characteristics

The majority of study participants were of 20-29 age group (60.4%), single (42.2%), had

Nursing institute degree (56.7%), had less than 5 years of experience (51.9%), work in inpatient departments (43.9%) and in morning shift (66.8%), and reported no participation in educational sessions concerning sexual harassment (99.6). Other details are stated in table 1.

Table 1: Sociodemographic characteristics of female nurses (n=464)

Character	Groups	F	%
Age (years)	20-29	281	60.4
	30-39	113	24.4
	≥ 40	70	15.2
Marital Status	Single	196	42.2
	Married	178	38.4
	Divorced	46	9.9
	Widowed	44	9.5
Educational Qualification	Nursing school	76	16.4
	Nursing Institute	263	56.7
	Nursing college	125	26.9
Years of Experience	<5	241	51.9
	5-10	141	30.4
	>10	82	17.7
Work Department	Emergency	88	18.9
	Inpatient Departments	204	43.9
	Outpatient Departments	172	37.2
Work Shift	Morning	310	66.8
	Night	154	33.2
Participation in Sessions	Yes	2	0.4
	No	462	99.6

F=Frequency, %= Percentage

Prevalence of sexual harassment

Figure 1 illustrates that 37.1% of female nurses have been exposed to at least one type of

sexual harassment during the last 6 months, while 62.9% report no exposure to any type of sexual harassment.

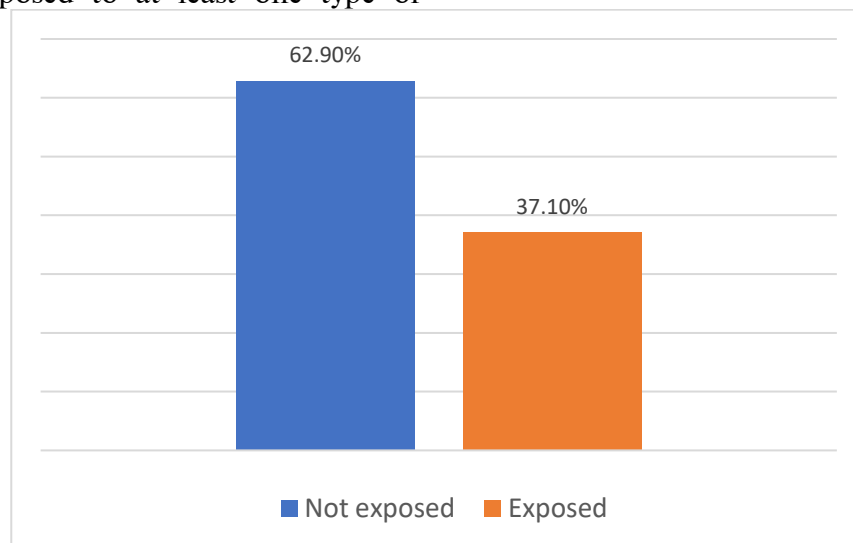


Figure 1: Percentage of female nurses' exposure to sexual harassment during the past 6 months.

Types of sexual harassment

Out of 172 exposed nurses, 56 female nurse (32.5%) reported exposure to verbal harassment (majority to sexual comments about their body), 107 nurses (62.2%)

reported exposure to nonverbal harassment (mostly to sexual gestures by hand or body), and only 9 nurses (5.3%) reported exposure to physical sexual harassment (majorly by touching their clothing, hair, or body). Detailed information is provided in table 2.

Table 2: Type of the last confrontation of sexual harassment (During the past 6 months)

Types	No (n=172)	%
1- Verbal	56	32.5
• makes sexual remarks about someone else's body.	31	55.3
• Inquiring about sexual preferences, imaginings, or past.	5	2.9
• Inquiring about someone's private social or sexual life.	12	7
• Repeatedly asking for a relationship.	8	14.3
2- Non-verbal	107	62.2
• Chasing or pursuing.	19	17.8
• Using materials (images or videos) that are sexually provocative.	11	10.3
• Making physical or by hand sexual expressions.	53	49.5
• Making facial gestures like kissing, blinking, or biting lips.	24	22.4
3- Physical	9	5.3
• Touching clothes, body parts, or hair.	7	77.8
• Cuddling, kissing, slapping, grabbing or rubbing body in a sexual manner against female nurses' body.	2	22.2

Types of Perpetrators

The highest percentage of female nurses (42.4%) reported being sexually harassed by patient relatives, while (37.3%) stated to be harassed by a coworker (of those, (48.4%) by

a physician, (45.3%) by other nurses, and (6.3%) by other types of health care providers). Also, (20.3%) were informed to be harassed by patients themselves. Details are mentioned in table 3.

Table 3: Types of sexual harassers

Type	No (n=172)	%
1- Coworker	64	37.3
• Physician	31	48.4
• Nurse	29	45.3
• Other (e.g., Pharmacist, Laboratory technician ... etc.)	4	6.3
2- Patient	35	20.3
3- Patient relative	73	42.4

Effects of sexual harassment

Sexually harassed nurses reported multiple effects caused by their 52.3%. Top 3 effects were anxiety in (38.9%), persistent physical

symptoms in (23.3%), and low self-esteem in (13.4%). On the other hand, 47.7 reported no effect of sexual harassment on them, other details are declared in table 4.

Table 4: Post-incident effects on sexually harassed female nurses

Effect	No (n= 172)	%
1- Absence of effect	82	47.7
2- Presence of effect	90	52.3
• Anxiety	35	38.9
• Depression	9	10.0
• Low self-esteem	12	13.4
• Decrease job satisfaction	8	8.9
• Sleeping disorders	3	3.3
• Persistent physical symptoms (e.g. Fatigue, Headache, Nausea ... etc.)	21	23.3
• Sexual dysfunction	2	2.2

Predictors of sexual harassment

Table 5 provides a logistic regression analysis

which shows that “single” nurses, who work in “inpatient departments” are at higher risk of exposure to workplace sexual harassment.

Table 5: Predictors of sexual harassment among female nurses

Predictors	Beta	Odds ratio	Sig.
Age (20-29 / 30-39)	0.184	1.498	0.623
Marital Status (Single / Married)	-0.211	1.926	0.034*
Educational Qualification (Nursing Institute / Nursing College)	0.092	1.414	0.683
Department of Work (Inpatient / Outpatient)	-0.233	0.920	0.004*

Discussion

Sexual harassment against nurses is complicated, and may be even considered an occupational

hazard. This risk is highest among nurses Despite of their core message of care and compassion to others (13). Despite the increasing magnitude of this issue, studies in Iraq are scarce, which

minimize the actual size of the problem to related authorities and policy makers.

This study shows an alarming rate of exposure to workplace sexual harassment by female nurses, as (37%) reported exposure incidents to a certain type. Many other studies provide different exposure rates as 43.15% in Iran, 58.1% to 70.2% in Egypt, 1.5% to 75% in Turkey, 3% in Saudi Arabia, 39% in Anglo regions and 60% worldwide (12-18). Vast diversity of exposure rates globally is related to differences in methodology and questionnaires, sociocultural factors, and the most important reason may be subjective definition of sexual harassment by the victims themselves.

Sexual harassment may be less acceptable in regions such as Asia or the Middle East particularly countries with majority of Muslims, that is because Men may have great reluctance to make intimate contact with women who are not members of their close family. Men would therefore be quite unlikely to contact a nurse (18). On the other hand, in the same regions, Women are hesitant to disclose being harassed since it carries a lot of shame, even during an anonymous poll (19). Moreover, only 17% of respondents, according to the Australian Human Rights Commission, formally reported or complained about sexual harassment at work. People who did disclose workplace sexual harassment were labeled as troublemakers (19%), abused or ignored by coworkers (18%), or left their work (17%) (20). This implies that it is still unknown how widespread sexual harassment is in nursing settings.

Participating nurses reported that they have exposed mainly to non-verbal harassment (62.2%), followed by verbal (32.5%), and finally physical (5.3%). These findings are in contradiction with a study of Korea and Tanzania, where physical and verbal type were the most common types (21, 22). This contradictions may be arguable since both studies involved male and female nurses and nursing students, different study instruments, and cultural and moral differences. All of these factors may result in an unfair comparison globally.

Patient relatives stand with the highest percentage among sexual harassers, followed

by coworkers (mostly physicians), and then the patients themselves which is incongruence with an Egyptian studies (12, 14). On the other hand, many studies stated that physicians are the most common perpetrators (23, 24). in the hospital setting where a typical hierarchy of executives, directors, and physicians command the medical personnel, harassment frequently goes unreported because of the shame and the belief that reporting harassment won't change anything because doctors are the hospital's sources of revenue and maintain control (18).

While less serious or violent forms of sexual harassment could cause the victim to feel uncomfortable, more severe forms can rather have a significant impact on the victim's mental and physical health such as depression, anxiety, and dread with returning to work (18, 25). Also, sexual assault typically affects the victim's physical health, financial situation, and professional growth (26). Incongruence with these findings, the current study shows that the top 3 effects of sexual harassment on female nurses were anxiety, persistent physical symptoms, and low self-esteem.

Identifying the predictors of sexual harassment is important for development of strategies and changing of policies. Bivariate analysis of current study shows that being single and working in an inpatient departments are the significant predictors for sexual harassment in workplace. Several studies support that single women are at more risk of sexual harassment (12, 14, 27-29). In contrast, several studies stated that there is no significant relationship between marital status as a predictor for sexual harassment (30-32). Such disparities can be attributed to sociocultural differences, since the conservative community in Iraq looks at married women as to be preserved for her husband and not available to other men.

This study adds to the scarce Iraqi literature considering sexual harassment. However, there are a few limitations, first is that the cross-sectional design can be exposed to recall bias. Second, result of this study cannot be generalized to involve all of Iraq and does not reflect harassment rate at all types of healthcare institutions (e.g., private sector, specialized centers, home services ... etc.), and must be used with caution.

Conclusions

Sexual harassment is a persisting yet underreported issue in Iraq, this study shows an alarming rate despite underreporting in such conservative community. Thus, this study shows only the tip of the iceberg with urgent and effective measures are must needed at least to encourage women to report it, and then to formulate an active solutions.

Recommendations

Educational sessions must be conducted frequently to inform female nurses about their rights and responsibilities toward sexual harassment. Also, deterrent penalties should be taken against harassers.

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