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Prevalence of Sexual Harassment among Nursing Students

Emily Johnson, BSN BSN Student

Through a student's nursing education, they must learn to navigate many new and difficult situations. Some of those experiences come from in-person clinical opportunities to practice their skills prior to entering the workforce. While these clinicals are essential for gaining insight and experience of working with patients and other health care workers, difficult situations may arise as well. When handling a new scenario for the first time, a nursing student may feel uncertain on how to proceed, leaving them vulnerable. The vulnerability in nursing students not only comes from their inexperience but also the power dynamic they face as their role of a student within the hierarchy of the academic and healthcare setting (Lee et al., 2011; Magnavita & Heponiemi, 2011). Due to their dependence on others, such as instructors and medical professionals, a student's power within a situation may be limited.

Power comes from many sources and has the ability to influence or produce some sort of effect on a person or object (Huber, 2018). Nursing students face many situations of uneven power distribution based on their role within their clinical settings and the dependence they have within that role. They experience position power from their preceptors and instructors by having to rely on an expert for guidance, and they also can face information power as patients and instructors hold the information, they need in order to complete and pass their clinicals (Huber, 2018). A student may be more likely to be coerced into facing or handling difficult situations due to this power shift if they feel it has an impact on their academic and career goals and opportunities. Lee et al. (2011) discusses the power dynamic in nursing students and further addresses that while a patient may not directly evaluate a student, they play a vital role in a student's clinical experience. The patients' ability to control how much information is given and care a student provides can impact their performance overall (Lee et al., 2011). This places the student in a delicate situation of having the authority to care for a patient while also realizing the

patient is in control of their plan of care. With the power being in the hands of others, students may have negative experiences from those that want to use that power to their advantage, making the students vulnerable.

Due to this vulnerability, students are at risk for harassment and abuse. While harassment has been reported in nurses, very few studies in comparison that have investigated the occurrence of harassment, specifically sexual harassment, in nursing students. Numerous studies have shown the prevalence of sexual harassment against nurses in various countries throughout the world, with varying results (Zeng et al, 2019; Spector et al., 2014; Chang & Cho, 2016; Fute et al., 2015; Sisawo et al. 2017; Çelik & Çelik, 2007; Bronner et al., 2003). Sexual harassment has been defined as “any unwelcomed sexual advances, requests for sexual favors or other physical and expressive behaviors of a sexual nature” (El-Ganzory et al., 2014; Arulogun et al., 2013; United States Equal Employment Opportunity Commission, n.d.). It also has been defined as “repeated and unwelcome sexual comments, looks, or physical contact at workplaces or other places” (El-Ganzory et al., 2014; Lee et al., 2011). Other variations of that definition in literature include the different forms of harassment such as verbal, physical, mental or visual (Zeng et al., 2019; Bronner et al., 2003; Khoshknab et al., 2015).

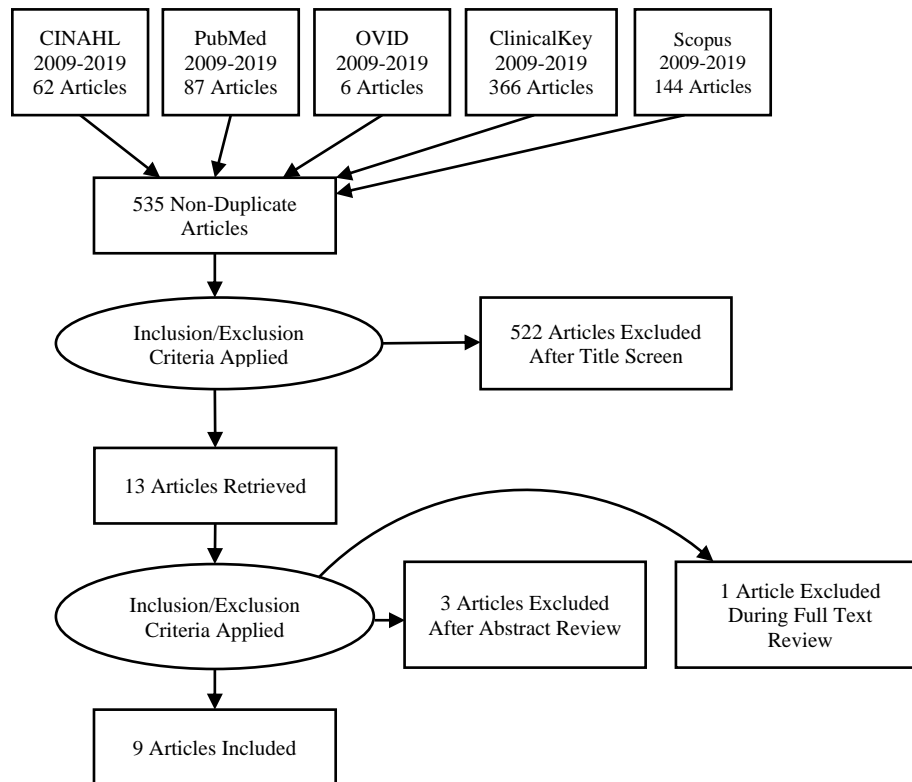
While sexual harassment against nurses has been reported and studied, there is a lack of research about this topic in nursing students, despite the power imbalance. It is also unclear if nursing programs in the United States and around the world educate their students on sexual harassment within the clinical setting or address the potential for these situations at all. There is a gap in implementation of such preventative programs as well.

To address these areas of concern, a systematic literature review was performed to discover the occurrence of sexual harassment amongst nursing students in clinical and academic settings,

find what interventions are available to students to combat the harassment, and investigate how effective these programs have been.

Methods

Using the healthcare-focused databases, CINAHL, PubMed, OVID, ClinicalKey, and Scopus, a literature review was synthesized from the results of search terms imputed. Those search terms were “sexual harassment in nurs*”, “patient initiated sexual harassment”, “sexual harassment healthcare workers”, and “sexual harassment healthcare environment”. When refining the results, the following criterion was applied when applicable: a timeframe of 2009-2019, research articles, and English was selected as the language. After removing the duplicates, a total of 535 articles were pulled from the search results. Then the articles were screened and eliminated based on the following criteria: participants did not include nursing students, lack of focus or assessment on sexual harassment, harassment occurring outside of a clinical or academic setting (specifically intimate partner/domestic violence), and non-research articles. After reviewing through titles and then abstracts, nine articles met all the inclusion criteria.



Results

In the literature review, nine articles were analyzed. Seven articles included surveys or questionnaires. There was a cross-sectional survey, a descriptive survey, a descriptive cross-sectional survey, a descriptive self-report questionnaire, a retrospective cross-sectional survey, one consisted of individual and group interviews, and there also included a meta-analysis of observational studies. Two articles included interventions, one being a quasi-experimental design and the other being a post-test design. The studies come from various countries with no more than two articles per country.

Each study reported occurrences of sexual harassment within a nursing student population, either in a clinical or academic setting from variety of countries. The prevalence of sexual harassment ranged from 4.2% to 71.7% (Çelebioglu et al., 2010; El-Ganzory et al.,

2014). The perpetrators of this harassment came from various sources including patients, patient families/visitors, academic instructors/superiors, other facility staff and medical superiors such as nurses and doctors (Lee et al., 2011; El-Ganzory et al., 2014; Magnavita & Heponiemi, 2011; Çelebiog ̇ lu et al., 2010; Elisha & Rutledge, 2011; Birks et al., 2018). Although the inclusion criterion of reports of sexual harassment was applied to the articles' screens, five articles also reported other forms of harassment such as verbal and physical harassment. Two studies further broke down sexual harassment into various forms of visual harassment, such as seeing inappropriate gestures or pornographic materials from an abuser, verbal harassment, and physical harassment, finding that verbal sexual harassment was the more common type experienced by students (Zeng et al., 2019; Lee et al., 2011).

Based on their findings, a major theme of a majority of the articles either suggested or surveyed the need for preventative programs to be instituted with students. The suggestion for these programs mainly stems from the response or lack of response from students when they had experienced sexual harassment. El-Ganzory et al. (2014) recommends that not only do programs need to provide with education and bring awareness to the possible situations students would face but also the inclusion of zero-tolerance policies for violence to reaffirm appropriate action will be taken. Preliminary studies on education programs have should promise in increasing student knowledge and awareness (El-Ganzory et al., 2014; Hutcherson & Lux, 2011)

There was some debate on how harassment should be surveyed. Birks et al. (2017) states they excluded definitions from their questionnaire specifically to prevent any influence or bias those explanations would provide, letting their participants interpret the questions on their own. A common statement in that study made by students was "I'm not sure if this counts..." which may have been prevented if examples and definitions were provided (Birks et al., 2017).

However, other studies found that students' knowledge of behaviors that are considered sexual harassment are lacking. Lee et al. (2011) found that their prevalence of sexual harassment, when asked directly, was only around 17.9% and 6.6% of students were not sure if what they experienced was sexual harassment; however, when asking about specific situations, 52% of students had experienced one of the eighteen sexual harassment behaviors. This variation in occurrence rates could indicate that more education is needed on specific behaviors students need to be aware of.

Table 1

Article Summary

Authors and Year	Type of study	Findings	Strengths	Limitations	Implications
Birks et al., 2017	Cross-sectional survey	<ul style="list-style-type: none"> • 934 surveys returned • 39 had 430 comments • 88% of participants were female • Mean age was 29 • 17 students were from dual programs • 43% of students were in their third year • 77% of students were born in Australia • 85% of students used English as a first language • Bullying is “a rite of passage” for 	<ul style="list-style-type: none"> • Provides segments of comments made in survey • Large population size • Provided recommendations to enhance student’s confidence and communication 	<ul style="list-style-type: none"> • Does not provide a definition of bullying for survey • Did not categorize types of ‘bullying’ look at it as an overall theme; • Sexual harassment was not specifically asked about; however, some students did report experiences of sexual harassment • The survey was a self-report • Students with negative 	<ul style="list-style-type: none"> • Various types of bullying and harassment are experienced by nursing students • Current systems leave students feeling that nothing will be done if they report their experiences • Underreporting could occur as many students express not wanting to create issues by addressing problematic behavior.

		nursing students		experiences may have felt more compelled to submit responses	
Çelebioglu et al., 2010	Descriptive survey	<ul style="list-style-type: none"> • 53.4% of harassment was done by patients and relatives; 102 occurrences: 92 of them verbal, 7 were physical, and 3 were sexual violence • Reasons for being subjected to violence are patient's anxiety, lack of confidence, and being female • Anger is top student emotion pertaining to the experience • A majority of students did not react • No students informed an authority of the violence experienced • Sexual harassment prevalence was 4.2% 	<ul style="list-style-type: none"> • Assessed role of perpetrator, including patients and their families • Assessed students' emotions and behavior regarding their experiences • Asked participants the reason why they felt they were subjected to the harassment 	<ul style="list-style-type: none"> • Unclear if researchers provided definitions to students regarding types of abuse • Only surveyed one school • "Other staff" category leads to uncertainty in who the perpetrator was • There was little investigation into what resources and support the students had. 	<ul style="list-style-type: none"> • Violence is prevalent against hospital staff and students • Lack of experience and knowledge could be a contributor to student's responses and feelings regarding experiences of violence
El-Ganzory et al., 2014	Quasi-experimental design	<ul style="list-style-type: none"> • Sexual harassment prevalence was 71.7% • None of the students reported 	<ul style="list-style-type: none"> • Sexual harassment is the main focus • Provides an intervention and recommendations 	<ul style="list-style-type: none"> • Small sample size • No control group • Only sampled from one 	<ul style="list-style-type: none"> • Educational programs could lead to improvements in the knowledge, reaction, and

		<p>receiving training about sexual harassment</p> <ul style="list-style-type: none"> • Prevalence of sexual harassment with the perpetrator being a patient was 71.7% 	<ul style="list-style-type: none"> • Thoroughly investigated many elements of sexual harassment • Provided descriptions/definitions for topics covered in questionnaire 	<p>nursing program</p> <ul style="list-style-type: none"> • Does not investigate why students chose not to report their experiences 	<p>coping of nursing students when it comes to dealing with situations of sexual harassment.</p>
Elisha & Rutledge, 2011	Descriptive cross-sectional survey	<ul style="list-style-type: none"> • Sexual harassment prevalence was 13% • Verbal abuse prevalence was 69% • Physical abuse occurrence was 14% • Racial discrimination prevalence was 12% • Incidents that were reported frequent/very frequent was 9% • Incidents that were reported infrequent or sometimes 60% • Those most likely responsible for sexual, physical, and racial incidents were classified as other • Sexual harassment I more often in women (17%) than men (7%) 	<ul style="list-style-type: none"> • Reported the number of hours the students completed of clinical or on-call per week 	<ul style="list-style-type: none"> • ‘Other’ category leads variability in whom was a perpetrator • Researchers reported their survey was not tested for stability, specifically test-retest reliability • Sexual harassment is not the central focus of the study • Only covers advanced degree nursing students • Past studies have not examined the frequency of mistreatment of SRNAs 	<ul style="list-style-type: none"> • Satisfaction is influenced by and perceived amount of learning and perceived mistreatment of various types. • By implementing changes such as setting expectations and training educators on adult learning strategies, satisfaction can be improved

		<ul style="list-style-type: none"> • Females received more sexual harassment from CRNAs and anesthesiologists • Men received more sexual harassment from 'other' 			
Hutcherson & Lux, 2011	Post-test (2 weeks after)	<ul style="list-style-type: none"> • 93% of students said strongly agreed or agreed they would recognize disruptive behavior after completing the intervention • 89% of students reported being less likely to engage in disruptive behavior after the intervention 	<ul style="list-style-type: none"> • The intervention included examples of 10 types of 'disruptive' behavior • A discussion was done after the script was read to allow students to provide thoughts and feedback on the given scenario 	<ul style="list-style-type: none"> • No control group • No pre-test • Small sample size • While the authors definition included sexual harassment as a disruptive behavior, behaviors of sexual harassment were not a part of the script • Many disruptive behaviors are dismissed • Literature supports the development of interventions to address these behaviors. 	<ul style="list-style-type: none"> • Providing students with activities and interventions addressing disruptive behaviors allows them to practice in a learning environment • This practice can help to prepare them for real world experiences and ease their transition to the workforce
Lee, et al., 2011	Descriptive self-report questionnaire	<ul style="list-style-type: none"> • 17.9% of students definitely experienced sexual harassment in clinical 	<ul style="list-style-type: none"> • Sexual harassment is the primary focus of the study • Provided examples and definitions of 	<ul style="list-style-type: none"> • Only female/unmarried • Lack of research in the experiences of Korean students. 	<ul style="list-style-type: none"> • A majority of student experienced sexual harassment • Harassment typically occurred on the

		<ul style="list-style-type: none"> • 55.8% of students experienced sexual harassment only once • 6.6% of students were unsure if they had experienced sexual harassment • Sexual harassment occurred between noon-6pm 59.8% of the time, • A majority of abusers were male, patients, and in their 40s • Harassment most commonly occurred in the psychiatric ward • 52% of students checked at least one of 18 types of sexual harassment • Most common type was verbal sexual comments of appearance 	sexual harassment to their participants	<ul style="list-style-type: none"> • Many students did not know that their schools provided resolution committees to address concerns, even when the schools did. • Recommended providing prevention programs to improve students' coping skills for various situations. 	<p>psychiatric unit and by male patients</p> <ul style="list-style-type: none"> • The researchers also suggest that the lack of qualitative data limits the overall picture of what the students have experienced.
Magnavita & Heponiemi, 2011	Retrospective cross-sectional survey	<ul style="list-style-type: none"> • Nurses reported more sexual harassment than students • 34.1% of students had experienced physical or 	<ul style="list-style-type: none"> • Primary focus was on nurse and nursing students • Compared to nurses' results from a hospital to student experiences 	<ul style="list-style-type: none"> • Did not provide definitions to participants • Broad categories for types of harassment 	<ul style="list-style-type: none"> • Students are more affected by internal violence (healthcare staff/superior) than external violence (patients/visitors)

		<p>nonphysical violence, compared to 42.5% of nurses</p> <ul style="list-style-type: none"> • ‘Internal violence’ is responsible for 41% of physical and 76% of nonphysical assaults for students • Nurses were more likely to suffer from external violence than students, 94% and 71% respectively • Most abuse is perpetrated by other health care workers • Nurses were more likely than students to report their abuse and a majority of students chose not to report 	<ul style="list-style-type: none"> • Broke down type of perpetrators, organized them into internal and external groups • Reported various forms of abuse as well as the different results of that aggression • Report on the prevalence of the victims reporting abuse 	<ul style="list-style-type: none"> • Sexual harassment was not the central focus of the study • Students were not the primary population focus • Lack of studies involving nursing students in Italy and comparing the experiences of nurses to nursing students. 	<ul style="list-style-type: none"> • They felt as though they could not successfully confront staff on their behavior • The various stressors workplace violence puts on students further indicates the need for preventive programs and education.
Rees et al., 2014	Individual and group interviews	<ul style="list-style-type: none"> • 226 professional dilemmas were submitted • 79 abuse narratives were coded for student abuse • The perpetrator was equally male or female • 8 narratives pertained to 	<ul style="list-style-type: none"> • The study covered various types of abuse over various professions • Included interview sections of the narratives from the students • Investigated factors contributing to abuse • Narratives allowed 	<ul style="list-style-type: none"> • Nursing is not primary focus of the study, included other professions • All forms of harassment and abuse was covered as they were investigating workplace abuse • While the authors provided 	<ul style="list-style-type: none"> • Most commonly reported contributing factors were related to the perpetrators • This study identified that a majority of healthcare students’ abuse came from patients.

		<p>sexual harassment</p> <ul style="list-style-type: none"> • Nursing students reported only verbal abuse • Negative traits and demographics were cited with the narratives • Half of the students did report acting in response to their incident 	<p>researchers to report many details about perpetrators</p>	<p>statistics within their results section, their tables only illustrate which profession it occurred in, not the prevalence</p> <ul style="list-style-type: none"> • Limited studies with nursing students and perceived contributing factors. • No multi-site and multi-professional study exists 	
Zeng et al., 2019	Meta-analysis of observational studies	<ul style="list-style-type: none"> • Overall prevalence of sexual harassment in nursing students is 7.2% • No significance associated with demographics of students • 13 studies reported one type of sexual harassment 	<ul style="list-style-type: none"> • The study was a meta-analysis, allowing for many results and regions of China to be compared • Sexual harassment is the primary focus of harassment • Reported characteristics of departments, hospital types, and economic regions 	<ul style="list-style-type: none"> • Students were not the primary focus as they looked at nurses as well • Most studies within the meta-analysis did not report perpetrators • Most participants were female • There is no 'gold standard' for measures of sexual harassment • Looked at many different formats so there was variability with what was covered by each study 	<ul style="list-style-type: none"> • The prevalence of sexual harassment in China is perceived to be lower than that in other countries • Nursing students faced more sexual harassment than nurses in China • Verbal harassment is the more common form of sexual harassment • The findings leads to the support the implementation of preventative programs.

				<ul style="list-style-type: none"> • Due to differences between countries, results of sexual harassment occurrences cannot be generalized from country to country. • Some studies reported both verbal and physical sexual harassment, whereas other studies only reported verbal sexual harassment • A meta-analysis of China has not been completed prior to this study. 	
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Conclusion

Although many of the studies support further intervention and education for students regarding situation of sexual harassment, there are few studies investigating different interventional methods. It has been shown through reported responses to the harassment and feelings of the students, that many feel unsure and uncomfortable with communicating their experiences of sexual harassment, whether it is confronting their perpetrator or reporting the harassment to a superior (Lee et al., 2011; Birks et al., 2018; Magnavita & Heponiemi, 2011). Further investigation also needs be done in each country as generalization from country to country is complicated by sociocultural differences (Zeng et al., 2019; Lee et al., 2011). Results

from the two studies from this study that used interventions showed positive outcomes in their post-test results., indicating that further investigation and implementation of interventions is warranted.

Reflection

This research topic originated from a question posed by my thesis chair, Dr. Wadsworth, during my first year of nursing school. She asked the class what policies were in place at our work establishments to protect healthcare workers from sexual harassment. Later that summer both I and a friend of mine started our first healthcare positions and within a few months had experienced sexual harassment from patients/clients either firsthand or heard about incidents from co-workers. Most companies have policies to address employee to employee violence but it was difficult to find policies relating to non-employees. As I talked with other coworkers, I discovered that situation of sexual harassment and inappropriate behavior were handled by a joint effort of the floor staff to prevent further incidents. From there, I was motivated to look into how often this happens not only in nursing but also in students and if there were any solutions or programs in place.

When I started this project, I never thought I would be able to present my information at the Midwest Nursing Research Society's (MNRS) annual conference. While I have taken research classes, I was not sure my own work would have been up to par of professionals within our field. At the beginning, I truly did not realize how much work goes into investigating and conducting research projects and studies. But as my project drew to a close, I was grateful for the professional experience and skills this conference allotted me. Going forward in my career, I now have a foundation few others have been able to experience to further my knowledge and skills as a nurse.

References

- Arulogun, O. S., Omotosho, I. K., & Titiloye, M. A. (2013). Experience of sexual harassment and coping strategies among students of the school of nursing of a tertiary hospital in southwest Nigeria. *International Journal of Nursing and Midwifery*, 5(4), 70-75. doi: 10.5897/ijnm2013.0099
- Birks, M., Budden, L. M., Biedermann, N., Park, T., & Chapman, Y. (2018). A 'rite of passage?': Bullying experiences of nursing students in Australia. *Collegian*, 25, 45-50. doi: 10.1016/j.colegn.2017.03.005
- Bronner, G., Peretz, C., & Ehrenfeld, M. (2003). Sexual harassment of nurses and nursing students. *Journal of Advanced Nursing*, 42(6). doi: <https://doi-org.libproxy.library.wmich.edu/10.1046/j.1365-2648.2003.02667.x>
- Çelebiog ̇ lu , A., Akpınar, R. B., Küçükog ̇ lu, S., & Engin, R. (2010). Violence experienced by Turkish nursing students in clinical settings: Their emotions and behaviors. *Nurse Education Today*, 30, 687-691. doi: 10.1016/j.nedt.2010.01.006
- Çelik, Y. & Çelik, S. S. (2007). Sexual harassment against nurses in Turkey. *Journal of Nursing Scholarship*, 39(2), 200-206. doi: 10.1111/j.1547-5069.2007.00168.x
- Chang, H. E. & Cho, S. H. (2016). Workplace violence and job outcomes of newly licensed nurses. *Asian Nursing Research*, 10(4), 271-276. <https://doi.org/10.1016/j.anr.2016.09.001>
- El-Ganzory, G. S., Nasr, M. H., & Talaat, A. (2014). Effect of educational guidelines program on internship nursing students facing sexual harassment behavior. *Life Science Journal*, 11(4), 411-420.
- Elisha, S. & Rutledge, D. N. (2011). Clinical education experiences: Perceptions of student

- registered nurse anesthetists. *American Association of Nurse Anesthetists Journal*, 79(4), S35-S42.
- Fute, M., Mengesha, Z. B., Wakgari, N., & Tessema, G. A. (2015). High prevalence of workplace violence among nurses working at public health facilities in southern Ethiopia. *BMC Nursing*, 14(9). <https://doi.org/10.1186/s12912-015-0062-1>
- Huber. (2018). *Leadership and nursing care management* (6th ed.). Elsevier
- Hutcheson, J. & Lux, K. (2011). Reader's theater: A teaching strategy to help students respond to disruptive behavior. *Journal of Nursing Education*, 50(5), 294-297. doi: 10.3928/01484834-20110317-01
- Khoshknab, M. F., Oskouie, F., Ghazanfari, N., Najafi, F., Tamizi, Z., Afshani, S., & Azadi, G. (2015). The frequency, contributing and preventive factors of harassment towards health professionals in Iran. *International Journal of Community Based Nursing and Midwifery*, 3(3), 156-164.
- Lee, S., Song, J., & Kim, S. (2011). Experience and perception of sexual harassment during the clinical practice of Korean nursing students. *Asian Nursing Research*, 5, 170-176. doi: 10.1016/j.anr.2011.09.003
- Magnavita, N. & Heponiemi, T. (2011). Workplace violence against nursing students and nurses: An Italian experience. *Journal of Nursing Scholarship*, 43(2), 203-210. doi: 10.1111/j.1547-5069.2011.01392.x
- Rees, C. E., Monrouxe, L. V., Ternan, E., & Endacott, R. (2015). Workplace abuse narratives from dentistry, nursing, pharmacy and physiotherapy students: A multi-school qualitative study. *European Journal of Dental Education*, 19, 95-106. doi: 10.1111/eje.12109
- Sisawo, E. J., Saide Yacine, Y. A. O., & Huang, S. (2017). Workplace violence against nurses in

the Gambia: Mixed methods design. *BMC Health Services Research*, 17. doi:
10.1186/s12913-017-2258-4

Spector, P. E., Zhou, Z. E., & Che, X. X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, 51(1), 72-84. <https://doi-org.libproxy.library.wmich.edu/10.1016/j.ijnurstu.2013.01.010>

United States Equal Employment Opportunity Commission. (n.d.). *Sexual harassment*.
<https://www.eeoc.gov/sexual-harassment>

Zeng, L., Zong, Q., Zhang, J., Lu, L., An, F., Ng, C. H., Ungvari, G. S., Yang, F., Cheung, T., Chen, L., & Xiang, Y. (2019). Prevalence of sexual harassment of nurses and nursing students in China: A meta-analysis of observational studies. *International Journal of Biological Sciences*, 15(4), 749-756. doi: 10.7150/ijbs.28144