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Effects of Sexual Harassment on Nurses Bio-Psychosocial Health at Cairo University Hospitals

Basma Elsayed Mohammed Othman
Clinical Instructor of Psychiatric Mental Health Nursing, Cairo University, Egypt
Nelly Ahmed Mahgoub
Professor of Psychiatric Mental Health Nursing, Cairo University, Egypt
Somaya Elsayed Abdo
Assistant Professor of Psychiatric Mental Health Nursing, Cairo University, Egypt
Nesrine Adel
Lecturer of Psychiatric Mental Health Nursing, Cairo University, Egypt

Abstract:
Sexual harassment continues to be an important workplace concern and associated with a number of negative outcomes. The aim of the study is to assess the bio-psychosocial effects of exposure to sexual harassment among nursing staff at hospital workplace. The study is descriptive correlation design. Convenient purposive sample consisted of 120 nurses' were selected from at a number of Cairo University Hospitals that represents different health care services of various specialties. Tools for data collection were as following; socio-demographic data sheet, -The General Health Questionnaire30 (GHQ) Arabic version, Sexual Harassment Bio-Psychosocial Questionnaire (SHBPSQ). Result revealed that, negative correlation between sexual harassment and general health of nurses. The study concluded that negative outcomes of sexual harassment on nurse health. The study recommended that Organization management's commitment to eradicate sexual harassment through effective policy implementation and establishing safe work environment can facilitate productive working outcome of its employees.

Keywords: *Sexual harassment, bio-psychosocial effects, nurse's health, hospital workplace*

1. Introduction

Sexual harassment as a major problem and traumatic experience can have long- lasting physical, psychosocial and occupational consequences on health care professionals especially nurses who tend to be more prone to the risk of sexual harassment than other health care team members at workplaces (Osman,2012; Celik;2007). They reviewed many studies on sexual harassment in the healthcare industry in Western and Non Western countries and have shown that sexual harassment of nurses is a common problem in hospitals, and in daily clinical settings. According to Naveed (2010), the nature of nursing profession involves working closely with patients and other staff members, which often result in both physical and emotional attachment. Due to this rather fragile state of being, it is easy for nurses to fall prey to those who take advantage of these situations leading to occurrences of sexual harassment.

Most publications refer to sexual harassment as a major workplace problem that causes humiliation, embarrassment and damages health care workers' performance which leads to emotional and mental stress to victims. This in turn gives bad impact on victim's performance and affects the quality of their services. Negative effects of sexual harassment in workplace is not only on victims, but also on their family members, colleagues and consequently on patients under their care (Campbell, 2009; Patricia, 2010).

Most scholarly definitions of 'sexual harassment' are founded on MacKinnon's (1979) description as 'the unwanted imposition of sexual requirements in the context of a relationship of unequal power'. Sexual harassment is a continuum, ranging from unwanted verbal comments, jokes and sexual gestures, to actions encompassing touching, coercive attempts to establish a sexual interaction and rape (Buchanan *et al*., 2008; Chamberlain *et al*., 2008) Citedin (Kensbock S,2015).

According to Robbins (1996), the concept of power is crucial to understanding sexual harassment issues and how one reacts to the behavior. These sexual behaviors and conflicts evolved into human biological factors which influenced behavior as unwanted behavior versus consensual actions. The resultant behaviors were viewed according to a person's position in society. Women were considered low in the hierarchy of the culture and were influenced by a person with a higher position. This led to increased feelings of powerlessness as women entered the job market.

Many studies worldwide proved that this phenomenon adversely affect the efficiency of nursing care within their work places and thus affect the quality of health care provided to patients. According to these studies evidence of high rates of nursing staff at risk of sexual harassment during their work inside hospitals are shown in the high frequency found among nurses and nursing students. According to participants in various studies; sexual harassment was reported by 66%of registered nurses, and 35% student nurses in the United Kingdom (UK) (Finnis &Robbins 1994); and by 75 % of staff nurses in the UK (Rodwell, 2011), while it was reported by 76% of nurses in the United States of America (USA) (Grieco 1987), and by 73% of registered nurses in Florida (USA) (Sharon, 2008). Also in Turkey 63% of hospital nurses reported sexual harassment (Kisa 2002), also 70% of health workers and 60% student nurses in different Ministry of health hospitals (Bayram, 2012).

2. Significance of the Study

Many international studies highlighted the phenomenon of sexual harassment of members of the nursing staff and considered it the most serious problems that affect the health care provided to patients. (Osman, 2012) reported that the prevalence of sexual harassment among nurses in her study was 51.2% and 22.8%for the year before. She recorded that the most common forms of sexual harassment were verbal (46.6%), visual (24.8%), psychological (20.9%), physical (20.7%) and non -verbal (16.7%). The study also showed that 74.7% of the victims suffered from psychological effects brought upon them by their encounter of various types of sexual harassments at work.

In Egypt, Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in The Egyptian workforce. According to (Samir N; 2012) concluded in her study, there is increasing evidence of nursing staff being exposed to violent behavior in the workplace.

Despite the seriousness of this problem, nonetheless the researchers found only few studies were done to investigate these phenomena among nursing population in Egyptian hospitals. For instance, Dakroury, (2013) claimed in his study that Egyptian women in general have become experiencing sexual harassment in any place, at work, in the street, universities, schools, public places. He studied the relationship between sexual harassment of working women and job performance. He found 80% exposure sexual harassment at the workplace among women working in Mansoura University Hospitals.

Another study by Fathi, (2010) who studied the factors leading to the phenomenon of sexual harassment among University students and the role of social work to handle it. He found 71% exposure of students of the fourth year colleges, Fayoum University (students) to sexual harassment inside and outside the University than those faced by other nurses in different fields. According to current study will provide a clear picture and increase body of knowledge about effect of psychosocial hazard, work-related stress and negative impact on mental well being of mental health nurses so that , quality of health and care will be improved.

2.1. Aim of the Study

This study aims to assess the bio-psychosocial effects of exposure to sexual harassment among nursing staff at a number of Cairo University Teaching Hospitals units.

3. Research Questions

Q1What are the bio-psychosocial effects of sexual harassment experienced by nursing staff?

3.1. Sample

Convenient purposive sample of120 nurses will be recruited for this study. Criteria for inclusion: Female nurses only, Age ranges from (18 -50) years, In hospital workplace, working at Cairo University Teaching Hospitals and exposure at least once to any type of sexual harassment in the last five years of their work.

3.2. Setting

The current study was conducted at a number of Cairo University Hospitals that represents different health care services of various specialties. To ensure variability these hospitals.

3.3. Tools of Data Collection

3.3.1. Socio-Demographic Data Sheet

It was designed by the researcher, including demographic and personal data as age, qualifications, marital status, job post, years of experience, and hospital unit.

3.3.2. The General Health Questionnaire 30 (GHQ) Arabic version

This scale developed by *Goldberg* and Williams (1960) in England to. It was to identify the biological, psychological as well as the social distresses among adults. It consists of 30 items, rated at four Likert scale; (4) = never, (3) = same as usual (2)

= worse than usual (1) = much than worse than usual. Cronbach's alpha reliability was calculated for this scale in the current study and the result indicated the excellent reliability of (0. 92).

3.3.3. Sexual Harassment Bio-Psychosocial Questionnaire (SHBPSQ)

This scale was developed by the researcher after reviewing literature and related researches to assess the bio/ physical, psychological / mental and social/vocational effects of exposure to sexual harassment. This tool consists of 127 items divided into seven dimensions; attributes and incidence of sexual harassment (36)item, bio-psychosocial effects of sexual harassment (63) item, future expectations of sexual harassment effects on nursing profession (4) items, hospital regulation used to provide safe working environment for nurse practice (1)item, suggested causes for the prevalence of sexual harassment at hospital workplace (21)items and suggested corrective measures to reduce sexual harassment experienced by members of the nursing staff at hospital workplace(2)items; this scale is rated on four Likert scale; (4) = always, (3) = usually, (2) =sometimes and (1) = rarely. Cronbach's alpha reliability was calculated for this scale in the current study and the result indicated the excellent reliability of (0. 96).

3.4. Ethical Consideration

A written ethical approval was obtained from the ethical committee clinical research of Faculty of Nursing, Cairo University. In addition, an official permission was obtained from hospital director to conduct of the study. all participants were informed about the purpose and the benefits of the study and that the researcher is a master candidate at faculty of Nursing, Cairo University and the participation in the current study is voluntary, anonymous were included in the data collection sheets and confidentiality for each participants by that data will be used only for the purpose of the study using code numbers for each participants and keeping data in a secure place away from any persons. The participants were informed that, they can withdraw at anytime during the study without giving any reasons and in case of withdrawal, it will not affect their relationship with the researcher.

3.5. Procedure

The researcher interviewed the nurses during their shifts (morning, afternoon and night) to fill the scales. The researcher interviewed the nurses before conducted the study to explain the purpose of the study to get oral consent and determine meeting time with the researcher in each section. Once the permission was granted to proceed with the study, all participants were approached. At that time, purpose and nature of the study were explained to gain their cooperation and a written informed consent was taken from each participant. . All the tools were revised by a panel of experts to assure their content validity. The scales were read and explained by the researcher. Questionnaires were answered and completed by nurses under the guidance of the researcher. The data collection took place in the period from the beginning of February 2015 until the half of September2015.

4. Results

Table (1) shows frequency distribution of socio-demographic characteristics of the studied sample. Nurses in the age group of (31-40) years old constituted the highest percentage of 29.2% followed by 25% of nurses in age group of (21-25) years old. The least percent was 8.3% of young nurses in the age group of (15 -20) years old. The mean age of the studied nurses was 30.8 years old with SD±8.1. Regarding qualification , nearly two thirds 74.02 % of nurses have secondary technical nursing diploma (three years diploma after preparatory school) while only 6.7% of nurses have Bachelor degree of Nursing Sciences. As for the marital status (55.8 %) of nurses were married; (33.3%) were single, the remaining11% were either widows or divorced. Years of work experience ranged between 1-30 years. The highest percentage 29.2% was that of (11-20) years. Most sampled nurses were bedside nurses reaching a percent of 86.7%, while nurse supervisors were only (13.3%). The highest prevalence of sexual harassment (27.5%) was among nurses working in specialized hospital units which include (Intensive care units, Radiology department, Psychiatric unit, Renal dialysis, & Dental units) followed by the Surgical units (22.5%), Medical units (17.5%), Emergency units (12,5%) while the least percentages were (10%) for each of the Operating Theater and the Out- patient clinics.

4.1. Frequency Distribution of Socio-Demographic Characteristics of the Studied Sample (N=120)

Items	Values	No	%
Age(years)	15-20	10	8.3
	21-25	30	25.0
	26-30	28	23.3
	31-40	35	29.2
	41-50	17	14.2
	Mean= 30.8	SD±8.1	
Qualification	Diploma of secondary technical nursing(3 years Diploma after the Preparatory School)	89	74.2
	Nursing technical Institute (5 years diploma after Preparatory School)	23	19.2
	Bachelor Degree of Nursing (University degree)	8	6.7
Marital status	Single	40	33.3
	Married	67	55.8
	Widow	5	4.2
	Divorced	8	6.7
Work experience in years	1-5	33	27.5
	6-10	34	28.3
	11-20	35	29.2
	21-30	18	15.0
	Mean= 11.3	SD±7.5	
Job posts	Bedside Nurse	104	86.7
	Supervisor nurse	16	13.3
Hospital units	Emergency unit	15	12.5
	Operating Room	12	10.0
	Medical units	21	17.5
	Surgical units	27	22.5
	Specializedunits	33	27.5
	Out-patient clinics	12	10.0

Table 1

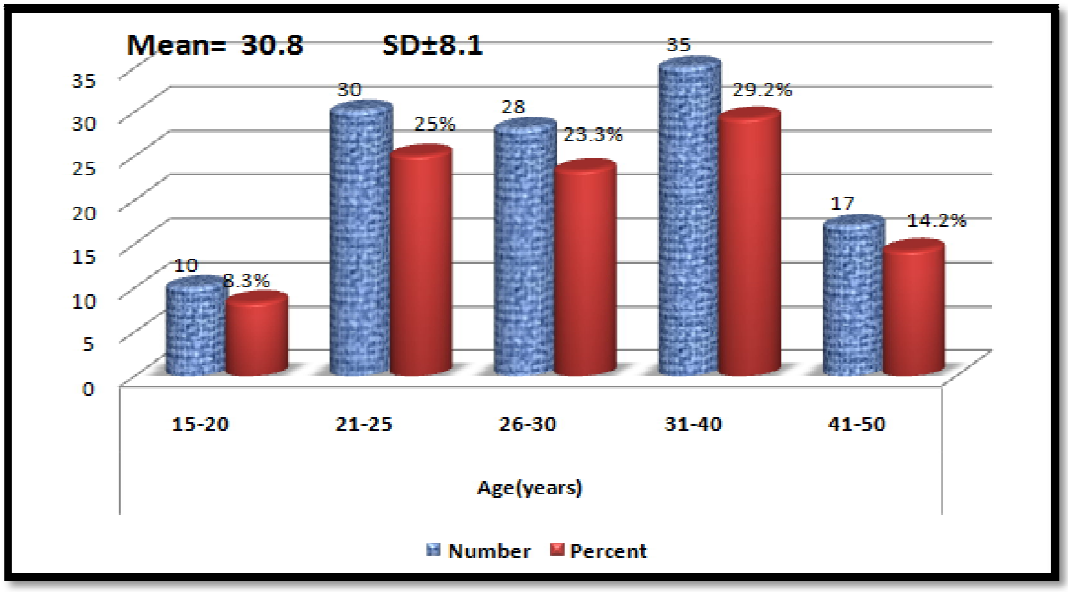

Figure 1: Distribution of the Studied Sample According to Age (N=120)

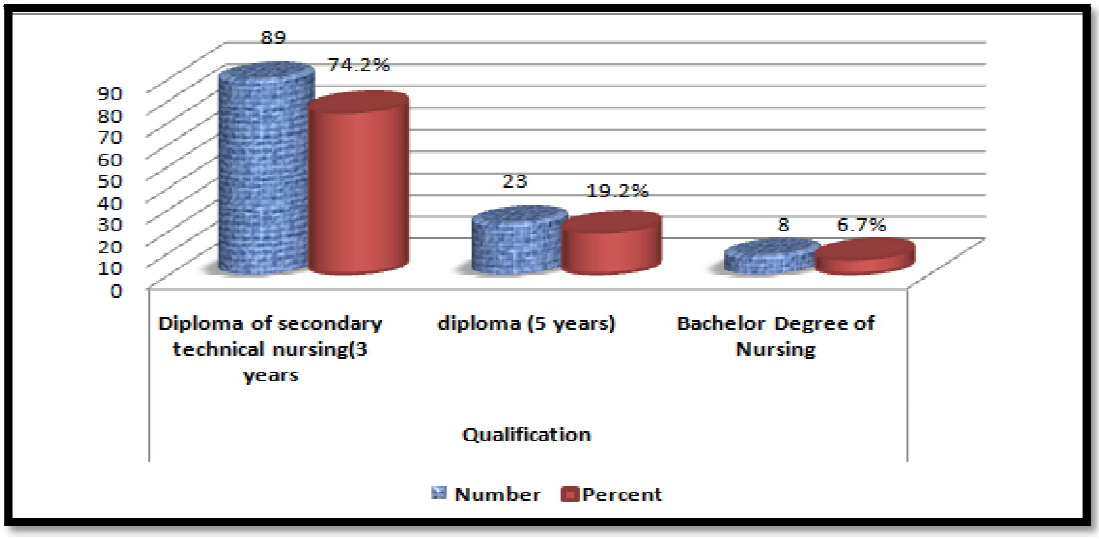

Figure 2: Distribution of the Studied Sample According to Qualifications (N=120)

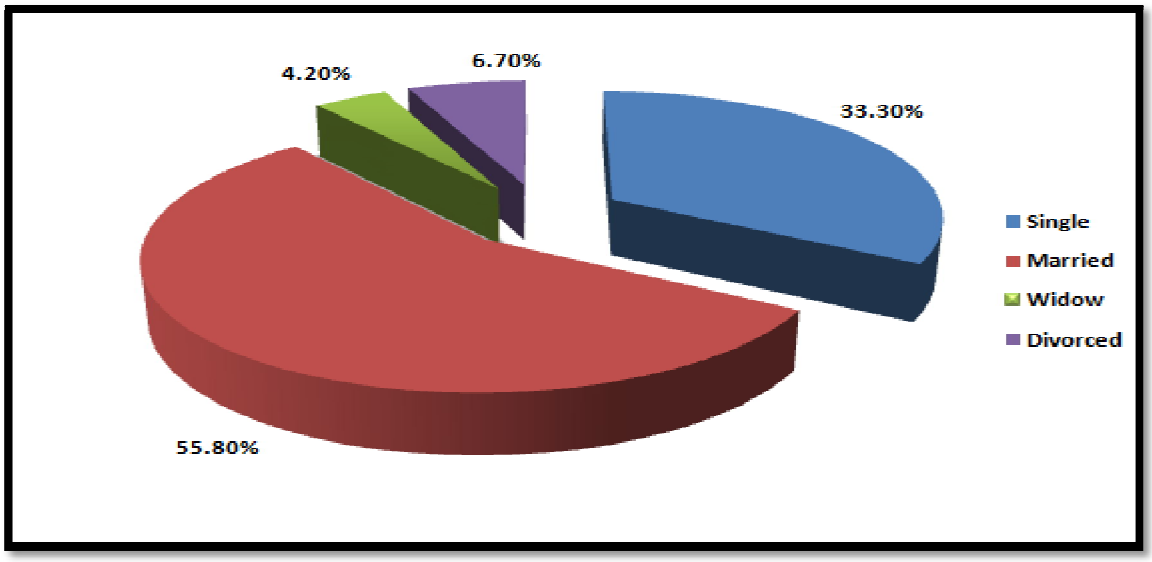

Figure 3: Distribution of the Studied Sample According to Marital Status (N=120)

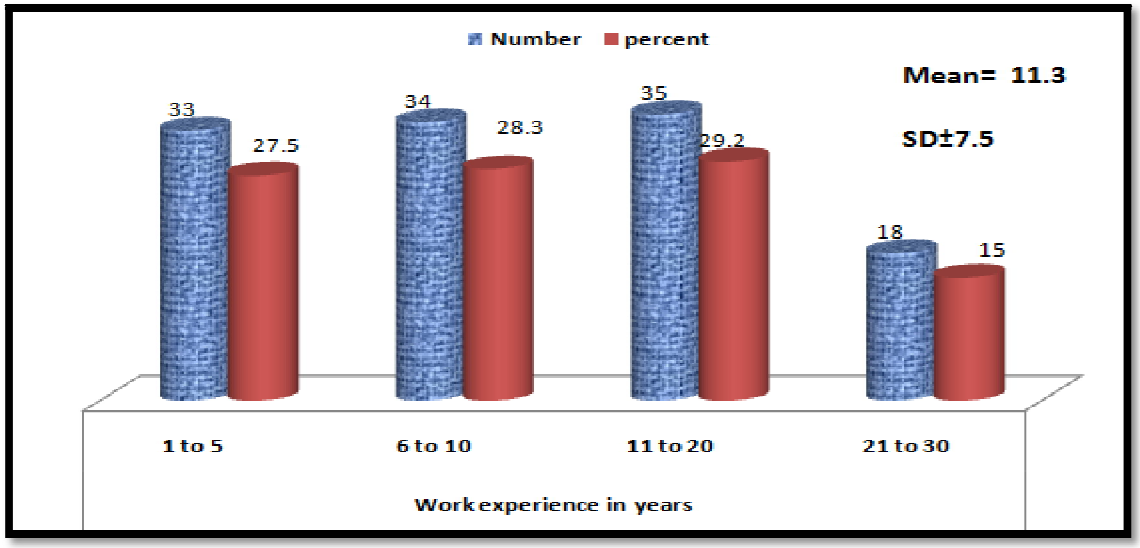

Figure 4: Distribution of the Studied Sample According to Work Experience in Years (N=120)

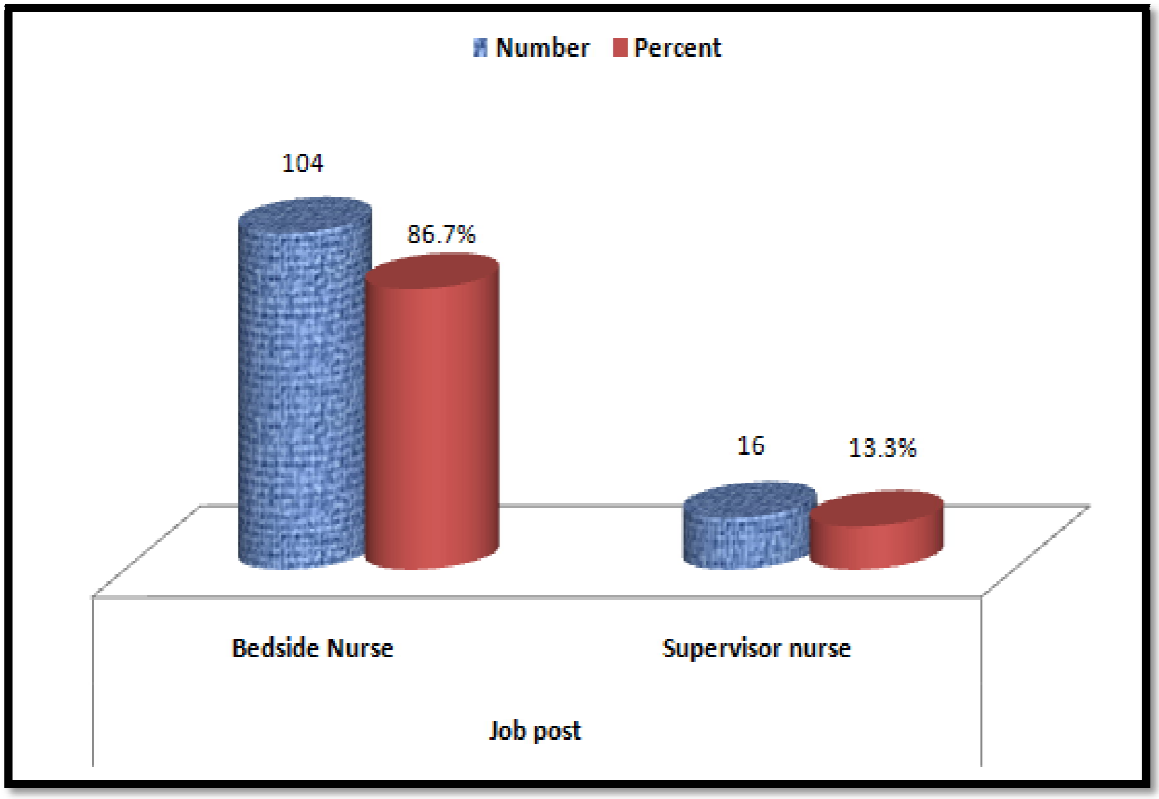

Figure 5: Distribution of the Studied Sample According to Job Post (N=120

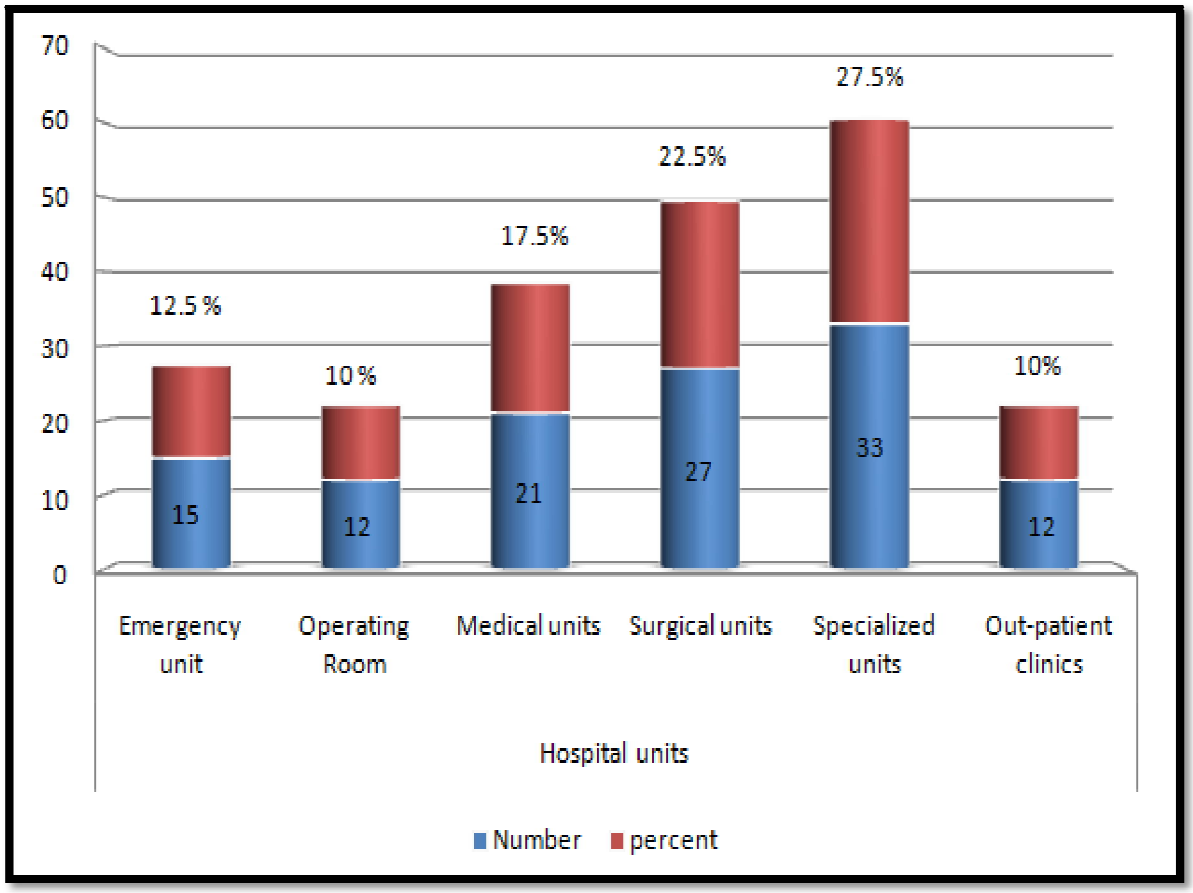

Figure *6: Distribution of the Studied Sample According to Hospital Workplace Units (N=120)*

Table (2- a,b,c) reveals frequency distribution of studied sample according to physical effects of sexual harassment attempts: Studied nurses reported that the most experienced immediate physical effects post exposure to sexual harassment were: flushed face & excessive sweating; clumsy, cold/ damp hands and increased heart rate with percentages of (65.83%, 50.84% and 51.67%) respectively. While the most intermediate physical effects reported by studied nurses after exposure to sexual harassment were: recurrent headache, recurrent feelings of fatigue, difficult to sleep, recurrent nightmares and loss of appetite with percentages of (57.5%, 56.67%,54.17%,48.33% and 35%) respectively. As for the long term physical effects reported by studied nurses were : Fatigue leading to a lack of commitment to attend the official work hours; , laziness to perform functional tasks; continuous feeling of pain in different body parts; &increased sick leaves, with percentages of (50.83% ; 50,83 44.17% and 44,17%) respectively.

Immediate Physical Effects of Sexual Harassment	**Always**		**Sometimes**		**Rarely**	
	No.	%	No.	%	No.	%
1.Flushed face & excessive sweating	79	65.83	26	21.67	15	12.50
2. Dry mouth & difficulty swallowing	35	29.17	34	28.33	51	42.50
3. Nausea and vomiting	19	15.83	27	22.50	74	61.67
4.Clumsy, cold /damp hands	61	50.84	35	29.17	24	20.00
5.Increased heart rate	62	51.67	25	20.83	33	27.50
6. Chocking and difficult breathing	28	23.33	32	26.67	60	50.00
7. Discomfort chest pain	52	43.33	36	30.00	32	26.67
8. Diarrhea	5	4.17	28	23.33	87	72.50

Table 2: A Frequency Distribution of Studied Sample According to Immediate Physical Effects of Sexual Harassment (N=120) Total Score = 16.4248 Mean = 2.0531 SD =.6095

Intermediate Physical Effects of Sexual Harassment	**Always**		**Sometimes**		**Rarely**	
	No.	%	No.	%	No.	%
9.Difficult to sleep	65	54.17	34	28.33	21	17.50
10.Recurrent nightmares	58	48.33	24	20.00	38	31.67
11. Increase sleeping hours more than usual	24	20	42	35.00	54	45.00
12. loss of appetite	42	35	36	30.00	42	35.00
13. Recurrent stomach pain	46	38.34	33	27.50	41	34.17
14. Increased appetite	16	13.33	17	14.17	87	72.50
15. Weight gain	14	14.17	21	17.50	85	70.83
16.Weight loss	35	29.16	54	45.00	31	25.83
17. Recurrent headache	69	57.5	21	17.50	30	25.00
18.Persistent fatigue	68	56.67	19	15.83	33	27.50
19. Disturbances of the menstrual cycle	33	27.5	35	29.17	52	43.33
20.Muscular spasm or convulsions	19	15.84	23	19.17	78	65.00

Table 3: Frequency Distribution of Studied Sample According to Intermediate Term Physical Effects of Sexual Harassment (N=120)
Total Score = 24.0084 Mean = 2.0007 SD =.55797

Long- Term Physical Effects of Sexual Harassment	Always		Sometimes		Rarely	
	No.	%	No.	%	No.	%
21.Continuous feeling of pain and constant fatigue	53	44.17	40	33.33	27	22.50
22.Feeling of Fatigue which leads to a lack of commitment to attend the official working hours	61	50.83	21	17.50	38	31.67
23.Lazinessto perform functional tasks	61	50.83	37	30.83	22	18.33
24. Frequent sick leaves	53	44.17	38	31.67	29	24.17
25. Development pathological diseases such as gastric ulcer disease or hypertensive....	19	15.83	13	10.83	88	73.33

Table 4: Frequency Distribution of Studied Sample According to Long- Term Physical Effects of Sexual Harassment (N=120)
Total Score = 10.85 Mean = 2.1700 SD =.69989

Table (3) reveals, highly significant impact of total sexual harassment effects scores namely(psychological effects and social effects)on (p-values = 0.002and 0.018).on total general health questionnaire score.

Variable	Coefficient	Standard Error Of Coefficient	T-Value	P-Value
Physical effects	-.553	1.125	-.491-	.624
Psychological effects	-3.631	1.162	-3.123-	.002*
Social effects	1.607	.669	2.401	.018*

Table 5: Regression Analysis of Sexual Harassment Effects and General Health Score among the Studied Nurses (N = 120)
*Significant

5. Discussion

Considering age as a socio-demographical variable, in this study, the highest percentage of studied nurse's group exposure to sexual harassment is between (31-40) years old, then nurses group between (21-25) years old. This indicates sexual harassment among older nurses is more prevalent than younger nurses which might be explained that increased work hours could increase the chance to exposure to sexual harassment.

This result is matched with Wang, Chen, Sheng, Lu and chen et al (2011), who revealed that, nurse's respondents who were older than31 years old had a higher sexual harassment prevalence as compared with younger staff. They assumed that a longer time being at work simply meant a longer amount of time for exposure to sexual harassment. Also Celik (2007) reported that being single and increased work experience was important determinants of being sexually harassed at hospital workplace.

Contradicting the current result, Hahn, Muller, Hantikainen, Kok&Dassen (2012), showed a reverse finding that, younger nurses experience more frequently all forms of violence especially verbal harassment, in the general hospital setting. Therefore, being of a younger age seems to be a relevant risk factor for experiencing verbal violence .Also they assumed that different age-related communication skills and behavioral strategies are relevant in the occurrence of sexual harassment.

As for Unnikrishnan, Rekha, Kumar, and Sanjeev(2010), showed a reverse finding that, younger respondents are more vulnerable and are unaware about the job requirements, or it could be due to the fear of losing their job or a hostile atmosphere in their workplace if they complain. This coincides with a study done in Denmark, where the occupations which were most exposed to the threat of physical violence were nurses, followed by health care workers and teachers (European foundation for the improvement of living and working conditions,2007).Also,Chou, Lu&Mao (2002), that younger health workers might be more sexually attractive and more prone to being harassed.

As regards qualifications, results of the present study revealed that the highest percentage of studied nurse's group exposure to sexual harassment have a secondary technical nursing diploma (three years diploma after preparatory school). This finding might be attributed to many categories of nursing qualifications in Egypt. The highest number of worked nurses in teaching and governmental hospitals in Egypt is secondary technical nursing diploma. Also their more contact with patients and patient's relatives and others health workers team may lead to be more exposed to sexual harassment.

Regarding years of experience, results revealed that highest percentage 29.2%were having (11-20) years. This may be that the more nurse has work experience the more vulnerability to sexual harassment experience. On the same line Hibino (2006), found that in his research the highest percentage among nurses exposure to sexual harassment are nurses who had work experience between (11-20) years. In contradiction to the current result, Osman and Rampal (2012) showed a reverse finding that sexual harassment were more likely to occur among those with less working years.

As regards to hospital units, results of the present study revealed that highest prevalence of sexual harassment (27.5%) was among nurses working in specialized hospital units which include (Intensive care units, Radiology department,

Psychiatric unit, Renal dialysis, Dental units and Obstetrics units) followed by the Surgical units (22.5%). According to Osman & Rampal (2012), they reported that most sexual harassment occurred in the Orthopedic ward46.8%), followed by Medical wards (42.9%), Surgical wards25.3%) and clinics (17.2%).Celik, (2007) also found that most nurses in Turkey experienced sexual harassment while working in the ward, followed by working in clinics.

In this context, Laschinger et al (2010); Rocker (2008) & Yildirim et al (2007) agreed the current study result and reported that, sexual harassing behaviors at hospital workplace had negative consequences on nurse's physical health which would include: headache, sleep problems, blood pressure change, chest pain, heart palpitation, appetite disturbance and gastro-intestinal problems. According to selye model (1993) indicated that times of high stress, our bodies respond with vigorous physiological reactions such as headaches, gastro-intestinal problems, sleep disturbance and suppressed immune functioning.

The study result revealed that was highly significant impact of sexual harassment effects namely (psychological effects and social effects) on nurse's general health. The finding of the study is congruent with Magnavita& Heponiemi (2012),who studied "Violence towards health care workers in a public health care facility in Italy: a repeated cross-sectional study:" they indicated that, harassing behaviors are one types of violent behaviors that nurses exposed in hospital workplace. Harassment in hospital workplace are important in leading to a deterioration in staff general health. Also, Ballard, Remito, Caldora & Mazzanti et al (2005) added that, harassment had a significant relationship associated with fair to poor working women health in work environment. Also they added that studied sample expressed psychological distress symptoms and deterioration in their social relationships with others.

6. Conclusion

The results of the current study revealed that the majority of the studied sample reported Sexual harassment is one of those obstacles which are prevalent at hospital work place. Sexual harassment can happen to anyone but women are the targeted victims. Sexual harassment is considered traumatic event and the victim may end up having physical and mental sufferings that hinders a person to work effectively at an organizational level, and indicated that it does result in decreased work effectiveness, decreased work productivity, high absenteeism, high turnover, and low staff morale.

7. Recommendations

Based on the study findings, the following recommendations were formulated:-Organization culture and management's commitment to eradicate sexual harassment through effective policy implementation and establishing safe work environment can facilitate productive working outcome of its employees.-On the other hand ongoing educational programs, trainings, workshops and seminars should be arranged to make the employees aware of the behaviors associated with the sexual harassment.- Media can also play a significant role in eliminating this curse from the society. The medium of television, advertisement and news paper are approachable to general public. Talk shows that discuss the facts and measures to deal this issue, public messages programs, billboard hoardings, print media and such other sources can be promoted to give awareness to the people on repeatedly basis to keep it live in society's minds.-The need for increased security at hospital workplace and easy reporting procedures aimed at reducing the incidence of harassment in the hospitals and creating a general atmosphere supportive of the ideas of women as victims of harassment, not the instigators, and harassment as a criminal act of violence against women.-The creation of a sexual harassment reporting center, the main function of which should be to receive and document complaints from women subjected to this type of violence.

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