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Sexual Harassment against Staff and Student Nurses in Tertiary Care Hospitals Peshawar K.P. Pakistan

Noor Khan

Coordinator, Provincial Health Service Academy, Peshawar, Pakistan

Shabina Begum

In Charge of Medical Ward, Hayatabad Medical Complex, Hayatabad, Peshawar, Pakistan

Ashrat Shaheen

In Charge of Labour Room, Hayatabad Medical Complex, Hayatabad, Peshawar, Pakistan

Abstract:

Introduction: Sexual Harassment (SH) among nurses is a major problem for nurses and a direct threat to patient care. Sexual harassment is any form of unwanted verbal, non-verbal comments on dress and appearance. One reason is the existing gender issue that the majority of the nurses in Pakistan are female, that's why female are more exposed towards harassment. Women try to hide SH due to Islamic modesty and cultural traditions. Secondly, once they decide to take action there is a lack of redress at organizational and government level.

Methodology: This paper provides a quantitative (descriptive) review that estimates exposure rates by type of harassment, awareness level of SH policy, contribution to raising voice and consequences on nurses and their performance at three tertiary care hospitals (LRH, KTH and HMC) in Peshawar covering a sample size of 150 through questionnaires.

Quantitative (descriptive study) among staff and student nurses

Results: 66% SH existence in hospital, 80% has experience, 65.3% respondent report incidence, management addresses the issue 33.3% but 70.7% are not satisfied from its measures, 50.7%, SH effect psychologically, 40.7% effect on performance, 8% effect on health. Mostly victimized by patient and their male visitors 55.3%, by doctor 25.3% by their colleagues 4.7% and by administration 14.7%.

Discussion and Conclusion: After having clear understanding of the concept of SH and its negative consequences on an individual, such advances can no longer be ignored. It's a high time to reflect that how the nurses left nursing profession in fear of threats, harassment, or any type of violence. All the nurses have the right to work in a safe and healthy environment and take autonomous decision. Sexual harassment has extreme negative effects on nurse performance, health, morale, self-esteem and entire personality. Yet they often do not make formal complaints through internal organizational procedures or to outside bodies. The available law about the protection of women at work places must be imposed in its true spirit and laws in Pakistan penal code about the protection of the modesty of female must be made part of nursing education so as to educate them that the law provides them the right of life with chastity and modesty.

Keywords: *Sexual harassed staff & student nurses, AASHA, Issues, Remedies, psychological effect, physical health, rehabilitation, sexual assault, sexual experiences questionnaire*

1. Introduction

Sexual harassment among nurses is a major problem for nurses and a direct threat to patient care. Sexual harassment includes any form of unwanted verbal, non-verbal or physical conduct, invasion of personal space, suggestive remarks, unwanted comments on dress and appearance, jokes of a sexual nature and display of sexually offensive material. (Rutherford et al., 2006) asked more broadly about sexualized behaviors by providing a list of possible behaviors, asking if the respondent had experienced any of them, if they regarded them as sexual harassment and if they personally found them offensive. This produced a high incidence rate of sexually harassing behaviors. Pakistan has adopted a Code of Conduct 2010 for Gender Justice in the Workplace that would deal with cases of sexual harassment The Alliance against Sexual Harassment At workplace (AASHA).

There are several reasons why nurses are vulnerable to sexual harassment. One is the hierarchical structure in the healthcare community, in which superior positions are occupied by physicians, and nurses are placed in an inferior position. Additionally, in Pakistan, nurses are more and more vulnerable to patients and their visitors. Another reason is the existing gender issue that the

majority of the nurses in Pakistan are female, the popular image of a nurse is thus of a female who provides nursing care, and this can lead to frequent sexual harassment.

Mostly they are harassed by doctors and co-workers especially in evening and night shifts. However, they formally avoid reporting such incidents because the hospital administrations usually hush them up blaming the complainers for provoking them. "Pakistani women generally go through three different levels of issues within (sexual harassment) process. Firstly, women try to hide SH due to Islamic modesty and cultural traditions. Secondly, once they decide to take action there is a lack of redress at organizational and government level. Finally, once they report the issue they face victimization." Ali F. (2010). Before irreparable damage occurs, were further motivations for this study.

The emergence of the term 'sexual harassment' can be traced back to the mid 1970s in North America, although in the UK, the first successful case when sexual harassment was argued to be a form of sex discrimination was in 1986, under the Employment Protection Act (Hodges Aeberhard, 2001). In Pakistan, sexual harassment has not been addressed in the medical profession. One study of 68 nurses reported a 13.2 percent and 72 percent rate of physical harassment and verbal harassment respectively of female nurses by the male physicians in Pakistan. Nurses sexually harassed at work, experience adverse psychological consequences and are unable to render care effectively. Two (2.8%) and (11.27%) reported such harassment from male patients and patient's male attendants respectively.

According to the District Nurses Association, Peshawar, eight cases were reported over the last three months. In these cases three from LRH, three from Khyber Teaching Hospital and two from Hayatabad Medical Complex. According to Peshawar Nurses Association President, sexual harassment had become routine at hospitals and submitted several complaints to the KP health minister including administrative staff of the hospitals concerned. However, he believed that the authorities seemed interested in fulfilling only the demands of doctors and depriving nurses of their rights. However, January 21, 2010 Senate Passes a Bill Against Harassment Of Women At Workplace. But question marks still hang over its implementation as experiences continue to occur. "The law is good, but it's a male-dominated society. It will take time for people to accept it," Athar Minallah, a senior lawyer.

According to Parveen (2010), a total 24119 of violence against women cases were reported in Pakistan during 2008-10 among which only 520 work place harassment cases were filed. Beside that the newspapers and electronic media portray few cases of sexual harassment at workplace, which show that the work place in Pakistan is not safe for women.

1.1. Purpose

The purpose of this study is to describe the sexual harassment in nursing profession in Peshawar, to explore the reasons why nurses are so vulnerable to sexual harassment, to review previous literature and show research results conducted by the author, to further effective implications for theory and practice in nursing, and to make suggestions for future policy development.

1.2. Significance of the Study

The Alliance against Sexual Harassment At workplace (AASHA) recognizes that sexual harassment is not just a personal injury to the affected woman but violates a woman's rights to equality in the workplace. It's a logical fact that a healthy and secure work environment is very important where the employees can exercise their rights, have liberty of thoughts and speech, and where their dignity and self-respect is maintained. So this study will provide information to nurses about sexual harassment. In this study, nurses find that sexual harassment is an alarming subject globally, and can have negative implications on organization like decreased employee productivity, self-esteem, and high rate of absenteeism.

Nurses are subjected three times more Sexual harassment in the workplace than any other profession. This study will show the prevalence, sources and consequences of work place sexual harassment against nurses which they experiences about this type of harassment and to from recommendations regarding sexual harassment issue to help out its solution.

1.3. Operational Definition

Sexual harassment faced by females are unwanted silent remarks on the physique, staring and any disturbing modesty out ranging behavior and consider nurses as a cheap commodity.

2. Research Methodology

2.1. Research Design

This is quantitative (descriptive study) among staff and student nurses of tertiary care hospitals in Peshawar. Descriptive study involves systematic and detailed observation of people behavior: what they talk, think and do. It is also referred to field research (Pilot and Beck, 2008). One of the key points of the descriptive research is that it describes phenomena as they exist. It is used to identify and obtain information on the characteristics of a particular issue. The quantitative approach enables the acquiring of information by means of a systematic and objective research process (Burns & Grove, 2007), whilst the numerical nature of the collected data is best suited to the specific objectives of this study.

2.2. Study Setting

Staff nurses at LRH, KTH and HMC, and student nurses of the nursing schools of these tertiary care hospitals. These hospitals are tertiary care centers, and each has the lodging capacity of more than 1000 beds. Each hospital administration has granted permission for data collection.

2.3. Study Population

Nurses working in the three tertiary care hospitals LRH, KTH, and HMC

2.4. Sample Size

According to Burns and Grove (2007:324) the population, also called target population, includes every element or subject that meets the sampling criteria, while the accessible population is that section of the target population to which the researcher has reasonable access. A pilot study, comprising almost 10% of the total number of the selected sample (20 respondents in total), was done before the main study for their reliability and validity of the research instrument (Burns & Grove, 2007:38). Equal proportions of respondents were included from each of the second, third and fourth years, and staff nurses of study.

As the research has been carried out at three teaching hospitals of Peshawar, So the strength of student nurses at nursing schools are six hundred (600), with each school has about three hundred (300) students. Similarly each hospital had strength of staff nurses approximately (LRH=500, KTH=276 and HMC=290), making total of (1166) staff nurses. So total population of nurses (staff & student) in tertiary care hospitals Peshawar is approximately 1666. Our total study population amounted 1666. According to epi-enfo calculation our sample is 304, but due to shortage of time, we take 150 sample size because its mini research and only for study purpose.

2.5. Sampling

Convenient sample technique has been used for gathering data. Data was collected in six weeks, from 15th November 2014 to 30th December. This sampling technique helps to identify the participants according the study phenomenon & would help in gathering data in a specified time.

2.6. Recruitment of Participants

Participants have been recruited conveniently with the permission of respective medical superintendents of LRH, KTH, and HMC, and the samples were interviewed with the help of self-administered questionnaire sheet.

2.7. Inclusion and Exclusion Criteria

2.7.1. Inclusion Criteria

Staff nurses and student nurses, (second, third, & fourth-year working in hospital are included).

2.7.2. Exclusion Criteria

First-year students are excluded due to their limited exposure to the clinical areas, head nurses; other seniors and those nurses who are studying at various institutes out of hospitals were excluded.

2.7.3. Study Variables

Age, Gender, Religion, and Education, position, year of serving, marital status and socio economic status

2.7.4. Dependent Variable

Sexual Harassment

2.7.5. Independent Variable

Sources of harassment e.g. male patients and their attendants, and co-workers

2.7.6. Data Collection Instruments

The questionnaire (format) was in English. The majority of the questions were Likert-type in nature, although one open ended question was included at the end of the questionnaire. Finally the data comprised three sections. The first section comprises 12 questions related to demographic data. The second section consists of 10 questions about sexual harassment experiences. The third section consists of 07 questions about SH policy. At the end one subjective question was given for the suggestions to high light the issue and to minimize the problem. Approximately 25 to 30 minutes were required to complete the questionnaire along with the consent form.

2.8. Instruments Validity and Probability

The questionnaire has been prepared by the researchers and having closed ended and open ended questions. Experts had thoroughly checked the instrument for depth, clarity, and relevancy and opinions were taken to check the context and language used in the questionnaire. Pilot sample technique is used, because pilot sample is independent of the final sample (Pilot and Beek, 2008).

2.9. Data Collection Procedure

Data collection process took three weeks in completion. After approval from Post Graduate College of Nursing PGCN ethical committee, data collection has been conducted. Data was collected through both the investigation by themselves-observation and Questionnaires were distributed among the nurses both staff and students who were requested to fill the questionnaire honestly.

2.10. Data Analysis Plan

Each questionnaire was given a code number to maintain anonymity. Analysis was made simultaneously after data collection process. A statistical package for social science (SPSS) version 16 was used for the analysis of data. Cleaning of data as a first step was done to detect variables that could be missed or valid. First of all frequency, tables, percentage, and mean were calculated. Demographic data and the responses to the tools item statements were analyzed using frequency and percentage.

2.11. Ethical Consideration

Informed consent was applied to the respondents because the researchers generally agree that voluntary participation does no harm, and privacy, anonymity confidentiality are the most important ethical considerations. They were given the right to take part in study on their own willingness or withdrawal at any time from the study. (Babbie, 2007: 62-68; Burns and Grove, 2007: 203-219). The complete proposal was sent to the ethical review committee of the Khyber Medical University. Sexual harassment among nurses is a burning and sensitive issue in our society. The aim and purpose of the study was explained to the participants.

2.12. Limitations of the Study

Limitations related to aspects of the research methodology and resources, although the use of a self reported, completed questionnaire enhanced subject truthfulness but some time we cannot pick the same meaning. (Burns & Grove, 2007:382). Additionally Shortage of time, conveyance, financial matters, Culture and customs of the society were the related hurdles.

3. Results

Details	Frequency
Age	
1. ≤20	9.3%
2. 21-30	46.0%
3. 31-40	26.0%
4. 41-50	16.0%
5. >50	2.7%
Nursing Qualification	
1. G.N/M.W	30.7%
2. Sp/BScn/PG	38.7%
3. STUDENT	30.7%
Academic Qualification	
1. SSC	31.3%
2. FA/FSC	47.3%
3. BA	16%
4. MA	5.3%
Year of Service	
1. Less than 10 years	64%
2. 11 to 20	20.7%
3. 21 to 33	15.3%
Marital Status	
1. Married	45.3%
2. Unmarried	54.7%

Table 1: Demographic Table

S#	Questions	Yes	No
1	Have you ever personally experienced about sexual harassed while working here?	80%	20%
2	Have you ever witnessed another nurse being sexual harassed?	78%	22%
3	Did you report the incident to management?	65.3%	34.7%
4	If you answered yes to #3, did management address the issue?	33.3%	66.7%
5	If you answered yes to #4, were you satisfied with management’s actions?	29.3%	70.0%
6	What do you think that sexual harassment at the work place has become such a big problem?	90%	10%
7	Is there is any hospital policy on sexual harassment is available?	30.7%	69.3%
8	Do you aware any policy on sexual harassment?	45.3%	54.7%
9	Have your experiences affected your choice to remain at this hospital?	43.3%	65.7%

Table 2: Descriptive Statistics

Sexual harassment is a form of abuse that affects one’s performance at work badly, due to another person’s inappropriate behavior. Sexual harassment is conduct of a sexual nature which is unwanted or unwelcomed and which has the purpose or effect of being intimidated, hostile, degrading, humiliating or offensive. Sexual harassment at the workplace is a violation of human rights. It is an attack on a person’s privacy and dignity. It is clear and evident that there persist different forms and magnitude of sexual harassment in the nursing profession which should be a key concern for the health institutions. It disturbs individuals mentally and physically. The respondents for this particular research were working in tertiary care hospitals in Peshawar. When the respondents were asked if they are familiar to the word harassment, all the respondents 100% agreed which show that the nurses in Pakistan are familiar to the word ‘sexual harassment’.

We made this result from (150) one fifty papers. The study revealed that nurses are more and more vulnerable to SH during their duties, because of their popular image of women, this thing leads to 66% Sexual harassment, 16% Neglected by others, 12.7% physical harassment, while 5.3% respondents financially harassed. Because of our society weak ethical grounds about the female gender and also because of different cultural and traditional approaches about nurses. Jackson et al (2000) also supported this point “in Pakistan nurses are sexually harassed because they are female and working outside the home”.

According to the District Nurses Association, Peshawar, eight cases were reported every three months, and nationwide a total 24119 of SH cases were reported in (2008-10). Hoffman, Hamlin, (2002). Ali (2010) has also mentioned that “Pakistani culture exerts a considerable influence on the nursing profession. Generally, Pakistani men have very negative impressions of this profession”.

Healthcare institutions are not always healthy workplaces and may increasingly be stressful and hazardous one, because nursing has dealt with sexual harassment since the era of Florence Nightingale. The study shows that 80% nurses are having experience of SH during their duty in hospital. On the other hand 78% witnessed their colleagues while they have been harassed during their duties. Manisha Hama, Hari Prasad Kaphel also mentioned in their study that (40.3%) respondents have ever faced sexual harassment, during duty. Most of the incidents happen because of male strange mentalities about the female not belong to their families and because of this reason they consider females as a cheap commodity. Some incident take place because of few female staff own appearances, gestures, clothing and behaviors, because our cultural is not permitting these things. So if the men are responsible for harassing female at work places, the female are equally responsible in crating environment of harassment.

S #	Questions	Ignore the event	Report a concern authority	Inform the federation	Make panic	Involve the family	Dismiss from job	Fine	Pay stop	FIR	No effect	Psychological effect	Low performance	Effect on health
1	What do you think is the best way to stop SH in work place?	17.3 %	62%	12.7%	6.7 %	1.3%								
2	In your opinion what type of punishments is best for those who violate the policy? 1. Govt servant= 2. Non Govt servant=						38.7%	34 %	16 %	66. %				
3	What was the effect of harassment?										.7 %	50.7 %	40.7 %	8%

Table 3

Sexual harassment is considered as a traumatic event for an individual's life. An individual who had experienced such an event might end up in having physical and mental sufferings. This study shows that the sexual harassment has impact on 50.7% victims psychologically which leads to 40.7% affect their work performance and physical health while 8% effect on health, while only 7% have No effect. This issue needs more and more attention. Jackson et al (2000) mentioned, "The victims of harassment often have to survive with the feeling of guilt which leads to mostly psychological problem 40.7% which 30% affect their performance. (Kisa 2008:204) also agreed that anger, hurt, shock, embarrassment, powerlessness, fear, aggression and intimidation are some of the more common emotional responses to harassment.

The available evidence suggests that sexual harassment in the workplace continues to be a common occurrence; Among the total 65.3% of participants have reported the sexual harassment incident to the management, while the remaining 34.7% of participants have not reported. Those who report the cases to the management have full support of their families, so they do not bother about the rest of the system and fight for the supremacy of justice and their dignity but those who do not report have multiple compulsion such as, that if the majority 38.7% of victims do not take action or lodge an official complaint for fear of being losing their reputation, 38% no taken action against the harasser 3.3% facing hostility by harasser and after this insulting behavior 43.3% do not want to remain in hospital. According to (Majeed, 2010; Bibi, 2000), that there is no penalty and punishment for harasser and not any clear practical support to the victim. Despite legislation and increased media attention, nurses continue to experience frustration, embarrassment, and psychological depressed. (33.3%) management addressed the issue, while (66.7%) did not. 29.3% were satisfied with management's actions, while 70.7% did not. Majority of the participants (62%) verbalized that the best way to stop sexual harassment is to report the incidence to the concerned authorities. 17% participant's answered to ignore the event. Similarly, 13% said to inform the federation. On the other hand, 7% answered to make panic and only 1% participants agreed to involve the family member

S #	Question	PH	SH	FH	Neglected by other	By Dr	By pt/visitors	By admin	By colleagues nurses M/F	In hospital	In community	In N/school	In hostel
4	Which types of harassment mostly do you or your colloquies facing at work place?	12.7 %	66 %	5.3 %	16%								
5	By whom you are mostly victimized?					25.3%	55.3 %	14.7 %	4.7%				
6	Where you are mostly victimized?									86%	14%	0	0

Table 4

Findings of this study illustrate that the female nurses are the victims of the harassment more often by those people with whom they should be in regular contact. The nature of nursing profession which involves working physically and emotionally close to the patients and their relatives; 55.3% may result in sexual harassment from the patient's side. If those people, whom the nurses have to take care of every bodily need, are the ones who exploit them, then it can obviously have the adverse effects on the nurses' physical and psychological health as well as a direct impact on health care delivery. Concerning the physician, it could be the hierarchical settings in the hospital that leads to sexual harassment. This study finding leads to that 25.3% nurses SH by doctors in hospital. While, on the other hand 15% by administration and only 5% by their nursing colleagues

In Hodges Aeberhard, 2001 also stated that, 72 % rate of SH, of female nurses by the male physicians and 11 .27% such harassment from male patients with their relatives. Manisha Hama, Hari Prasad Kaphel also mentioned Physicians were the fore most perpetrators (37.3%) followed by patient & relatives (25.93%). Sexual harassment with nurses at hospital is a social stigma which promotes unhealthy environment. As much as sexual harassment is increasing day by day at hospital in Pakistan, it is taken less leniently as ever.

S #	Question	Unaware of H/P abt SH	Due to black mailing of harasser	No action taken against harasser	Due to personal prestige	Considered not necessary to report	policy	education	Support system	Confidential keep in mind	Every cases must be reported to minimize such incidence	Security	Punishment	Involve the high authority	Federation involvement	
7	Why nurses are not reported complain against sexual harassment at work place?	18.7 %	3.3%	38%	38.7 %	1.3 %										
8	Most common recommendations by respondents to manage workplace violence targeting student nurses in clinical areas.						39.3%	17.3 %	6.7 %	2%	1.3%	7.3 %	23.3 %	1.3%	1.3%	

Table 5

Study shows that 45.3% nurses are aware of the policy/Act of SH, but it is not implemented with its true spirit and Dr Orit Kamir, also mentioned that most effective way to avoid sexual harassment in the work place, and also to influence the public's state of mind, is for the employer to adopt a clear policy prohibiting sexual harassment and to make it very clear to their employees. Pakistan has passed an act for the protection of women at work place in 2010, known as The Alliance against Sexual Harassment At workplace (AASHA). Sexual harassment is not only the issue of an individual or employee; it is also the issue for institutions too. Because directly or indirectly affects the efficiency and effectiveness of the concerned institutions. It is the ethical and managerial responsibility of employer to maintain such work environments that discourage sexual harassment and to provide a safe work environment to their woman employees including both preventive and remedial measures. Policies and procedures strictly prohibiting sexual harassment should be well publicized and supported strongly by management.

Different participants suggested recommendations in terms of: 39.3 Policy, 23.3% punishment, 17.3% education, 7.3% security during duty, 6.7% support system in case of SH, while (2%) keep confidentiality during inquiry in such cases and 1.3% every case of SH must be reported to minimize the incidence, Involve the higher authority and Federation.

4. Conclusion

Sexual harassment behaviors have gone unchecked for so long that they have often become deep rooted into the culture of an organization. One of the reasons is that the employees are unwilling to report these behaviors. After having clear understanding on the concept of SH and its negative consequences on the individual, these behaviors can no longer be ignored. It's a high time to reflect that have the nurses left nursing profession in fear of threats, harassment, or any type of violence? Will the health care industry be able to retain nursing professional to overcome staff turnover and professional migration if sexual harassment is not controlled? These are serious questions which the entire nursing force needs to work upon.

Being a nurse we strongly feel that our leaders must address this issue with vigilance to protect nurses who are our most valued sources. Nursing profession is facing a serious challenge of SH at workplace worldwide. All the nurses have the right to work in a safe and healthy environment and take autonomous decision. Sexual harassment has extreme negative effects on nurse performance, morale, self-esteem and entire personality. Every nursing professional right from higher leadership position to the lowest must share the responsibility of ensuring safe environment. This problem can be minimized through the promotion of culture which values dignity and respect. Adopting and implementing a zero-tolerance attitude towards these behaviors is one step towards ending these behaviors. However, development of preventive skills is a strong weapon to battle harassment at workplace. Safe working environment will automatically attract nurses to have a comeback in the profession.

5. Recommendations

Security in the workplace depends upon the value placed by the organization on an individual's safety and dignity. Hutchinson (2009:152). Because through preventive and management measures can decrease work place harassment in the clinical settings. From the above mentioned review of literature, it is clear that sexual harassment among female nurses has many devastating effects. Therefore, we would like to recommend that;

1. Awareness sessions regarding the sexual harassment should be frequently conducted in the institution.
2. Ongoing training should be given to the nurses regarding the handling and reporting of such incidences.
3. Policy makers can also play a vital role in this by making a zero tolerance policy for the institutions.
4. Counseling sessions could be done for the employees who are involved in this.
5. Quick & strict actions should be taken against the employee who is harassing others.
6. Empowerment of nurses and nurses support.
7. The available law/Act (The alliance against sexual harassment act 2010, about the protection of women at work places must be imposed in its true spirit.

In this way, we will be able to create a safe and healthy work place environment which will enhance not the nurses own self-concept but will also help in improving the standard of care provided by the organization.

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