

# Prevalence of Sexual Harassment and its Associated Factors among Registered Nurses Working in Government Hospitals in Melaka State, Malaysia

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## SUMMARY

**Introduction:** This study focuses on sexual harassment, a form of psychological hazard that female registered nurses face throughout their day to day routine. The objective of this study is to find the prevalence of sexual harassment among female registered nurses working in government hospitals in Melaka, Malaysia and factors affecting them.

**Methods:** This is a cross sectional study conducted on 455 female registered nurses who have worked more than one year in the present 3 government hospitals in Melaka, Malaysia. A validated and pre tested questionnaires were given for the respondents to answer. Before respondents answer the questionnaires, they are required to read the definition and the forms of sexual harassment provided. This is to help them to understand the correct definition and forms of sexual harassment that they could have experienced. The researcher is available during the distribution of the questionnaires and the respondents are free to ask the researcher anything that they do not understand about it.

**Results:** The results of this study show that the prevalence of sexual harassment among these nurses was 51.2% with the past one year incidence recorded at 22.8%. 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 showed that 74.7% of the victims suffered from psychological effects brought upon by their encounter with various types of sexual harassment at work. The study also found that the victims' self-perception of their physicality was a contributing factor to the prevalence of this situation. Those who were pretty, with attractive body figure, a friendly character and easy going had a higher prevalence of sexual harassment in the workplace. Meanwhile, those who were strict, and those who had a fierce character were not prone to sexual harassment.

**Conclusion :** The prevalence of sexual harassment among registered nurses in the workplace found in this study was high and self-perception profile of the victims of sexual harassment was the main contributing factor to the problem. Sexual harassment in the workplace should not be taken lightly because the resulting effects was not only felt by the victims, but also by their family members, colleagues and patients under their care. Hence, steps should be taken

by the hospital managements to manage and prevent this problem from occurring again in the future.

## KEY WORDS:

*Sexual harassment, registered nurses, Melaka, Malaysia*

## INTRODUCTION

Every occupation has its own risks and hazards. Sexual harassment is a form of psychological hazard that is faced by health workers at their workplace. The nature of nursing profession is such that it involves working closely with patients and staff members, which often results in an attachment, both physically and emotionally. Due to this rather fragile state of being, it is easy for them to fall prey to those who take advantage of these situations leading to occurrences of sexual harassment.

According to Malaysia Code of Practice (1999) which was being set by Human Resource Ministry, Malaysia, sexual harassment is defined as any unwanted conduct of sexual nature having the effect of verbal, non-verbal, visual, psychological or physical harassment that might, on reasonable grounds, be perceived by the recipient as putting a condition of a sexual nature on his / her employment; or that might, on reasonable grounds, be perceived by the recipient as an offence or humiliation, or a threat to her / his well-being, but has no direct link to his / her employment.

There are 2 categories of sexual harassments. Sexual Coercion that results in some direct consequence to the victim's employment status or some gain or loss of tangible job. The second one is Sexual Annoyance, sexually-related conduct that is hostile, intimidating or offensive to the recipient, but no direct link to tangible job benefits.

Many studies about sexual harassment among nurses have been done abroad. The prevalence found that more than half of the respondents have experienced sexual harassment at least once in their lifetime<sup>1,2,3,4,5</sup>. Most of the victims experienced sexual annoyance rather than sexual coercion<sup>1,2</sup>. In most of the studies, they found out that the most common form of sexual harassment is verbal<sup>1,2,6,8,9</sup>. In all the studies done, majority of the perpetrators are men<sup>2,3,9,10,12</sup>.

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Many of the studies also found out that most of the sexual harassment victims didn't report the incidence<sup>9,10,13</sup>. Most publications refers sexual harassment as a major workplace problem that causes humiliation and embarrassment and damages health care workers' performance<sup>3,5,7,12,14,15,16</sup>. Many studies also found out that sexual harassment may lead to emotional and mental stress to the victims<sup>9,10,12,17,18</sup>. This in turn will give bad impact to the victim's performance and affect the quality of their services. Thus, sexual harassment in workplace should not be taken lightly. This is because its effect is not only to the victims, but also to their family members, colleagues and patients under their care. Hence, steps should be taken by hospital managements in order to manage and prevent these problems from occurring again in the future.

This study focused on sexual harassment which are being faced by female registered nurses in government hospitals in Melaka, Malaysia during their day to day work. The objective of this study is to find the prevalence of sexual harassment among registered nurses working in government hospitals in Melaka, Malaysia and factors affecting them. This is the first study about sexual harassment among registered nurses done in Malaysia. Registered nurses were being chosen because they represented the most number of workers among all health staffs.

## MATERIALS AND METHODS

This is a cross sectional study done on 455 female registered nurses in all 3 government hospitals in Melaka. Size of the sample is calculated using the formula for a sample with precision accuracy conditions (SK Lwanga *et al*, 1991)<sup>30</sup>. Out of the total 983 registered female nurses in the state of Melaka, 86.6% were posted in Hospital Besar Melaka, 6% in Hospital Daerah Alor Gajah and the remaining 7.4% in Hospital Daerah Jasin. Therefore, the same percentage of samples were taken from these hospitals making the total number of 394 samples of nurses in Hospital Besar Melaka, 34 in Hospital Jasin and 27 nurses in Hospital Alor Gajah. In all three hospitals, the sampling is done purposively. The thesis has already been approved ethically and permission from the directors of all the hospitals was obtained prior to the conduction of this study. Only female registered nurses and those who have worked more than one year in the present hospitals were chosen. Before respondents answer the questionnaires, they are required to read the definition and the forms of sexual harassment provided. This is to help them to understand the correct definition and forms of sexual harassment that they could have experienced. The researcher is available during the distribution of the questionnaires and the respondents are free to ask the researcher anything that they do not understand about it.

The questionnaires used were pre tested and validated. It consists of 3 parts :

**Part I** : Sosio-demographic questions.

**Part II** : Occupational factors questions.

**Part III** : Questions about sexual harassment :

- i. General questions of sexual harassment.
- ii. Questions about perception, acceptance and experience of sexual harassment in workplace.

iii. Questions about the effects of sexual harassment to the victims.

iv. Questions about respondents personal profile – Physical appearance and personality.

Questions about perception, acceptance and experience of sexual harassments were adopted from Utara Sexual Harassment Questionnaire (USHQ) by Sabitha 2000<sup>19</sup>. In USHQ, 44 scenarios of sexual harassment were provided and respondents are required to give their perception on wheather those scenarios are the true sexual harassment or not. In this study, the researcher adopted those scenarios and form 35 different types of sexual harassment scenarios and added column asking for perception, acceptance and experience of respondents about sexual harassment in work place.

Analysis done to the questionnaires used in perception, acceptance and experience of sexual harassment showed index of reliability of 0.86 (*Chron Bach Alpha*). Reliability index of more than 0.6 can be considered as high thus the questionnaire used are reliable. Data collection started on January 2009 until March 2009. The study was done with the cooperation from nursing supervisors and heads. Questionnaires were distributed during nurses meetings and courses and the researcher was always there if respondents have problems in understanding the questionnaires. In order to complete the number of respondents to 455, researcher distributed questionnaires to the nurses on duty in wards and they were given few hours to complete them. Data were analyzed using the software '*Statistical Package for Social Science*' (SPSS) version 12.0.

## RESULTS

### A. DESCRIPTIVE ANALYSIS

#### I. Sociodemographic factor :

The number of registered nurses responded to the questionnaires distributed during nurses meetings and courses were 380 and the other 75 questionnaires were distributed to the nurses on duty in each ward. They were given three to five hours to complete the questionnaires and the researcher will collect them back after that. Altogether the number of respondents were 455 which means 100% responds rate.

Table I (on page 19) shows that majority of the respondents were Malays, followed by Chinese, Indians and other races. Majority of the respondents are married and has one up to 3 children. 99.1% are diploma holders and the remaining are degree holders.

#### II. Occupational factor :

Table II (page 20) shows the analysis of occupational factors where respondents minimum years of working as nurses are 2 years and maximum are 35 years with the mean work period of 12.9 + 9.3.

Majority of the respondents worked as a nurse for less than 10 years. From the department side, majority of the registered nurses worked in Medical Department, followed by the Department of Obstetrics and others. Most of the respondents worked in hospital wards (85.7%), 13% in the clinic and the remaining were on administration duty.

### III. Respondents self-perception profile factor :

This part covered respondents self-perception profile such as their looks of either average looks or pretty, body shape, whether having attractive body figure, pudgy, obese or skinny and also the nature or character of respondents (friendly, easy going, strict, gentle, timid or fierce). The study results are summarized in Table II (page 21).

### IV. Prevalence of Sexual Harassment :

The results of this study shows that the prevalence of sexual harassment among these nurses was 51.2% (233 respondents). The past one year incidence was 22.8%. Altogether, 233 respondents experienced sexual harassment not involving work interest (*Sexual Annoyance*). One person experienced both *Sexual Annoyance* and *quid pro quo* (sexual harassment involving work interest). The most common form of sexual harassment they faced are verbal (46.6%), visual (24.8%), psychological (20.9%), physical (20.7%) and non verbal (16.7%). The study also shows that 73.8% of sexual harassment occurs while registered nurses were busy working, 57.1% during working night shifts, 39.9% during visiting hours and 9.9% during break hours. This can be seen in table 4 in page 22.

### V. The perpetrator who caused sexual harassment :

There were 4 types of perpetrators (patients, colleagues, patient's friends and relatives and Medical Officers). Most of the perpetrators are male patients, male colleagues, male patient's friends or relatives and male Medical Officers. Among the 422 perpetrators, 408 or (96.7%) of them were male.

### VI. Reporting of sexual harassment cases :

54.9% of those who had experienced sexual harassment reported the incident, 45.1% did not. Most of them gave reasons that there's no mechanism to do the reporting and not knowing the proper way of how and who to report the incidence to. Majority of those involved reported to their colleagues, husbands, head nurses or their supervisors.

Those who never experience such cases were asked whether they would lodge report if it happens to them in the future, 91% stated that they would do so. Mostly stated that they will not report these incidents if it occurs in the future due to inavailability of proper mechanism to do the reporting. They also stated that if these incidents occurs in the future, most of them will report to head nurses, supervisors or their colleagues.

### VII. Perception, acceptance and experience of sexual harassment :

The perception, acceptance and experience of different types of sexual harassment in work place are as shown in table 5 in page 23.

Table VI (page 24) showed the percentage of respondents who agreed with the sexual harassment scenarios given and these situations cannot be accepted by them. The table also showed the percentage of respondents who had similar experiences as the scenarios given and they also agreed that the scenarios

given were truly a form of sexual harassment. The other column of the table showed the percentage of respondents who had similar experiences as the scenarios given and they also agreed that the scenarios given are not acceptable.

### VIII. Psychological effect of sexual harassment. :

Table VII (page 25) showed the psychological effects experienced by respondents as a result of sexual harassment in the workplace and how they reacted to these situations. Out of those who experienced sexual harassment in the workplace, 74.7% stated that they suffered psychological distress. Most of them experienced fear (80.3%). Some even lost self motivation, wanted to resign or relocate their workplace and others. Most of the respondents that faced such harassment would try to evade from the perpetrator or tried to leave them.

## B. BIVARIAT ANALYSIS

### I. Sexual harassment and its relationship with socio-demographic factors :

Demographic factors studied were age, race and marital status. Summary shown in table 8 in page 26.

#### i) Age

Mean age of the respondents who had experienced sexual harassment is  $35.5 \pm 8.9$  which is lower than mean age for those who have never experience it ( $38.6 \pm 10.0$ ). Independent t-tests showed that this difference is significant statistically with p values  $<0.001$  and this means that more incidents of sexual harassment occurred among younger age group of nurses.

The risk for those aged less than 30 years old to be harassed sexually was 2 times higher than those over the age of 40. Possibility of those aged between 30 to 40 years old to be sexually harassed was also 2 times higher than those over the age of 40. These differences were also significant with  $p <0.001$  which means that incidents of sexual harassment are more likely to occur among younger nurses.

#### ii) Race

This study found that 50.2% of Malay respondents had experienced sexual harassment in the workplace. Meanwhile, 61% of non-Malays had similar experiences. However, Chi square test does not show any significant relation between race and sexual harassment ( $p = 0.19$ ).

#### iii) Marital Status

This study indicated that among those who were single, 51.4% had experienced sexual harassment while among those who are not single were 50.0%. This difference is also not statistically significant with  $p = 0.84$  which means that marital status could not be proved to have any relation to sexual harassment.

### II. Sexual harassment and its relationship with the occupational factor :

Occupational factors constitute years of working as a nurse, the departments and the divisions where they are posted. Summary in Table 9 and 10 (page 27 & 28).

APPENDIXES

Table I: Distribution of respondents according to socio-demographic characteristics

Items		Mean + Standard deviation	Frequency	Percentage
Age	<30 years old	37.0 + 9.5	125	27.5
	30-40 years old		181	39.8
	>40 years old		149	32.7
Race	Malay		414	91.0
	Chinese		18	4.0
	Indian		10	2.2
	Others		13	2.8
Marital status	Married		398	87.5
	B Single		45	9.9
	Widow		12	2.6
Number of children	None		81	17.8
	1 to 3 children		266	58.5
	4 to 6 children		104	22.9
	More than 6 children.		4	0.9

Table II : Distribution of respondents according to occupational factors (n = 455)

Items	Mean + Standard deviation Range	Frequency	Percentage
<b>Period worked as a nurse</b>	12.9 + 9.3		
<10 years		202	44.4
10-20 years		138	30.3
>20 years		115	25.3
<b>Period worked in the current hospital</b>	7.4 + 7.0		
<10 years		362	79.6
10-20 years		49	10.8
>20 years		36	7.9
<b>Department posted</b>			
B Medical		137	30.1
Obstetrics and Gynecology		91	20.0
Surgery		77	16.9
Orthopedic		66	14.5
Pediatric		50	11.0
Others		34	7.5
<b>Division posted</b>			
Ward		390	85.7
Clinic		59	13.0
Administration		6	1.3

Table III: Distribution of respondents according to their self-perception profile (n = 455)

Items	Frequency	Percentage
<b>Looks</b>		
Average	338	74.3
Beautiful	117	25.7
<b>Body shape</b>		
Attractive body	224	49.2
Pudgy	159	34.9
Obese	44	9.7
Skinny	28	6.2
<b>Character/ Attitude</b>		
Friendly	335	73.6
S Easy going	282	62.0
Strict	231	50.8
Gentle	185	40.7
Timid	161	35.4
Fierce	132	29.0

**Table IV: Analysis of sexual harassment among respondents who had experienced sexual Harassment.**

Item	Frequency	% compared to all who have experienced sexual harassment (n=233)	% compared to all respondents (n=455)
<b>Incidents of sexual harassment in previous one year</b>			
Had been harassed	104	44.6	22.9
Never been harassed	129	55.4	
<b>Form of sexual harassment</b>			
Verbal	212	91.0	46.6
Visual	113	48.5	24.8
Psychological	95	40.8	20.9
Physical	94	40.3	20.7
Non-verbal	76	32.6	16.7
<b>Years worked</b>			
<10 years	119	51.1	
10-20 years.	70	30.0	
>20 years.	44	18.9	
<b>Location of incidents</b>			
Orthopedic ward	109	46.8	
Medical ward	100	42.9	
Surgery ward	60	25.8	
Clinics	40	17.2	
Other ward	20	8.6	

**Table V: Perception, Acceptance and experience of sexual harassment**

Form of sexual Harassment	Perception (%)	Acceptance (%)	Had Experienced (%)
Verbal	99.6	97.4	57.4
Visual	96.9	94.3	27.5
Physical	98.9	97.6	26.6
Psychological	98.2	96.7	25.3
Non verbal	99.3	97.4	21.8

**Table VI: Experience of sexual harassment and it's perception and acceptance**

Form of sexual Harassment	Percieved as sexual harassment and scenarios cannot be accepted (%)	Had experienced and agreed that the scenarios are true sexual harassment (%)	Had experienced and agreed that the sexual harassment scenarios are not acceptable (%)
Verbal	92.0	82.3	78.1
Visual	96.9	91.8	93.3
Psychological	86.2	57.6	72.0
Physical	97.0	91.8	88.9
Non verbal	94.2	82.5	78.4

**Table VII: Analysis of Psychological effects of sexual harassment victims and how react to those situations**

Item	Frequency	Percentage
<b>Psychological effect (n=233)</b>		
Yes	174	74.7
No	59	25.3
<b>Type of Psychological (n=233)</b>		
Fear	187	80.3
Lost self motivation	93	39.9
Want to resign or transfer	66	28.3
Depression	62	26.6
Lost of appetite	20	8.6
Nausea	18	7.7
Fatigue	3	1.3
<b>Reaction (n=233)</b>		
Evade from the aggressor	189	81.1
Leave the aggressor	180	77.3
Change topic	80	34.3
Ask others help	75	32.2
Scold the aggressor	67	28.8
Report to higher authority	38	16.3
Feminine reaction	32	13.7
Do Nothing	30	12.9

**Table VIII: Socio-demographic factors and its relationship with sexual harassment experiences**

Sociodemographic factors	Sexual Harassment in work place				$\chi^2$	p Value	POR (CI 95%)
	Yes (n=233)		No (n=222)				
	n	%	n	%			
Age				12.56	< 0.001*		
> 40	57	38.3	92	61.7			
30 – 40	102	56.4	79	43.6			
< 30	74	59.2	51	40.8			
Race					1.72	0.190	1.55 (0.8-3.0)
Non-Malay	25	61.0	16	39.0			
Malay	208	50.2	206	49.8			
Marital Status					0.04	0.844	1.06 (0.6-1.8)
B Single	204	51.4	193	48.6			
Others	29	50.0	29	50.0			

\* Significant at p <0.05

**Table IX: Years of working and its relationship to sexual harassment in the workplace**

Occupati-onal Factor	Sexual harassment experience in work place		t	p Value	CI 95%
	Yes (n=233) Mean ± SP	No (n=222) Mean ± SP			
Years of working	11.5 ± 8.7	14.4 ± 9.7	3.365	<0.001*	-4.6 - -1.2

\* Significant at p <0.05

**Table X: Occupational factors and relationship to sexual harassment**

Employment Factor	Sexual Harasment experience in work place				$\chi^2$	p Value	OR
	Yes ( n=233 )		No (n=222)				
	n	%	n	%			
Years of working					12.33	<0.001*	
> 20 years	44	38.3	71	61.7			
10-20 years	70	50.7	68	49.3			
< 10 years	119	58.9	83	41.1			
Department					15.17	<0.001*	
Obstetrics and Gynecology	34	37.4	57	62.6			
Pediatric	19	38.0	31	62.0			
B Medical	72	52.6	65	47.4			
Surgery	43	55.8	34	44.2			
Orthopedic	43	65.2	23	34.8			
Division					0.63	0.429	
Administration	2	33.3	4	66.7			
Clinic	29	49.2	30	50.8			
Ward	202	51.8	188	48.3			2.2
Location of incidents					59.01	<0.001*	
Clinics	40	17.2	193	82.8			
Surgery Ward	60	25.8	173	74.3			
Medical Ward	100	42.9	133	57.1			
Orthopedic Ward	109	46.8	124	53.2			4.2

\* Significant at p <0.05

**Table XI: Victims profile and the relationship to sexual harassment experiences**

Victim's Profile	Sexual Harassment experience in work place				χ <sup>2</sup>	p Value	POR (CI 95%)
	Yes ( n=233 )		No (n=222)				
	n	%	n	%			
<b>Looks</b>					56.69	<0.001*	6.26 ( 3.75-10.44 )
1 B Beautiful	95	81.2	22	18.8			
Average	138	40.8	200	59.2			
<b>Body</b>					126.34	<0.001*	
1 Obese	10	22.7	34	77.3			1.00
2 Pudgy	37	23.3	122	76.7			1.03
3 Skinny	9	32.1	19	67.9			1.61
4 Attractive body	178	79.5	46	20.5			13.16
<b>Character</b>					184.20	<0.001*	
1 Fierce	22	16.7	110	83.3			1.00
2 Strict	69	29.9	162	26.8			2.13
3 Gentle	99	53.5	86	46.5			5.76
4 Timid	89	55.3	72	44.7			6.18
5 Easy going	211	63	124	37			8.51
6 Friendly	215	76.2	67	23.8			16.04

\* Significant at p <0.05

**i ). Years of working as a nurse**

Table IX showed the years of working as a nurse and its relations with sexual harassment in the work place. Mean years of working for those who have experienced sexual harassment was lower (11.5 ± 8.7) compared with those who did not experience them (14.4 ± 9.7). Independent t-tests showed that these differences were statistically significant with p values <0.001 and this means that more cases of sexual harassment occurred to those with lesser years of working as a nurse than those who were longer in service.

Those who have worked for 10 to 20 years were likely to be harassed sexually approximately 2 times higher ratio than those who have worked for more than 20 years. The risk of such harassment for those working less than 10 years also is 2 times higher compared to those who have worked more than 20 years. These differences were significant with value of p <0.001. This means that incidents of sexual harassment are more likely to occur to those who had lesser years of working experience.

**ii). Department**

Research concluded that the risk of those working at Orthopedic Department to experience sexual harassment was 3 times higher compared to those working in the Department of Obstetrics and Gynecology. For those who work in the Department of Medicine or Surgery, the risk of them to experience sexual harassment were 2 times higher than those working in the Department of Obstetrics and Gynecology. Meanwhile, respondents who work in Pediatric Department and Obstetrics and Gynecology Department will have the same risk of having similar experience. Chi square test showed significant p values <0.001. This means that incidents of sexual harassment has a relation with the department where the nurses worked.

**ii). Division.**

Most of those who worked in the ward had experienced sexual harassment in the work place ( 51.8% ), followed by Clinic and the Administration of 49.2% and 33.3% respectively. Studies have shown that the risk for those who work in clinics and wards to experience sexual harassment was 2 times higher compared to those who worked in administration division.

**iii). Departments where incidents of sexual harassment occurred.**

This study found that incidents of sexual harassment occurred mostly in the Orthopedic ward (46.8%). This was followed by Medical wards, Surgical wards and clinics. It could be summarized that the risk for incidents of sexual harassment to occur while on duty in the Orthopedic ward was 4 times higher than when working in the clinics. The risk of occurrence of sexual harassment at Medical and Surgical wards were 4 times and 2 times higher respectively compared with the clinics. Chi square tests also showed significant p <0.001. This means that incidents of sexual harassment has a relationship with the department where the nurses work. Incidents of sexual harassment for nurses working in other departments such as the Multi-Discipline, Department of Ophthalmology, X-Ray Department, Anaesthetic and Emergency Department ward were less than 10 times.

**III. Sexual harassment and relationship with the victim's personal profile :**

This section looked at the victims personal profiles in terms of their looks either pretty or average, body shape either having attractive body shape, skinny, pudgy or obese and personal character either timid, strict, gentle, easy going, friendly or fierce. The summary in Table XI (page 29).

Table XII: Logistic regression model to see the relation with the factors studied about sexual harassment in the work place.

Factors	Regression coefficients ( $\beta$ )	Standard Deviation	Wald Value	p Value	Prevalence adjusted ratio odds	Confidence intervals 95%
<b>Invariables</b>	-6.26	1.24	25.62	<0.001	0.002	
<b>1. Socio-demographic Factor</b>						
a) Age						
< 40 (1)						
> 40 (0)	1.45	0.83	3.05	0.081	4.3	0.8-21.7
<b>2. Occupational Factors</b>						
a. Years of Service/Work						
> 15 (1)						
< 15 (0)	0.91	0.83	1.21	0.271	2.5	0.1-2.0
b. Work at Orthopedic Department						
Yes (1)						
No (0)	0.80	0.44	3.30	0.069	2.2	0.9-5.3
<b>3. Victim's Profile Factors</b>						
a. Beautiful						
Yes (1)						
No (0)	0.93	0.39	5.86	0.015*	2.5	1.2-5.4
b. Attractive Body						
Yes (1)						
No (0)	1.28	0.60	4.54	0.033*	3.61	1.1-11.8
c. Pudgy body shape						
No (1)						
Yes (0)	0.31	0.61	0.27	0.606	1.4	0.4-4.5
e. Obese body shape						
No (1)						
Yes (0)	0.15	0.71	0.04	0.833	1.2	0.3-4.1
<b>Invariables</b>	-6.26	1.24	25.62	<0.001	0.002	
f. Strict						
No (1)						
Yes (0)	0.82	0.31	7.21	0.007*	2.3	1.3-4.2
g. Friendly						
Yes (1)						
No (0)	2.23	0.35	40.31	<0.001*	9.3	4.7-18.5
h. Easy Going						
Yes (1)						
No (0)	1.03	0.38	7.41	0.007*	2.8	1.3-5.9
i. Fierce						
No (1)						
Yes (0)	1.52	0.36	17.98	<0.001*	4.6	2.3-9.2



**i). Looks**

There was a significant relationship between sexual harassment and those who have beautiful looks with p value <0.001. There was increased risk of nearly 6 folds in those with pretty looks to be sexually harassed at work place compared to those with average looks. (POR 6:3, CI 95%: 3.8-10.4).

**ii). Body shape**

Those who have attractive bodies were 13 times more at risk for being sexually harassed compared to the obese. Those who were skinny would increased by nearly two-fold the risk of being sexually harassed than those who were obese. Meanwhile those who were obese and pudgy have the same risk of experiencing sexual harassment. These differences show significant relationship with p <0.001 which means sexual harassment incidents had relations with shape of victims body.

**iii). Characteristics**

Friendly respondents were 16 times more at risk of being sexually harassed compared to those with fierce characteristic. Easy going respondents were nearly 9 times at risk of being harassed than those who were fierce. The gentle and timid individuals were 6 times more at risk for experiencing similar harassment compared to the fierce while the strict ones are 2 times more at risk to be harassed sexually as compared to those who were fierce. Chi square test showed significant findings between sexual harassment and character of the victims with p value <0.001. This means that there were relations between the nature or character of a person and sexual harassment.

**C. MULTIVARIATE ANALYSIS**

Multivariate analysis was done by using logistic regression. Nagelkerke R Square value obtained for this model is 0.69. This means that this model can explain 69% of variation results from the study of sexual harassment in the work place from what had been described by this model. The remainings are caused by many other factors that were not being studied. After logistic regression tests carried out, a few really significant factors had been identified (p <0.05). These became the prognosis factors of sexual harassment in the work place (Table XII in page 30).

**1. Pretty**

Pretty people are at risk of experiencing sexual harassment by 2.5 times more than those with average looks. (Prevalence adjusted odds ratio = 2:5, CI 95%: 1.2-5.4).

**2. Attractive body**

Persons with an attractive body shape are about 4 times were at greater risk to experience sexual harassment compared to those who were otherwise. (Prevalence adjusted odds ratio = 3.6, CI 95%: 1.1-11.8).

**3. Not strict personality**

Those who did not have strict personality were 2 times more likely to be sexually harassed compared to those who were strict. (Prevalence adjusted odds ratio = 2.3, CI 95%:1.3-4.2).

**4. Friendly**

Persons with friendly character were 9 times more likely to experience sexual harassment compared to those who were not friendly. (Prevalence adjusted odds ratio = 9:3, CI 95%: 4.7-18.5).

**5. Easy-going**

Easy going individuals have a three-fold greater risk of experiencing sexual harassment compared with those who were not easy going. (Prevalence adjusted odds ratio = 2.8, CI 95%: 1.3-5.9).

**6. Not fierce**

Those who were not fierce were 5 times more likely to experience sexual harassment compared to those who were. (Prevalence adjusted odds ratio = 4.6, CI 95%: 2.3-9.2).

**DISCUSSION****I. Prevalence of sexual harassment :**

This study found that 51.2% of respondents have had experience of sexual harassment in the workplace. Many other studies done in Japan, Israel, United Kingdom, Florida and Turkey found that the prevalence of sexual harassment among nurses are more than 50%<sup>1,2,3,4,5</sup>. On the other hand, results of the studies conducted to nurses in Ankara, Turkey by Celik in 2007, found that only 37.1% had experienced sexual harassment in the workplace<sup>9</sup>. In Malaysia, Cecilia and Jamila who carried out a research in Malaysia on prevalence of sexual harassment among workers in 2002, they found that 35% of 1483 respondents had experienced at least one episode of sexual harassment in the workplace<sup>6</sup>. Meanwhile, Sabitha (2000) who undertook the study of 108 students at one of the centers of higher learning in Malaysia found that 87 (80%) of them had experienced sexual harassment<sup>19</sup>. This figure is high therefore sexual harassment problem in workplace should not be taken lightly.

The study also found that most of the perpetrator are men amounting to 96.9% and women only 3.9%. Hibino (2006) also found that 55.8% of the 473 respondents had experienced sexual harassment, and all except 2 stated that their perpetrator were men<sup>1</sup>. So as other studies conducted in overseas which showed similar results that most of the perpetrator are men<sup>2,8,20,21,22,23</sup>.

'Quid pro quo' happened only to 0.2% of the respondents while the rest were categorised as 'sexual annoyance'. Cecilia and Jamila, 2002 also found that 'quid pro quo' category of sexual harassment occurred to 20% and 'sexual annoyance' were 25% of respondents who had sexual experience<sup>6</sup>. This study also found that the form of sexual harassment that was most frequently experienced was in the form of verbal (46.6%), followed by visual (24.8%), psychological (20.9%), physical (20.7%) and non-verbal (16.7%).

Hibino, 2006 found that the most frequent form of harassment occurred was the form of verbal harassment, followed by the physical, psychological and non-verbal sexual harassment<sup>1</sup>. Studies by the Ministry of Federal and Family Affairs in Germany in 2005 as reported by Anni, also found that the most common form of sexual harassment were

verbal, followed by physical, non verbal, psychological and visual forms<sup>8</sup>. Many other studies done in Malaysia and overseas also found that the most common form of sexual harassment occurred are verbal<sup>2,6,9</sup>.

The incidence of sexual harassment within the past one year was 22.8%. A study carried out in United Kingdom by Finnis and Robbins, 1994 on sexual harassment to registered nurses showed that incidence of sexual harassments towards them within the past one year was at 46%<sup>3</sup>.

This study found that male patients were the most common perpetrators (40.7%), followed by male colleagues and patients family and friends (male). Finnis and Robbins, 1994 also found that the majority of the perpetrator are patients and followed by colleagues<sup>3</sup>. Valente *et al*, 2004 study found that 82% of the perpetrators were physicians, colleagues (20%) and supervisors (7%)<sup>10</sup>. Study by Bronner, 2003 in Israel stated that majority of the perpetrator were male patients, followed by male medical specialist and male nurses<sup>2</sup>. Meanwhile, results of studies in Malaysia done among factory workers by Lee Lai Ching (2001) found that peers and supervisors were the alleged perpetrators of sexual harassment in the workplace rather than their employer and high officials in the factory<sup>25</sup>. Celik survey in 2007 in Turkey showed that nurses were sexually disturbed by the physicians followed by other nurses, patients, patient family or friends and subsequently other colleagues<sup>9</sup>. Robbins, 1997 also found that nurses in the UK were disturbed mostly by patients, followed by doctors and colleagues<sup>12</sup>.

45.1% of sexual harassment victims reported such incidents to either, colleagues, head nurses or nurse supervisors, Medical Officer or Specialist or Medical Officer, Hospital Director or husband respectively. This differs from the results of other studies which found that victims did not report incidents of sexual harassment that occurs to them<sup>9,10,13</sup>. In this study, those who did not report the incident, the main reason that they gave on why they did not do so was because there were no mechanism for reporting those cases (81%). Researchers believe that if a proper mechanism of reporting such incidences are administered by the employer, definitely the number of sexual harassment reports would increase.

Sexual harassment in the workplace would leave many psychological effect to the victims. As with other studies, this study also found that sexual harassment in the workplace leave psychological effects to the victims. The study showed that 74.7% of those who experienced sexual harassment in the workplace stated that they suffered psychological disturbances. This means that sexual harassment would give negative impact to the nurses and subsequently would negatively impact the quality of their work. If this problem persists it would affect the image of hospitals involved. The concerning fact is that the victims might quit working, take illegal drugs or finally committing suicide as reported in studies abroad.

The results also showed that the most psychological forms of harassment affected to the victims were constantly feeling afraid (80.3%), lost of self-motivation (39.9%), wanted to resign or change their work place (28.3%), depression

(26.6%), lost of appetite (8.6%), dizziness (7.7%) and fatigue (1.3%). Similar findings were also found in several other studies done abroad that most of those who experienced sexual harassment would have psychological effect<sup>6,9,10,12,18,19</sup>.

Most of the reactions by respondents who face sexual harassment were, evading the perpetrator (81.1%), leaving them (77.3%), changing the topic of the conversation (34.3%), ask for others help (32.2%), scolding the perpetrator (28.8%), reporting to higher authority (16.3%), feminine reaction (13.7%) and the rest (12.9%) was just do nothing. There were still very few cases reported to the higher authorities.

Hibino (2006) study found that nurses who faced such problem usually would do nothing, assumed nothing had happened, scold the perpetrator, and gave feminine reaction towards the incidences. Some would seek help from other colleagues to resolve these issues<sup>1</sup>. Celik (2007) also found that nurses who faced such cases would do nothing, leave the perpetrators, use anti-depression drugs and also report to higher authority<sup>9</sup>. Cecilia (2002) study found that most respondents that had experienced sexual harassment felt depressed, less focus on work or even wanted to change their job<sup>6</sup>.

## II. Occupational factors :

This study showed that there was significant relationship between sexual harassment and length of working experience. It was shown that sexual harassment were more likely to occur among those with less working years. These findings were similar to study done by Hibino, 2006 and Celik, 2007<sup>1,9</sup>. Logistic regression model however did not prove that length of working experience was the main factor for occurrence of sexual harassment at workplace.

Most sexual harassment occurred in the Orthopedic ward (46.8%), followed by Medical wards (42.9%), Surgical wards (25.3%) and clinics (17.2%). Study by Kwok and his colleagues in 2006 in Hong Kong found that nurses on duty at the male ward and emergency Orthopedic and Traumatology ward were more likely to experience sexual harassment and workplace violence<sup>25</sup>. Celik, 2007 also found that most nurses in Turkey experienced sexual harassment while working in the ward, followed by working in clinics and in administration<sup>9</sup>. Findings from this study also showed that most sexual harassment occurred when nurses were busy working. This was supported by other studies conducted overseas<sup>1,2,9,10</sup>. However logistic regression model did not prove that occupational factor is the main factor for occurrence of sexual harassment at work place.

## III. Victim's personal profile factor :

This study showed that with having good looks, attractive body, strict, friendly, warm and fierce would have a relationship with sexual harassment in the workplace. Those with good looks and having attractive body figure, having friendly or easy going characters were more prone to be sexually harassed, meanwhile those with fierce and strict personalities had lesser risk of being sexually harassed in the work place.

Friendly individuals had 9 times greater risk for being sexually harassed at work compared to those who are not friendly. Having an attractive bodies also increased the risk by 4 times compared to those who do not have attractive bodies, easy going persons and have beautiful faces would increase the risk of being sexually harassed by 3 and 2.5 times respectively compared to those who are not. Meanwhile, those who were fierce were less at risk to be sexually harassed by 78% compared with those who were not fierce and those who were strict are less at risk of being harassed by 56% compared to those who were not strict. Logistic regression model did prove that victim's personal profile was the main factor for occurrence of sexual harassment at workplace.

Although no studies have been done to examine these factors specifically, yet there were many other studies conducted abroad which found that personality factors do relate to the incidence of sexual harassment. Studies done by Crow (1995) found that women workers with high self-esteem took more direct response when faced with the perpetrators by telling that they were not comfortable being harassed sexually. Such attitude would make people reluctant to harass them sexually, especially in the workplace because fear of being scolded and humiliated in front of other colleague. Gruber & Bjorn (1986)<sup>28</sup> and Mona Kalhoar Amin, 2000<sup>29</sup> also found that women workers who have high self-esteem were found to take more direct response to the perpetrators such as facing them and expressed their discomfort with those unwanted actions<sup>27</sup>. Fiske & Glick, 1995 stated that sexy looking women were more vulnerable to sexual harassment<sup>28</sup>.

#### IV. Perception, acceptance and experience of sexual harassments :

On average 93.5% of respondents perceived the scenarios given as truly sexual harassment and felt these scenarios cannot be accepted. 81.2% in average had experienced similar sexual harassment scenarios given and agreed that these are true sexual harassment, while 78.4% on average had experienced similar sexual harassment scenarios given and agreed that these situations are not acceptable.

This means that majority of the respondents were able to recognize sexual harassment scenarios. This differs from a local study done in higher learning centres among students and administrative officers by Sabitha<sup>19</sup> using USHQ, even though 80% of the respondents had experienced the scenarios of sexual harassments given, they do not recognize the situations as sexual harassments. By understanding and able to recognize the sexual harassment scenarios, further actions can be taken by the victims in order to prevent similar situations from occurring again in the future.

#### CONCLUSION

This study found that the prevalence of sexual harassment at work place among registered nurses in government hospitals in the state of Melaka was relatively high (51.2%). This study also demonstrated that victim's profile factors did contribute to such incidences.

Those who are pretty, having good body figure, having friendliness character and easy going people are prone to be sexually harassed in the workplace. Meanwhile, those who are firm, and having fierce characters are otherwise.

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