Sexual harassment towards nurses in their working environment; patients as the perpetrators

A literature review

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Abstract:
This literature review will discuss the definition of sexual harassment, the prevalence of sexual harassment in the health care environment, reactions, responses and coping strategies seen in nurses after harassment incidents. The aim of this study is to raise awareness of the growing and invisible issue of sexual harassment towards nurses. This paper will furthermore explore the gaps that are seen today at the work place regarding sexual harassment, and discuss different strategies and preventive measures that could be implemented at the workplace and educational programs of nurses, to aid nurses, managers and care workers to build a safer working environment for both themselves and their patients in the future.
The research questions in this study are: 1) What is sexual harassment and what propagates sexual harassment in the workplace? 2) How do nurses react and cope with sexual harassment? 3) What are the different problems that arise from sexual harassment towards nurses?
Scientific articles were obtained only through Arcada's academic databases and Google scholar - Cinahl, Pubmed and Sage journals to ensure the validity of the articles. The main search terms used were: prevention OR intervention OR strategies OR solutions AND sexual harassment AND nurses. The theory chosen to support this paper is the coping theory by Lazarus and Folkman (1984). A qualitative literature review was conducted, the reasoning for the choice being time restraints, resources, and the difficulty of an ethical approval being granted for conducting a primary research study on the specific subject. The content was profusely and carefully analysed and coded, with an inductive analysis approach. The codes were developed and structured to answer the research questions and to make the result chapter easier to comprehend and follow. The results show that sexual harassment is an important and big issue in the healthcare sector. There is a need to make sexual harassment more visible and openly spoken about. There is also a need for education regarding both sexual harassment and sexual behavior seen in patients, both in the nursing education system and at the workplace. The importance of building a better reputation for nurses and making policies more accessible and usable for employees should be sought after.

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FOREWORD

I would like to take this opportunity to thank my supervising teacher Pamela Gray for taking time to guide and support me during my writing process. In addition I would like to thank my teacher Denise Villikka for additional help and support.
I would like to express gratitude to my fellow classmates, specifically the individuals in my thesis support group for their input and insight on my thesis subject. I would like to thank my friend Veronika Bendželová for being my writing companion on this long thesis journey and my family and the people close to me for their support and help during my writing process.

1 INTRODUCTION

In this paper, the author will discuss and look at sexual harassment in the health care industry, specifically sexual harassment that is conducted by patients towards nurses. An overview of the definition of sexual harassment, its types and the prevalence of sexual harassment in the health care sector will be discussed in the background chapter.
The paper concentrates on the reactions, responses and coping strategies that are seen in nurses after sexual harassment incidents, various factors that may contribute to the high prevalence rate of sexual harassment in the nursing profession, how the quality of care and resources are affected by this phenomena and guidelines and preventive measures that could be implemented to attempt to minimize the occurrence of sexual harassment in the health care environment.

The experience of any violence at the work place, sexual harassment included is seen to result in decreased productivity and job performance, and lead to both mental and physical health problems in nurses (Chang and Cho, 2016). Additionally, sexual harassment may lead to a worsened quality of patient care; which can be very hazardous as nurses perform lifesaving tasks daily (Hibino, Ogino and Inagaki, 2006). Sexual harassment has also seen to be very costly for companies and hospitals, as nurses may need to take sick leave and/or leave the job entirely (Chang and Cho, 2016).

The reasoning behind the author being inspired and choosing to write about this specific topic originated from personal experiences. The author has encountered and dealt with this dilemma in her working life and practical training as a nurse and nursing student. The author was not prepared or given any guidelines on how to react or deal with the sexual harassment conducted by the patients towards her. Additionally, the author had spoken to friends and colleagues in the same field prior to writing this paper and detected that this is a common issue going on in the health care environment.

2 BACKGROUND

2.1 Defining sexual harassment and the types

To gain a deeper understanding of the subjects and questions that will be discussed in this paper, it is important to define the meaning of sexual harassment and the different types it may present itself in.

According to the EEOC (Equal Employment Opportunity Commission), sexual harassment is defined as unwanted sexual attention, requests for sexual favors, or other physical or verbal intendance of a sexual nature. (Eeoc.gov, 2017). The EEOC categorizes sexual harassment into two different categories; "quid pro quo" and "hostile work environment." The first category quid pro quo means "this for that". Regarding sexual harassment, this includes expressed or implied demands for sexual favors as a trade for some sort of benefits or to prevent some disadvantage. This type is typically inflicted by someone in a more powerful position than the victim of the harassment. An example of this type of sexual harassment could be seen as a patient demanding a sexual favor from the nurse and threatening the nurse by implying that if they do not follow through with the request the patient will complain about him/her to a higher authority (SHRM, 2015). Hostile working environment is the second type; this occurs when an individual's job performance is affected negatively as a result of speech or behavior so serious and pervasive that it creates an intimidating or demanding environment or situation. This type can be inflicted by anyone in the work environment. This type of sexual harassment is usually harder to identify as it might not be considered as serious and the incidents might be scattered across a long period of time. Some examples that might found a hostile environment are sexual jokes or comments and inappropriate touching. (SHRM, 2015).

Sexual harassment can also be categorized into three different types of behaviors; physical-, verbal and non-verbal gestures (FIRE, 2013). Anything violating a person's personal space or a person being touched against his or her own will is seen as physical sexual harassment (Masters, Johnson and Kolodny, 1995). Physical sexual harassment may include: Touching the individual's clothing, hair, or body and/or trying to hug, kiss or stroke someone (Un.org, 2017). Some typical verbal sexual harassment cases may

include: “Referring to an adult as a girl, hunk, doll, babe, or honey, whistling at someone, cat calls and making sexual comments or innuendos about a person” (Un.org, 2017). Furthermore non-verbal sexual harassment may include “making facial expressions such as winking, throwing kisses, or licking lips” (Un.org, 2017).

2.2 The prevalence of sexual harassment in health care

The aim of this subchapter is for the reader to gain an understanding of how significant the issue of sexual harassment is in the health care setting. This subchapter will discuss and look at the prevalence of sexual harassment and workplace violence in health care sectors, and thus hopefully enlighten the readers on the importance of the aim of this research paper.

Health care workers are categorized as high-risk professionals for harassment and violence (Feldblum & Lipnic, 2016 & Ccohs.ca, 2017).

The nursing profession includes working very closely with patients and coworkers; which often leads to both emotional and physical attachments. Because of these attachments nurses are often taken advantage of, sexual harassment being one of the consequences (Suhaila and Rampal, 2012). Nurses’ being stereotyped as sex objects is discussed in an article done by Cocozza (2017), as a different provoking facet for the prevalence of sexual harassment in the nursing profession.

Statistics gathered by ONA in 2016 (Ontario nurse association) showed that about a third of nurses in Florida in 2014 “have been physically assaulted, bullied or injured while approximately two-thirds have experienced non-physical assault” (ONA-Workplace violence and harassment, 2016, p. 13).

A study conducted by OSHA (Occupational safety and health administration, 2013) on violence in the health care industry, leading to days taken off from work by employees, showed that 80 percent of the incidents were caused by patients (see figure 1).

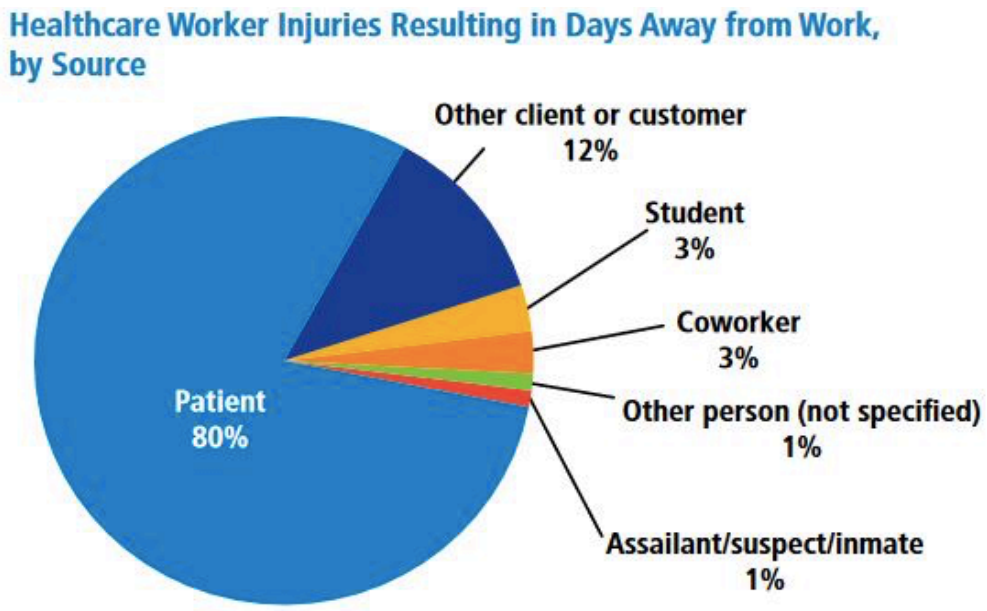

Figure 1: Workplace Violence in Healthcare (2015) Source: https://www.osha.gov/Publications/OSHA3826.pdf

A study done in Malaysia showed that the prevalence of sexual harassment among nurses was 51.2 percent. Verbal harassment was seen as the most common type (46.6%) and physical was seen in 20.7 percent of the cases. In the same study results showed that 74.7 percent of the nurses suffered from psychological effects from the sexual harassment incidents encountered at the workplace (Suhaila and Rampal, 2012).

According to Piispa and Hulkko (2009), health care and nursing professionals in Finland is the occupational group that experience violence at the workplace the most. Out of all people experiencing workplace violence in the study, up to one-third of the people were working in health care and nursing positions, and by also including the social sector, there were more than 40 000 victims of violence at the work place (see figure 2). The authors define violence as used, tried or threatened physical or sexual violence.

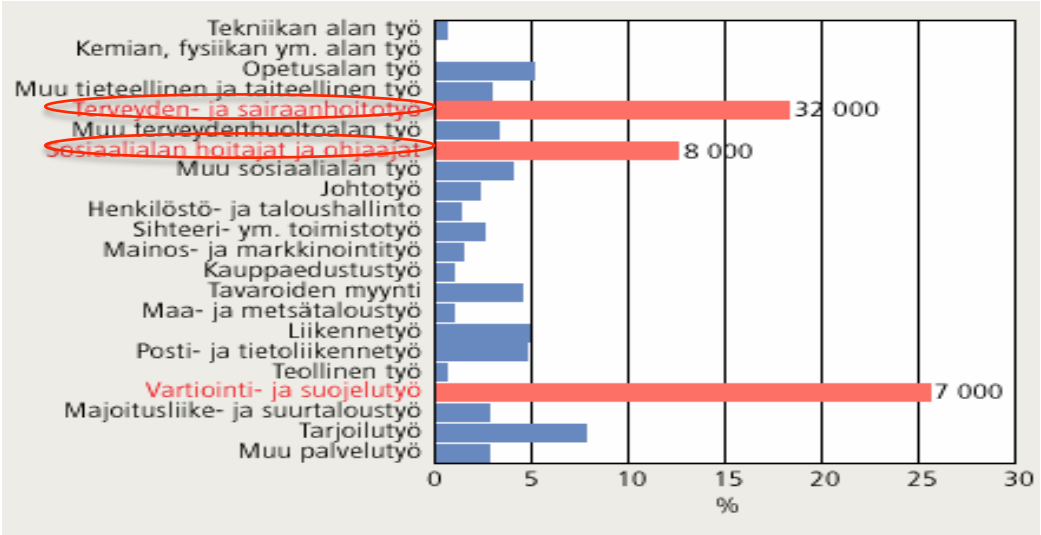

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Figure 2: Percentage of experience violence at the workplace divided into occupational categories in Finland (2007) Source: http://www.stat.fi/artikkelit/2009/art_2009-09-30_002.html?s=1

Highlight 1: Health and medical occupations Highlight 2: Social workers and instructors

However, according to Kontula and Lottes (2000) in Finland most sexual harassment cases are not reported and victims do not seek professional help after the crime has been committed. Some victims repress the memories completely after the act itself.

A big issue regarding workplace harassment and violence in any form is that a profuse amount of the incidents go unreported. A study done in Minnesota on nurses showed that 69% of physical and 71% of non-physical abuse are not reported. Different kinds of bullying and non-physical abuse are most prone to be unreported (osha.gov, 2015). There are many reasons why incidents like harassment go unreported, but the most common reasons are fear of negative consequences, peers pressuring and asking the victim not to report the incident, the victim has seen that reporting an incident has been futile from others or previous personal experiences and lack of knowledge regarding policies and guidelines at the workplace (Chang and Cho, 2016).

Sexual harassment is a type of sex discrimination that disregards Title VII of the Civil Rights Act (1964) in America. Discrimination against someone on the basis of race, color, religion, national origin, or sex is made illegal by this law (Eeoc.gov, 2017).

In Finland, sexual harassment falls under the Occupational Safety Law 23.8.2002/738. The purpose of this law is to improve the working environment and working conditions, to protect and maintain the working capacity of the employees, and to prevent and com-

bat the health and mental health problems of workers, including health risks resulting from occupational accidents and occupational diseases that the employee might be put at risk for from the working environment (Finlex.fi, 2002).

The Finnish website Tyosuojelu.fi provides both employees and employers with information on preventing and dealing with sexual harassment or any inappropriate behavior that might occur at the work place. They also provide links to the Occupational Safety Law and a link to a form that should be filled out and given to the employer when harassment has taken place at the work place (Tyosuojelu.fi, 2017).

3 THEORETICAL FRAMEWORK

To achieve a better understanding regarding the phenomenon of sexual harassment towards nurses and gain a deeper understanding of the individual's management and coping strategies, it is good to identify the correlating factors to its occurrence. In this way, we can address the phenomena from different perspectives and develop different approaches that would provide nurses, healthcare workers and employers the resources to better guidelines and support systems.

3.1 Coping theory by Lazarus and Folkman

According to Lazarus and Folkman (1984) there are three major concepts that link together to form a theory; stress, appraisal and coping.

3.1.1 Stress

Stress is defined by Lazarus and Folkman as a relationship between the environmental stressors and the individual's response to the stressors. This means that we humans react and cope with stressful events or incidents in different ways. Stress is defined as either response or stimulus. Occurrences experienced from the environment such as natural disasters or being fired from work are defined as stimulus. The referral of a state of stress, for example, the individual expresses oneself, as being under stress, is the definition of response.

There are two important processes that arbitrate the person-environment relationship: Cognitive appraisal and coping (Lazarus and Folkman, 1984).

3.1.2 Appraisal

Cognitive appraisal is the process that the individual goes through to establish why and to what degree a particular transaction or series of transactions between the individual and the environment is stressful (Lazarus and Folkman, 1984). Appraisal is usually divided into three basic forms: primary appraisal, secondary appraisal and reappraisal.

Primary appraisal is the judgment that an incident is irrelevant, stressful or benign-positive. Furthermore, stress appraisals can be divided in to three groups: threat, harm/loss and challenge. Challenge refers to the possibility to gain something from the situation, harm/loss is the suffering that has already occurred and threat is the expected harm and loss (Lazarus and Folkman, 1984).

Secondary appraisal is the evaluation of what can be done. It judges the likely coping method that could be used if it will achieve what needs to, so that one can implement particular strategies efficiently. Further, it evaluates consequences that might occur in the context of external and/or internal requirements and restrictions.

Reappraisal applies to an altered appraisal, based on new information detected from the environment and/or the person.

The cognitive appraisal process is also shaped by the unconscious mind and agendas that are below the individual's awareness (Lazarus and Folkman, 1984).

3.1.3 Coping

Coping is explained as the process of through which the individual handles the demands of the person-environment relationship that are evaluated as stressful, and the emotions they generate (Lazarus and Folkman, 1984).

Lazarus and Folkman (1984, page 141), define coping as "*constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*."

When defining coping, one must also acknowledge the efforts made to endure the stressors, despite the result. Therefore, one shall not consider one strategy or method as more superior than the next.

The two major functions of coping are emotion-focused and problem-focused. Emotion focused coping is based on trying to minimize the emotional reactions related to stress like fear, embarrassment, anxiety, depression, excitement and frustration. This might be the most/only sensible alternative when the origin of stress is outside the individual's control. Problem-focused coping is the practical way of coping with stressors, focusing on defining the problem, creating solutions or alternatives, judging the pros and cons of the solution, choosing one and then pursuing.

The way an individual copes is also based on his or her resources, including health and energy, existential beliefs, social skills, problem-solving skills, social support and material resources (Lazarus and Folkman, 1984).

To finish this chapter I would like to acknowledge and explain why this theory was chosen. This theory is the base for many newer theories and researches done connected to sexual harassment. This theory supports my paper, by displaying that dealing and coping with a stressor, seen in my paper as sexual harassment, is a very individual experience.

The way an individual merely ignores a sexual harassment incident and does not report it or document it is seen as one of the major coping methods. This coping method is seen as the base of the problem for sexual harassment in the nursing profession. The lack of knowledge on how to deal with these kinds of behaviors is a big reason for the ignoring and denial method seen in nurses. This theory also shows that coping is based on resources and social support, therefore better education, support and preventive measures should be implemented at the work place. By providing the nurse with a better base and knowledge on coping methods and support systems, some issues regarding sexual harassment in the health care environment could be diminished. This theory also shows the emotional damage that can be caused by a stressor, for example, depression; which may lead to sick-leave and lower the quality of care administered to patients.

4 AIM AND RESEARCH QUESTIONS

The aim of this study is to explore and discuss the different reactions and problems that arise from sexual harassment and figure out what could be done to help nurses cope with the incidents.

This thesis builds on the knowledge that the work environment should be safe. However, there seems to be a gap in the safety of nurses while rendering care, specifically relating to sexual harassment. Hence, this paper will explore the gaps that are seen today at the work place regarding sexual harassment, and discuss different strategies and preventive measures that could be implemented at the workplace and educational programs of nurses, to aid nurses, managers and care workers to build a safer working environment for both themselves and the patients in the future.

Research questions:

1. What is sexual harassment and what propagates sexual harassment in the workplace?
2. How do nurses react and cope with sexual harassment?
3. What are the different problems that arise from sexual harassment towards nurses?

5 METHODOLOGY

According to Merriam-Webster dictionary (2017) the definition of methodology is, "(1) a body of methods, rules, and postulates employed by a discipline: a particular procedure or set of procedures demonstrating library research methodology the issue is massive revision of teaching methodology — (2) the analysis of the principles or procedures of inquiry in a particular field."

The information provided by the methodology section of a scientific article/research paper determines the genuineness and validity of the study presented. For that reason, it is important to describe precisely and clearly how the experiment was done, and to justify why the particular experimental methods were selected. Specification on how the results were analyzed, validation of the experimental design, and a description of how and what was done to answer the research question should also be included in the method section. As scientific writing is orderly and honest the structure of the methodology section should have a description of the material used in the study, the preparation process of the material, description of the research protocol, explanation on performed calculation and made measurements, and a statement on which statistical tests were taken to analyze the data. Once all the essential factors are written and collected, later drafts should concentrate on presenting the findings as logically and clearly as possible. If the amount of material found is large it should be divided into sub-sections, for clarity (Kallet, 2004). Methodology is in most cases used as a guideline for solving an issue with particular components, for instance methods, tasks, phases, techniques and tools (Ishak and Alias, 2005).

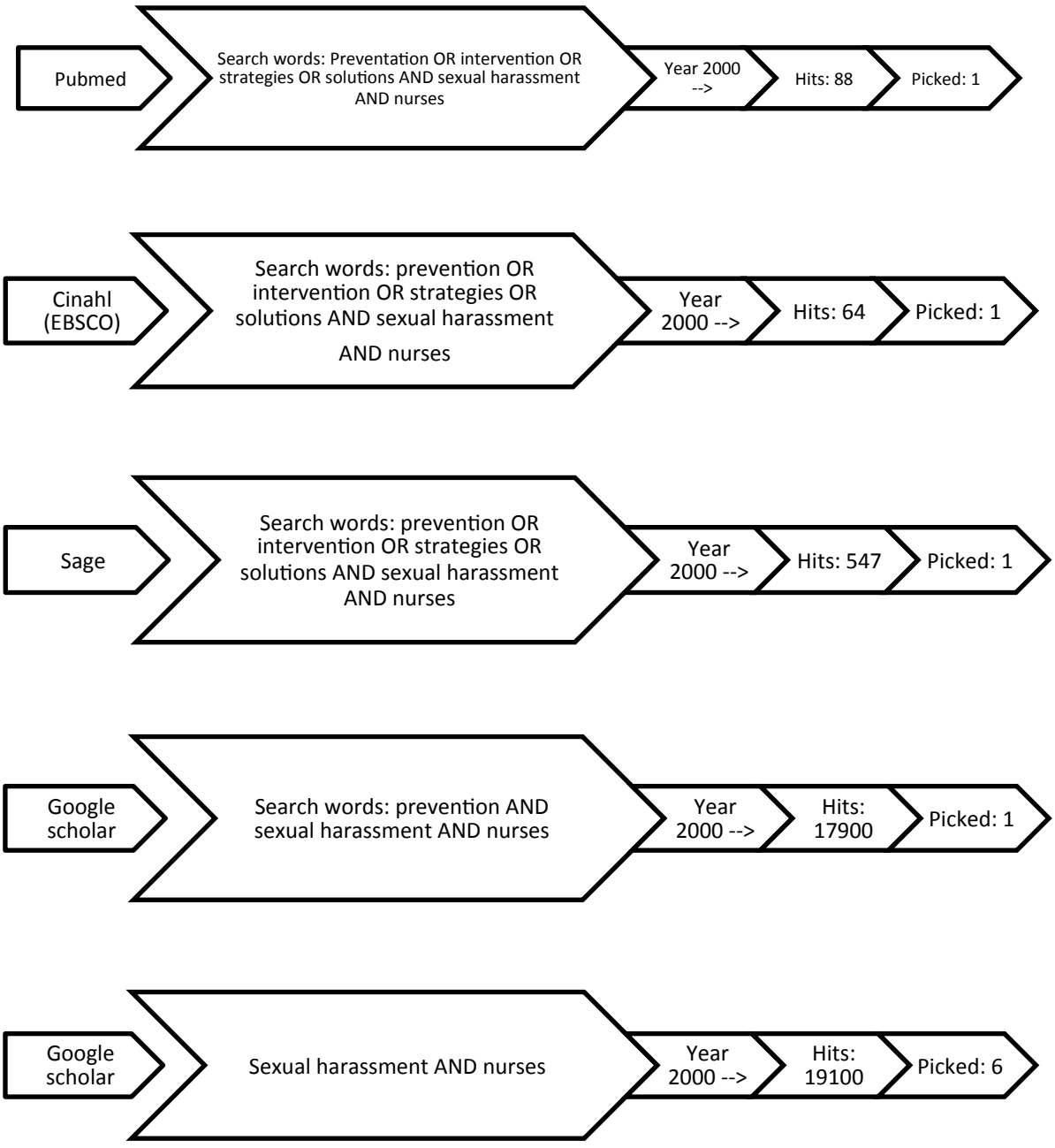
5.1 Data collection

This study was conducted as a qualitative literature review, to explore the existing research found on sexual harassment towards nurses. According to Webster & Watson (2002), a literature review is conducted to create a firm foundation for progressing knowledge. It assists the progress of theory development, looks for areas where more research might be needed, and closes areas where an excess of research exists.

The reasoning for this choice of data collection was time restraints, resources, and the difficulty of an ethical approval being granted for conducting a primary research study

on the specific subject at hand. The sparse research found by the author on the subject of sexual harassment towards nurses conducted by patients influenced the extended time period used for the article search.

The author exclusively used academic databases to ensure the articles found and used for this paper were the most relevant and recent data on sexual harassment towards nurses. The main search terms used were: prevention OR intervention OR strategies OR solutions AND sexual harassment AND nurses.



With the immense amount of hits resulting from the search words used, exclusion and inclusion criteria were established to target and find the most relevant articles.

Articles were included in the literature review if the articles were written in English, articles were found in full text for free and were relevant to the research topic. Articles older than from the year 2000 were excluded.

Table 1: Including and excluding criteria

Including criteria	Excluding criteria
i. Must be retrieved from an academic database such as EBSCO, PubMed, Google scholar ii. Articles in full text and relevant to the research topic iii. Articles must be in English iv. Articles publication date period between 2000 – 2017	i. Articles not focusing on the specific topic of sexual harassment ii. Articles that were not accessible for free iii. Articles that did not mention any ethical guidelines when conducting the study

Table 1: Presentation of chosen articles

	Title	***Author & Year***	***Journal***
1	Sexual harassment in care work-Dilemmas and consequences: A qualitative investigation	Nielsen, et al. 2017	International Journal of Nursing
2	Nurses confronting sexual harassment in the medical environment	Chuang SC & Lin HM & 2016	Stud Health Technol Inform.
3	Sexual harassment in healthcare	Madison J. & Minichiello V. & 2001	Journal of nursing administration
4	Sexual harassment in the hospital: Are nurses safe?	Subedi, et al. & 2013	International journal of health sciences and research
5	Sexual harassment in healthcare: Strategies od employers	Gardner S. & Johnson P. 2001	Hospital topic
6	Sexual harassment- a touchy subject for nurses	Cogin, J. and Fish, A. 2009	Journal of Health, Organization and Management
7	Sexual harassment of nurses and nursing students	Bronner G. et al. 2003	Journal of Advanced Nursing
8	Recognizing and Labeling Sex-based and Sexual Harassment in the Health Care Workplace	Madison J. & Minichiello V. 2000	Journal of Nursing Scholarship
9	The contextual issues associated with sexual harassment experiences reported by registered nurses	Madison J. & Minichiello V. 2004	Australian Journal of Advanced Nursing
10	"Paradoxing the Dialectic" - The Impact of Patients' Sexual Harassment in the Discursive Construction of Nurses' Caregiving Roles	Mcguire, et al. 2006	Management Communication Quarterly

5.2 Content analysis

An inductive content analysis has been done for this qualitative literature review by strategically and systematically reading and analyzing the articles chosen. Later, summarizing and identifying codes and patterns found in the content. An inductive approach to an analysis is explained by Dudovskiy (2017), as a search for patterns from observation and the development of explanations. Patterns, regularities, and resemblances in experience are then observed in order to reach conclusions and findings.
The author begins with a topic and tends to develop empirical generalizations and identify preliminary relationships as he advances through his research. The researcher is not sure about the type and nature of the research findings until the study is completed and therefore no hypothesis can be found at the initial stages of the research (Dudovskiy 2017).

The content chosen for this paper has been profusely read and studied to ensure that the content has been used and understood correctly. The codes were developed and structured to answer the research questions and to make the result chapter easier to comprehend and follow (see figure 3).

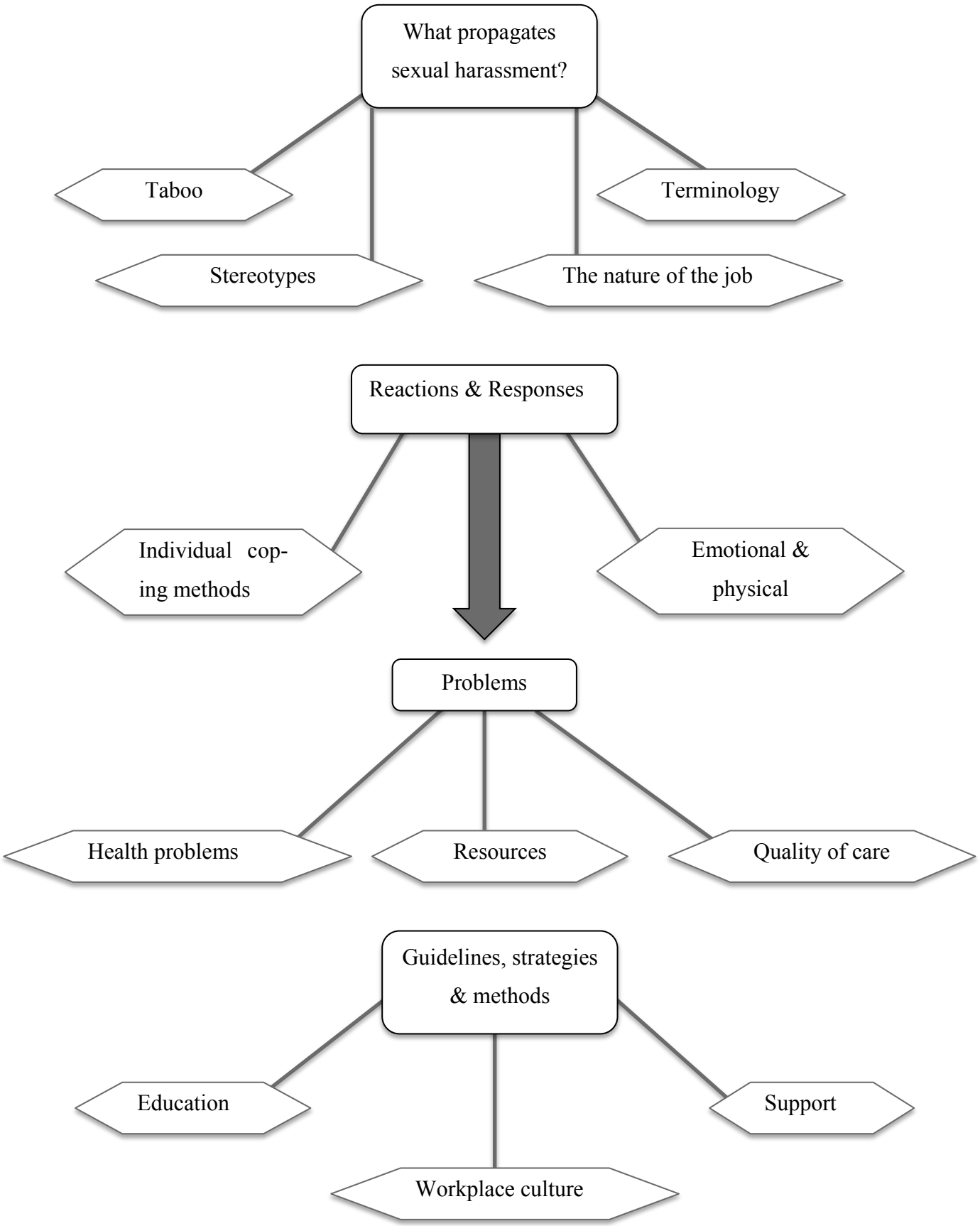


Figure 3: Content analysis code chart

5.3 Ethical aspects of the research study

According to the book Guideline on ethics for medical research (1993), medical ethics is the technology of standards, norms and values for human movement and behavior. It is engaged in reflection and analysis of morals regarding whether or not an act is right or wrong and how it affects our fundamental quest for that means, our search for humanity and our attempt to create a humane society. Its goal is to protect human dignity and to promote justice, equality, truth and trust. In a nutshell, ethics is a crucial reflection of morality.

As the research subject of sexual harassment is considered very personal, ethical principles play a big and important role in the research studies chosen. Researchers may consider seven different principles while conducting an ethical research that will help protect the participants (see table 3). They can be found in Journal of the American Medical Association.

To ensure the research ethics of this paper the author made sure to cite and reference all the information used accurately according to the school's guidelines and the Harvard referring system to prevent plagiarism. The author made sure that the studies and research used followed ethical guidelines that protected the participants' privacy.

The importance of validity and reliability of the research articles was sought for by only using academic search engines.

Table 3: Ethical principals

1	Social Value	To be ethical, human research studies need to contain a social value. This means the study should help researchers determine how to improve people's health or wellbeing.
2	Scientific Validity	To not waste participants' time, it is only fair to them that the research is scientifically valid. In other words, the research should be expected to produce useful results and increase knowledge, which is important because there is a limited amount of money and supplies for research. Research that is not scientifically valid wastes these resources.
3	Fair Subject Selection	Subject selection should be done in a fair way in both recruiting and deciding which people can participate in the study. The goal of this is to be fair to both the people who might become subjects, as well as to people who might benefit from the treatment or method being studied.
4	Favorable Risk-Benefit Ratio	For the research to be ethically correct, risks must be balanced by the benefits to subjects, and/or the important new knowledge society will gain. This is known as the risk-benefit ratio. The bigger risk the research study involves, the more benefit it must offer to be considered ethical.
5	Independent Review	Even the most careful researchers might overlook things they could improve on in their research to make it more consistent with ethical principles or other requirements for research. To try to avoid this, a team of people called Institutional Review Board, which is not connected to the research, is required to give it an independent review.
6	Informed Consent	Participants that may be considered for the research study must be informed about the details of the study before it is conducted. If they agree to participate, they need to sign an informed consent. There are four components of informed consent: Competence, Disclosure, Understanding and Voluntariness.
7	Respecting the participants	The human subjects should always be shown respect by the researchers, the following things are required: During the study check on the well-being of the participants continuously, remove subjects from the study if there is any harmful risk involved, keep all information about the subjects confidential, allow subjects to quit the study at any time, keep subjects informed during the whole study process. This includes new risks that the researchers discover after the study started etc. and sharing the results of the study with the participants.

Source: (Clinicalcenter.nih.gov, 2017)

6 RESULTS

The author has found common themes in the literature and will be discussing them accordingly to achieve an easier understanding of the results found in the articles.

Sexual harassment is considered a taboo in the health care sector (Nielsen et al., 2017). However, sexual harassment has been a problem for nurses long before the term was created during the 1970s (Bronner et al., 2003). Research has revealed that inside of the health sector formal complaints of sexual harassment have been rising at a distressing rate (Chuang and Lin, 2016) and that sexual harassment is an extensive and important problem in the health care sector (Chuang and Lin, 2016). The silence that surrounds sexual harassment has a noticeable negative effect and "certainly the fear of possible consequences of breaking the silence works to continue the silence" (Madison and Minichiello, 2004).

It is heavily implied that health care settings have a higher rate than the average of sexual harassment. It was reported that the prevalence rate of sexual harassment in the nursing profession is 76 percent. Even more startling and alarming is the percentage of nursing students who have experienced sexual harassment during their training, which was reported as high as 95 percent (Cogin and Fish, 2009). The study and article written by Cogin and Fish, (2009) tried to identify why the nursing profession has such a high rate but found it to be a multifaceted phenomenon with various factors that could contribute. Significant factors that should be considered are; the intimate nature of the nurse's job (Gardner and Johnson, 2001). Whilst nurses provide care to patients they break many of what is considered "social rules" by dealing with bodily exposure, touch and sexuality (Cogin and Fish, 2009). The care given by a nurse often calls for a type of physical and emotional closeness, rarely granted to strangers (McGuire et al. 2006).

A big factor related to sexual harassment is the manifestation of power (Gardner and Johnson, 2001). This could develop from the professional side, as lack of respect and public image/stereotypes of nurses in general or the lack of respect for woman as a gender role, as the nursing profession is so female dominated (Madison and Minichiello, 2001) and as a male patient was seen as the most common harasser (Madison and Minichiello, 2000). However, patients do not particularly fall within the traditional organizational chart outlining chains of commands and levels of authority. Patients, however,

can be seen negotiating a form of power as control, by forcing closeness on nurses (McGuire et al. 2006). Age also seemed to play a factor as in the article by Madison and Minichiello, (2001&2004) it was seen that younger and less experienced nurses or nurses holding a trainee position, where more prone to experience sexual harassment. Another major correlating fact is relationships between the employer and employee. Having a positive and good working culture in the working environment played a major role in the prevalence of sexual harassment (Cogin and Fish, 2009).

6.1 Reactions and Responses

Depending on the situation and context of the harassment, individuals reacted, responded and coped emotionally and practically different (Nielsen et al., 2017). A common reaction directly after the incident was the emotion of fear and chock (Nielsen et al., 2017). By not knowing how to respond to the situation the nurses had been put in to, insecurity and powerlessness were provoked (Nielsen et al., 2017). These emotions often lead to a general unsafe feeling towards the workplace (Subedi et al., 2013).

The feeling of not knowing how to handle the situation, and fear of being accused of being unprofessional and not handling their duties, some individuals even feared to lose their jobs (Nielsen et al., 2017). Madison and Minichiello (2001) described stupidity as a reaction related to feeling unprofessional and not wanting to talk with colleagues about the incident or document the incident. In the article written by McGuire et al. (2006), the fear of not being believed when bringing up the situation was discussed.

Self-blame arose in some form in many cases after the incident (Madison and Minichiello, 2001). The thought of if something could have been done differently or if they had initiated the behavior or given the patient the wrong impression (Nielsen et al., 2017). Additional potential emotional effects included lowered self-esteem, difficulties with interpersonal relations, depression, frustration, increased stress and anxiety (Cogin and Fish, 2009). The most common emotions experienced after sexual harassment were anger, disgust and embarrassment (Bronner et al., 2003) A common response was developing rationalizations or to explain the incident away (Madison and Minichiello, 2001).

Avoiding the situations is seen to be the main strategy for nurses that have experienced sexual harassment (Subedi et al., 2013). However, regarding the nature of a nurse's job, this was not usually possible and an ongoing interaction with this person was usually

required. By distancing oneself from the harasser and by being distracted from work obligations related with the harasser, this situation produces potential disastrous and harmful consequences, taking in consideration the lifesaving role nurses play and the big quantity of patient perpetrators (Cogin and Fish, 2009).

Fear of losing their reputation, being dismissed, and/or facing social stigma at the work-place, often leads to nurses not daring to take action or to make an official complaint. (Subedi et al., 2013). Overwhelmed by the consequences of taking action and being in the threat of public humiliation, some informants said they just "gave up" trying to deal with the inappropriate behavior (Madison and Minichiello, 2001). Many caregivers stressed the importance of standing up for oneself and saying no, however it was later proved that this was difficult once put in practice (Nielsen et al., 2017). The research article done by Nielsen et al. (2017) shows that older and more experienced nurses seemed to have an easier time standing up for themselves and managing the harassment successfully. They seemed to have more experience and knowledge on how to handle these types of situation (Madison and Minichiello, 2001).

The reaction of avoidance may also include using humor and pushing negative emotions away, distancing the harassment episode and keeping up a light and fun mood, and joking about the incident with coworkers (Nielsen et al., 2017).

Nurses seemed to think that harassment has just become a normal part of their job and their workday. Nurses are seen to develop rationalizations, trying to explain and justify the situation, as the patients are mentally impaired and they "do not usually know what they are doing and can't control their actions" (Nielsen et al., 2017).

Nurses seem to accept a lot more from their patients because of this, and would accept behaviors and words that they would never accept from a "healthy" individual (Cogin and Fish, 2009). Because of the patient's state, many nurses are likely to be prudent and avoid using the term sexual harassment, and preferably refer to it as sexual behavior (Nielsen et al., 2017) and had a hard time labeling and recognizing sexual harassment (Madison and Minichiello, 2000). There seemed to be a belief that nurses should be able to "cope" and "tolerate" all kinds of behaviors (Nielsen et al., 2017). Sexual harassment is illegal and is not acceptable in any workplace (Madison and Minichiello, 2000). Nurses have the right to be and feel safe whilst working (Bronner et al., 2003).

Sexual harassment can lead to a series of problems, both for the individual and the workplace itself (Nielsen et al., 2017). Some physical disturbances that may occur from the emotional symptoms and/or after sexual harassment incidents include: headaches, insomnia, exhaustion, weight loss or gain and nausea (Cogin and Fish, 2009). Negative effects of harassment damage the quality of care, culture and employee morale of an organization (Gardner and Johnson, 2001). Sexual harassment creates negative tension that affects the important role of caregiving that nurses hold in the health care organization (McGuire et al. 2006).

It was found in the article by Cogin and Fish, (2009) that job performance was affected in 75 percent of the individuals that had experienced sexual harassment, mainly affecting the ability to concentrate properly. If the nurse is distracted while for example drawing blood, handing out medication, or handling dangerous instruments or equipment, errors may be hazardous and possible deadly (Chuang and Lin, 2006).

Nurses are put in an unfair emotional dilemma by struggling with their own role as a nurse with the intention of putting patients first and their own emotions and needs as victims of harassment second (McGuire et al. 2006).

Sexual harassment, especially if recurring, leads often to an individual becoming emotionally overloaded and if the emotional stress experienced by the nurse becomes too overwhelming, sick leave or even leaving the workplace or the business altogether are not uncommon results of sexual harassment (Nielsen et al., 2017). The percentage of nurses that have been laid off or fired was more than 25 percent and an extra 42 percent quit their jobs as a result of sexual harassment (Cogin and Fish, 2009).

These consequences can be very costly for the organization, as they might need to move the care-worker or replace them while they are on sick leave or completely if they decide to leave the workplace (Madison and Minichiello, 2001). Some apparent costs that follow are from lawsuits and damage settlements, but it has been calculated that the indirect business outcome can be far more costly. These include absenteeism from not only the harassed individual but also co-workers that have recognized the problem, decreased productivity, low morale and turnover (Cogin and Fish, 2009).

6.2 Preventive measures and strategies/guidelines

Sexual harassment is a type of sex discrimination. Individuals are protected from sexual harassment by federal and state laws. The need for establishing, advertising and applying anti-harassment policies and complaint procedures should be emphasized for employers. It is important that these are made in a manner that employees can easily understand them and they should be given a copy periodically. It is suggested that employees should sign a statement that they have understood the policy and this should be done annually to guarantee continued understanding (Gardner and Johnson, 2001).

It was discussed in the article written by Nielsen et al., (2017) that the feeling of insecurity and powerlessness emerged as a result of not knowing how to respond in a professional manner to the incident, but by the help of health care managers providing knowledge in interpersonal strategies and methods that aid the harassed individual in improving and utilizing assertive, confrontational methods, these feelings could hopefully be avoided (Madison and Minichiello, 2001). In addition, it is also important for employers to teach and educate the employees on their rights and responsibilities and should be considered as an obligatory session each year (Gardner and Johnson, 2001). It was seen that employees often knew about the existence of some policies in the hospital but they were not looked at before a situation of this kind was faced (Madison and Minichiello, 2004).

Furthermore, employers should be trained to identify signs of harassment and how to react to them accurately. A zero-tolerance policy at the workplace was reported to reduce the numbers of sexual harassment incidents (Gardner and Johnson, 2001).

The importance of education regarding patients' sexual needs and sexuality is highlighted in the article written by Nielsen et al., (2017). It was reported that care workers lacked relevant knowledge and skills regarding the patients' sexuality. Sexuality and sexual needs were seen as a taboo and where not prioritized at the workplace. A need for raising awareness among care workers about the importance of intimacy and sexuality in patients was called for by Nielsen et al., (2017). Care-workers might identify the needs of the patient but did not make much effort to discuss and promote sexual health in the workplace. More proactive efforts could be taken if the care workers had more knowledge and expertise in this area (Nielsen et al., (2017).

In the research article by Madison and Minichiello, (2001) the absence of education regarding sexual harassment is also brought forward as a part of the problem. Education about this phenomenon should be implemented already in health programs/education and continue to be taught in the workplace (Madison and Minichiello, 2004). It was suggested by McGuire et al. (2006) that the education should be considered to be done in a more informal way, by taking in experienced nurses and allowing them to share their experiences on sexual harassment, how they responded to it and how they wished they would have responded. By using this method McGuire et al. (2006) believed that it may help nurses understand the different options they may negotiate in their role as a career and give them the understanding and the knowledge on the different options of responding and handling the unique situation. Secondly, they believed that this training would prepare nurses for the possibility of patients acting inappropriately (McGuire et al. 2006). Educational programs challenging myths and stereotypes encircling sexual harassment and nurses, should also be held (Madison and Minichiello, 2000).

Nurses seemed to not have a full understanding on what is seen as harassing behavior, and up to 50 percent of the nurses in the research paper done by Chuang and Lin (2006) were not aware of being harassed. It was spotted that it takes time for nurses to understand and accept the sexual harassment; which is a contributing reason for not documenting or seeking appropriate help after (Madison and Minichiello, 2000).

In the article written by Cogin and Fish (2009), it is mentioned that educating patients about sexual harassment is also an important preventive measure. Proper sexual conduct should be taught in the hospitals both to patients and to all staff members (Bronner et al., 2003).

7 DISCUSSION

As seen in the result chapter every nurse and individual reacts and copes with sexual harassment in different ways. Lazarus' and Folkman's theory on coping (1984) specifically focuses on individual reactions to stressors and discusses what different factors and variables drive individuals to their reactions. In the research study done by Madison and Minichiello (2000), it is seen that harassment is linked to context and therefore may be considered as harassment in some cases and not in others, and could be identified and classified as such by some individuals but not by others.

For this reason, it is important for policies, education and strategies to be delivered and designed in a way that supports individual coping methods (Nielsen et al., 2017), and on providing nurses with multiple processes and response options (McGuire et al., 2006).

According to Lazarus' and Folkman's theory (1984), the way an individual copes is also based on his or her resources, problem-solving skills, social support and material resources.

An important question arose, as the percentage was so large in the number of nursing students that had experienced sexual harassment, on how the educational curriculum helps to prepare undergraduate nursing students to cope and manage sexual harassment (Cogin and Fish, 2009). There is a clear gap seen in the education system regarding this area, and as the author herself is a nursing student she can agree. There is no mandatory course in sexual education or on harassment and no lessons taught on how to react, cope and handle situations of harassment throughout the nursing education that the author has completed.

As the author has some experience as a nurse she has recognized the lack of knowledge nurses and their managers have regarding sexual harassment and how sexual behavior conducted by patients should be handled.

The author got no information about the policies and actions that should be taken if this kind of situation arouses at the work place. It was seen in the article written by Nielsen et al., (2017) that policies, collective agreements and specific guidelines for preventing sexual harassment from patients were unusual at the workplace.

The author was merely told to ignore the incident and not to take it personally by her coworkers. They considered the incidents as a normal part of their working day and just something that came with the job. Normalization of sexual harassment among nurses

was seen as a major theme in the articles and a big reason for why the phenomenon is so invisible, unreported and unlabeled (Madison and Minichiello, 2001). The reports of cases on sexual harassment towards nurses, specifically from patients, are sparse and this phenomenon is seldom seen in literature (Nielsen et al., 2017). Nurses are seen tolerating and justifying the patients' behavior as they are categorized as "sick" and "they don't often know what they are doing" (Cogin and Fish, 2009). If nurses keep supporting this way of thinking, the silence and invisibility surrounding the problem will be hard to improve.

For the sake of human dignity, nurses and health care workers hold the right to a safe and harassment-free working environment (Gardner and Johnson, 2001).

Attitude and workplace culture plays a significant part in preventing and minimizing sexual harassment (Madison and Minichiello, 2001). Prevention is seen as the first, last and primary line of protection against sexual harassment. Good belief paired with preventive sexual harassment policies aided employers to stay away from the negative effect resulting from harassment occurring at work (Gardner and Johnson, 2001). As mentioned in Lazarus' and Folkman's theory (1984) social support is a contributing factor on how individuals cope with stressful situations. Therefore the importance of talking about and discussing sexual harassment at the work place and after incidents should be emphasized and done in a non-judging manner (Madison and Minichiello, 2001). Giving emotional support to ones coworkers and listening and communicating is important to diminish the negative emotional reactions that can be followed by sexual harassment (Nielsen et al., (2017).

Myths and stereotypes are still strong in associating nurses as sexy, nurturing, intimate carer, bath lady, easy, available and female (Madison and Minichiello, 2004). In 1966 the image of the nurse went from a motherly image to a sex object, this is partially Charles Dickens' fault as he portrayed the pre-Nightingale nurse character Sairy Gamp as a sex object in his book. The media from the mid-1960 until present time has created an obsession with the nurse's sex life, which has affected the image of the nurse and allowed the representation of the nurse's role to become twisted and blurred. In the media nurses have been portrayed as romantic, sensual, irresponsible, hedonistic, foolish and promiscuous. And sadly, the less the nurse is shown being committed to her actual professional nursing job, the more she will be sexualized. In R- and X-rated movies the

nurse has been the most common occupational labeling used since the mid-sixties. The occupational link title "nurse" has been used in 21 percent of the cases. All the attention on the nurse as a sex object would not be as harmful to the image of the nurse if there was a more countervailing image of the nurse as a legitimate professional. However, the number of nurse characters included in the mass media products every year has persisted to drop in the late 1970s and 1980s as female professionals and physicians are now granted all the glamour and heroism that once were granted media nurses (Kalisch B. and Kalisch P., 1983). In a much newer article published in The Guardian written by Cocozza (2017) the issue of stereotyping nurses as a sex symbol is discussed and is still considered a big problem for nurses, and as a reason for them being sexually harassed at the work place.

It is important to continue building a better picture and reinventing the nurse as a professional that has standards, and not just someone who swallows everything that is given to them (Madison and Minichiello, 2004) so that nurses could gain more respect, and therefore have a chance on minimizing the prevalence of sexual harassment conducted towards them.

8 CONCLUSION

The articles and research used in this paper confirm the need for sexual harassment in the health care settings to become more visible and openly spoken about. Sexual harassment should be discussed already amongst undergraduate nurses at the educational facility, to prepare nursing students for difficult situations they might encounter and need to handle in their future working life. Policies and strategies regarding sexual harassment at the work place should be planned and structured in a more simple and accessible manner for the employees.

The author's questions have been answered in this paper, but the need for further research on the subject of sexual harassment towards nurses is needed, to ensure the safety of nurses' wellbeing and to preserve the quality of care given in hospitals.

8.1 Limitations and recommendations

The prior research, specifically done on sexual harassment towards nurses, is sparse and the subject is still considered a taboo. The author encountered some difficulties finding specific information vital for this paper and did not have many options regarding countries or years of publication of the articles chosen. Therefore, the author had to include research done from all over the world and combine older and newer research and information found.

The author would recommend adding some form of education/course regarding sexual health and harassment into the nursing curriculum and the work place. Employers should make an effort to make policies regarding harassment more visible and accessible to their employees, and implement more preventive measures into the workplace. It is important to take into consideration the fact that all individuals react and respond to harassment in different ways and to support each individual and provide them with several types of support systems and coping strategies.

Making the issue of sexual harassment more visible in literature and conducting more research regarding this phenomenon in the healthcare sector is important.

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