The Trauma of Sexual Harassment and its Mental Health Consequences Among Nurses

Mamoona Mushtaq, Safia Sultana and Iqra Imtiaz

ABSTRACT

Objective: To determine the prevalence of sexual harassment in nurses and to observe its correlation with negative mental health (depression, anxiety and stress). Further to examine the role of sexual harassment as a predictor of negative mental health in nurses and to explore the differences in the experience of sexual harassment, depression, anxiety and stress between junior and senior nurses.

Study Design: Cross-sectional descriptive study.

Place and Duration of Study: Public Sector Hospitals in Lahore, from December 2011 to March 2012.

Methodology: A sample of 200 nurses with age range 23 to 46 years was obtained. Assessment tools used in the study were Sexual Harassment Experience Questionnaire (SHEQ) by Kamal, and Depression, Anxiety and Stress Scale (DASS) by Lovibond and Lovibond.

Results: Mean age of the nurses was 29.80 ± 7.10 years. Among these 63% were married and 37% unmarried. The mean working experience of nurses was 13.7 ± 3. 52 years and their mean monthly income was 27820 ± 13687.32 rupees. Their working hours ranged from 8 to 16 hours (M = 8.32, SD = 2.12). The mean prevalence of sexual harassment was 71.66 ± 19.01. A significant positive correlation of sexual harassment with depression, anxiety, stress and combined effect of them (DASS) was found. Multiple regression analysis showed sexual harassment as significant predictor of depression (β = 0.47, p < .001), anxiety (β = 0.43, p < .001) and stress (β = 0.45, p < .001) in nurses.

Conclusion: Sexual harassment was found to be a predictor of negative mental health in the form of depression, anxiety and stress in nurses of public hospitals.

Key Words: Sexual harassment. Depression. Anxiety. Stress. Predictors.

INTRODUCTION

Currently, workplace harassment is a severe problem prevailing globally. Working people are exposed to general and sexual harassment at their workplaces. In spite of all measures to prevent sexual harassment, the issue is long-lasting and never-ending. Globally, it is negatively affecting the physical and mental health of the working women. Research has documented that medical students and nurses are greatly vulnerable to sexual abuse due to their dependency and close interaction with opposite gender patients, medical attendants, informal care-givers, paramedical staff, doctors and administrative high-ups.[1,2] The adverse effects of workplace harassment can result in poor job performance by nurses like poor motivation and attention in performing duty, tolerance and consideration for work which could badly affect patients' care.[3] Sexual harassment is a chronic stressor which puts the victimized workers under severe mental and physical stress and hinders their workplace activities. They can

suffer grave mental health consequences including depression, anxiety, stress, post-traumatic stress disorder, suicidal ideations, adjustment disorders, phobic and somatoform disorders.

Biological pathways may be held responsible for the onset and progression of depression among sexually harassed victims. Increased secretion of Corticotropic-Releasing Factor (CRF) from Central Nervous System (CNS) circuits accounts for anxiety and depressive symptoms in sexually harassed women.[5] Hartline *et al*. discovered that victimized women had more CRF-like immune-reactivity in Cerebrospinal Fluid (CSF) than non-victimized women.[6] Animal model studies found the association of chronic stress with continuous sensitivity of pituitary, adrenal and autonomous stress response. Enhanced pituitary reactivity to stress among sexually harassed women may result in the susceptibility and onset of stress related psychiatric disorders.[7]

Thus, the previous discussion brings us near to the consequences of sexual harassment in the form of depression, anxiety and stress. It is reported that the nurses who experience sexual harassment are expected to suffer from depression 3 - 8 times more than the women who were not harassed.[8,9] In another research, it was demonstrated that sufferers of sexual harassment pass through depression and consequently in long-term job related outcomes including lack of initiative for job performance and deteriorated job satisfaction,

Department of Applied Psychology, Govt. M. A. O. College, Lahore.

Correspondence: Dr. Mamoona Mushtaq, Assistant Professor of Psychology, Department of Applied Psychology, Govt. M. A. O. College, Lahore.
E-mail: mamoonamushtaq@gmail.com

propensity to leave, financial problems and multiple emotional reactions including severe depression.[10]

Sexual harassment is established as a great stressor that is related to higher depressive symptoms.[8,11] Actually, sexual harassment contaminates the working environment and devastates the mental health, job performance and confidence of those affected by it. The outcome of sexual harassment appears in the form of anxiety and the victims remain away from the workplace and suffer from physical sickness, low efficiency or even try to leave that organization. Mostly this leads to unabated unemployment and short and long-term loss to the employers as well. Sexual harassment can also have harmful outcomes in the form of continuous anxiety to employees in the presence of unwanted person or persons in the same organization. A significant relationship is reported between sexual harassment and anxiety among nurses.[12,13]

Sexual harassment is a stressor which leads the victims to feel dejected, puts them in economic hardship, severe emotional retort and depression. Pakistan is a traditional country and there is no trend to permit women to go out from homes for earning livelihood. The women who step out often face grim situations at workplace. Nurses experience sexual harassment not only from their supervisors and doctors but also from male sub-ordinates and patients due to their close interaction with them.[1] Workplace harassment is a global issue and research data is available from America and West only and research is scant about the mental health consequences of sexual harassment from Pakistan. Therefore, the present research was conducted to focus on the pattern of sexual harassment and its repercussions in the form of depression, anxiety and stress. The following hypotheses were derived from the literature review.

H-1: There is a correlation of sexual harassment, gender harassment, unwanted sexual attention and sexual coercion with depression, anxiety and stress in nurses.
H-2: Sexual harassment predicts depression, anxiety and stress among nurses.
H-3: There will be more sexual harassment experiences, depression, anxiety and stress in junior nurses as compared to senior nurses.

METHODOLOGY

The study sample consisted of 200 female nurses. Inclusion criterion was to recruit the nurses with age range of 23 to 46 years and they were taken only from public hospitals. Nurses falling outside age group of 23 to 46 years and from private hospitals and those who were not willing to participate were excluded from the present study. Prior permission was obtained from the human resource departments of the hospitals, authors of the questionnaires, and informed consent from the research participants taking into consideration the ethical issues of research. Respect for anonymity, confidentiality, respect of privacy and data storage was assured to the research participants.[14]

Convenient, non-probability sampling technique was used for data collection. Cross-sectional research design was used in the present research. Before administration, all the participants were briefed about the purpose of study and their written consent to participate in the study was obtained.

Descriptive statistics was used to summarize the details of demographic characteristics of the study participants. Spearman's rank correlation was run to explore the relationship of sexual harassment with depression, anxiety and stress in nurses.

Simple regression analysis was carried out to find the predictors of sexual harassment. Statistical Package for Social Sciences (SPSS) version 18 was used to carry out the statistical analysis.

Following instruments were used for data collection: (i) Demographic information form, (ii) Sexual Harassment Experience Questionnaire (SHEQ) and (iii) Depression Anxiety Stress Scale (DASS).

A demographic information form was prepared by the researchers regarding age, education, marital status, working shifts and experience, monthly income, grade and reason for doing job of participants.

Sexual Harassment Experience Questionnaire (SHEQ) by Kamal is a 35 items questionnaire addressing different dimensions of sexual harassment in Urdu language.[1] It is a 4-point scale in which the distribution of 35 items with 3 subscales: (1) gender harassment, (2) unwanted sexual attention, and (3) sexual coercion is arranged. The SHEQ has an internal consistency coefficient of 0.94 for the entire 35-items of SHEQ, 0.70 for gender harassment, 0.92 for unwanted sexual attention, and 0.80 for sexual coercion. Total score on the 35 items of SHEQ can range from 35 to 140. The high score indicates the more frequency of sexual harassment experiences.

Depression, Anxiety and Stress Scale (DASS) by Lovibond and Lovibond was used to measure depression, anxiety and stress of nurses. The scale is a self-report instrument designed to measure depression, anxiety and stress of a person. Total score is obtained by adding up the score achieved on all items. The respondents can obtain scores from 0 to 136 on DASS. DASS has high internal consistency of $\alpha = 0.91$ for depression scale, 0.84 for anxiety scale and 0.90 for stress scale.[15] Urdu version of DASS was used in the present study.[16]

Gender harassment, unwanted sexual attention, sexual coercion and total sexual harassment were taken as independent variables. Depression, anxiety and stress were considered as dependent and continuous variables.

RESULTS

The mean age of the nurses was 29.80 ± 7.10 years. The mean experience was 16.7 ± 3.43 years. The mean monthly income of the nurses was 27820 ± 13687.32 rupees. The mean working hours of the participants was 8.32 ± 2.12 hours. About 63% of the participants were married and 37% were unmarried. Similarly, 27% of the nurses reported to work in day shift, 24% in evenings, 26% to work in night shifts and 23% in rotations. Overall, 17% of the nurses were working on contract while 83% on permanent basis. 60% of the respondents were living in joint family system while 40% were living in nuclear family system (Table I).

The results given in Table II showed significant correlation of depression, anxiety and stress with gender harassment, unwanted sexual attention, sexual coercion and sufficient reliability coefficients of SHEQ and DASS with α = 0.76, 0.79, 0.82 and 0.90 respectively.

Regression analysis was carried out to explore the predictors of sexual harassment in nurses. Table III shows the results of regression analysis in which sexual harassment is significantly predicting depression, anxiety and stress. The value of R_2 = 65.43 shows that model is adequately fit and sexual harassment is contributing 65.43% in developing depression, anxiety and stress among nurses.

Nurses with age range of 23 to 33 years were considered as junior nurses and nurses with age range 34 to 46 years were taken as senior nurses in the present research. The values of Cohen's d indicate that SHEQ, depression, anxiety and stress occurs more frequently in junior nurses. So, they have larger effect on the mental health of junior nurses as compared to senior nurses (Table IV).

DISCUSSION

Results analyzing the first hypothesis of the study that there is a relationship among sexual harassment and depression, anxiety and stress revealed that there is a

Table I: Demographic information of the research participants (n = 200).

Demographic information	Numbers	%	Demographic information	Numbers	%
Age in years			**Monthly income in thousands**		
22 - 29	80	40	10 - 22	80	40
30 - 39	76	36	23 - 34	76	38
40 - 46	44	20	35 - 46	44	22
Marital status			**Working shifts**		
Married	126	63	Days	54	27
Unmarried	74	37	Evenings	48	24
Experience in years			Nights	52	26
01 - 12	112	56	Rotations	46	23
13 - 26	88	44	**Nature of job**		
Working hours			Contractual	34	17
08 - 10	96	48	Permanent	166	83
11 - 13	54	27	**Living in joint family system**	121	60
14 - 16	50	25	**Living in nuclear family**	79	40

Table II: Correlation of sexual harassment with depression, anxiety and stress among nurses.

Dependent variables	Gender harassment	Unwanted sexual attention	Sexual coercion	SHEQ	M	SD	α
Depression	0.79***	0.76***	0.72***	0.81***	13.38	8.95	0.76
Anxiety	0.78***	0.77***	0.73***	0.83***	12.96	8.22	0.79
Stress	0.78***	0.78***	0.70***	0.82***	13.74	8.52	0.82
DASS	0.80***	0.81***	0.75***	0.84***	13.38	8.95	0.90
M	30.16	11.25	10.35	71.66	-	-	-
SD	9.03	3.15	3.58	19.01	-	-	-
α	0.70	0.77	0.71	0.92	-	-	-

Note: ***p < .001; N = Number of participants; M = Arithmetic mean; SD = Standard deviation; α = Reliability coefficient; SHEQ = Sexual harassment experience questionnaire

Table III: Sexual harassment experience predicting depression, anxiety and stress in nurses.

	Depression anxiety stress								
Variables	β	SE	t	β	SE	t	β	SE	t
Constant	-11.64	2.14	5.42***	-10.31	1.97	-5.23***	-10.71	2.00	5.71***
SHEQ	0.47	0.03	-12.08***	0.43	0.03	12.24***	0.45	0.03	-12.64***

Note; R^2= 65.43; β = beta values, ***p < .001

Table IV: Difference in the experience of sexual harassment, depression, anxiety and stress between junior and senior nurses (n= 200, df = 198).

Variables	Junior nurses (n = 130)		Senior nurses (n = 70)		t (198)	Cohen's d	95%	C.I
	M	SD	M	SD			LL	UL
SHEQ	58.15	15.14	41.86	10.09	5.72**	4.89	.27	11.96
Depression	14.43	8.83	6.30	4.27	2.07***	1.22	1.44	5.93
Anxiety	13.95	7.94	7.97	3.94	-2.1***	1.67	1.17	5.64
Stress	14.22	8.67	7.92	8.49	1.73***	3.61	-2.70	18.16

Note; LL = Lower limit; UL = Upper limit: ***p < .001

positive correlation between sexual harassment and depression. Early in 1917, Freud suggested life stressors to be risk factors for future depression.

Depression appeared a significant feature of nurses experiencing harassment. The present findings are consistent with already existing studies which also found positive correlation between sexual harassment and depression.[9,17,18] Sexual harassment is a grave social issue which inflicts psychological illness.[17] Nurses experience depression because they feel helpless and dependent upon the harasser. Neither they want to leave their job nor face the harasser but due to job dependency and threatened socioeconomic status they experience depressive symptoms.

The pathway by which harassment brings depression among the victims is the stability of depressive symptoms over time. Moreover, a significant relationship between history of violent victimization and suicidal ideation or deliberate attempts at self harm has been reported.[19] To the extent that workplace or sexual harassment looks like the trauma of incest and rape, these researches suggest that it could be a stressor which causes strong obstacles to women's mental health and subjective well-being.

The current study also found a significant correlation between sexual harassment and anxiety among nurses. Sexual harassment at workplace is an unwelcome and recurrent behavior, which is offensive, embarrassing and affects an employee's work performance, health, career or interest in job.[12,13] In a traditional country like Pakistan, social factors appear to support the culture of silence and suppression of women which makes them anxious. Many victims fear the loss of their reputation or job as a result of complaining. Harassed women are familiar with their relatively helpless positions and apprehension of job-related discrimination. Many nurses realize that individuals in positions of authority, especially senior doctors are imperative to the commercial interests of hospital and express little confidence in the complaints reporting mechanism which create anxiety in them.

Stress theories envisage that some people are more vulnerable to stress as compared to others, especially if they lack resources or power to cope with stressor. Stress may arise with the fear that they would be attacked again. An incident of sexual harassment threatens a woman's job security and violates her physical privacy that causes mental and physical stress symptoms.[20] When working women face difficulties such as unwanted attention, this condition creates stress, fears and tension. Stress experienced in early vocational life permeates the victims with stress proliferation when passing through other stressors which may affect the workplace environment.[21] Next, a significant correlation between sexual harassment and stress was found. A significant positive relationship between sexual

harassment and stress among nurses is demonstrated.[18,22,23]

Furthermore, the findings reveal a significant positive relationship between gender harassment and depression, stress and anxiety among nurses which corroborates with the findings of Houle et al.[18]

Moreover, significant age differences were seen between younger and older age nurses on sexual harassment, depression, anxiety and stress. Thus, if sexual harassment prevails among young nurses, they suffer more depression, anxiety and stress after the experience of harassment.[1,2] Sexual harassment is a major workplace problem which is affecting 30 - 70% of young nurses.[23] Age contributes much in increasing the ability to cope with harassment and in diminishing depressive symptoms.[1]

Finally, it is worthy to note that Pakistan is a traditional patriarchal country where women face many pressures for economic autonomy and mobility. As findings of the study indicate that nurses earn low monthly income from their profession but they still continue their jobs to provide financial aid to their families. Similarly, most of the nurses perform their duties in night and literature supports the existing findings that there is more likelihood of sexual harassment experiences at night shift as compared to day duty.[24] Long working hours, less monthly salary and exhaustive work schedule lead nurses to negative mental states of depression, anxiety and stress.[25]

The present research mainly focused on the effects of sexual harassment among female nursing staff and found a significant positive relationship between sexual harassment, and depression, anxiety and stress. This study is an important source for researchers to understand the role and consequences of sexual harassment among nurses. Moreover, results of the present study imply the effects of sexual harassment in the form of depression, anxiety and stress among victims.

In the present study, sample was limited due to time constraints. A larger sample could have provided with more valid results. It is important to keep in mind while reading this article, the social patterns common within the native people. It is possible that the findings of the present study may be tailored by under-reporting or over-reporting of the participants.

CONCLUSION

Sexual harassment was found to be a predictor of negative mental health in the form of depression, anxiety and stress in nurses of public hospitals.

REFERENCES

1. Kamal A, Tariq N. Sexual harassment experience questionnaire for workplaces of Pakistan: development and validation. *PJPR* 1997; **12**:1-20.

2. De-Martino V. Relationship between work stress and work-place violence in the health sector [Internet]. Paper presented at Geneva 7th International Labor Organization; 2003. Available from: http/www.ilo.org/public/english/dialogue/ sector/papers/health/stress-violence

3. Mojoyinola JK. Effects of job stress on health, personal and work behavior of nurses in public hospitals in Ibadan Metropolis, Nigeria. *Ethno-Medicine* 2008; **2**:143-8.

4. Malik S, Farooqi YN. Workplace harassment and posttraumatic stress symptoms among Pakistani female doctors and nurses. Interdisciplinary. *J Contemp Res Business* 2011; **3**: 55-69.

5. Gulley LR, Nemeroff CB. The neurobiological basis of mixed depression-anxiety states. *J Clin Psychiatry* 1993; **54**:16-9.

6. Hartline KM, Owens MJ, Nemeroff CB. Postmortem and cerebrospinal fluid studies of corticotropin-releasing factor in humans. *Ann New York Acad Sci* 1996; **780**:96-105.

7. Coplan JD, Andrews MW, Rosenblum LA. Persistent elevations of cerebrospinal fluid concentrations of corticotropin-releasing factor in adult non-human primates exposed to early-life stressors: implications for the pathophysiology of mood and anxiety disorders. *Proc Nat Acad Sci USA* 1996; **93**:1619-23.

8. Jason NH, Jeremy S, Jeylan TM, Christopher U, Amy B. The impact of sexual harassment on depressive symptoms during the early occupational career. *J Society Mental Health* 2011; **1**:89-105.

9. UNIFEM. The facts: violence against women and MDG 2010 [Internet]. 2014. Available from http://www.endvawnow.org/uploads/modules/pgf/1328563919

10. Francis R. Report of the mid Staffordshire NHS Foundation Trust Public Inquiry 2013 [Internet]. 2013. Available from http://www.midstaffsinquiry.com/report

11. Adoric VC, Kvartuc T. Effects of mobbing on justice, beliefs and adjustment. *Eur Psy* 2007; **12**:261-71.

12. Rederstorff JC, Buchanan NT, Settles IH. The moderating roles of race and gender-role attitudes in the relationship between sexual harassment and psychological well-being. *Psy Women Quart* 2007; **31**:50-61.

13. Worsfold P, McCann PW. Supervised work experience and sexual harassment. *Inter J Contempor Hospital Manag* 2002; **12**:249-55.

14. Nuffield Council on Bioethics: the ethics of research related to healthcare in developing countries: a follow-up discussion paper. London: *Nuffield Council;* 2005.

15. Lovibond SH, Lovibond PF, editors. Manual for the depression anxiety stress scales. 2nd ed. Sydney: *Psychology Foundation;* 1995.

16. Potangaroa R. The use of the DASS42 survey in Bandar Siab Khan Camp, Mansehra, Pakistan, (Report to UNHCR). Islamabad: *UNHCR;* 2005.

17. Willnes CP, Steel Lee K. A meta analysis of the antecedents and consequences of workplace sexual harassment. *Personnal Psy* 2007; **60**:1-5.

18. Houle JN. Staff J, Mortimer JT, Uggen C, Blackstone A. The impact of sexual harassment on depressive symptoms during the early occupational career. *Am Sociol Assoc* 2011; **1**: 89-105.

19. Kilpatric DG, Vernon LJ. Treatments for rape-related problems: crisis intervention is not enough. In: Cohen LH, Claiborn W, Spector G, editors. New York: *Human Sciences Press;* 1983. p.165-85.

20. Einarsen S, Hoel H, Zapf D, Cooper CL. The concept of bullying at work: the European tradition. In: Einarsen S, Hoel H, Zapf D, Cooper CL, editors. Bullying and emotional abuse in the workplace 2003. New York: *Taylor & Francis;* 2003. p. 3-30.

21. Pearlin L, Schieman S, Fazio EM, Meersman S. Stress, health, and the life course: some conceptual perspectives. *J Health Social Beh* 2005; **46**:205-19.

22. Nielsen MB, Matthiesen SB, Einarsen S. The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis. *J Occup Organizational Psy* 2010; **83**:955-79.

23. Wolfe J, Sharkansky EJ, Read JP, Dawson R, Martin JA, Ouimette PC. Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel. *J Interpersonal Viol* 1998; **13**:40-57.

24. Quine L. Workplace bullying in junior doctors: questionnaire survey. *BMJ* 2012; **324**:878-9.

25. Brown RB, Brooks I. Emotion at work: identifying the emotional climate of night nursing. *J Manage Med* 2002; **16**:327-44.

• • • • ☆ • • • •