

SEXUAL HARASSMENT FACED BY FEMALE NURSING STUDENTS DURING CLINICAL PRACTICES

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Abstract

Nursing students may be exposed to all types of violence in clinical practice places. **Aim:** The aim of this paper was to assess the sexual harassment faced by female nursing students during the clinical practices. **Material and Method:** Descriptive design was used. **Subjects:** All female nursing students, who were enrolled in the first and second classes of the academic year 2014-2015 at the Faculty of Nursing, Sohag University. Their number was (226). **Setting:** Faculty of Nursing, Sohag University. A structured interviewing questionnaire sheet was used to collect necessary data. **Results:** The majority of students in clinical areas were exposed to sexual harassment in the form of sexual words, calls/messages and unwanted touches, by the patients' relatives/friends. The causes of harassment were moral deterioration, and fear of scandal was the reason for not-reporting from student's side. The students also reported that the harassment had an impact on the level of work satisfaction, their families and social life and their somatic and psychological state. The reactions adopted by sixty percent of the target nurses toward this phenomenon were negligence, which puts limits on and notify the higher authority. The nurses' strategies to face the harassment were documenting each incident and initiating legal action, conviction of sexual abuses, reinforce a heavy penalty on sexual harasser, improve nurses' image in mass media by about ninety percent. **Conclusion:** Sexual harassment among students was high in clinical practices, and had an effect physically, psychologically and on all aspects of their lives, and may be a causative factor in the attrition of nurses from the nursing profession, in addition to poor work performance. **Recommendations:** Health care facilities should adopt policies and develop strategies which aim at to minimizing harassment to create an enthusiastic and safe working environment within it, with intensive studies in this regard on different categories of the nurses.

Keywords: Clinical practice, Nursing students, Psychological effect, Sexual harassment

Introduction:

Clinical training in the health institutions is an essential part of nursing education which aims at providing student nurses with knowledge, skills, and attitudes necessary for future professional practice as novice nurses. Through clinical practice, tutors simplify students' application of theoretical classroom knowledge in the real world such hospitals, health departments, or other healthcare settings⁽¹⁾, but during clinical training the nursing students may be exposed to all kinds of violence. The most serious of which is the sexual harassment⁽²⁾.

Nurses are essential caregivers in all healthcare facilities and are more likely to exposure sexual harassment due to the amount of time spent in the hospital to direct patient care. Many nurses have not been trained to deal with harassment. So, sexual harassment threatens the safety of the nursing students during clinical training Kullima et al.⁽³⁾. Al-Azzam, et al. added that nurses are the highest risk group for bullying and harassment compared to other healthcare providers due to the nature of the career which requires nurses to have more frequent and longer contacts with clients or significant

others⁽⁴⁾. Owoaje & Olusola-Taiwo, stated that the nature of such a nursing career involves working closely with patients and staff members, which often results in an attachment, both physically and emotionally. Due to their rather fragile situation, it is simple for nurses to fall victim to those who take benefit of these states leading to occurrences of sexual harassment⁽⁵⁾. In the same context Achora⁽⁶⁾ pointed that nursing has long been viewed as a proper career for women because it has been classically associated with feminine personality, attributes such as care giving, warmth and affection. This image might result in nurses being particularly susceptible to numerous attempts of bullying and harassment.

Also, Algerian, et al.⁽⁷⁾ described the sexual harassment as any unwelcome sexual advances, requests for sexual favors or other physical and expressive behaviors of a sexual nature. Also Burton's Legal Thesaurus⁽⁸⁾ pointed to the harassment as the act of systematic and/or persistent unwelcome and aggravating actions of individual or a group, including intimidates and demands. Sexual harassment against nurses is a major and serious issue causing adverse psychological, physical, social exclusion and emotional effects, which may affect the job performance of the nurses and the members of their families Abo Ali, et al.⁽⁹⁾; also Shebl, et al.⁽¹⁰⁾ considered the harassment as a hot area where the harassed still view it as prohibitions. This is due to community environment, culture, values and norms. El-Ganzory, et al.⁽¹¹⁾ also, pointed out that sexual harassment behavior, is the one of the hardest problems, which encounter nursing students during training. Suhaila & Rampal⁽¹²⁾; Budden, et al.⁽¹³⁾ also stated that more than fifty percent of sexual harassment occurred among nurses in form of verbal, visual, psychological and non-verbal in the clinical practical places.

In the same context, Magnavita & Heponiemi⁽¹⁴⁾ classified the violence into two distinct patterns namely; internal and external violence. In external violence the nurses were mostly assaulted by patients', relatives and or friends whereas in internal violence occurs by fellows, staff, and others such as physicians, educators, and supervisors be in the form of verbal and nonverbal violence. Boafo⁽¹⁵⁾ added that the internal and external violence against nurses lead to dissatisfaction with their work. In the same context Boafo, et al.⁽¹⁶⁾ stated that the reasons given by nurses for not reporting about incidences of harassment were that harassment is part of the career, feeling guilty, no action would be taken if reported, did not know who report to, or due to the fear of revenge or job loss.

Several studies have been done throughout the world about sexual harassment among nursing students. One of them is a study that was conducted in Pakistan by Khan et al.⁽¹⁷⁾ who found about seventy percent of students were exposure to sexual harassment in clinical field. Another study done in Turkey by Dikmen, et al.⁽²⁾ assesses the violence faced by nursing students in clinical practical which also pointed that the majority of nursing students in clinical places were exposed to all kind of violence during their training. In the study done in Egypt by Hussein, et al.⁽¹⁸⁾ assesses the workplace sexual harassment against female nurses and occupational health outcomes who reported that harassment against nurses is endemic phenomena in Egypt and it has become an unpleasant experience for most women in our society, even at workplaces and nurses are not immune. And the incidence of sexual harassment in nursing is high and about sixty percent of female nurses were exposed to sexual harassment, and eight percent had taken time off work. Therefore, the aim of this study is to know the extent and existence of sexual

harassment faced by female nursing students during clinical practices.

Significant of the study:

Recently, the phenomenon of harassment in our society and nursing students has spread as part of our society where this phenomenon has spread, especially as they spend considerable time in hospitals during clinical training and deal with different types of people, exposing them to more risks than other professional groups. This phenomenon makes them feel humiliated and embarrassed, and it affects the quality of care they provide.

Aim:

The aim of this study is to evaluate sexual harassment faced by female nursing students during clinical practices.

Research questions:

1. What is the prevalence of sexual harassment among nursing students during clinical training?
2. What are the types and effects of sexual harassment on the students of nursing?
3. What are the opinions and reactions of the students towards this phenomenon?

Materials and Method:

Research design:

Descriptive design was used for conducting this study.

Setting:

The study was carried out at the Faculty of Nursing, Sohag University.

Subjects:

This study is conducted on all female nursing students enrolled in first and second year students Faculty of Nursing, Sohag University, in which students are trained at Sohag University Hospital, during the academic year 2014-2015 at the period of study of the General and Special Medical-Surgical-Nursing courses, as mandatory subjects. The total number of respondents is 226, 122 were students in 2nd year, first semester, while the remaining is from 1st year female students at second semester. The first year students were included at the end of the 2nd

semester because during first semester their training was done at faculty lab only.

Tool of data collection: This tool consisted of two parts.

Part I: Inquired about the demographic characteristics of respondents such as age, marital status, training wards and it included three questions.

Part II: This part focused on the different aspects of sexual harassment at clinical training places such as time, perpetrator, place, different forms for harassment, causes and reactions to the harassment, causes of dis-notification, opinions of nurses towards harassment, and consequences of sexual abuse and it included (13) questions in addition to, one open ended question about their suggestions to face this issue, all parts of tool were designed by the researchers.

Scoring system:

The responses are Yes/ No or Multiple Choice Questions (MSQs) in Arabic format. Regarding to questions Yes / No; the scoring system is assigned to each question were between 0 and 1 point as follows (yes =1 and 0 = no). As for MCQs, the scoring system was every responsive represented by 1 degree, if the respondent chooses one answer, she takes one degree, and takes two degrees if chooses two answers, and so on.

Reliability:

The reliability was conducted on 23 students to testing the internal consistency of the tool, and after 10 days the retest was conducted on the same students. Correlation coefficient was: $r=0.847$.

Content Validity:

The validity of the tool was ascertained by five experts in the field of Medical-Surgical Nursing and Community Health Nursing specialty to ascertain relevance and completeness.

Pilot study:

A pilot study was conducted on 10% of the study sample to test the clarity and feasibility, which is obtained in prior

consent and explains the purpose of the study to each respondent. The necessary modification is done to develop final form of tool; all nurses who participated in the pilot study are excluded from the total sample size.

Filed work:

After finishing the study tool the questionnaires are distributed to all students' enrolled in the first and second year, first-semester for 2nd year student, while the 1st year students the data was collected at the end of the clinical training of second semester to answer the questions. Each sheet takes from 15-20 minutes to fill. Data was collected in the classroom setting in the last week of clinical practices at Sohag University Hospital as clinical areas for nursing students, during the academic year 2014-2015 in which students spend about twelve weeks in hospital in order to attain experience in judging on things. Researchers were present to answer any question or explain anything not understood.

Ethical considerations:

The ethical approval was obtained from the official competent authority of Faculty of Nursing after explaining the purpose and the aim of the study. Also all participants were interviewed to explain the aim and purpose of the study and verbal consent to participate was obtained to fill in questionnaire. They were also informed about the right to withdrawal from the study at any time. Privacy was maintained during the data collection process.

Statistical analysis:

After data was collected, they were coded, summarized and transferred into designed formats to be suitable for computer feeding, and statistical analyses were done using Statistical Package for Social Sciences(version 20.0 SPSS). The data was expressed in the form of frequency, percentages. Also, the Chi-square test was used to compare between the groups. P value of < 0.05 was considered significant.

Results:

Table (1): Demographic characteristics of groups and sexual harassment among nursing students

	Exposure to sexual Harassment				Total (n= 226)		P value
	Yes (n= 180)		No (n=46)				
Age group	no.	%	no.	%	no.	%	
≤ 20 years	130	72.2%	36	78.3%	166	73.5%	0.400
> 20 years	50	27.8%	10	21.7%	60	26.5%	
Total	180	79.6%	46	20.4%	226	100%	---
Marital status							
Single	175	97.2%	41	89.1%	216	64.9%	0.024
Married	5	2.8%	5	10.9%	10	34.7%	
Total	180	79.6%	46	20.4%	226	100%	---
Training ward							
Surgical wards	63	35.0%	14	30.5%	77	34.0%	0.420
Medical ward/ dialysis unit	15	8.3%	21	45.7%	23	10.2%	
Orthopedic unit	35	19.4%	4	8.7%	39	17.3%	
Urology department	37	20.6%	2	4.3%	39	17.3%	
Tropical department	10	5.6%	2	4.3%	12	5.3%	
Burn and plastic surgery department	20	11.1%	3	6.5%	36	15.9%	
Total	180	79.6%	46	20.3%	226	100%	---

* P-value =< 0.05

Table1; shows the demographic characteristics of groups and sexual harassment, it was found the majority of nurses who were exposed to sexual harassment within the age groups ≤ 20 years(67.2%),while the lowest exposure

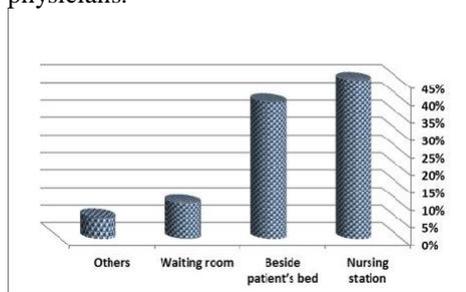
rate was those aged over 20 years. According to the relation between marital status and occurrence of sexual harassment, it was found the majority of unmarried students (97.2%) were more exposed to sexual harassment than others.

While, the minority exposure (2.8%) were among the married students, and they were trained in surgical ward and their belonging subspecialties (84.5), with statistical significant differences (0.024) was found between the marital status groups only.

Table (3): Number and percentage of perpetrators of sexual harassment

Type of perpetrators	No of respondents	Percentage
External violence:		
- Patient's relatives/ friends	128	71.1%
- Unknown	19	10.6%
Internal violence:		
- Colleague	15	8.3%
- Employee	5	2.8%
- Physician	5	2.8%
- Patient	8	4.4%

Table 3; shows the perpetrators of sexual harassment in training places. It was found that, the majority of students (73.3%) were exposed to sexual harassment from patients' families and friends while the minority (1.1%) of them was harassed by physicians.



Places of sexual harassment

Figure 2; reveals the training places where sexual harassment occurred. It was found the high percent of harassment occurred at

nursing stations by (42%), followed by beside patient's bed by (36%) while, the least percent was occurred at waiting room and others places.

Table (4): Number and percentage of forms of sexual harassment behavior

Forms	No of respondents	Percentage
Sexual words	82	45.6%
Calls / message	74	41.1%
Unwanted touch	34	18.9%
Sexy waving by hand	18	10.0%
Expose private parts	17	9.4%
Out date	10	5.6%
Trial of sexual relation	3	1.7%
Other forms	20	11.1%

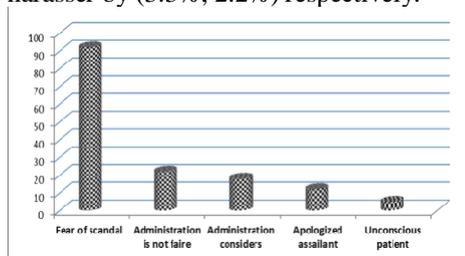
* More than an answer, so the total proportion was more than 100%.

Table4; displays the forms of sexual harassment. It was found that the great percent of students were exposed to sexual harassment on the form of sexual words and telephone calls/message by (45.6%, 41.1%) respectively, and about twenty percent were exposed to unwanted touches in different parts of their body. While the lowest percent (1.7%) were exposed to trying to build sexual relations.

Table (5): Number and percentage of reaction of the nurses after sexual harassment

Reaction	No of respondents	Percentage
- Nothing/ Ignored or neglected	50	27.8%
- Puts limits	36	20.0%
- Notify the higher authority	30	16.7%
- Ask help	20	11.1%
- Hit the harasser	19	10.6%
- Warning the harasser	15	8.3%
- Change behavior	6	3.3%
- Scolding the harasser	4	2.2%

This table illustrates the reactions of nurses' students after sexual harassment. It was found that about(30%) of students' reactions to sexual harassment were ignored by (27.8%), followed by puts limits and notify to the higher authority by (20.0%,16.7%) respectively. While the low proportion of nurses' reactions were changed their behavior and re-proof the harasser by (3.3%; 2.2%) respectively.



Causes of dis-notification

Figure 3; displays the causes of non-reporting about harassment. It was found that most causes of non-reporting of students who are sexually harassed was the fear of scandal by (61.8%), and about fifteen percent were stated the administration is unfair and administration consider me not efficient, while the lowest percentage of causes for non-reporting was apology of the harasser and the unconscious patient by (8.0%, 3.4% respectively).

Table (6): Contributing factors to sexual harassment: (n=226)

Opinion	No.	%
Moral deterioration	146	64.7%
Society perception	50	22.1%
Misunderstanding of nursing job	25	11.0%
Others	5	2.2%

Table 6; indicates to the factors contributing to sexual harassment. It was found that, the moral deterioration takes the high percentage by about (64.7%) from causes of harassment, while the second and third cause were society's view and their misunderstanding of the job of nursing by (22.1%;11.0%) respectively. Also about two percent of students mentioned that there are some other causes for harassment such as the lack of legal deterrence, psychological and medical condition, loss of security, deterioration of economic condition and prevalent violence and crimes in the region.

Table (7): The opinions of participants towards sexual harassment (n=226)

Opinions	No of respondents	Percentage
Violate their dignity	225	99.5%
Affects health services quality	219	96.9%
Causes psychic and social problems	216	95.5%
Affect nurse behavior	211	93.3%
Increase turnover in between the departments	196	86.7%
More dangerous than physical abuse	188	83.1%
Natural part of this job	25	11.0%

* More than an answer, so the total

Table (8): Effects of sexual harassment on students nurses (n= 226)

Effects	No of respondents	Percentage
Effects on the work	Dissatisfaction	100 44.2%
	Decrease interest and productivity	50 22.1%
	Change nursing career	72 31.0%
	Others	6 2.7%
Effects on family and social life	Family disturbances	70 31.0%
	Social relation disturbances	149 65.9%
	Others	4 3.1%
Health and psychic effects	Psychic disorders	120 53.1%
	Headache	12 5.3%
	Insomnia	60 26.5%
	Stomach ache	13 5.8%
	Exhaustion	12 5.3%
	Others	9 4.0%

* More than an answer so the total proportion was more than 100%.

Table 8; indicates effects of sexual harassment on the students nursing. It was

proportion was more than 100%.

This table illustrates the opinions of nursing students towards harassment. It was found that majority of students considered the sexual harassment were violation of their dignity, it affects the quality of health services, causes psychological and social problems and nurse behavior by(99.5%, 96.9%, 95.5 %, 93.3%) respectively. Also, the high percent of students reported that the harassment increase the turnover of nurses in between the departments, and more dangerous than physical abuse by (86.7%, 83.1%) respectively, while the lower percent (11.0%) were considered that harassment a natural part of their job.

found that the major effects of sexual harassment on the nurses' work was their

feeling of dissatisfaction by (44.2%) , followed by changing nursing career and decrease interest and productivity by (35.1%,22.1%) respectively. As regards the effect of harassment on the family and social life of students', the current study revealed that majority students reported that the harassment causes family and social relations disturbances by (65.9%, 31.0%) respectively. Also the impact of

sexual abuse are not limited to the person who experiences it, the significant portion of students had reported that sexual harassment causes psychiatric disturbances and insomnia by (53.1%, 26.5%) respectively, while the lower percent reported that, sexual harassment caused for them headache, stomachache and exhaustion by percentage range from about five to six percent.

Table (9): Number and percentage of nurses' suggestions strategies to face sexual harassment (n = 226)

Strategies	No of respondents	Percentage
Documenting each incident and initiating legal action	215	95.1%
Conviction of sexual abuse	213	94.2%
Reinforce a heavy penalty on sexual harasser/perpetrator	211	93.3%
Improve the nurse's image in mass media	205	90.7%
Establish rules and laws relating to sexual abuse	199	88.0%
Reduced dealing with the harasser	38	16.8%
Being assertive	25	11.0%

* More than an answer so total proportion was more than 100%.

Table 9; displays nurses' suggestions to face sexual abuse. It was found that the large majority (95.1%) of nurses' were supports documenting each incident and initiating to legal action, followed by conviction of sexual abuse by (94.2%), reinforce a heavy penalty on harasser by (93.3%), improve the nurses image in mass media by(90.7), establish rules and laws relating to sexual abuse by (88.0%), while the lower percentage was suggested the reduce of dealing, and the use an assertive with the harasser by (16.8%,11.0%) respectively.

Discussion:

Sexual harassment faced nursing students during clinical training cause's unsafe learning environments and has a negative impact on the students not only on mental and physical health, but also satisfaction on clinical practice, positive view for nursing and patient care.

The study reveals that the majority of nursing students' who were exposed to harassment at the age groups less than 20 years, unmarried and they had trained in surgical ward and their belonging subspecialties. While, the minor exposure was at the age groups ≥ 20 old years. These findings are in accordance with El-Ganzory, et al. who found that the majority of the studied sample that exposed to sexual harassment within the age groups < 20 years, and the marital status most of those exposed to sexual harassment were single and had their training in surgical wards⁽¹¹⁾.

The current study has explained that, about of two thirds of the respondents had been exposed to sexual harassment at the clinical training places. This was consistent with Lee et al. who conducted a study to assess the experience and

perception of sexual harassment during the clinical practice of Korean nursing students and reported that majority of nursing students' were exposed to sexual harassment during clinical training⁽¹⁹⁾.

Regarding characteristics of the harasser, it is clear from the findings, the majority of respondents were exposed to sexual harassment from the patients' relatives (external violence), while the minority were harassed by doctors (internal violence). In accordance with these results Abo Ali, et al.⁽⁹⁾ who stated that the most frequent identity for harasser were they patients relatives, hospital staff other than doctors and the least one was physicians. This findings finding contradicts the study which is done by Kyoungah, et al.⁽²⁰⁾ to evaluate the influence of awareness of SH on nursing students coping behavior during clinical practice who found that, the majority of perpetrators of violence against nurses were patients.

The current study reveals that the most common forms of harassment were sexual words, calls or message and about twenty percent of them were exposure to unwanted touches to different parts of the body while the least percentage was exposed to trial to build of sexual relations. This finding is in agreement with Khan et al. who conducted a study to determine the sexual harassment against staff and student nurses who reported that sexual harassment is any form of unwanted verbal, non-verbal comments on dress and appearance⁽¹⁷⁾. Also in the study done by Farahat, et al.⁽²¹⁾ to assess sexual harassment among female students of Menoufia University who pointed that the highest forms of sexual harassment was verbal types, followed by touching and physical violence. Ganzory, et al.⁽¹¹⁾ stated that the types of sexual harassment

experienced as reported by majority of nursing students were receiving unwanted mail or phone calls.

With regard to causes of not reporting about exposure to harassment at clinical training, the present study shows that the most causes of not reporting were fear of shame, the administration is not fair and they considered us ineffective. This result is in accordance with Gaihre et al.⁽²²⁾ who conducted a study to evaluate the experience of sexual harassment among nursing students in clinical settings in private nursing colleges in Kathmandu Valley who indicated that the participants may prefer to hide their experiences from sexual harassment because nursing students were felt of ashamed to talk about this issue, and afraid of negative consequences. Another study was conducted by Mushtaq, et al.⁽²³⁾ to assess the trauma of sexual harassment and its mental consequences among nurses who added that, many nurses realize that individuals in positions of authority, especially senior physicians are priorities to the commercial interests of hospital and express little trust in the complaints reporting mechanism which create anxiety in them.

With regard to the most prominent causes that contributed to the behavior of sexual harassment, the current study finds that that the moral deterioration take high percent about sixty percent factors contributed to sexual harassment, while the society perception and misunderstanding of nursing job were the second and third factors for harassment. These results were consistent with Hussein, et al.⁽¹⁸⁾ who conducted a study to assess the workplace sexual harassment against female nurses and occupational health outcomes who pointed that lack of

ethics and moral were the most common factors that lead to sexual harassment. In my viewpoint, the causes may be due to a change in the values of society and the deterioration of ethics as well as the society's view of nursing in Upper Egypt. In the study done by Budden, et al.⁽¹³⁾ who assesses Australian nursing students experience of bullying and harassment during clinical placement who reported that sexual harassment against nurses made them thinking about leaving nursing. Regarding the consequences of sexual harassment on the nursing students. Firstly, as regards to impact of harassment on work, it was found the that major adverse effect of sexual harassment on the work was ' the feeling of dissatisfaction and most of them planned to change career or leave the profession. This finding is consistent with the results of Boafo⁽¹⁵⁾, which have reported that there are associations between verbal assault, job satisfaction and turnover rates among nurses. Also the impacts of sexual abuse are not limited to the person who experiences it, the majority of students had reported sexual harassment lead to family and social relation disturbances. With regard to somatic and psychic effects of sexual harassment, it was found that more than fifty percent of nurses complain from psychic disorders and a significant percent of them complain of insomnia. These findings correspond with studies done by Bordignon&Monteiro⁽²⁴⁾, Khan, et al.⁽¹⁷⁾ to assess the effect of violence in the workplace on nurses the results indicated showed phenomenon may be causes physical, emotional, and psychic disorders . It also affects the employee performance, his or her family and social relation with other people. Also, in the study done by Tae Im, et al.⁽²⁵⁾ to assess the experience

and perception of sexual harassment during the clinical practice and self-esteem among nursing students who found that a negative correlation between sexual harassment experience and self-esteem.

The results of the current study revealed that, the most common places of violence were occurred at nursing stations and beside patient's bed. This finding was in accordance with study done by Gaihre, et al.⁽²²⁾ to evaluate the experience of sexual harassment among nursing students in clinical settings in private nursing colleges in Kathmandu Valley who stated that a significant proportion of the nursing students reported that most common places of harassment were at patients words. Another study was conducted by Suhaila & Rampal⁽¹²⁾ to determine the prevalence of sexual harassment and its associated factors among registered nurses working in government hospital in Melaka State Malaysia who reported that, the risks of occurrence of sexual abuse at medical and surgical wards were 4 times and 2 times higher respectively compared with the clinics.

With regard to nurses' suggestions to confront sexual harassment phenomenon, the present study revealed that the majority of nurses reported that sexual harassments must be documenting every incident and initiating to legal action, conviction of sexual abuse, reinforce a heavy penalty on sexual perpetrator, improve the nurses image in mass media, establish rules and laws relating to sexual abuse, while, the least suggestions were reduce dealing with the harasser and being assertive. These results are similar to study findings done by Khan, et al.⁽¹⁷⁾ to assess the sexual harassment against staff and student nurses who revealed that, more than two thirds of the participants reported that the

best way to control sexual assault is to report the incidence to the relevant authorities, ignore the event, inform the concerned authorities, make panic and involve the family member assailant. On the same line Hussein et al.⁽¹⁸⁾ stated that from the suggested ways to minimize the harassment is to improve the nursing image in media. In the study done by Alyaemnia & Alhudaithib⁽²⁶⁾ to assess the workplace violence against nurses in the emergency department of three hospital in Riyagh, Saudi Arabia who recommended that to minimize this issue, we should establish violence management teams in workplaces and creating suitable rules and regulations that can improve workplaces safety for nurses and patient care quality. Also, the security systems and formulation of violence prevention policies and procedures should be obligatory measures in emergency departments. In addition, training programs are needed to help support, teach and provide nurses with the knowledge and skills needed to manage violent situations in the workplaces.

Conclusion:

The current study indicated that the prevalence rate of harassment among nurses is high during training particularly in nursing stations and beside patient's bed, in the forms of verbal, calls/message and the most common perpetrators were patients' families/friends and colleagues, in the evening and night shifts. Nurses who were exposure to harassment suffer from physical and psychological distress, which may affect the on their capacity to perform daily activities and increase turnover in between the departments, and their relationship with their families, colleagues and other people. Moreover, the majority of students they are consider the sexual harassment were violation of

their dignity, the most important cause of non-reporting were fear of scandal. From nurses' suggestions to counter the sexual abuse were documenting every incident and initiating to legal action, conviction of sexual abuse, improve the nurses' image in mass media.

Recommendations:

- Establishing strict rules and measures against this phenomenon to protect the nurses and all healthcare providers within Sohag University Hospital to create motivating and safe working environment within it.
- Accountability of all those who do such acts contrary to public morality and heavenly religions, which honored the human and the women in particular.
- Training nursing students on ways to confront this phenomenon and rehabilitating all those exposed to social, psychological and family rehabilitation.
- Both educational institutions and application areas need to work together for improving work environment conducive to healthy environment for quality health care provided and eliminate this phenomenon.
- Further study on large samples and handle this phenomena from different categories of the nurses.

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