



Sexual harassment among health workers and students

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Abstract:

This study aimed to determine the dimensions of sexual harassment experienced in health sector and health education in Turkey (1). This study aimed to reveal the perceptions, attitudes and behaviors of Turkish health workers and health students toward sexual harassment (2). This is a descriptive and cross-sectional study. The study was performed with 96 health workers from three different hospitals including a university, a Ministry of Health public hospital and a maternity hospital and, 99 students of nursing and midwifery education in one university. In a special room and by using face to face method, total 195 attendants filled in a questionnaire developed by the researches in accordance with literature. Frequency test, percentage distribution test and, chi square test were used to assess the data. In this study, 20.8% of health workers and 10.1% of health students were found to be exposed to sexual harassment. “Unnecessary touch and unwelcome contact” prevailed among the health workers (60%) whereas “staring at repetitively or in a suggestive manner” prevailed among the health students (70%). Sexual harassment was found to occur frequently within “working hours/daytime” among health workers. Health students reported that they exposed to the harassment during “watch duty/night shift” mostly. Health workers and nursing and midwifery students were determined to be subjected to sexual harassment in Turkey. Although the majority of the participants believe managers’ report no abuse must be reported to the event.

Key Words: Sexual harassment, nursing, midwifery, medical education

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Sağlık çalışanları ve öğrencilerinin maruz kaldıkları cinsel taciz

Özet

Çalışmanın amacı Türkiye’de sağlık sektörü ve sağlık eğitiminde yaşanan cinsel tacizin boyutlarını belirlemek (1) ve cinsel taciz konusundaki algı, tutum ve davranışlarını ortaya çıkarmak (2)dir. Tanımlayıcı ve kesitsel bir çalışma olarak tasarlanmıştır. Çalışmanın örneklemini 3 farklı hastanede çalışan 96 sağlık çalışanı ve ebelik-hemşirelik eğitiminin yürütüldüğü 1 üniversitede 99 öğrenci olmak üzere 195 kişi oluşturmuştur. Araştırmacılar tarafından literatür doğrultusunda geliştirilen anket formu katılımcılara yüz yüze görüşme yöntemi kullanılarak uygulanmıştır. Veriler SPSS paket programında frekans ve yüzdelik dağılım ki kare testi kullanılarak değerlendirilmiştir. Çalışmada sağlık çalışanlarının %20,8’inin, sağlık öğrencilerinin ise %10,1’inin cinsel tacize maruz kaldığı tespit edilmiştir. Sağlık çalışanlarının arasında taciz olayının en çok %60 oranında “gereği yokken elle dokunma, hoşa gitmeyen temas”, sağlık öğrencilerinin ise en çok %70 oranında “kişinin vücuduna yönelik sürekli sabit bakışlar ve dikkatlice süzme” davranışına maruz kaldıkları belirlenmiştir. Cinsel taciz olayının sağlık çalışanları arasında en çok “mesai/gündüz” saatinde gerçekleşirken, öğrenciler arasında en çok “nöbet/gece” sırasında deneyimlendiği tespit edilmiştir. Sonuç olarak; sağlık çalışanları ve hemşirelik/ebelik öğrencilerinin cinsel tacize maruz kaldıkları ancak yaşadıkları olay karşısında yasal yollara başvurmadıkları belirlenmiştir.

Anahtar Kelimeler: Cinsel taciz, hemşirelik, ebelik, tıp eğitimi

Background

Likewise in other countries, sexual harassment is too serious and common problem in Turkey. According to the results of “4th Europe Survey on Working Conditions” (2006) prepared by the European Foundation for the Improvement of Living and Working Conditions, an institution associated with the European Union, the ratio of experienced sexual harassment of women in working place is 6% in Turkey. Therefore, Turkey ranks 3rd in Europe for experienced sexual harassment in working places. The report notifies that workers in health sector subject to severe violence (www.yeniasir.com.tr). Women's Solidarity Foundation, according to a study conducted on nearly 700 women, 15 percent of women in size to be beaten at least once a medical intervention. According to the survey, 8 percent of knives, scissors, and guns and threatened to kill 20 percent of women did not want the forced sexual behavior. According to Amnesty International Report sees violence, 4 in every 5 women (Sezen, 2006).

There are certain studies in literature discussing the extensiveness of sexual harassment during medical education (Komaromy et al., 1993). In a study, Finnis&Robbins (1994) reported that 35% of nursing students were harassed (Finnis&Robbins, 1994). In Turkey, such a study was not performed; therefore the degree and prevalence rates of sexual harassment experienced by Turkish nursing and midwifery students is still an issue of research.

There is a wide definition of sexual harassment. According to the definition used by Women's Committee of International Confederation of Free Trade Unions(ICFTU) “In workplaces, every undesirable statement and approach performed and repeated by persons with jests and words that indicate a sexual contempt and discrimination are sexual harassment”. Defining the concept is difficult and complicated and it is hard to draw the lines of the behaviors accepted as sexual harassment. Sexual harassment includes many actions and ways range from jokes and practical jokes to pornographic photos, blackmailing and rape. According to Equality Commission for Northern Ireland (ECNI), obscene photographs in working places are accepted as sexual harassment. Also, men and women define sexual harassment differently and the definition of concept varies in countries and cultures. Because of such distinctions, behaviors are interpreted in cultures differently (Sigal, 2006; Baypınar, 2003; Mardin, 2009).

On the other hand, frequently sexually harassed health workers' point of view is not known in Turkish population.

In accordance with this information, the study is planned to find the answers of two questions:

1- To what dimensions are the sexual harassment experienced in health sector and health education in Turkey?

2- In what ways do Turkish health workers and health students' perceptions, attitudes and behaviors towards sexual harassment?

Materials and Methods

The study was performed in Istanbul, the most crowded city whose inhabitants are from many different cultures. The study was conducted in three settings: a university, an 843-bed facility Ministry of Health public hospital and, a maternity hospital. These three hospitals belong to government and their personnel have state guarantee. The data for nursing and midwifery students were collected in a university having the most number of students in Turkey. This faculty includes both nursing and midwifery departments. A written consent was obtained from hospitals and educational institution of interest before the study period. In order to provide and increase data reliability, names of the persons were not recorded. The study was performed with 96 health workers from three different hospitals and 99 nursing and midwifery students in one university. Total 195 participants acceded voluntarily after being informed about the aims of the study. Also an oral consent was made. Using a questionnaire developed by the researches in accordance with literature, the participants questioned face to face. In this questionnaire: 1. the acts interpreted as sexual harassment, 2. the reasons of sexual harassment and, 3. the effective, preventive and appropriate responses to sexual harassment were assessed in frame of personal standpoint. Also, sexual harassment experiences of the persons during their occupation/education lives, the harassments' types and, their attitudes and responses to these harassments were analyzed. Whether their perceptions, attitudes and behaviors to harassment were in parallel to each other was searched. The data were assessed in Statistical Package for the Social Sciences (SPSS) software and frequency test, percentage distribution test and chi square test.

Findings

Demographic Characteristics

Total 195 persons were attended to the study. 96 of them were health workers, 99 were nursing and midwifery students. Demographic data of 195 attendants and information on their career is shown in Tables 1A and 1B. The mean age of health workers was 30.59 ± 6.76 whereas the students' mean age was 22.74 ± 1.68 . Among health workers, more than half of

those were nurses (62.5%) and 13.6% were midwife. 69.8% of health workers and 78.8% of health students stated that “women were more in numbers in clinics which they worked/took practical training”.

Table 1A: Socio-Demographics Characteristics of the Health Workers

	Average ±SD	
Age	30.59±6.76	
Career duration	8.53±7.16	
		n (%)
Marital status	Married	51 (53.1%)
	Single	41 (42.7%)
	Widow	4 (4.3%)
Gender	Woman	91 (94.8%)
	Man	5 (5.2%)
Duty in work place	Nurse	60 (62.5%)
	Midwife	13 (13.6%)
	Caregiver	9 (9.4%)
	Nurse in Charge	4 (4.1%)
	Security Staff	4 (4.2%)
	Assistant Doctor	3 (3.1%)
	Head Nurse	2 (2.1%)
	Doctor	1 (1%)
Working hours	Day and night	55 (57.3%)
	Only daytime	35 (36.5%)
	Only nightshift	6 (6.3%)
Women and men ratios in the work places	Equal	24 (25%)
	Predominantly women	67 (69.8%)
	Predominantly men	5 (5.2%)

Table 1B: Socio-Demographics Characteristics of the Health Students

	Average ±SD	
Age	22.74±1.68	
		n (%)
High school of graduation	Health College	1 (1%)
	Anatolian high school/ High school predominantly foreign language	37 (37.4%)
	High school	57 (57.6%)
	Other	4 (4%)
Marital status	Married	6 (6.1%)
	Single	96 (93.9%)
Women and men rates during practical training	Equal	18 (18.2%)
	Predominantly women	78 (78.8%)
	Predominantly men	3 (3%)

The Dimensions of Experienced Sexual Harassment

This study suggests that 20.8% of health workers and 10.1% of health students were exposed to sexual harassment (Graphic 1). Among health workers, maximum 60% of sexual harassment was “unnecessary touch and unwelcome contact” and, 50% of sexual harassment consisted of “sexual comments, innuendoes and jokes”, “unwelcome excessive special interest” and, “certain attitudes such as staring at repetitively and in a suggestive manner” (Table 2). Among health students, maximum 70% of sexual harassment consisted of “staring at repetitively and in a suggestive manner”; and 50% of sexual harassment was “some sort of social activity offers” (Table 2). The number of sexual harassment was affirmed as “once” and health workers stated that it was experienced mostly within working hours/daytime (between 8am–4 pm) while health students reported that they mostly subjected to it during watch duty/night shift (between 4 pm– 8am). 35% of health workers experienced the harassment in “nurse’s room”; while 70% of health students experienced it in “delivery room” (Table 2).

Graphic 1: Health Workers and Health Students Subjected to Sexual Harassment in Clinical Field

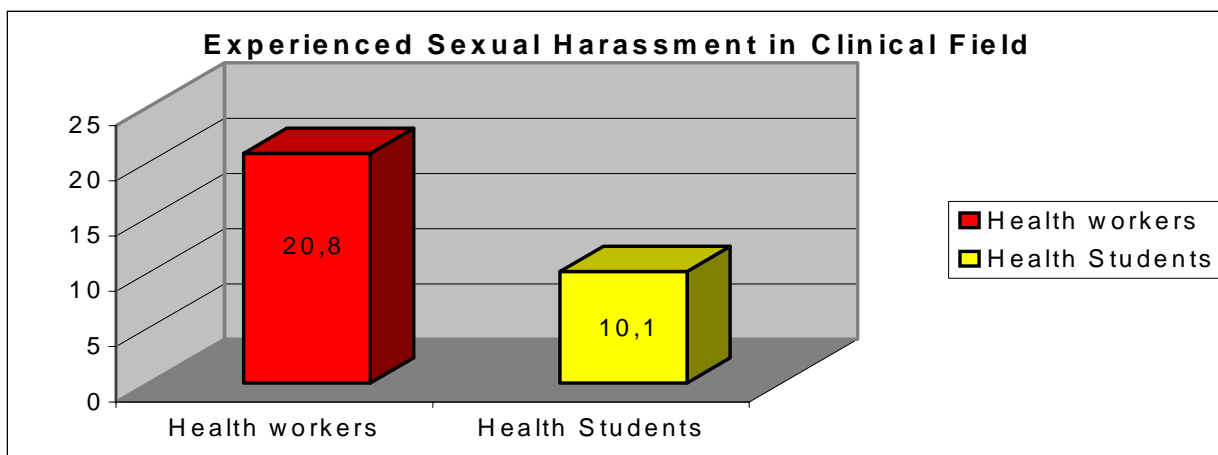


Table 2: Characteristics of the Harassment

		Health workers (n=20)		Health Students (n=10)	
		n	(%)	n	(%)
The types of harassments	Staring at the body repetitively and in a suggestive manner	10	(50%)	7	(70%)
	Unwelcome and repetitive flirting	8	(40%)	4	(40%)
	Unwelcome excessive special interest	10	(50%)	3	(30%)
	Making sexual comments, innuendoes or jokes	10	(50%)	3	(30%)
	Showing nude or suggestive photos, calendars	1	(5%)	0	(0%)
	Making comments that are either explicitly or implicitly sexual in nature about a person's clothing, body shape or look	5	(25%)	1	(10%)
	Unnecessary touch, unwelcome contact	12	(60%)	4	(40%)
	Unwelcome stroking in a sexual manner or tapping lightly	6	(30%)	0	(0%)
	Unwelcome nipping jokes	1	(5%)	1	(10%)
	Talking about sexual desires	3	(15%)	0	(0%)
	Standing inappropriately close to a person	5	(25%)	2	(20%)
	Some sort of social activity offers	5	(25%)	5	(50%)
	Intercourse offers in return for promotion	1	(5%)	0	(0%)
Making an intercourse offer	3	(15%)	1	(10%)	
The number of harassments	1 time	15	(75%)	6	(60%)
	2 times	4	(20%)	1	(10%)
	3 times and more	1	(5%)	3	(30%)
Harassment time	Night shift (Between 4 pm- 8am)	6	(30%)	6	(60%)
	Day Time (Between 8am - 4 pm)	14	(70%)	4	(40%)
Harassment place	Corridor	1	(5%)	0	
	Nursing room	7	(35%)	2	(20%)
	Doctor room	4	(20%)	3	(30%)
	Stairs	0		1	(10%)
	Elevator	1	(5%)	0	
	Patient room	4	(20%)	1	(10%)
	Delivery room	3	(15%)	7	(70%)

*Selected more than one choices

When the responses of harassed person at the moment of harassment were assessed, health workers were found mostly to respond physically; clamoring; talking about it to their entourage and being in an effort to make harasser understand their annoyance (Table 3). Health students mostly responded to harassment physically and they were found to be ashamed. The proportion of persons to notify the official authorities was 20% for both groups (Table 3).

Table 3: Responses of Harassed Persons in Case of Harassment

	Workers (n=20)		Students (n=10)	
	n	(%)	n	(%)
Ignored	0	(0%)	1	(10%)
Ashamed of	6	(30%)	3	(30%)
Did not confess anybody since they would not believe this	3	(15%)	0	(0%)
Tried to show my annoyance through my acts	6	(30%)	1	(10%)
Clamored; not talked about it to my entourage	6	(30%)	1	(10%)
Responded physically	7	(35%)	3	(30%)
Left the working place immediately	2	(10%)	0	(0%)
Notified the relevant departments	4	(20%)	2	(20%)

* Selected more than one choices

There was not a significant relation between exposing sexual harassment and marital status and, exposing sexual harassment and career duration (respectively $p=0.18$; $p=0.67$).

The Profile of Harasser

Table 4 shows the characteristics of harasser. Both groups were found to be sexually harassed mostly by doctors. Most of the harassers were described as having a high education level, being married and under 40 years old.

Table 4: Characteristics of the Harasser

		Health Workers (n=20)		Health Students (n=10)	
		n	%	n	%
Identity	Doctor	12	(60%)	8	(80%)
	Patients	4	(20%)	0	(0%)
	Patient relatives	1	(5%)	1	(10%)
	Hospital staff	1	(5%)	1	(10%)
	Hospital administrator	1	(5%)	1	(10%)
Age between	20-30	2	(10%)	8	(80%)
	31-40	15	(75%)	1	(10%)
	41-50	3	(15%)	1	(10%)
Education	Primary and secondary school	1	(5%)	0	(0%)
	High school-Collage education	13	(65%)	8	(80%)
	Unknown	6	(30%)	2	(20%)
Marital Status	Married	11	(55%)	3	(30%)
	Single	6	(30%)	1	(10%)
	Unknown	3	(15%)	6	(60%)

* Selected more than one choices

The Profile of Sexually Harassed Person

The mean age of harassed health workers (n=20) was 29.6±1.2. 55% of them were single, 95% of them were women and, 55% of them were nurse. 70% of harassed health workers done their jobs in departments those which the women worked predominately. 45% of them worked in wards and 65% of them were **daytime** and **night shift** workers (Table 5).

Table 5: The Profiles of Sexually Harassed Health Workers (n: 20)

Characteristics		n	%
Marital Status	Married	8	(40%)
	Single	11	(55%)
	Widow	1	(5%)
Gender	Woman	19	(95%)
	Man	1	(5%)
Duty	Nurse	11	(55%)
	Caregiver	3	(15%)
	Midwife	2	(10%)
	Other (Specialist nurse in charge)	4	(20%)
Clinical Field	Service	9	(45%)
	Delivery room	5	(25%)
	Laboratory	3	(15%)
	Outpatient clinic	2	(10%)
	Emergency	1	(5%)
Working hours	Only daytime (8am - 4 pm)	5	(25%)
	Only nightshift (4 pm -8am)	2	(10%)
	Night and day-shift	13	(65%)
Women and men ratios in the work places	Equal	6	(30%)
	Predominantly women	14	(70%)

The mean age of 10 students stated that they experienced sexual harassment was 22.6±1.3. All of these students were single and women and, 70% of them had practical training in a clinic where the majority of workers were women.

In this study, 70% of sexually harassed health workers (n=14) considered that they subjected to sexual harassment because of their “gender” while 45% of sexually harassed health workers (n=9) considered that they subjected to sexual harassment because of their “professional status”. Also, 55% of sexually harassed workers stated that their occupational motivations (their belief in occupation and working desire) were affected negatively (n=11).

70% of sexually harassed health students considered that they subjected to sexual harassment because of their “student status” (n=7). 40% of them expressed that their occupational motivation were affected negatively (n=4). Both groups considered that their actions had no contributions to sexual harassment experience.

The Participants' Perception, Behaviors and Attitudes to Sexual Harassment

The perceptions to sexual harassment of 195 persons in this study (health workers n=96 and nursing and midwifery students n=99) were summarized in Table 6. Health workers considered that many attitudes primarily “sexual comments, innuendoes and jokes”, “unnecessary touch and unwelcome contact”, “staring at repetitively or in a suggestive manner” and, “sexual intercourse offers in return for promotion” were sexual harassment. The situation was similar for health students. 92% of them described sexual harassment as “staring at repetitively and in a suggestive manner”

Table 6: The Behaviors Considered as Sexual Harassment

	Agree		Disagree	
	n	(%)	n	(%)
1. Staring at the body repetitively and in a suggestive manner	73	(76%)	91	(91.9%)
2. Unwelcome and repetitive flirting	72	(75%)	70	(70.7%)
3. Unwelcome excessive special interest	78	(81.3%)	71	(71.7%)
4. Making sexual comments, innuendoes or jokes	85	(88.5%)	84	(84.8%)
5. Showing nude or suggestive photos, calendars	74	(77.1%)	73	(73.7%)
6. Making comments that are either explicitly or implicitly sexual in nature about a person's clothing, body shape or look	75	(78.1%)	77	(77.8%)
7. Unnecessary touch. unwelcome contact	85	(88.5%)	84	(84.8%)
8. Unwelcome stroking in a sexual manner or tapping lightly	81	(84.4%)	82	(82.8%)
9. Unwelcome nipping jokes	77	(80.2%)	79	(79.8%)
10. Talking about sexual desires	78	(81.3%)	77	(77.8%)
11. Standing inappropriately close to a person	70	(72.9%)	74	(74.7%)
12. Some sort of social activity offers	51	(53.1%)	39	(39.4%)
13. Intercourse offers in return for promotion	82	(85.4%)	83	(83.8%)
14. Making an intercourse offer	83	(86.5%)	83	(83.8%)
15. Sexual assault	84	(87.5%)	83	(83.8%)

* Selected more than one choices

“Some sort of social activity offers” was the least perceived as harassment within other abusing attitudes in both groups. 76% of health workers considered that the reason for sexual harassment was “the harasser’s sexual dissatisfaction”. 75% of them considered that it is because of “the harasser’s attempt to get sexual satisfaction”. 65% of health workers considered the reason was “the harasser’s attempt to prove male potent”. 79% of health student considered that reason for sexual harassment was mostly “the harasser’s attempt to prove his masculine potent” (Table 7). 37.5% of health workers and 43.4% of health students considered that “dressing style that sexually arouses men” was one of the reasons of harassment.

Table 7: The Opinions of Participants about Reasons of Sexual Harassment

	Health workers		Health Students	
	Agree n (%)	Disagree n (%)	Agree n (%)	Disagree n (%)
1. The harasser's sexual dissatisfaction	73(76%)	23(24%)	68(68.7%)	31(31.3%)
2. The harasser's attempt to prove his potent	62(64.6%)	34(35.4%)	59(59.6%)	40(40.4%)
3. The harasser's attempt to prove his economic potential and authority	42(43.8%)	54(56.3%)	48(48.5%)	51(51.5%)
4. Dressing style that sexually arouses men	36(37.5%)	60(62.5%)	43(43.4%)	56(56.6%)
5. Attitudes and behaviors those sexually arouses men	45(46.9%)	51(53.1%)	52(52.5%)	47(47.5%)
6. The harasser's attempt to get sexual satisfaction	72(75%)	24(25%)	78(78.8%)	21(21.2%)

* Selected more than one choices

The attitudes of health workers and students to sexual harassment were shown in Table 8. 83.3% of the health workers considered that “the harassed person should manifest her disturbance through her behaviors” and 80.2% of them considered that “she should notify the harassment to official authorities”. In this study almost all of the health workers did not agree with the arguments such as “harassed person should ignore it” and “harassed person should resign immediately”. More than half of the health workers considered that “a physical response is necessary”. A similar point of view dominated among health students. Most of them considered that “she should express her disturbance through her acts”. 88% of health students thought that “the event should be notified to official authorities”.

Table 8: Attitudes to Sexual Harassment

	Health Workers		Health Students	
	Agree n (%)	Disagree n (%)	Agree n (%)	Disagree n (%)
1. Should ignore	1(1%)	95(99%)	4(4%)	95(96%)
2. Should not talk about because people would not believe her	1(1%)	95(99%)	5(5.1%)	94(94.9%)
3. Should make clear through her acts that she is annoyed	80(83.3%)	16(16.7%)	91(91.9%)	8(8.1%)
4. Should clamor and talk about it to her entourage	26(27.1%)	70(72.9%)	17(17.2%)	82(82.8%)
5. Should respond physically	50(52.1%)	46(47.9%)	35(35.4%)	64(64.6%)
6. Should leave the place immediately	46(47.9%)	50(52.1%)	55(55.6%)	44(44.4%)
7. Should switch to another service	13(13.5%)	83(86.5%)	22(22.2%)	77(77.8%)
8. Should resign immediately	1(1%)	95(99%)	3(3%)	96(97%)
9. Should notify the relevant departments and authorities	77(80.2%)	19(19.8%)	87(87.9%)	12(12.1%)

* Selected more than one choices

Discussion

In this study, 20.8% of health workers and 10.1% of health students stated that they experienced sexual harassment. In a study of Celik & Bayraktar (2007) on sexually harassed nurses in Turkey, the sexual harassment ratio was found as 37% (Celik & Bayraktar, 2004). In the study of Kisa & Dziegielewski (1996), 75% of nurses stated that they subjected to sexual harassment (Kisa & Dziegielewski, 1996). Celik & Bayraktar (2004) performed a study with participation of 225 nursing students in Turkey and found that 53.3% of the students were sexually harassment (Celik & Bayraktar, 2004). Another study performed in Israel indicated that 90% of nurses and nursing students were subjected to sexual harassment (Bronner et al., 2003). In a study of Komaromy et al. (1993) on 82 medical students, 73% of women participates were found that they experienced sexual harassment at least one time throughout their education lives (Komaromy et al., 1993). Finnis & Robbins (1994) reported that 66% of working nurses and 35% of nursing students were sexually harassed (Finnis & Robbins, 1994). On the other hand, Williams (1996) found that the sexual harassment rate was 57% for nurses (Williams, 1996). This study suggests that 20.8% of health workers and 10.1% of health students were exposed to sexual harassment. This was relatively lower in comparing to the findings of other studies above-mentioned. The reason for this may be that the participants possibly preferred to hide their experience of sexual harassment. Because 30% of health workers and students admitted that they were “ashamed of” the event (Table 3).

Doctors, patients and patient relatives were at the top of the harassers. In the study of Kisa&Dziegielewski (1996), 44% of the harassers were found to be doctors, 34% were patients and 14% were patient relatives (Kisa & Dziegielewski, 1996). Celik & Celik (2007) found that harassers were mostly doctors, while Williams (1996) and Finnis & Robbins (1994) suggested that patients harassed most (Celik&Celik, 2007; Williams, 1996; Finnis&Robbins, 1994). Also, Bilgin & Buzlu (2006) found that nurses were often subjected to abuse verbally and physically by patient and patient relatives (Bilgin&Buzlu, 2006). Similarly, in this study health workers were harassed mostly by doctors and patients respectively, while health students were harassed mostly by doctors (Table 4). Interestingly, most of the harassers were married and had a high education level. Get rid of these properties from being deciphered refuge behind harassers.

According to Kisa & Dziegielewski (1996), the most frequently encountered sexual harassment form was certain behaviors such as “sexually-based jokes, innuendoes, and questions” and “insistently asking for dates” (Kisa & Dziegielewski, 1996). In their study, Celik & Bayraktar (2004) found that nursing students were mostly subjected to “unwelcome sexually-based jokes, questions” (53.3%), “sexual acts through eyes, hand or facial expressions” (48%) and “unwelcome flirting offers” (30.7%) (Celik& Bayraktar, 2004). Similarly in this study, health workers and students were frequently found to experience “sexually-based remarks”, “excessive interest” and, “flirting offers” (Table 2). Also, 60% of the health workers reported that they were subjected to “unwelcome and unnecessary physical contact” while 70% of the health students reported that they experienced mostly the act of “staring at repetitively or in a suggestive manner”.

More than half of the health workers considered that the response to harassment should be physical. In parallel to this finding, “responding physically to sexual harassment” is at the top of the responses of health workers and students defining themselves as mistreated in this study (Table 3). Although 80% of the health workers and 88% of the students considered that the event should be notified to the authorities, only 20% of the health workers and students who were harassed notified it to the relevant departments. This finding suggests that the participants behave in a different way from their attitudes in case of harassment. For future studies, we suggest performing a survey in order to find the reasons of discrepancy between the attitudes and behaviors of harassed person. Similarly in study of Celik&Celik (2007), 80% of the nurses that subjected to sexual harassment did not notify the case to the hospital administration and, the most used overcoming method was found to be “doing

nothing” (Celik&Celik, 2007). In the same study, decrease in working performance was determined as one of the negative effects of sexual harassment. Similarly in this study, 55% of health workers and 40% of health students experienced harassment affirmed that their occupational motivations affected adversely because of the sexual harassment. Nurses because it constantly, students can only stay in a certain period of time.

Conclusion

In this study, the perceptions, attitudes, and behaviors of health workers, nursing and midwifery students to sexual harassment in Turkey were expressed. Also, the dimensions of their sexual harassment experiences were revealed. The findings indicate that, participants of the study do not follow legal procedures in the event of sexual harassment.

In conclusion, relying on the findings of this study the followings can be recommended:

- Training programs on “harassment and overcoming methods” for health workers and students should be organized,
- Institutions should design effective sanctions and strategies to solve this problem,
- Organizations should be constituted for advocating harassed persons both emotionally and legally,
- A policy should be developed to enforce the status of health workers and students in working places,
- Administrators should be sensitive to the issue and encourage harassed persons to make a complaint to relevant departments. Administrators should also inquire for other harassed persons.

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