

Sexual Harassment as Predictor of Low Self Esteem and Job Satisfaction among In-Training Nurses

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Present study examined the impact of sexual harassment on self-esteem and job satisfaction among in-training nurses of four teaching hospitals/medical institutes i.e., Aziz Fatima Trust Hospital, Faisalabad, St. Rafeel's Hospital, Faisalabad, Combined Military Hospital, Lahore, and Fatima Memorial Hospital, Lahore. Data was collected from 120 female in-training nurses through Sexual Harassment Experience Questionnaire (Gelfand, Fitzgerald, & Drasgow, 1995), Self-Esteem Scale (Rosenberg, 1965) and Job Satisfaction Scale (Macdonalds & Maclyntyres, 1997). Results of the data through Pearson correlation and regression analysis revealed that sexual harassment was the significant predictor of low self esteem and low job satisfaction among in-training female nurses. Hierarchical regression revealed age as significant moderator in relationship between harassment and low self-esteem. Study results hold significant importance for mental health and HRM professionals for upgrading and maintaining the smooth work environment in medical health profession by initiating and implementing sexual harassment training, policies, and procedures to provide a safe, healthy work environment for in-training nurses.

Keywords: sexual harassment, self esteem, job satisfaction, nurses

Nursing is considered as one of the most sacred profession and it is considered that nurses must provide every day care to patients in health care system. Therefore, owing to its high importance and valuable input in building health and recovery from illness among patients, one cannot deny the huge importance of nurses' own mental stability, self esteem, their commitment and motivation towards their job leading to satisfaction. All these features are inter-related to their work environment which is fundamental feature for smooth and efficient working capacity of nurses. Among many of hazards, ailments and negative factors present in working environment, sexual harassment is the most dangerous and damaging one (DeSouza & Solberg 2003; Parish, Das, & Laumann, 2006; Sigal, Gibbs, Goodrich, Rashid, Anjum, & Hsu, 2005; Valente & Bullough, 2004). Sexual harassment which is a form of harassment includes such behaviors and comments that can negatively affect not only the victim but his/her work environment also. In a rigid society like Pakistan the role of a woman is usually considered within the domain of family/house. Any effort to work outside the home and to share the economical burden of family makes a woman's life pathetic and miserable. (Naveed, Tharani, & Alwani, 2010). It is estimated that seven out of ten women have to experience physical,

psychological or social harassment in either way. There is always a possibility that a woman might experience some type of harassment whether she is at home or office, in street Ali, 2010). It is further argued that Pakistani women generally face harassment at three different levels. Initially, women try to hide such experiences of sexual harassment due to cultural values. If they decide to report the incident there are lack of proper procedures at organizational and government level and in case, they dare to report the problem they have to face serious psychological and social victimization.

Sexual harassment is a type of discrimination and it includes behaviors such as unwanted comments, suggestive looks or jokes, verbal abuse, terrorization or threats, obnoxious pictures, and offensive messages and email (Madison & Minichiello, 2001). Such type of unwanted behaviors cause feelings of discomfort for nurses, who must be very much careful about differentiating between their professional responsibilities and their protection. Though co-workers and physicians are mostly involved in sexual harassment, still a large percentage is generated by the patients and their attendants (Dowd, Davidhizar, & Davidhizar, 2003). Workplace sexual harassment causes anxiety and decreases nurses' ability to focus on their job responsibility and provide proper care to their patients. Sexual harassment is basically related to power than about sex or emotions and consequently, it causes mental agony and both obvious and dangerous workplace disturbance as it endangers both patients

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and nurses (Fiedler & Hamby, 2000). Though male and female nurses both can experience sexual harassment but females are more vulnerable to be sexually harassed. Furthermore women are more prone to face negative job related consequences of harassment including quitting job due to unwelcome sexual advances at workplace (Bronner, Peretz, & Ehrenfeld, 2003; Gruber 1997; Gutek. 1985). Finnis and Robbins (1994) conducted a study on sexual harassment in registered nurses, results showed that incidence of sexual harassments towards them within the past one year was at 46 percent. They further, found that the majority of the perpetrators are patients and followed by colleagues. In another research in Turkey, conducted by Celik (2007) revealed that nurses were sexually disturbed by the physicians followed by other nurses, patients, patient family or friends and subsequently other colleagues.

The empirical evidence shows that sexual harassment initiated by bosses or supervisors is a common and frequently occurring issue in the workplace the majority of women feel hesitant in discussing openly or reporting a complaint because of the fear of being send away, disrespect, stigmatization or public humiliation (Kapoor, 1999). Fitzgerald, Drasgow, Hulin, Gelfand, and Magley (1997) reported that though colleagues seem to engage in less severe forms of harassment as compare to supervisors, but they are the most regular perpetrators (George & Jones, 2008). They usually use the tactics of withholding information, lack of cooperation, and support in team efforts. In this way, they can exert authority over other coworkers.

There are variations in reported cases of experiencing harassment of different women. The incidence rate varies from about 28 percent to 75 percent (Cammaert, 1985; Lafontaine & Tredeau, 1986). It is difficult to determine the actual incidence rates mainly because of the underreporting of the incidents and secondly, because of the different research methodologies among studies.

According to Dannenbaum and Jayaram (2005) describe sexual harassment as a male claim of control over women which badly affect the basic right of women to freely move in public spaces and get financial independence. Though sexual harassment is presented as a minor and harmless act it causes serious consequences for the victim, such as emotional stress and physical disturbance which can lead to illness and eventually hospitalization. The psychological consequences of emotional stress can include anxiety, uneasiness, and depression, lack of self esteem and lack of confidence. Similarly, consequences of physical trauma include insomnia, headaches, nausea and ulcers.

According to Rosenberg (1965) self-esteem is a positive or critical attitude towards self. It is mainly developed by childhood experiences, relationship with others and interaction with society. Alexander (2007) reported that positive self-esteem included self worth, knowing one's own potentials and kindness towards others which consequently improves the wellbeing of an individual. Self-esteem is a shielding aspect of a person which can predict future academic success and achievements in life.

Different negative life experiences such continuous criticism, physical and verbal abuse and comments of being unattractive or unworthy can decrease self-esteem (Alexander, 2007). Low self-esteem negative affects moods, behaviors and thoughts; it affects decision making and self expressing ability of a person. Low self esteem develops feelings of incompetency and reduces the job satisfaction (Wheeler, 2010). A person with low self esteem relies on approval from others and compromises his values (Coleman, 2010; Patchin & Hinduja, 2010).

According to Locke (1976) job satisfaction is a positive emotional condition resulting from acceptance of one's job. It is further described as "persistent feelings toward discriminable aspects of the job situation" (Smith, Kendall and Hulin, 1969, p. 37). Many studies about sexual harassment among nurses have been done abroad (Berdahl, 2007; Bostock, & Daley, 2007; Chan, Lam, Chow, & Cheung, 2008). Recent cross-cultural research also asserts that sexual harassment is common in many societies around the world (Barak, 1997; De Haas & Timmerman, 2010). Most of the victims experienced sexual annoyance rather than sexual coercion (Johnson, Ollus, & Nevala, 2008). In most of the studies, they found out verbal harassment as most common form (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

Empirical evidence has shown that harassing behavior is correlated with many features of the work environment, including organizational problems (MacKinnon, 1979; McDuff, 2008), role and functional conflicts (Low, Radhakrishnan, Schneider & Rounds, 2007; Schneider, Swan & Fitzgerald, 1997), workloads (Sheffey & Tindale, 1992), high stress, organizational restructuring (Somvadee & Morash, 2008), low satisfaction with leadership (Huang & Cao, 2008; Schneider, Hitlan, & Radhakrishnan, 2000), conflicts in general in the work unit (Li & Lee-Wong, 2005), and difficulties in discussing problems within the working group (Namie & Namie, 2003; Ohse & Stockdale, 2008; Toker & Sumer, 2010).

Pyo and Fitzgerald (2003) found that sexual harassment has both short and long term negative effects on women. Sexual harassment at work not only

damages the abilities of women it may also lead to workplace problems such as decreased performance (Willness, Steel, & Lee, 2007), and lower job satisfaction (Golden, Johnson, & Lopez, 2001; Hatchmailllette & Scalora, 2002; Hershcovis, & Barling, 2010). The harassed women may experience illness, humiliation, anger, loss of self confidence and psychological distress (Gabor, 2006; Hitlan, Pryor, Hesson-McInnis, & Olson, 2009; Holcomb, & Holcomb, 2008; Langhout, Bergman, & Cortina, 2005). In some cases, it may lead to resignation (Kath, Swody, Magley, Bunk & Gallus, 2009). Sexual harassment at workplace increases anxiety and affects their performance which ultimately negatively impacts on their self-esteem and satisfaction with job (Morgan & Porter, 1999; Romito, Ballard & Maton, 2004).

Literature further supports that perceived discrimination in the form of harassment at work place powerfully influence one's self-esteem and job outcomes. It is also evident that as result of sexual harassment employee's job satisfaction becomes affected and he/she has low self-esteem. Mediating and moderating role of multiple factors e.g., group identity, self efficacy, and perceived control in power (Walded & Sanchez, 2006) for buffering self-esteem; job satisfaction (Carroll & Lauzier, 2014; Nahum-Shani & Bamberger, 2011); moderator role of culture and coping for self-esteem (Wasti & Courtina, 2002) have been explored by the research scholars. Studies related to sexual violence found that age and gender were significant moderators for self-esteem as younger females were high on victimization which declined with age as they get older whereas older males experienced higher abuse than their counter parts (KaraKurt & Silver, 2013). Paying consideration to the above scenario present study focuses on the effects of sexual harassment on self-esteem and job satisfaction with the exploration of moderating role of age between both constructs among in training nurses.

Hypotheses

1. Sexual Harassment would be negatively related with self esteem and job satisfaction of in-training nurses.
2. Sexual Harassment would significantly predict low self esteem of in-training nurses.
3. Sexual harassment would be the significant predictor of low job satisfaction among nurses.
4. Age will moderate the relationship between harassment and low self-esteem such as the high level of age will strengthen the positive relationship between harassment and self-esteem.

Method

The sample ($N = 120$) consisted of in-training nurses was purposefully drawn from four hospitals including St. Rafeel's Hospital, Faisalabad, Aziz Fatima

Trust Hospital, Faisalabad, Fatima Memorial Hospital, Lahore and Combined Military Hospital, Lahore, and Age range of the sample was 18 to 25 years ($M = 33.42$, $SD = 9.13$). Educational back ground was matriculation and intermediate with science subjects.

Instruments

The data was drawn through three scales i.e., Sexual Harassment Experience Questionnaire (Gelfand, Fitzgerald, & Drasgow, 1995), Self-Esteem Scale (Rosenberg, 1965), Job satisfaction Scale (Macdonalds & Maclntyres, 1997) and a demographic information form.

Sexual Harassment Experience Questionnaire

It was developed by Gelfand, Fitzgerald and Drasgow (1995) comprised of 35 item with a three point likert type response format having the range of 1= once to 3 = very frequent was used . Here high scores mean high sexual harassment and low scores mean low sexual harassment.

Job Satisfaction Scale

It was developed by Macdonalds and Maclntyre (1997) comprised of 10 items with the five point likert type response format having the range of 1 = strongly disagree to 5 = strongly agree. Here score range of 42-50 indicates very high job satisfaction; score range from 39-41 indicate high job satisfaction, score range between 32-38 indicate average level job satisfaction and score range from 27-31 is indicative of low level job satisfaction among in-training nurses.

Self EsteemScale

It was developed by Rosenberg (1965) consisted of 10 items with the four point response format i.e., 4 = strongly agree to d 1 = strongly disagree. The total scale score ranges from 10-40, scores between 15 and 25 are consider in normal range whereas scores below 15 indicate low self-esteem

All the scales were used in English language as the terminology was at par of the educational standard of matriculation with science. The Chronbach's alpha reliability of Sexual harassment Questionnaire, Self-Esteem Scale and Job Satisfaction Scale for present study were found to be .94, .85, and .84 respectively.

Procedure

For data collection, proper permissions were availed from administrations of concerned hospitals. In-training nurses at these hospitals and training centers were approached and ensured about the confidentiality of information provided by them. Written consent was obtained from the participant. Firstly, demographic information (i.e. age, gender, qualification, and currently working organization) was filled by the participants then researcher gave direction for

completion criteria of study scales. Participants were thanked for their cooperation.

Results

The present study was sought to examine the impact of sexual harassment on the self esteem and job satisfaction of in-training nurses. SPSS (version 17) was used to analyze the data:

Table 1
Correlation Matrix for all the Variables Used in the Study (N = 120)

Variables	M	SD	α	SHQ	SES	JSS
SHQ	99.84	10.08	.78	--	-.29**	-.31**
SES	19.48	3.41	.83		--	.68
JSS	36.85	6.14	.88			--

** $p < .01$

Table 1 describes inter-correlations among all the study variables. It suggests that sexual harassment is significantly and negatively correlated with self esteem ($r = -.29^{**}$) and Job satisfaction ($r = -.31^{**}$). These results support first hypothesis that sexual harassment would be negatively related with self esteem and job satisfaction of in-training nurses.

Table 2
Simple Linear Regression Analysis of Sexual Harassment for Low Self Esteem and Low Job Satisfaction among In-Training Nurses (N=120)

Scales	ΔR^2	β	F
Model 1	.30	.196**	4.70
Model 2	.36	.206**	5.02

Note. Model 1 = sexual harassment predicting low self esteem; Model 2 = sexual harassment predicting low job satisfaction.

** $p < .01$.

Using the enter method a significant model 1 emerged $\{F(1, 119) = 4.7, p < .01\}$ which explains 30% of the variance (adjusted $R^2 = .30$) as sexual harassment found to be significant positive predictor low self esteem ($\beta = .196, t = 2.34, p < .01$) among nurses.

Results in table further revealed that model 2 is also significant $\{F(1, 119) = 5.02, p < .01\}$ which explains 36% variance (adjusted $R^2 = .36$) and sexual harassment is significant predictor of low job satisfaction ($\beta = .206, t = 2.58, p < .01$) among in training nurses.

Table 3
Summary of the Results for Moderating Role of Age in Relationship between Harassment and Self-esteem (N = 120)

Model 1	Predictor	Low self-esteem	
		ΔR^2	β
Step 1	Harassment	.034	.21*
Step 2	Harassment Age	.210	.18* -.43***
Step 3	Age Harassment Total R ²	.244 .488	-.20*

* $p > .05$, *** $p > .001$, $df = (2, 614)$

Table 3 demonstrates the moderating influence of age on the relationship of harassment and self-esteem. Table presents three models where first model explains the prediction of harassment for self-esteem and found to be significant $\{R^2 = .014, F(1, 118) = 5.20, p < .05\}$ where harassment is found to be a significant positive predictor of self-esteem ($\beta = -.21, t = -2.28, p < .05$) and has been found contributing for 3.4% variance in the dependent variable ($R^2 = .034$). In second model, age and harassment both variables are entered in the predictor list. The overall model is found to be significant, with $\{\Delta R^2 = .210, \Delta F(2, 117) = 16.85, p = .001\}$. Beta values exhibit that age is a significant negative predictor of the criterion variable ($\beta = -.43, t = -5.23, p = .001$). The third model presents an interaction of age and harassment predicting self-esteem. Overall model is found significant with $\{\Delta R^2 = .244, \Delta F(3, 116) = 13.33, p < .001\}$ which suggests that the product of age and harassment predicts the criterion variable with ($\beta = -.20, t = 2.47, p < .001$). Moreover, as R^2 suggests, the product of these two variables cause 3.9% variance in the outcome variable which is strong enough to support the assumption that age moderates the relationship of harassment and self-esteem ($R^2 = .244$).

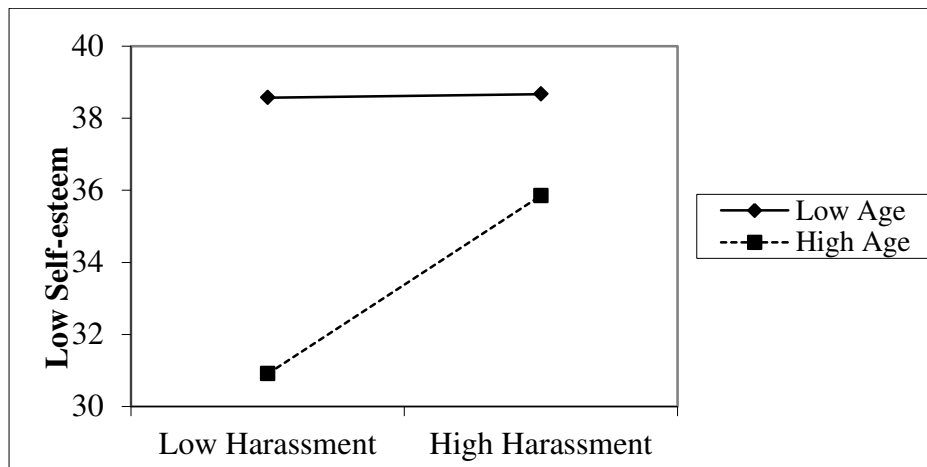


Figure 1. Moderating effect of age in relationship of harassment and self-esteem

Figure 1 elucidates the moderating effect of age between the relationship of harassment and self-esteem. Plot concludes that high level of age showing steep cause moderating effect by strengthening the positive relationship between the independent and the outcome variable.

Discussion

The present study was aimed at examining the level of Job Satisfaction and Self Esteem due to sexual harassment among nurses. The findings suggest significant negative relationship among workplace harassment self esteem and job satisfaction among in training nurses. These findings are consistent with those of Blando (2010), Alderman (1997), Hindell (1997), and Mendelson (1990) who stated that workplace sexual harassment has negative work related and personality related outcomes. These effects included feeling of helplessness and isolation, withdrawal, fear of being labeled as a troublemaker, fear of dismissal or loss of job promotion opportunities, fear of being transferred to dead-end or mundane jobs, low morale, low self-esteem, poor job performance, absenteeism, physical violence to others, and additional impacts on victims' life.

Results given in the table 2 indicates that sexual harassment causes 3% variability in self esteem. These finding support our 2nd hypothesis that sexual harassment has significant predictor of low self esteem. These finding are consistent with Pryor and Fitzgerald 2003; Willness, Steel, and Lee (2007) who state that harassment is associated with increased risk of diminished self-esteem, self-confidence, and psychological well-being.

Self-esteem is a subjective appraisal of self and reflects how an individual perceives them to be worthy or able (Anderson & Polmhausen, 1999). Experiencing harassment at workplace may affect the self-esteem and self confidence of the victimized women which are interrelated with their work or health outcomes as well (e.g., Cortina, Magley, Williams, & Langhout, 2001; Lim, Cortina, & Magley, 2008).

The regression analysis given in Table 3 indicates that sexual harassment is a strong predictor of low job satisfaction among nurses. These findings support third hypothesis. These finding are consistent with the findings of Gutek and Koss (1993); Valente, S. & Bullough (2004) and Madison and Minichiello (2001) that sexual harassment at a work place is linked with a weakening of interpersonal relationships, poor organizational commitment, lack of job motivation and low job satisfaction and higher levels of job stress, absenteeism and turnover.

Namie and Namie (2003) discussed findings of an online survey that investigated many unhealthy workplaces and found that harasser at workplace can cause severe harm to their colleagues. Findings further revealed that targets waste between 10 percent and 52 percent of their time at work protecting them, thinking about the situation, and being de-motivated and stressed. Blando (2008) stated that the association between workplace harassment and bullying and its effect on job satisfaction is significant. The dynamic relationships between harassing actions and job satisfaction can directly influence employee self-confidence, as well as organizational management (Schneider, Hitlan & Radhakrishnan, 2000; Wear, Aultman, & Borges, 2007).

Finally results of current study examined the moderating role of age between the relationship of

harassment and low self-esteem. Data supported our hypothesis and elucidated that high level of age strengthen the relationship between the predictor and criterion variables. A direct relationship between harassment and self-esteem is well established (e.g. Bacharach, Bamberger & McKinney, 2007; Benavides-Espinoza & Cunningham, 2010; Young, Heath, Ashbaker, & Smith, 2008; Ward & Beech, 2006) but there is also empirical evidence that this relationship is not found to be consistent among researcher, for example, Slater and Tiggerman (2002); Thomson, Weber and Brown (2002) and Durkin and Paxton (2002) examined strong positive relationship between harassment and low self-esteem, whereas Malovich and Stake (1990) indicated weak and strongly negative relationship between harassment and low self-esteem as they found that women student, who were high in performance self esteem and who held nontraditional gender roles attitude, were more likely to report incidents of sexual harassment in comparison to women students who were high I self esteem and who held traditional gender roles attitudes, or women who were low in self esteem. Similar trends were reported by Brooks and Perot (1991). There are also, not much but few, researches that witnessed non-significant relationship between sexual harassment and self esteem (e.g., Murnen & Smolak, 2000). It was therefore, researcher conceived interest in studying the effect of third variable that possibly could explain the variance between harassment and low self-esteem. Many studies indicate the role of multiple moderating and mediating factors e.g., group identity, self-efficacy, perceived control in process and supervisor support (Brown, 2010) in buffering self-esteem. Carrol and Lavezier (2011) explored moderating role of social support for workplace bullying and job satisfaction. There are certain perceptions that are associated with increased age (e.g. greater sensitivity to social issues, mental maturity, sense of responsibility and accountability etc.), therefore current findings are understandable because harassment also found to be linked with advanced age. The age of current sample was between 18 to 25 years which seems plausible indicator in understanding the current findings. Nurses are exposed with various types of individuals and situations in their working conditions, which increase their vulnerability of harassment with increasing age. High perception of harassment is associated with low self-esteem therefore is quite justifiable that high level of age will intensify this relationship. These findings are also supported by literature (Frazier, Cochran, & Olson, 1995; Hendrix, Rueb & Steel, 2000; Terpstra & Baker, 1987) where it was evident that older age employees have been more likely than younger age employees to perceive behaviors as sexual harassment and have low self. Age may explain differences between younger and older employees because as people get older they may gain more work experiences, greater maturity, and greater sensitivity to egalitarianism, which may alter

their perception of social sexual behaviors as well as their attitudes toward women. It is conceivable that these forces, which are concomitant with aging, may increase individuals' sensitivity to sexism and gender issues in the workplace.

Suggestions and Limitations

For like any other social sciences research present study has its own limitations. First, it was a small scale non funded research which only focused on the Faisalabad and Lahore city nurses population (N= 120) and it restricts results generalization. Secondly many factors of key importance i.e., age, gender, experience, education, experience, private /public sector organizations and type of sexual harassment and harasser designation were not focus of present study. There are few key limitations of this study. To address the concern about the cross-sectional nature of construct under study, future research might be carried out to test the relationships presented in a longitudinal design to examine the in-depth psycho social issues in relation to sexual harassment. Large scale sample comprised of both genders having different demographic characteristics and representation of both public/private sectors may be included in future study to get more clear understanding of the phenomena.

Implications

Purpose of present the presentation is to create awareness about the critical issues of sexual harassment present in health care environment which at present need to be tackled on priority basis. Neglect or delay in these issues may be damaging for the workforce itself and will demolish the sacredness of holy professions. Furthermore early identification and treatment will benefit for future work motivation and organizational commitment of nursing work force as well as the critical issues in time counseling can prevent major mental health hazard of these trainees. Results of present study holds significant importance for mental health and HRM professionals for upgrading and maintaining the smooth work environment in medical health profession by initiating and implementing sexual harassment training, policies, and procedures to provide a safe, healthy work environment for in-training nurses which will prevent devastating effects of sexual harassment on their mental health, self esteem and job relation satisfaction keeping in view many contributing factors such as age.

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