COPING WITH SEXUAL HARASSMENT: THE EXPERIENCES OF JUNIOR FEMALE STUDENT NURSES AND SENIOR FEMALE NURSING MANAGERS IN SINDH PAKISTAN

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ABSTRACT

The major aim of this feminist ethnography is to explore the experiences of sexual harassment of female nurses in Sindh Pakistan, as well as to explore the coping strategies. This research was conducted using feminist methodology. Qualitative methods were used as a mode of investigation. In-depth qualitative interviews were used to collect data from thirty-one female nurses from Sindh. The findings of this study help in uncovering the underlying discourses of sexual harassment; including prevailing ideas about gender, sexuality, femininity and appropriate behavior in Sindh and give a greater understanding of nurses' working environment in Sindh. The findings of the study indicated that sexual harassment is common in the hospital environment, particularly during the night duties. They also show that the most common perpetrators of all types of harassment were junior doctors, followed by male patients and their relatives in the wards and in the surroundings of the hospitals. Hence, there is a culture of acceptance regarding such harassment, combined with a lack of awareness of how to effectively deal with. The results of this study suggest that there is a possibility of significant under-reporting of sexual harassment. The study will make available contribution towards feminist research.

Keywords: Sexual harassment Experiences, Nurses, Coping Strategies

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Introduction

Sexual harassment of nurses is an important issue. In recent years there has been increasing amount of research into the area of sexual harassment in western world (Taylor, 2000). However the experiences of sexual harassment of nurses in Sindh Pakistan had not been explored. Nursing profession in Pakistan suffers from significant socio-cultural ailments (Fooladi, 2007). Individuals and organizations outside the profession have projected nursing in a very negative light (Bharj, 1995).

Nursing by its implicit need to care for male patients' bodily needs, breaks the moral/social and religious rules regarding bodily contact (Fisher, 2000) consequently, people by and large recognize that nursing is not suitable profession for girls from respectable families, and try to harass them in many ways and one of the ways is sexual harassment.

Whilst there is a vast literature on nurses" experiences of sexual harassment in the Western world (Stacey & Debora, 2013; Cogin & Fish, 2009; Ferns & Meerabeau, 2008; Çleik & Cleik, 2007; Chuang & Lin, 2006; Gilmour & Hamlin, 2005; Valente and Bullough, 2004; De Souza et al, 2004; Bronner et al, 2003; Hamlin and Hoffman, 2002; Madison and Minichiello, 2001; Taylor, 2000), there is a dearth of information on the situation of nurses in the non-West.

Sindhi culture exerts a considerable influence on the nursing profession. Generally, Pakistani men have very negative impressions of this profession (Qureshi, 2011; Shaikh, 2004; Mughal, 2000; Hemani, 1996). This is attributed to the fact that nurses work outside the home (sometimes on night duty), and have to interact with, and even touch, na-mehram (non-relative men) in their delivery of primary care services.

Because of the nature of nurses' work, many conservative Pakistani men view nurses as" immoral and unrespectable" women (Abbassi, 2009; Chandra et al, 2009). Nurses come across many such men in the hospitals who think nurses are easy to obtain, 'commodities' for them to enjoy (Yaqin, 2006). They harass the nurses in many ways, including sexual harassment. Nursing is still not accepted as a high status profession in Sindhi Pakistani society (Majeed, 2010; Mannan,

2010). Consequently, nurses are more sexually harassed than other working women on a daily basis (Bibi, 2000).

The experience of sexual harassment of nurses in Sindh has thus far been under-researched. Although there are some quantitative/exploratory studies conducted on the sexual harassment of women in Pakistan, they have focused mostly on the experiences of students at professional colleges and universities (Saeed, 2010; Shaikh et al, 2005; Tariq, Anila & Ansari, 1995; Zaidi, 1994; Ansari, Anila and Tariq, 1991) and other workplaces (Ahmer et al, 2008; Ali & Gavino, 2008; Gadit & Mugford, 2008; Niaz, 2009; 2003). None of these is conducted using a nursing sample. However, this research attempts to make the experiences of the hitherto invisible group of professional women - nurses more visible.

A major issue that has appeared when the issue of sexual harassment is raised by a female nurse or is discussed in the daily newspapers is the helplessness of the position in which female nurses in Sindh find themselves (Baloch, 2010; Mannan, 2010; Khawar, 2003). The victims often have to survive with feelings of guilt, have reported feelings of insult, and that they have had to shift to the wards or leave the hospital (Masih, 2010; Ilyas, 2006). Moreover, we have been unable to find any cases in which the perpetrator of the harassment has been punished. Neither have we been able to identify any practical support from the institution in which the harassment took place, or from the nursing managers to settle the issue in line with some code of ethics (unfortunately, none of them had any clear guidelines on the issue of sexual harassment) (Majeed, 2010; Bibi, 2000). Moreover, the nursing organization does not appear to provide any clear practical support to the victim or penalty for the harasser. As this all requires clear rules and legislation, the organizational support for the victims was minimal.

There was nobody to protect these women from the male patients, doctors, and worst of all, medical students, and it was thought that women had to be 'depraved' to work in such an environment (Mughal 2000). Some recent studies found that a major cause of sexual harassment among female nurses was the 'cultural construction' that

> *"A female nurse goes out of the house at night to work; she must be a bad woman".* (Goodwin, 2002; Bibi, 2000 p.4, Qureshi, 2008)

In order to dispel negative images of nurses, Nightingale ruled her nurses with iron discipline, even locking them up at night. She did this in order to prove to middle-class parents back home that tough discipline and strong female leadership could protect their daughters against sexual harassment (or sexual misconduct), the fear of which was causing British parents to prevent their daughters from becoming nurses. The situation of nurses at the time of Florence Nightingale has many resonances, than, with the situation of women in nursing in Pakistan today. Although the stigma attached to the nursing profession and the image of this field has changed over the years in England and many other developed countries, there has been no change in the image of nurses in Pakistan. (*Mannan, 2010*).

Today ninety percent of the nursing workforce is female (Cogin and Fish, 2009). Perhaps that is why modern day nursing is perceived as a predominantly female profession and why it is a matter of fact that nurses face higher levels of workplace violence and harassment internationally than other groups of working women. Studies conducted in the United States (Dalphond et al, 2000; Erickson and Evans, 2000; Carter, 2000), Canada (Rippon, 2000), Sweden (Arnetz and Arnetz, 2000), Britain (McMillan, 1995) and Australia (Cogin and Fish, 2009) strongly suggest that nurses are more at risk of workplace harassment than other health professionals.

However, the problem of sexual harassment among nurses in the context of Sindhi Pakistani society and the problem in the Western societies stem from different roots. During the days of Company Raj (The British Rulers), only the European and Anglo-Indian women were privileged enough to be taken for nurse training (Marilyn & Saeed, 2001). The English medical superintendents and matrons were opposed to the idea of training what they viewed as a 'native' nurse. They preferred to bring their compatriot nurses from the United Kingdom on the basis of annual contracts. Their contracts carried handsome emoluments and fringe benefits, with attractive working conditions (Pakistan Nursing Council, 1992).

Pakistan is a society where economic status determines one's position in society (Khalida & Qureshi, 2007). A profession carrying a poor salary is not likely to garner respect. As mentioned earlier, from the beginning of nursing in Pakistan, women entering the field have

belonged mainly to the lower middle classes which constitute the most conservative sections of Pakistani society (Moolchand, 1992).

Gaps in research

It is clear that sexual harassment, as a concept, has been gaining some positive and helpful research attention over the past few decades in West (McDonald, 2011; Hunt et al, 2007; Fielden et al, 2010; Pina et al, 2009). As far as our knowledge is concerned, Anila Kamal (2010;1994; 1992) was the first among other researchers, in Pakistan (for example see Saeed 2010; 2004; Niaz, 2009; Rashid, 2006; Shaikh, 2005; 2004; 2003; Butt, 2001; Tariq et al, 1995; Zaidi, 1994; Haroon & Zia, 1995) who worked on sexual harassment issues in academia and other workplaces. We believe that such attention has resulted in important knowledge gains; however we found major gaps in above mentioned studies.

Almost all of these studies were conducted in capital cities, Islamabad, Rawalpindi, and Lahore and mostly participants were students at university. Researchers followed quantitative methodologies, some used surveys and self administered questionnaires, whereas some applied western instruments like Sexual Harassment Experience Questionnaire (SHEQ) using Five Point Likert Scale (originally developed by Fitzgerald et al 1995) in order to measure sexual harassment among students and women. The lists of the different behaviors were provided in their studies. In their own research, they acknowledge that sexual harassment is considered as taboo. In fact, after many years of sexual harassment research, feminist researchers such as (Saeed, 2010, 2004; Niaz, 2009, 1994; Rashid, 2006) considered sexual harassment one of the least spoken issues in Pakistani society. Zubair (2007, 2005) also acknowledges that she had taken the initial step of "speaking up the unspeakable" during her data collection.

We would argue that definitions and examples of sexual harassment provided to the respondents did not necessarily reflect the whole range of the acts and the behaviors that may be experienced. The questions asked in these researches may not be in compatible with participants' own perception or understanding of sexual harassment, especially, when there is evidence that defining what actually constitutes harassment is not easy. We found biased findings towards sexual harassment experience, in which subjects respond to questions on

predefined incidents, therefore they offered a one sided explanation. Using set definitions is also problematic.

In response to these methodological problems, our study does not operationalise a set definition of sexual harassment but instead gives participants the freedom to talk openly (be at ease) about their views, experiences and strategies to coping with sexual harassment.

Furthermore, in all research studies, ethics is of primary concern. Perhaps the most important aspect of research is ensuring that the emotional and physical safety and human rights of the subjects involved in the study are protected. These safeguards require thought prior to the implementation of the study itself. Consideration was not always given to this in earlier quantitative Pakistani researches. Furthermore, most research work has been done in developed or western cultural work settings. Less research work has been found so far in developing countries like Pakistan. This requires more attention by researchers. Attempts to fill this gap are considered vital as it helps new researchers to understand sexual harassment experiences of nurses in a less affluent Muslim country which may help to generalize the studies for all.

Aims

This qualitative study sought to examine the experiences of sexual harassment of nurses in Sindh, Pakistan. Looking at the actual situation of the nursing profession in Sindh, this research also aims to make a contribution to the shape of strategies for dealing with sexual harassment in nursing, both individually, and at an organizational level.

Methods

This study adopts a feminist methodology that places women at the centre of the research and thought process. Historically feminists have been drawn towards qualitative research because of its use an exploring experiences, reflections and everyday practices and interaction, allowing individuals to describe the world as they see it. Structured questioning in quantitative methods lacks the ability to gain an-depth understanding of the participants' experiences because it does not allow the individuals to fully express their views.

Data Collection

We initially started to develop a close ended questionnaire to examine nurses' experiences of sexual harassment, but rejected this in preference for a qualitative approach due to the complicated nature of the topic. In addition qualitative methods aimed to grasp the nurses' experiences from their own perspectives, rather than involving pre-chosen categories of experiences of sexual harassment. A more qualitative approach to sexual harassment as it is experienced meant that we turned to ethnography as an approach to data collection.

Research sites

The research was conducted in Rural and Urban areas of Sindh province. Two hospitals have been selected:

- **CUA**, this hospital is located in the urban centre of Metropolitan city of Sindh Province. The 'CUA' hospital is 1900- bed tertiary care Public hospital that imparts both undergraduate and post graduate teaching and training. It is one of the teaching hospitals affiliated with the Urban University of health sciences. CUA hospital is arguably the largest teaching hospital of Pakistan, catering not only to all areas of the province of Sindh but also the neighboring provinces in the Pakistan.

- **CRB**, this hospital is located in the rural area of Sindh Province. The 'CRB' hospital is also a tertiary care public hospital with a catchment population of about 3 to 4 million people of rural Sindh. This is also the teaching hospital affiliated with the Rural University of Health Sciences and the nearest available hospital for poor people of Sindh.

Both these hospitals are in the public sector, which means they receive state funding and are free to the population. The choice of both urban and rural settings for this study was influenced by the observation that very few studies examined workplace sexual harassment outside Pakistan's main metropolitan centres. Contrary to other countries, in Sindh Pakistan rural areas are much larger in size and population than urban centres. More than 70% population lives in rural areas. According to Jamali & Qureshi (2007), rural Pakistan is agricultural, traditional, conservative, mostly illiterate with poor infrastructure vis-

a-vis urban as industrial, modern, and liberal mostly educated. Moreover, they neglect certain aspects of rural and urban settings/differences which are fundamental to an understanding of Sindhi society and purdah culture.

The location of this study in both urban and rural locations provides an ideal opportunity to assess whether or not specific local conditions and cultural differences play a role in the reporting of harassment by students or their strategies for coping with sexual harassment.

Sample

The senior and junior nurses were recruited and were selected using a purposive sampling procedure. Due to the nature of this research, purposive sampling strategy was used. After the thirty-first interview was completed, informational redundancy was reached. Although less than the original forty targeted for inclusion, sampling was stopped at this time because no new information was forthcoming.

Ethical Consideration

The major ethical issues in conducting research were identified in literature and persist throughout all phases of this research such as; deception and informed consent, respect for anonymity and confidentiality and respect of privacy & data storage.

It was important for the researcher to ensure a duty of care to participants that the research was conducted in a safe and ethical manner. There was no need for deception of any form in this research and therefore before starting the interview session each participant was fully informed- as far as is ever possible - of the purpose of the research and also that this work is publishable.

Interview respondents received an subject information sheet & subject consent form (containing: purpose of the research, right to withdraw, confidentiality assurances, and researcher contact details) which provided details about the research and their rights as participants in advance. All participants were advised that any information given was to be treated in strict confidence and that the raw data including transcripts would not be made available for any other persons or purposes. The forms did not request real names of participants or location of workplace etc and the data have been presented in a way which does not enable participants to be identified as individuals at any

stage. Interview participants were again assured confidentiality and anonymity through the use of pseudonyms. Interview transcripts and audio files were saved with the assigned pseudonym. In order to maintain confidentiality and secrecy of participants' data, each participant was assigned a different identification number along with a pseudonym and her real name and details did not appear on any of the document. Data were stored on a password protected PC. All interview transcripts were stored in a locked filing cabinet.

Analysis

The data were first transcribed through back translation technique and then analyzed by using a feminist ethnography approach.

Results & Suggestions

Sexual harassment was common in the hospital environments during night duties and some findings are very serious. The most common perpetrators at all types of harassment were junior doctors, followed by male patients and relatives in the wards and in the surroundings of the hospitals. There is a culture of acceptance of harassing behaviors in general, combined with a lack of awareness to effectively manage it. Most of the respondents believe that the negative image of nurses as sex objects who please everyone in the hospital still exists and this produces the ground for sexual harassment.

Based upon our findings, sexual harassment has been identified as a major challenge facing the health care systems in Sindh Pakistan today. This may be because of the hierarchical power structure in health care systems. It may even be because of the highly intense, personal nature of the work or perhaps because of the fact that opposite sexes work together in small teams, often for long hours. Whatever the reasons, the work environment of health care systems are seen as a breeding ground for sexual harassment in Sindh Pakistan.

The present study has contributed to the existing literature of sexual harassment and has made an original contribution in the field of gender studies. The findings of the study have made a major contribution to understanding sexual harassment among female nurses in Sindh, with respect to the violation of purdah norms. We have explored important links between the violation of purdah by female nurses in Sindh, and the attitudes of the harassers. The perceptions of the general public, attitudes of doctors, visitors and the society at large seem to be greatly

influenced by the socio-religio-cultural norms of Sindh Pakistan. This study shows that there is a clear link between the social, cultural and economic conditions in Sindh, and how the '*wadero*' culture shapes peoples' attitudes towards nurses and continuing cases of sexual harassment in the hospitals.

The study also tries to provide strategies for reducing the occurrence of sexual harassment for policy makers and nursing organizations in Pakistan. The government authorities should make and strictly implement policies to standardize approaches to sexual harassment across the health sector. When an incidence of any kind of harassment is reported, the victim must be supported morally and legally by the hospital and civil authorities. The nurse supervisor must guide and support the student nurses about any such harassment when it is reported. The nursing bodies can play a very crucial role to stop these activities by educating the nurses and the general public through the media. The nursing bodies which are usually run by nurses and financed by nurses' contributions must provide the necessary legal advice and protection to the victims. Alarm systems and video surveillance systems must be installed in hospital corridors. Mature women co-workers should be appointed for student nurses/nurses on night duties in wards. All workers should be encouraged to report all assaults or threats to supervisors and keep reports of incidents.

Conclusion

The overall results of the study suggest that there is a possibility of a high level of under reporting of sexual harassment. It is also felt that the unsafe working environment for the nurses is the major cause of severe shortage of the nurses in Sindh, Pakistan. Nursing organizations / bodies have failed to provide the clear guidelines in the reporting of sexual harassment due to the not observing of national anti-harassment law, local policy and practice in hospitals.

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