

## Experience and Perception of Sexual Harassment During Clinical Training Among the Internship Students of the Technical Institute of Nursing Mansoura University

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**Abstract: Background:** Internship is an important period in the development of the professional capacity. Different types of abuse have been reported in this training period that may influence on learning ability, and students' potential to deliver the best care in the future.

**Aim:** This study aimed to investigate experience and perception of sexual harassment during clinical training among the internship, students of the Technical Institute of Nursing Mansoura University.

**Design:** A descriptive research design was used.

**Setting:** The study was accompanied at the Technical Institute of Nursing, Faculty of Nursing, Mansoura University.

**Sample type:** Convenience sample was used.

**Study subjects:** A total 500 intership students from predetermined setting.

**Tools:** A Structured Interview schedule; It consists of three parts.

**Part I:** It included general and sexual harassment characteristics of the sample.

**Part II:** It was consisted of questions related to the experience of sexual harassment during clinical training.

**Part III:** It included questions related to perception of student about sexual harassment during clinical training.

**Results:** The study findings revealed that all study subjects exposed to sexual harassment during intership year either verbal harassment (82%) or physical harassment (18%) and (100.0%) of them not receiving education about sexual harassment. The students exposed to SH at general ward by patient, relatives and visitors (45.6%, 27.4% and 27.0% respectively). The students recommended solution to solve the problem as puts strict laws for harassers and give interest to religious education in schools and universities.

**Conclusion:** Sexual harassment was a widespread problem among intership students that need community coordination with all sectors for eradicating it.

**Recommendations:** Sexual harassment should be discussed among undergraduate nurses in educational institutions to prepare them for difficult situations they may encounter and try to manage in a possible practical life.

**Keywords:** Experience, Perception, Physical harassment, Verbal harassment.

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### I. Introduction

An internship is an important period in the development of the professional capacity. Different types of abuse have been reported in this training period that may influence learning ability and students' potential to deliver the best care in the future (Mohammadi et al., 2017). According to a previous study, (Lahari et al., 2012) depression and loss of interest in attending the internship have been reported by the students who encountered sexual harassment (SH) behavior during their internship.

Sexual harassment (HS) is defined as unwanted sexual interest, sexual desire, or other physical or verbal intent of a sexual nature (EEOC.Gov, 2017). SH is a main problem in the workplace, causing shame and embarrassment and damages the performance of a health team. It also leads to serious physical, mental and emotional problems and can have harmful effects on production, turnover, nonattendance, or legal conflicts (Lee,2011).

Sexual harassment (SH) is classified into three types of behavior: physical, verbal and non-verbal (FIRE, 2013). Anything that violates the personal space of a person or person against their will is considered physical sexual harassment. Physical and sexual harassment include: touching a person's clothing, hair or body and / or attempting to hug, kiss or hit someone. While non-verbal sexual harassment includes "making facial expressions such as winking, kissing or clogging lips" (Un.org, 2017).

Statistics from the **Ontario Nurses Association (ONA)**, 2016, found that about 30% of nurses in **Florida in 2014** were "physically assaulted, intimidated, or injured, while about 60% were assaulted non-physically". Another study in Malaysia found that the rate of sexual harassment among nurses was 51.2%. Verbal harassment was considered the most common type (46.6%) and was considered physical in 20.7% of cases. The results of a similar study revealed that 74.7% of nurses suffered the psychological consequences of incidents of sexual harassment in their workplace (**Suhaila and Rambal, 2012**).

Different types of most common sexual harassment are unreported (**OSHA.Gov, 2015**). There are many reasons, but the most common reasons are: fear of negative consequences, peers pressuring and asking the victim not to report the incident, lack of knowledge of workplace policies and guidelines (**Chang & Cho, 2016**).

Sexual harassment can lead to emotional and mental stress for victims. This, in turn, can seriously affect the victim's performance and the quality of services. Therefore, sexual harassment in the workplace should not be taken lightly. Furthermore, sexual harassment influences the people in question, yet in addition, influences the individuals from their families, partners, and the patients under their consideration. Subsequently, steps ought to be taken by the medical clinic the board to oversee and keep these issues from happening (**El-Ganzory et al., 2014**)

Sexual harassment at work affects victims and organizations in different ways. Victims of sexual harassment in the workplace suffer from direct and indirect adverse effects, including health, social, economic, psychological and professional difficulties. These difficulties lead to employees feeling unmotivated and unsafe in their own workplace (**Willness et al., 2007**).

The reduction and prevention of sexual harassment in the workplace can be achieved by sending clear and consistent messages of harassment from the organization's leadership, communicated through a written and widely publicized policy on workplace harassment (**Buchanan & O'Connor, 2014**). In addition to ending perpetrators' employment, regular training of all staff members of the organization, systematic self-assessment of sexual harassment and organizational climate scenarios to identify the source of sexual harassment and effective intervention, so no further instances of sexual harassment occurred in the workplace (**Chelliah, 2015**).

There are many national and international efforts to eliminate sexual harassment, whether in the workplace or not. In **Egypt** the new law amends article 306A in the penal code to criminalize harassment in the form of words, gestures, and actions expressed in person or through other means of communication. The law lays out a minimum sentence of 6 months imprisonment and a fine of 3,000 Egyptian pounds for an offence. A second amendment to the law stipulates a more severe sentence for an offender who is in a position of authority over the complainant and for offences involving multiple perpetrators. If sexual harassment occurs at work and was directed by a manager or someone in a position of authority towards their employees, that person can be sentenced to a minimum of two years in prison and fined no less than EGP 20,000. The maximum punishment for this crime is five years in prison and a fine of EGP 50,000 (**Egypt Brings in New Sexual Harassment Laws, BBC News, 2014**).

#### **Significance of the study:**

Although sexual harassment is considered minor work and harmless, it has serious consequences for the victim, such as emotional stress and physical disturbances that can eventually lead to illness and hospitalization. The psychological consequences of emotional stress can include anxiety, anxiety, depression and distrust. Similarly, the consequences of physical trauma include insomnia, headaches, nausea and ulcers..

Graduate nurses are particularly vulnerable when they enter this type of work because they are often younger, have less clinical and life experience, less treatment skills and less power in the environmental hierarchy (**Vessey, et al., 2009**). It is noteworthy that due to cultural and social sensitivity in the country, few studies have investigated the frequency of SH in the workplace compared to other types of harassment. Since a small number of studies have been conducted in this area in Mansoura and there is no clear image of the frequency and contributing factors of SH, So this study was conducted.

#### **Aim of study:**

This study aimed to investigate the experience and perception of sexual harassment during clinical training among the internship students of the Technical Institute of Nursing Mansoura University

#### **Research questions:**

1. What is the experience of internship nursing students regarding sexual harassment during the clinical training?
2. What is the perception of internship nursing students about sexual harassment?

**Subjects and methods:**

**Study design:** A descriptive research design was used.

**Study setting:** This study was carried out at the technical Institute of Nursing, Faculty of Nursing, Mansoura University from the period of January 2018 to April 2018.

**Study subjects:** Five hundred internship, students at technical institute of nursing, Faculty of Nursing, Mansoura University.

**Sample type:** Convenience sample was used.

**Sample size:**

Based on data from literature (Kim et al., 2017), to calculate the sample size with precision/absolute error of 5% and type 1 error of 5%, the following formula is used:

$$\text{Sample size} = [(Z_{1-\alpha/2})^2 \cdot P(1-P)]/d^2$$

Where,

$Z_{1-\alpha/2}$  = is the standard normal variate, at 5% type 1 error ( $p < 0.05$ ) it is 1.96.

P = the expected proportion in population based on previous studies.

d = absolute error or precision.

So,

$$\text{Sample size} = [(1.96)^2 \cdot (0.492)(1-0.492)]/(0.044)^2 = 499.9$$

**Based on the above formula, the sample size required for the study is 500**

**Data collection Tool:**

To achieve the aim of this study, one tool (A Structured Interview schedule) was used. It entailed three parts

**Part I:** Includes general and sexual harassment characteristics of sample the age, gender, residence, marital condition, receiving education on SH, experience of SH, type of SH.

**Part II:** It consisted of questions related to the experience of sexual harassment during clinical training such as frequency of sexual harassment, time of occurring sexual harassment, gender of the offender, age of offender, gender of the offender, place and coping methods after experiencing sexual harassment.

**Part III:** It consisted of questions related to perception of student about sexual harassment during clinical training such as reasons of sexual harassment, students' responses when exposed to sexual harassment, the most important reason for not actively respond to sexual harassment, effective ways to prevent sexual harassment.

**The validity of the tool:**

The data collection tool was revised by a panel of five experts in the field of maternity nursing. For clarity, relevance, comprehensiveness, and applicability. Modifications were done based on jury & experts' comments such as modifying some words to give the right meaning for the phrase which did not understand clearly.

**Reliability of the tool:**

Cronbach's Alpha	No of Items
0.75	10

**Pilot Study:**

A pilot study of 10% (50) students was conducted to test the applicability and relevance of the study tools, to check the clarity of the designed questionnaire, to estimate the time needed to answer them and to make the necessary adjustments. . These students were excluded from the study sample.

**Ethical considerations:**

Ethical approval from the Nursing Faculty Ethics Committee was granted. Also, official authorizations were acquired from the manger of the Technical Institute of Nursing. The aim of the study was explained to each student before starting the study to gain their confidence and trust. Oral consent was obtained from each student to participate in the study, after ensuring that data collected will be treated confidentially. All ethical considerations were clarified to each student before explaining the nature of the study. Students were informed about their rights to refuse participations or leave the study at any time.

**Study procedure**

- This study was conducted at the previous mentioned setting in a period from January 2018 to march 2018.
- The study was conducted through two phases.
- Phase one: Preparatory phase: The researchers review the relevant literature related to study, then prepared and designed tools for data collection. Then, a pilot study was conducted among 50 students.
- Phase two: Implementation phase: The researchers introduced themselves to each student, a full explanation about the aim and the scope of the study was given to obtain student consent.
- The researcher, distributed the prepared tool for each student and the time required for completing the tool was 25 – 30 minutes.
- The data was collected from students to reach the predetermined sample size.

**Statistical analysis:**

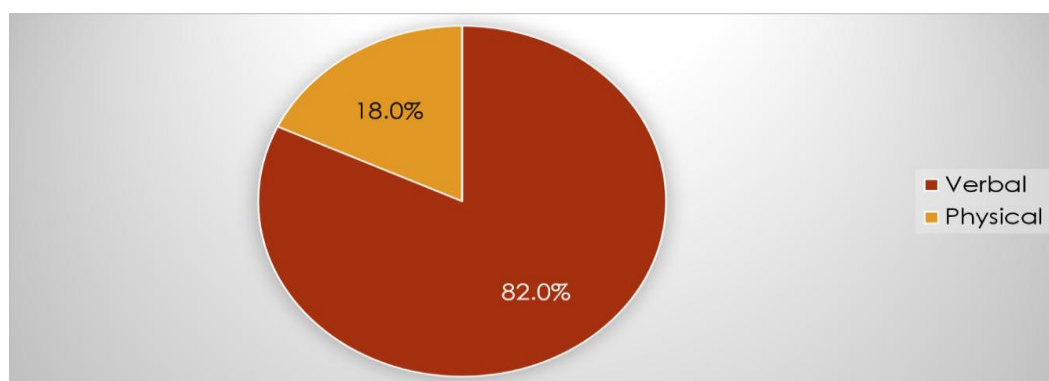
All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Data were tested for normality of distribution prior to any calculations. Continuous data were normally distributed and were expressed in mean ±standard deviation (SD). Categorical data were expressed in numbers and percentage. Statistical significance was set at  $p < 0.05$ .

**II. Results**

**Table 1.** General and Sexual Harassment related Characteristics of the sample

Items	n= (500)	
	Mean ±SD	%
<b>Age (years)</b>	20.2±0.6	
<b>Gender</b>		
Female	290	58.0
Male	210	42.0
<b>Residence</b>		
Rural	205	41.0
Urban	295	59.0
<b>Marital status</b>		
Married	37	7.4
Single	463	92.6
<b>Receiving an education on SH</b>		
No	500	100.0
Yes	0	0.0
<b>Experience of SH</b>		
Yes	500	100.0
No	0	0.0

**Table (1)** shows that the mean age of the study subject was  $20.2 \pm 0.6$  years old. Slightly more than one half (58.0%) were females and 42.0% were males, 59.0% of them were rural residents in rural areas. Most of them (92.0%) were single and all of them didn't receive education on SH, all of study subject experiences of SH.



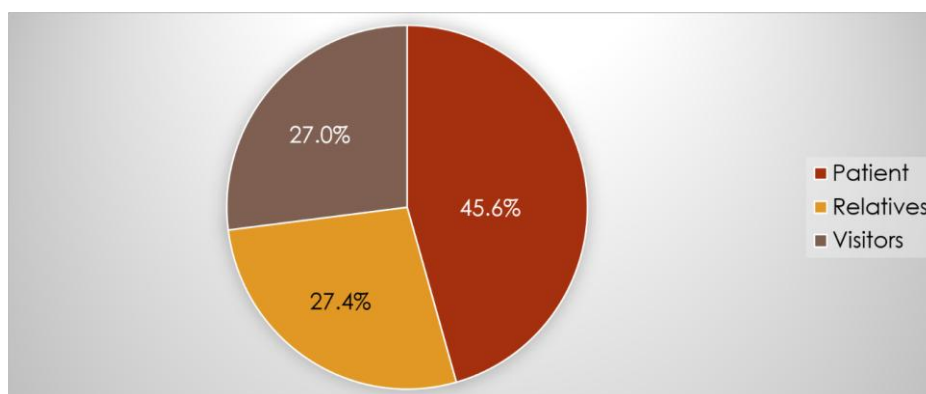
**Figure (1)** types of SH of students

Figure one illustrated that majority of students (82.0%) were exposed to verbal SH and only (18.0%) of students were exposed to physical SH.

**Table 2.** Experience of Sexual Harassment during Clinical training among studied sample

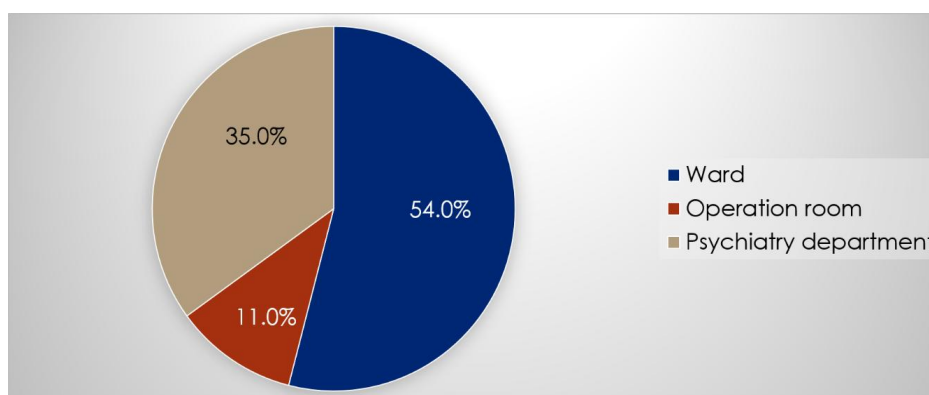
Category	Items	n= (500)	%
Frequency of sexual harassment	One time	12	(2.4)
	Two times	44	(8.8)
	Three times or more	444	(88.8)
Time of occurring sexual harassment	During morning	152	(30.4)
	Afternoon shift	131	(26.2)
	Overnight shift	217	(43.4)
Gender of offender	Male	470	(94.0)
	Female	30	(6.0)
Age of offender (years)	30 years	304	(60.8)
	30 – 40 year	156	(31.2)
	>40 years	40	(8.0)
Coping methods after experiencing sexual harassment	Do nothing	211	(42.2)
	Report	110	(22.0)
	Ignore the situation for fear of its repercussions	34	(6.8)
	Trying to distress others		
	Reaction by using any instrument against the offender	50	(10.0)
	Escape from the place	53	(10.6)
	Confusion and loss of ability to act	4	(0.8)
	Blaming and reprimand	20	(4.0)
		18	(3.6)

Regarding the experience of sexual harassment among studied sample, (Table 2) reveals that all of them reported ever being sexually harassed, 88.8% had experienced sexual harassment one time. Additionally, gender of the offender was male, 94.0% and 60.8% of offenders under 30 years. The most of coping method after sexual harassment was do nothing (42.2%).



**Figure 2.** The person who made the SH to the students

Figure two showed that 45.6% of sexual harassment were done in general ward by patient and nearly a percentage (27.4% and 27.0%) respectively were done by relatives and visitors.



**Figure 3.** Place of the SH

Figure three shows that more than half, 54.0% of sexual harassment was done at ward and 35.0% of it was done at the psychiatry department while only 11.0% of it was done in operation room.

**Table (3)** Perception of sexual harassment during clinical training in studied sample

Category	Items	n= (500) %
<b>Reasons of sexual harassment</b>	1. Too weak punishment for sexual harassment	398 (79.6)
	2. Pornography of mass media, internet site	487 (97.4)
	3. Consider others as a sexual objects	232 (46.4)
	4. Sexual urges of men	87 (17.4)
	5. Stereotypes of gender role	467 (93.4)
	6. Absence of systematic education for sexual harassment prevention	458 (91.6)
	7. Male dominated power structure	398 (79.6)
	8. Excessive exposure of the female body	450 (90.0)
	9. Mixing between students	467 (93.4)
<b>Students responses when exposed to sexual harassment during clinical practice</b>	1. Have patience because of the hardness to protest	415 (83.0)
	2. Report to the nursing office or nursing school	467 (93.4)
	3. Do not take any action	429 (85.8)
	4. Talk with my family or friends	466 (93.2)
	5. Directly ask the offender to stop	500 (100.0)
	6. Accept as a positive comments about clothes or body	500 (100.0)
<b>Most important reason for not actively respond to sexual harassment</b>	1. Don't know how to do	471(94.2)
	2. Not expecting much help	480 (96.0)
	3. Not having the courage	489 (97.8)
	4. Retaliation from the perpetrator	489 (97.8)
	5. Being afraid of getting disadvantage during clinical practice	486 (97.2)
	6. Worrying about getting gossiped at school or home	495 (99.0)
<b>Effective ways to prevent sexual harassment</b>	1. Strengthening punishment for offender	494 (98.8)
	2. Establishing rules and laws relating to SH	499 (99.8)
	3. Developing a systematic prevention program	491 (98.2)
	4. Developing healthy working environment	496 (99.2)

Table (3) shows that most of the studied sample answered that the reasons of sexual harassment were “pornography of mass media, internet site”, “stereotypes of gender role”, “mixing between students”, “absence of systematic education for sexual harassment prevention”, “and excessive exposure of the female body” (97.4%, 93.4%, 93.4%, 91.6%, 90.0%, respectively). There were different responses from the studied sample when exposed to harassment. The most prominent were “directly ask the offender to stop”, “accept as a positive comment about clothes or body”, “report to the nursing office or nursing school”, “talk with my family or friends” and “do not take any action” (100%, 100%, 93.4%, 93.2%, 85.8%, respectively). Most important reason for not actively respond to sexual were “worrying about getting gossiped at school or home”, “not having courage”, “retaliation from the perpetrator”, “being afraid of getting disadvantage during clinical practice” (99.0%, 97.8%, 97.8%, 97.2%, respectively), followed by not expecting much help (96.0%). There were different effective ways to prevent sexual harassment as “establishing rules and laws relating to SH”, “developing healthy working environment”, “strengthening punishment for offender” and “developing a systematic prevention program” (99.8%, 99.2%, 98.8%, 98.2%, respectively).

### III. Discussion

The aim of the present study was to investigate the experience and perception of sexual harassment during the clinical practice among technical institute nursing students, Mansoura University. This aim was significantly achieved through answered the research questions.

The results of the present study demonstrated that the maximum percentages of the sample exposed to sexual harassment were females and single expressive a majority. The works indicates that female student nurses are the ones most likely to experience sexual harassment, either because their obligations require working closely with patients, or because nursing is seen as a female profession **Aydin et al., (2010)**. These results were in agreement with **Shebl et al., (2017)** who studied sexual harassment phenomena among female students at Mansoura University who reported that more than one third of female exposed to harassment and the same result reported by **El-Ganzory et al, (2014)** who studied the effect of the educational guidelines program on internship nursing students opposite sexual harassment behavior who conveyed that majority of females in the study sample exposed to sexual harassment. This finding was inconsistent with the findings of **Joseph and Sinol (2007)**, who reported that rates of sexual harassment were higher among male nurses. In addition, in this study, the results were contrasted with **Hejase (2015)**, a study conducted in Lebanon on sexual harassment in the workplace, in which about a quarter of female surveyed were victims of sexual harassment.

In addition, all students reported that they had no training in dealing with harassment. The results of this study were consistent with those of **Ganzouri et al. (2014)** who found that the majority of the sample did not receive training or education on how to deal with bullying behavior. The similarity results reported by **Oyedunni (2013)** showed that most of the study samples did not receive training in the management of

harassing behaviors. Since not every sample in the study has received any training or education on how to deal with harassment, they are all harassed.

Regarding the form of harassment, the most common form was the verbal and less form was physical. These findings were consistent with **Shebl et al, (2017)** who told that all of the studied sample exposed to verbal harassment plus more than one third exposed to physical harassment. Also, the same results by **Truluck, (2015)** study results about understanding street harassment in Jordan who found that majority of women exposed to verbal harassment followed by physical harassment. This study result was consistent with study conducted by **Elbasuony et al., (2016)** at Dakahlia, Egypt, who reported that the popular kind of sexual violence was verbal harassment. This is in agreement with **Samir et al. (2012)** in Cairo and **Abbas et al. (2010)** in Ismailia Governorate Egypt, as the most common form of violence harassment was verbal, visual, and then physical.

In connection to working shift, the present study demonstrated that the highest percentages of the sample who were exposed to sexual harassment were trained in medical /surgical wards at night-shift followed by Psychiatry department and then operation room. This result was consistent with **El-Ganzory et al, (2014)** & **Suhaila (2012)** who found that a large portion of the sexual harassment happened amid the night or night shifts and with attendants working in medicinal/careful wards on the grounds that the patients are sitting in the clinic for an extensive stretch of time in these wards. Moreover, the present discoveries demonstrated that the nursing understudies who experienced inappropriate behavior <3times representing multiple quarters. The comparable finding, passed on by **Ganzory et al, (2014)**.

Regarding the gender of the offender, the present work revealed that the majority of offenders were male and around one half of the students reported having been sexually harassed by a patient followed by relatives and then visitors. This finding was steady with **Larry (2000)**, who found that over 75% of the understudies overviewed revealed having been sexually harassed by a patient, particularly those with extreme side effects brought about by their sickness or from medications <3 times amid their profession. This outcome is eccentric with, **Erkol et al.,(2007)** and **Aydin e et al.,(2010)** who chose in their studies that relatives or companions going to with the patients were regularly responsible for the inappropriate behavior practices.

Concerning the reasons for sexual harassment behavior from students' point of view, it was multiple. Specifically "pornography of mass media, internet site", "stereotypes of gender role", "mixing between students", "absence of systematic education for sexual harassment prevention", "and excessive exposure of the female body.

These results were in agreement with those of **Shebl et al, (2017)** who founded that the most prominent reasons were lack of control on media and porn movies followed by the spread of the internet and Facebook, parental control weakness, the absence of legal deterrence and crowded in public transportation. The current study results were in agreement with **Fahmy et al., (2014)** study who reported that the reasons for the presence of sexual harassment were lack of religious consciousness followed by a lack of supervision on the internet and media.

Regarding students' responses when exposed to sexual harassment during clinical practice, There were different responses from the studied sample, it was multiple, The most prominent were "directly ask the offender to stop", "accept as a positive comment about clothes or body", "report to the nursing office or nursing school", "talk with my family or friends" and "do not take any action". This is may be due to the nature of the Egyptian culture as female feeling of shame and fear from the society view. Also, in western society blaming of others belongs to a female rather than male.

The current study findings were similar with **British Crown, (2015)** study about sexual harassment report as the most common action taken to stop sexual behavior among British woman was ignorance of behavior and avoided the person. Also, the same result observed by **Shebl et al, (2017)** who reported that the most of the university students who exposed to harassment were an expression of anger and distress by using facial expressions and ignorance of the situation for fear of repercussions followed by escape from the place and request for help from others among more than half of the students, while less than half used any tool as a defense mechanism.

With regard to the important reason for not responding effectively to sexual harassment, were "worrying about getting gossiped at school or home", "not having courage", "retaliation from the perpetrator", "being afraid of getting disadvantage during clinical practice, followed by not expecting much help. It might be additionally because of the way that the format system is time-consuming or that the medical clinic comes up short on a formal framework for announcing badgering. Or on the other hand, since associations don't make a move when verbal maltreatment occurs, this propagating the issue.

Regarding to the suggestions to eliminate sexual harassment from the opinions of intership students in Mansoura university, the current study, findings revealed that there were many ways and methods to eliminate sexual harassment as establishing rules and laws relating to SH, developing healthy working environment, strengthening punishment for offender and developing a systematic prevention program.



These findings with are in the same line with **El Deep, (2013)** reported that the majority of strangers' female and some of the Egyptian female and men suggested that there was have to implement existing laws to deal with sexual harassment, and put special legislation criminalizing linked to sexual harassment. In addition, create efficient security system and put censorship in the media. Similarity reported by **Shebl et al, (2017)** puts strict laws for harassers, religious education in schools and universities, wearing baggy clothes, as reported by more than one third of the study sample while less than a quarter agreed with put legal control over the media.

#### **IV. Conclusion**

The present study highlighted that sexual harassment was common among male and female students as all students were exposed to it. The verbal harassment was more common than physical harassment and the most common places were general ward and psychiatry department. The students' responses to sexual harassment were asking the offender to stop, accept as a positive comment about clothes or body and report to the nursing office or nursing school. Moreover, the reasons of sexual harassment behavior from students' point of view were pornography of mass media, internet site followed by stereotypes of gender role, mixing between students and the absence of systematic education for sexual harassment prevention. So the students recommended ways to control this problem as put strict laws for harassers, developing healthy working environment and developing a systematic prevention program.

#### **V. Recommendations**

- Sexual harassment should indeed be discussed between university nurses in educational institutions to prepare them for the difficult situations they may face in their future careers.
- Sexual health and sexual harassment courses should be added to the nursing curriculum and the workplace
- Education and training programs for nursing students to help deter patients from engaging in inappropriate sexual behavior and to discuss the difference between normal and abusive relationships.
- Powerful approaches and techniques to battle this circumstance are set up, strategies and systems would enable both managers and medical caretakers, empowering them to take certain activities against lewd behavior.
- It is important to make the issue of sexual harassment more explicit in the literature and to continue research on this phenomenon in the health sector
- **Further research** on various populations and the impact of anti-harassment programs on perceived safety.

#### **Acknowledgment**

I might want to express my true gratefulness and my profound appreciation to all the internship nursing students and their organizers for gathering the information displayed and benevolently provided me with every important office for its prosperity and helped me to finish this work.

#### **Conflicts Of Interest Disclosure**

The authors declare that there is no conflict of interest.

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