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Sexual Harassment—A Glass Ceiling and Job Satisfaction of Nurses: A Case Study on the Selected Public Hospitals in Dhaka City

Tauhid Hossain Khan*
Humayun Kabir**

Abstract: *This study delved into the extent of sexual harassment of the female nurses in their workplace. To be specific it assessed job satisfaction of female nurses in the public hospital of Dhaka city in relation to sexually harassment by their male colleagues, patients, and visitors. With a view to having an insight on this issue, the study also takes into consideration Kanter's notion (1977) implying that workplace behaviors and attitudes are determined by social structures in the workplace. 138 surveys were administered to female nurses as per sampling framework and systematic random sampling procedure visiting their hospital in the three public hospital of Dhaka city in 2011. Results show that 67% respondents reported that they face physical violence in their hospital, 76% respondents reported that they face sexual harassment on the way to their hospital. The findings also reveal that 37% of the respondents reported that they got sexual harassment by the hospital staffs, doctor (21%), visitors (7%). Findings also suggest that the most of the respondents of this study (67%) are not satisfied with the hospital administration system and the most of the respondents of this study (68%) want to change their profession. The most of all the respondents (41%) want to change their profession due the job related physical harassment. Based on the bi variate analysis, this study suggests significant association of frequently night duty, sexual harassment on the way to work place, the sexual harassment by male colleagues, doctors, visitors and patients with the job satisfactions.*

Introduction:

Job satisfaction is an important component of nurses' lives that can impact on patient safety, productivity and performance, quality of care, retention and turnover, commitment to the organization and the profession. Moreover the shortage of nurses nationwide and locally has been well documented and extended to the long term care industry (Fletcher, 2001; Mark, 2002; Mitchell, 2003). As a growing segment of the population ages and strains the capacity of these institutions, most are having difficulties in finding and retaining qualified nursing staff (Gohen & Van Nostrand, 1995). Employees' job satisfaction and their commitment have always been important issues for health care

* Lecturer, Department of Sociology, Jagannath University, 10, Chittaranjan Avenue Dhaka 1100, Bangladesh email: tauhid_khandu@yahoo.com

** Lecturer, Department of Sociology, University of Dhaka, Dhaka 1000, E mail: humayun_sociology03@yahoo.com

administrators. Thereby, it is a public health concern too for the present time. After all, high levels of absenteeism and staff turnover can affect the administrators' bottom lines, as temps, recruitment, and retaining take their toll (McNeese-Smith, 1996). Satisfied employees tend to be more productive, creative, and committed to their employers, and recent studies have shown a direct correlation between staff satisfaction and patient satisfaction in health care organizations (Al-Aameri, 2000). The traditional model of job satisfaction focuses on all the feelings that an individual has about his/her job (Lu, While, & Barriball, 2005). However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but also on the expectations that individuals have of what their job should provide (Spector, 1997).Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses, lowering patient care quality, and causing nurses to leave the profession. High nurse turnover and vacancy rates are affecting access to health care (Best & Thurston, 2004). Continuously hiring new employees is costly, and frequent staff turnover affects employees' morale and impairs patient care (Sofie, Belzar & Young, 2003).

According to Borda and Norman (1997) and Lu, While, and Barriball (2005), the retention and recruitment of nurses have shown that low wages and poor job satisfaction are the primary reasons why nurses leave their positions. Their dissatisfaction is often attributed to heavy workloads, leadership styles, motivation, inadequate training, and lack of respect (Lu, While, & Barriball, 2005). Professional nursing is a significant component of quality health care and nurses are vital to the National Health Services System of a nation. They make a real difference to people's lives as far as health care is concerned. Yet the nursing profession is facing a crisis today all over the world. There are positions lying vacant due to non availability of qualified nurses (Gardner and Johnson, 2001). The steady stream of brain drain to the developed world makes the situation still worse in developing countries. From the days of mere caretakers, the nurses have emerged in the role of an envoy between a physician and a patient. Many a times they fulfill a large number of functions of a physician. But unfortunately, we, in Bangladesh, do not have many good qualified nurses for quality health care. The Nursing services are vital for attaining health and development. They form the backbone of health care. Heath care in Bangladesh is in a sad state, with insufficient doctors and nurses being available to serve its people.

Moreover, due to the demand of skilled nurses to give life to the health sector in Bangladesh as well as over the world, Nurses are getting dissatisfaction toward their profession; they are, hence, tending to leave their profession.

> "Women's work environment in Bangladesh doesn't begin and end at the workplace. In all the public spaces they inhabit - inside the factory and on the streets -they must negotiate culturally embedded and highly gendered codes of spatial use and respectability. Consequently, working women face a double jeopardy with respect to sexual harassment. Not only are they vulnerable to physical, verbal and sexual abuse inside the workplace, they are frequently subjected to harassment once they leave their work premises, in the public spaces they must traverse before reaching home (Siddiqi, 2003)".

There is a plethora of literatures showing that female nurses are facing such dual crisis in terms of sexual harassment, as shown by Siddiqi (2003) in the context of industrial labor. Another survey by the Bangladesh Institute of Labour Studies (BILS), based on news reports in 12 national dailies, reveals that at least 51 women working in the industrial and service sectors were raped in the first six months of the past year (The Daily Star, Tuesday August 6, 2002, p.2 cited in Siddiki, 2003). Several were murdered brutally in the aftermath of rape. Similarly, Sexual harassment is a major problem in healthcare; it is a pervasive, disparaging, social, legal and ethical problem. It is a form of sex discrimination that affects both sexes, although, the majority of sexual harassment is perpetuated by men against women, and few working women have not experienced sexual harassment. Only ten percent of the sexual harassment complaints are filed by men and researchers theorize that this may reflect that fewer women hold powerful positions or men may be embarrassed and fear humiliation if they file (Fiedler & Hamby, 2000). Some authorities contend that the nursing profession has the highest rates of sexual harassment (Madison & Minichiello, 2001). Surveys have shown that many employees do not know what constitutes sexual harassment.

In Bangladesh, sexual harassment is classified as a form of discrimination under Title VII of the Civil Rights Act of 1964. It is characterized by conduct of a sexual nature that is unwanted and unwelcome by the receiver. Conduct is considered unwelcome when it is neither invited nor

solicited and the behavior is deemed offensive and undesirable. Sexual harassment in the workplace is an unlawful exercise of power. The harasser uses his or her authority, or power to belittle, humiliate, and refuse to promote, or demote someone (Hamlin & Hoffman, 2002). Harassing behaviors include but are not limited to the following:

- Verbal sexual advance determined by the recipient as unwelcome.
- Sexually oriented comments about someone's body, appearance and/or lifestyle.
- Offensive behavior such as, leering, ridicule or innuendo.
- Display of offensive visual materials.
- Deliberate unwanted physical contact (Gardner & Johnson, 2001).

In this paper, we have also adopted the following classification by Choudhury (2006):

I. Verbal harassment: namely comments that have sexual overtones, or personal remarks that are humiliating and of a sexual nature;

II. Psychological harassment: namely behaviors that cause the woman mental anxiety, such as, for example, insistence on accompanying the respondent, phone calls at odd hours, stalking/ following the respondent, staring at her breasts and sending obscene SMS/text messages;

III. Sexual gestures and exposure: include incidents in which the perpetrator intentionally falls onto a woman, exposes his penis to her, stands naked, masturbates; in the case of patients, insists that nurses or other staff members massage or sponge his body or wipe his private parts even when he is able to do so himself; unwanted touch: namely unwanted touching of breasts or other parts of the body; and unwanted embraces;

IV. Rape, attempted rape or forced sex.

In a study of 188 critical care nurses, 46% reported regarding suffering from sexual harassment, which included offensive sexual remarks, unwanted physical contact, unwanted verbal attention, requests for unwanted dates, sexual propositions and one physical assault. Physicians represented the largest percentage of offenders, followed by co-workers, and supervisors. The majority of the incidents are unreported, perpetuating this public health problem (Sandberg, McNiel & Binder,

2002). The detriment to the victim involves both short- and long-term psychological, psychosocial, and occupational consequences. Emotional distress may be manifested by anxiety, depression, post traumatic stress disorder (PTSD), and substance abuse. Many victims experience increased absenteeism, burnout, job change, interpersonal conflict, and/or impaired intimacy and sexual functioning. A study (Choudhury, 2006) conducted in Calcutta, India reveals that among the 50 of Nurses (out 135 respondents who were female employee in the hospitals), 31(62%) female staff had experience of being harassed- verbal 14 (28%), psychological 16 (32%), sexual gesture and exposure 9 (18%), unwanted touch 9 (18%). The study also delves into the perpetrators of the harassment as following: 14 nurses reported that they were harassed by the doctors, 22 by patents and their family members, 3 by non-medical staff, 4 by administrative staff, and 5 by other harasser (Choudhury, 2006). "Nurses are the only group who are harassed by everyone; doctors, non-medical staff, patient, patient party and outsiders. (Choudhury, 2006)".

Job satisfaction is a complex socio-psychological construct. It has been shown in various public health studies as job satisfaction, which often determines nurses' sincere duty in the hospital. Dissatisfaction in the nursing profession has been a major problematic issue in many developing countries of the world including Bangladesh. A portion of the nurses directly leave the job even for the extreme dissatisfaction in their professional life which is a serious threat for the health sector of a country. An unsafe work environment leads to compromises in patient care; for instance, when the harasser is a colleague, valuable patient care information may not be communicated. Also, a distressed individual may have difficulty concentrating, in turn, missing important patient information (Valente & Bullough, 2004). Organizations incur costs from lawsuits and claims, increased absenteeism and turnover as well as poor productivity. According to Gardner and Johnson (2001), "Prevention is the first, last, and primary line of defense against sexual harassment; in fact, prevention is the cure. Simply for the sake of human dignity, employees in healthcare settings are entitled to safe, harassment-free workplaces." Reliable procedures, education, follow-up and a "zero-tolerance" approach by an organization will curtail sexual harassment and prevent its consequences. Employers must have a strong policy that clearly indicates the position of the organization related to sexual harassment. The EEOC recommends that employers voice strong

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disapproval of sexual harassment and educate all employees. Taking this advantage the less qualified females are entering to this profession. As these new nurses are being considered as the less qualified directly affect the total health care sector of our country. So the study relating to nurses' job satisfaction should get priority for the sake of its own merit. But very few studies have been conducted to explore the issues of the nurses' dissatisfaction. Of course, most of the previous studies emphasized on quantifying the structural issues regarding the nurses' job satisfaction. Socio-psychological constructs of job satisfaction, sexual harassment in the work place, related to this job and other cultural and contingent factors relating to have always been overlooked. As mentioned above, the unexplored reasons of nurses' job dissatisfaction are crucial to prevent health sector, thus it would be rational to explore it.

2.0 Objectives of the study

The overall objective of the proposed study was to provide data, which would allow for designing strategies to help having a sound environment for nurses in their workplace, investigating the nature of harassment in their workplace and the extent of dissatisfactions toward their profession in Bangladesh. Specific objectives were:

1) To find out the socio-demographic characteristics of the nurses in the public hospital.

2) To explore the pattern of sexual harassment in the nursing profession.

3) To find out the extent to which nurses in public hospitals are satisfied with their job.

With a view to examining the relationship between sexual harassment and job satisfaction, this study tests the hypothesis: 'The more extent of victim of sexual harassment, the greater extent of job dissatisfaction in the nursing profession'.

3.0 Power Imbalances -Sexual harassment -Job dissatisfaction: Theoretical Framework of the Study

According to Kanter (1977), workplace behaviours and attitudes are determined by social structures in the workplace, not personal predispositions. She claims that workers are empowered when they perceive that their work environments provide opportunity for growth and access to power needed to carry out job demands. When these

conditions are lacking, employees feel powerlessness. This threatens organizational productivity since powerless individuals are more susceptible to burnout and reduced job satisfaction (Kanter, 1979). Kanter defines power as the capacity to mobilize resources to accomplish work, and identifies structural characteristics within an organization that influence an individual's ability to access and mobilize the resources of job-related empowerment: (1) Power, that is, access to resources, support and information and; (2) Opportunity, that is, access to challenge, growth and development. Access to these organizational structures is influenced by the degree of formal and informal power an individual has in the organization.

Kanter (1977) maintains that individuals with access to power and opportunity structures can accomplish the tasks required to achieve organizational goals. Because they have these tools, they are highly motivated and able to motivate and empower others. Individuals without access to power structures perceive themselves to be powerless and become more rules-minded and less committed to organizational goals. The organizational behavior in public hospital in Bangladesh can be explained with this theoretical interpretation because Bangladesh as patriarchal society women are subordinate to male, they can't take any decision alone in home and outside of home .They are deemed as powerless. They cannot protest to any injustice against them indeed because they practice culture of silence. It is the culture of silence that teaches women, 'if you are harassed by male', 'keep silent' because it is your wrong, thus women are stigmatized in the society like Bangladesh. Moreover, they are exploited, victim of violence in the irrespective of home, workplace or on the transport and so on. Thereby the public hospital of Bangladesh are not exception, it is not secured place for the female nurses. The public hospitals are also the place in where the nurses are deemed as powerless women, they are victim of sexual harassment. So, the reality of the public hospital for a female nurse is not different from patriarchal social structure of Bangladesh.

4.0 Conceptual Framework of the Study

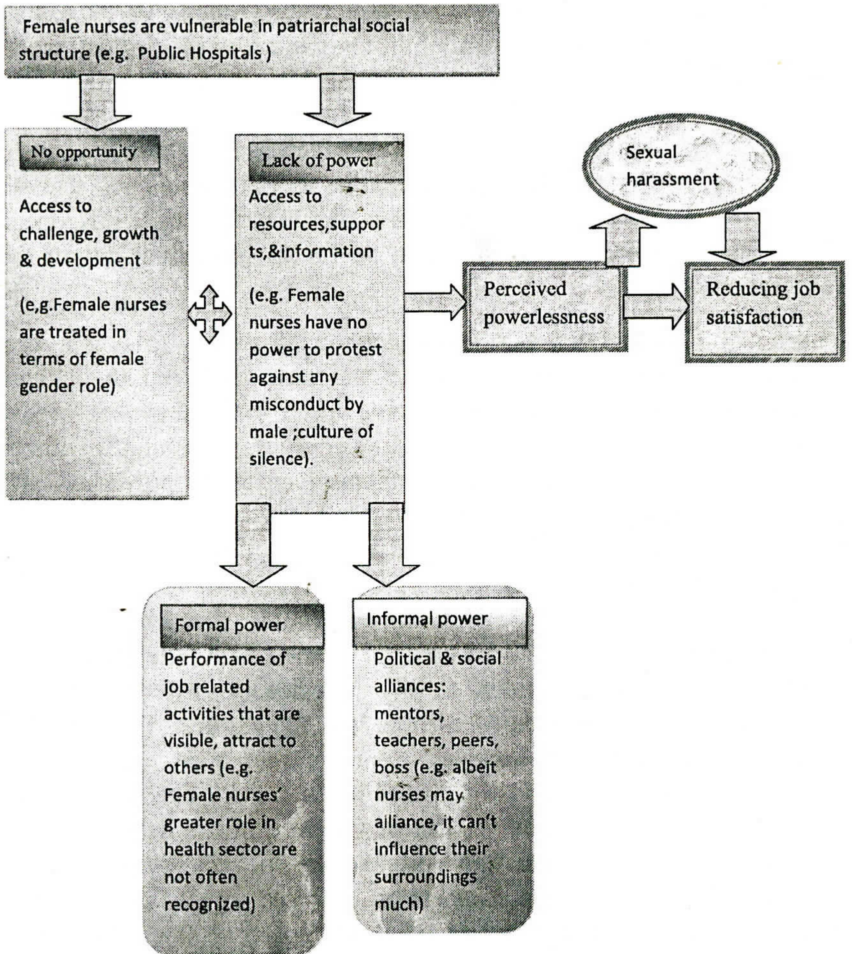

Figure 1 Conceptual Framework of the Study

5.0 Study Design

This is a study designed to look into female nurses' level of job satisfaction in terms of sexual harassment in the public hospital of Dhaka city, Bangladesh. The study used quantitative approach of data collection. Survey was the main technique of data collection for this study. Following systematic random sampling procedure, samples for the survey were drawn from three public Hospitals in Dhaka city. The public

hospitals are Dhaka Medical College & Hospital (DMCH), National Institute of Ophthalmology & Hospital (NIOH), and National Institute of Kidney Disease and Urology (NIKDU), randomly selected. The hospitals were enlisted as following sequences: NIOH, DMCH, and NIKDU as per the drawing lottery ensuring the quality of random sampling with a view to constructing a sampling frame. Sample size was determined using Fisher's (Sarartakos, 2005) exact formula. A total of 138 female nurses from the three public hospitals were interviewed for collecting primary data. The variables and indicators were identified according to the conceptual framework of the study (Figure1). A semi structured interview schedule containing pertinent questions related to the objectives of the study was developed for data collection. The fieldwork was conducted during June to September 2011. SPSS for Windows (version 12) was used for managing data and computing statistical association.

6.0 Findings of the Study

6.1 Background Characteristics of the Respondents

The present study is conducted among the nurses of three public hospitals of Dhaka city. In total, 138 nurses ranging from age 21 to 60 years were interviewed. Of them 85% was married and 15% was unmarried nurses. The table 1 reveals the demographic profiles of the respondents. The table shows that the majority of the respondents (46%) are 41-50 years old; on the contrary, a considerable number of respondents (23%) are 31-40 years old. Majority of the respondents' (57%) level of academic education was SSC. It was found only 9%, who completed their Masters. Again most of the respondents (74%) did diploma in nursing. On the other hand, only 9% of the respondents did Masters in nursing. In terms of total monthly income, the majority of the respondents' (56%) family income ranges between Tk.30, 000-Tk.40, 000 per month.

On the contrary, a considerable number of respondents' (7%) monthly family income is more than Tk. 50,000. It can be reported that a significant number of respondents' (26%) monthly family income is less than Tk. 40,000-Tk 50,000.

Table 1: Socio-Demographic and Economic Profile of the Respondents

Characteristics (N= 138)	**Per cent**
Age	
21-30	18
31-40	23
41-50	46
51-60	13
Total	**100.0**
Marital Status(N= 138)	
Married	85
Unmarried	15
Total	**100.0**
Level of Education(N= 138)	
SSC	57
HSC	28
Bachelor	11
Masters	4
Total	**100.0**
Religion(N= 138)	
Islam	81
Hinduism	19
Total	**100.0**
Total Monthly Income of the Family (N= 138)	
Tk. 20000- Tk.30000	11
Tk. 30000- Tk. 40000	56
Tk. 40000- Tk. 50000	26
More than Tk. 50000	7
Total	**100.0**
Professional Qualification(N= 138)	
Diploma in nursing	74
B. Sc. in nursing	17
Masters in Nursing	9
Total	**100.0**

6.2 Dynamics of sexual harassment of nurses: at work place and way to work place, in the physical and para -social world

The following table (Table 2) reveals that a significant number of respondents (66%) reported that they face sexual harassment in their hospital. On the other hand a considerable number of the respondents (34%) replied that they don't face any type of sexual harassment. Again most of the respondents (75%) reported that they face sexual harassment on the way to their hospital. And only negligible respondents (25 %) said that they didn't face that type of sexual harassment on the way to their hospital.

Table 2: Nursing Profession and Sexual Harassment

Victim of sexual harassment (N=138)	No	Yes	Total
Facing of any type of sexual harassment ever in the hospital	34	66	100
Facing any type of sexual harassment on the way to work place	25	75	100

6.2.1 Sexual Harassment of Nurses: at Work Place and Way to Work Place

Table 3 shows that 37% of the respondents reported that they got face physical violence by the hospital staffs.

Table 3: Sexual Harassment of Nurses: at Work Place and Way to Work

Source of sexual harassment in the work place (N=138)	Per cent
Doctor	21
Male nurse	18
Patient	17
Other staff	37
Visitor	7
Total	**100.0**
Source of sexual harassment on the way to work place (N=138)	
Bus staff	69
Passer by	11
Other people	20
Total	**100.0**
Night duty is a cause of sexual harassment (N=138)	
Strongly agree	53
Agree	23
Neither agree nor disagree	4
Disagree	9
Strongly disagree	11
Total	**100.0**

On the other hand, 21% of the respondents condemned the doctor for their facing of sexual harassment at work place. Only 7% of the respondents condemned the visitors for this sexual harassment. It is evident from the table 3 that almost all the respondents (69%) physically harassed by the local bus staff on the way to their work place. And a considerable number of respondents (11%) are physically harassed by the passer by on the way to their work place. The table 3 shows that the majority of the respondents (53%) strongly agree that night duty is a cause of physical violence/ harassment in the hospital, and a considerable number of them (11%) strongly disagree with the statement.

6.2.2 Sexual Harassment of Nurse in the Para -social World

The table 4 shows that a significant number of respondents (63%) has tendency to switch off their cell phone, while 19 % of the respondents keep their switched off mode to avoid patients' call at midnight.

Table 4: Sexual Harassment of Nurse in the Para-social World

Cell phone switched off tendency (N=138)	Percent
Yes	63
No	37
Total	**100.0**
Reason behind the switching off the cell phone(N=63)	
Patient call at any time	19
Male colleagues call at night	28
Patient's attendant disturbs at night	15
My husband wants it	18
Total	**100.0**

On the other hand 18% of the respondents do it because their husbands want it. Last bit not least 28% of the respondents keep their cell phone switched off to avoid their male colleagues call at night, and 15% of the respondents do it to avoid the patient's relative's phone call.

6.3 Dynamics of Satisfactions and Dissatisfaction Regarding Nursing as a Profession

From the table 5 we see that most of the respondents have the work experience ranging from 11-15 years. Again 25% of the respondents have the service experience of 6-10 years. On the other hand only 4% of the respondents experienced their service above 20 years.

Table 5: Service Experience of the Respondents

Service Experience(in year) (N=138)	Per cent
6-10	25
11-15	63
16-20	8
More than 20	4
Total	**100.0**

The table 6 shows the antagonistic relationship between nursing as a profession and nurse's family life. It is found that majority of the respondents (52%) strongly agree that they don't get enough time to take care of their kids and family members due to their nursing profession.

Table 6: Nursing Profession Versus Family Life

Contradiction between Nursing profession family life(N=138)	**Level of agreement on the items (in per cent)**					
	Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Total**
Getting enough time to take care kids or other family members	52	23	5	11	9	100
Contradiction between nursing profession and smooth family life	25	40	3	19	13	100
Married nurses are less committed to their profession than the unmarried nurses	37	28	7	18	10	100

On the other hand, a considerable number of them (9%) strongly disagree with the statement. In respect of male respondents' state of agreement with the relationship between nursing professional and family life, it is found that majority of the male respondents (40%) agree with the statement that there is a contradictory relationship between nursing profession and smooth family life. On the other hand, a considerable number of them (19%) disagree with the statement. It is also found that majority of the male respondents (37%) strongly agree with statement that Married nurses are less committed to their profession than the unmarried nurses.

Table 7: Satisfactions with the Hospital Administration System

Nurses satisfaction with hospital administration(N=138)	**Percent**
Yes	33
No	67
Total	**100.0**

From the table 7 we find that the most of the respondents of this study (67%) are not satisfied with the hospital administration system. Instead 33% of the respondents said about their satisfactoriness with the hospital administration system.

Table 8: Respondents level of Agreement with the Statement that 'Nursing Profession is seen to be a low class Profession'

Nursing profession is the low class profession(N=138)	**Percent**
Strongly agree	14
Agree	11
Neither agree nor disagree	7
Disagree	8
Strongly disagree	60
Total	**100.0**

The table 8 shows that the majority of the respondents (60%) strongly disagree with the statement that nursing profession is seen to be a low class profession. On the other hand, a considerable number of them (14%) strongly agree with the statement.

6.4 Changing Tendency of Nursing Profession and Its Aftermath on Health Care System

From the table 9 we find that the most of the respondents of this study (68%) want to change their profession. Instead 32% of the respondents said that they want to change their profession. It is evident from the table 9 that most all the respondents (41%) want to change their profession due the job related physical harassment. On the other hand a considerable number of respondents (33%) reported about the risks related to job. And a considerable number of the respondents (21%) said that due to the low salary structure they want to change their profession

Table 9: Changing Tendency of Nursing Profession and Its Aftermath on Health Care System

Intension to change their profession(N=138)	**Per cent**
Yes	32
No	68
Total	**100.0**
Reason behind the job change intension(N=32)	**Percent**
Low salary structure	21
Risk related to job	33
Job related physical harassment	41
Other	5
Total	**100.0**
Nurses of the public hospital are careless to the patient(N=138)	**Percent**
Strongly agree	43
Agree	28
Neither agree nor disagree	7
Disagree	15
Strongly disagree	7
Total	**100.0**
Reason of the carelessness(N=138)	**Percent**
Permanent job	63
Low salary structure	13
Lack of supervision	24
Total	**100.0**

As we see in the table 9 that 43% of the respondents strongly agree that nurses of the public hospital are careless to the patient. On the contrary,

only 7% of the respondents strongly disagree with the statement. It is evident from the table 9 that almost all the respondents (63%) think that nurses of the public hospital are careless to the patient because of the permanent nature of their job. And a considerable number of respondents (24%) reported about the lack of supervision for the nurses' carelessness.

6.5 Bi-variate analysis

Components of sexual harassment of nurses and job satisfaction

The table 10 shows the statistical association between the different components of sexual harassment of nurses and the job satisfaction. It reveals that night duty, sexual harassment and sexual harassment by their male colleagues (doctors, fellow employee), visitors & patients are significantly associated with their job satisfaction.

Table 10: Summary tables of Chi-square and Cramer's V on the Components of Sexual Harassment of Nurses and Job Satisfaction

Components of sexual harassment of nurses	**Job Satisfaction**
Frequent night duty	χ^2= 51.750*** df= 6
Sexual harassment on the way to hospital	χ^2= 48.042*** df= 2
Harassment by the male colleagues, doctors, visitors and patients	V= .115***

*** p=0.001 ** p=0.01 * p=0.05

Thus we can say from the table 10 items related to sexual harassment such as frequent night duty, physical harassment on the way to hospital and harassment by the male colleagues (doctors, fellow employee) , visitors and patients faced by the nurses are strongly associated with their job satisfaction.

7.0 Recommendations

To get sexual harassment free workplace for the nurses with a view to making a sound health sectors for Bangladesh , the following issues can be recommended for national and local level: -

- Specifics on how complaints should be made against the physical harasser and how confidentiality will be ensured;
- Employers provide initial and annual educational programs that define sexual harassment and communicate the institution's position, policy, and procedure for reporting;

- Registered nurses develop skills to identify and prevent sexual harassment by;
- Taking immediate verbal and/or physical action to reject sexual harassment behaviors;
- Reporting instances of sexual harassment promptly;
- Government should put emphasis on training to maintain the quality nurses;
- A task force to study potential demands for national and international markets;
- Media to play a role in improving the image of the nursing profession; and
- Re-evaluate the existing salary structure.

8.0 Conclusion

This paper has explored women's perceptions and experiences of sexual harassment in the public hospitals of Bangladesh. Findings confirm the persistence of sexual harassment in the public hospitals of Bangladesh, the study also reveals the significant impact of sexual harassment on the extent of job satisfaction by public hospitals' female nurses, consequently this event provokes the nurses to quit from their profession or workplace. The authors acclaims that this tendency is sever threat for the public health for a developing societies like Bangladesh.

The study reveals that a significant number of respondents (67%) reported that they face sexual harassment in their hospital. Again most of the respondents (76%) reported that they face Sexual harassment on the way to their hospital. The findings of our study in this context are consistent with the findings and comments of siddiqi (2003) where he reported that industrial women workers have to face sexual harassment in their workplace and way to workplace .The findings of our study also reported that 37% of the respondents reported that they faced sexual harassment by the hospital staffs. On the other hand 21% of the respondents condemned the doctor for their facing of sexual harassment at work place. Only 7% of the respondents condemned the visitors for this sexual harassment. In terms of out of hospital, almost all the respondents (69%) physically harassed by the local bus staff on the way to their work place. And a considerable number of respondents (11%) are physically

harassed by the passer by on the way to their work place. The findings of the present study are reflected, to some extent, by the study conducted in Calcutta, India (Choudhury, 2006) because findings of the study also suggest that out of 50 nurses, 14 (28%) nurses were harassed by the doctors, 22 (44%) by patients and their family members, 3 (6%) by non-medical staff, 4 (8%) by administrative staff, and 5 (10%) by other harasser. From the comparative scenario of Bangladesh and India, it is worthy that Nurses are the only group who are harassed by everyone; doctors, non-medical staff, patient, patient party and outsiders (Choudhury, 2006).

Findings also suggest that the most of the respondents of this study (67%) are not satisfied with the hospital administration system and the most of the respondents of this study (68%) want to change their profession. Because most of all the respondents (41%) want to change their profession due the job related physical harassment. This study suggests significant (table 10) association of frequently night duty, sexual harassment on the way to work place, the sexual harassment by male colleagues, doctors, visitors and patients with the job satisfactions.

The study deems the theoretical framework that the power imbalances in the gender relations cause the sexual harassment of nurses by the male collogues irrespective of fellow or upper positions; even by the male visitors is caused by the power imbalances because women in Bangladesh can not protest against the harassment by male.

> "Clearly, sexual harassment is an issue of power dynamics and it is those who wield least power who are most vulnerable to all forms of harassment. By and large, moreover, sexual harassment (aside from attempted rape and rape) was taken as a routine occurrence in the health sector and was perceived as an occupational hazard more generally for women in the labor force (Choudhury, 2006: 18)".

According to Kanter (1977), workplace behaviors and attitudes are determined by social structures in the workplace. It is rooted in patriarchal social structure. It is the matter of culture that is called culture of silence. The culture of silence is a practice that when a female becomes victim of sexual harassment, she does not explore, to protest is far away, publicly because if it is so, she will be treated negatively at the eye of society . She will feel shame to say publicly .For that why, very few female nurses complain to the higher authority about their harassment.

The study conducted in India (Choudhury, 2006) is relevant in this regard only 27 of the 77 women experiencing harassment made a formal complaint; 10 reported the incident to a supervisory level staff member and 17 to hospital authorities or the management.

Table 11: Distribution of the Respondents by the Complaining to the Authority after Being Victim of Sexual Harassment and Factors for not Complaining

Complaining to the authority for sexual harassment (N=138)	**Per cent**
Yes	22
No	78
Total	**100.0**
Factors behind not complaining (N=138)*	
Fear of dismissal of job	65
For shame	78
Obstacle to promotion	38
Prohibited by family members	51
Harasser are powerful administratively	63

*Theses percentages add up to more than 100 because of respondents appeared in more than one category

They do not complain or protest not only for the fear of image crisis (table 11) in the society but also there is a fear of dismissal of job (table 11), obstacle to promotion and others socio economic factors. It appears then that complaints to the management were more likely to result in dismissal, termination of contract or reprimand of the harasser than complaints made to supervisors. At the same time, if the harasser was a person in authority (table 11), specifically a doctor, it was likely that complaints made to the management would result in pressure on the victim herself to tender her resignation. Instead of complaining, women reported that they developed other coping mechanisms, ranging from sharing experiences of harassment informally with their colleagues to changing their dress habits or change the workplace silently. The aforementioned findings of our study related to complaining to the authority for sexual harassment and factors behind not complaining are strongly supported by the study conducted in India (Choudhury, 2006). Experiences of sexual harassment reflected, by and large, power imbalances that make younger women and those in subordinate positions particularly vulnerable. Incidents of sexual harassment were most often

perpetrated by people in authority, such as senior or consultant doctors and even patients and their families, who were perceived to have the power to influence women's job security in the institution. Nurses and other doctors were likely to be the most vulnerable category although even hospital attendants and non-medical staff reported harassment from colleagues and senior or consultant doctors.

Finally, our study has noted that sexual harassment of female nurses in their workplace is alarming for the public health for a given country. Particularly, Bangladesh as a developing country has tendency of 'brain drain', many of our skilled nurses are immigrated to the developed countries in every year. The low salary structure, low job status and less job security are degrading their level of satisfaction toward their job. Moreover, sexual harassment in their workplace is a significant dimension to affect the job satisfaction in the growing sector of work forces in Bangladesh.

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References:

Al-Aameri, A. S., 2000. "Job satisfaction and organizational commitment for nurses." Saudi Medical Journal, 21(6), 231-235.

Best, M., & Thurston, N., 2004. "Measuring nurse job satisfaction." Journal of Nursing Administration, 34(6), 283-290.

Borda, R., & Norman, I., 1997. Factors influencing turnover and absence of nurses: a research review. International Journal of Nursing Studies, 34(6), 385-394.

Chaudhuri, P., 2006. "Sexual Harassment in the Workplace: Experiences of Women in the Health Sector . Health and Population Innovation Fellowship Programme Working Paper, No. 1. Population Council :New Delhi.

Fletcher, C. E., 2001. "Hospital RNs' job satisfactions and dissatisfactions." Journal of Nursing Administration, 31(6), 324-331.

Gardner, S. & Johnson, P. R. 2001. "Sexual harassment in healthcare: Strategies for employers." Hospital Topics, 79(4), 5-11.

Gohen, R. A., & Van Nostrand, J. E., 1995. "Trends in the health of older Americans: United States, 1994." Vital & Health Statistics, 3(30), 1-339.

Hamlin, L. & Hoffman, A. 2002. "Perioperative nurses and sexual harassment." AORN Journal, 76(5), 855-860.

Kanter, R. M. 1977 Men and Women of the Corporation. Basic Books, New York.

Kanter R.M. 1979. "Power failure in management circuits." Harvard Business Review, 57, 65-75.

Lu, H., While, A., & Barriball, K., 2005. "Job satisfaction among nurses: a literature review." International Journal of Nursing Studies, 42(2), 211-227.

Madison, J. & Minichicello V. 2001. "Sexual harassment in healthcare-classification of harassers and rationalizations of sex-based harassment behavior." JONA The Journal of Nursing Administration, 31(11), 534-543.

Mark, B. A., 2002. "What explains nurses' perceptions of staffing adequacy?" Journal of Nursing Administration, 32(5), 234-242.

McNeese-Smith, D. 1995. "Job satisfaction, productivity, and organizational commitment. The result of leadership." Journal of Nursing Administration 25(9):17-26.

McNeese-Smith, D. K., 1996. "Increasing employee productivity, job satisfaction, and organizational commitment." Hospital Health Service Administration, 41(2), 160-175.

Sandberg, D. A., McNiel, D. E., & Binder, R. I. 2002. "Stalking, threatening, and harassing behavior by psychiatric patients toward clinicians." Journal of the American Academy of Psychiatry Law, 30, 221-229.

Saratakos , S. 2005. Social Research Palarance:New York

Siddiqi , D .M. , 2003 , "The Sexual Harassment of Industrial Workers: Strategies for Intervention in the Workplace and Beyond." CPD-UNFPA Paper 26, Centre for Policy Dialogue (CPD), retrieved from http:// www.cpd-bangladesh.org

Sofie, J., Belza, B., & Young, H. 2003. "Health and safety risk at a skilled nursing facility: Nursing assistants' perceptions." Journal of Gerontological Nursing, 29(2), 13-21.

Spector, P. E. 1997. Job satisfaction: Application, assessment, cause, and consequences. Thousand Oaks, CA: SAGE Publications.

Valente, S. M., Bullough, V. 2004. "Sexual harassment of nurses in the workplace." Journal of Nursing Care Quality, 19(3), 234-241.