SEXUAL HARASSMENT AT CLINICAL PLACEMENT: IMPACT TOWARDS FEMALE NURSING STUDENT

Siti Ayusafura bt Muzamil

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ABSTRACT

Sexual harassment is one of the important and widespread public health problems particularly in nursing and healthcare. This research investigated on the nature of existence and extent of sexual harassment among female nursing students of Universiti Malaysia Sarawak. However the main point is to look into the impact from sexual harassment towards nursing students. A booklet of questionnaire made based on various literatures was administered to 75 total numbers of female nursing students from year two to year four. Five types of sexual harassment behaviours together with three types of impacts and types of perpetrator were evaluated. Finding shows majority of Malay students prone to get harassed where in 90.5 percent compare to Chinese (50 %). It also demonstrated that frequency of sexual harassment decreased as the behaviour became more intimate and physical types. Respondents indicated had experienced more towards psychologically effect from sexual harassment behaviour rather than physical or job consequences. A significant found between all variables and races but not a single was found towards year of study. Furthermore, most of the reported perpetrator was come from male patients and patient’s relatives. Based on the findings, particular attention is needed to in order to increase awareness regarding sexual harassment in public health care setting especially to nurses as general and also their rights on this issue on how to overcome this matter.
CHAPTER I

INTRODUCTION

In this chapter, researcher will explain the background of sexual harassment in nursing, statement of the problem on why researcher wanted to do further study on this matter, and purpose of this research also will be clarified. Besides that, benefits from this research, operational definition of each terms used in this research also will be explained.

Background

Sexual harassment is a crime which usually been misinterpreted and many still confuse about the term. Societies are still considered it to be disgraceful and usually are very secretive about it. The lack of understanding if this issue led to various myths and misconceptions. Some people thought that the victim asked to be sexually harassed by the way they dress and act towards others. However, being a subject to sexual harassment is a very traumatic experience and it involves physical and emotional distress. Additionally, the person who commit the act is someone superior who have big influence towards the victims such as employee to employer or someone which have daily direct contact with the victims.

In this paper, researcher will focus on sexual harassment which occurs in health care setting which consider as clinical placement for nursing student. This is the place where they will
have direct contact with different types of people, and this is also will be the place for them to practice in nursing. History on sexual harassment has started since 1970s, when the term was first introduced.

In Foote and Goodman – Delahunty, 2005, p. 7 stated that:

The term sexual harassment is attributed to Catherine A. Mackinnon, a professor at the University of Michigan Law School, who coined it in the mid 1970s and has since applied it to a range of gender–based workplace interactions (Mackinnon, 1979).

It has brought up an idea of limitation in relationship between men and women at workplace as well as the significance of women’s rights. However, the problem of sexual harassment in nursing has been existed long before that, even since Nightingale’s era (Bronner, Peretz & Ehrenfeld, 2003). It is one of the problems in healthcare, affecting nurses and nursing students which will result in social, legal, and ethical problems. It also affect their performance and motivation at work. Absenteeism, nurse’s consideration of alternative employment, and reports of incident effecting psychological functioning and clinical practice are among the consequences from sexual harassment (McKenna, Poole, Smith, Coverdale, & Gale, 2003). Although, the majority of sexual harassment is brought about by men against women, men also did experience some form of sexual harassment.

Nevertheless, this research will only focus on sexual harassment towards female student of Bachelor in Nursing Program (with Honor) in Universiti Malaysia Sarawak (UNIMAS). This four years program consists of core courses, generic and complimentary courses. In core courses, students are compulsory to attend formal classes in faculty for various subjects and clinical placement in any health care setting. The clinical placement varies according to which
year the students in. In first year of this program, students are only required to go for clinical placement at Sarawak General Hospital (SGH) once a week within a semester. They will only have daily clinical placement for six weeks at the end of first year which usually done at SGH or any nearest district hospital. For second, third and fourth years in this program, they will have several daily clinical placement for three to six weeks each within a semester as well as at the end of each year. Those clinical placements took place at several areas such as Specialized SGH clinics, general wards, mental hospital, Maternal and Child Health Clinics, and district hospitals around Sarawak. Starting from first year in this program, all nursing students were thought about basic nursing care which involves therapeutic communication, holistic care and many others which require them to have direct and close contact with clients. As a nurse, tender loving care to client is a must in order to provide a good quality of services to those in need. As a result, basic nursing care is very important for the students to master it before they go for clinical placement. Due to these requirements in nursing career, the possibility of getting sexual harassment is higher. Additionally this is the profession which dominant by women whom usually are the victims in such harassment incident.

In Malaysia, there are very few statistics regarding sexual harassment incident. However, according to Karen Lai from Joint Action Group for Gender Equality in her article on News Straits Time Online dated 20th July 2007, number of reported cases may not reflect the real scenario. This is supported by several factors such as feeling of embarrassment, lack of knowledge on definition of sexual harassment, and lack of awareness of their rights.
Statement of the problem

Sexual harassment in nursing can be categorized under sexual harassment at workplace. Sexual harassment takes a great challenge in nursing career because nursing is one of the professions which have large number of female workforce. It has been well recognized that the nursing process includes assessment, diagnosis, planning, implementation and evaluation encourages greater intimacy between nurse-client relationships. The working environment of nursing profession itself does contribute to this issue, as for example, therapeutic communication of touching, holistic care by making thorough physical examinations, exposing the client’s body or performing perineal care. This close relationship between nurses and patients may explain the reason why nurses are more susceptible to experience harassment at their workplace. On the other hand, traditional gender role activities also contribute to sexual harassment in healthcare settings because more men hold higher position in administration, and there are a lot of male physician. In standard health care setting, there are other co-workers who provide their respective services which also have a direct contact with staff nurses as well as student nurses. As a result, nurses have greater risk from experiencing sexual harassment while they are in the clinical setting.

While for the student nurses, they play similar role as a staff nurses when they are in clinical setting. Although they are lack of skills and inexperienced, but the exposure of working environment as mentioned above, are the same. As a result, this research is going to find out the significant of this problem. A number of research done in various countries show significant incidents among staff nurses for example, 37.1% out of 622 participants in Turkey (Celik & Celik, 2007), 55.8% out of 473 participant of female nurses in Japan (Hibino Y., Ogino & Inagaki, 2006), and in New Zealand, 30% from 167 nurses experienced verbal
sexual harassment during their first year of practice. Most of the research proved unpleasant implications towards staff nurses and institutes, but only few of them discuss regarding sexual harassment experienced by student nurses. According to Bullough and Valente (2004), when nurses are sexually harassed, they experienced frustration and mental health problem that may include depression, anxiety, and post-trauma stress and may prompt high levels of burnout, staff turnover, and inefficient care delivery. They also mentioned that many nurses found sexual behaviors as so distressing that they quit their jobs, transferred, or left nursing. Because of these implications towards nurses in their workplace, researcher has an intention to do a study on this matter towards UNIMAS nursing students.

**Objectives**

General objectives:

To examine the existence and extent of sexual harassment behaviour towards student nurses during their clinical placement.

Specific Objectives:

1) To find out the prevalence of sexual harassment.

2) To identify the most frequent types of sexual harassment experienced by student nurses.

3) To find out the impact and respond towards sexual harassment behaviour.

4) To identify the main group of harasser.
Significant of the research

This research is for the benefit of UNIMAS nursing baccalaureate so that they will be able to gain knowledge and exposure regarding issue in nursing profession. Researcher believes the issue about sexual harassment is not new to any of the students. However to be specific in nursing profession, it is something very familiar. As a result, this research hopefully able to create awareness among students regarding sexual harassment incidents and its types of behaviour so that student can have preparation for real world of nursing. Apart form that, researcher hope the authority of UNIMAS will add in this issue to be include in the curriculum of UNIMAS nursing syllabus. This paper also will contribute in adding another research paper on sexual harassment among nurses in Malaysia.

Operational Definition of Terms

Sexual
Is relating to, involving, or characteristic of sex, sexuality, the sexes, or the sex organs and their functions. It also defines as implying or symbolizing erotic desires or activity. (Free Dictionary, 2007)

Harassment
The act of tormenting by continued persistent attacks and criticism. It is a feeling of intense annoyance caused by being tormented. (Free Dictionary, 2007)

Sexual harassment
From Malaysia’s Code of Practice on the Prevention and Eradication of Sexual Harassment in the Workplace (1999) cited in WCC Penang (2007), sexual harassment is defined as any
unwanted conduct of a sexual nature having the effect of verbal, non-verbal, visual, psychological or physical harassment. That might, on reasonable grounds, be perceived by the recipient as placing a condition of a sexual nature on her/his employment or that might, on reasonable grounds, be perceived by the recipient as an offence humiliation, or a threat to her/his well-being, but has no direct link to her/his employment.

Most literature defined sexual harassment in two ways, *quid pro quo* and hostile workplace environment. It was based on Equal Employment Opportunity Commission (EEOC) which had issued the guidelines in 1980. Quid pro quo means, there is an exchange for something as a return benefit. In this case, perpetrator use threats or rewards to the employee in order to forced them for sexually intimacy. On the other hand, hostile environment is an unwelcome sexual provocation at work such as requesting for sexual favors, making a sexual joke, or any other verbal of physical behavior, which create hostile, intimidating, or offensive working. In hostile environment, it does not need to involved physical touch, however it was the majority in the reported cases. (Bullough & Valente, 2004).

**Clinical Placement**

For the purpose of this research, it defines as any health care setting, which involves either any ward in Sarawak General Hospital or any district hospitals where UNIMAS nursing students did their clinical attachment in year 2007.
Impact

A forceful consequence or a strong effect (Free Dictionary, 2007). However, for the purpose of this study, impact refers to effects in physiology, psychology and clinical skill consequences of student nurses experienced sexual harassment.

UNIMAS Student Nurses

Undergraduate female student of UNIMAS in Bachelor of Nursing with Honour. For the purpose of this research, it will involve students from year two to year four because year 1 in this program has not yet having their daily clinical placement in year 2007.
CHAPTER II

LITERATURE REVIEW

Researcher will present literatures from different sources which have close relation to this paper in this chapter. It will include the prevalence of sexual harassment incidents happened across the world, who is the common perpetrators, and how it affects nurses. Researcher also will explain if there is any law and legislation for sexual harassment especially in Malaysia.

Prevalence

According to various studies done across the world, the prevalence of sexual harassment towards nurses was relatively high. Study on Sexual Harassment against Nurses in Turkey showed, out of 622 participants, 37.1 % has been harassed sexually and physicians were identified as the primary perpetrator (S. S. Celik, Y. Celik, & Senol, 2007). In research done on Sexual Harassment of Female Nurses by Patient at Japan by Hibino, Ogino, & Inagaki in year 2006, 55.8 % out of 473 participants of female nurses ever been sexually harassed by patient. Shih and Hsiu (2006) reported in their study on Nurses Confronting Sexual Harassment in the Medical Environment done in Taiwan, 175 subjects experienced sexual harassment in medical practice from a total number of 307 selected subjects, which was 57 % of sampled nurses. According to Chaudhuri (2006) from Delhi, women doctors and nurses are victims of sexual harassment at the workplace and not many of them are ready to come out
openly against it. This statement was supported in study conducted on Sexual Harassment in the Workplace: Experiences of Women in Health Sector which was done in four different hospitals in Kolkata, India over a period of 11 months. From 135 women interviewed, 77 admitted had experienced sexual harassment. Of the 45 doctors interviewed, 24 had been harassed and from 50 nurses, 31 were victims of sexual harassment.

Research by Hebb, Hughes, Nyamande, Blackwell, and Gunn-Westland (2004), provides a report on the extent and nature of sexual harassment in United Kingdom. In their result, 76.1 % of the respondents reported at least experienced one situation of harassment. The most common behaviours were being stared, having sexual comments, and witnessing patient starrin at others. Whereas at New Zealand in year 2003, a survey done by McKenna, Poole, Smith, Coverdale, and Gale, found that the most common inappropriate behaviour by patients involved verbal threats (35 % from 192 subjects), verbal sexual harassment (30 % out of 167 subjects), and physical intimidation (29 % from 161 subjects). Apart from that, there were 21 incidents of participants being stalked by patients. In another research, 90 % of subjects reported experiencing at least one type of sexual harassment and 30 % described at least four types in study done in five medical centers in Israel on Sexual Harassment of Nurses and Nursing Students by Bronner, Peretz, and Ehrenfeld in year 2002. A major difference was found between nurses and nursing student. However, severe types of sexual harassment behaviour were experienced by 33 % of nurses, whereas 23 % by nursing students.

An article printed in Australian Organization of Registered Nurses (AORN) Journal in November 2002, by Hamlin and Hoffman claimed that from 45 % of all traumatic events experienced by perioperative nurses, most frequently perpetrator were physician. In addition,
sexual harassment in Operation Theater is higher than in other healthcare settings because of the traditional specialty development of nursing culture, geographical isolation of the operating room, and constant idea on nurses as surgeon’s helper. Furthermore, the tension situation in Operation Theater and close relationship among staff members, endorse sexual harassment to be occur.

Although there was no research on sexual harassment towards nurses found in Malaysia, there was statistic from Polis Di Raja Malaysia (PDRM) on molestation from year 2000 until 2004 which was cited in Women’s Centre for Change (WCC), Penang’s website in year 2006. According to the statistic, there were increases in number of incidents reported, which was 1661 cases in year 2004 compare to 1234 cases in 2000. Cited in the same website, was a speech from Malaysia’s Ministry of Human Resources on the launching ceremony of the National Workshop on Sexual Harassment in the Workplace on March 1999 at Kuala Lumpur which stated that,

“Surveys carried out in a number of industrialized countries showed that the proportions of female employees who had been subjected to sexual harassment in those countries ranged from 42 to 70 per cent. There may be no conclusive research findings on the incidence of sexual harassment in this country, but we are very sure that the problem does exist at least in certain workplaces especially those with large female workforce, and we are convinced that the situation already warrants due attention and remedial action so that it does not get worse.”
Impact

The impact of sexual harassment may vary from one person to another depending on how they perceive things which happened to them. However, study done in different places around the world has showed some statistical finding on the impact towards victims of sexual harassment. From University of Calgary, Willness, Steel, and Lee have conducted a meta-analysis in year 2007. According to them, sexual harassment is one of the most harmful and universal barrier to be success in women’s career and for them to achieve work satisfaction. Data from 41 studies, the impact from sexual harassment with a total sample size of nearly 70,000 respondents include many job related consequences such as decreased in job satisfaction and organizational commitment, and increased withdrawal behaviours.

In addition, sexual harassment also negatively affects the mental, physical, and psychological health of the victim, as evidence in their higher rates of symptoms such as anxiety, depression, and even post-traumatic stress disorder. Foote and Goodman-Delahunty (2005) stated in their book, the physiological impact towards the victims include sleep disturbance, nausea, headaches, and tiredness. Furthermore, a reduction on quality care delivery will rise as a big impact, not only to the victim but also to the organization. According to them, sexual harassment also has an effect on job satisfaction. Studies conducted which cited in this book shows women who experienced sexual harassment prone to withdraw from work related activities, having less favorable attitude towards work, and less favorable attitudes towards colleagues and the organization.

Whereas in 2004, a research done by Hebb, Hughes, Nyamande, Blackwell, and Gum-Westland reported that the most common feelings consequences related to sexual harassment
were uncomfortable, embarrassment, vulnerable, anger, fear and humiliation. Besides those, an article on Sexual Harassment of Nurses in Workplace which was submitted by Valente and Bullough found in Journal of Nursing Quality (2004). Various citations from this article found that behaviour may include sexual remarks, touching, pressure for dates, and pressure for sexual cooperation. The sexual harassment created an unsafe work environment that predisposed nurses to making mistake to compromised patient care. “If sexual harassment distracts the nurse who is passing medication, drawing blood, or handling surgical instruments, errors can be dangerous and potentially deadly”. Implications from sexual harassment divided into several categories, psychological, psychosocial, and occupational consequences, which include emotional distress, absent from work, interpersonal conflict, and burnout.

In different study done by Bronner, Peretz, and Ehrenfeld (2003), mild sexual harassment like teasing remarks resulted in feelings of discomfort, embarrassment or indifference among 60% of the subjects. In addition, the most severe sexual harassment such as attempts to have sex, placed fear, humiliation, shame and disgust as the impacts in about 65% of the subjects. The similar consequences reported in different study, compromised on quality of care to the patient, refused to care for the patient, and had physical and psychological effects (McKenna, Poole, Smith, Coverdale and Gale, 2003).

**Law and Legislation**

It is clearly described above that sexual harassment at workplace brings great significant consequences not only to the victims but also to the organization. In relation to this matter, New York State Nurses Association (2005), in its position statement against Sexual
Harassment in the Workplace, aims to revile this matter and to let the nurses know about their rights and responsibilities in relation to harassment complaints. In this position, registered professional nurses and nursing students have right to a workplace free of sexual harassment. Health care organizations must develop zero tolerance policies and procedures to protect individuals from sexual harassment. They also must continue to educate their employees that sexual harassment is unacceptable and accusation will be completely investigated.

In addition, it is the responsibility of every registered nurses and employer to take immediate measures to address and prevent sexual harassment in the workplace. NYSNA recommended that every institution have a written policy statement, to provide the employees with the initial and annual educational programs that define sexual harassment and communicate the institution’s position, as well as policy and procedure for reporting. Lastly, they recommended all registered nurses to develop skills to identify and prevent sexual harassment.

In Malaysia, they already came out with Code of Practice of the Prevention and Eradication of Sexual Harassment in the Workplace (2005). Although it was not specific in healthcare setting, but this code of practice has been use in all government sector. Before they formed this Code of Practice in year 1999, victims of sexual harassment faced distressed to report sexual harassment event due to no recognized procedure to guide them on proper solving methods of their problems. As a result, the purpose of the Code of Practice is to provide practical guidance to employers, employees, trade union, and other relevant partied on the protection of the dignity of men and women at work. This code provide an outline of in-house mechanism to combat sexual harassment workplace, policy statement prohibiting sexual harassment, a clear definition of sexual harassment, complaint/grievance procedure,
disciplinary rules and penalties, protective and remedial measure for the victim, promotional and educational programs, as well as the involvement and role of trade union.

**Conclusion**

Sexual harassment in nursing is not an isolated case but it’s happening worldwide. The impact it brings towards the victim and professionalism in nursing is unacceptable and may cause a lot of problem in healthcare settings. It will also affect the effectiveness in delivering care for the client.
CHAPTER III

METHODOLOGY

In this chapter, researcher will give further detail on research design, sample and location, and instrument used for this paper. Ethical consideration while conducting this research also will be explain in this chapter followed by approach used in collecting data, and how researcher going to analyze them.

Research Design

A quantitative approach of descriptive cross-sectional study was used in this paper to explore the nature, impact, and respond towards sexual harassment experienced by UNIMAS nursing student during their last clinical attachment. Researcher opted this design because there was no correlation between variables and years of study. In addition, a typical descriptive design was use to describe all the variables as mentioned in order to provide a picture of situations as they were naturally happened (Burns N. & Grove S. K., 1993).

Subject and Setting

This study was conducted in Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS). In order to achieve objectives in this research, purposive sampling was used to determine the participants. As a result, a group of female students who currently
taking courses in Bachelor of Nursing with Honour in this faculty was selected to be part of
the study. During clinical placement, they required to apply all clinical skills together with
knowledge from theory class in order to fulfill their course’s objectives. Therefore, they had
direct contact with patients, staff, and others. This makes them suitable as a participant in this
research. They were consist of second, third and fourth year students who have been to
clinical placement in year 2007.

Instrument
Instrument used in this study was using a booklet of questionnaire. This instrument was
reconstructed based on various sources of literature reviews. Few of the most significant to
this paper were research conducted at Israel by Bronner G., Peretz C, and Ehrenfeld M. in
year 2002, study done in year 2006 at Taiwan by Shih C. C. and Hsiu M. L., and a survey
done by McKenna B. G., Poole S. J., Smith N. A., Coverdale J. H., and Gale C. K. The
questionnaire consists of four sections.

Section A consists of demographic data of the respondents which consist of year of study and
race. Only two demographic data is necessary because there is no significant relationship
between these variables with the others. In this paper, years of study or age of the respondents
does not reflect anything towards the experience of sexual harassment they had because
respondents were asked to answer this questionnaire based on their clinical attachment in year
2007. But years of study was needed in order for the researcher to know how many
participants in certain year involved in this research.

Section B is to identify the nature and prevalence of sexual harassment. In this section, five
types of sexual harassment with their respective behaviours were questioned in order to
identify their frequency. The five types of sexual harassment defined by Ministry of Health (1999) cited in WCC, Penang (2007) were

i) verbal harassment,

ii) non-verbal harassment,

iii) visual harassment,

iv) psychological harassment,

v) and physical harassment,

There were five specific behaviours in each of those types of sexual harassment. As a result, this section contain 30 questions which has been combined all of them together without separating it into each type in order to get truthful answer from the respondent. The frequency was evaluated using score from 0 for never experienced sexual harassment, frequency of 1 to 5 times for rare, 6 to 10 times for often, and more than 10 times for very often. For the purpose of this research, specific numbers were put to define the frequency of how many times they experienced the sexual harassment. Therefore, numbers given to standardized the frequency in order to get the most rigid result during data analysis.

Section C content the impact and respond towards sexual harassment behaviours experienced by respondents during their last clinical attachment. Three categories of impact were evaluated, which involved physiologically, psychologically and job consequences. There were several specific types of impacts for each of the categories and they were all combined together like what has been done in section B. While in section C, it content seven types of responds which respondents may react after they experienced sexual harassment behaviours.

Question in section D asked about the perpetrators which include male patient, male doctor, patient’s relatives, male trainee and other staff members.

Instructions for answering each question were explained in every section.