

## Exposure to Workplace Harassment and its Impact on Mental Health and Work Commitment Among Staff Nurses

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### Abstract

**Background:** The mental health and work commitment of staff nurses are significantly impacted by exposure to workplace harassment. Nurses who endure workplace harassment, which encompasses bullying, sexual harassment, and physical and nonphysical violence, are considerably more susceptible to symptoms of anxiety, depression, and exhaustion. **Aim:** Assess workplace sexual harassment and its impact on staff nurses' mental health and work commitment. **Design:** A descriptive correlational design was utilized to carry out the study. **Setting:** The study was conducted online through the Microsoft team program in Egypt and Arabic countries. **Sample:** A convenience sample of (641) staff nurses. **Tools:** Socio-demographic tool, workplace harassment experience questionnaire, and Employee Commitment Questionnaire were used to collect data. **Results:** (33.9%) of staff nurses exposed to workplace harassment, (31.5%) of them had moderate levels of depression, (35.4%) of the study sample suffered extremely severe anxiety, and (36.2%) of them had moderate levels of stress. (44.1%) of the study, the sample had a high level of work commitment. There was a strong statistically significant correlation between the exposure of staff nurses to harassment, their mental health, and work commitment. **Conclusion:** The current study concludes exposure to workplace sexual harassment affects nurses' mental health and work commitment. **Recommendation:** Create and explain a clear, comprehensive policy that expressly restricts workplace harassment, monitors and responds to Incidents, regular evaluations for staff satisfaction and staff commitment, and evaluates staff stressors.

**Keywords:** Mental health, Staff nurses, Workplace harassment, Work commitment

### Introduction

Workplace sexual harassment refers to any unwanted comment, gesture, or action that is sexual, except for unwanted touching of sexual body parts, which is considered sexual assault. This behavior causes an individual to feel afraid, embarrassed, uncomfortable, or ashamed. The intention of the individual who takes the action is irrelevant; the negative impact of the action qualifies it as sexual harassment (Bureau 2021).

Various forms of workplace harassment encompass inappropriate and insulting remarks or 'jokes' with a sexual connotation, as well as unwelcome physical contact, sexual assault, and rape. 32% of women have encountered inappropriate sexual jokes, while over 10% of women have reported instances of unwanted sexual touching or attempted kissing in the workplace. 12.5% of women disclosed experiencing severe sexual assault or rape in their

workplace (Liang, Anthony, and Leditschke, 2020).

Sexual harassment can result in various physical and mental effects on its victims, such as feelings of discomfort, reluctance to return to work, embarrassment, fear, and depression (Gabay & Shafran Tikva, 2020; Kim et al., 2018; Nelson, 2018;). Studies have shown that medical staff and nurses are highly susceptible to sexual assault because of their reliance on and intimate contact with patients, attendants, caretakers, paramedical personnel, doctors, and higher-ranking administrators of the opposite gender. Sexual harassment is a persistent source of stress that causes significant mental and physical strain on workers who are victimized, impeding their ability to perform well on the job. Individuals may experience severe mental health effects, such as sadness, anxiety, stress, post-traumatic stress disorder, suicidal thoughts, adjustment disorders, phobic disorders, and somatoform disorders (Mushtaq, Sultana & Imtiaz, 2015).

Workplace harassment can be directly related to increased job stress, decreased job satisfaction, absenteeism, burnout, sleep disorder, fatigue, post-traumatic stress disorder, fear, and suicide. Overall, WPV negatively affects a nurse's working life, resulting in decreased productivity and quality of care (**Chakraborty, Mashreky, 2022& Kaffle, Paudel, Thapaliya, Acharya, 2022**)

Staff commitment is the unwavering dedication and accountability that healthcare professionals exhibit in their pursuit of delivering the highest quality of care and assistance to patients (**Godie et al, 2024**) Various research have established that work commitment is influenced by various elements, such as job characteristics, work history, and organizational culture (**Godie et al, 2024; Anshebo et al, 2021**). A study conducted by Saputra and Indiyati (2022) found that work experience and job characteristics had a substantial impact on organizational commitment.

Additionally, the work commitment of nursing staff can be substantially impacted by workplace sexual harassment. An individual's dedication, loyalty, and engagement with their employment and organization are referred to as work commitment. The commitment of nursing personnel to their work and organization may be compromised when they are subjected to harassment. They may encounter a higher probability of turnover intentions, reduced motivation, and decreased job satisfaction. This can result in a decrease in the quality of patient care, increased recruitment and training costs, and the loss of valuable nursing talent. (**Abdel-Azeem, Amin, & El-Sayed, 2022**).

The mental health of nursing staff is one of the valued topics of nursing research. In recent years, great changes in society have been made. Higher demands on the skills and quality of nursing staff (**Shakya, Lama, Shyangwa 2012**). The nursing staff is the key group in providing and protecting health for people. Their mental health is closely related to quality nursing service. Coordinating the mental symptoms of nursing staff and mobilizing nursing staff is an important task for hospital leaders to solve the problems of nursing staff, fully explore their potential, improve their comprehensive quality, and provide patients with diversified, multi-level,

and individualized health services (**Kieft., et al,2014**)

In nursing management, the positive psychological attitude and good atmosphere of innovation of nursing staff help promote nurses' divergent thinking, improve their sense of work belonging, and improve the quality of nursing service (**Duan X, Ni X, Shi L, et al.,2019**). The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. Therefore, this hospital-based study is conducted to explore the assessment of mental health among nursing staff at different levels.

### **Significance**

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Nurses are more exposed to offensive behaviors at work than other employees Spector, Zhou, Che (2014) Since the job brings the nurses physically and emotionally close to patients and other staff members, they have the highest rate of sexual harassment in the profession (**Lamesoo, 2013**). One in forth nurses worldwide reported exposure to sexual harassment Spector, **Zhou, Che (2014)**

Moreover, 57% of employees cited harassment or misconduct as the reason they left or a factor in their decision. And 30% of employees who experienced or witnessed inappropriate, unethical, or illegal behaviors left the organization following the incident, compared to only 11% of employees who were not exposed to harassment or misconduct. (**HR acuity, 2023**)

Alkorashy,& Alanazi, (2023) conducted a study in Saudi Arabian hospitals that demonstrated that the level of work commitment among nurses varies. The head of offices demonstrated a greater level of work commitment, whereas the opposite was observed among the regular staff. Another study conducted in the Philippines revealed that the level of commitment among nurses varied based on their religious affiliation, experience, and whether they had completed an ethics course (**Gassas, et al, 2023**). Due to the demanding nature of their work, lengthy hours, and exposure to trauma, health professionals frequently experience elevated levels of stress and emotional exhaustion. This can result in burnout, which can contribute to a compromised quality of care and a

reduced commitment to their profession. (Arage & Daba, 2022; Anshebo et al., 2021)

The findings of the current research will provide valuable insights for guiding and highlighting the sexual harassment problem in the nursing profession and help in promoting the exploration of best practices to prevent sexual harassment from occurring. This will take a collaborative effort from employers, employees, and society in general to make positive changes in the present work environment for nurses. This change is necessary because harmful workplace experiences (sexist jokes and remarks, ignoring nurses during meetings, unwanted touching, sexual advances) are detrimental to nurses's mental health and financially costly to their careers (Stanley, 2022).

Although the research available gives insight into these research topics, there is a gap in the literature regarding the impact that workplace sexual harassment and its impact on psychological health and work commitment. Therefore, the collaboration between administration and psychiatric mental health nurses is very important to identify consequences and complications and reduce sexual harassment among nurses through developing guidelines for legal accountability and safety at work, as well as training programs for nurses to improve their coping skills and provide appropriate psychological support to victims of sexual harassment

### Operation definition

Workplace harassment: in this research, it refers to any unwelcome behavior of a sexual nature that occurs in the workplace or in a work-related context, which creates an intimidating, hostile, or offensive work environment, interferes with an individual's work performance, or affects an individual's employment opportunities. It was measured by the Workplace Sexual Harassment Experience Questionnaire.

### Aim

The present study aimed to assess exposure to workplace harassment and its impact on staff nurses' mental health and work commitment.

### Research questions

1. What is the prevalence of staff nurses' sexual harassment exposure at the workplace?
2. What is the level of mental health among staff nurses who are exposed to sexual harassment?
3. What is the level of work commitment among staff nurses exposed to sexual harassment?
4. What is the impact of exposing staff nurses to sexual harassment on mental health and work commitment?

## Subjects and Method

### Research design

A descriptive correlational design was utilized to carry out the study. It is a form of non-experimental design that investigates the correlation between two or more variables. Examines the associations between variables without the researcher exerting control or manipulation over any of them. A correlation measures the strength and/or direction of the association between two or more variables. A correlation might have either a positive or negative direction (Esser & Vliegthart, 2017).

### Setting

Data for this study were collected online using the Microsoft team's platform. The target population included staff nurses who have been working in various healthcare settings across Egypt and Arabic countries. Participants were recruited through social media posts on relevant healthcare forums and groups such as Arab nurses' group. Participants could complete the survey at their convenience from any location with internet access. The country's name is kept anonymous to incentivize nurses' participation in the study due to the sensitive nature of the topic. Many nurses express feelings of shame or embarrassment while experiencing sexual harassment in their profession.

### Sample

Convenience sampling was used to gather responses from available staff nurses who have worked in Egypt and the Arab countries and met the inclusion criteria. The response rate was 35.6 %. Participants were invited to complete the survey at their convenience, resulting in (661)

responses out of 1800 invited participants completing the study questionnaires. Only (641) completed surveys were included in the final analysis.

**Inclusion criteria:** Both males and females who have been working in nursing careers in Egypt and the Arab countries for at least one year.

### Tools

Four tools were used to collect the data for conducting the current study

**1<sup>st</sup> tool: Socio-demographic data:** It was developed by researchers, it included the participants' gender, age, nationality, working country, marital status, education level, occupation, and work unit.

**2<sup>nd</sup> tool: Workplace Sexual Harassment Experience Questionnaire:** The workplace Sexual Harassment Experience Questionnaire adopted from Kamal and Tariq (1997) was used to assess the sexual harassment experience exposure among staff nurses. It consisted of (35) items divided into (3) dimensions 1<sup>st</sup> dimension gender harassment (7) items, 2<sup>nd</sup> dimension unwanted sexual attention (21) items, and 3<sup>rd</sup> dimension sexual coercion (7) items. The questionnaire has an internal consistency coefficient of 0.94 for the entire 35 items, 0.70 for gender harassment, 0.92 for unwanted sexual attention, and 0.80 for sexual coercion

**Scoring system:** questionnaires responses were checked against a three-point Likert scale ranging from never 1 sometimes 2 and always 3, The total score of the questionnaire (105), on the 35 items of the questionnaire can range from 35 to 105. The high score indicates the higher frequency of sexual harassment experiences.

**3<sup>rd</sup> tool: The Mental Health Scale** (Depression, Anxiety, and Stress Scale (DASS))

The Mental Health Scale named the Depression, Anxiety, and Stress Scale (DASS) adopted by Lovibond and Lovibond (1995) was used to measure the mental health of nurses. Translated into Arabic and back translation was done by the researchers to verify. Consists of (21) items divided into (3) dimensions 1<sup>st</sup>

dimension depression level (7) items, 2<sup>nd</sup> dimension anxiety level (7) items, and 3<sup>rd</sup> dimension stress level (7) items DASS has a high internal consistency of  $\alpha = 0.91$  for depression scale, 0.84 for anxiety scale and 0.90 for stress scale.

**Scoring system:** scale responses were checked against a three-point Likert scale ranging from never 1 sometimes 2 and always 3, Total scale score of (63). a score of DASS can range from 21 to 63 The high score indicates more depression, anxiety, and stress level.

### 4th The Employee Commitment Questionnaire

The employee Commitment Questionnaire adopted from Aziz, et al (2021). Translated into Arabic and back translation was done by the researchers to verify Consists of (28 items) divided to (4) dimensions, 1st dimension employee's commitment towards the organization contains (7) items, 2nd organization's service commitment contains (6) items, 3rd dimension career commitment contain (5) items, 4th employee satisfaction contains (10) items. The questionnaire has an internal consistency coefficient of 0.94 for the entire (28) items, 0.78 for employee's commitment towards the organization, 0.89 for organization's service commitment, and 0.91 for employee satisfaction

**Scoring system:** questionnaires responses were checked against a three-point Likert scale ranging from disagree 1 neutral 2 and agree 3, Total Questioner score on the (84) score burnout can range from (28) to (84) The high score indicates a high commitment level.

- Low commitment level = < 60%
- Moderate commitment level = 60 – 80%
- High commitment level = > 80%

### Procedure

Participants were recruited through social media platforms (Facebook, online forums, and email invitations). A brief description of the study, its purpose, and the inclusion criteria was provided in the recruitment materials. The data collection instrument was an online survey developed using the Microsoft Team Platform. The survey included questions on socio-demographic information, workplace harassment experience, and commitment. A link to the online survey was included in the recruitment materials,

and participants accessed the survey by clicking on the link. Clear instructions on how to complete the questionnaires were given, and participants were informed that the questionnaires would take approximately 15-20 minutes to complete. The first page of the online questionnaire included an informed consent form. Participants were required to read the consent form and indicate their agreement to participate by clicking a consent button before proceeding to the survey questions. Participants were assured that their responses would be kept confidential and used solely for research purpose. Data were collected anonymously, and no identifying information was linked to the responses. The survey was available online for four weeks (July 2023), and participants received reminders to complete the survey if they had not done so within the first two weeks. Upon the completion of the data collection period, survey responses were exported and transferred to a secure, password-protected computer for analysis.

#### **Validity:**

An experienced translator translated the three tools into Arabic to correspond with the educational background of the staff nurses. It was translated into double English, Arabic, and English. Five experts in the field of nursing administration and psychiatric and mental health nursing from Cairo University's Faculty of Nursing reviewed the study tools. They requested feedback on the study tools' general appearance, length, clarity, language, and covering of the information. Rephrasing several sentences and fixing grammatical faults were among the necessary changes made in response to expert remarks and suggestions.

#### **Reliability**

The Cronbach's Alpha test was used to assess the internal consistency and homogeneity of the study questionnaires. The workplace Sexual Harassment Experience Questionnaire had internal consistency coefficient of (0.94) and the mental health scale (Depression, Anxiety, and Stress Scale (DASS) had internal consistency coefficient of (0.91), and the employee commitment questionnaire had an internal consistency coefficient of (0.89).

#### **Pilot study**

To determine the utility and clarity of the study tools, a pilot study was carried out in July 2023. 10% of the participants (65) participants, were included in the study's testing. Respondents needed between fifteen to twenty minutes to complete the tools. The tool's final version was determined by the pilot study's outcome. Since the tools were not altered, the pilot research sample was incorporated into the main study sample.

#### **Ethical considerations:**

The Committee of Scientific Research at the Faculty of Nursing, Cairo University, provided official written approval (code NO. RHDIRB 2019041701). The study's objective and the online collection of the study tools were linked to the ethical rights of the participants. The questionnaire sheets did not contain any names, and the anonymity and confidentiality of each subject were safeguarded by assigning a code number to each participant who responded to the questionnaire.

Participants were assured that their responses would be kept confidential and used solely for research purposes. The first page of the online survey included an informed consent form. Participants were required to read the consent form and indicate their agreement to participate by clicking a consent button before proceeding to the survey questions.

#### **Statistical design**

The process of inputting data and doing statistical analysis was carried out utilizing the computer program known as the Statistical Package for Social Studies (SPSS), specifically version 21. Appropriate descriptive statistics, such as frequencies and percentages for qualitative variables, and means and standard deviations for quantitative data, were utilized. The study included personal correlation and linear regression testing.

#### **Results**

Table (1) shows that around half (45.7%) of the studied staff nurses were aged between 30-40 years. with mean age (32.86± 6.70). About three-

quarters (74%) of the studied staff nurses were female, more than two-thirds (65.4%) of the studied staff nurses were married, more than a three-quarter (78%) of the studied staff nurses were Egyptian, and (22%) were non-Egyptian Arab. Around Half (50.4%) of the studied staff nurses had a bachelor's degree, more than one-third (37.85) of the studied staff nurses, and more than two-fifths (43.3) of the studied staff nurses had more than 10 years' experience.

Table (2) declares that more than one-third (33.9%) of the studied staff nurses was exposed to sexual harassment, (18.1%) of them reported incidence and took action in (8.7%) of this incidence, (21.9%) of harassment occurred from patients, (22.4%) occurred from colleagues, (16.5%) from managers and (8.7%) from subordinates

Table (3) explains that the highest mean score percentage (51.3%) for gender harassment, followed by unwanted sexual attention (40.1%), and the lowest mean score (33.5%) for sexual coercion. (42.1%) of staff nurses experienced sexual harassment.

Figure (1) reflects that the majority (95.3%) of the studied staff nurses had low exposure experience to sexual harassment at workplaces, while (4.7%) of them had moderate level.

Table (4) shows the mental health of staff nurses, the highest mean score percentage (54.3%) related to staff nurses' stress followed by (50.4%) for staff nurses' anxiety while the lowest mean score percentage (49%) for staff nurses' depression. The mental health among staff nurses was (53.3%).

Figure (2) denotes that (9.4%) of the studied staff nurses suffered extreme severe depression and (21.3%) had severe depression while more than one-third (31.5%) of them had moderate level. More than one-third (35.4%) of

the studied staff nurses suffered extremely severe anxiety and (26%) had severe anxiety. (2.4%) of the studied staff nurses had extremely severe stress and (15.7%) had severe stress and more than one-third (36.2%) of them had moderate levels of stress.

Table (5) reflects the highest mean percentage (74%) for career commitment, while the lowest mean percentage (70.3%) for employee satisfaction. work commitment among staff nurses was (71.9%).

Figure (3) declares that (44.1%) of the studied staff nurses had a high level of work commitment, while (39.4%) of them had a moderate level of commitment and (16.5%) had a low level of work commitment

Table (6) reveals that there was a strong statistically significant positive correlation ( $r = 0.50$ ,  $p=0.00$ ) between the exposure of staff nurses to harassment and their mental health (depression, stress, and anxiety). Also, there was a strong statistically significant negative correlation ( $r = -0.42$ ,  $p=0.00$ ) between the exposure of staff nurses to harassment and their work commitment. Finally, there was a strong statistically significant negative correlation ( $r = -0.49$ ,  $p=0.00$ ) between staff nurses' mental health (depression, stress, and anxiety) and their work commitment.

Table (7) reveals that there was a statistically significant positive effect between exposed staff nurse to sexual harassment and their mental health (depression, stress, and anxiety). While there was a statistically significant negative effect between exposed staff nurse to sexual harassment and their work commitment.

Table (1): Distribution of the staff nurses according to socio-demographic data (n=641)

socio-demographic data	Category	No.	%
<b>Age:</b>	20- <30 years	275	43.3
	30- <40 years	290	45.7
	40- <50 years	60	9.4
	≥50 years	10	1.6
	$\bar{x} \pm SD$	32.86± 6.70	
<b>Gender:</b>	Male	165	26.0
	Female	470	74.0
<b>Marital status:</b>	Single	185	29.1
	Married	415	65.4
	Divorced	30	4.7
	Widowed	5	.8
<b>Education:</b>	Diploma	40	6.3
	Institute	90	14.2
	BSc	320	50.4
	Master	185	29.1
<b>Nationality:</b>	Egyptian	495	78.0
	Non-Egyptian Arab	146	22
<b>Workplace:</b>	Egypt	415	65.4
	Arab country	226	34.6
<b>Job:</b>	staff nurse	240	37.8
	Charge nurse	150	23.6
	Head nurse	170	26.8
	Nurse manger	75	11.8
<b>Years of experience in the current hospital:</b>	<3 years	63	9.9
	3-<5 years	90	14.2
	5-<10 years	207	32.6
	≥10 years	275	43.3
$\bar{x} \pm SD$	7.93±2.61		

Table (2): Distribution of sexual harassment history among staff nurses (n=641)

Sexual harassment history		No.	%
Harassment exposure in the work environment:	Yes	215	33.9
	No	420	66.1
If yes, do you report?	Yes	115	18.1
	No	520	81.9
Action taken?	Yes	55	8.7
	No	580	91.3
Harassment exposure from a patient:	Yes	139	21.9
	No	496	78.1
Harassment exposure from a colleague:	Yes	142	22.4
	No	493	77.6
Harassment exposure from a manager:	Yes	105	16.5
	No	530	83.5
Harassment exposure from a subordinate:	Yes	55	8.7
	No	580	91.3

Table (3): Mean and Mean percentage of staff nurses of sexual harassment experience dimensions (n=641)

Sexual harassment experience dimensions	Min	Max	$\bar{x}$	SD	Mean%
gender harassment	6	24	12.32	4.52	51.31
unwanted sexual attention	19	81	32.52	13.47	40.15
sexual coercion	7	26	8.72	3.84	33.56
Total sexual harassment experience	32	127	53.56	20.00	42.17

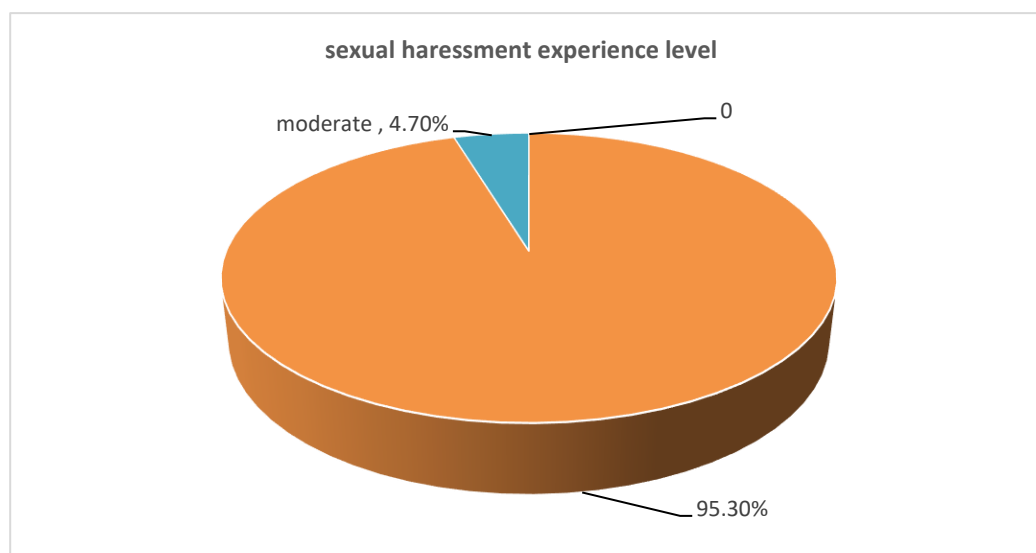


Figure (1): Sexual harassment experience levels among staff nurses (n=641)

Table (4): Mean and Mean percentage of staff nurses of Mental Health Dimension (n=641)

Mental health dimensions	Min	Max	$\bar{x}$	SD	Mean%
Depression	7	35	17.16	6.83	49.02
Anxiety	7	33	16.65	6.73	50.47
Stress	7	35	19.03	7.11	54.38
Total Mental Health	21	99	52.84	18.81	53.38



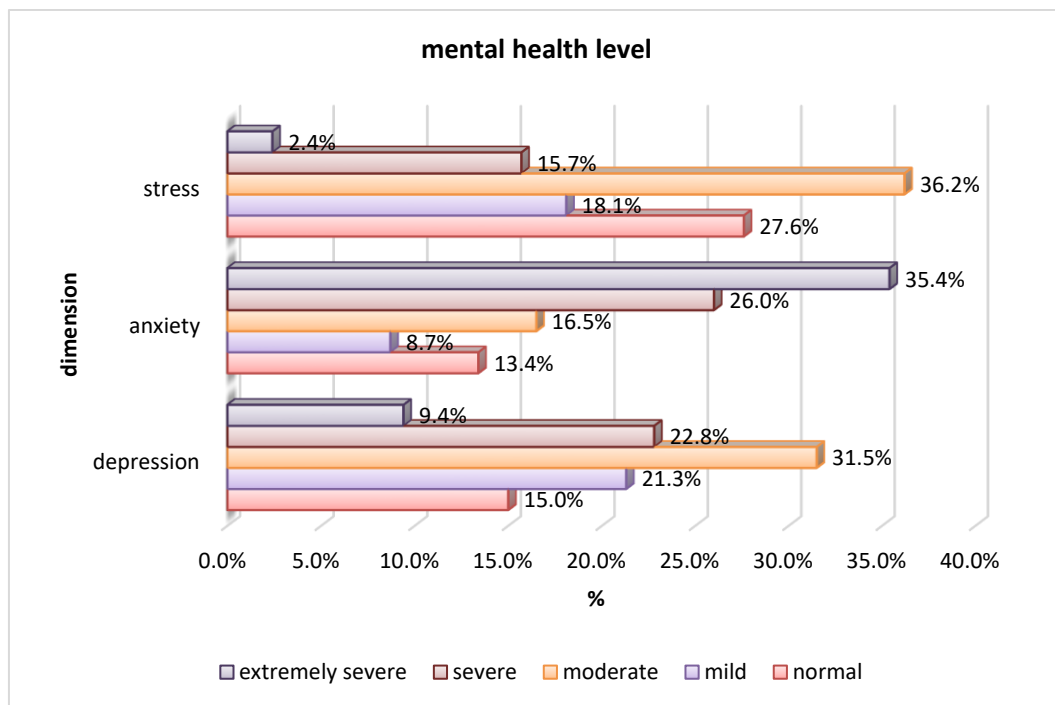


Figure (2): Distribution of Mental Health levels (depression, anxiety and stress) among staff nurses (n=641)

Table (5): Mean and Mean percentage of work commitment among staff nurses (n=641)

Commitment dimensions	Min	Max	$\bar{x}$	SD	Mean%
Employee’s commitment towards the organization	7	21	15.28	4.10	72.7
Organization’s service commitment towards the organization	6	18	12.71	3.76	70.6
Career commitment	5	15	11.10	2.66	74.02
Employee satisfaction	10	30	21.1	5.34	70.3
Total employee work commitment	30	84	61.83	14.29	71.9



Figure (3): Employees' work commitment levels among staff nurses (n=641)

**Table (6) Correlation between sexual harassment, mental health, and work commitment among staff nurses (n=641)**

Correlation		Work place harassment	work commitment
Mental health	r	0.50	-0.49
	P	0.00	0.00
Work commitment	r	-0.42	-
	P	0.00	-

**Table (7): Relationship between sexual harassment, mental health, and work commitment among staff nurses (n=641)**

Linear regression model	R <sup>2</sup>	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
(Constant)	0.25	27.663	1.851		14.944	0.000
Total harassment Dependent variable: mental health		0.470	0.032	0.500	14.519	0.000
Constant	0.18	78.067	1.469		55.151	0.000
Total harassment Dependent variable: work commitment		-0.303	0.026	-0.425	-11.798	0.000

## Discussion

Several studies found a relationship between the level of workplace bullying and physical and psychological health that documented a negative impact on job satisfaction, self-esteem, productivity, and loyalty to the organization (Giorgi et al., 2015; Glambek et al., 2016; Havaei et al., 2020).

Furthermore, limited studies revealed a significant positive association between workplace bullying and mental health (Itzhaki et al., 2015).

Similarly, some studies reported a significant positive association between workplace bullying and psychological status among nurses that affect their job performance, turnover intention, and job satisfaction (Al Muala & Ali, 2016; Chatzioannidis et al., 2018).

Furthermore, it was thought that one of the most prevalent psychological symptoms among nurses who had experienced bullying at work was posttraumatic stress disorder (Verkuil et al., 2015) which has main consequences of fatigue, insomnia, problems with decision-making, anxiety, and depression (Warszewska-Makuch et al., 2015).

Multiple studies have established a correlation between workplace harassment and adverse effects on physical and mental well-being. These effects include reduced job satisfaction,

diminished self-esteem, decreased productivity, and lower commitment to the organization (Havaei, Astivia, & MacPhee 2020). Moreover, a restricted number of studies have demonstrated a noteworthy correlation between workplace harassment and mental health. Several studies have found a strong correlation between workplace bullying and the mental well-being of nurses, which in turn impacts their job performance, intention to leave their job, and overall job satisfaction (Chatzioannidis et al., 2018; Conway, Høgh, Balducci & Ebbesen, 2021).

Furthermore, it was assumed that one of the most common psychiatric symptoms among nurses who had been subjected to workplace harassment was posttraumatic stress disorder, which is characterized by fatigue, insomnia, difficulty making decisions, anxiety, and sadness. (Rayan et al. 2024).

The current study results revealed that Sexual harassment was experienced by one-third of the studied staff nurses; the majority of them reported instances of sexual harassment and took action in low percent of the cases; more than one-fifth-involved harassment from patients, more than one-fifth from coworkers, about one-fifth from supervisors, and low percent from subordinates. Similarly, Adler, Vincent-Höper, Vaupel, Gregersen, Schablon, and Nienhaus (2021) discovered that sexual harassment, in the forms of

nonverbal, verbal, and physical behavior, is widespread in social and healthcare professions, impacting both genders. These results may be related to Frequent patient contact given the nature of nursing employment can make it difficult to distinguish between acceptable and inappropriate behavior, leaving nurses confused of how to handle harassment and aggravating mental health problems.

The mean score percentage for gender harassment was the highest, followed by unwanted sexual attention and sexual coercion had the lowest mean score. Sexual harassment was encountered by more than two-fifths of nursing personnel. This finding is consistent with a finding of a systematic review done by Gebregziabher, **Negarandeh, Dehghan, & Hasanpour. (2020)** found that sexual harassment was experienced by 43.15 percent of female nurses. Verbal harassment was experienced by 35%, non-verbal harassment by 32.6%, physical harassment by 31%, and psychological harassment by 40.8%. Furthermore, according to another study done by Papantoniou (2021), Gender harassment is the most prevalent form of sexual harassment, with one in four nurses reporting that they are frequently subjected to such behaviors. Unwanted sexual attention is less prevalent, with over 60% of individuals experiencing such actions occasionally or rarely. Sexual coercion is the least prevalent form of sexual harassment, with 80% of individuals never encountering such behaviors in the workplace. These results underscore the necessity of effective measures to prevent and address sexual harassment in the nursing profession.

The current study findings demonstrated that a low percentage of the studied staff nurses suffer from extremely severe depression, one-fifth of the studied staff nurses suffer from severe depression, and more than one-third from moderate depression. More than one-third of the studied staff nurses suffer from extremely severe anxiety, whereas one quartile suffers from severe anxiety. A small percentage of the studied staff nurses had extreme severe stress, fifteen percent had severe stress, and more than one-third had moderate stress.

Similarly, **Kaushik, Ravikiran, Suprasanna, Nayak, Baliga, and Acharya. (2021)** found that 29.2% of the nurses were classified as normal, 11.1% had mild depression, 33.4% had moderate

depression, 15.1% had severe depression, and 11.1% had extremely severe depression. In the anxiety domain, 26% of nurses were normal, 4.2% had mild anxiety, 23.2% had moderate anxiety, 14.4% had severe anxiety, and 32.3% had extremely severe anxiety. 49.2% of the participants reported no stress, while 11.8% reported mild, 16.3% reported moderate, 18.8% reported severe, and 1.9% reported extremely severe stress.

From the researcher's point of view, many nurses do not disclose events because they are afraid of reprisals or because they do not have institutional support, feeling helpless to deal with sexual harassment. The mental health impact can be increased by this incapacity to stop the harassment.

The current study results indicated that the maximum mean percentage was associated with career commitment, while the lowest mean percentage was associated with employee satisfaction. The staff nurse demonstrated a seventy-two percent level of work commitment. Also, half of the nurses in the study exhibit a high level of work commitment, while one-third of them display a moderate level of commitment and one quartile demonstrates a low level of work commitment. These results agree with a study done by El Saied, Sleem, and Abdel-Aleem (2020) found that moderate total commitment to the organization was demonstrated by over two-thirds (70.5%) of nursing personnel.

From the researcher's perspective, the findings indicate that the nurses in this study exhibited a greater degree of dedication to their nursing profession compared to their immediate job satisfaction. However, there is still potential for enhancing total work commitment levels through organizational and managerial interventions. Addressing these characteristics that contribute to commitment could have a favorable effect on the retention and performance of nurses.

The present study results showed a strong, statistically significant positive correlation between the mental health of nursing personnel (including anxiety, stress, and depression) and their exposure to sexual harassment. This result agrees with **Mushtaq, Sultana & Imtiaz (2015)** found a substantial positive correlation between

sexual harassment and depression, anxiety, and stress.

Additionally, there was a strong statistically significant negative correlation between the work commitment of staff nurses and their exposure to sexual harassment. In the same line a study done by **Özkan, Akbaş, and Yaman, (2021)**, found that Sexual harassment has been correlated to lower job satisfaction, organizational commitment, and workgroup productivity. Ultimately, there was a strong and statistically significant negative correlation between the work commitment of staff nurses and their mental health. Similarly, a study done by **Atef and Saied (2018)** stated that There was a statistically significant positive association observed between all measures of organizational commitment and the mental health of the staff nurse being researched.

To justify these results, Sexual harassment experienced by nursing personnel can undermine their dedication to their job, their colleagues, and the entire company. Sexual harassment depletes employees' energy and drive due to the presence of unpleasant emotions, distraction, and lack of support. They may experience decreased levels of engagement, investment, and willingness to make additional effort in their respective positions.

The current study revealed that there was a statistically significant positive weak effect between exposed staff nurses to sexual harassment and their mental health (depression, stress, and anxiety). These results are congruent with, **Mushtaq, Sultana & Imtiaz (2015)** who stated that, in nurses, sexual harassment was identified as a significant predictor of depression ( $\beta = 0.47$ ,  $p < .001$ ), anxiety ( $\beta = 0.43$ ,  $p < .001$ ), and stress ( $\beta = 0.45$ ,  $p < .001$ ) through multiple regression analysis.

Conversely, the standardized coefficient (Beta) of  $-0.303$  suggests that the relationship between work commitment and total harassment is detrimental. This implies that work commitment decreases as sexual harassment increases. This discovery follows prior research that has demonstrated that harassment in the workplace can result in diminished job satisfaction and commitment (**Jones et al., 2016**). The existence of this relationship is strongly supported by the highly significant t-value ( $-11.798$ ).

From the researcher's perspective, the significance of preventing and confronting harassment in the workplace is underscored by the significant relationships discovered in this study. To establish a work environment that is both secure and respectful, organizations should establish policies and procedures. Additionally, they should offer assistance and resources to employees who have been subjected to harassment. Organizations can foster positive mental health and work commitment among their employees by doing so.

### Conclusion

The current study concludes one-third of the studied staff nurses suffered from moderate levels of stress, extremely severe level of anxiety, and moderate level of depression. Moreover, half of the studied staff nurses had a high level of work commitment and more than one-third of them had a moderate level of work commitment. Furthermore, there is a strong correlation between sexual harassment and both mental well-being and commitment to work. The results emphasize the adverse impacts of harassment on the physical and emotional health of employees, as well as their attitudes toward their jobs.

### Recommendation

- Establish a Zero-Tolerance Policy: Create and explain a clear, comprehensive policy that expressly restricts workplace harassment, including physical and nonphysical aggression, bullying, and sexual harassment. Ensure that all employees understand the policy and the penalties for disobedience.
- Provide training and education. Provide monthly training sessions and workshops on recognizing and responding to workplace harassment, as well as techniques for maintaining a respectful work environment. This training should be mandatory for all employees and include scenarios and role-playing exercises to improve comprehension and empathy.
- Monitor and Respond to Incidents: Conduct routine monitoring of workplace harassment incidents and promptly and appropriately resolve them. This encompasses the implementation of measures to prevent future incidents, the discipline of perpetrators, and the conduct of comprehensive investigations.

- Regular evaluation for staff satisfaction and staff commitment and evaluate staff stressors.

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