

The Effects of Sexual Harassment on Quality of Nurses' Work Life and Turnover Intentions: A Sample of Ankara Province

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Abstract

This study investigated the effect of sexual harassment on nurses' quality of work life (QWL) and turnover intentions. The study was conducted among 571 nurses working in several hospitals in Ankara, Turkey. Sexual harassment was measured using the scale with 22 items in 3 dimensions developed by Turgut (2007): "Provocative Behavior", "Normal Flirtations", and "Trivial Matter". Quality of work life, on the other hand, was measured using 16 items and seven dimensions developed by Sirgy et al. (2001). Turnover intention was measured using a 5 items scale based on the study of Bozeman and Perrewe (2001). The results of the study showed that nurses' sexual harassment scores significantly predicted their scores of work-related quality of life and turnover intentions in a negative direction. Moreover, nurses' work-related quality of life scores significantly predicted their scores of turnover intentions in a positive direction. The study findings have both theoretical and practical implications. From a theoretical perspective, this study found that nurses' sexual harassment scores significantly predicted their scores of work-related quality of life and turnover intentions in a negative direction. Moreover, nurses' work-related quality of life scores significantly predicted their scores of turnover intentions in a positive direction. Managers should take measures to eliminate the informality of sexual harassment cases and prevent the nurses from leaving their jobs due to sexual harassment by fighting against general social attitudes such as impunity and suppression.

Keywords: *sexual harassment, quality of work life, turnover intentions, healthcare organizations, nursing*

Cinsel Tacizin Hemşirelerin İş Yaşam Kalitesi ve İşten Ayrılma Niyetleri Üzerindeki Etkisi : Ankara İli Örneği

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Öz

Bu çalışmada, cinsel tacizin hemşirelerin iş yaşam kaliteleri (İYK) ve işten ayrılma niyetleri üzerindeki etkisi araştırılmıştır. Çalışma, Ankara, Türkiye'deki çeşitli hastanelerde çalışan 571 hemşire üzerinde yürütülmüştür. Cinsel taciz, Turgut (2007) tarafından geliştirilen 22 madde ve "Tahrik Edici Davranış", "Normal Flörtleşmeler" ve "Önemsiz Konu" şeklinde 3 boyut kullanılarak ölçülmüştür. İş yaşam kalitesi ise Sirgy ve ark. Tarafından geliştirilen 16 madde ve 7 boyut kullanılarak ölçülmüştür. (2001). İşten ayrılma niyeti, Bozeman ve Perrew (2001) 'in çalışmalarına dayanarak 5 maddelik bir ölçek kullanılarak ölçülmüştür. Çalışmanın sonuçları hemşirelerin cinsel taciz puanlarının iş yaşam kaliteleri ve işten ayrılma niyetlerine yönelik puanları anlamlı bir biçimde öngördüğü göstermiştir. Ayrıca, hemşirelerin işle ilgili yaşam kalitesi puanları, işten ayrılma niyetlerine ilişkin puanlarıyla önemli ölçüde doğru orantılıdır. Çalışma bulgularının hem teorik hem de pratik sonuçları bulunmaktadır. Teorik açıdan bakıldığında, bu çalışma hemşirelerin cinsel tacize ilişkin puanlarının iş yaşam kalitesi ve işten ayrılma niyetlerine ilişkin puanlarını hakkında önemli ölçüde öngörü sağlamıştır. Ayrıca, hemşirelerin iş yaşam kalitesi puanları, işten ayrılma niyetlerine ilişkin puanlarıyla önemli ölçüde doğru orantılıdır. Yöneticiler cinsel taciz vakalarının kayıt dışılığını ortadan kaldırmak; cezasızlık ve sindirme gibi genel sosyal tutumlara karşı savaşılarak hemşirelerin cinsel taciz nedeniyle işlerini bırakmalarını önleyici tedbirler almalıdır.

Anahtar Kelimeler: *cinsel taciz, iş yaşam kalitesi, işten ayrılma niyetleri, sağlık kuruluşları, hemşirelik*

Introduction

Sometimes as a graffiti on the street (Kalaycı-Kırlioğlu et al., 2016a), sometimes as a proverb in daily spoken language (Kalaycı-Kırlioğlu et al., 2016b), sometimes in a song (Kalaycı-Kırlioğlu et al. 2016c), violence is encountered in daily life. Violence does not always appear with this type of passive content, but also manifests itself as workplace violence, including physical, verbal, sexual, and emotional abuse. Women are predominantly victims of all forms of violence (Hatipoğlu Aydın and Aydın, 2016). Accord to a survey, the ratio of women who have suffered from physical or sexual violence is 36% in Turkey (Ministry of Family and Social Policy, 2014). Although the number of male nurses has started to increase in recent years, nursing is a profession that is largely identified with women. Therefore, when it comes to violence against women, it is important to investigate nurses, a significant part of which is women. The focus of this study is on female nurses, the sexual harassment they experience in the workplace and its effects on their quality of work life and their careers. Sexual harassment is defined as a problem that can lead to negative effects on work performance as well as the negative psychological consequences in the workplace (Robins et al., 1997) and an important and widespread public health problem (Valente and Bullough, 2004). In this aspect, sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated where that reaction is reasonable in the circumstances (Australian Human Rights Commission, 2008). In line with this view, this study will evaluate the effect of sexual harassment cases experienced by nurses while performing their duties in terms of their quality of work life and turnover intentions.

Sexual harassment in nursing

In the United States, more than one-quarter of women indicated ever experiencing sexual harassment in the workplace (Edison Research, 2018). Studies show that cases of sexual harassment in health institutions are quite high, too. For example, a study conducted in Pakistan reveals that 80% of nurses have a history of sexual harassment in hospital (Khan et al., 2015). A study conducted in China reveals that sexual harassment is a serious threat

not only for nurses but also for nursing students (Zeng et al., 2019). Sexual harassment cases faced by nurses are not only limited to these countries (Boafo et al., 2016); it can also be seen in a wide range of countries such as Ghana (Boafo et al., 2016), Turkey (Çelik and Çelik, 2007), and even Australia, a high-income country (Madison, 1997). In a study conducted in Sri Lanka, it is stated that nurses' sexual harassment in the workplace causes negative social attitudes about nursing profession and they develop various informal solutions such as working in teams to protect themselves from sexual harassment in the hospital (Adams et al., 2019). In terms of the unit where the nurses work, it is found that most of the nurses working in the psychiatry service are exposed to verbal harassment, threat and physical assault (Merecz et al., 2006). The effects of sexual harassment on women were examined by Gutek and Koss (1993) under two headings as "work outcomes" and "psychological and somatic outcomes". The level of job satisfaction and commitment to the organization, which are defined as outputs of "work outcomes" determine the quality of work life. The findings show that nurses themselves should actively take part in the development of a work environment free from violence and sexual harassment (Williams, 1996).

Quality of working life

As regards the concept of quality of life, studies are conducted in a wide range of fields from sociology, education, psychology to health and nursing (Vagharseyyedin et al., 2011). Any discussion about the quality of life is not complete without considering the concept of work life, which is a critical element in health care delivery, and especially nurses' work life (Clarke and Brooks, 2010). Nursing quality of work life focuses on providing opportunities for nurses to make meaningful contributions to their organizations (Brooks and Anderson, 2004). It is stated that the increase in the quality of life of the nurses is necessary for the recruitment of new nurses and their commitment to the work (McGillis Hall and Kiesners, 2005). This is because a high level of quality of life is required for institutions to become a center of attraction for potential employees and to retain existing employees (Sandrick, 2003). According to a study, autonomy in the workplace (work autonomy), providing open and correct communication has a positive effect

on the level of quality of life in nurses is expressed (Rai, 2013). Wage and autonomy are the two most important components of nurses' quality of life (Saraji and Dargahi, 2006). However, for nurses from different cultures and societies, the quality of work life may not have the same meaning and may not be of the same importance (Vagharseyyedin et al., 2011). Evaluating nursing work life gives organizations the opportunity to understand how work environments, work design, social impacts, as well as work and home life balance problems affect nurses' working life and ultimately organizational productivity (Brooks et al., 2007). Initial research focused on the size of the hospital as one of the most important factors determining the quality of work life of nurses and concluded that smaller capacity hospitals could provide a more suitable environment for improving nurses' quality of life (Smith and Mitry, 1983). The findings, however, reveal that workplace interactions and recognition are important components of work quality of life. It has raised a number of issues that focus on the relationships and interactions of nurses with nursing managers, including recognition of their success and lack of adequate support and need for materials (Brooks and Anderson, 2004). In another study, the effect of mobbing factor, one of these problems, was examined (Tekin and Sevinç, 2017).

Turnover Intentions

In their study where they examined the causes of turnover, Currie and Carr Hill (2012) classified the reasons of turnover as work and the nature of the work environment and personal and economic reasons. Daouk-Öyry et al (2014) examined the case in five dimensions: job, organization, individual, national and interpersonal. The turnover intention the nursing profession is explained mainly by individual factors, while the turnover intention is explained by organizational factors (Leineweber et al., 2016). It is stated that the development or improvement of workplace audit activities is a key strategy to prevent burnout and turnover in health care organizations (Kim and Lee, 2009). When the job stress in a workplace is high, group cohesion becomes low and it causes the job satisfaction in the workplace to decrease and the expected turnover to increase. The opposite is also true: the higher the job satisfaction, the higher the group cohesion and the lower the expected turnover (Shader et al., 2001). The age and work experience of nurses

is another factor that determines their turnover intention. A study in South Korea reveals that nurses who have just started to work are exposed to a high rate of workplace violence (Chang and Cho, 2016). Therefore, it is stated that the intention of quitting for the older, more experienced nurses is much lower than other nurses (Wagner, 2009). Creating a culture of retention is one antidote to high costs of nurse turnover. However, nurse turnover behavior has been proven to be largely uncertain and unpredictable (Wagner and Huber, 2003). Organizational climate is one of the most important determinants of sexual harassment and harassment negatively affects job satisfaction, while depression, anxiety and physical health dimensions (Fitzgerald et al., 1997) reduce work quality of life and cause turnover intentions.

From this evaluation, we will test the following hypothesis:

- H₁: Sexual harassment has an effect on nurses' quality of work life.
- H₂: Sexual harassment has an effect on nurses' turnover intentions
- H₃: Nurses' quality of work life has an effect on turnover intentions.

Measurement of the Study Constructs

Methodology

The target population of the present study was nurses who are currently working in hospital in Ankara. According to the data from the year 2017, a total of 13.947 nurses work in hospitals in Ankara (TUIK, 2018). Krejcie and Morgan's (1970) formula was used to select the sample size of nurses. Accordingly, 384 nurses are sufficient to represent the universe. Purposive sampling technique was used for the study. In this context 571 nurses were analyzed and the questionnaire was obtained. After a waiting period of 3 months, 571 survey questionnaires were returned during the months of November 2018 through February 2019. All the participants were women. The marital status distribution of respondents showed that married nurses accounted for 73,49% and single nurses 26,6% of the sample. The distribution of nurses' ages were as follows: 18-30 years old (24,6%), 31-40 years old (33,3%), 41-5- years old (27,5%), 50 and over (14,6%). Additionally, when the educational level of the nurses is examined, it is seen that 31,1% is high

school graduate, 11,3% has associate degree, 44,7% has bachelor's degree and 12,9% has master's degree.

The survey consists of four section. In first part included some statements about demographic features (age, marital status, education level, and education degree) of nurses. And second section contains some statements about attitudes toward sexual harassment and it was measured developed by Turgut (2007) using 22 items and three dimensions: "provocative behavior", "normal flirtations", and "trivial matter". All items were measured on scale of 1-5 (1; I do not agree at all to 5; I agree completely). The reliability of these 22 items was good (Cronbach Alpha = 0,82). In third section, Quality of Work Life was measured using a 16-item measure developed by Sirgy et al. (2001). All items were measured on scale of 1-5 (1; I do not agree at all to 5; I agree completely). The scale consists of seven dimensions: satisfaction of health and safety need, satisfaction of economic and family needs, satisfaction of social needs, satisfaction of esteem needs, satisfaction of actualization needs, satisfaction of knowledge needs and satisfaction of aesthetics needs. The reliability of these 16 items was good (Cronbach Alpha = 0,85). Turnover was measured using a 5 item scale based on the work of Bozeman and Perrewe (2001). Moreover, the scale used two negatively worded items and three positively worded items with respondents indicating their agreement with each item on the four-point scale in last section. The coefficient alpha reliability estimate for this scale was 0,90 for the healthcare organizations.

According to the results of the normality tests, the data set was showed normal distribution, and for this reason, parametric tests were used in the analyzes. SPSS and AMOS programs were used for the analyzes and analyzes were performed by Structural Equation Modeling method.

Results

Table 1. Means, Standard deviations, and correlations among constructs (n=571)

VARIABLES	M	SD	1	2	3
1.Sexual Harassment	36.62	10.10	1.000		
2.Quality of Work Life	45.95	8.55	-0.248	1.000	
3. Turnover	18.73	4.75	-0.162	0.317	1.000

The correlations, means, and standard deviations of the study constructs are shown in Table 1. As shown, the correlations between constructs pro-

vide support for the hypotheses: sexual harassment and quality of work life ($r = -.248, p < .01$), sexual harassment and turnover intentions ($r = -.162, p < .01$), employee quality of work life and turnover intentions ($r = .317, p < .01$).

Table 2. Properties of the measurement model (n=571)

Constructs and Indicators	Completely Standardized Loading	t-value	Cronbachs alpha	Composite Reliability	Average Variance Extracted
Sexual Harassment			.82	.93	.42
SH1: Provocative Behavior	0.787	27.395			
SH2: Normal Flirtations	0.563	9.404			
SH3: Trivial Matter	0.963	37.857			
Quality of Work Life			.85	.91	.40
QWL1: Health&Safety Needs	0.844	23.558			
QWL2: Economic&Family Needs	0.865	27.753			
QWL3: Social Needs	0.949	27.726			
QWL4: Esteem Needs	0.514	18.465			
QWL5: Actualization Needs	0.691	21.232			
QWL6: Knowledge Needs	0.787	27.395			
QWL 7: Aesthetic Needs	0.795	26.052			
Turnover			.90	.93	.73

n=571

As shown in Table 2, all measurement items significantly loaded on their corresponding constructs below an alpha level of .001. Composite reliability of each construct ranged from .91 to .93, demonstrating internal consistency with its corresponding construct. Discriminant and convergent validity were also assessed and all three constructs involved in the conceptual model are verified as three unique constructs.

Table 3. The result of goodness-of-fit of the model

Criteria	Value	Reference Values	
		Acceptable Values	Goodness-of-fit indices
χ^2/Sd	4.315	<5	<2
CFI	0.953	>0.90	>0.95
GFI	0.940	>0.90	>0.95
RMSEA	0.078	<0.10	<0.08
SRMR	0.0542	<0.08	<0.05

With an aim of testing the mediating role of the quality of work life in the relationship between sexual harassment and turnover intention, the quality of work life variable is included in the analysis as a potential variable. The

results obtained indicate that the model and the data fit perfectly ($\chi^2 / sd = 4.315$; RMSEA = .078; SRMR = .0542; GFI = .940; CFI = .953).

As can be seen in Figure 1, the path from sexual harassment to the quality of work life is negative and the path from the quality of work life to the turnover intention is positive and both are significant (respectively $\beta = -.34$, $p < .001$; $\beta = .38$, $p < .001$). However, the path from sexual harassment to the turnover intention, which was previously meaningful, has become meaningless with the inclusion of the quality of work life ($p > .05$).

It has been observed that sexual harassment explains 12% of the change in the quality of work life while sexual harassment and quality of work life explain 14% of the change in turnover intention. As a result, the quality of work life seems to play a full mediating role in the relationship between sexual harassment and turnover intention. This result indicated that nurses' sexual harassment scores significantly predicted their scores of work-related quality of life ($\beta_{\text{Sexualharassment} \rightarrow \text{Work-related}} = -.34$) in a negative direction. 12% of the variance related to quality of work life is explained by sexual harassment.

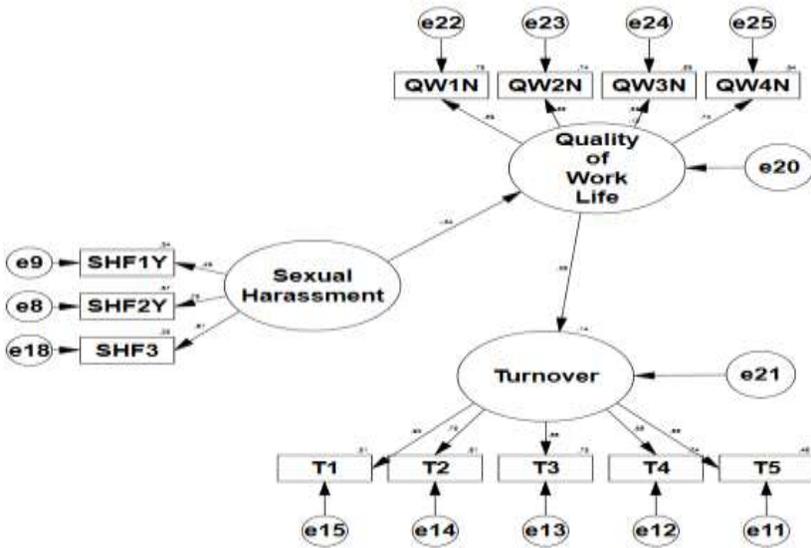


Figure 1. Hypothesized Model

It is stated that there is no standard accepted by all on goodness fit indices (Munro, 2005; Şimşek, 2007; Crowley ve Fan, 1997). χ^2 / Sd , CFI, GFI,

RMSEA, and SRMR were accepted as criteria for this study, and these goodness of fit indices are widely used in literature (Hu and Bentler 1999, Boomsma 2000, McDonald and Ho 2002, Hayduk et al, 2007, Hooper, Coughlan and Mullen, 2008). Acceptable values and goodness-of-fit indices are shown in Table 3 (Munro 2005, Ayyıldız and Cengiz 2006, Schreiber et al., 2006, Şimşek 2007, Hooper, Coughlan and Mullen, 2008, Yılmaz 2009, Çokluk, Şekercioğlu and Büyüköztürk, 2012, İlhan and Çetin 2014).

As it is shown in Figure 1, in the structural model including sexual harassment, work-related quality of life and turnover, the relations between sexual harassment and work-related quality of life ($t=-5.956$, $p<.001$); work-related quality of life and turnover ($t=7.773$, $p<.001$); sexual harassment and turnover ($t=-2.123$, $p<.05$) were statistically significant

Hypothesis 1 (H1) states that sexual harassment has an effect on nurses' quality of work life. Thus, we conclude that H1 is supported. Hypothesis 2 (H2) states that sexual harassment has an effect on nurses' turnover intentions. This hypothesis (H2) was supported. Hypothesis 3 (H3) states that nurses' quality of work life has an effect on turnover intentions. Therefore we conclude that H3 is supported.

Conclusion

The study findings have both theoretical and practical implications. From a theoretical perspective, this study found that nurses' sexual harassment scores significantly predicted their scores of work-related quality of life ($\beta_{\text{Sexualharassment} \rightarrow \text{Work-related}} = -.34$) and turnover intentions ($\beta_{\text{Sexualharassment} \rightarrow \text{Turnover}} = -.038$) in a negative direction. Moreover, nurses' work-related quality of life scores significantly predicted their scores of turnover intentions ($\beta_{\text{Work-related} \rightarrow \text{Turnover}} = .32$) in a positive direction.

In a study conducted on 75% of female nurses in Turkey, the respondents reported having been sexually harassed during nursing practice (Kisa and Dziegielewska, 1996). In another study of nurses who work in Turkey, it is reported that sexual harassment is at a level that negatively affect productivity (Kisa et al., 2002). It was found that the most important factors affecting a nurse's turnover intention were management, colleague support, social rights, professional relations, business continuity, job dissatisfaction (Nowak et al., 2010). It can be stated that all these factors have the effect of decreasing

the quality of work life quality of nurses. Moreover, this study finding is also consistent with past research relating the sexual harassment and turnover (Labant and Lentz, 1998; Merkin, 2008), sexual harassment and quality of work life (Çelik and Çelik, 2007; Schneider et al., 1997), quality of nursing work life and turnover (Chan and Wyatt, 2007; Lee et al., 2015; Kaddourah et al., 2018; Almalki et al., 2012).

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