The Relationships between Ethical Climate and Sexual Harassment: An Empirical Study with Nurses

Etik İklim ile Cinsel Taciz Arasındaki İlişkiler: Hemşirelerle Gerçekleştirilen Görgül Bir Çalışma

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Abstract: In this study, we have analyzed the relationship between sexual harassment and the ethical climate in healthcare settings. From two Turkish hospitals, 215 nurses have participated in this survey. Findings of this research show that about thirty-five percent of the nurses are victim of sexual harassment. Harassers are both from the inside of the hospitals (like supervisors and co-workers) and outside of the hospitals (like patients and relatives of the patients). Analyses show that low caring ethical climate and high instrumental ethical climate seem to have some negative impacts on sexual harassment behaviors. Consequently, it is necessary and beneficial that management of these hospitals should support caring and respectful relationships among the stakeholders and take the necessary measurements to stop the harmful consequences.

Key Words: Sexual harassment, ethical climate, hospital, nurses.

Özet: Bu çalışmada, cinsel taciz ve etik iklim arasındaki ilişkiyi sağlık sektöründe inceledik. İki Türk hastanesinden 215 hemşire bu araştırmaya katıldı. Araştırma bulguları, hemşirelerin yaklaşık yüzde otuz beşinin cinsel tacizin kurbanı olduğunu göstermektedir. Tacizciler, hem hastanenin içinden (çalışma arkadaşı ve üstler gibi), hem de hastanenin dışından (hastalar ve hasta yakınları gibi) kişilerdir. Analizler, düşük özgeciliğin ve yüksek çıkarcılığın söz konusu olduğu etik iklimlerin, cinsel taciz davranışları üzerinde negatif bir etkiye sahip olduğunu göstermektedir. Sonuç olarak, bu hastanelerin yönetimlerinin, paydaşlar arasındaki özgeci ve saygılı ilişkileri teşvik etmesi ve olumsuz sonuçları durdurmak için gerekli önlemleri alması yararlı olacaktır.

Anahtar Kelimeler: Cinsel taciz, etik iklim, hastane, hemşire.

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Introduction

Sexual harassment is centuries old (Davidhizar, Erdel, & Dowd, 1998), and a worldwide problem (Sigal, 2006). It is also not new to the health care industry (Robinson, Franklin, & Fink, 1993). Sexual harassment particularly affects women. Whether sexual harassment is viewed as a social problem, a form of sex discrimination, a type of violence against women, or a crime, it is clear that victims of sexual harassment in the workplace experience significant psychological and physical consequences (Sigal, 2006).

Everyone has the right to work in an environment free from sexual harassment and to be evaluated solely on work performance (Davidhizar et al., 1998). There is a growing belief that organizations are social actors responsible for the ethical or unethical behaviors of their employees (Victor, & Cullen, 1988). Therefore, healthcare organizations can no longer afford to ignore the sexual harassment (Gilmour, & Hamlin, 2005). Both employers and employees must take responsibility for creating a work environment free of sexual harassment (Hamlin, & Hoffman, 2002; Hesketh et al., 2003).

There are many factors that cause sexual harassment. In this study, we have analyzed the relationship between sexual harassment and ethical climate. This is the first study on the subject. There is no study about the relationship between sexual harassment and ethical climate in the literature.

Sexual Harassment Problem in Hospitals

Sexual harassment can be defined as "any form of unwanted verbal, nonverbal, or physical conduct of a sexual nature, with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment" ("Directive 2002/73/EC of the European Parliament and of the Council," 2002).

Sexual harassment can involve various behaviors ranging from offensive remarks to physical or sexual contact (Bronner, Peretz, & Ehrenfeld, 2003). There are two major types of the sexual harassment behaviors: "Quid pro quo sexual harassment" and "hostile environment sexual harassment." Quid pro quo means "this for that." In operational terms, some conditions of employment such as salary or promotion depend on the employee submitting to sexual advances or conduct. Hostile environment harassment is related to the workplace environment and is more subject to interpretation than the quid pro quo form. A hostile environment consists of such things as sexually explicit photos, sexual stories, or lewd comments (Foy, 2000).

Sexual harassment behaviors can also be classified as verbal harassment (jokes, sexual remarks, propositions etc.), nonverbal harassment (gestures and facial expressions), physical harassment (touching, stroking and assault), rape and attempted rape, etc.

While the boundaries of what constitutes sexual harassment have been strictly defined over the last few years, questions remain about what is and is not sexual harassment. According to a study, nurses use indicators such as the invasion of space, confirmation from others, lack of respect, the deliberate nature of the behavior, perceived power or control, overly friendly behavior, and a sexualized workplace to name a conduct as sexual harassment (Madison, & Minichiello, 2000). In another study, wantedness was the single criteria used by the nurses (Hanrahan, 1997).

The frequency of sexual harassment decreases as the behavior becomes more intimate and offensive (Bronner et al., 2003). Frequently reported conducts are as follow in some studies: Sexual testing, jokes, verbal assaults or questions, pressures for date (Kisa, & Dziegielewski, 1996), touching, fondling, pinching etc (Confronting Sexual Harassment, 1994). The suggestive stories or offensive jokes, unwelcome seductive behavior; unwanted sexual attention; deliberately touched and made uncomfortable, and unwanted discussion of personal or sexual matters (Dan, Pinsof, & Riggs, 1995).

Sexual harassment is prevalent in hospital environment (Capen, 1997; Hamlin, & Hoffman, 2002; Hesketh et al., 2003; Hibino, Ogino, & Inagaki, 2006; Robinson, Kirk, & Powel, 1987). Sexual harassment is a major workplace problem affecting 30-76% of nurses (Bronner et al., 2003).

Harassment like bullying, verbal abuse and other violence are also prevalent in the hospital environment (Gilmour, & Hamlin, 2005). According to a study, 91% of the respondents experienced verbal abuse within the past one month (Sofield, & Salmond, 2003). According to another study, 8% of the nurses were exposed to sexual harassment and 19% were exposed to bullying, physical violence and treats at work (Gunnarsdottir, Sveinsdottir, Bernburg, Fridriksdottir, & Tomasson, 2006).

Sexual harassment has been identified as a universal factor that can affect nursing performance and work productivity in any type of health care facility. Studies conducted in Turkey have supported this fact. For example, a survey conducted among 225 nursing students reveals that 100 percent of them were abused verbally, 83.1 percent academically, 53.3 percent sexu-

ally, and 5.7 percent physically (Çelik, & Bayraktar, 2004). A study done by Çelik and Çelik in eight Ministry of Health hospitals showed that 37.1% of participants had been harassed sexually (Çelik, & Çelik, 2007). Another survey conducted in Ankara showed that 75 percent of the nurses have been sexually harassed during their nursing practice (Kisa, & Dziegielewski, 1996). A survey conducted in two different hospitals reveals that the majority of the respondents had been subjected to sexual harassment in the workplace, and the harassment experience was strong enough to affect their productivity (Kisa, Dziegielewski, & Ates, 2002). Another survey conducted among nurses working at different hospital shows that 86.7 percent of the nurses have experienced verbal abuse during the last 12 months (Uzun, 2003). According to Öztunç, the majority of nurses (80.3%) had faced verbal abuse (Öztunç, 2006).

However, official statistics about harassment do not reflect the actual situation. Sexual harassment incidents are generally under-reported and frequently surrounded by a culture of silence (Gilmour, & Hamlin, 2005; Hesketh et al., 2003). The lower working status and power of nurses in the workplace (Chaudhuri, 2007; Çelik, & Çelik, 2007); the silence that surrounds harassment; lack of support from the peers and colleagues; lack of the education regarding combating sexual harassment; and traditional stereotypes associated with nurses are the major factors that cause sexual harassment in the hospital environment (Madison, & Minichiello, 2004).

The working conditions of the nurses also increase the sexual harassment incidence (Çelik, & Çelik, 2007; Hanrahan, 1997). Few settings present as great a challenge for protecting workers against sexual harassment as hospitals. Each day, nurses come into close physical contact with dozens of virtual strangers (like their patients) who are not the employees of the hospital and who have not gone through a vetting process. It is difficult to predict how patients are going to treat nurses, and it is impossible for hospitals to enforce anything like an employer's code of conduct on them (Ruitz, 2006).

Primary targets of sexual harassment in hospital environments are nurses. Women were significantly more exposed than men do to the sexual harassment (Bronner et al., 2003; Chaudhuri, 2007; Hibino et al., 2006). In addition to the nurses, nursing students also experience sexual and/or other types of harassment (Çelik, & Bayraktar, 2004; Öztunç, 2006).

The first group of the most common sources of the sexual harassment is physicians (Chaudhuri, 2007; "Confronting Sexual Harassment," 1994; Çelik, & Çelik, 2007; Dan et al., 1995; Gilmour, & Hamlin, 2005; Kisa, & Dziegielewski,

1996; Sofield, & Salmond, 2003). The second group of the sexual harassment is nurses' coworkers (Confronting Sexual Harassment, 1994; Çelik, & Çelik, 2007; Hesketh et al., 2003). The third group of the sources of the sexual harassment is patients, patients' relatives, and others (Confronting Sexual Harassment, 1994; Çelik, & Bayraktar, 2004; Dan et al., 1995; Kisa, & Dziegielewski, 1996; Öztunç, 2006; Sofield, & Salmond, 2003; Uzun, 2003).

Sexual harassment has negative effects on witnesses and other employees in the workplace as well as victims. It disturbs victim's psychological and physiological health (Çelik, & Çelik, 2007; Hamlin, & Hoffman, 2002; Hanrahan, 1997; Gunnarsdottir et al., 2006; Öztunç, 2006; Sigal, 2006).

Sexual harassment is one of the most prevalent forms of violence against women and is symbolic of attempts worldwide to prevent women from achieving occupational success and economic independence (Sigal, 2006). Sexual harassment disturbs working environment and organizational climate (Kisa et al., 2002; Robinson et al., 1987) and decreases motivation, productivity and performance of victims (Bronner et al., 2003; Çelik, & Çelik, 2007; Kisa et al., 2002; Sofield, & Salmond, 2003). It also increases nurses' anxiety and undermines their ability to focus on the delivery of safe and competent care (Uzun, 2003; Valente, & Bullough, 2004).

The major impact of sexual harassment is worsened feelings about work and worsened ability to work with others (Dan et al., 1995). Sexual harassment increases the likelihood of staff turnover (Sofield, & Salmond, 2003; Uzun, 2003; Valente, & Bullough, 2004) and causes legal costs and undermines the employer's image as well (Robinson et al., 1987). Sexual harassment may be the biggest single financial risk that exists in companies today (Foy, 2000).

The most effective personal coping strategy is confronting the offenders. The best action the victim can take is to let the harasser know that the specific behavior is unacceptable ("Confronting Sexual Harassment," 1994; Dan et al., 1995; Davidhizar et al., 1998). Nevertheless, most victims prefer "doing nothing" coping strategy (Çelik, & Bayraktar, 2004; Çelik, & Çelik, 2007; Dan et al., 1995). Ignoring the behavior, going along with it, or making a joke of it are most likely to make the situation worse (Dan et al., 1995).

Another effective coping strategy with sexual harrasment is reporting the incidence to the management (Bronner et al., 2003; Davidhizar et al., 1998). However, victims are reluctant to complain about it (Çelik, & Çelik, 2007; Hibino et al., 2006; Sofield, & Salmond, 2003) because of reasons such as fear to loose jobs or afraid from retaliation, unawareness of the reporting mechanisms or channels, and lack of self-confidence (Chaudhuri, 2007).

Sexual harassment is a great risk for the employers (Gunnarsdottir et al., 2006). It harms firms' reputation and damages their credibility. Like all administrators, those in the health care industry must understand the seriousness of the sexual harassment and take a proactive stance (Robinson et al., 1993). Prevention is the first, last, and primary line of defense against sexual harassment; in fact, prevention is the cure (Bland, & Stalcup, 2001; Gardner, & Johnson, 2001; Hesketh et al., 2003; Valente, & Bullough, 2004).

Developing an understanding and awareness of the complex issues that surround sexual harassment can play a significant role in reducing the incidence and effects of this form of discrimination (Capen, 1997; Hamlin, & Hoffman, 2002). Taking a proactive stance by developing and implementing a sexual harassment policy and procedures for handling complaints can help maintain an environment free of sexual harassment, avoid legal liability, and establish positive employee relations (Hibino et al., 2006; Gardner, & Johnson, 2001; Robinson et al., 1993; Ruitz, 2006). Health care facilities must also take all complaints seriously and conduct proper investigations (Fiesta, 1999; Robinson, Franklin, Tinney, Crow, & Hartman, 2004). They should provide an avenue through which nurse can file complaints. The process should include reassurance that job security will not be compromised if they complain (Gardner, & Johnson, 2001; Ruitz, 2006). Employers also need to train employees continually on their rights and responsibilities (Bronner et al., 2003; Fiesta, 1999; Gardner, & Johnson, 2001; Hibino et al., 2006; Ruitz, 2006; Sofield, & Salmond, 2003; Valente, & Bullough, 2004).

Ethical Climate and Sexual Harassment

An organizational climate is defined as perceptions that "are psychologically meaningful moral descriptions that people can agree to characterize a system's practices and procedures" (Schneider, 1975). Organizational climate is a descriptive construct, reflecting consensual agreement amongst members regarding key elements of the organization in terms of its systems, practices and leadership style (McMurray, 2003).

All climates are held to be perceptual and psychological in nature, whether we refer to the climate of organization, division, or subgroup of the organization. Therefore, climate represents perceptions held by members of social units. People normally utilize information about other people, and about the actions of the organization, to form summary climate perceptions. When individuals report on their climate, they sum up either their experi-

ences or their sense of others' experiences, and then they form a cognitive map of the organization (Al-Shammari, 1992).

Conceptually, ethical climate is a type of organizational climate (Martin, & Cullen, 2006). The ethical climate of an organization is "the shared perception of what is an ethically correct behavior and how ethical issues should be handled" (Victor, & Cullen, 1987). In other words, ethical climate refers to how people in an organization typically decide whether it is right or wrong to pay kickbacks, bribes etc. (Victor, & Cullen, 1988).

Ethical climates are both multidimensional and multidetermined. Organizations have distinct types of ethical climates and there is variance in the ethical climate within organizations by position, tenure, and work-group membership. In particular, the socio-cultural environment, organizational form, and organization-specific history are determinants of the ethical climates in organizations (Victor, & Cullen, 1988).

Some of the ethical climate types are instrumental, caring, independence, law and code, rules, efficiency etc. In the instrumental climate, members of an organization look for their own self-interests, often at the benefit of others. In a caring climate, employees within the organization are genuinely interested in the welfare of others. In an independence type of climate, individuals believe that they should act on deeply held, personal moral convictions to make ethical decisions. The particular climate of law and code is based on the perception that the organization supports principled decision-making based on external codes such as the law, the Bible, or professional codes of conduct. In the rules climate, employees are expected to strictly follow the rules of their department or organization. In an efficiency climate, the right way to do things within the organization is the most efficient (Victor, & Cullen, 1987).

It is believed that one of the factors creating unethical and deviant behaviors (like sexual harassment) in an organization is the ethical climate. Although most studies in the field support this, there are contradictory results as well. It is found that the perceived organizational climate is significantly related to the ethical decision of the employees (Sims, & Keon, 1999), and ethical climate affects moral awareness of the employees more than individual characteristics (VanSandt, Shepard, & Zappe, 2006). Bartels, Harrick, Martell, and Strickland (1998) and Vardi (2001) found a significant negative relationship between the strength of an organization's ethical climate and the seriousness of ethical violations, a statistically significant positive relationship between, organization's ethical climate, and success

in responding to ethical issue. Wimbush, Shepard, and Markham (1997), Barnett and Vaicys (2000), Victor and Cullen (1988), Deshpande (1996), and Fritzsche (2000) found partial support for the relationship between the dimensions of ethical climate and ethical behavior of the organization's employees. A hospital's ethical climate is important in nurses' decisions to leave their positions and to leave the profession (Hart, 2005). In workplaces and cultures which are supportive of sexual harassers and/or discouraging to women who try to report their harassing experiences, sexual harassment problem will not be eliminated (Sigal, 2006). Therefore, more organizations need to step forward and take action by fostering strong, positive ethical cultures, so that when their employees are confronted with an ethical dilemma, they know how to deal with it (Appelbaum, Deguire, & Lay, 2005). Thus, interventions that strengthen an organization's ethical climate may help manage ethical behaviors within organizations (Bartels et al., 1998; Soutar, McNeil, & Molster, 1994).

Research Methodology

As we mentioned above, ethical climate might create both favourable and unfavourable conditions for sexual harassment behaviors. In this part of the study, we explored the relationships between ethical climate types and the different aspects of the sexual harassment behaviors. The following sections describe the sample, the measures, and the procedure and present the findings of this study.

Population and Sample of the Study

A survey is conducted among the nurses that are working at two different hospitals in Turkey. One of the hospitals is a state-owned hospital, and the other is a university hospital. Total population of the nurses at the state-owned hospital is 200, 125 of whom answered the questionnaires. Total population of the nurses at the university hospital is 150, 90 of whom answered the questionnaires. Therefore, average response rate is 61%. Arithmetic mean of the respondents' age is 29 years. Arithmetic mean of their work experience is 9 years. 97.7 percent of the subjects are females and only 2.3 percent of the subjects are males. 90 percent of the subjects work as nurses; 8.8 percent of the subjects work as midwifes and 0.9 percent work as other hospital employees. 40.9 percent of the subjects are single; 59.1 percent of the subjects are married. In Table 1, some of the demographic variables are summarized.

Table 1.
Demographic Variables

Hospitals	**Frequency**	**Percent**
State Hospital	125	58.1
University Hospital	90	41.9
Total	215	100.0
Age	**Frequency**	**Percent**
Between 17-20 years old	13	6.0
Between 21-25 years old	42	19.5
Between 26-30 years old	77	35.8
Between 31-35 years old	52	24.2
Between 36-40 years old	24	11.2
Between 41-45 years old	7	3.3
Total	215	100.0
Education	**Frequency**	**Percent**
High School	69	32.1
Two Years College	74	34.4
University	63	29.3
Masters	7	3.3
Others	2	0.9
Total	215	100.0
Experience	**Frequency**	**Percent**
Between 1-5 years	72	33.5
Between 6-10 years	61	28.4
Between 11-15 years	56	26.0
Between 16-20 years	19	8.8
More than 21 years	7	3.3
Total	215	100.0
Job Title	**Frequency**	**Percent**
Nurse	194	90.2
Midwife	19	8.8
Others	2	0.9
Total	215	100
Marital Status	**Frequency**	**Percent**
Single	88	40.9
Married	127	59.1
Total	215	100
Sex	**Frequency**	**Percent**
Female	210	97.7
Male	5	2.3
Total	215	100

Procedure

The subjects were asked to read and complete a 36-item, 5 point Likert scale of ethical climate instrument (Victor, & Cullen, 1987, 1988). The subjects were asked 10 questions about sexual harassment in their working environment. In addition, some demographic information is required from the subjects. Possible factors of the ethical climate instrument are determined by factor analysis (see Table 2-3). Factor analysis identified six major factors. Name of these factors and related statistics are presented at Table 2 and Table 3. Relationships between sexual harassment and ethical climate are investigated by the means of the independent samples t test and ANOVA.

Table 2.
Factor Analysis

Items	Components					
	1	2	3	4	5	6
s39	,70					
s40	,79					
s41	,78					
s42	,77					
s47	,63					
s48	,68					
s49	,52					
s51	,78					
s52	,78					
s53	,80					
s54	,69					
s27		,46				
s32		,77				
s33		,84				
s34		,87				
s35		,72				
s36		,77				
s37		,68				
s38		,72				
s30			,49			
s43			,63			
s44			,63			
s45			,78			
s46			,72			
s19				,80		

s20				,86		
s21				,82		
s22				,55		
s23					,80	
s24					,66	
s25					,56	
s26					,47	
s50					,46	
s28						,72
s29						,58
s31						,47
Eigenvalues	10.76	6.79	2.26	1.55	1.40	1.30
Percent variance explained	29.89	18.87	6.27	4.31	3.89	3.61
Cumulative variance	29.89	48.77	55.05	59.36	63.25	66.87

Extraction Method: Principal Component Analysis. **Rotation Method:** Varimax with Kaiser Normalization. **a** Rotation converged in 8 iterations.

Reliability coefficient of the ethical climate is (alpha) 0.920. Reliability coefficients of each factor are below.

Table 3.
Factors of Ethical Climate

FACTORS	MEAN	STD. DEVIATION	Alpha
F1. Professionalism (39, 40, 41, 42, 47, 48, 49, 51, 52, 53, 54)	4.87	1.64	0.93
F2. Caring (27, 32, 33, 34, 35, 36, 37, 38)	2.68	1.55	0.91
F3. Independence (30, 43, 44, 45, 46)	3.42	1.76	0.86
F4. Instrumental (19, 20, 21, 22)	4.13	1.98	0.84
F5. Rules (23, 24, 25, 26, 50)	4.17	1.67	0.79
F6. Efficiency (28, 29, 31	4.57	1.82	0.71

Results

The subjects were asked 10 questions about different aspects of sexual harassment in their working environment. The answers of the nurses are presented below briefly.

Q1. Do you know sexual harassment is a crime in the Turkish law? According to the data gathered from the sample, approximately 79 percent of the subjects are aware that sexual harassment is a crime in the Turkish law. Rest of the subjects is not aware of the fact.

Q2. Which of the following do you feel constitutes a sexual harassment? It is found that subjects consider all the behaviors listed in Table 4 as sexual harassment.

Table 4.
Perception of Sexual Harassment

Sexual Harassment	Frequency	Percent
Touching, grabbing, pinching and other physical contact	210	97.7
Sexual propositions	210	97.7
Sexually offensive comments	206	95.8
Rape	211	98.1
Staring and leering	194	90.2
Sex-oriented jokes	167	77.7
Other forms of sexual harassment	2	0.9

Q3. Which of the following have you experienced on your job? It is clear from the Table 5 that subjects are mostly exposed to the first three sexual harassment types.

Table 5.
Experienced Sexual Harassment Types

Experienced Sexual Harassment Types	Frequency	Percent
Staring and leering	45	20.9
Sex-oriented jokes	35	16.3
Sexually offensive comments	35	16.3
Touching, grabbing, pinching and other physical contact	7	3.3

↳

Sexual propositions	1	0.5
Other forms of sexual harassment	3	1.4
Rape	0	0

Q4. Have you ever experienced sexual harassment in your workplace? 35.8 percent of the subjects declared that they exposed to the sexual harassment.

Q5. How many times in the last twelve months have you personally experienced sexual harassment in the organization where you are presently working? Frequency of the sexual harassment incidences are displayed at Table 6.

Table 6.
Exposure Frequency of Sexual Harassment

Frequency of sexual harassment	Frequency	Percent
1-2 times	37	17.2
3-4 times	3	1.4
5-6 times	1	0.5
More than 6 times	2	0.9
Unanswered	34	15.8
Not victims	138	64.2
Total	215	100.0

Q6. How did you react to sexual harassment? Ignoring the incidence is the number one choice of the sexual harassment victims (see Table 7).

Table 7.
Reactions to Sexual Harassment

Reactions to sexual harassment	Frequency	Percent
Ignored it	35	16.3
Asked them to stop	16	7.4
Reported it to a friend and asked help	5	2.3
Reported it to a company official or government agency	3	1.4
Enjoyed it	1	0.5
Others	16	7.4

Q7. How has sexual harassment affected you? Approximately 12 percent of the victims report that sexual harassment affected them both mentally and physically. It is interesting to note that about 4 percent of the victims ignored the behavior to escape the damage of the sexual harassment. In addition, it is pleasing that none of the victims choose to resign because of the sexual harassment. This may be due to the fact that the subjects mostly exposed to relatively less brutal sexual harassment types such as "staring and leering", "sex-oriented jokes", and "sexually offensive comments" (see Table 8).

Table 8.
Effects of Sexual Harassment

Effects of sexual harassment	Frequency	Percent
Mental and physical health	25	11.6
Self-esteem	11	5.1
Ignored	9	4.2
Work opportunities	6	2.8
Economically	2	0.9
Lack of confidence to men	1	0.5
Resignation	0	0
Others	19	8.8

Q8. Which sex do you feel has a problem with sexual harassment most? Female subjects are the main victims of the sexual harassment (see Table 9).

Table 9.
Victims of Sexual Harassment

Victims of sexual harassment	Frequency	Percent
Mostly women and very few men	89	41.4
Only women	69	32.1
Women and men about equally	44	20.5
Sexual harassment is not a problem	18	8.4
Mostly men and very few women	1	0.5

Q9. Which individuals in your organization are most involved with sexual harassment? Answers of the victims show that relatives of patients, supervisors, co-workers, and patients are the common harassers. In other words, harassers are not limited to the insiders (see Table 10).

Table 10.
Harassers of Sexual Harassment

Harassers	Frequency	Percent
Relatives of patients	123	57.2
An immediate supervisors	91	42.3
A co-worker	84	39.1
Patients	95	44.2
A subordinates	31	14.4
A company representative	21	9.8
Others	5	2.3

Q10. To what extend do you consider sexual harassment as a problem in your organization? More than half of the subjects consider sexual harassment as a problem in their workplaces (see Table 11).

Table 11.
Extent of Sexual Harassment

Extend of sexual harassment problem	Frequency	Percent
Sexual harassment is an occasional problem with sexual harassment situations occurring only periodically. Organizational effectiveness is affected only to a minor degree.	97	45.1
Sexual harassment is a minor problem with sexual harassment situations occurring infrequently. Organizational effectiveness is affected hardly at all.	33	15.3
Sexual harassment is not a problem in this organization. It does not affect the organization's effectiveness.	27	12.6
Sexual harassment is a frequent, troublesome part of the organization's working environment. Organizational effectiveness is definitely affected by sexual harassment problems.	37	17.2
Unanswered	21	9.8
Total	215	100.0

Relationship between Sexual Harassment and Demographic Variables

Independent samples t test shows that nurses at the state-owned hospital experience more "sexually offensive comments" than nurses at the university hospital (F = 42,706; p = 0,002).

In addition, ANOVA test shows that nurses with less than 5 years of work experience are exposed to more "sexually offensive comments" than nurses who have 6 or more years of work experience (F = 2,489; p = 0,045).

However, statistically significant relationships between sexual harassment and demographic variables like education, and martial status are not found in this study. This result could be attributed to the sample's characteristics.

Relationship between Sexual Harassment and Ethical Climate

Independent samples t test shows that low "caring" climate seems to increase "sexually offensive comments." Participants who claims to be exposed to "sexually offensive comments" perceive low caring ethical climate in their organizations or units (mean = 2,1143 and std. deviation = 1,4540) than participants who claim not to be exposed to "sexually offensive comments" (mean = 2,8000 and std. deviation = 1,5616). These results are statistically significant (F = 1,384; p = 0,016).

According to the independent samples t test, high "instrumental" ethical climate seems to increase "sexually offensive comments." Participants who claim to be exposed to "sexually offensive comments" perceive high instrumental ethical climate in their organizations or units (mean = 4,5257 and std. deviation = 1,5985) than participants who claim not to be exposed to "sexually offensive comments" (mean = 3,8958 and std. deviation = 1,9528). These results are statistically significant (F = 4,791; p = 0,000).

In addition, independent samples t test shows that participants who experience sexual harassment in the instrumental ethical climate have a tendency to ignore the sexual harassment behavior. Participants who ignores sexual harassment perceive high instrumental ethical climate in their organizations or units (mean = 4,7000 and std. deviation = 1,8436) than participants who do not ignore sexual harassment behavior (mean = 4,0208 and std. deviation = 1,9982). These results are statistically significant (F = 2,012; p = 0,064).

Furthermore, according to independent samples t test, participants who perceive high "instrumental" ethical climate (mean = 4,9700 and std. deviation = 1,6837) experience more mental and physical damages than partici

pants who perceive low instrumental ethical climate (mean = 4,0211 and std. deviation = 2,0031) in their organizations or units. These results are statistically significant (F = 5,076; p = 0,025).

Discussion

We have analyzed the relationship between sexual harassment and ethical climate with a group of nursing professionals. This is the first study on the subject. We aimed to show the effects of the ethical climate on the sexual harassment problem. Main findings of the study can be summarized as follows:

Approximately 79 percent of the subjects are aware that sexual harassment is a crime in the Turkish Law. More than ninety percent of the subjects consider "touching, grabbing, pinching and other physical contact", "sexual propositions", "sexually offensive comments", and "staring and leering" as sexual harassment. Approximately thirty-five percent of the nurses exposed to the sexual harassment in different forms. In other words, one out of three women is a possible victim of sexual harassment. This is a serious rate. However, it is somehow pleasing to note that nurses mostly exposed to the "verbal" (jokes, sexual remarks, and propositions) and nonverbal (gestures and facial expressions) sexual harassment types compared to more serious harassment behaviors such as rape. They are rarely exposed to the more severe types of the sexual harassment like "physical contacts" and "sexual propositions."

Reporting the sexual harassment incidence to the company officials or government agencies is a very rare practice among the victims. Most of the victims try to solve the problems by themselves. According to the findings, it might be concluded that sexual harassment affects the health of the victims mentally and physically.

Harassers are both from the inside of the hospitals (like supervisors and co-workers) and outside (like patients and relatives of the patients). There are many causes of sexual harassment. Ethical climate might be one of them. Nevertheless, in this study, it is found that there is a weak relationship between ethical climate and sexual harassment in healthcare settings. Ethical climate types like "caring" and "instrumental" have some effects on the sexual harassment behaviors like "sexually offensive comments." It seems that instrumental ethical climate encourages "sexually offensive comments."

Consequently, sexual harassment problem in hospitals cannot be ignored. Hospital managements should take preventive actions like preparing a sexual harassment policy, presenting sexual harassment reporting mechanisms, developing ethical codes and educational programs, and improving the ethical climate etc. The society and government must also act properly.

In fact, Turkey has taken very important steps about sexual harassment in terms of legislative reforms. Some important amendments were done in the Constitution, the Civil Code, the Labor Code and the Penal Code. However, trade unions, companies, employees and the society as a whole do not have enough awareness and sensitivity about sexual harassment problem and there are not enough cooperative efforts among these groups (Aydemir, 2006: 81-95). It should be the responsibility of the government to accept and/or implement laws for the elimination of violence against employees by emphasizing the prevention of violence and the legal follow up of those found guilty. It is important to observe and inspect women who are exposed to violence regularly, protect those who are exposed to violence, ensure they receive speedy and effective compensation, damages and treatment, and provide rehabilitation for those who use violence (Büken, & Sahinoglu, 2006: 197-205).

Although we could not find any significant relationship between sexual harassment and the ethical climate, qualitative research can be conducted in some problematic hospitals in terms of sexual harassment and ethical climate relationship. The subject deserves further investigation.