

Sexual Harassment
and
Australian Registered Nurses

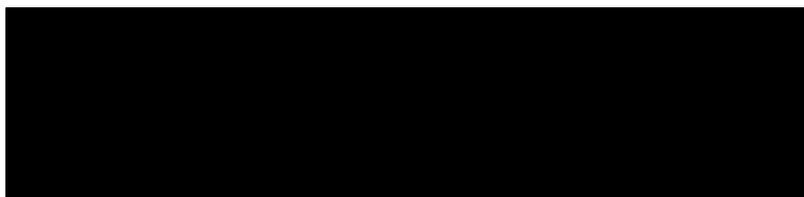
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I certify that the substance of this thesis has not already been submitted for any degree and is not being currently submitted for any other degrees.

I certify that to the best of my knowledge any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.



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Publications

Book Chapters

Minichiello, V., Madison, J., Hays, T. et al "In-depth Interviews", a chapter in *Handbook of Research Methods in Health*, Minichiello, V., Sullivan, G., Greenwood, K., and Axford, R. (eds) Addison Wesley Longman, in press 1998.

Smith, A, Mioche, A, and Madison, J. "Women and work" a chapter in *Women's Health: A Primary Health Care Approach*, Rogers-Clark, C. & Smith, A. (eds), 1998, MacLennan & Petty, Sydney, pp. 140-161.

Refereed Journal Articles

Madison, J. and Gates, R. "Sex-based harassment in the Australian health care industry, *Australian Health Review*, Vol 19 No 3, 1996, pp 14-27.

Madison, J. "Australian Registered Nurses describe the health care workplace and its responsiveness to sexual harassment, an empirical study", *Australian Health Review* Vol 20 No 2, 1997, pp 102-115.

Madison, J. "RNs experiences of sex-based and sexual harassment - an empirical study, *Australian Journal of Advanced Nursing*", Vol 14 No 4, Winter, June - Aug 1997, pp 29-37.

Non-Refereed Publications

Madison, J. "Sexual harassment in health care", *NTEU NSW Women's Newsletter*, Volume 1, November 1995, pp 8-9.

Conference (Proceedings) and Invited Presentations

Madison, J. "Registered Nurses perceptions of sex-based harassment," *Fourth National Nursing Forum*, Royal College of Nursing Australia, (Conference Proceedings) Launceston, Tasmania, Sustainable Nursing, May 1995.

Madison, J. "Sex-based and sexual harassment and RNs in the Australian health care industry", *Research for Practice: Making a Difference, International Nursing Conference*, (Conference Proceedings) University of Newcastle, July 1995.

Madison, J. "Sex-based harassment in the Australian health care industry" *Stories from the Field: Nursing and Methodology National Conference*, University of Sydney, September 1995.

Madison, J. "In-depth interviews: the democratic process" *10th Annual International Qualitative Research in Education Conference*, Atlanta, GA, USA., February 1997.

Madison, J. "Sexual harassment experienced by Australian Registered Nurses - A Poster Presentation", *The Fourth International, Multidisciplinary Qualitative Health Research Conference*, The University of British Columbia, Vancouver, Canada, February 19 - 21, 1998.

Preface

During the course of this research project I have been asked many times why or how I became interested in the topic of sex-based and sexual harassment. Denzin (1989:15) talks about the importance of knowing and understanding the *epiphanies* associated with the researched and the researcher when undertaking a line of inquiry. He describes *epiphanies* as those interactional moments that leave marks on people's lives, and have the potential for creating transformational experiences. Two experiences stand out as *epiphanies* for me in relation to my interest in understanding more about sexual harassment. Both experiences left a vivid impression on my mind and transformed the way I saw myself and the world in which I lived and worked.

As a single, working mother, I experienced first-hand sexual harassment. I was a very successful and confident career woman at the top of the organisational hierarchy, one of three Vice Presidents. I never spoke to another person about the experience until almost five years later and I had left the job where it was occurring. And only then the story came out almost accidentally with two most trusted friends over a glass of wine! I will never forget the surprise, confusion, guilt, disgust, and embarrassment I felt during the experience of harassment as well as when telling the story.

The second *epiphany* will seem strange, but for me, it was an unmistakable *epiphany*. After almost 30 years of nursing, I changed career directions and immigrated to Australia, accepting a tenured university lecturer position in Health Management. I was somewhat naively taken aback at the sometimes disdainful or suspicious reception I received from students. It was very apparent that I needed to lower my effervescence and 'over the top' presentations in an effort to reduce the 'know-it-all' perception I came to understand and know I generated.

During one of my first residential schools (a large, all female, all RN audience) I was forgetting myself once again, and began a line of discussion that was decidedly feminist and maybe a bit male bashing. During the following discussion it was clear something was wrong, and from the back of the room, finally, a student informed me that I needed to 'watch' myself, that the University was getting a bad reputation as a 'feminist bastion'. I asked how many in the audience saw themselves as or claimed to be feminists. Not a hand went up.

The meaning of this second *epiphany* is not as easily discernible as the first. I love nursing and nurses. I have had the good fortune to have the education, experience, and career opportunities that comes to those who have chosen the nursing profession. I have been accused of singlemindedness, bloodymindedness and narrowmindedness when it comes to the defence of nursing. I'm proud to be a nurse. Most nurses are women and, in my mind, the issues that face nurses also face women and are inextricably intertwined. Without the feminist movement, 'profession' and 'nurses' would never have been issued in the same breath. I simply cannot imagine the place of nursing in our society today without the feminists in its midst.

Although I would suggest that I'm much more complicated than either of these *epiphanies* might portray, these two transformational experiences would have to be critical to my interest in the topic. This very brief autobiographical account must serve as my value commitment to studying sex-based and sexual harassment.

JM

Abstract

Using a multi-method approach, this thesis examines sex-based and sexual harassment as perceived and experienced by Australian Registered Nurses (RN). The first phase of the research was a broadly based, exploratory survey questionnaire which served as a foundation for the second and third phases of the study. This initial phase and its analysis focused on the frequency and kinds of harassment the Registered Nurses described, as well as their responses and the affects of the harassment on them personally and professionally.

The first phase revealed that the Australian Registered Nurses' experiences varied little from their overseas counterparts. Sex-based or sexual harassment was widespread in the Australian health care workplace. A wide majority of participants agreed that unwanted sexual attention and behaviour constituted sexual harassment. Of participants who reported harassment and identified the harasser, medical officers were the most common harasser, closely followed by co-workers, then supervisors. Of the harassers listed, the wide majority were male.

The most frequently described harassing behaviour was 'unwanted sexual teasing, jokes, remarks or questions' followed by 'unwanted and deliberate touching, leaning over, cornering and pinching' and then 'unwanted sexually suggestive looks or gestures'. The survey questionnaire asked the participants to describe one episode of harassment in significant detail. This part of the survey questionnaire asked for demographic details of the RNs and their harassers, their position in the workplace, the behaviour identified as harassing and how the RNs responded to the situation.

The second phase of the study involved sixteen in-depth interviews that focused on how Registered Nurses acquire or process knowledge about harassment and how this knowledge is personally and socially reproduced. That is to say, how these RNs come to 'see' and 'understand' harassment; come to recognise harassment, label it, deal with it and interpret their action or inaction when confronted with it.

The analysis of the interviews focused on six categories or concepts- i) *Labelling*: what language the RNs use in labelling the event of harassment; ii) *Recognition*: behavioural signals or clues used by RNs to recognise harassment may be imminent; iii) *Classification*: what categories were developed to describe the harasser; iv) *Responses*: emotional and physical responses of informant's experiences with harassment; v) *Rationalisations*: what rationalisations the RNs used to explain their and their harasser's actions or inactions; and vi) *Antecedent Conditions* what contextual issues exist in relation to sex-based and sexual harassment.

The study concluded with a telephone conference focus group interview with six of the individual interview informants to explore further the findings and conclusions associated with the entire research project and to confirm the validity of these findings with the informants. Informants from the focus group agreed that they had been largely unaware of the nature or seriousness of harassment until they were asked to read and comment on the interview analysis. The findings suggest that despite much publicity in the media and overseas, Australian Registered Nurses remain isolated, silent and unsupported as they deal with widespread sex-based and sexual harassment.

The research findings also suggest that RNs have many rationales or strategies inbred or innate in their personal or professional roles that allow harassment to exist, fester, and sabotage them as nurses or as women. The findings suggest that some of the symbols, stereotypes or myths that seem to

support harassment of RNs are slowly fading away to be replaced with more realistic and respectful persona. Lastly, the findings indicate that much work remains to be done in changing the workplace of RNs and others who share it, into an arena where sexism and harassment no longer prevail.

The beginning of wisdom, as the Chinese say, is calling things by their right names.