

PERCEPTION OF SEXUAL HARASSMENT AMONG NURSING AND
MEDICAL STUDENTS DURING CLINICAL PRACTICE IN HEALTH
CAMPUS, UNIVERSITI SAINS MALAYSIA

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by

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**PERSEPSI GANGGUAN SEKSUAL DALAM KALANGAN PELAJAR
KEJURURAWATAN DAN PERUBATAN SEMASA PRAKTIKAL KLINIKAL
DI KAMPUS KESIHATAN, UNIVERSITI SAINS MALAYSIA**

ABSTRAK

Gangguan seksual dalam masyarakat luar, pelajar perubatan dan kejururawatan telah merebak sebagai sebahagian daripada masyarakat kita, terutamanya setelah mereka menghabiskan banyak masa di hospital semasa praktikal klinikal dan berurusan dengan pelbagai jenis orang. Objektif kajian ini adalah untuk menentukan persepsi terhadap gangguan seksual dalam kalangan pelajar program kejururawatan dan perubatan semasa menjalankan praktikal klinikal di Kampus Kesihatan, USM. Kajian keratan rentas digunakan dalam kajian ini. Seramai 210 pelajar kejururawatan dan perubatan dari Kampus Kesihatan, USM yang memenuhi kriteria inklusi terlibat dalam kajian ini. Mereka dipilih melalui kaedah persampelan rawak berstrata yang tidak seimbang. Data yang dikumpul dianalisis secara statistik menggunakan perisian statistik Pakej Sains Sosial (SPSS) versi 26. Kajian ini menunjukkan 10.0% responden mempunyai tahap persepsi negatif terhadap gangguan seksual semasa latihan klinikal. Jantina dan program pengajian didapati mempunyai perkaitan yang signifikan dengan tahap persepsi terhadap gangguan seksual semasa praktikal klinikal ($p = 0.001$) dan ($p = 0.001$). Keputusan kajian ini menunjukkan bahawa tidak terdapat perkaitan yang signifikan antara umur dan tahap persepsi terhadap gangguan seksual dalam kalangan pelajar kejururawatan dan perubatan semasa menjalankan praktikal klinikal di Kampus Kesihatan, USM ($p = 0.110$). Kesimpulannya, persepsi positif terhadap gangguan seksual itu amat penting bagi mengelakkan gangguan seksual berlaku semasa praktikal klinikal.

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ABSTRACT

Sexual harassment in our society, medical, and nursing students has spread as part of our society, especially as they spend considerable time in hospitals during clinical training and deal with different types of people. The objective of this study is to determine the perception on sexual harassment among nursing and medical program students during clinical practice in Health Campus, USM. A cross-sectional study was used in this study. A total of 210 nursing and medical students from Health Campus, USM who fulfilled the inclusion criteria were involved in this study. They were selected through a disproportionate stratified random sampling method. Data collected were statistically analyzed using the statistical Package Social Sciences (SPSS) software version of 26. This study shows that 10.0% of respondents have a negative perception level of sexual harassment during clinical practice. Gender and program of study were found to have a significant association with level of perception on sexual harassment during clinical practice ($p = 0.001$) and ($p = 0.001$). The result present of this present study revealed that there is no significant association between age and level of perception on sexual harassment among nursing and medical students during clinical practice in Health Campus, USM ($p = 0.110$). In conclusion, positive perception regarding the sexual harassment is very important to prevent sexual harassment occur during clinical practice.

CHAPTER 1

INTRODUCTION

1.1 Background of Study

Sexual harassment is defined by (UN Women, 2013) as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. In simple terms, sexual harassment means sexual advances, requests for sexual favors and other verbal, non-verbal or physical behavior of a sexual nature by a person of the opposite sex, whether intentional or unintentional, considered unwanted or forced. Sexual harassment usually occurs in public places, in public transport, schools or universities and most commonly occurs in the workplace. Women and men can be victims or perpetrators. Sexual harassment can occur between the same sex or the opposite sex. It can happen between people of different status or people who have the same status (Centre, 2020).

In 2012, sexual harassment was included under section XVA of the Employment Act 1955. The definition of sexual harassment is given under Section 2. It defines sexual harassment as any unwanted conduct of a sexual nature, whether verbal, non-verbal, visual, gestural or physical, directed at a person where it offends or embarrasses or threatens his well-being, arising from and during his work. This is only limited to sexual harassment in the workplace. Sexual harassment can have a negative impact on the victim. Victims can experience various effects for a short period of time which can also extend to a long period of time. Some of the effects are physical effects which is difficult to sleep and to eat, emotional effects which is feeling humiliated, self-blame and guilt, and lastly psychological effects such as feeling suicidal or trying to commit suicide (Centre, 2020).

According to Chang et al., (2020) the study conducted among 291 nursing students from four universities in Central Taiwan found that 22.7% nursing student including

23.3 % female and 18.4% male was reported experiencing sexual harassment during clinical practicum (Chang et al., 2020). Then, a cross sectional study among nurses and nursing students at hospital in northern Tanzania about sexual harassment in clinical practice, the prevalence showed that 11% nursing students had been sexually harassed (Tollstern Landin et al., 2020).

1.2 Problem Statement

Sexual harassment at the workplace includes sexual misconduct in the healthcare profession. Sexual harassment takes a great challenge in nursing career because nursing is one of the professions which have large number of female workforces (Muzamil, 2008). The working environment of the nursing profession itself does play a role in this issue, for example through therapeutic touch, holistic care provided by complete physical examinations, client body exposure, or perineal care. This close relationship between nurses and patients may explain the reason why nurses are more susceptible to experience harassment at their workplace (Muzamil, 2008). In addition, because there are many male doctors and more males hold higher administrative positions, typical gender role behaviours also lead to sexual harassment in hospital settings. Because of this, nurses are more likely to encounter sexual harassment in a clinical setting (Muzamil, 2008). While for the nursing students, they also play similar roles as a staff nurse when they doing clinical practice at hospital. Although they lack skills and are inexperienced, they are exposed to the same work environment as a staff nurse (Muzamil, 2008).

However, medical education and practice bring exposure to touch, physicality relationships, and discussions of sexual function outside of most academics or work settings. For students who generally strive to excel, medical educational environment can

also bring fear of impact and impoverishment judgments that frighten, alienate, and silence (Johnson et al., 2018).

This causes an individual to feel threatened, humiliated, or embarrassed. Healthcare setting are not excluded from sexual harassment and there are many case reports that occur in the clinical environment. Medical and nursing students are included in healthcare setting when they go clinical practice in hospital. Clinical practice is a part of medical and nursing education that aims to provide student nurses and medical with the knowledge, skills, and attitudes necessary for future professional practice (Abd et al., 2019). A study done by Bronner et al., (2003) showed that nursing students hold the lowest position in the hierarchy during clinical training which may make them more vulnerable to sexual harassment. Then, a cross sectional study was conducted among medical students in University of Texas at Austin's Institutional found that 36.6% of medical students reported sexual harassment by a faculty or staff member and 38.5% of medical students reported harassment by a fellow student (McClain et al., 2021).

A study done by Lee et al., (2011) among 614 female nursing students in South Korea, the prevalence showed that 17.9% had been sexually harassed during their clinical practice, 75.5% had never encountered sexual harassment and the rest did not know whether they had experienced sexual harassment or not. In addition, the comparative cross-sectional study about self-perception of sexual harassment between nursing students and medical students during clinical practice was done at Universiti Kuala Lumpur Royal College of Medicine Perak (UNIKL RCMP), Quest International University Perak (QIUP), and Ministry of Health Sultan Azlan Shah Training Centre (MOH SASTC) in Malaysia, the results showed that 18.8% nursing student and 17.8% medical students had been sexually harassed (Waryam Singh Malhi et al., 2021). Most of

the students had at least experienced verbal sexual harassment once, followed by physical sexual harassment, and non-verbal sexual harassment.

According to Menon et al., (2014), a cross sectional study was conducted among 913 of students, 90 of academic staff, and 97 of non-academic staff in Institution of Higher Education in Sub-Saharan Africa found that student had low perception on sexual harassment act compared to non-academic staff which is non-academic staff correctly identified two, while students had the least recognition of sexual harassment acts (Menon et al., 2014). In addition, a cross sectional study was conducted about sexual harassment from patient to medical student in University of Washington found that 56% of medical students reported ever experiencing sexual harassment from a patient. Clinical students were more likely to have ever experienced sexual harassment which is 61% compared to preclinical students which is 39% and female medical students were more experiencing sexual harassment which is 66% compared to male medical students which is 31% (Mahurin et al., 2022). Based on the student's age, gender, and course of study, there are difference in how sexual harassment is perceived (Aditi Gurung, 2016).

1.3 Study Objectives

1.3.1 General Objectives

To determine the perception on sexual harassment among nursing and medical program students during clinical practice in Health Campus, USM.

1.3.2 Specific Objectives

1. To assess the level of perception on sexual harassment among nursing and medical program students during clinical in Health Campus USM.
2. To determine the association between selected sociodemographic data (age, gender, and program of study) with perception on sexual harassment during clinical practice in Health Campus USM.

1.4 Research Questions

1. What is the level of perception on sexual harassment among nursing and medical program students during clinical in Health Campus USM?
2. Is there any association between selected sociodemographic data (age, gender, and program of study) with perception on sexual harassment during clinical practice in Health Campus USM?

1.5 Research Hypothesis

Null hypothesis; (H₀):

There is no significant association between selected sociodemographic data (age, gender, and program of study) with perception on sexual harassment during clinical practice in Health Campus USM.

Alternative hypothesis; (H_A):

There is a significant association between selected sociodemographic data (age, gender, and program of study) with perception on sexual harassment during clinical practice in Health Campus USM.

1.6 Conceptual & Operational Definitions

Table 1.1 Operational Definition and Conceptual Definition

Sexual harassment	Sexual harassment is any unwanted sexual advances, requests for sex favouritism, verbal or physical conduct or gestures of a sexual nature, or any other behaviour of a sexual nature that may be reasonably expected or perceived causing offense or humiliation to others (UN Women, 2013). In this study, it refers
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	to sexual harassment among nursing and medical students during clinical practice.
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Perception	A belief or opinion, often held by many people and based on how things seem (<i>Perception Definition & Meaning Britannica Dictionary</i> , n.d.). In this study, it refers to the nursing and medical student's perception regarding causes of sexual harassment, seriousness of sexual harassment in clinical practice, reasons why victims do not make sexual harassment as an issue, effective methods for preventing sexual harassment, and necessity for a sexual harassment prevention program.
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Clinical practice	Clinical practice is providing student with knowledge, skills, and attitudes necessary for future professional practice (Karabulut et al., 2015). In this study, it refers to nursing and medical students during clinical practice in Health Campus, USM.
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1.7 Significance of Study

Nowadays, the sexual harassment in our society, medical and nursing students has spread as part of our society, especially as they spend considerable time in hospitals during clinical training and deal with different types of people, exposing them to more risks than other professional groups. This makes them feel humiliated and embarrassed, and it affects the quality of care they provide.

Previous research on this topic was done in 2021 among medical and nursing student in Perak from a few centre of different clinical practices (Waryam Singh Malhi et al., 2021). However, in this study will planning to do perception of sex harassment among

nursing and medical student in Health Campus, USM at Northern East of Malaysia as a different place of campus in Malaysia. In this study also will using a same place of clinical practice for us to learn more about issues regarding perception sex harassment in one learning centre during clinical practices. Therefore, this study is important to be conducted to assess perception of sexual harassment among nursing and medical students during clinical practice in Health Campus, USM for further interventions.

This study will give more knowledge for the students about sexual harassment during clinical practice and the many forms of behaviour that constitute it. Also, this study will spread awareness among students about sexual harassment because nursing and medical students spend considerable time in hospital during clinical practice and deal with different types of people.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter review a series of literature regarding the perception of medical and nursing students on sexual harassment during clinical practice. The general findings of the literature reviews will be presented into a few sections by the key term of the research. The recent articles and related issue were included in this chapter. This literature review has few sections which is epidemiology of sexual harassment, causes of sexual harassment, issue on sexual harassment, and prevention of sexual harassment. Also, the chosen conceptual framework to guide this proposed study is discussed.

2.2 Sexual Harassment

2.2.1 Epidemiology of Sexual Harassment

Statistic of sexual harassment in Malaysia was a total of 11,914 cases of sexual harassment were recorded by the Royal Malaysian Police (PDRM) from 2018 to August 2021 with 90 percent of the predators being those who are known and among their modus operandi are good characters. Chief Assistant Director of the Sexual, Women and Children Investigation Division (D11) Bukit Aman, ACP Puan Siti Kamsiah Hassan said, a total of 3,060 cases were reported in 2018 followed by 3,487 incidents recorded in 2019. However, a total of 3,176 more cases were recorded in 2020 while 2,191 incidents were reported at the beginning of 2021 until August 2021 (PDRM, 2021).

Clinical practice in health institutions is an important part of nursing education that aims to provide nursing students with the necessary knowledge, skills, and attitudes. Through clinical practice, tutors facilitate students application of theoretical classroom knowledge in the real world such as hospitals, health departments or other healthcare settings (Karabulut et al., 2015). However, during clinical training nursing students may

be exposed to all kinds of violence. The most serious is sexual harassment (Dikmen et al., 2016). This proved by study from Waryam Singh Malhi et al., (2021) a comparative cross-sectional study design was done among 481 female medical and nursing students during their clinical practice in Perak found that 17.8% of medical and 18.8% of nursing students had been sexually harassed during clinical practice.

According to Menon et al., (2014), a cross sectional study was conducted among 913 students, 90 academic staff and 97 non-academic staff in an Institution of Higher Education in Sub-Saharan Africa showed that majority of participants which is 54.1% have a knowledge about sexual harassment. While 57% of participants stated that sexual harassment did happen at the institution, with more women reporting such incidents. Sexual harassment may be a problem at the university (Menon et al., 2014). Then, a previous study was done among 354 undergraduate students at a public university in the East Coast of Peninsular Malaysia showed that university students are exposed to sexual harassment which is 14.2% of students had experienced sexual harassment in campus (Shariffah et al., 2013).

However, according to Phillips et al., (2019) the study conducted among medical student in Canadian found that 43.7% medical students had been experienced sexual harassment during clinical practice. Then, an online survey was done among 1071 respondents included medical students and physicians working at hospital and general practitioner from the French-speaking part of Switzerland found that 19.0% women had experienced sexual harassment and 16.7% men also exposed to sexual harassment (Najjar et al., 2022).

According to Abd et al., (2019) a descriptive study was conducted among 226 female nursing students, who were enrolled in the first and second classes of the academic year 2014-2015 at the Faculty of Nursing, Sohag University found that 79.6% nursing

students reported that they experienced sexual harassment during clinical practice (Abd et al., 2019). Then, a descriptive study was done among 500 internship students at technical institute of Nursing in Mansoura University found that majority of internship students which is 82.0% were exposed to verbal sexual harassment and only 18.0% of internship students were exposed to physical sexual harassment during clinical practice (El-sayed et al., 2019). This result showed that sexual harassment in clinical practice among nursing and medical students were serious. It is essential to create an educational program to prepare them for sexual harassment in clinical practice (Lee et al., 2011).

A cross-sectional study was conducted among 200 nurses and nursing students in Sub-Saharan Africa found that nursing students were shown more exposed to sexual harassment than professional nurses which is 11% to 8.3%. In addition, sexual harassment during clinical practice was a serious issue and it was proven by a study from Waryam Singh Malhi et al., (2021) was conducted among 481 female medical and nursing students during their clinical practice in Perak found that majority of respondents said the issue of sexual harassment in clinical practice was very serious.

2.2.2 Causes of Sexual Harassment

The causes of sexual harassment vary from person to person and from situation to situation. This discussion can only cover a few key factors. Many interrelated causes, and associated with culture and values in society and in companies, and with roles, relative to the power and status of men and women (Western Cape Government, 2013).

From previous research, a comparative cross-sectional study design was done among 481 female medical and nursing students during their clinical practice in Perak found that the abnormal sexual desire of an individual was chosen as the reason for sexual harassment by 44.9% of medical and 33.8% of nursing students. While 26.1% of nursing students chose men's sexual impulse or instinct as causes of sexual harassment and

17.8 % medical students chose men's sexual impulse or instinct as causes. Then, 23.9 % medical and 14.5% nursing students choose perception of considering women as sexual objects as causes of sexual harassment (Waryam Singh Malhi et al., 2021).

According to Lee et al., (2011), a descriptive study was conducted using self-report questionnaires from December 2009 to January 2010. Participants were 542 nursing students recruited from 12 nursing colleges in Korea, who had completed 1,000 hours of clinical practice which is the minimum requirement for graduation. Many respondents recognized that sexual harassment during clinical practice was caused by abnormal sexual desire of a pervert was 34.5% nursing students or men's sexual impulse which is 26.2% nursing student. Then, 21.3% nursing students choose male-dominant or hierarchical social structure as causes of sexual harassment during clinical practice. The others nursing students choose perception of considering women as sexual objects, as a sign of showing interest on women, women's low status in the society, and being stimulated by women's physical exposure as causes of sexual harassment during clinical practice (Lee et al., 2011).

According a study by El-sayed et al., (2019), a descriptive study was done among 500 internship students of technical institute of Nursing Mansoura University found that majority of students which is 97.4% choose pornography of mass media and internet site as reasons of sexual harassment during clinical practice and 93.4% internship students choose stereotype of gender role and mixing between students as reasons of sexual harassment during clinical practice (El-sayed et al., 2019). In the same university a study done Shebl et al., (2017) by also found that the main causes were porn movies and a lack of media regulation followed by the spread of social media such as Facebook, the ineffectiveness of parental supervision, the lack of legal penalties, and the overcrowding in public transportation can be the causes of sexual harassment (Shebl et al., 2017).

2.2.3 Prevention of Sexual Harassment

Methods for preventing sexual harassment is very important to avoid sexual harassment occurs among university students. Prevention of sexual harassment is first raising the awareness on sexual harassment and its consequences to make sure people aware about sexual harassment and then they can do a report about sexual harassment. To raise awareness, good practice suggests strategies such as posting harassment policies and resources in accessible locations such as internet (Rubiano, n.d.).

A majority of medical and nursing students which is 30.8% and 35.5% choose establish rules and laws relating to sexual harassment as an effective method for preventing sexual harassment, while 28.7% medical and 24.8% nursing student choose develop a healthy working environment as the best way to prevent sexual harassment (Waryam Singh Malhi et al., 2021a).

About 28.5% nursing students in Korea also choose develop healthy working environment as an effective way for preventing sexual harassment and at least of 27.2% of nursing students also choose reinforce a heavy penalty by accusing an abuser as the best way to prevent sexual harassment (Lee et al., 2011).

A study conducted by El-sayed et al., (2019) among 500 internship students of the technical institute of Nursing Mansoura University found that majority of the students which is 99.8% choose establishing rules and laws relating to sexual harassment as an effective ways to prevent sexual harassment. Prevention program for sexual harassment is very necessary to give more awareness to peoples about sexual harassment.

2.3 Perception of Sexual Harassment

According to Abdou & Abdel Wahed, (2016) stated perception is necessary for a person to understand their surroundings. Human perception frequently modifies what people see and do. Sexual harassment can affect mental and psychological student such as anxiety and depression (Muzamil, 2008).

A study done by Shariffah et al., (2013), among 354 undergraduate students from all faculties in East Coast peninsular Malaysia found that majority of students with mean=4.6969 agree the harasser be punished and student with mean=3.614 also agree will manage to overcome the sexual harassment if it happens to them. The descriptive comparative design was conducted by Abdou & Abdel Wahed, (2016) among 384 nursing students in Alexandria, Egypt found that majority of male and female student which is 86.5% and 84.9% perceive verbal sexual harassment was the first type of harassment. While 71.9% of males perceive nonverbal sexual harassment was type of harassment compared to female which is 66.7%.

A descriptive study research study was conducted among 500 internship students during clinical of the Technical Institute of Nursing Mansoura University found that majority of them have positive perception which is majority of them which is 93.4% perceived report to the nursing office or nursing school when they exposed to sexual harassment during clinical practice (El-sayed et al., 2019). A study in Egypt in one University found that majority of student had positive perception (93.4%) perceived report to the nursing office or nursing school when they exposed to sexual harassment during clinical practice (El-sayed et al., 2019).

A cross-sectional study was done by Aditi Gurung, (2016) to assess perception of sexual harassment among 408 undergraduate students of selected professional colleges of Udupi District showed that the majority of students which is 97.1% believe that asking

someone to do sexual actions in exchange for a favor was a sexual harassment. However, only 49.8% of students agreed that making repeated requests for a date after being rejected was a sexual harassment.

2.4 Issue on Sexual Harassment

The reasons why victims do not make sexual harassment as an issue are first the victims feel shame because they are often blamed for being sexually assaulted. This sense of shame often causes victims to blame themselves for the sexual harassment of their perpetrator. Then, the victims of sexual harassment feel fear of consequence and that's why they do not make sexual harassment as an any issues. Also, lack of information is the reason why victims do not make sexual harassment as an issue (Engel, 2017).

According to Waryam Singh Malhi et al., (2021) found that majority medical students choose the afraid of being disadvantaged during clinical practice as a reason why victims do not make sexual harassment as an issue which is 32%. While, majority of nursing students choose do not have any evidence as a reason why victim do make sexual harassment as an issue which is 41.5%. This finding suggested that respondents wanted to report the cases but were worried that it would backfire and affect their clinical practice. About 18.2% medical and 9.4% nursing students choose worrying about getting gossiped at college or home as a reason why the victims do not make sexual harassment as issue (Waryam Singh Malhi et al., 2021).

At least about 30.6% nursing students choose not expecting much help as the reason why the victim does not make sexual harassment as an issue. 13.9% nursing students also choose worrying about getting gossiped at school or home as the reasons (Lee et al., 2011).

According to El-sayed et al., (2019), due to lack of knowledge and aware about sexual harassment, majority of students which is 99.0% choose worrying about getting gossiped at school or home as the most important reason for why they do not make sexual harassment as an issue and most of 97.8% students choose not having the courage and retaliation from the perpetrator as the reason why they do not make sexual harassment as an issue.

2.5 Sociodemographic Data

Based on the student's age, gender, and course of study, there are difference in how sexual harassment is perceived (Aditi Gurung, 2016). Research has proven that there are significant gender differences in perceptions of sexual harassment in Irish American University which is females students observing more situations as sexually harassing ($M = 10.95$, $SD = 3.81$) compared than males students ($M = 8.89$, $SD = 5.00$) (Deirbhile Malone & Cillian McHugh, 2021).

According to Gurung et al., (2016), a cross-sectional study was conducted among 408 undergraduate students of selected professional colleges of Udupi district found that majority of the students age 18 to 22 years old, 91.3% of students agreed establishing sexual harassment awareness programs could be helpful in preventing sexual harassment in the colleges. While, students age 23 to 27 years old 94.4% of students agreed including topic on sexual harassment in the curriculum, 55.6% of students agreed establishing proper dress code and 94.4% of students agreed establishing sexual harassment committee could be helpful in preventing sexual harassment in the colleges.

A previous study from Yee et al., (2015) found that there are significant gender difference in perception of sexual harassment among selected Malaysian Undergraduate students which is female students scored higher with mean=40.85 as compared to the

males with mean=35.71. Then, a cross sectional study was conducted by Menon et al., (2014) among students, academic staff, and non-academic staff in an Institution of Higher Education in Sub-Saharan Africa found that more female students and non-academic staff identified more forms of sexual harassment acts and behavior than the male participants.

2.6 Theoretical and Conceptual Framework

Health belief model (HBM) is utilized as conceptual framework in guiding this study. The U.S. Public Health Service's social psychologists created the HBM in the 1950s to help explain why so many people refused to take part in campaigns to prevent and detect disease. The model's foundation in psychological theory is reviewed here to help readers understand its rationale for certain concepts and their relationships, as well as its strengths and weaknesses. Although the model evolved gradually in response to very practical public health concerns, it did so in a way that was consistent with psychological theory (Glanz et al., 2008).

HBM is made up from some elements which are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy. Perceived susceptibility is an individual's perceptions of their vulnerability to a disease or condition. Then, perceived severity is a feeling regarding the significance of being sick or not getting treatment. Next, perceived benefits is a belief in the effectiveness of healthy behavior and perceived barriers is a belief in the financial and emotional consequences of the suggested action plan. While, cue to action is a willingness to act after the perception of susceptibility and benefit. Lastly, self-efficacy is a belief in one's ability for action (Glanz et al., 2008).

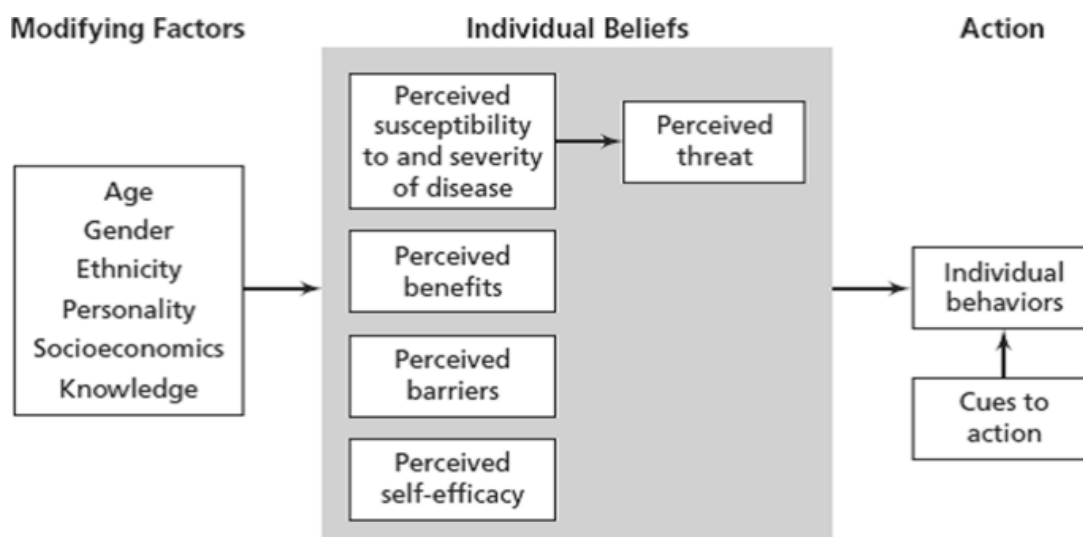


Figure 2.1 Structure of the Health Belief Model (Glanz et al., 2008)

HBM explained the perception on sexual harassment among nursing and medical students during clinical practice to explore their beliefs through student's point of view about the causes of sexual harassment, seriousness of sexual harassment in clinical practice, reasons why victims do not make sexual harassment as an issue, effective methods for preventing sexual harassment, and necessity for a sexual harassment prevention program. Figure 2.2 shows the adopted theory of HBM in this study.

According to this study, an individual's willingness to alter their perspective in to avoid a consequence is inversely related to how severe they believe the consequences will be. For examples, majority of nursing students exposed to verbal sexual harassment because they do not know exact meaning of sexual harassment (El-sayed et al., 2019). As a result, it will effect student's mental (Muzamil, 2008)

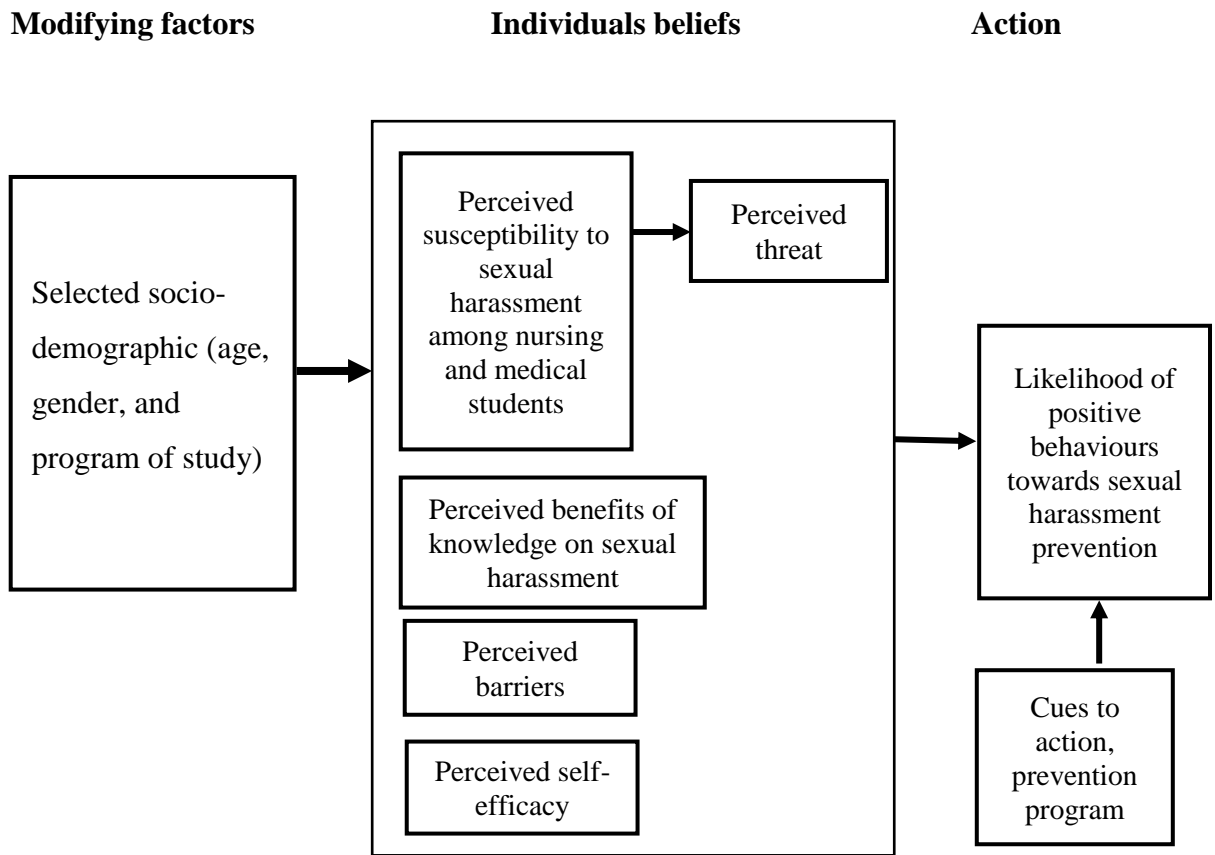


Figure 2.2 The Adopted Theory of Health Belief Model (HBM)

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

In this section was explained the approach and rationale used to support the chosen research methodology. The section is followed by research design, a description of study setting, population, participant selection criteria, sampling plan, sample size determination, and instrumentation, including ethical consideration right through data collection methods.

3.2 Research Design

In this study, cross-sectional study design was used. This approach is considered appropriate to give a detailed description of the participants' perception on sexual harassment among nursing and medical students during clinical practice. The advantages of cross-sectional study include not costly to perform, does not required a lot of time and can be carried out at a one-time point over a short period.

3.3 Research Location

This study was conducted at Health Campus of Universiti Sains Malaysia, Kubang Kerian, Kelantan.

3.4 Research Duration

For this study, the study duration is expected to be one year.

3.5 Research Population

This study was conducted among nursing and medical students that are currently enrolled in Health Campus, Universiti Sains Malaysia within the data collection period that fulfilling the inclusion and exclusion criteria.

3.6 Subject Criteria

3.6.1 Inclusion Criteria

Specific requirements for eligibility in this study of each subject must be:

- Degree nursing students that experience clinical practice in HUSM.
- Diploma nursing students that experience clinical practice in HUSM.
- Medical students that experience clinical practice in HUSM.

3.6.2 Exclusion Criteria

Subject is excluded from this study if they:

- Not willing to participate.

3.7 Sampling Plan

Sampling is to select the number of subjects from the target population as research respondent. Effective sampling methods allow researchers to achieve research goals.

3.7.2 Sample Size Estimation

Objective 1: To assess the level of perception on sexual harassment among nursing and medical program students during clinical practice in Health Campus USM.

In this study, single proportion formula will be used to calculate the sample size based on the first objectives.

$$n = \left[\frac{z}{\Delta} \right]^2 p (1 - p)$$

Where,

n = Sample size

p = Anticipated population proportion = 0.045 (Waryam Singh Malhi et al., 2021)

z = Value of standard normal distribution = 1.96

Δ = Precision = 0.05

$$n = \left[\frac{1.96}{0.05} \right]^2 0.045 (1 - 0.045)$$

$$n = 380$$

After considering 10% of response rate,

$$380 \times 10\% = 38$$

$$n = 418$$

Therefore, total sample size for this study is 418 samples.

Objective 2: To determine the association between selected socio-demographic data (age, gender, and program of study) with perception on sexual harassment in Health Campus USM.

The sample size is calculated using Sample Size Calculator (web) by Arifin, (2022).

In this sample, two proportion formula will be used to calculate the sample size based on the second objectives.

$$n = \frac{p_1(1 - p_1) + p_2(1 - p_2)(z\alpha + z\beta)^2}{(p_1 - p_2)^2}$$

Where,

n = Required sample size

$z\alpha$ = Value of the standard normal distribution curve cutting off probability Alpha (α) in one tail for one-sided alternative or $\frac{\alpha}{2}$ in each tail for a two-sided alternative ($z_{0.05}=1.96$)

$z\beta$ = Power of study, 80% ($z\beta = 0.84$)

p = Estimated proportion of an attribute that is present in the population

p_1 = High level of perception

p_2 = Low level of perception

Table 3.1 Sample Size Calculation using Two Proportion Formula

Categorical variable	References	P₀	P₁	Minimal sample size (n)	Sample size (with 10% dropout)
Age	(Gurung et al., 2016)	0.91	0.83	277	308
Gender	(Gurung et al., 2016)	0.80	0.65	138	154
Program of study	(Waryam Singh Malhi et al., 2021)	0.34	0.45	309	344

Based on calculations from each objective, the greatest sample size was selected in this study to ensure all of the objectives can be achieved which is 418 students who full-filled the inclusive criteria for this research.

3.7.1 Sampling Method

For this study, disproportionate stratified random sampling was used to recruit subjects for this study. A list of nursing students had been obtained from the administrator of School of Health Sciences and a list of medical students had been obtained from administrator of School of Medical Sciences in Universiti Sains Malaysia, Kubang Kerian, Kelantan for the data collection. Numbers generated from online computerized generated number software (randomizer.org) was used to select the participant from the list.

3.8 Research Instrument

3.8.1 Instrument

One set of questionnaires will be used to obtain relevant data on the perception on sexual harassment among medical and nursing students during clinical practice. The questionnaire of perception of sexual harassment during clinical practice is adopted from Waryam Singh Malhi et al., (2021) and permission has been taken (Refer appendix B). The questionnaire is divided into two parts explained as follows:

Part 1: Socio-demographic data

Part I of the questionnaire consists of socio-demographics data which are age, gender, year of study, programme of study, and duration of practical.

Part 2: Perception of sexual harassment

Perception of sexual harassment was measured using Likert scale questions with 5 Likert (strongly agree = 5, agree = 4, neutral = 3, disagree = 2 and strongly disagree =1) to assess the student's perception on sexual harassment during clinical practice including the causes of sexual harassment, seriousness of sexual harassment in clinical practice, reasons why victims do not make sexual harassment as an issue, effective methods for preventing sexual harassment, and necessity for a sexual harassment prevention program.

3.8.2 Translation of Instruments

The original version of the questionnaire in this study is in English version. In USM, nursing education is carried out using the English language. Therefore, no translation will be needed. The instrument is administered in English language as USM nursing students are expected to be able to understand and complete the questionnaires.

3.8.3 Validity and Reliability of Instrument

Validity

The validation of the instrument is required to ensure the data collection is accurate and eligible for this study. The questionnaire in English version. The validation of the instrument was very important to prevent bias and help the participant to understand the questions in most thoroughly. The original instruments had been validated by the author of article from Waryam Singh Malhi et al., (2021) but the Cronbach alpha is not stated in their article.

Reliability

For the reliability of the instrument used, a pilot study was carried out to identify whether respondents can understand and answer the questionnaire. The pilot study will be done on 38 student of Dietetic & Nutrition at the School of Health Sciences which is