

Sexual harassment among nurses at workplace in a tertiary hospital of Kathmandu

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ABSTRACT

Introduction: Sexual harassment is a form of discrimination that includes unwelcome and inappropriate sexual advances, requests for sexual favors, or verbal, non-verbal, or physical conduct of a sexual nature. The research aimed to identify the different forms of sexual harassment experienced by nurses at work place. **Methods:** A descriptive cross-sectional study was conducted in a tertiary hospital of Kathmandu from January to June 2025. Purposive sampling technique was used for the selection of hospital. To ensure representation from all wards, a disproportionate stratified random sampling technique was used to select nurses for the study. Data was collected from 150 nurses through a structured self-administered questionnaire. Collected data was entered and analyzed in SPSS; descriptive statistics were used.

Results: The findings revealed that 39.4% nurses reported experiencing verbal sexual harassment, 25.4% experienced non-verbal sexual harassment, 15.9% encountered physical sexual harassment, and 9.3% faced cyber sexual harassment during their lifetime. In addition, 20.7% of nurses reported being subjected to persistent staring while 14.7% reported feeling awkward due to sexually inappropriate comments at the workplace. Of total, 5.3% faced the sending of explicit messages or images via electronic platforms. Notably, 24.7% of the perpetrators were relatives of patients or clients.

Conclusions: The study concluded that nearly two fifths of the nurses reported experiencing verbal sexual harassment, one fourth experienced non-verbal sexual harassment, and nearly one in ten nurses faced cyber sexual harassment at workplace during their lifetime. The nurses recommend for establishing clear policies and protocols to prevent and control sexual harassment.

Keywords: Hospital, nurses, sexual harassment, workplace.

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INTRODUCTION

Sexual harassment is a form of discrimination in all areas of work that involves uninvited and undesired verbal or physical behavior of a sexual nature that can cause physical and psychological symptoms and illnesses as well as work-related consequences.¹ Sexual harassment in the workplace is recognized as a significant occupational hazard in the nursing profession. Nurses are particularly vulnerable due to the nature of their work, which involves close physical and emotional interaction with patients, relatives, and other healthcare personnel.²

Globally, sexual harassment among nurses is highly prevalent. A meta-analysis reported that 12.6% of nurses experienced sexual harassment in the past year, while more than half (53.4%) reported experiencing it at some point in their careers.³ A significant proportion of nurses experience sexual harassment during their careers, making serious concern.² It indicates the harassment is widespread and persistent issue in nursing worldwide.

Nurses face harassment from multiple sources, including patients, patients' relatives, physicians, and coworkers. Study shows that patients and their families are among the most common perpetrators

due to frequent and close contact during care delivery. The forms of harassment include verbal comments, non-verbal gestures, physical contact, and psychological intimidation.² The consequences of sexual harassment among nurses are serious and multidimensional. It has a negative impact on nurses' psychological wellbeing, leading to stress, anxiety, reduced self-esteem. These effects can decrease job satisfaction and work performance, ultimately affecting the quality of patient care.^{4,5} These psychological consequences can diminish professional commitment contributing to absenteeism and increased turnover intention, which can further strain healthcare systems.¹

From the findings of previous studies, sexual harassment at workplace is a common and underreported issue within the nursing profession. Nurses are particularly vulnerable due to the nature of their work, which involves close interaction with patients, relatives, and other healthcare staff. Despite its high prevalence, harassment is not informed due to fear of retaliation, stigma, and lack of proper reporting mechanisms. Therefore, studying this issue is essential to identify magnitude of sexual harassment. Also develop and implement effective policies and interventions to ensure a safe and supportive working environment for nurses.

METHODS

A descriptive cross-sectional design was used. The study was conducted in University Teaching Hospital, Kathmandu, a referral hospital in the country from January to June 2025. The study population was nurses currently working in the hospital. Among the different wards, total 15 wards selected through simple random lottery method. The selected wards were medical, surgical, orthopedic, nephrology, neuro medicine, pediatric, maternity, gynae, ENT, psychiatric, neuro surgical, emergency, operation theater, post-operative and hemodialysis. Then, disproportionate stratified random sampling technique was used to select the sample. The population was divided into strata, with each ward serving as a stratum, and 10 nurses from each ward were selected using the simple random sampling technique through the lottery method. Final sample was 150 nurses from all selected wards, even though the wards have different number of nurses. By using Cochran's formula with a prevalence of 0.055⁶ and a precision of 0.04, the calculated sample size was 136. After adding a 10% non-response rate, the total sample size was 150.

Structured self-administered questionnaire was used for data collection. Questionnaires were administered to eligible nurses in the hospital and collected immediately

after completion. The questionnaire consists of two parts: Part I includes background information: age, gender, marital status, education level and job-related information like job position, job experience, average working hours, type of working shift, employment status and working department. Part II: Questions related to sexual harassment like verbal, nonverbal, physical, psychological and cyber sexual harassment. Verbal sexual harassment consists of 4 questions, nonverbal sexual harassment contains 3 questions, physical sexual harassment contains 4 questions, psychological sexual harassment contains 4 questions, and cyber sexual harassment contains 4 questions. All the questions were prepared in English language. Sexual harassment was measured based on lifetime experience.

The pretesting was done on 14 nurses of a hospital of Pokhara Academy of Health Sciences before finalizing the instrument to identify the accuracy, adequacy, and completeness. Sequencing of questions were done and one question which was not responded by all the nurses was removed after pretesting.

Data was collected after getting ethical approval from Institutional Review Committee of the Institute of Medicine Tribhuvan University Ref No: 355(6-11)E2. A formal permission from hospital administration was obtained and submitted to nursing in charge of each selected ward. The objectives of the study were clearly explained, and permission was obtained from each nurse to conduct the study. Also clarified about their voluntary participation and can withdraw at any time from the study if they like. Anonymity was maintained by not collecting identity of nurses. Confidentiality was assured by not disclosing the information given by the nurses and assured that information would be used only for the study purpose. Informed consent was obtained from the nurses, and took about 20–25 minutes to complete the questionnaire. Collected data was checked, edited, reviewed, coded and entered in Statistical Package for Social Science version 22 for data analysis. Data was analyzed by using descriptive statistics and results were presented as a frequency, percentage, mean and standard deviation.

RESULTS

The results showed that 64.7% of nurses were below 30 years of age with mean and standard deviation 29.72±4.62. Concerning marital status, 60.0% of nurses were married and more than half (52.0%) of nurses had completed bachelor in nursing science. Likewise, 35.3% nurses had less-than 5 years job experience and 1.3% had more-than 20 years' experience. Regarding working department

65.3% of the nurses were from general ward. Almost all of them (98.0%) worked in all shifts, the majority (92.7%) were non-officers, and 86.7% were temporary staffs. (Table 1)

Table 1: Background characteristics of the nurses (N=150)

Characteristics	Categories	Number (n)	Percentage (%)
Age in Years	<30	97	64.7
	≥30	53	35.3
Marital status	Married	91	60.0
	Unmarried/divorce	60	40.0
Educational Level	Bachelor in Nursing Science	78	52.0
	Bachelor of Science in Nursing	47	31.3
	Proficiency Certificate Level in Nursing	25	16.7
Job Experience (in Years)	<5	53	35.3
	5-9	51	34.0
	10-14	31	20.7
Working Department	15 and above	14	9.3
	General Ward	98	65.3
	Critical Ward	52	34.7
Shift Type	All shift	147	98.0
	Morning/Day shift	03	2.0
Job Position	Non-Officer	139	92.7
	Officer	11	7.3
Working Hours/Day	≤8 hours	90	60.0
	>8 hours	60	40.0
Employment Status	Temporary	130	86.7
	Permanent	20	13.3

Out of total Out of the total nurses, 39.4% reported of verbal abuse, 25.4% non-verbal. 15.9% physical abuse and 9.3% cyber related abuse during their life time. In terms of nonverbal sexual harassment, 20.7% nurses reported being subjected to persistent staring, or inappropriate gestures and 14.7% of them had felt awkward due to sexually inappropriate comment at the workplace. Least of them faced unwanted sexual remarks at workplace. Likewise, 11.3% nurses experienced unwelcome physical contact (e.g., touching, grabbing) and 5.3% faced sending explicit messages or images via electronic platforms and none of them experienced psychological sexual harassment. Sexually suggestive comments made online were faced by 0.7 percent nurses. (Table 2)

Table 2: Forms of sexual harassment faced by the nurses at workplace (N=150)

Form of Sexual Harassment	Number (n)	Percent (%)
Verbal	59	39.4
Felt awkward due to sexually inappropriate comment	22	14.7
Used offensive language related to gender	15	10.0
Received unsolicited sexual jokes	13	8.7
Made an unwanted sexual remark	09	6.0
Non-verbal	38	25.4
Subjected to persistent staring/inappropriate gestures	31	20.7
Received unwanted, suggestive nonverbal communication	07	4.7
Physical	24	15.9
Experienced unwelcome physical contact	17	11.3
Felt physically unsafe due to unwanted sexual behavior	05	3.3
Sexually approached in a way not able to escape or his/her body was used to intimidate	02	1.3
Cyber	14	9.3
Sending explicit messages or images online	08	5.3
Sharing of explicit content without consent	03	2.0
Sexual pressure through digital means	02	1.3
Sexually suggestive comments made online	01	0.7

Table 3 shows 24.7% of nurses responded that perpetrators of sexual harassment were relatives of patient/client followed by general public 7.3% whereas only 2.7% were in management or supervisory positions.

Table 3: Types of perpetrators of sexual harassment to nurses at workplace (N=150)

Types of Perpetrators*	Number (n)	Percentage (%)
Relatives of patient/client	37	24.7
General public	11	7.3
Patient/client	09	6.0
Coworker/ Other staff	11	7.3
Manager / Supervisor	04	2.7

*Multiple responses

Table 4 illustrates 24.7% nurses reported that they told perpetrators to stop while facing sexual harassment. Similar number of the nurses (16%) shared and discussed the incident with friends and family. Only 26.0% nurses reported the harassment to senior staff and only 0.7% pursued legal prosecution.

Table 4: Nurses responses after sexual harassment at workplace (N=150)

Nurse Responses against sexual harassment*	Number (n)	Percent (%)
Self-management		
Asking the person to stop	37	24.7
Sharing with friends/family	24	16.0
Discussion with colleague	24	16.0
No action	11	7.3
Sought counselling	05	3.3
Pretending it never happened	04	2.7
Asking for transfer to another department	02	1.3
Sought for help		
Reporting it to a senior staff member	39	26.0
Sought help from the union	09	6.0
Sought help from the association	05	3.3
Pursued prosecution	01	0.7

*Multiple responses

Of total, 55.3% nurses suggested to establish clear policies and protocols whereas 52.0% suggested to build a supportive workplace culture to prevent sexual harassment. In addition, 35% nurses recommended to adopt zero-tolerance policy (Table 5).

Table 5: Nurses recommendation for prevention of sexual harassment (N=150)

Nurses Recommendation for prevention*	Number (n)	Percent (%)
Establish clear policies and protocols	83	55.3
Build a supportive workplace culture	78	52.0
Adopt institutional zero-tolerance policy	54	35.0
Develop leadership commitment to harassment-free workplace	52	34.7
Quick/ immediate punishment	01	0.7
Termination of perpetrator from job	01	0.7

*Multiple responses

DISCUSSION

The research aimed to identify the different forms of sexual harassment experienced by nurses at work place found a high proportion of nurses reported different form of sexual harassment; specifically, 39.4% experienced verbal sexual harassment in the workplace, and 14.7% of nurses indicated that they felt awkward due to sexually inappropriate comments at the workplace. However, these findings are comparatively lower than the studies conducted in Nepal^{7,8} where nearly two thirds of nurses experienced verbal harassment. Similar findings from a study in Kathmandu, Nepal, where more than half of the nurses reported being exposed to unwanted sexual jokes, stories, questions, or remarks⁹ and in Egypt 53.5% of sexual harassment incidents were verbal in nature.¹⁰ This was higher than that reported in a study conducted in Greece.¹¹

Concerning non-verbal sexual harassment, 25.4% experienced non-verbal harassment. For instance, 20.7% nurses were subjected to persistent staring, or inappropriate gestures representing the highest proportion among all forms of sexual harassment in this study. Furthermore, the prevalence observed in this study was lower than that reported in studies conducted in Lalitpur, Nepal and Egypt.^{13,14}

Furthermore, in the current study 15.9% of nurses reported physical harassment. The finding is consistent with the study conducted in Pokhara Nepal.⁷ However, in another study conducted in Nepal reported that 30.3% of nurses experienced physical harassment.⁸ Additionally, 11.3% nurses experienced unwelcome physical contact as physical sexual harassment in this study which is higher 46.2% in the study done in Kathmandu Nepal⁹ and comparable with findings from study done in Northwestern Ethiopia¹⁵ and lower in public hospitals, Ethiopia.¹²

The findings indicate that cyber sexual harassment is an emerging concern among nurses, with 9.3% reporting lifetime exposure to cyber-related harassment. Furthermore, 5.3% of participants reported receiving sexually explicit messages or images via electronic platforms. This finding is lower than that reported in a study conducted in a tertiary hospital in Kathmandu⁹ but higher than findings from a study conducted in Korea.¹⁶

Furthermore, none of the nurses in the present study reported experiencing psychological forms of sexual harassment, such as being manipulated, bribed, or threatened to engage in sexual behavior, or facing consequences for refusing such acts. However, emotional violence was reported by 50.5% of nurses in a study conducted in Nepal, indicating that it is one of the most prevalent forms of workplace violence experienced by nurses.⁸ Whereas in the study conducted in Greece, 16.3% nurses were threatened for not being sexually cooperative, 20.4% were treated badly for refusing to have sex, 18.1% were bribed with some reward or special treatment to engage in sexual behavior.¹¹

As nurses interacts with patients, visitors or relative, staff members and others, they are exposed to multiple forms of sexual harassment. In this study, nurses were most commonly harassed by the relatives of patient/clients 24.7%, while only 7.3% reported harassment from co-worker and staffs. Previous study also highlighted patients and their relatives as major sources of workplace violence where, 61.5% of nurses experienced abuse from patients, while 51.4% reported abuse from patients' relatives.

Compared to these findings, the current study demonstrates a relatively lower proportion of harassment from relatives.⁸ However, similar finding was found in studies done in Nepal, Egypt and Middle East.^{7,12,15} Whereas, study done in Public Hospitals of Ethiopia, the majority of sexual harassment were committed by employees 32.3%, followed by external colleagues/other workers 20.9%.¹⁵ Furthermore, patients were identified the most likely perpetrators in the study done across eight different hospitals in both metropolitan and rural areas in Australia.¹⁸

In the current study, nurses demonstrated varied responses to incidents of sexual harassment. Approximately 26.0% reported the incident to senior staff, while 24.7% directly asked the perpetrator to stop. Only (0.7%) pursued legal action in cases of cyber harassment. These findings suggest that formal reporting and legal recourse remain limited, with many nurses relying on immediate personal responses rather than institutional or legal mechanisms. A study by Kahsay et al. reported that many nurses did not formally report incidents due to fear of retaliation, lack of supportive reporting systems, and concerns about not being taken seriously.² Likewise, research by McDonald highlights that victims often prefer informal coping strategies, such as ignoring the behavior or confronting the perpetrator, rather than engaging in formal complaint procedures.⁴

In contrast, some studies indicate slightly higher reporting rates when institutional support systems are strong. A study conducted in Australia found that nurses were more likely to report incidents when clear workplace policies and supportive management were present.¹⁷ However, even in such settings, legal action remains rare, particularly in cases of cyber harassment, due to limited awareness, stigma, and procedural challenges. Furthermore, study conducted in Egypt 12.9% resist the harasser and 18.2% notified the relevant authorities.¹⁴

Regarding opinion to prevent and control sexual harassment 55.3% nurses suggested to establish clear policies and protocols as government had taken priority to zero-tolerance policy and 52.0% suggested to build a supportive workplace culture. Least of them suggested to leadership commitment to a harassment-free workplace as a preventive measure indicating relatively low emphasis on institutional leadership involvement to address such issues. In contrast, a study conducted in Korea¹⁶ reported more proactive expectations from nurses regarding preventive strategies. In that study, 28.5% of participants suggested the development of a healthy working environment, 27.2% recommended strict penalties against perpetrators, and 23.3% emphasized the need to establish clear rules and

laws on sexual harassment. These findings suggest that nurses in different settings may have varying expectations regarding institutional responsibility and preventive strategies.

Previous literature highlights that organizational commitment plays a crucial role in preventing workplace harassment. Effective prevention of sexual harassment requires strong leadership, clear policies, and consistent enforcement of regulations.⁴ Likewise, another study emphasize that lack of institutional support and weak enforcement mechanisms contribute to underreporting and persistence of harassment in healthcare settings.² Furthermore, studies in nursing populations indicate that when organizations actively promote a safe working environment and enforce strict anti-harassment policies, reporting improves and the incidence of harassment decreases.¹⁷ This suggests that leadership engagement and institutional accountability are essential components in addressing workplace sexual harassment among nurses.

The main limitation of this study was the sensitive nature of the problem that may led to under-reporting of the prevalence and nature of sexual harassment in many exposed nurses.

CONCLUSIONS

The study concluded that nearly two fifths of the nurses reported experiencing verbal sexual harassment, one forth experienced non-verbal sexual harassment, and nearly one in ten nurses faced cyber sexual harassment at workplace during their lifetime. The most commonly faced sexual harassment was nonverbal harassment in the form of persistent staring or inappropriate gestures. The least reported sexual harassment of all form was sexually suggestive comments made online. The common perpetrator was relatives of patient/client. Most nurses responded the harassment by telling the perpetrator to stop, and recommended to establish clear policies and protocols to prevent sexual harassment at workplace.

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AUTHORS' CONTRIBUTIONS

SS contributes for intellectual content, study conception

and design, literature review, data collection, data analysis, manuscript preparation, editing, and review. HT contributes for intellectual content, design, literature review, data collection, data analysis, manuscript preparation and review.

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