- **Basic Research**

Psychiatric Nursing Awareness Program about Psychological Problems Associated with Exposure to Sexual Harassment

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Abstract

Background: Sexual harassment jeopardizes the physical and mental well-being of nursing students and has a negative impact on their decision to work. Therefore, it is essential to evaluate sexual harassment awareness among these students. **Aim of the research:** This study aims to determine the impact of a psychiatric nursing awareness program on psychological problems associated with exposure to sexual harassment. **Design:** The current study utilized a quasi-experimental study design. **Setting:** The study was performed at the Faculty of Nursing, Benha University. **Sample:** It was performed on nursing students. **Tools of data collection**: **Tool (I):-** A structured Interview Questionnaire comprised of two parts: Part 1: a- Socio-demographic data, b- family characteristics and part II: Awareness questionnaire sheet; **tool II:** Self Confidence inventory (ASCI); **tool III:** Taylor's Manifest Anxiety Scale; **tool IV:** The HDRS Hamilton depression rating scale. **Results:** A highly statistically significant association was found between total awareness, total levels of depression, self-confidence, and anxiety (P= 0.00). A significant difference was observed between pre-and post-implementation of the program regarding the studied students' awareness of psychological problems (depression, anxiety, self-confidence) associated with sexual harassment. **Conclusion:** The students' awareness improved significantly in post-intervention evaluation than pre-intervention. There was a highly significant relationship between awareness, level of depression, and self-confidence. In contrast, a statistically significant negative correlation was found between awareness, depression, and anxiety. **Recommendations:** Conducting awareness campaigns for all females to improve their awareness about psychological consequences associated with exposure to sexual harassment.

Keywords: Awareness; Nursing; Psychological Problems; Sexual Harassment

1. Introduction

In women's descriptions of their work experiences, sexual harassment can be defined as a pattern of unwanted gendered sexual activity. Unwanted sexual attention is a popular term for sexual harassment. Many teenagers consider themselves victims, offenders, or both. Physical contact can include touching, hugging, or kissing, as well as, gestures, sexual remarks, looks, jokes, messages, or sexual images **(Master et al., 2016)**. Some have interpreted sexual harassment at universities as an exercise of power, and it has been addressed through insufficient regulations and grievance procedures. This issue seems to be more than a student deviation. It is said that influential men in university communities muffle women's voices and that this significant issue has not gotten the attention it deserves due to confidentiality provisions **(Eyre, 2012)**.

There are many places where sexual harassment occurs, such as in the hall, in the classroom, outside the faculty, on faculty ground (other than the parking lot), in the gymnasium, on the playing field or pool area, or in the cafeteria **(Bruce, 2015)**. It is mainly in the victim′s workplace or place of education by other employees, managers, teachers, and students. Most of the time, sexual harassment happens in the streets and crowded places. In rare cases, sexual harassment might happen between relatives or sometimes even family members **(Fileborn & Bianca 2013)**.

Sexual harassment perpetrators can be a supervisor, colleagues, or managers. The attacker and victim may be of the same gender (ITUC, 2012). Men are the violators in most cases, whether in educational institutions or employment. It has been reported that most victims experience behavioral, physical, emotional, and cognitive symptoms, which can last for years and even transform their lifestyles. Nevertheless, sexual harassment negatively affects families, communities, and society **(Steenkamp, 2010)**. Adult victims have mentioned a variety of emotional repercussions, including rage, anxiety, and increased fear of rape, depression, low self-esteem, and self-confidence. Adult self-identified harassment victims have mentioned a range of somatic problems, including exhaustion, sleep disruptions, headache, gastrointestinal issues, back pain, jaw tightness, weight changes, and muscular tension. There have also been reports of increases in respiratory and urinary tract infections **(Anwar et al., 2020).**

Sexual harassment represents a severe issue among adolescents, and it is related to a variety of behavioral and emotional symptoms. Other sorts of harassment may be less

harmful to teenage mental health than sexual harassment **(Kaltiala-Heino et al., 2016).** When it comes to the effect of gender on the correlations between negative mental health outcomes and sexual harassment, it is observed that when levels of harassment are high, men experience more PTSD symptoms, depression, and overall poorer mental health than women **(Street et al., 2016**).

The nurse has a vital role in providing knowledge about sexual harassment and how to face it. Nurses play a critical role as empathic professionals where a therapeutic relationship built on empathy is essential. It can serve as the basis for ongoing exploration and treatment of the problems associated with sexual harassment. Psychiatric nurses' empathy and understanding help the victim maintain a favorable psychological equilibrium. It is critical to ensure an understanding since it gives the victim a sense of importance. Without accusing, criticizing, or demeaning, the expression of feelings and thoughts should be encouraged. The probability of enhancing treatment significantly increases when a psychiatric nurse understands the victim **(Okeke, 2015).** The nurse plays a vital role in implementing several modalities of the psycho-educational program showing beneficial effects for victims, including group-based psychotherapy, individual psychotherapy, and treatment for the entire family. Treatment can effectively lower short-term and long-term symptoms of harassment when it is focused, structured, and targeting these symptoms. A master's level clinician, psychologist, psychiatrist, or nurse may be the therapist. Regardless of their professional backgrounds, the treating therapist must have specific training and experience working with sexual harassment victims **(Saunders et al., 2014).**

According to **Saewyc et al. (2012),** the nurse's role is to act as an educator when imparting a trusting nurse-patient relationship by providing accurate and factual sexual knowledge according to the adolescent′s age, culture, background, and health needs. In addition, as counselors, nurses can assist teens in making healthy and positive decisions about sexual harassment by listening and responding in a non-judgmental, supportive manner to adolescents' sexual health needs because exposure to common risk factors may result in disparate outcomes. Nurses must provide personalized responses to sexual harassment and meaningful communication resulting in a satisfactory solution.

The nurse should help the students recognize what they can change and what they cannot. If she realizes that she is unpleased with something regarding herself, she can change. When it is something she cannot change (like her height), she should begin working toward loving herself and identifying her goals, including thinking about what she would like to achieve and planning how to do it **(Mijong et al., 2018).**

The media has its primary role and is the most significant burden and effective in this case. It is also one of the most important ways to reduce this phenomenon through the awareness of family, religious, social, and moral, relaying on all channels and allowing everyone to see it. Furthermore, view the incidents cases of sexual harassment and their punishment to know all wishing to do this act and regularly submit such advertising and issues to show that they are serious **(Fahmy et al., 2010).**

2. **Significance of the study**

According to the studies, 18–69.1% of registered nurses are harassed by their patients or family members. Sexual harassment can take many different forms, including psychological, verbal, visual, or physical harassment that is not just about sexual behavior but also about power imbalances **(Ali et al., 2015)**. Sexual harassment during clinical practicum can cause physical and mental health problems in nursing students, as well as a decrease in their motivation to seek nursing positions; this has become a critical nursing educational concern. The nursing staff is frequently in close or even physical contact with patients when attending to them, for example, assisting in changing positions, checking vital signs, and changing wound dressings, which increases the risk of being harassed. As a result, nurses are at a high risk of sexual harassment.

3. **Aim of the research**: This study attempted to assess the impact of a psychiatric nursing awareness program on psychological difficulties related to sexual harassment exposure through the stages below.

-   Determine the extent to which students are aware of the psychological issues of sexual harassment.
-   Design an awareness program for psychiatric nurses about the psychological effects of sexual harassment.
-   Implement a psychiatric nursing awareness program about the psychological effects of sexual harassment exposure.
-   Examine the impact of a psychiatric nursing awareness program on psychological issues related to sexual harassment exposure.

4. **Research hypothesis:** The psychiatric nursing program would positively impact nursing students' awareness of psychological difficulties related to sexual harassment exposure.

5. **Subject and methods**

5.1.Research design:

A quasi-experimental design (pre-and post-test) was used to achieve the research's goal.

5.2.Research Setting:

This study was conducted at the Faculty of Nursing, Benha University. The Faculty of Nursing included 2384 males and females in 2020/2021. It consists of four floors divided into terraces, classrooms, clinical labs for clinical training, and a big garden.

5.3. Sample size

A purposive sample of 50 female students was recruited according to the following inclusion criteria:

1. Willingness to participate in the study.
2. In any academic year of the Faculty of Nursing.

5.4. Tools of data collection:

For data collection, two tools were utilized:

5.4.1-Tool (1): *A structured Interview Questionnaire developed by the researchers and consisted of two parts:*

Part 1: a- Socio-demographic data: To gather information about female students' age and marital status.

b- Family characteristics, including parent's educational level, parent's jobs, and family income.

Part II: Awareness questionnaire sheet:

It was made to evaluate students' awareness of sexual harassment. It consisted of 17 closed-ended questions about the definition, perpetrator, victim of harassment, previous exposure to sexual harassment, reaction during exposure, punishment of harassment by law, the exhibition to harassment behavior, sorts of sexual harassment, places of occurrence of sexual harassment, factors leading to it, the relation between nature of clothes and sexual harassment, physical effects, psychosocial problems manifestation, the psychological impact of it, supportive persons, supporting organizations, and techniques that used to protect themselves against sexual harassment.

The scoring system:

- The correct answer (yes)=1
- Incorrect answer =0

The total level of awareness score:

- Poor awareness   0-9
- Average awareness   10-13

- Good   awareness   14-17

5.4.2 TOOL II: Self Confidence inventory (ASCI):

Agnihotri (1987) created it to measure self-confidence in adolescents and adults. It has 56 elements that are simple to score by hand. A score of 1 is given for making a cross (X) to the wrong response to items 2, 7, 23, 31, 40, 41, 43, 44, 45, 53, 54, 55, and for making a cross (X) to the appropriate response to the rest of the items, indicating a lack of confidence. As a result, the lower the score, the higher the level of self-assurance, and vice versa.

19   High self-confidence

20- 32   Moderate self-confidence

33- 45 and over   Low self-confidence

5.4.3 Tool III: Taylor's Manifest Anxiety Scale

The Taylor's Manifest Scale (TMAS) was used to evaluate the anxiety of the women participants. TMAS consisted of 50 statements. Each statement can be evaluated as either "True" or "False" according to one's personal experience. This scale could be administered to any individual (adolescent and adult age group). There were no right or wrong answers. No time limit was determined, but usually, an individual would take 20 min to complete this scale. Subjects were instructed to read each statement carefully, understand the meaning, and give their evaluation of each statement according to their judgment based on their personal experience either as "True" or "False" against each statement. If the statement applied to her, she would tick -True. If it were not applicable, then she would tick "False." She would answer all statements as quickly as possible. She should not ponder over a particular statement for a long duration.

Scoring

Item numbers of positive statements: 1, 3, 4, 9, 12, 14, 15, 18, 20, 29, 32, 38,

and 50. If the answer was "True," it received a "0" mark for positive assertions. The answer was "False" for positive statements, and it received a "1" mark. Item numbers of negative statements:

34 ,33 ,31 ,30 ,28 ,27 ,26 ,25 ,24 ,23 ,22 ,21 ,19 ,17 ,16 ,13 ,11 ,10 ,8 ,7 ,6 ,5 ,2 ,7 ,36 ,35 , 3 ,48 ,47 ,46 ,45 ,44 ,43 ,42 ,41 ,40 ,39and 49. If the response to a negative statement was "True," it received a "1" mark. Negative statements received "0" if the answer was "False." The highest possible score was 50.

0 to 18 marks represented a low level of anxiety.

 19 to 30 marks represented a moderate level of anxiety.

31 and above marks represented a high level of anxiety.

5.4.4Tool IV: The HDRS Hamilton depression rating scale:

The HDRS Hamilton depression rating scale was developed by Hamilton in 1960. It was the most extensively used depression assessment scale. The original version (HDRS17) comprised 17 elements (HDRS17) related to depression symptoms. A subsequent 21-item version (HDRS21) included four items to categorize depression, with scores ranging from 0 to 4.

Scoring

0-16	Low depression
17- 23	Moderate depression
24-52	Severe depression

5.5- Operational design

5.5.1 Preparatory phase:

It comprised a review of relevant material from various studies associated with the research topic using textbooks, papers, and periodicals to have a clear image of all parts of the research issue to develop the program.

- Reliability of the tool:

The reliability was performed by Cronbach′s Alpha coefficient test, which revealed that each of the three tools consisted of relatively homogeneous items such as indicated high

reliability of each tool, the internal consistency of knowledge, total self-esteem, and total assertiveness as the following:

Testing the reliability through Cronbach's Alpha reliability analysis

Cronbach's Alpha reliability analysis.

Tool	Items	Reliability	
		Reliability Coefficient	Cronbach's Alpha
Awareness questionnaire about sexual harassment	17	0. 71	0.77
Self-confidence scale	56	0.77	0.88
Taylor's Manifest Anxiety Scale	50	0.75	0.81
Hamilton depression rating scale	21	0.78	0.96

-Pilot Study:

The pilot study was conducted on five students, representing 10% of the total sample population. The pilot study's purpose was to determine the practicality, clarity, and applicability of the study and the time required to fill out each sheet and complete the sheet. No changes were made.

Fieldwork:

Designing phase:

Setting educational objectives, developing the program, and establishing the technique and medium were all part of this phase's psychiatric nurse awareness program goals.

Development of psychiatric nursing awareness program:

The researchers created the software after thoroughly analyzing the relevant literature and conducting a pilot study. The program was aimed to raise female students' understanding of the psychological issues that might arise from sexual harassment. The total number of sessions in the program was ten. The researchers prepared the program content in the form of a booklet based on the assessment tools and literature study results.

Implementation of the program:

❖ The curriculum was implemented at Benha University's Faculty of Nursing. Nursing students from all academic years participated in the fieldwork. First, the researcher gathered available nursing students for one month (October 2021) to get to know them and explain the research's objectives and expected outcomes. They spent around 10-20 minutes filling out the questionnaires (pre-test) in class, and the researcher spent about 10 minutes explaining any issues. This process spanned two months (from April to June 2021), during which time they were separated into five groups (10 students) for lectures and a post-test. Every group had two 30-minute sessions. Each group attended the seminars and immediately completed the post-test questionnaire.

❖ The researcher created the program after doing a literature review. A booklet containing the program's content was written in simple Arabic and supplemented with photos and illustrations to aid students' comprehension of the content: definition of sexual harassment, the victim and harasser and their characteristics, types of sexual harassment, and places where harassment occurs, factors leading to sexual harassment, and adverse effects of sexual harassment (physical and psychological effects) on females.

❖ The following teaching tools were created specifically for the program: a pamphlet, a flipchart, an interactive lecture, a video with discussion and questions, and real-life scenarios. Nurse students' questions were discussed at the end of each session to correct any misunderstandings. To ensure that students understood the program content, each session closed with a summary of what had been presented since the session began, written in easy language. To ensure that all students had the same learning experience, all students were given the same protocol content and were taught using the same methodologies.

❖ **Teaching methods:** Group discussion, positive reinforcement, brainstorming, open conversation, demonstration, real-life situation, modeling, group cooperation, and role play.

❖ **Media:** Brochure and Booklet.

❖ **Evaluation methods:** Re-demonstration, affirmative engagement, oral questioning, direct observation, and role play provide feedback.

Evaluation of the program:

Each student in the study was asked to evaluate the program immediately after it was implemented to assess awareness about psychological problems associated with exposure to sexual harassment using research tools (post-test). The findings were compared to those from the pre-test.

III- Administrative design:

- *Approval:*

By submitting an official letter from the Dean of the Faculty of Nursing at Benha University and verbal approval from students, permission to conduct the study and administer the program was gained. To gain the students' assistance, the study's aim, tools, and nature were explained to them.

- *Ethical Consideration:*

The researchers described the study's purpose to each nurse student. They assured them that their information would be kept confidential and utilized only for the study. Nursing students had the ethical freedom to refuse to engage in research at any moment. They gave their verbal consent to participate in the study.

IV-Statistical Design:

Statistical Package for Social Science (SPSS) version 21 was used to organize, computerize, tabulate, and analyze the obtained data. Number, percentage distribution, mean, and standard deviation were used to analyze the data. The paired t-test was used to compare means within groups, the t-test was used to compare two independent means, and matrix correlation was used to determine the relationship between the variables for the study (p-value).

The observation difference and associations were considered as the following:

Highly significant (HS) ** $P<0.001$
Significant (S)* $P<0.05$
 No significance (NS) $P>0.05$

Results

Figure (1): reveals that more than one-third (26%) of the studied students were aged 18-19, and less than half of them (46%) were 19-20 years old.

Figure (2): shows that most (90%) of the studied students were single, while a minority (10%) of them were married.

Table (1): demonstrates that more than two-thirds (30%) of the studied students' families did not have enough income. More than half of students' fathers (56%) had diplomas, and near to two-thirds of them (60%) had free work, while one quarter (24%) of their mothers had high education and their mothers′ job, more than half (56%) were homemakers.

Figure (3): shows that less than one-quarter of the studied students (23%) had a good level of awareness about psychological problems associated with sexual harassment at pre-implementation of the program. Two-thirds of them (60%) had an average level of awareness compared to two-thirds (75%) had a good awareness of the program post-implementation.

Figure (4): demonstrates that (34%) of the studied students reported that they had a high level of self-confidence pre-implementation of the program, elevating to (78%) who had a high level of self-confidence post-implementation of the program.

Figure (5): reveals that (30%) of the studied students had a low level of depression pre-implementation of the program compared to (79%) who had a low level of depression post-implementation of the program.

Figure (6): illustrates that (39%) of the studied students had a low level of anxiety in pre-implementation of the program, increasing to (77%) had a low level of anxiety in post-implementation of the program.

Table (2): reveals a highly statistically significant relation between total awareness, total depression, self-confidence, and anxiety (P= 0.00**).

Table (3): demonstrates a negative correlation between awareness, depression, and anxiety. In addition, there was a negative correlation between depression and self-confidence. Also, there was a negative correlation between total anxiety and self-confidence (P= 0.000**).

Table (4): reveals a highly statistically difference between pre and post-implementation of the program regarding awareness of the studied students` awareness of psychological problems (depression, anxiety, self-confidence) associated with sexual harassment (P= 0.000**).
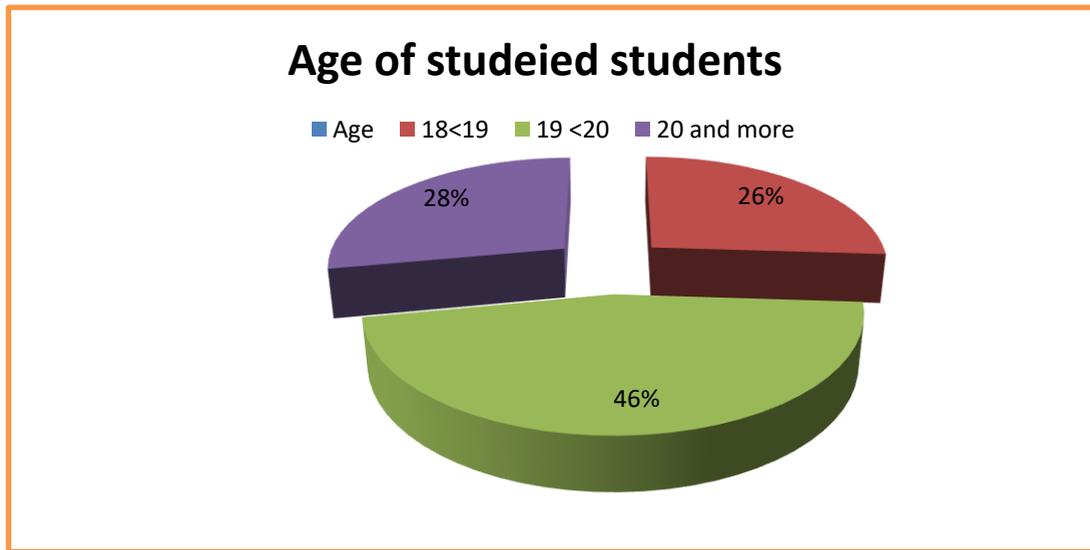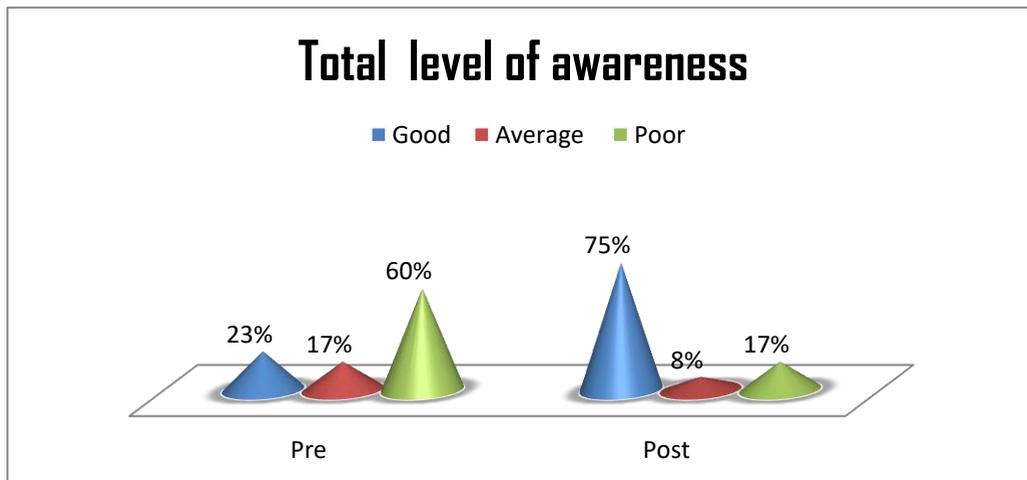
Figure (1): Percentage distribution of the studied students according to their age (n=100).
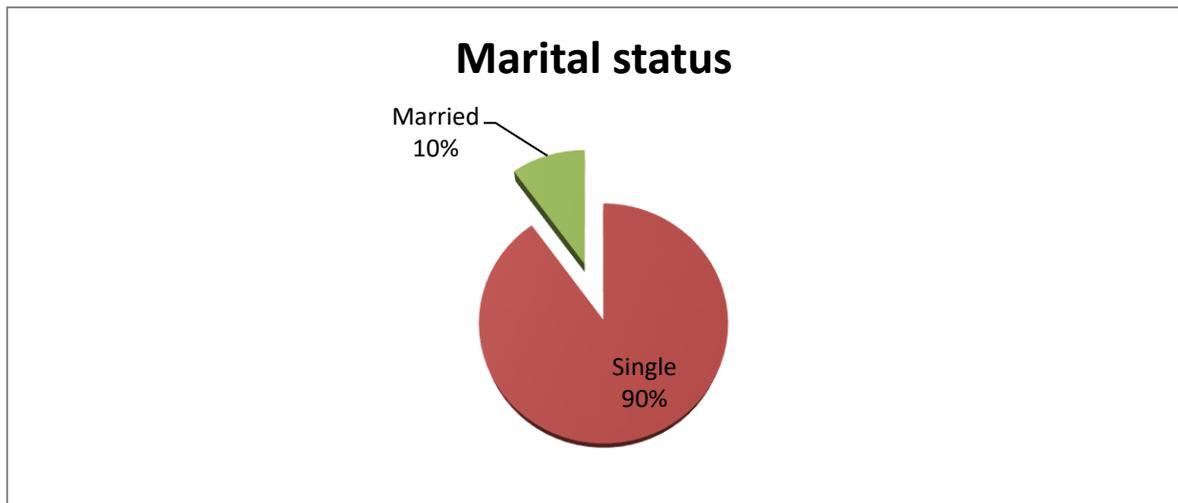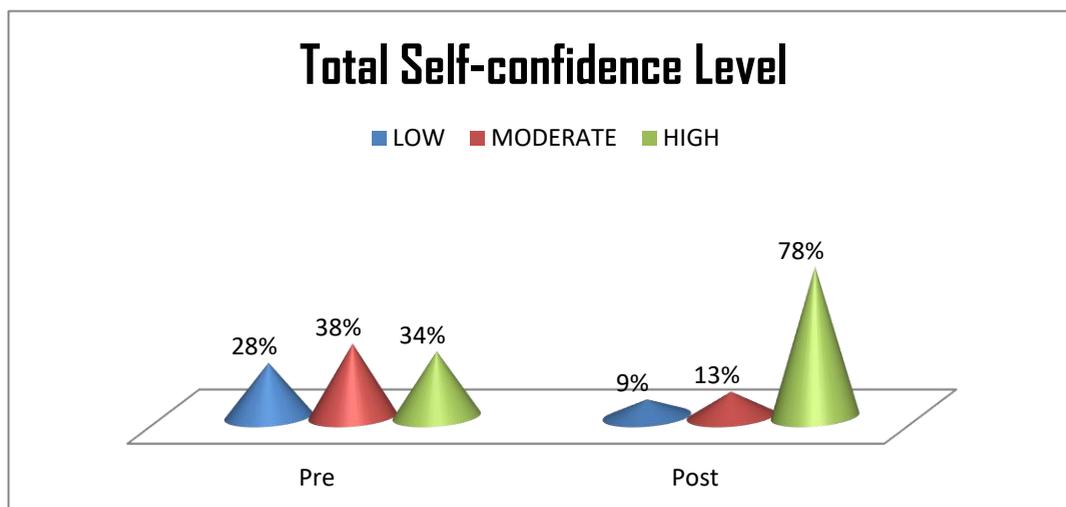

Figure (2): The percentage distribution of the students in the study based on their marital status (n=100).

**Table (1): Frequency and percentage distribution of family data of studied female students (n=100).**

| Family data	N	%
Income family		
Enough	70	70.0
Not enough	30	30.0
The educational level of the father		
Illiterate	10	10.0
Basic education	10	10.0
Diploma	56	56.0
High education	24	24.0
Father's job		
Employee	40	40.0
Free works	60	60.0
The educational level of the mother		
Illiterate	8	8.0
Basic education	18	18.0
Diploma	50	50.0
High education	24	24.0
Mother's job		
Housewife	56	56.0
Employee	44	44.0

Figure (3): Percentage distribution of total awareness regarding sexual harassment pre and post-implementation of the program (n=100).

Figure (4): Percentage distribution of total level of self-confidence as a psychological problem attributed to sexual harassment in pre-and post-implementation of the program
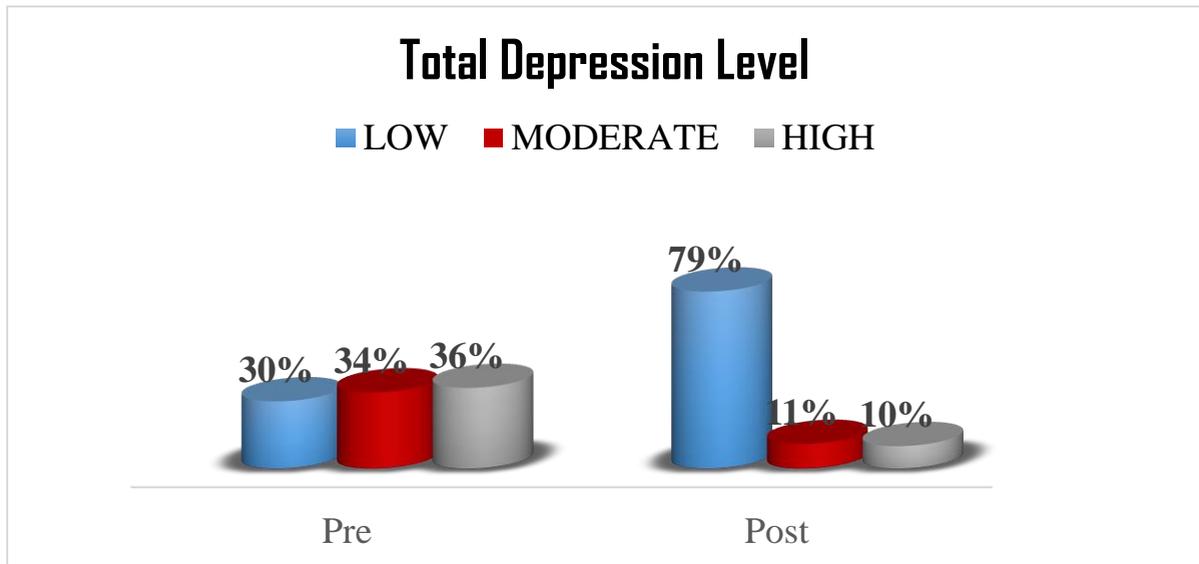
Figure (5): Percentage distribution of total level of depression as a psychological problem attributed to sexual harassment in pre-and post-implementation of the program (n=100).
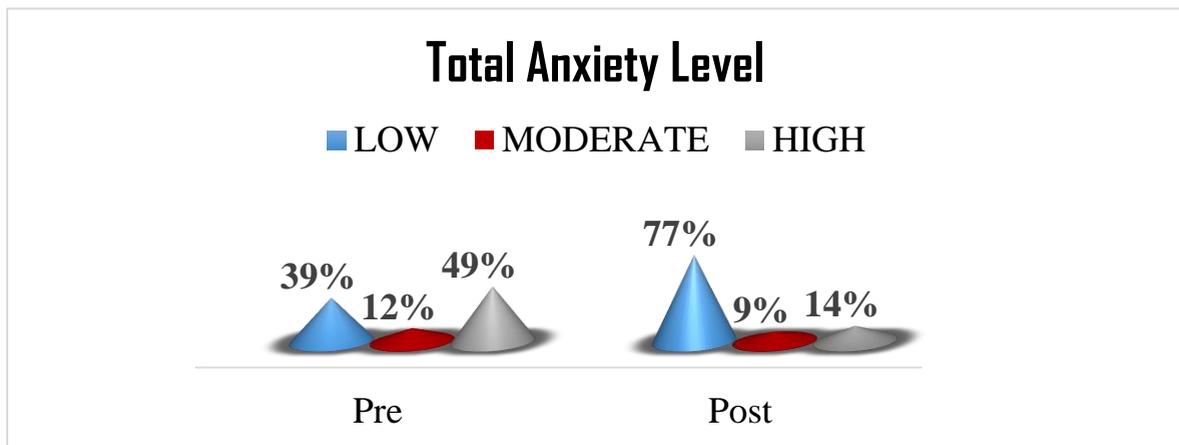
Figure (6): Percentage distribution of total level of anxiety as a psychological problem attributed to sexual harassment in pre-and post-implementation of the program (n=100).

Table (2): Relation between awareness of studied students and psychological problems associated with exposure to sexual harassment in the post-implementation of the program (n=100).

| Psychological problems | The total level of awareness | | | | | | $\square^2$ | P-value |
| | Poor N= 17 | | Average N=9 | | Good N=75 | | | |
	N	%	N	%	N	%		
Total Depression								
Low (N=79)	0	0.0	4	50.0	75	0.0		
Moderate (N=11)	7	41.2	4	50.0	0	0.0	100.677	0.000**
High (N=10)	10	58.5	0	0.0	0	0.0		
Total Anxiety								
Low (N=77)	0	0.0	2	25.0	75	100.0		
Moderate (N=9)	3	17.6	6	75.0	0	0.0	136.287	0.000**
High (N=14)	14	82.4	0	0.0%	0	0.0		
Total Self-confidence								
Low (N=9)	9	52.9.0	0	0.0	0	0.0		
Moderate (N=13)	8	47.1	5	62.5	0	0.0	103.535	0.000**
High (N=78)	0	0.0	3	37.5	75	100.0		

Not significant at P > 0.05, *Significant at P≤ 0.05, ** highly significant at P≤ 0.001.

Table (3): Correlation between psychological problems, self-esteem, self-assertiveness, and total awareness of sexual harassment in the post-implementation of the program (n=100).

Items		Total awareness	Total Depression	Total Anxiety	Total Self-confidence
Total awareness	r				
	P-value				
Total Depression	r	-0.761**			
	P value	0.000			
Total Anxiety	r	- 0.734**	0.716**		
	P value	0.000	0.000		
Total Self-confidence	r	0.439**	-0.422**	-0.718**	
	P value	0.000	0.000	0.000	

Not significant at P > 0.05, *Significant at P≤0.05, ** Highly significant at P≤0.001.

Table (4): Effect of the nursing awareness program on psychological problems associated with exposure among female students (n=100).

Items	Pre	Post	T test	P value
	Mean ± SD	Mean ± SD		
Awareness about sexual harassment	10.12±2.89	13.49±2.72	11.035	0.000**
Depression	22.70±1.01	14.20±8.28	10.592	0.000**
Anxiety	24.38±10.77	16.39±8.40	8.589	0.000**
Self-confidence	21.70±4.883	16.97 ±8.08	10.902	0.000**

Not significant at P > 0.05, *Significant at P≤ 0.05, ** highly significant at P≤ 0.001.

Discussion

The psychological problems associated with harassment

Regarding feelings and emotions when exposed to sexual harassment, including anxiety, depression, and self-confidence as psychological problems, this research demonstrated that the investigated students had always decreasing weight, crying, loss of appetite, unimportant thoughts disturbing their minds, feeling like a failure and convinced at pre-implementation of the program. This result agreed with **Ganga (2012)**, who mentioned that the women feared from the official report on cases of exposure to bad psychological effects such as depression, tension, anger, and physical symptoms such as weight loss.

It agreed with **Houle et al. (2011).** They stated that the presence of negative psychological affected women due to sexual harassment, including shock, depression, lack of self-esteem, and loss of psychological satisfaction from the sexual and other psychological effects. Therefore, sexual harassment is offensive, illegal, and unacceptable to the women, leading to various and dangerous negative effects which interfere with the ability to live in a safe community with normal interaction and respect for self and others. In addition, the current study revealed a highly statistically difference between pre-and post-implementation of the program regarding knowledge regarding sexual harassment, depression, anxiety, and self-confidence (P= 0.000**). This result agreed with DeGue, (2014), who mentioned that most participants showed reduced negative effects of sexual violence after completing the program sessions.

This improvement might be due to the effectiveness of the nursing intervention and the regular attendance of the students in the sessions. The female students reported that all previous negative effects damaged humanity and privacy not being respected. No law protects women from abuse and bad view of society toward abused women, which causes psychological effects.

According to the research hypothesis:

These studies revealed that no one of the studied students had poor knowledge pre-implementation of the program compared to (88%) who had good knowledge post-implementation (P=0.000**). This might be due to the effectiveness of information and practice that the researcher taught to the students throughout the different sessions and related to shared situations, storytelling, and ways of protection described by the studied students after many sessions. This finding was consistent with **Younis et al. (2015)**, who discovered a highly statistically significant relationship between pre-and post-educational

program knowledge of sexual harassment and having enough knowledge to increase their self–confidence and feeling of safety to cope with sexual harassment at any time. **Shattla (2015)** found that student's knowledge in the Art and nursing groups was higher after the intervention than before. **El-Gindy et al. (2018)** found that 29.3% of the studied sample had complete satisfactory knowledge about sexual harassment before the educational program, which increased to 89.3% after the academic program, with a highly statistically significant difference between pre and post educational programs (P= 0.001). Also, this finding was consistent with that of **Ibraheim (2019)**, who discovered that the level of knowledge for both students in practical and theoretical faculties improved after the intervention compared to before the intervention (P=0.000).

This research demonstrated a significant relationship between total knowledge, depression, self-confidence, and self-assertiveness. In contrast, a statistically significant relation was found between complete knowledge, total anxiety, and total self-esteem (P= 0.000**). This finding was consistent with **Younis et al. (2015)** and **Shalby (2014)**. They found a positive relationship between self-confidence and feeling of safety, and the ability to react appropriately with a confident way to sexual harassment and reduce the effects and negative emotions of the victim.

Conclusion

The following conclusion was made based on the findings of this study:

The results revealed that students' awareness improved significantly in post-intervention evaluation than pre-intervention. A highly significant relation was found between the level of awareness, depression, and self-confidence.

In contrast, a statistically significant negative correlation between awareness, depression, and anxiety proved that the awareness program positively improved awareness and reduced the level of psychological problems associated with sexual harassment.

❖ *Recommendations*

As a result of this study, the following recommendations were formulated:

❖ Conducting awareness campaigns for all females to improve their awareness about psychological consequences associated with exposure to sexual harassment.

❖ Female students exposed to sexual harassment should be provided with a stress management and social skill training program to alleviate their psychological difficulties and improve their coping habits.

❖ Psychological counseling should be included in normal nursing interventions for female students subjected to sexual harassment to boost their self-esteem.

❖ The media should raise students' and parents' knowledge about sexual harassment prevention.

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الملخص العربي

برنامج توعوي في التمريض النفسي حول المشكلات النفسية المصاحبة للتعرض للتحرش الجنسي

الخلفية: يهدد التحرش الجنسي الصحة الجسدية والعقلية لطلاب التمريض وله تأثير سلبي على قرارهم بالعمل. لذلك، من الضروري تقييم الوعي بالتحرش الجنسي بين هؤلاء الطلاب.

هدف البحث: تهدف هذه الدراسة إلى تحديد أثر برنامج التوعية التمريضية النفسية على المشكلات النفسية المرتبطة بالتعرض للتحرش الجنسي. **التصميم:** استخدمت الدراسة الحالية تصميم دراسة شبه تجريبي. **المكان:** أجريت الدراسة في كلية التمريض جامعة بنها. **العينة:** تم إجراؤها على طلاب التمريض. **أدوات جمع البيانات:** الأداة (1): - استبيان مقابلة منظم يتكون من جزأين: الجزء 1: أ- البيانات الاجتماعية والديموغرافية، ب- خصائص الأسرة والجزء الثاني: ورقة استبيان الوعي. الأداة الثانية: جرد الثقة بالنفس (ASCI)؛ الأداة الثالثة: مقياس تايلور للقلق الواضح؛ الأداة الرابعة: مقياس تقييم الاكتئاب HDRS هاميلتون.

النتائج: أثبتت الدراسة وجود علاقة ذات دلالة إحصائية عالية بين الوعي الكلي، والمستويات الإجمالية للاكتئاب، والثقة بالنفس، والقلق (P = 0.00). لوحظ وجود فرق كبير بين ما قبل وبعد تنفيذ البرنامج فيما يتعلق بوعي الطلاب بالمشكلات النفسية (الاكتئاب والقلق والثقة بالنفس) المرتبطة بالتحرش الجنسي.

الخلاصة: تحسن وعي الطلاب بشكل ملحوظ في تقييم ما بعد التدخل مقارنة بالتدخل السابق. كانت هناك علاقة ذات دلالة إحصائية بين الوعي ومستوى الاكتئاب والثقة بالنفس. في المقابل، تم العثور على علاقة سلبية ذات دلالة إحصائية بين الوعي والاكتئاب والقلق.

التوصيات: القيام بحملات توعية لجميع الإناث لزيادة وعيهن بالعواقب النفسية المرتبطة بالتعرض للتحرش الجنسي.

الكلمات المفتاحية: الوعي؛ التمريض؛ مشاكل نفسية؛ التحرش الجنسي