

## Sexual Harassment against Female Nurses at Hospitals in Jakarta, Indonesia

**Muhammad Irfan Syaebani,<sup>1</sup>  
Wahyu Muhamad Zen, Monica  
Devina, Uliyatun Nikmah,  
Dindha Vitri Primadini\***

<sup>1</sup>Department of Management, Faculty of Economics and Business, Universitas Indonesia, Depok–Indonesia

**\*Corresponding Author:**

email: dindhavitri@gmail.com,  
Kampus Widjojo Nitisastro Jl. Prof. Dr.  
Sumitro Djohadikusumo, UI Depok,  
Jawa Barat 16424, Indonesia

**Abstract:** Sexual harassment of female employees in the workplace is a pervasive problem, especially in hospitals that rely on nurses to deliver medical care through physical contact with several patients, therefore increasing their risk of sexual harassment. The purpose of this study is to examine the circumstances and experiences of sexual harassment against female hospital nurses in Jakarta, Indonesia. The research employed a qualitative, phenomenological approach, with eight informants participating in In-Depth Interviews and coding analysis. According to the subjects of the study, sexual harassment happened during work hours, making them victims. Sexual harassment can range from subtle to overt, from gestures to physical assault. The majority of perpetrators are male. While female nurses are providing medical treatment, visiting patients, or engaging in training, sexual harassment may occur. The findings point to preventative strategies such as policy development, training and increasing public awareness of sexual harassment, as well as a coping strategy that involves assisting victims in reporting their experiences through an established grievance procedure system to reach a fair resolution.

**Keywords:** female nurse; health industry; hospital; sexual harassment

**Abstrak:** Pelecehan seksual terhadap karyawan perempuan di tempat kerja merupakan masalah yang umum, terutama di rumah sakit yang mengandalkan perawat untuk memberikan layanan kesehatan khususnya melalui kontak fisik, sehingga mengakibatkan munculnya risiko pelecehan seksual yang lebih besar. Penelitian ini bertujuan untuk menjelaskan pengalaman dan konteks pelecehan seksual terhadap perempuan perawat rumah sakit di Jakarta, Indonesia. Penelitian mengadopsi teknik kualitatif fenomenologis dengan melibatkan 8 informan menggunakan wawancara mendalam dan analisis coding. Pelecehan seksual terjadi pada saat jam kerja dan dapat terjadi dalam berbagai bentuk, mulai dari halus hingga terang-terangan, dari isyarat hingga serangan fisik. Laki-laki merupakan mayoritas pelakunya. Pelecehan seksual dapat terjadi ketika perawat wanita memberikan perawatan medis, mengunjungi pasien, atau berpartisipasi dalam program pelatihan. Strategi pencegahan dan penyelesaian kasus pelecehan seksual dapat dilakukan antara lain melalui upaya pengembangan kebijakan, pelatihan, dan meningkatkan kesadaran publik tentang pelecehan seksual, serta membantu korban dalam melaporkan pengalaman mereka melalui sistem prosedur pengaduan agar kasusnya dapat diselesaikan secara adil.

**Kata Kunci:** perawat perempuan; industri kesehatan; rumah sakit; pelecehan seksual

## A. Introduction

Sexual harassment is a worldwide problem, not limited to any one country.<sup>1</sup> According to a previous study performed in the European Union, between 30 and 50% of women and 10% of men polled had experienced sexual harassment in the workplace. In the Asia-Pacific area, between 30 and 40% of workers experienced sexual harassment. There are still several men and women who suffer sexual harassment in the workplace in a variety of organizational settings.<sup>2</sup>

The annual increase in sexual violence implies that sexual violence, particularly against women, has become a severe problem in many countries.<sup>3</sup> According to the annual record of the Indonesian National Commission on Violence against Women (*Komnas Perempuan*) for 2022, the number of cases of sexual harassment against female employees increased. The number of reported incidents of violence against women increased by 50% between 2020 and 2021, from 226 062 cases in 2020 to 338 496 case reports in 2021. There are three predominant forms of violence against women, including physical violence in 4,814 incidents (30%), psychological violence in 4,754 cases (29%), and sexual violence in 4,660 cases (29%). The majority of the 7,770 occurrences of violence against women happened in the intimate realm.

In a study of 134 nurses in the Kaski Nepal region, 40.3% of respondents reported experiencing several types of sexual harassment, with verbal harassment being the most prevalent incidence.<sup>4</sup> The majority of sexual harassment victims are women in the range of ages 20 to 29 years old (62.96%), single (59.25%), and the perpetrators are doctors (37.03%) and patient's family members (24.93%).

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<sup>1</sup> Hussin Jose Hejase, "Sexual Harassment in the Workplace: An Exploratory Study from Lebanon," *Journal of Management Research* 7, no. 1 (2015): 107–21, <https://doi.org/10.5296/jmr.v7i1.6965>.

<sup>2</sup> Paula McDonald, "Workplace Sexual Harassment 30 Years on: A Review of the Literature," *International Journal of Management Reviews* 14, no. 1 (2012): 1–17, <https://doi.org/10.1111/j.1468-2370.2011.00300.x>; Paula McDonald and Sara Charlesworth, "Workplace Sexual Harassment at the Margins," *Work, Employment and Society* 30, no. 1 (2016): 118–34, <https://doi.org/10.1177/0950017014564615>.

<sup>3</sup> Adrienne Cruz and Sabine Klinger, *Gender-based Violence in the World of Work: Overview and Selected Bibliography* (Geneva: International Labour Office, 2011).

<sup>4</sup> Sudarshan Subedi, Manisha Hamal, and Hari Prasad Kaphle, "Sexual Harassment in the Hospital: Are nurses safe," *International Journal of Health Sciences and Research* 3, no. 6 (2013): 41–47.

Regardless of the industry in which they work, sexual harassment is an inherent danger that women face when entering the workforce. Studying sexual harassment faced by female nurses will provide a comprehensive understanding of the issue in a field in need of educated professionals. Nurses must regularly interact with physicians, patients, patient's relatives, and coworkers, among others. Nurses must also engage in personal, tactile encounters with individuals. In comparison to male nurses, female nurses predominate at the hospital. Sexual harassment is more likely to affect female nurses than male nurses. If this occurs, the hospital's performance and production would be affected.<sup>5</sup> Sexual harassment is a severe problem, posing a formidable obstacle for employees in the service sector, especially health service providers.<sup>6</sup>

According to the above description, the objective of this research is to explore: 1) the types of sexual harassment encountered by female nurses. Sexual harassment can take many forms, including verbal, physical, and psychological harassment. 2) who is the sexual harassment perpetrator or actor? Several accounts show that sexual harassment is typically perpetrated by a person in a position of authority over the victim and close to the victim, and 3) what are the *modi operandi* of sexual harassment against female nurses? Sexual harassment is conducted in a variety of ways, both directly and indirectly. In this study, the tactics of sexual harassment are investigated to determine the pattern of harassment and establish an appropriate policy to address this issue.

The scope of this study is limited to female nurses who work in several Jakarta hospitals. Similar to the garment industry, female employees are said to dominate the nursing sector. Yet, a nurse is not equivalent to a textile worker. The nurse has a far higher level of education than the garment worker, even though both positions need human interaction. The nurse will likely have more opportunities to avoid sexual harassment than garment workers, who are often characterized by their poor educational attainment and unstable employment situation.

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<sup>5</sup> Chesfeeda Akhtar, "Sexual Harassment at Workplace and in Educational Institutions: A Case Study of District Srinagar, Kashmir," *International NGO Journal* 8, no. 3 (2013): 54–60, <https://doi.org/10.5897/INGOJ2013.0265>.

<sup>6</sup> Muchazondida Mkono, "Zimbabwean Hospitality Students' Experiences of Sexual Harassment in the Hotel Industry," *International Journal of Hospitality Management* 29, no. 4 (2010): 729–35, <https://doi.org/10.1016/j.ijhm.2010.03.002>.

This study also adds in strengthens the concept that sexual harassment is a worldwide issue that affects all female workers, regardless of industry. The reaction to sexual harassment in the workplace must be severe and prompt. Nevertheless, this urgency is not prioritized. The Indonesian government's sluggish enactment of the Sexual Violence Elimination Law was indicative of this indifference. In addition, numerous parties opposed this regulation since it is deemed trivial and sounds dismissive.<sup>7</sup>

In the end, it is expected that this study would result in concrete measures to halt and prevent this type of violence. This research examines sexual harassment encountered by female nurses in the workplace. In the framework of theory development, the research depicts the sexual harassment experienced by educated professionals. As a result of their increased negotiating power at work, these employees are often afforded greater protection.

### **Sexual Harassment in the Workplace**

Sexual harassment in the workplace continues to be an issue.<sup>8</sup> The U.S. Merit Systems Protection Board discovered that 42% of female respondents had experienced sexual harassment in the workplace. Additionally, when the study was repeated, the same number of female respondents claimed to have experienced sexual harassment at the workplace over the preceding two years. 20% or more of California state government workers reported sexual harassment in the previous five years. In 1990, two-thirds of female military personnel reported being sexually harassed, which was a larger proportion than any other organization. Sexual harassment may affect women of all ages, ethnicities, occupations, economic levels, and marital status, although young, unmarried women are in the greatest danger. It comes as no surprise that the majority of sexual harassment victims are female and that the majority of harassers are male.<sup>9</sup>

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<sup>7</sup> Mariana Amiruddin, "Miskonsepsi terhadap RUU Penghapusan Kekerasan Seksual, Perspektif Gender, dan Feminisme," *Komnas Perempuan*, 2018, <https://komnasperempuan.go.id/opini-pendapat-pakar-detail/miskonsepsi-terhadap-ruu-penghapusan-kekerasan-seksual-perspektif-gender-dan-feminisme>.

<sup>8</sup> Sri Kurnianingsih, "Pelecehan Seksual terhadap Perempuan di Tempat Kerja," *Buletin Psikologi* 11, no. 2 (2003): 116–29, <https://doi.org/10.22146/bpsi.7464>.

<sup>9</sup> Barbara A Gutek, "Understanding Sexual Harassment at Work," *Notre Dame Journal of Law Ethics & Public Policy* 6, no. 2 (1992): 335–57.

Sexual harassment can occur in any work environment, including in hospitals. Due to the nature of their occupation, which needs them to work shifts, including the night shift, and to interact with a large number of people, especially patients, female nurses are the group most likely to become victims. Direct contact typically involves physical interactions, and sometimes the touch must be made in a sensitive location, such as the genital area of the patient. Female hospital nurses who have experienced sexual harassment are prone to mental distress and execute their tasks with difficulty. If it is not foreseen, it may compromise the quality of healthcare services.<sup>10</sup>

Since that women comprise the majority of nurses and are commonly the objects of sexual harassment, the working environment for nurses is extremely conducive to sexual harassment. In addition, nurses cannot avoid all interactions or confine themselves to a private space to prevent sexual harassment more readily while performing their duties. There are 35% of British nursing students polled reported sexual harassment during clinical training, with patients being the majority of harassers.<sup>11</sup> In Turkey, 53% of nursing students, according to a study of 225 students, had experienced sexual harassment. However, several studies highlighted that a lack of equality between men and women in the community is one of the causes of violence and sexual harassment towards women (sociocultural factor).<sup>12</sup>

Sexual harassment in the workplace has several negative consequences for both employees and employers. Sexual harassment has a detrimental impact on a business in the form of increased legal costs, higher absenteeism rates, higher training costs, negative public perceptions, and lost production.<sup>13</sup> The most mentioned variable in sexual harassment literature, according to

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<sup>10</sup> Akhtar, "Sexual Harassment at Workplace and in Educational Institutions: A Case Study of District Srinagar, Kashmir."

<sup>11</sup> Sarah J. Finnis and Ian Robbins, "Sexual Harassment of Nurses: An Occupational Hazard?," *Journal of Clinical Nursing* 3, no. 2 (1994): 87-95, <https://doi.org/10.1111/j.1365-2702.1994.tb00367.x>.

<sup>12</sup> Muhammad Rifa'at Adiakarti Farid, "Kekerasan terhadap Perempuan dalam Ketimpangan Relasi Kuasa: Studi Kasus di Rifka Annisa Women's Crisis Center," *Sawwa: Jurnal Studi Gender* 14, no. 2 (2019): 175-90, <https://doi.org/10.21580/sav14i2.4062>; Sevilay Senol Celik and Nurhan Bayraktar, "A Study of Nursing Student Abuse in Turkey," *Journal of Nursing Education* 43, no. 7 (2004): 330-36, <https://doi.org/10.3928/01484834-20040701-02>.

<sup>13</sup> Jill Poulston, "Hospitality Workplace Problems and Poor Training: A Close Relationship," *International Journal of Contemporary Hospitality Management* 20, no. 4 (2008): 412-27, <https://doi.org/10.1108/09596110810873525>.

another research, is job satisfaction.<sup>14</sup> It is considered that Sexual harassment has a detrimental impact on job satisfaction and over time lowers organizational commitment and employee engagement.<sup>15</sup> Sexual harassment is a stressor that has a significant correlation with depression and influences the professional development of both men and women. Typically, the detrimental effects of sexual harassment can have a 10-year impact on an individual's work performance.<sup>16</sup>

Research on teachers in Nigeria who experienced sexual harassment reported lower working performance. As many as 10% of female workers decided to resign because of their experiences as victims of sexual harassment and their reluctance to report the case to the authority because of fear of revenge from the perpetrator. Sexual harassment gives a direct impact on female workers such as job dissatisfaction, turnover, and emotional and physical effect such as insomnia, headache, and gastritis.<sup>17</sup> Sexual harassment affects the personal side of the worker as well as the professional side, such as marriage problems and the inability to form healthy relationships with men.<sup>18</sup> 15% of sexual harassment victims admitted to having a health problem and that harassment has strained their relationship with men. The organization's reputation will suffer as a result of sexual harassment.<sup>19</sup> While a study conducted in Indonesia's journalism field shows that the female journalists who

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<sup>14</sup> Gail H. Ironson, "Job Stress and Health," in *Job Satisfaction: How People Feel about Their Jobs and How it Affects Their Performance*, ed. C. J. Cranny, Patricia Cain Smith, and Eugene F. Stone (Washington D.C: Lexington Books, 1992), 219–39; Laurent M Lapierre, Paul E Spector, and Joanne D Leck, "Sexual Versus Nonsexual Workplace Aggression and Victims' Overall Job Satisfaction: A Meta-Analysis," *Journal of Occupational Health Psychology* 10, no. 2 (2005): 155–69, <https://doi.org/10.1037/1076-8998.10.2.155>.

<sup>15</sup> Chelsea R. Willness, Piers Steel, and Kibeom Lee, "A Meta-analysis of the Antecedents and Consequences of Workplace Sexual Harassment," *Personnel Psychology* 60, no. 1 (2007): 127–62, <https://doi.org/10.1111/j.1744-6570.2007.00067.x>.

<sup>16</sup> Jason N Houle et al., "The Impact of Sexual Harassment on Depressive Symptoms during the Early Occupational Career," *Society and Mental Health* 1, no. 2 (2011): 89–105, <https://doi.org/10.1177/2156869311416827>.

<sup>17</sup> Julian Barling et al., "Prediction and Replication of the Organizational and Personal Consequences of Workplace Sexual Harassment," *Journal of Managerial Psychology* 11, no. 5 (1996): 4–25, <https://doi.org/10.1108/02683949610124771>.

<sup>18</sup> Gutek, "Understanding Sexual Harassment at Work"

<sup>19</sup> Darius K-S Chan et al., "Examining The Job-Related, Psychological, and Physical Outcomes of Workplace Sexual Harassment: A Meta-Analytic Review," *Psychology of Women Quarterly* 32, no. 4 (2008): 362–76, <https://doi.org/10.1111/j.1471-6402.2008.00451.x>.

were participating in the study were reported to experienced sexual harassment. Sexual harassment is said to be caused by a highly patriarchal culture, ultra-conservative religious values, gender-insensitive law enforcement, and the male-dominated nature of the profession.<sup>20</sup>

### Definition of Sexual Harassment

Since the late nineteenth century, sexual harassment has been thoroughly recorded. Yet, this issue is frequently overlooked and received renewed attention in the 1970s.<sup>21</sup> Sexual harassment is a form of discrimination against women and a very important human rights issue. In Indonesia, the government passed the Sexual Violence Eradication Bill in 2022. A sexual violence crime is defined as any act that fulfils the elements of a crime, which consist of (a) non-physical sexual harassment; (b) physical sexual harassment; (c) forced contraception; (d) forced sterilization; (e) forced marriage; (f) sexual abuse; (g) sexual exploitation; (h) sexual slavery; and (i) electronic-based sexual violence; and other acts of sexual violence stipulated by the law. Sexual harassment is a part of sexual violence and can be considered a crime, be it physical or non-physical. Yet, the terminology is not very widespread.

What is the difference between sexual harassment and sexual violence? People can refer to the Crimes of Sexual Violence Law (UU TPKS)<sup>22</sup> that has been passed to find out the definition of sexual violence.

Sexual harassment in Indonesia gets intensive attention when many women realize their position during the rise of women's emancipation, as they are aware that this issue is inseparable from gender discrimination.<sup>23</sup> Before the increased awareness, many female workers saw sexual harassment as an everyday occurrence that could be tolerated and an unavoidable risk for

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<sup>20</sup> Deborah N. Simorangkir, "Work-Related Sexual Harassment and Coping Techniques: The Case of Indonesian Female Journalists," *Media Asia* 47, no. 1-2 (2020): 23-33, <https://doi.org/10.1080/01296612.2020.1812175>.

<sup>21</sup> Mary Bularzik, "Sexual Harassment at the Workplace: Historical Notes," in *Industrial Wage Work* (Berlin: De Gruyter Saur, 1993), 89-121, <https://doi.org/10.1515/9783110969450.89>.

<sup>22</sup> Undang-Undang Tindak Pidana Kekerasan Seksual.

<sup>23</sup> Komisi Nasional Anti Kekerasan terhadap Perempuan (Komnas Perempuan), "CATAHU 2022: Bayang-bayang Stagnansi: Daya Pencegahan dan Penanganan Berbanding Peningkatan Jumlah, Ragam dan Kompleksitas Kekerasan Berbasis Gender terhadap Perempuan," <https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2022-bayang-bayang-stagnansi-daya-pencegahan-dan-penanganan-berbanding-peningkatan-jumlah-ragam-dan-kompleksitas-kekerasan-berbasis-gender-terhadap-perempuan>.

working women. At the international level, many organizations try to advocate for sexual harassment issues, such as the International Labour Organization.<sup>24</sup> The International Confederation of Free Trade Unions, the European Union, and the United Nations Committee on the Elimination of Discrimination Against Women Those organizations formulate policies and agreements to make laws, guidance, training, and education available to deal with sexual harassment cases.

Sexual harassment is defined as unwanted sexual behaviour, whether verbal, nonverbal, or physical, that is intended to violate a person's dignity through intimidation, antagonism, humiliation, debasing, or offending.<sup>25</sup> Similarly, sexual harassment is described as sexually inappropriate approaches in the form of physical contact and flattery, sexual comments, displaying a pornographic picture, and verbal or physical solicitation of sexual favours.<sup>26</sup>

In addition, sexual harassment is a hostile work environment caused by inappropriate sexual contact from one worker to another or from a supervisor to a subordinate.<sup>27</sup> As a result of the victim's insistence that she comply with the perpetrator's first request, she is made to feel intimidated, which has a detrimental impact on her working conditions. In the meanwhile, Sabitha defined sexual harassment as offensive, insulting, threatening, and humiliating sexual behaviours that affect the performance, health, career, and personal life of the targeted individual.<sup>28</sup>

ILO defined sexual harassment as any unwanted conduct of a sexual nature, request for sexual favours, verbal or physical conduct or gesture of a sexual nature; or other behaviours of a sexual nature that encourage the recipient to feel humiliated, offended, and/or intimidated, where such reactions are acceptable in the circumstances; or act as working requirements that create

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<sup>24</sup> International Labour Organization - Beijing Zhongze Women's Legal Consultation and Service Center - Women Watch China, "Guide on Prevention of Sexual Harassment in the Workplace" (Geneva: International Labour Organization, 2010).

<sup>25</sup> The Irish Presidency of the European Union, FGS Consulting, and Aileen McGolgan, *Report on Sexual Harassment in the Workplace in EU Member States* (Ireland: Department of Justice, Equality And Law Reform, 2004).

<sup>26</sup> Singh, *Industrial Relations and Labour Laws* (New Delhi: Excel Books, 2008).

<sup>27</sup> Maggie Tsai and Brian H. Kleiner, "How to Investigate Sexual Harassment in the Workplace," *Equal Opportunities International* 18, no. 1 (1999): 1-7, <https://doi.org/10.1108/02610159910785628>.

<sup>28</sup> Marican Sabitha, "Sexual Harassment Awareness Training at Workplace: Can It Effect Administrators' Perception," *JOAAG* 3, no. 2 (2008).



an intimidating, hostile, or inappropriate work environment.<sup>29</sup> The majority of sexual harassment victims are female, whereas the majority of perpetrators are male. This does not exclude the existence of male victims, but the quantity is negligible.<sup>30</sup>

Tangri et al. established three hypotheses concerning the cause of sexual harassment.<sup>31</sup> They are as follows: 1) biological theory, which explains that sexual harassment occurs as a sexual hormonal expression between men and women, with men perceived as having a higher sexual drive, and they usually ask for a sexual favour in the workplace or another place where it has previously been agreed upon; and 2) psychological theory, which explains that sexual harassment occurs as a sexual hormonal expression between men and women. 3) In organizational theory, it is explained that the assumption that sexual harassment will happen is because of the different structure or hierarchy in an organization. A person with more authority is assumed to be more likely to participate in sexual interaction with a person in a lower position, and 4) socio-cultural theory explains how the gender gap in socio-cultural constructs leads to sexual harassment. In many socio-cultural contexts, men and women are perceived as unequal, and women are placed in a lower position than men.

### Types of Sexual Harassment

Sexual harassment is classified into two types: (1) Quid Pro Quo and (2) Hostile Environment.<sup>32</sup> Quid pro quo is a type of sexual harassment when those in positions of authority ask or force employees to engage in sexual acts in exchange for a promotion, a raise in pay, favourable work-related possibilities, or to avoid negative repercussions such as demotion or termination.<sup>33</sup> On the

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<sup>29</sup> International Labour Organization - Beijing Zhongze Women's Legal Consultation and Service Center - Women Watch China, "Guide on Prevention of Sexual Harassment in the Workplace."

<sup>30</sup> Lynn R. Offermann and Adam B. Malamut, "When Leaders Harass: The Impact of Target Perceptions of Organizational Leadership and Climate on Harassment Reporting and Outcomes," *Journal of Applied Psychology* 87, no. 5 (2002): 885–93, <https://doi.org/10.1037/0021-9010.87.5.885>.

<sup>31</sup> Sandra S Tangri, Martha R Burt, and Leanor B Johnson, "Sexual Harassment at Work: Three Explanatory Models," *Journal of Social Issues* 38, no. 4 (1982): 33–54, <https://doi.org/10.1111/j.1540-4560.1982.tb01909.x>.

<sup>32</sup> R. Wayne Mondy and Joseph J. Martocchio, *Human Resource Management*, 14th ed. (Edinburgh: Pearson Education, Inc, 2016).

<sup>33</sup> Akhtar, "Sexual Harassment at Workplace and in Educational Institutions: A Case Study of District Srinagar, Kashmir."

other hand, hostile environment sexual harassment is a type of sexual harassment that happens because members of an organization are exposed to an intimidating working environment because of their gender.

Furthermore, the ILO classifies sexual harassment actions into five categories, namely: 1) physical harassment, including unwelcome touching in a sexual manner such as kissing, patting, pinching, glancing, or lustful staring; 2) verbal harassment includes unwanted comments about a person's private life or a body part or a person's appearance, sexually suggestive jokes, and comments; 3) sexually suggestive body language and/or gestures, such as repeated winks, finger gestures, and licking lips, are examples of gestural harassment; 4) written or graphic harassment includes the display of pornographic materials, sexually explicit pictures, screen savers or posters, or harassment via emails and other modes of electronic communication; 5) psychological or emotional harassment consists of persistent proposals and unwelcome requests or invitations to go out on dates, insults, taunts, or innuendo of a sexual nature.<sup>34</sup>

Furthermore, Dziech & Weiner classified sexual harassment actions into 13 categories, comprised of 1) *quid pro quo* shows the perpetrator sexually harassed the victim because of higher power possession with purpose to blackmail the victim, such as getting promotion, avoiding termination, etc.; 2) *mother/father figure* indicates the perpetrator purposefully creating intimate relation with the victim and making imaginary impression as if perpetrator were a guardian figure, which often happens when teachers harassed students; 3) *gank* occurs when the perpetrator harassed the victim in order to be accepted in certain groups; 4) *sexual harassment in closed area* happens when the perpetrators exercise the action in hidden place to avoid any witnesses; 5) *groping* occurs when the actor tries to grab body part of the victim, it can happen both in open or closed area; 6) *opportunist* is sexual harassment where the actors benefit the surrounding conditions, such as during rush hour in crowded buses; 7) *confidante* occurs when the actors makes up a story to arise sympathy, where the actor hopes to manipulate the victims' feeling and harassed whenever the victims pities the perpetrators; 8) *situational harassment* happens when the victim in unfortunate condition and the actor manipulates the condition which make the victim is unable to refuse the

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<sup>34</sup> International Labour Organization - Beijing Zhongze Women's Legal Consultation and Service Center - Women Watch China, "Guide on Prevention of Sexual Harassment in the Workplace."

harassment action; 9) *pest* occurs where the actor harassed the victim by forcing his sexual request without any rejection; 10) *The Great Gallant* happens when the perpetrator purposefully praise the victim and make the victim felt ashamed/discomfort with that praise; 11) *intellectual seducer* shows the actor tries to find out the victim's habit and utilize it to do harassment, 12) *incompetent* indicates the actors want to revenge the victims because socially the actors are incompetent and experienced rejection, and it aims to catch any attention; and 13) *sexualized environment* is triggered by a sexual environment where it includes many sexual jokes, pornographic image, sexually objectification act which leads to offensive behaviors.<sup>35</sup>

### Actors and Modi Operandi of Sexual Harassment

A youngster is more susceptible to sexual harassment. Women are more likely to become victims than men. Often, the perpetrator of sexual harassment has more authority than the victim. Sexual harassment happens in the workplace between individuals with close ties to one another, such as bosses and subordinates, coworkers, suppliers and customers.<sup>36</sup> It is generally acknowledged that supervisors harassed subordinates.<sup>37</sup>

Indonesian Businessmen Association (APINDO) in 2012 released guidance on how to prevent sexual harassment in the workplace. This guidance explains several situations when sexual harassment in the workplace is likely to occur: 1) the perpetrator of harassment is usually supervisor, superordinate, and people with higher power compared to the victim, 2) the victim is not just one who experienced harassment, others may also feel threatened or affected by the negative behaviour, and 3) sexual harassment may result with no physical harm and/or financial loss. In the hospital, the actors of sexual harassment against female nurses can be anyone such as doctors, co-workers, patients, and patients' families.<sup>38</sup>

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<sup>35</sup> Billie Wright Dziech and Linda Weiner, *The Lecherous Professor: Sexual Harassment on Campus* (Illinois: University of Illinois Press, 1990).

<sup>36</sup> M. Margaretha, "Pelecehan Seksual di Tempat Kerja," Kumpulan Kajian dalam Psikologi Forensik dan Perkembangan Psikopatologi, March 8, 2015, <https://psikologiforensik.com/2015/03/08/pelecehan-seksual-di-tempat-kerja/>.

<sup>37</sup> Patricia Eastal and Keziah Judd, "She Said, He Said: Credibility and Sexual Harassment Cases in Australia," *Women's Studies International Forum* 31, no. 5 (2008): 336–44, <https://doi.org/10.1016/j.wsif.2008.08.009>.

<sup>38</sup> Asosiasi Pengusaha Indonesia (APINDO), *Pencegahan dan Penanganan Pelecehan Seksual di Tempat Kerja: Pedoman bagi Para Pemberi Kerja*, ed. Ida Ruwaida Noor and Irwan M. Hidayana (Jakarta: DPN APINDO, 2012).

The *modus operandi* of sexual harassment refers to how sexual harassment is carried out. Typical patterns of verbal and physical sexual harassment consist of using a unique voice or a provocative gesture. Psychological or emotional sexual harassment might be proven by repeated demands for sexual acts that psychologically weary the victim.<sup>39</sup> Sexual harassment occurs when someone with authority over another person uses that position to force others into accepting inappropriate sexual activity. Peer-on-peer sexual harassment includes delivering sexual jokes, sharing pornographic images, and making hostile sexual remarks.<sup>40</sup> According to organizational and socio-cultural theory, sexual harassment is the result of distinct power structures within the organization or society.

Sexual harassment in the service industry can occur either from employees to customers or from customers to employees. If the activity contains unwelcome sexual conduct that is practised through reward or threat, it might be classed as sexual harassment. Sexual harassment always has unpleasant and damaging consequences, such as trauma and psychological issues for the victim.

## **B. Methods**

The research design of this study is a qualitative approach which answered three research problems: 1) types of sexual harassment, 2) actors of sexual harassment, and 3) *modi operandi* of sexual harassment experienced by female nurses in hospitals in Jakarta. Qualitative research is an inquiry to describe and analyze a phenomenon, event, belief, perception, and thought of an individual or group.<sup>41</sup> The objective of a qualitative method is to get readily accessible or intelligible data, and it can also facilitate the formation of an innovative hypothesis.<sup>42</sup> The phenomenology approach is used to describe the experiences of female nurses regarding the issue or idea of sexual harassment in the hospital.

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<sup>39</sup> Margaretha, "Pelecehan Seksual di Tempat Kerja."

<sup>40</sup> Akhtar, "Sexual Harassment at Workplace and in Educational Institutions: A Case Study of District Srinagar, Kashmir."

<sup>41</sup> Shahid N Khan, "Qualitative Research Method - Phenomenology," *Asian Social Science* 10, no. 21 (2014): 298–310, <https://doi.org/10.5539/ass.v10n21p298>.

<sup>42</sup> Linda Finlay and Claire Ballinger, eds, *Qualitative Research for Allied Health Professionals: Challenging Choices* (New Jersey: John Wiley & Sons, 2006).

The data for this study were gathered through in-depth interviews. This approach has been shown to assist the attainment of research objectives, as respondents are free to communicate all their thoughts and feelings regarding a study issue. The focus of the interview questions is on the attitude and perspective of respondents in reacting to sexual harassment in the workplace, based on their experience identifying the categories, actors, and modes of operation of sexual harassment. Respondents' responses are recorded by audio recording and presented in the study's findings with their consent. Respondent data were then evaluated via coding, which involves data reduction, comprehension, and interpretation. To increase the researcher's understanding of the obtained facts and improve the quality of the research, source triangulation, interview technique triangulation, and theory triangulation were employed. Source triangulation involved involving eight (8) respondents with distinct characteristics. Interview technique triangulation involved administering interviews at different times. As shown in Table 1, the participants in this study are eight (8) female hospital nurses in Jakarta, Indonesia.

Table 1  
Research Subjects

ID	Wosrkplace	Education	Age	Working Unit	Tenure	Marital Status
R1	Private Hospital	Bachelor (Ners)	24	Primary Medical Unit	4 months	not married
R2	Mother and Kids Hospital	Diploma	24	Emergency Unit	1 year	not married
R3	Private Hospital	Bachelor (Ners)	23	Children Medical Unit	6 months	not married
R4	Mother and Kids Hospital	Bachelor (Ners)	25	Emergency Unit	6 months	not married
R5	Government Hospital	Diploma	40	Polyclinic	14 years	married
R6	Government Hospital	Diploma	24	VIP/VVIP Medical Unit	2,5 years	not married
R7	Private Hospital	Diploma	23	ICU	2 years	not married
R8	Government Hospital	Diploma	24	Primary Medical Unit	2 years	not married

Researchers originally sought hospital nurses with knowledge of sexual harassment in Jakarta. Then, nurses who had consented to serve as respondents were contacted. Respondents were allowed to select the interview venue (at work, a restaurant, or at the respondent's home) and the interview time according to their preferences. Researchers believed that data saturation had been reached with 8 respondents, hence no more participants were recruited.

## C. Discussion

### Types of Sexual Harassment

Verbal harassment is indeed experienced by some respondents. Usually, harassment is about sexual remarks about the respondents' appearance. Another form of verbal harassment is through sexual jokes and catcalling. Respondent 2 acknowledged having been the victim of physical sexual harassment. The most common and often repeated act by the perpetrator is body pinching. She felt humiliated when she was accused of no longer being a virgin, which was followed by buttock grabbing. This action immediately made the respondent angry at that time. Furthermore, Respondent 1 said she experienced sexual harassment when she was hugged and grabbed by the doctor, which disturbed her. The experience of physical harassment was also reported by Respondent 6, who said that when she was examining the blood pressure of patients, several patients tried to grab her breast. This action happened several times and was done by some patients which made her uncomfortable.

Respondent 8 had a negative experience. The harassment happened when she helped a patient urinate using a urinal pot. The patient deliberately asked her to hold his penis, even though she knew that the request was a form of sexual harassment as he did not need any help. She stated:

“I felt uncomfortable at that time because we are the opposite sex and he can assist himself to urinate. At that time, I refused to follow his request and insisted that he must help himself to urinate” (R8).<sup>43</sup>

Gesture harassment refers to sexually suggestive body language and gestures, such as repeated winks, gestures with fingers, and licking lips.

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<sup>43</sup> R8, interview with informant 8.

Respondent 1 experienced it by explaining that a doctor was staring at her in a sensitive area, such as her breasts. Respondent 5 also pointed out that when she gave medical treatment to the patient, the patient showed her sexual eye-winking, which she considers impolite and improper. In addition, Respondent 3 shared her experience when undergoing cardiopulmonary resuscitation (CPR) training. She claimed that the instructor behaved inappropriately by using a mannequin doll as his object of fantasy in front of her, which made her uncomfortable because she felt like it was directed at her.

“At that time, during CPR training, he showed that breasts and nipples are the areas for CPR, but when he explained it, it showed that he was fantasizing using the mannequin doll which we used as our model in training” (R3).<sup>44</sup>

Written and graphic harassment refers to any action that directly or indirectly shows or displays pornographic images or material. Respondent 8 said that she was irritated about joining a WhatsApp group because many members often give sexual jokes and even send improper images that contain pornographic and explicit materials. The comprehensive list of sexual harassment types that are experienced by the subjects is presented in Table 2.

### Actors of Sexual Harassment

Sexual harassment happens regularly between patients and nurses in the healthcare sector.<sup>45</sup> Male patients commonly engage in harassment and bullying against female nurses. The results of this study confirmed findings from previous research indicating that male patients assault female nurses. Respondent 8 confirmed that the bulk of abusers are male patients older than 25 who frequently engage in physical harassment of nurses. She stated:

“The male patient usually harassed me by grabbing my hand when I performed medical treatment for him, and it is something I had not anticipated” (R8).<sup>46</sup>

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<sup>44</sup> R3, interview with informant 3.

<sup>45</sup> M Kay Libbus and Katherine G Bowman, “Sexual Harassment of Female Registered Nurses in Hospitals,” *JONA: The Journal of Nursing Administration* 24, no. 6 (1994): 26–31, <https://doi.org/10.1097/00005110-199406000-00008>; Gila Bronner, Chava Peretz, and Mally Ehrenfeld, “Sexual Harassment of Nurses and Nursing Students,” *Journal of Advanced Nursing* 42, no. 6 (2003): 637–44, <https://doi.org/10.1046/j.1365-2648.2003.02667.x>.

<sup>46</sup> R8, interview with Informant 8.

Table 2  
Types of Sexual Harassment Experienced by Research Subjects

Types	Action
Verbal	<ol style="list-style-type: none"> <li>1. The unpleasant remark regarding physical appearance</li> <li>2. Catcalling</li> <li>3. Sexual jokes and remarks</li> </ol>
Physical	Unnecessary physical encounters consisting of: <ol style="list-style-type: none"> <li>1. Hugging</li> <li>2. Grabbing hands</li> <li>3. Pinching</li> <li>4. Breast touching</li> <li>5. Grabbing buttock</li> <li>6. Asking respondents to hold his penis</li> </ol>
Gesture	<ol style="list-style-type: none"> <li>1. Eyes winking</li> <li>2. Sexually body gesture</li> <li>3. Fantasizing sexual imagination</li> </ol>
Written/graphic	<ol style="list-style-type: none"> <li>1. Sending pornographic image through cell phone</li> <li>2. Showing pornographic image directly</li> </ol>
Psychological/emotional	N/A

Respondent 6 stated that the perpetrators of sexual harassment are not only patients but also patients' families, which is supported by Respondent 7's experience. Respondent 8 also said that a patient's family had physically harassed her when she prescribed medicine. Hospital female nurses have reportedly been the targets of sexual harassment by doctors. Many respondents reported that they had suffered unwelcome harassment from doctors. Respondent 1 confessed she was harassed by a male doctor, as were Respondents 6 and 8. Respondent 3 also said that she was verbally harassed by a doctor.

Other actors of sexual harassment are co-workers. They are male nurses or male co-workers. Respondent 4 claimed that a male coworker who is also a nurse verbally harassed her because she was wearing a uniform that the coworker thought was sexy. Respondent 3 additionally alleged that she



experienced gestural harassment from male coworkers during CPR training, while Respondent 8 claimed that she experienced physical harassment by her coworkers. Other professions besides medicine, such as security and house-keeping, are also mentioned as perpetrators of sexual harassment. Some of them admitted to engaging in inappropriate sexual behaviour, as indicated by Respondent 6's account of being verbally harassed by hospital security.

### **Modi's Operandi of Sexual Harassment**

The findings also explain the modi operandi of sexual harassment conducted by the actors. The first modus operandi of sexual harassment happened when nurses were visiting the patient. Doctors and patients have occasionally harassed nurses by touching, hugging, or pinching them. The next modus operandi occurred when nurses provided medical care to the patients; for example, a patient requested that a nurse touch his or her penis while placing a catheter. The modi operandi of verbal and written/graphic abuse vary. For instance, sending a pornographic image over social media or a chat platform, making sexual jokes or remarks, or catcalling.

Other modus operandi of sexual harassment during training sessions is gestural harassment, physical harassment, and verbal harassment. Trainers are frequently the perpetrators of harassment during training sessions. The summary of the modi operandi of sexual harassment is presented in Table 3.

The perpetrators of sexual harassment against female nurses are those with a high level of interaction with nurses. According to the findings of this study, the perpetrators are mainly colleagues, such as fellow nurses, doctors, and non-medical employees, as well as patients and families of patients.

Table 3  
Modi's Operandi of Sexual Harassment

No	Modi's Operandi of Sexual Harassment
1	Conducted when nurses give medical treatment
2	Conducted when a nurse is visiting the patient
3	Conducted through social media or chatting platform
4	Conducted verbally in front of the nurses such as catcalling, delivering sexual jokes or remarks
5	Conducted during a training session

Most harassment incidents that occurred to female nurses occurred when they carried out their professional activities, such as providing care to patients, accompanying doctors to conduct patient visits, and during daily activity with coworkers.

Sexual harassment implies negative impacts on the victims and can affect job satisfaction and create work stress. The results of the study indicated that female nurses working in Jakarta area hospitals who experienced sexual harassment in the workplace had no direct effect on their job satisfaction or the survival of the organization. Hospital management must be able to foresee the issue of sexual assault that affects nurses because they occupy the majority of the hospitals' labour population and are predominately female. This condition cannot be left unattended.

The results of a study comprising respondents from three colleges in Malaysia (1,423 participants) revealed that sexual harassment was significantly positively associated with job stress, i.e., the more frequently women are sexually harassed, the greater their work stress will be. The conclusion is consistent with earlier research indicating that victims of sexual assault will experience stress, be it physical, psychological, or emotional.<sup>47</sup>

### **Addressing Sexual Harassment against Hospital Female Nurses**

The research demonstrates that the harassers of hospital female nurses in DKI Jakarta include coworkers, including physicians, other nurses, and non-medical coworkers. This suggests that nurses' job happiness and performance may decline as a result of their displeasure with hospital coworkers or colleagues, as they interact often at work.

The causal effect of sexual harassment and its impact on working performance must be investigated in future research since the goal of this study is to describe a phenomenon from the perspective of research subjects, not to examine the cause-effect relationship. When nurses feel uneasy on the job, their performance may suffer, which may harm the company's overall success. In addition, Respondent 6's reluctance to resume serving patients who had mistreated her suggests a decline in employee performance. On the one hand, the victim may not have wanted to return to the patient's care room alone

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<sup>47</sup> M. Sabitha, "The Perception, Incidence and Management of Sexual Harassment at Workplace: A Malaysian Case," *Malaysian Management Journal* 4, no. 1 & 2 (2000): 1-17.

because of the patient's inappropriate behaviour, and she may have been terrified to return to caring for them. However, if she treated the patient poorly, the patient's condition may deteriorate.

This important issue should be on the top list of hospitals' concerns. While female nurses were the majority of hospital employees, preventative measures must be created to protect them from becoming victims. The lack of the organization to anticipate this problem will surely result in future high levels of occupational stress among nurses. In addition, the nature of the nursing profession necessitates close closeness to a lot of individuals, hence raising the possibility of sexual harassment.

This study's weakness is that the hospital environment is shared not just by female nurses but also by midwives and female doctors. The medical professionals at the hospital demanded direct and intimate interaction with patients. This study indicated that female nurses are very sensitive to sexual harassment; hence, female midwives and female physicians may also experience this issue. Further study is necessary to corroborate the results.

Due to the exploratory nature of this study, conclusive cause and effect cannot be determined, as is customary in quantitative research. Further research can validate the findings of this study by exploring the negative impact of sexual harassment on workplace attitudes, such as the possibility of decreased productivity, increased stress, and decreased job satisfaction. To offer a thorough conclusion on the impact of sexual harassment on its victims in the workplace, both methodologies should be utilized in conjunction with one another.

In the final analysis, it would be better to dispatch female researchers for investigations involving female workers. In interviews involving sensitive themes such as sexual harassment, women tend to be more reluctant, therefore a more focused and highly personal approach is necessary. When both the study participants and the researchers are female, it might be easier to go further into specifics during in-depth interviews.

Sexual harassment prevention training is considered beneficial in educating employees about their perspectives on sexual harassment behaviour,<sup>48</sup> thus can be one of the best prevention tools to eliminate sexual

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<sup>48</sup> Louise F. Fitzgerald and Sandra L. Shullman, "Sexual Harassment: A Research Analysis and Agenda for the 1990s," *Journal of Vocational Behavior* 42, no. 1 (1993): 5–27, <https://doi.org/10.1006/jvbe.1993.1002>.

harassment. Assessment of sexual harassment training of 5,875 civil servants before and after training revealed that participants had improved recognition of sexual harassment despite not tending to report it.<sup>49</sup> It strengthened their sensitivity and awareness of the situation, as well as their ability to sympathize with others. Men in particular felt that the training improved their awareness and realized that their movements can be inappropriate and that verbal remarks and purposeful touching are forms of sexual abuse. As a result, they can abstain from showing or engaging in those behaviours.

To prevent and eliminate sexual harassment in the workplace, hospitals can also design and distribute printed materials, such as posters and other similar materials including appeals, requests, and concerns. The idea that sexual harassment may occur to anybody, regardless of gender, career, or time, is intended to increase societal awareness. Although they regularly teach patients, nurses should be urged to pay more attention to the risks associated with their employment, which they commonly miss.

Attempts to eliminate sexual harassment of female nurses in the workplace involve the participation of all relevant parties. It appears that sexual harassment and female employees are inexorably related when the vulnerable status of women in society, especially in the workplace, is emphasized.<sup>50</sup> If men and women are perceived as unequal, it would be difficult to remove sexual harassment. Even though there have been numerous accusations of sexual harassment, the premise of gender inequality in Indonesia has led to broader problems, such as the difficult passage of the Sexual Violence Eradication Bill, which protects women from sexual harassment.<sup>51</sup>

This study demonstrated that even highly educated female professionals, such as nurses, are prone to sexual harassment. It is not limited to low-wage and insecure employees exclusively.<sup>52</sup> On a micro level, such as within the context of the workplace, sexual harassment can be avoided or even eliminated. For example, based on the findings of this study, the hospital may take

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<sup>49</sup> Heather Antecol and Deborah Cobb-clark, "Does Sexual Harassment Training Change Attitudes? A View from the Federal Level," *Social Science Quarterly* 84, no. 4 (2003): 826–42, <https://doi.org/10.1046/j.0038-4941.2003.08404001.x>.

<sup>50</sup> Tangri, Burt, and Johnson, "Sexual Harassment at Work: Three Explanatory Models."

<sup>51</sup> Amiruddin, "Miskonsepsi terhadap RUU Penghapusan Kekerasan Seksual, Perspektif Gender, dan Feminisme."

<sup>52</sup> Hejase, "Sexual Harassment in the Workplace: An Exploratory Study from Lebanon."

aggressive steps to eradicate sexual harassment, particularly among its employees. This involves highlighting the significance of gender equality.<sup>53</sup>

To manage and avoid sexual harassment in the workplace, organizations can implement techniques based on official guidelines, such as the Sexual Harassment Prevention Guidance from the Ministry of Manpower and Transmigration and ILO (2011), or guidance from an institution such as the Indonesian Employers Association or APINDO (2012). In the health industry itself, the guidance is a general policy that rules the hospital's ethics and law. One of the policies is the Regulation of The Minister of Health of The Republic of Indonesia Number 42 of 2018 about the Hospital Ethics and Law Committee.<sup>54</sup> There is no clear policy on sexual harassment in this regulation, although sexual harassment might be deemed a breach of ethics, especially non-professional ethics. Yet, not all hospitals may have particular policies addressing measures to address sexual harassment and violence; thus, hospital management must take this into account, since nurses are among the most significant resources for the organization and society. To eradicate sexual harassment from society, all stakeholders must collaborate to create a zero-tolerance workplace culture.

#### D. Conclusion

In this study, verbal, written/graphic, physical, and gestural varieties of sexual harassment were encountered by female hospital nurses. Psychological/emotional harassment was not discovered. Actors or perpetrators of sexual harassment are patients, patients' families, doctors, and coworkers with close contact with female nurses. The perpetrators included not just men, but also women. Sexual harassment manifests itself in a variety of situations, such as when nurses administer medical treatment. This research demonstrates, via the problem of harassment in the nursing sector, that sexual harassment may affect anybody, regardless of profession, time, or location.

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<sup>53</sup> Farid, "Kekerasan terhadap Perempuan dalam Ketimpangan Relasi Kuasa: Studi Kasus di Rifka Annisa Women's Crisis Center"; Nurus Shalihin and Firdaus Firdaus, "Transformasi Gender: Strategi Pembebasan Perempuan dari Jerat Pembangunan dan Kapitalisme," *Sawwa: Jurnal Studi Gender* 14, no. 1 (2019): 109–40, <https://doi.org/10.21580/sav14i1.3366>.

<sup>54</sup> Ministry of Manpower and Transmigration of the Republic of Indonesia, *Pencegahan dan Penanganan Pelecehan Seksual di Tempat Kerja* (Jakarta: Ministry of Manpower and Transmigration of the Republic of Indonesia - International Labour Organization, 2011); Minister of Health of the Republic of Indonesia, "Regulation Number 42 of 2018 about Hospital Ethics and Law Committee" (2018); Asosiasi Pengusaha Indonesia (APINDO), *Pencegahan dan Penanganan Pelecehan Seksual di Tempat Kerja: Pedoman bagi Para Pemberi Kerja*.

The examination of the sexual harassment kinds, offenders, and modes of operation disclosed in this study is likely to aid hospital administration in putting an end to these troublesome activities. Among the steps that can be taken to prevent and mitigate sexual harassment against hospital female nurses are 1) the formulation of a written sexual harassment policy, 2) the execution of sexual harassment prevention training for all hospital employees, and 3) the implementation of an anti-sexual health campaign in all working units. and 4) hospitals should aid victims in reporting their experiences through a dependable grievance method and handle the matter fairly.

Nurses are among the vital resources for hospitals and society at large, who need to be protected in the workplace to deliver their best medical services. Each hospital should develop a policy that can serve as a roadmap for addressing sexual harassment concerns within the institution. Written policies should include definitions of sexual harassment that occurs in the workplace, as well as the implications of each aspect of sexual harassment, such as sanctions for offenders, protection for victims, and the safety of reporting sexual harassment instances. Sexual harassment training can also be implemented to educate medical professionals and the community to increase awareness and promote a safe workplace environment. These measures should adopt preventative and applicative guidelines in handling sexual harassment from the government and related institutions. A structured grievance procedure system can benefit victims in sharing their experiences with harassment, allowing the organization to take the required steps to address them properly.[s]

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