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An empirical investigation of sexual harassment and work engagement: Surprising differences between men and women

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ABSTRACT

Research has demonstrated the growing prevalence of sexual harassment (SH) across continents, industries and occupations as well as the associated negative outcomes (Glomb et al., 1999). Not surprisingly, job satisfaction is one of the job-related variables that is frequently investigated in the SH literature, with Lapierre et al. (2005) meta-analytically establishing that SH significantly diminishes job satisfaction. Other studies have argued, however, that 'satisfied' employees do not necessarily perform to the best of their abilities (Crossman & Abou-Zaki, 2003) and that work engagement is a better construct to understand what makes employees 'go the extra mile' (Hallgerg & Schaufeli, 2006; Buckingham & Coffman, 1999). This study, conducted in Australia, adopted the Utrecht Work Engagement Scale (Schaufeli et al., 2002a), as an empirical gauge of the construct 'work engagement' and the Sexual Experiences Questionnaire (Fitzgerald et al., 1988) to measure SH. A strong negative relationship was established in addition to significant differences in the SH experiences of men and women.

KEY WORDS: sexual harassment, equal employment opportunity, gender, engagement

INTRODUCTION

Research has demonstrated that sexual harassment (SH) exists across a number of levels and groups. These include (i) socioeconomic groups; (ii) all levels of education; and, (iii) in all countries, age groups, and occupations (Antecol & Cobb-Clark, 2003; Gelfand et al., 1995). Despite the progress that has been made on understanding this phenomenon, there are several theoretical gaps in the literature which this research paper attempts to fill. One unexplored area is the relationship between SH and work engagement.

Work engagement has generated significant interest from human resource (HR) professionals over recent years as several researchers claim engagement is positively related to organisational performance

such as customer satisfaction and loyalty, profit, productivity, intent to stay, and safety (Bates, 2004; Harter et al., 2002). Harter et al. (2002:276) concluded that engagement is related to “meaningful business outcomes at a magnitude that is important to many organisations”. Surprisingly, no study appears to have addressed the relationship between SH and work engagement.

Another potential shortcoming in the SH literature is that most empirical models pool male and female experiences under the assumption that the independent variables operate in the same way across these two sub-samples (for example, Cagin & Fish, 2007). However, Rotundo et al. (2001) found that women perceive harassment differently from men, and report different coping strategies.

This research addresses the gaps by examining the relationship between SH and work engagement of Australian nurses as well as identifying the differences in perception of SH between men and women. The study makes an important contribution to theory and practice for a number of reasons. First, the current study corroborates the three-factor structure of the recently introduced ‘work engagement’ instrument, the Utrecht Work Engagement Scale (Schaufeli et al., 2002a). Second, businesses are increasingly using workforce engagement as opposed to job satisfaction as a measure of HRM effectiveness (Houldsworth & Jirasinghe, 2007). In fact, engagement results are being used by large, well-established financial analysts when recommending clients buy or sell company stock (Macquarie Equities, 2005). This means that if the message highlighting the organisational costs of SH is to reach Boardrooms, language and measures must be utilised which Board members and company executives value, understand and can act on. The identification of any factor, such as SH, which may lead to disengagement, should assist HR professionals gain the required support and resources to deal with it. Finally, recognition of the differing outcomes of SH for men and women allows for the development of HR strategies that meet their unique needs.

The paper begins by defining SH and work engagement. It then highlights the importance of the study by outlining the consequences of SH and the benefits of work engagement as discussed in the literature. The research methodology, results and discussion sections follow, before recommendations for future research are made.

DEFINITIONS

Sexual Harassment

The Australian Human Rights and Equal Opportunity Commission (HREOC) (2007) defines SH as containing three essential elements:

1. the behaviour must be *unwelcome*
2. it must be of a *sexual nature*

3. it must be *reasonable*, in the circumstances, that the person who was harassed felt offended, humiliated or intimidated.

The two main categories of SH are SH accompanied by employment benefit or threat (known as *quid pro quo* harassment), and the more common SH that involves creating a hostile work environment. The legal definition of SH identifies the importance of the target's evaluation of the harassing behaviour. Behaviour that may be acceptable and even desirable to one person may be intolerable to another. In other words, the Courts must determine whether a subjective response of a person is 'reasonable'.

Work Engagement

Work engagement has been defined in many different ways. Schaufeli and Bakker (2004:295) suggest **engagement** is characterised by "vigor, dedication, and absorption". **Vigor** refers to high levels of energy and mental resilience while working, the willingness to invest in one's work, and persistence in the face of difficulties (Schaufeli & Bakker, 2004). **Dedication** refers to a sense of significance, enthusiasm, inspiration, pride, and challenge (Schaufeli & Bakker, 2004). **Absorption** is characterised by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work (Schaufeli & Bakker, 2004).

In many ways this definition sounds like other better-known and more established constructs such as organisational commitment, satisfaction and citizenship behaviour (Robinson et al., 2004). While engagement is related to these constructs, it is also distinct (Robinson et al. (2004).

Luthans and Peterson (2002) suggest that engagement differs from employee satisfaction in that engagement includes a person's attachment towards their organisation. Rothbard (2001:656) also differentiates work engagement by arguing that it "includes job satisfaction; but goes further because engagement is not a momentary and specific state". Schaufeli et al. (2002a:74) expand on this point by suggesting it is "a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behaviour".

Engagement is also distinct from job involvement. According to May et al. (2004), job involvement is the result of a cognitive judgment about the need satisfying abilities of the job and is tied to one's self-image. Engagement has to do with the way individuals employ themselves in the performance of their job. Furthermore, engagement involves the active use of emotions and behaviours in addition to cognitions. May et al. (2004:12) also suggest "engagement may be thought of as an antecedent to job involvement in that individuals who experience deep engagement in their roles should come to identify with their jobs".

In summary, although the definition and meaning of engagement overlap with other constructs, it has been defined as a distinct and unique construct that consists of cognitive, emotional, and behavioural components that are associated with individual role performance (Hallgerg & Schaufeli, 2006). In this study, work engagement is defined as an emotional and intellectual commitment to an employer, which results in a persistent, positive, affective-motivational state of fulfilment (Shaw, 2005; Maslach, et al., 2001).

CONSEQUENCES OF SEXUAL HARASSMENT AND ENGAGEMENT

Sexual Harassment

SH has significant negative, psychological and job-related consequences for victims, that have been widely reported in the literature (Cogin & Fish, 2007). The potential psychological effects of SH include lowered self-esteem, difficulty with interpersonal relationships, increased stress, depression, frustration and anxiety (Willness et al., 2007). Those who are sexually harassed display common coping strategies, such as, manipulation, indirect expression of anger, denial or minimisation of the incident, as well as feelings of powerlessness, aloneness, fright, humiliation and incidence of post-traumatic stress disorder (Willness et al., 2007).

The somatic effects of SH include nausea and gastrointestinal disturbances, headaches, exhaustion, insomnia, jaw tightening, teeth grinding, and weight loss or gain. Numbness and tingling in extremities, pains in the chest and shortness of breath are also common symptoms for victims of SH (Dansky & Kilpatrick, 1997).

The effects of SH are not limited to the individual who experiences it. Episodes of SH in an organisation exact significant financial and productivity costs. The most obvious business outcome is the direct cost associated with damage settlements and court fees (Cogin & Fish, 2007). The U.S. Equal Employment Opportunity Commission (EEOC) recently reported that they received and resolved nearly 14,000 charges of sexual harassment, at a cost of over \$37 million in monetary benefits over and above litigation (EEOC, 2005). Allegations of SH will affect a company's bottom line directly through litigation and settlement costs, redirection of management attention and loss of shareholder confidence (Cogin & Fish, 2007).

The indirect business outcomes of SH have been estimated to be far more costly (Glomb et al., 1999). Outcomes include decreased productivity, low morale, increased staff turnover and absenteeism, not only of the harassed employee but also of co-workers who may witness and be distracted by the situation (Fitzgerald et al., 1997). In addition, Cogin and Fish (2007) point out that an individual who devotes work time and energy to harassing another is depriving a company of those same energies

which are needed to perform work optimally. In a similar vein, Fitzgerald et al. (1997) report that although 50% of 'victims' of SH say that they simply try to ignore it, those same 'victims' experience an average productivity decline of about 10%. They also found that about 24% of harassment 'victims' take leave to avoid the harasser, while 10% choose to leave their jobs at least, in part, because of the harassment.

The negative impact of SH on work performance has also been widely documented (Glomb et al., 1999). Specifically, Glomb (1999) and her colleagues found that job performance was affected in 75% of 'victims' surveyed, largely through reduced levels of concentration following sexual innuendos. A reduction in job motivation and confidence in skill levels was also reported.

Not surprisingly, job satisfaction is one of the job-related variables that is frequently investigated in the SH literature, with Lapierre et al. (2005) meta-analytically establishing that SH significantly diminishes job satisfaction. While the literature consistently reports SH to be negatively correlated with all facets of job satisfaction (Willness et al. 2007), there have been studies that argue 'satisfied' employees do not necessarily perform to the best of their abilities (Crossman, Abou-Zaki, 2003) and that work engagement is a better construct to understand what makes employees 'go the extra mile' (Hallgerg & Schaufeli, 2006).

Work Engagement

In recent years, there has been a great deal of interest in work engagement by HRM professionals. Several researchers claim that engagement predicts performance outcomes, organisational success, and financial performance (for example, total shareholder return) (Bates, 2004; Harter et al., 2002). In a study using data from over 360,000 employees from 41 companies, those firms described as having low overall engagement lost 2.01% operating margin and were down 1.38% in net profit margin over a three-year period (International Survey Research, 2003). During that same period, high-engagement companies gained 3.74% operating margin and 2.06% net profit margin. Engaged employees, the study argues, contributed to the bottom line of their companies (International Survey Research, 2003). Other research has demonstrated a link between employee engagement and customer satisfaction, that is, willingness to make repeat purchases and recommend a business to friends (Bates, 2004).

Kahn (1992) found that engagement leads to both individual outcomes (that is, quality of people's work and their own experiences of doing that work), as well as organisational-level outcomes (for example, the growth and productivity of organisations).

In addition, a recent study found that individuals who are more engaged are likely to be in more trusting and high-quality relationships with their employer and will, therefore, be more likely to report more positive attitudes and intentions toward their organisation (Cropanzano & Mitchell, 2005). There is also empirical evidence demonstrating that engagement is positively associated with intent to remain with one's organisation (Schaufeli & Bakker, 2004).

Disengaged employees, on the other hand, uncouple themselves from work roles and withdraw cognitively and emotionally. Disengaged employees display incomplete role performances and task behaviours become an effort, automatic or robotic (Hochschild, 1983). Bates (2004) and Kowalski (2003) report that disengaged employees cost business approximately US\$300 billion a year in lost productivity. With this in mind, it is crucial to uncover the organisational factors which disengage employees, such as SH. Gopal (2006) suggests that when an organisation has this type of information it can make changes to re-engage people and increase the number of engaged employees significantly.

The literature has empirically established the negative correlation of SH to job satisfaction (see Willness, et al., 2007). However, with more firms using engagement results rather than satisfaction scores to drive decision making (Buckingham & Coffman, 2003), an investigation is warranted of whether similar links can be made between SH and engagement. Unfortunately, the academic literature does not reflect the growing concern with engagement (Robinson et al., 2004), with most research coming from the practitioner literature, and no known study which investigates the relationship between work engagement and SH. However, as mentioned previously, if the messages highlighting the costs of SH and the importance of the role of management in eliminating it are to reach decision makers, measures must be utilised which company executives value. It is possible, therefore, that an empirical study linking SH with engagement will provide the evidence to shock executives or organisations into action.

Hypothesis 1: Employees that experience SH will be less engaged than those that do not experience SH.

While the majority of SH victims are women (Fitzgerald & Shullman, 1993; USMSPB, 1995, 1987), SH of men also occurs (USMSPB, 1987; Cogin, 2008). In fact, the EEOC recently reported that there was a 15% increase in the number of SH complaints filed by men (EEOC, 2005). Surprisingly, despite this, some SH studies continue to survey large populations only to eliminate male responses in order to focus on the experiences of women (Waldo, Berdahl & Fitzgerald, 1988; DuBois et al., 1998). An important consideration in understanding SH more fully involves appreciating the differences in the way men and women are affected by it. Rotundo et al. (2001) reported that women are more likely to perceive that harassment has taken place and, typically, rate the behaviour as more severe, inappropriate, and offensive than do men. However, Cogin's (2008) results suggest that even though the occurrence of SH towards men was lower, when men do experience a SH episode, the consequences

may be more severe. Barling et al. (1996) call for future research examining the SH experiences of men, as they note that gender may predicate differences in the consequences of SH because men and women interpret behaviours in the workplace differently. Willness et al.,(2007) point out that further research is needed to understand the negative outcomes of SH for men, and suggest important and unanswered questions exist as to whether the outcomes of SH differ for men and women, both in characteristics and in magnitude. With the numerous calls for further research on the SH experiences of men, and Cagin's (2008) data suggesting men who are harassed suffer more significant negative outcomes than women, it is contended that:

Hypothesis 2: Men who experience SH will have lower levels of work engagement than women who experience SH.

METHODS

The health-care setting was chosen as a context to study SH for several reasons. First, SH in the nursing profession presents many difficulties that alternative professions do not exhibit. Since nurses undertake a career of caring for patients, their duties have the potential to break many of the 'social rules' governing touch, bodily exposure and sexuality. Previous research has claimed that women in 'traditional female occupations' such as nursing and teaching experience reduced levels of SH (Gutek, 1985; Gutek & Moroasch, 1982). However, Greico (1987) and others have consistently established high levels of SH in nursing which are unexplained (Cox, 1987; Diaz & McMillin, 1991).

The population for this study is potentially all of the registered, enrolled or student nurses working in an Australian hospital. For the purpose of this research, and in order to ensure a manageable research cohort, the population has been restricted to Australian public hospitals in New South Wales and Victoria (city and rural areas). In addition, student nurses were restricted to those who have spent a minimum of six months training in a public hospital in Sydney, New South Wales. In the full course of a nursing degree, students spend no more than 12 months in a hospital. Data was collected via a questionnaire that was mailed to each nurses' home address by their employing hospital or university.

607 responses were obtained from the 2,489 questionnaires mailed, giving a response rate of 24.3%. 40 of the responses were returned from nursing clerks who could not be considered part of the targeted population, so were disregarded. The usable responses were then 538 (21.6%). Responses were obtained from nurses working in eight different hospitals in city and rural regions.

The data available from the Australian Institute of Health and Welfare (AIHW) and the Australian census (2005) clearly describes the total nursing population and allows for assessment of the representativeness of the sample. Despite a relatively low return rate for the questionnaire, confidence in the representativeness of the usable questionnaires was supported by demographic comparisons with

the targeted population. For example, the age groups and gender characteristics of the sample were an excellent match with the full population. Moreover, by sampling a geographic area containing a variety of specialty areas in both city and rural hospital settings, generalisation of the findings was improved. In light of the information available, the representativeness of the research sample was considered very good. Respondent characteristics are given in Table 1.

Insert table 1 here

MEASURES

Sexual Harassment

The most frequently used measure of SH is the Sexual Experiences Questionnaire (SEQ; Fitzgerald et al., 1988). The SEQ is generally considered the most psychometrically sound measure of SH (Willness et al., 2007; Arvey & Cavanaugh, 1995). The questionnaire measures the frequency of exposure to SH and is designed to address varying levels of severity, as well as both the legal and psychological conceptualisations of SH. One of its defining characteristics is that it does not use the term ‘sexual harassment’ in any of its items, with the exception of the last. The measure is composed of scales: (a) **gender harassment**¹, the most common form of which includes verbal, physical, or symbolic behaviours that convey hostile, offensive, or misogynist attitudes; (b) **unwanted sexual attention**², which includes both verbal and non-verbal incidents such as sexual imposition, touching, or repeated requests for dates; and (c) **sexual coercion**³, where the target's job or rewards are contingent on sexual co-operation. All SH behavioural items were listed against a five-item Likert type scale (never, rarely, sometimes, often, all the time). Gender harassment and unwanted sexual harassment are comprised of behaviours that legally constitute hostile environment harassment, whereas the third subscale, sexual coercion, includes those behaviours under the legal definition of *quid pro quo* harassment. Table 2 displays gender harassment, unwanted sexual attention and sexual coercion items. Respondents were asked whether they had experienced any of the behaviours listed that were *accompanied by feelings of humiliation, embarrassment or discomfort* in the previous 24 months.

Insert table 2 here

Work Engagement

¹ In this study, Cronbach Alpha coefficient = .81

² In this study Cronbach Alpha coefficient = .91

³ In this study Cronbach Alpha coefficient = .95

Two measures of work engagement are available in the academic literature. One was introduced by Maslach and Leiter (1997) who define engagement as the opposite of burn-out. Maslach and Leiter (1997) measure engagement by energy, involvement, and efficacy - the direct opposites of the three burn-out dimensions. More recently, the Utrecht Work Engagement Scale (UWES) was introduced by Schaufeli et al. (2002a) as an empirical gauge of the construct 'work engagement'. The UWES was used in this study because the cross-national validity, reliability, and stability have been well established (Schaufeli & Bakker, 2004; Schaufeli et al. 2002b). The instrument includes three subscales: vigor, dedication and absorption.

Vigor was assessed with six items, dedication was measured with five items and absorption was assessed with six items. Items were rated on a 7-point scale, ranging from 0=never to 7=always. In the current study, the internal reliability (as measured by Cronbach's alpha) was .90 for vigor, .83 for dedication, and .86 for absorption.

ANALYSIS AND RESULTS

The first stage of the analysis employed descriptive statistics to determine frequency of SH and the differences in the experience of SH between men and women. The second and third stages included factor analysis and the identification of any association between SH and work engagement. The following discussion provides an overview of the results.

Stage 1 - Descriptive Statistics

The data from the questionnaires were entered into an SPSS file and the descriptive statistics examined. The sample of 538 included 442 (82.2%) women and 96 (17.8%) men. The results suggest that prevalence of SH in nursing is high, with more than 60% of respondents experiencing an incident (in the two years prior to the study) that may be described as SH.

Prevalence of SH was higher for student nurses (77%) than for qualified nurses (45%), a significant finding as the student nurse respondent group reported in this research had only limited work experience in a hospital (in all cases less than 12 months). As the student nurses were working in a trainee and learning role, their duties are, theoretically, fully supervised. However, it should be pointed out that nursing students are younger and perhaps more likely to attract SH.

The questionnaire results highlight patients as being the main perpetrators, with 57% of the 305 respondents who experienced a SH incident naming a patient as the perpetrator. This was followed by physicians (23%), work colleagues (13%) and visitors to the hospital (3%). These results were not

altered in any significant way when the experiences of men and women were analysed separately. Table 3 details the prevalence rate of the different types of SH for men and women.

Insert table 3 here

A surprising result in these figures is the prevalence of the subscales gender harassment, unwanted sexual attention and sexual coercion. Of the 60.4% of women who were sexually harassed, the most common type was gender harassment. Of the 34.4% of men who were harassed, the most common type was unwanted sexual attention. See Figure 1 for these results.

Insert figure 1 here

The results indicate that women are more likely than men to be sexually harassed. However, the pattern for men differs in an important respect. The two most common forms of SH of men are unwanted sexual attention and sexual coercion (the most severe types) and, in this environment, men who were harassed had a greater likelihood than women of experiencing this type of incident. This can be seen by plotting the prevalence of each of the SH subscales for only respondents that experienced SH (see figure 2).

Insert figure 2 here

Stage 2 - Factor Analysis

The 13-item Likert scale measuring ‘*work engagement*’ was analysed using Principal Components Analysis and Maximum Likelihood and Varimax Rotation to reduce the large number of variables to a smaller set of factors. Factor loadings less than 0.50 and cross loadings were dropped from the list and only factors with Eigen values greater than 1 were selected. Factor reliability was determined to be acceptable when the Cronbach’s alpha value was 0.60 or greater (Haire et al., 1998).

Results of this study confirmed the original three-factor structure of the UWES (Schaufeli et al., 2002a) to explain the construct ‘*work engagement*’. We have retained the terms ‘*vigor*’, ‘*dedication*’ and ‘*absorption*’ for consistency. As can be seen from Table 4, results were found to be significant ($p < 0.5$). The Kaiser score, which tests for sample adequacy, was 0.92. The identified solution for ‘*vigor*’ explained a total variance of 53.379%, the solution for ‘*dedication*’ total variance was 65.824%, with a total variance of 75.604% for ‘*absorption*’. Factor constructs were extracted through Maximum Likelihood. The rotated factor loadings, together with means, standard deviations, Eigen values, variance percentages, and factor construct and Cronbach alphas, are presented in Table 4.

Insert table 4 here

Stage 3 –Multivariate analyses of variance

Multivariate analyses of variance (MANOVA) were carried out for the different types of SH (gender harassment, unwanted sexual attention and sexual coercion) to determine differences in work engagement between two groups, (1) Those that had been sexually harassed; and (2) Those that had not been sexually harassed.

There was a significant effect linked to the level of *gender harassment on work engagement*. The Wilkes' Lambda = .887; $F = 21.439$; $df = 3,506$; $p < .000$ and partial $\eta^2 = .113$. Analysis of each individual dependent variable, using Bonferroni adjusted alpha level, showed statistically significant results for **vigor** ($F = 167.252$; $df = 1,505$; $p < .000$ and partial $\eta^2 = .249$), for **dedication** ($F = 80.059$; $df = 1,505$; $p < .000$ and partial $\eta^2 = .137$) and for **absorption** ($F = 120.339$; $df = 1,505$; $p < .000$ and partial $\eta^2 = .192$).

There was also a significant effect linked to the level of *unwanted sexual attention on work engagement*. The Wilkes' Lambda = .864; $F = 12.779$; $df = 3,505$; $p < .000$; and partial $\eta^2 = .071$. Analysis of each individual dependent variable, using Bonferroni adjusted alpha level, showed statistically significant results for **vigor** ($F = 23.619$; $df = 2,507$; $p < .000$ and partial $\eta^2 = .085$), for **dedication** ($F = 24.124$; $df = 2,507$; $p < .000$ and partial $\eta^2 = .087$) and for **absorption** ($F = 31.666$; $df = 2,507$; $p < .000$ and $\eta^2 = .111$).

A further significant effect linked to the level of *sexual coercion on work engagement* was also found. The Wilkes' Lambda = .904; $F = 17.981$; $df = 3,506$; $p < .000$ and partial $\eta^2 = .096$. Analysis of each individual dependent variable, using Bonferroni adjusted alpha level, showed statistically significant results for **vigor** ($F = 49.325$; $df = 1,508$; $p < .000$ and partial $\eta^2 = .089$), for **dedication** ($F = 33.198$; $df = 1,508$; $p < .000$ and $\eta^2 = .061$) and for absorption ($F = 14.122$; $df = 1,508$; $p < .000$ and $\eta^2 = .027$).

In summary, these results indicate that nurses who experience *any* type of SH were statistically significantly less engaged than those that did not report a SH episode, thus confirming *hypothesis 1: Employees that experience SH will be less engaged than those that do not experience SH.*

Stage 4 –Independent *t* tests

Independent *t* tests were employed to determine whether there was a difference in engagement levels of

men who were sexually harassed and women who were sexually harassed. The results are given in Table 5 and demonstrate that men who experience SH have statistically significant *lower* levels of ‘dedication’ than women who are harassed. There appears to be no significant differences in ‘vigour’ and ‘absorption’ for men and women.

Insert table 5 here

To further test this hypothesis, an independent t test was employed to determine whether men who do not experience SH have lower levels of engagement than women who do not experience SH. The results are given below in Table 6.

Insert table 6 here

The results demonstrate no statistically significant differences in levels of engagement for men and women who do not experience SH.

This result partially confirms *Hypothesis 2: Men who experience SH will have lower levels of engagement than women who experience SH.*

DISCUSSION

This study confirms the findings of other research on the prevalence of SH (Willness et al., 2007). Women were found to be more likely targets of SH, with more than 60% of female nurses having been sexually harassed in the two-year period prior to this study. The SH of men was also of concern, with more than 34% of men experiencing SH in the same period.

The results revealed that the types of SH experienced by women and men differ. The most common type of SH experienced by women was gender harassment, whereas men reported increased incidence of the more severe, unwanted sexual attention. This result calls for the need to determine the origin of this difference. For instance, are these differences innate or a product of a person’s socialization and value system? Men and women may be socialised to perceive gender harassment as appropriate or inappropriate. Therefore, it is conceivable that a series of behaviours may be perceived as flattery by men and as harassment by women, solely on the basis of one’s value system, the way one is socialised or for other reasons. Further study is needed on this, and should be integrated into any SH awareness-training program in an organisation.

The results support Grieco’s (1987) study, which found patients to be the most likely perpetrators of SH

of nurses. In this study, 57% of SH episodes were initiated by patients followed by physicians (23%), work colleagues (13%) and visitors to the hospital (3%). These results did not change significantly when analysing men and women separately, or trained and student nurses, and highlight the importance of educating patients in acceptable behaviours. The well-documented coping strategies of SH targets, such as reduced communication with the harasser, increased anxiety and distraction or distancing from work commitments (Dan et al., 1995) present potentially disastrous outcomes considering the life-saving role played by nurses and the large number of patient perpetrators. The large number of student nurses who reported experiencing SH, raises important questions about supervision of trainees and suggests that health organisations may need to develop or review their supervisors' training on SH and develop policy on the supervisors' obligations regarding students' safety.

The results also highlight important data in terms of work engagement. Both men and women who are sexually harassed show statistically significant lower levels of engagement than those who are not harassed. With increasing numbers of organisations using engagement scores to measure the effectiveness of HRM (Houldsworth & Jirasinghe, 2007), this will provide direction for practitioners who seek to improve engagement scores and address the so-called 'engagement-gap'. It also provides the substantiation, which is often required in a business context, to invest resources into managing SH.

Finally, this study answered the numerous calls for further research in understanding the differences in consequences of SH for men and women (Willness et al., 2007; Barling et al., 1996). It was found that men who were sexually harassed had statistically significant lower levels of 'dedication' than women who were sexually harassed. This means that men found less purpose, enthusiasm and inspiration in their work following a SH episode than women. HRM strategies to assist those who have been harassed should account for the differing needs of men. Further, different initiatives should be directed to re-engage men following a SH incident. Significant results were not found for the two other factors of work engagement, 'vigor' and 'absorption'.

LIMITATIONS

A potential limitation inherent in this study is the use of self-report data. It must be considered whether the sole use of self-report data influences the findings in any way, and also whether common method variance influences the results obtained using self-report data.

A second potential limitation concerns the low response rate (21.6%) obtained from the questionnaire. However, since the questionnaire sample is representative of the full nursing population; and a large sample size was obtained, it is suggested that the findings are not a function of the response rate.

A third limitation is that nearly half of the sample (46.7%) comprised student nurses, who are arguably

the most vulnerable to harassment.

FURTHER RESEARCH

While empirical work on SH in nursing is sparse, it is reasonable to conclude that SH does exist. Some researchers may want to explore SH in health care compared to other fields. SH and work engagement could be empirically tested against data from other professions.

A causal model should be developed exploring the generalised path of SH, engagement to outcomes (e.g., turnover, productivity, etc.). In addition, there are a number of opportunities to study how men and women perceive different sexual behaviours as appropriate or inappropriate. Is this the result of socialisation or is it due to a person's value system?

The HRM and psychological literature outlines the effects of SH on work performance. Such studies need to be extended to the nursing profession. In light of the global nursing shortage (Daly, Speedy & Jackson, 2004) such research may pinpoint areas for future attention. Further, such investigation may reveal that SH affects a nurse's quality of patient care. Previous research has identified that a SH experience results in lowered self-esteem (Willness et al., 2007). This is a cause for concern as it is difficult to imagine a person with feelings of low self-esteem enthusiastically and competently providing adequate health care in a medical setting, let alone performing critical life-saving tasks.

Four areas for future investigation are the effect of SH on recruitment, communication, increased anxiety and distraction or distancing from work commitments. In addition, the high prevalence of SH of student nurses deserves further study on possible ways to protect this group.

There are many unexplored areas related to engagement as a result of limited attention in the academic literature. For example, how do human resource practices such as flexible work arrangements, training programs, and incentive programs build engagement, or whether factors other than SH impede engagement? Future research could include a broader range of predictors of engagement and disengagement.

CONCLUSION

Research confirms that work engagement ignites talent and skill, and disengagement shuts it down. According to International Survey Research (2003), the ratio of engaged to disengaged workers drives the financial outcomes of any organisation. Despite this, work engagement has rarely been studied in the academic literature and relatively little is known about its antecedents and consequences. This study

adopted the UWES (Schaufeli et al., 2002a), as an empirical gauge of the construct 'work engagement' and the Sexual Experiences Questionnaire (Fitzgerald et al., 1988) to measure SH. A strong negative relationship was established in addition to significant differences in SH of men and women and its effects in the workplace.

This study confirmed that, like other occupations the prevalence of SH in nursing is high, with 60.4% of female nurses and 34.4% of male nurses reporting a SH incident in the 2 year period prior to the study. The nature of SH was found to differ across men and women. Male nurses who had been sexually harassed reported lower levels of 'dedication' than female nurses who were sexually harassed. In addition, while more than 50% of female nurses reported an incidence of gender harassment, less than 20% of men experienced a gender harassment episode, reporting unwanted sexual attention as the most common type of SH.

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TABLES

Table 1 Full Sample Characteristics	
Gender	
Female	442 (82.2%)
Male	96 (17.8%)
	n = 538
Age	
18 – 21 years	154 (28.6%)
22 – 29 years	189 (35.1%)
30 – 39 years	67 (12.5%)
40 – 49 years	91 (16.9%)
50 + years	37 (6.9%)
Years experience as a nurse	
Student nurse at university with a minimum of 6 months and maximum 12 months hospital training experience	251 (46.7%)
Qualified less than 1 year	23 (4.3%)
Qualified between 1 and 3 years	29 (5.4%)
Qualified between 3 and 5 years	47 (8.7%)
Qualified between 5 and 10 years	62 (11.5%)
Qualified more than 10 years	126 (23.4%)
Note: Some percentage values do not add up to 100% due to rounding	

Table 2: Measures of SH	
Gender Harassment	<ul style="list-style-type: none"> • Suggestive stories or jokes (verbal, written or email) or sexual material in the workplace (e.g. cartoons, calendars etc.) • Suggestive remarks about appearance or sexual activity • Staring or leering • Being asked out on a date or “to get together for a drink”
Unwanted Sexual Attention	<ul style="list-style-type: none"> • Crude sexual remarks • Attempts to draw another into a discussion about personal or private sexual matters • Propositions for sexual activity • Being deliberately touched
Sexual Coercion	<ul style="list-style-type: none"> • A person deliberately exposing their genitals and / or breasts • A person making attempts to fondle, touch or grab • Forceful attempts to touch, fondle, kiss or grab • Poor treatment for not cooperating sexually • Implied career benefits for sexual cooperation • Attempts made to have sexual intercourse • Forceful attempts made to have sexual intercourse

Table 3: Descriptive Statistics of Prevalence of SH for Men and Women					
	N	Sexual Coercion	Unwanted Sexual Attention	Gender Harassment	At least one type of Sexual Harassment
Female	442	112 (25.3%)	185 (41.9)	225 (50.9)	267 (60.4%)
Male	96	13 (13.6%)	30 (31.25)	19 (19.8)	33 (34.4%)

Table 4 – Work Engagement Validation of the Constructs – Reliability and Multidimensionality					
<i>Construct</i>	<i>Item</i>	<i>Loading</i>	α	<i>Eigenvalue</i>	<i>Cumulative Variance %</i>
Vigor	• When I get up in the morning, I feel like going to work	.955	.90	5.872	53.379
	• At my work, I feel bursting with energy	.824			
	• In my work I always persevere, even when things are not going so well	.647			
	• I can continue working for very long periods at a time	.678			
	• At my job, I am very resilient, mentally	.654			
	• At my job I feel strong and vigorous	.646			
Dedication	• To me, my job is challenging	.858	.83	1.369	65.824
	• My job inspires me	.679			
	• I am enthusiastic about my job	.660			
	• I am proud of the work that I do	.637			
	• I find the work that I do full of meaning and purpose	.591			
Absorption	• When I am working, I forget everything else around me	.819	.86	1.076	75.604
	• Time flies when I am working	.699			
	• I get carried away when I am working	.652			
	• It is difficult to detach myself from my work	.676			
	• I am immersed in my work	.659			
	• I feel happy when I am working intensely	.712			
KMO = .848; Var = 75.604; α = .91			Goodness of Fit – Chi-square = 307.868; df = 25; p < .001		

Table 5 - Independent Samples Test for Equality of Mean – Gender and Work engagement for those who experience SH					
	T	df	p value (2-tailed)	Mean difference	Std error difference
Vigor	1.394	508	.164	.12940	.09284
Dedication	-4.781	508	.000***	-.27656	.05785
Absorption	.600	508	.549	.04329	.07218

*** p < .001, ** p < .01, * p < .05

Table 6 - Independent Samples Test for Equality of Mean – Gender and Work engagement for those who do not experience SH					
	T	df	p value (2-tailed)	Mean difference	Std error difference
Vigor	-2.410	229	.409	-.1569	.06508
Dedication	-2.781	229	.208	-.1672	.05661
Absorption	-2.227	229	.810	-.1573	.07061

*** p < .001, ** p < .01, * p < .05

FIGURES

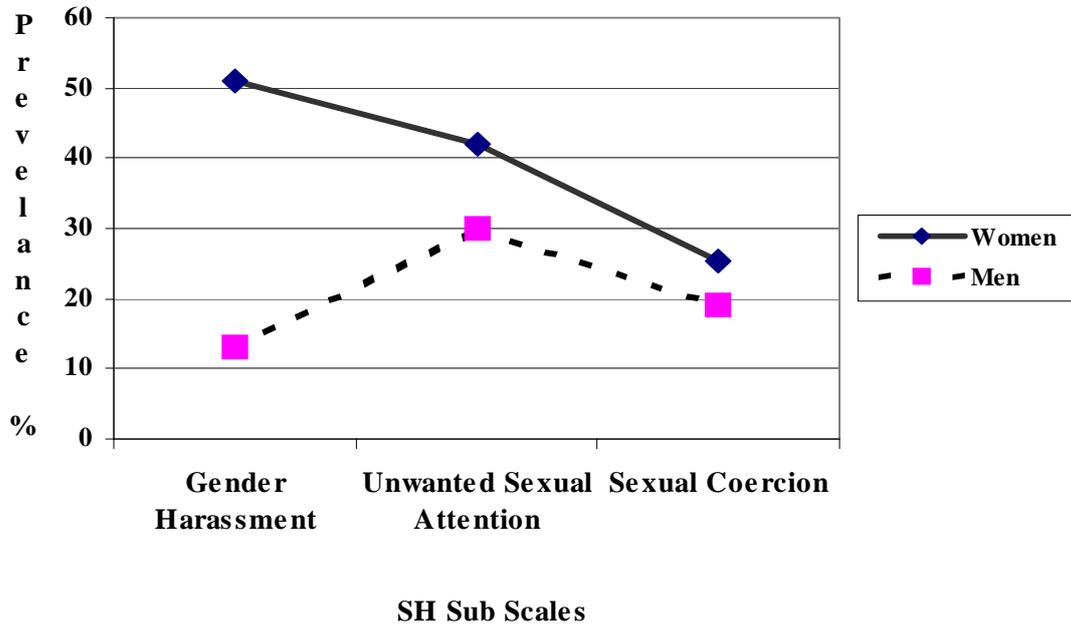


Figure 1: Prevalence of SH by Gender and Sub-Scales (full sample)

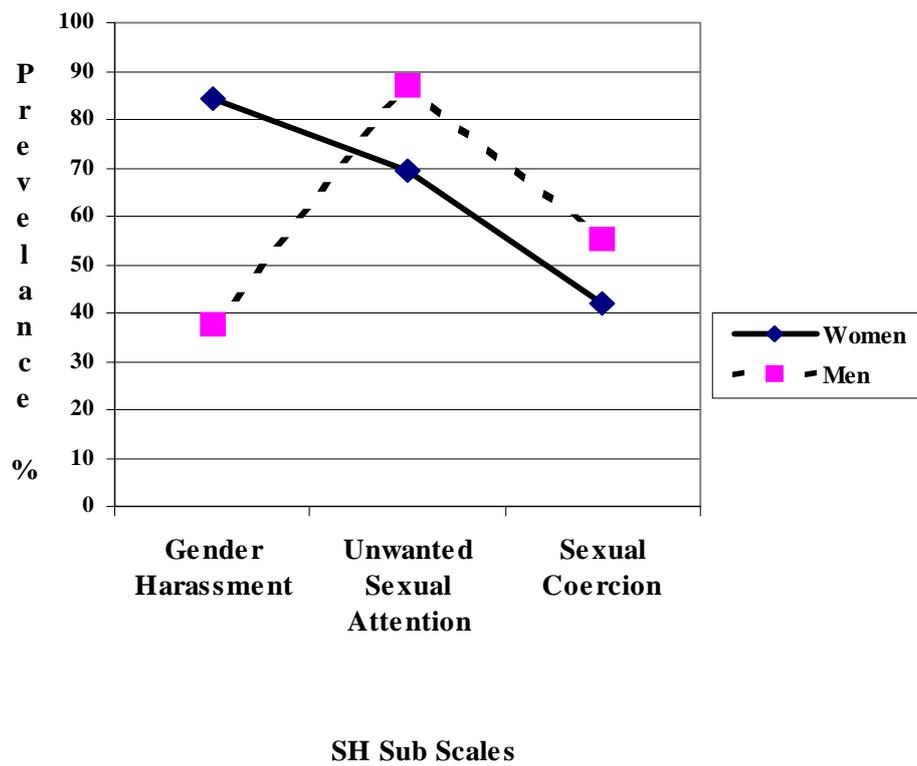


Figure 2: Proportion of SH by Gender and Sub-Scales (sample that experienced SH)