Scholarly Article

Reactions to Sexual Harassment of the Physiotherapist

ABSTRACT: This paper follows on a previous paper describing a study conducted on sexual harassment in the physiotherapy work environment in South Africa. A survey questionnaire was used to determine the reactions of physiotherapists after they experienced their worst incidents of sexual harassment. The most common method of handling the sexual harassment was to avoid the perpetrator or situation. The most common effects related to work performance after the sexual harassment had occurred, were a decrease in concentration, job pleasure and confidence in job performance and the most common emotional effect experienced was anger.

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INTRODUCTION

A previous report detailing the prevalence and circumstances of sexual harassment of physiotherapists in South Africa, revealed that 61.35% (n = 295) of the respondents to a survey questionnaire, were willing to describe their 'worst incident' of sexual harassment (Bütow-Dûtoit et al 2006). This paper is a continuation of the study reported by Bütow-Dûtoit et al (2006) and it describes the ways in which the 181 affected respondents handled their worst incident of sexual harassment.

RESEARCH METHODOLOGY

The research methodology has already been described in a previous publication (Bütow-Dûtoit et al 2006). Respondents to a survey questionnaire sent to a random selection of physiotherapists, suppled information on sexual harassment in their work environment. The questionnaire included both closed and open-coded questions. Due to the sensitive nature of the topic, respondents were not obliged to answer every question, and the frequency of responses were therefore determined according to the individual questions.

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RESULTS

Strategies that respondents used to handle sexual harassment

The most common method that the respondents deployed for handling the sexual harassment was to avoid the person or situation **(Table 1)**. The most common reason for not reporting the incident to their superior / employer, was that they felt they had to handle it themselves, and to a lesser degree, that they were self-employed, and therefore there was no-one to whom to report the harassment **(Table 2)**. When the sexual harassment was reported to a superior or employer, they were supportive, but very few of them took appropriate action **(Table 3)**.

The effects and their severity, that sexual harassment had on the respondents

The effects and their severity that the sexual harassment had on the respondents' work performance, were mostly related to a decrease in concentration, closely followed by a decrease in job pleasure and in confidence in work performance. The frequencies of the effects experienced cannot directly be compared to one another, as not all the respondents indicated whether they experienced, or did not experience, a specific effect on their work performance **(Table 4)**. The most common emotional or physical effect experienced after the sexual harassment, was anger **(Table 5)**. Once again the various emotional and physical effects cannot be directly compared to one another, as not all respondents answered the questions pertaining to these possible effects.

DISCUSSION

Since the respondents to the survey questionnaire were not required to answer every question, and the overall response rate to the questionnaire was 32% (Bütow-Dûtoit et al 2006), the analysis of the data may not be considered conclusive, but may be considered as an indication of a trend only.

This study indicates that, in general, only 11.14% (n = 458) of the worst incidents of sexual harassment were reported to superiors or employers. Where reasons were sought for not reporting an incident to a superior or employer, only 27.21% (n = 147) of the responses indicated that it was because the relevant persons were self-employed at the time.

This may mean that even though most of the respondents were employed by others at the time of their worst incidents of sexual harassment, very few of them consulted the superior or employer.

McComas et al (1993) state that too few physiotherapists report incidents of sexual harassment. The authors do not supply frequencies of these reports.

Although the reactions of the superiors / employers, when they were informed of the sexual harassment, appear to be mostly supportive, it seems as though only a few took appropriate action. The Labour Relations Act specifically encourages the reporting of harassment in the workplace to a designated person and has specific guidelines on its management (Guidelines and Codes of Practice 1998). Reporting sexual harassment to the superior / employer, may be facilitated if all employers of physiotherapists, including the owner of a private practice, have explicitly formulated guidelines on how to manage sexual harassment in the workplace. If incidents are not officially reported, the effects of sexual harassment on physiotherapists cannot be managed appropriately.

Table 1: Strategies that the respondents used to handle worst incidents of sexual harassment

Strategies used for handling sexual harassment	Frequency	Percent
Physical ways of avoiding person / situation	114	24.90 %
Talking informally to colleagues	89	19.43 %
Dealing with it through humour	83	18.12 %
Confronting the perpetrator	54	11.79 %
Reporting the incident to superiors /employers	51	11.14 %
Keeping silent	30	6.55 %
Reporting the incident to the police	3	0.66 %
Giving up employment	3	0.66 %
Accepting other employment with less pay	3	0.66 %
Seeking legal advice	3	0.66 %
Complaint to relevant professional board (if relevant)	3	0.66 %
Seeking counselling therapy	3	0.66 %
Requests for transfer	2	0.44 %
Accepting other employment with less chance of career advancement	1	0.22 %
Other / Specify (open-coded):		
Remained silent		
- Kept silent for 20 years until heard of colleague's similar experience	1	
- Kept silent for many years and went public for the first time many years later	1	
Advice/counselling sought		
- Received professional counselling	1	
- Consulted husband, partner, friends	3	
Immediate management		
- Left room and patient apologized, continued treatment course	1	
- Handed offender a towel to cover himself	1	
- Blew whistle into obscene phone caller's ear	1	
- Prayed	1	
- Pretended not to hear the sexual remarks or observe the inappropriate behaviour	2	
- Said 'no', then pretended that it was a slip-up on the patient's part	1	
Intermediate management		
- Kept contact with relevant patient very professional	2	
Long-term management		
- Dealt with it by using humour (but much later)	1	
(NUMBER OF CATEGORIES IN OPEN SECTION)	**(5)**	
TOTAL NUMBER OF RESPONSES TO OPEN SECTION	**16**	3,49%
	Total number of responses	**= 458**

Table 2: Reasons why respondents did not inform superior/employer of sexual harassment

Reasons for not informing superior/ employer of sexual harassment	Frequency	Percent
Felt he / she had to handle it himself / herself	77	52.38 %
Self-employed, therefore no superiors / employers	40	27.21 %
Fear of stigmatism	7	4.76 %
No-body would believe it	5	3.40 %
Fear of losing job or promotion	1	0.68 %
Other / specify (open-coded):		
Received / sought help elsewhere		
-Received informal counselling by a psychologist	1	
Incident insignificant		
-As an adult it was simple enough to handle oneself	3	
-Thought that the incident was ridiculous	1	
-Did not consider it so important as no attack took place	4	
Victim too vulnerable		
-The harasser was the superior / boss	1	
-The victim was still a student	2	
-The victim was confused and embarrassed and thought that she was to blame	2	
Incident handled / resolved in another way		
- Patient apologised afterwards and the situation was resolved	1	
- Superior noticed it first and informed her or discussed it with junior staff	2	
(NUMBER OF CATEGORIES IN OPEN SECTION)	**(9)**	
TOTAL NUMBER OF RESPONSES TO OPEN SECTION	**17**	11.56 %
	Total number of responses	**= 147**

Table 3: Reactions from superiors / employers when informed of the sexual harassment

Reactions of superiors/employers when informed of sexual harassment	Frequency	Percent
Received support (not further specified)	59	60.20 %
Took appropriate action	28	28.57 %
Stated that the incident was unintentional	3	3.06 %
Stated that the incident was misinterpreted	3	3.06 %
Stated that the incident was unimportant	2	2.04 %
Alleged that the experience was invited	1	1.02 %
Denied that it ever happened	0	0
Other / Specify (open-coded):		
Gave support		
- Told her to stand her ground and to slap the offender's hand if he should ever touch her inappropriately again	1	
Gave no support		
- Female superior in charge ridiculed the complainant and refused to act, as she feared reaction from the Human Rights Movement	1	
(NUMBER OF CATEGORIES IN OPEN SECTION)	**(2)**	
TOTAL NUMBER OF RESPONSES TO OPEN SECTION	**2**	2.04 %
	Total number of responses	**= 147**

Table 4: Effects that sexual harassment had on work performance of respondents

Effects of harassment on work performance	No effect	Minimal effect	Moderate effect	Severe effect	Respondents affected per question answered
Decrease in concentration	79 (53.02 %)	35 (23.49%)	22 (14.77 %)	13 (8.72%)	70 (46.98 %)
Decrease in job pleasure	92 (61.33 %)	30 (20.00%)	17 (11.33 %)	11 (7.33%)	58 (38.66 %)
Decrease in confidence of performance	95 (64.19 %)	31 (20.95%)	18 (12.16 %)	4 (2.70%)	53 (35.81 %)
Decrease in job satisfaction	96 (64.43 %)	26 (17.45%)	19 (12.75 %)	8 (5.37%)	53 (35.57 %)
Decrease in job motivation	96 (65.31 %)	34 (23.13%)	13 (8.84 %)	4 (2.72%)	51 (34.69 %)
Decrease in job performance	105 (69.54%)	34 (22.52%)	7 (4.64 %)	5 (3.31%)	46 (30.47 %)
Decrease in loyalty to employer	112 (82.35 %)	18 (13.24%)	3 (2.21 %)	3 (2.21%)	24 (17.66 %)
Changes in work practice / Specify (open-coded section)*	71 (66.36 %)	17 (15.89%)	10 (9.35 %)	9 (8.41%)	36 (33.65 %)
Other / Specify (open-coded)**	7 (43.75 %)	2 (12.5 %)	4 (25 %)	3 (18.75%)	9 (56.25 %)

* Other changes in work practice included changes related to becoming generally more professional and impersonal, avoiding contact with the perpetrator, changing the work environment (place of work), changing behaviour towards specific patient and changing the circumstances of work (such as not closing treatment door when treating a male patient).

** Other additional effects included descriptions pertaining to emotions experienced / not experienced and other changes to outlook on life (such as becoming aware of dangers in physiotherapist-patient relationship).

The majority of the respondents in this study who had been harassed felt that they had to handle it themselves. The very nature of the physiotherapy profession is that of independent thought, work and decision making, which could account for the relevant respondents feeling that they had to handle the situation themselves. Another reason for not reporting incidents of sexual harassment were that respondents were self-employed at the time, and there was no one to whom they could report the incident. Other reasons for not reporting harassment include fear of retaliation, the belief that it will not help anyhow (Vetten nd) and the negative effect it might have on career advancement (Grogan 2001).

The most common manner in which the respondents handled the situation themselves, was by avoiding the situation or person. This correlates with the opinion expressed by the respondents in McComas, Kaplan and Giacomin's (1995) study, who suggested that in the case of the patient-perpetrator, the treatment should be terminated and he / she should be referred elsewhere. However, these responses do not take into consideration that the perpetrator's behaviour has not been addressed and that he or she may simply continue behaving this way elsewhere.

The respondents in this study who revealed that they had been sexually harassed, indicated that when their work performance was effected, it was most commonly due to decreased concentration, which corresponds with the finding of Robbins, Bender and Finnis (1997). Kumalo (1998) states that occupational work accidents happen when the relevant person is not concentrating fully on the job at hand. When a healthcare professional, such as a physiotherapist, does not concentrate on the treatment being given to a patient, it not only impinges on the quality of care, as suggested by Robbins, Bender and Finnis (1997), but may even have dangerous consequences.

The emotional effects experienced by the relevant respondents after the 'worst' incident of sexual harassment, were mostly anger, followed by humiliation, irritation and nervousness. The victims in the studies conducted by Assey and Herbert (1983), Gutek and Koss (1993), Robbins, Bender and Finnis (1997), Weerakoon and O'Sullivan (1998) also reported experiencing these emotions.

Although 90% (n = 290) of the respondents considered education on sexual harassment of physiotherapists to be necessary, only 5.82% (n = 292) had received some sort of information on the subject (Bütow-Dûtoit et al 2006).

The responses to this survey indicate that physiotherapists, as well as employers of physiotherapists in South Africa, should be more aware of the effects that sexual harassment have on physiotherapists, and also of what is required of them once they have become aware of this offensive behaviour.

CONCLUSION

Although not statistically conclusive, the responses in this survey questionnaire

Table 5: Emotional and physical effects experienced by respondents after sexual harassment

Effects experienced after sexual harassment	Not any	Minimal effects	Moderate effects	Severe effects	Respondents affected per question answered
Anger	48 (30.38 %)	32 (20.25 %)	55 (34.81 %)	23 (14.56 %)	110 (69.62 %)
Humiliation	66 (42.58 %)	31 (20.00 %)	42 (27.10 %)	16 (10.32 %)	89 (57.42 %)
Irritability	80 (53.69 %)	37 (24.83 %)	23 (15.44 %)	9 (6.04 %)	69 (46.31 %)
Nervousness	86 (55.48 %)	40 (25.81 %)	22 (14.19 %)	7 (4.52 %)	69 (44.52 %)
Fear	94 (63.95 %)	31 (21.09 %)	13 (8.84 %)	9 (6.12 %)	53 (36.05 %)
Anxiety	101 (66.01 %)	32 (20.92 %)	16 (10.46 %)	4 (2.61 %)	52 (33.99 %)
Confusion	102 (67.55 %)	28 (18.54 %)	16 (10.60 %)	5 (3.31 %)	49 (32.45 %)
Felt disillusioned	111 (74.50 %)	15 (10.07 %)	13 (8.72 %)	10 (6.71 %)	38 (25.50 %)
Self-blame	116 (76.82 %)	21 (13.91 %)	6 (3.97 %)	8 (5.30 %)	35 (23.18 %)
Guilt	115 (77.18 %)	17 (11.41 %)	12 (8.05 %)	5 (3.36 %)	34 (22.82 %)
Self-doubt	117 (78.52 %)	17 (11.41 %)	13 (8.72 %)	2 (1.34 %)	32 (21.47 %)
Felt flattered	116 (78.91 %)	25 (17.01 %)	4 (2.72 %)	2 (1.36 %)	31 (21.09 %)
Low self-esteem	118 (79.73 %)	18 (12.16 %)	9 (6.08 %)	3 (2.03 %)	30 (20.27 %)
Sleep disturbances	125 (83.33 %)	12 (8.00 %)	9 (6.00 %)	4 (2.67 %)	25 (16.67 %)
Self-disgust	124 (84.35 %)	8 (5.44 %)	10 (6.80 %)	5 (3.40 %)	23 (15.64 %)
Sense of alienation	122 (84.72 %)	13 (9.03 %)	7 (4.86 %)	2 (1.39 %)	22 (15.28 %)
Depression	129 (87.76 %)	12 (8.16 %)	5 (3.40 %)	1 (0.68 %)	18 (12.24 %)
Tiredness	134 (91.16 %)	5 (3.40 %)	7 (4.76 %)	1 (0.68 %)	13 (8.84 %)
Nausea	138 (95.17 %)	3 (2.07 %)	4 (2.76 %)	0 (0 %)	7 (4.83 %)
Headache	138 (95.17 %)	3 (2.07 %)	3 (2.07 %)	1 (0.69 %)	7 (4.83 %)
Other / Specify (open-coded)*	7 (77.78 %)	2 (22.22 %)	0 (0 %)	0 (0 %)	2 (22.22 %)

* Additional effects not all suppled with range of severity: commencement of panic attacks, feelings of shock, insecurity, self-anger, disgust, empowerment, sense of violation, sense of degradation, increased guardedness, no feelings of self-blame.

have revealed that not only is education in sexual harassment of the physiotherapist required, but that management of such an incident by the individual persons, as well as by the employer and the profession, is also an urgent need.

Knowledge gained from this survey questionnaire, as well as other relevant information gained by other means, may be used to compile a recommendation on how sexual harassment of physiotherapists, particularly within the South African context, may be managed.

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