

Original Article

Can Nurses Approach Inappropriate Sexual Patient Behaviors Therapeutically? A Cross-Sectional Survey

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Abstract

Background: Nurses are faced with the sexual behavior of the patients. These behaviors do not mean that the patient cannot meet their sexual needs. It is not known how often nurses encounter such behaviors, how nurses' approach sexual patient behaviors, and whether nurses have a therapeutic approach.

Purpose: This study was carried out in order to reveal how often nurses encounter sexual behaviors of patients and to determine whether nurses show a therapeutic approach to sexual patient behaviors.

Methods: The cross-sectional study was conducted with 276 nurses. The data were collected by using a Questionnaire Form. Data were analyzed using descriptive and chi-square test.

Results: The mean age of the nurses participating in the study was 31.12 ± 7.26 . 93.8% of them were women, 61.6% were married, 57.2% were undergraduate graduates and the average duration of working life was 9.24 ± 7.11 . Compared with the nurses in the other groups, the older nurses, the married ones, those with distant education undergraduate degree, those with 13 years or more working experience and those working in intensive care units were more likely to expose to inappropriate sexual behaviors of the patients ($p \leq .05$). Nurses stated that 42.4% of them were exposed to the patients with inappropriate sexual behaviors. The types of inappropriate sexual behaviors that the nurses were exposed to were as follows; "verbal or written" (51.1%), "nonverbal" (37.6%), "physical" (11.3%). The approaches of the nurses towards these patients were "non-therapeutic" (68.1%).

Conclusion: It was determined that almost half of the nurses encountered sexual patient behaviors and had difficulty in approaching patients who behaved sexually, and most of the nurses had non-therapeutic approaches to patients who behaved sexually.

Keywords: nurses, Inappropriate sexual behavior, patients, patient communication, therapeutic approach

Introduction

As a profession including an individual and holistic care philosophy, nursing is in communication and interaction with patients. Therefore, nurses are exposed to sexually explicit behaviors and sexual harassment of patients at a higher rate than other health care staff (Spector et al., 2014; Bronner et al., 2003). However, when the literature is

reviewed, it is seen that sexually explicit behavior and sexual harassment concepts are used interchangeably. No matter how interrelated they are, these concepts have different effects on individuals. Sexual harassment is defined as verbal or physical behavior that is threatening, humiliating, embarrassing, unwelcome, unrequited, and unpleasant (Lockwood, 2017; Erdemir et al.,

2011). There are five types of sexual harassment; *verbal or written* (sexually explicit jokes, obscene words or sounds, whistling, threats, inappropriate e-mails, letters, notes, phone calls etc.), *nonverbal* (licking, making hand signs, provocative eating, winking, looking at a person's body or parts of his/her body, following or intercepting a person, giving special gifts etc.), *visual* (showing a sexual organ, pornographic pictures and posters or sending e-mails, etc.), *physical* (touching, raping, caressing, hugging, kissing, making love, massaging the neck or shoulders etc.) and *psychological* (repeated unwanted social invitations, proposals, etc.) (Lockwood, 2017; Robbins et al., 1997).

Inappropriate sexual behaviors are included in behavioral disorders such as aggression. They can be described as sexual behaviors that are destructive, distressing and disturbing the care of the patient and they are divided into three groups. Sexual talks; It is the most common form of inappropriate sexual behaviors. The patient speaks using a language including sexual content unsuitable for his/her premorbid. For example; sexual jokes, obscene words or voices and whistling. Sexual acts; the patient tries to touch or catch the nurse or masturbate explicitly. Implying sexual acts; The patient shows pornographic pictures or posters, sends sexual mails or asking for unnecessary genital care (Black et al., 2005). Two important criteria to determine whether a sexual behavior is sexual harassment are its frequency and severity. For example, if a patient asks a nurse to make an appointment once and receives a "no" reply and does not repeat it, this is a sexually explicit behavior. (Lockwood, 2017).

Literature review on the related field demonstrates that sexual behavior and sexual harassment are not discriminated and evaluated in the same scope. This might be the reason why sexual harassment rates are high in the literature. However, sexual behaviors of the patients should not always be called as sexual harassment because they may arise as a result of trying to cope with the illness and regression due to being dependent (Ozcan, 2006; Terakya, 1998).

The studies conducted in different parts of the world suggested that one of the four nurses were exposed to sexual harassment. This rate was 38.7% in Anglo-Saxons, 22.4% in the Middle East, 21.6% in Asia and 16.2% in Europe (Spector et al., 2014). In Turkey, the related studies showed that the ratio of nurses' exposure to sexual harassment was between 37.1% and 75% (Celik and Celik, 2007; Celik and Bayraktar, 2004; Kisa et al., 2002). In the literature, it is seen that sexual behaviors are mainly directed from male patients towards female nurses. That is because male patients cannot stand to see themselves in a passive and dependent role. The male patient denies his illness to get rid of his fears that overwhelm him. He may exhibit sexual behavior to show that the disease has not deprived him of his masculinity, personality, and strength. Sexual behavior also refers to a denial of "the severity of the disease" (James et al., 2015; Yagil, 2008; Ozcan, 2006; Alagiakrishnan et al., 2005). Besides, when patients cannot cope with painful truths, they defend themselves by getting into regression. In other words, no matter how old they are, they try to move away from painful truths by getting into childish and immature behaviors (Ozcan, 2006). Inappropriate sexual behaviors are more frequent in the patients hospitalized in neurology (dementia, acute brain trauma etc.), orthopedics, cardiology, psychiatry, elderly care and long-term care clinics due to the reasons mentioned above (Nielsen et al., 2017; Joller et al., 2013; Higgins et al., 2004; Barling et al., 2001).

Inappropriate sexual behaviors may also cause a conflict between ethical and legal responsibilities since hindering sexual expression can be seen to violate the patient's autonomy, whereas failure to prevent inappropriate behaviors can place the patient, nurses and other health care staff at risk for mental and physical trauma (Black et al., 2005; Levitsky, 1999). Exposed to the sexual behavior of the patient, nurses generally scold, condemn, embarrass him with an inappropriate approach, neglect his care, report the situation to the doctors and the administrators, threaten them with discharge or make him discharged (Ozcan, 2006). In the face of patient inappropriate sexually explicit behaviors, therapeutic approaches that nurses

may have are as follows; they should focus on the patient's fear of death, inability to continue his work and his feelings causing anxiety, the concerns of the patient should be discussed by using the third party expressions regardless of the inappropriate sexual behavior of him, the external supervision required by the patient should be provided by the nurse due to the lack of patient's impulsive supervision (the nurse should express her discomfort using 'I' language without judging the patient) and the patient's power on himself should be increased to improve his self-esteem (for example, involving him/her day-care-related decisions and his / her illness) (Celik and Celik, 2007; Ozcan, 2006; Black et al., 2005; Levitsky, 1999).

The purpose of this article was to determine; whether the nurses were exposed to any inappropriate sexual behaviors of patients or not, the types of these inappropriate sexual behaviors, how they approached such behaviors and whether their approaches were therapeutic approaches or not. The fact that there is a limited number of studies focusing on patient inappropriate sexual behaviors exposed by the nurses and the proper management of these behaviors in the literature increases the original value of this study.

Methods

Design: This cross-sectional study was conducted with nurses working at a university hospital in a province in northern Turkey.

The universe and sample of the study: The sample size was calculated as 221 using the sampling method whose population is known (number of nurses in the hospital is 516).

$$n = \frac{N \cdot t^2 \cdot p \cdot q}{(d^2 (N-1) + t^2 \cdot p \cdot q)}$$

N = Number of individuals in the universe (516)

n=Number of individuals to be sampled (?)

p=Frequency of the event to be examined (0.5)

q=Frequency of the event to be examined (0.5)

t=Theoretical value (1.96) found in the t table at a certain degree of freedom and detected error level

d=Desired \pm deviation (0.05) according to the incidence of the event

$$n = \frac{516 \cdot 1.96^2 \cdot 0.5 \cdot 0.5}{(0.05^2 (516-1) + 1.96^2 \cdot 0.5 \cdot 0.5)} \cong 221$$

All participants were required to meet the following inclusion criteria: have worked as a nurse for at least 1 year, willing and able to give informed consent. Convenience sampling was used, in case of sample loss and 276 nurses were included in the study.

Data collection tool: A questionnaire form was developed by the researchers based on the literature (Nielsen et al., 2017; Joller et al., 2013; Ozcan, 2006; Black et al., 2005; Levitsky, 1999; Terakye, 1998;). The questionnaire consists of two parts. The questionnaire consisted of two parts. The first part comprised 10 questions on the sociodemographic of the nurses (e.g., age, gender, civil status, education, total years in the profession, clinic where employed). In the second part, there are six questions examining whether the nurses are exposed to inappropriate sexual behaviors, the types of inappropriate sexual behaviors they are exposed to, and the nurse's approach to such behaviors. The scope validity of the questions in the second part of the Questionnaire Form were obtained by taking expert opinion ($W = 0.367$, $p = 0.022$).

Data collection: Data were collected between June 2020 and July 2020. Data were collected from nurses working in the clinics of the hospital where the study was conducted. Before data collection, nurses were informed about the purpose of the study and their written consent was obtained. It took about 25-30 minutes to fill the form by interviewing the nurses face-to-face in the nurse's room in the clinics. After the questionnaires were collected, the authors gave their answers to the question of sexually explicit patient behaviors faced by nurses; were grouped under the headings of *verbal or written, nonverbal and physical* sexual behavior. Similarly, the answers given by the nurses to the question of their approach to the patient behaving sexually were grouped under four headings; *therapeutic nursing approaches, partly therapeutic nursing approaches, partly non-therapeutic nursing approach and non-therapeutic nursing approach*. (Nielsen et al., 2017; Joller et al., 2013; Ozcan, 2006; Black et al., 2005; Levitsky, 1999; Terakye, 1998). In the last stage, the opinions of 3 experts

were enlisted regarding the grouping of the responses and revisions were made according to their suggestions.

Statistical analysis: The data were analyzed using the Statistical Package for Social Sciences (SPSS) 24.0 package program. Descriptive statistics (for example, nurses' sociodemographic characteristics) were expressed as frequency (n), percentage (%) values. The Chi-square test was used to compare categorical data. The results were evaluated at a confidence interval of 95% and at a significance level of $p < 0.05$.

Ethical considerations: To carry out the study, institutional permission was obtained from university hospital, and ethics committee permission was received from Medicine Scientific Research Ethics Committee. Before collecting the data, the nurses were informed about the purpose of the study, and their verbal and written informed consent was obtained.

Results

The mean age of the nurses participating in the study was 31.12 ± 7.26 . 93.8% of them were women, 61.6% were married, 57.2% were undergraduate graduates and the average duration of working life was 9.24 ± 7.11 . Only 17.8% of them reported to have received training on how to approach a patient with inappropriate sexual behavior in in-service training (Table 1). Compared with the nurses in the other groups, the older nurses, the married ones, those with distant education undergraduate degree, those with 13 years or more working experience and those working in intensive care units were more likely to expose to inappropriate sexual behaviors of the patients ($p \leq .05$) (Table 1).

The nurses stated that 42.4% of them were exposed to inappropriate sexual behaviors. All of the nurses do not know the difference in patients who have sexually abused and inappropriate sexual behaviors. The types of inappropriate sexual behaviors that the nurses were exposed to were as follows; "verbal or written" (51.1%), "nonverbal" (37.6%), "physical" (11.3%) (Table 2). 26,4% and 26,1% of the nurses who were exposed to *inappropriate verbal or written sexual behaviors* stated that "the patients were asking questions about their private lives" and "they

were swearing with sexual content" respectively. 17.4% of the nurses who were exposed to *inappropriate physical sexual behaviors* stated that "the patients touched them" and 2.9% said that "the patients embraced them" (Table 2).

The replies given by the nurses to the questions "What is your reaction to the inappropriate sexual behaviors of your patients? How did you behave?" were collected under four main groups. These are "inappropriate approach", "partially inappropriate approach", "partially appropriate approach" and "appropriate approach". Exposed to inappropriate sexual behaviors, 68.1%, 9.4%, 17%, and % 5.4 of the nurses were found to have "inappropriate", "partially inappropriate", "partially appropriate", and "appropriate" approaches respectively (Figure 1).

23.5%, 21.8 % and 20.3 % of the nurses who had a "therapeutic nursing approach" expressed that; "I verbally and clearly express the patient that I am disturbed by using the 'I' language", "I refuse the behavior of the patient but the patient using an appropriate language" and "I continue the treatment and care of the patient" respectively. 27.2 %, 23.7 % and 23.1% those who had an "partially therapeutic nursing approaches " indicated that; "I ask for help from my colleagues and managers", "I ensure that the patient receives psychiatric consultation" and "I ensure that other caregivers take care of the patient" respectively (Table 3).

Among the non-therapeutic nursing approach of the nurses were "I physically imply that I reject the patient" (25.6%), "I clearly and physically reject the patient" 18.3%, "I condemn the patient" (12.3%), "I cut off my communication with the patient" (10.3%) and "I scorn the patient" (9.5%). Finally, the top four percentages of those who had partially non-therapeutic nursing approach towards these patients were as follows; "I stand aloof from the patient" (%10.8)", "I verbally imply that I reject the patient", (10.4%), "I shift the topic" (%10.4), "I fill an official complaint report "(10.4%) and "I ensure that my makeup and clothes are not attractive (%9.6) (Table 3).

Table 1. Nurse' exposure to the inappropriate sexual behaviors with patient based on their socio-demographic characteristics (n=276)

Characteristics			Inappropriate sexual behaviors with patient				χ^2/ P
	n	%	Yes n	%	No n	%	
Age							
25 years old and under	67	24.3	20	29.9	47	70.1	5.91/0.05
26-35 years old	137	49.6	62	45.3	75	54.7	
36 years old above	72	26.1	35	48.6	37	51.4	
Gender							
Women	259	93.8	118	43.6	146	56.4	2.63/0.01
Men	17	6.2	4	23.5	13	76.5	
Marital Status							
Married	170	61.6	83	48.8	87	51.2	7.49/0.00
Single	106	38.4	34	32.1	72	67.9	
Education status							
4-year faculty undergraduate degree	158	57.2	69	43.7	89	56.3	8.876/0.03
Distant education undergraduate degree	32	11.6	20	62.5	12	37.5	
Distant education associate degree	29	10.5	10	34.5	19	65.5	
Health vocational high school	57	20.7	18	31.6	39	68.4	
Duration of working life							
2 years and less	59	21.4	16	27.1	43	72.9	10.20/0.00
3-12 years	146	52.9	62	42.5	84	57.5	
13 years and more	71	25.7	39	54.9	32	45.1	
The clinic you work							
Internal Medicine Clinic	80	29.0	31	38.8	49	61.2	11.48/0.00
Surgical Clinic	101	36.6	41	40.6	60	59.4	
Emergency clinic	39	14.1	11	28.2	28	71.8	

Intensive care unit	56	20.3	34	60.7	22	39.3	
Receiving training on the approaches to the patients with inappropriate sexual behaviors during nursing education							
Yes	49	7.8	21	42,9	28	57.1	0.00/0.94
No	227	82.2	96	42,3	131	57.7	
Receiving in-service training regarding the approaches to the patients with inappropriate sexual behaviors							
Yes	12	4.3	5	41.7	7	58.3	0.00/0.95
No	264	95.7	117	42.4	159	57.6	

Table 2. Distribution of inappropriate sexual behaviors encountered by nurses (n=276)

Inappropriate sexually behaviors	Nurse	
	n	%
Distinguishing inappropriate sexual behavior from sexual abuse		
No*	276	100.0
Being exposed to inappropriate sexually behaviors		
Yes	117	42.4
No	159	57.6
Verbal or written inappropriate sexually behaviors		
Asking questions about private life	73	26.4
Swearing with sexual content	72	26.1
Making obscene jokes	57	20.7
Asking for phone number/ address	53	19.2
Asking for an appointment	38	13.8
Disturbing on the phone	10	3.6
Disturbing on the Internet	9	3.3
Total	312**	51.1
Nonverbal inappropriate sexually behaviors		
Staring at in a disturbing manner	118	42.8
Lying in bed in underwear	56	20.3
Taking off top clothes	48	17.4
Following outside the workplace	8	2.9
Total	230**	37.6

Physical inappropriate sexually behaviors		
Trying to touch	48	17.4
Embracing	8	2.9
Caressing	6	2.2
Trying to kiss	5	1.8
Pinching	2	0.7
Total	69	11.3
General Total	611**	100

*The nurses don't know **More than one answer

Table 3. The approaches that the nurses had when they were exposed to inappropriate sexually behaviors (n=276)

Nurse's Approach	n	%
Therapeutic nursing approaches	15	5.4
I clearly and verbally express the patient that I am disturbed by using the 'I' language	15	23.5
I refuse the behavior of the patient not the patient using an appropriate language	14	21.8
I continue the treatment and care of the patient	13	20.3
I talk to the patient about the underlying causes of the behavior and his fears	12	18.8
I try to understand the patient	10	15.6
Total	64*	100.0
Partially therapeutic nursing approaches	47	17.0
I ask for help from my colleagues and managers.	47	27.2
I ensure that the patient receives psychiatric consultation.	41	23.7
I ensure that other caregivers take care of the patient.	40	23.1
I ensure that the patient is provided psychological support.	35	20.2
I ensure that other healthcare professionals are involved in this situation.	10	5.8
Total	173*	100.0
Non-therapeutic nursing approach	188	68.1
I physically imply that I reject the patient.	188	25.6
I clearly refuse the patient.	135	18.3
I condemn the patient.	91	12.3
I cut off my communication with the patient.	76	10.3
I scorn the patient.	70	9.5
I embarrass the patient.	55	7.5

I respond by acting aggressively (pushing, hitting ... etc.).	47	6.4
I make the patient discharged.	43	5.8
I threaten the patient to be discharged.	32	4.3
Total	737*	100.0
Partially non-therapeutic nursing approach	26	9.4
I stand aloof from the patient.	26	10.8
I verbally imply that I refuse the patient.	25	10.4
I shift the topic.	25	10.4
I fill an official complaint report.	25	10.4
I ensure that my makeup and clothes are not attractive.	23	9.6
I ignore.	23	9.6
I do not undertake the care and treatment of the patient.	23	9.6
I try to endure this situation.	20	8.3
I do not do anything and let it go.	20	8.3
I ensure that the patient takes medication to reduce his sexual desire.	10	4.2
I pass over it with a joke, laugh it off and take it easy.	10	4.2
I feel guilty.	10	4.2
Total	240*	100.0

* More than one answer

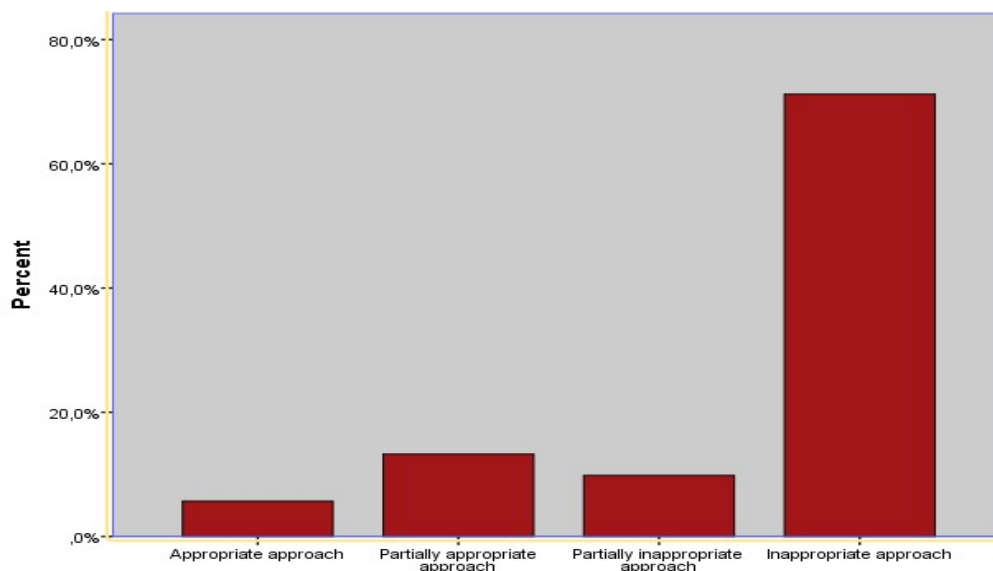


Figure 1. Nurses' approach inappropriate sexual behaviors of patients (N= 276)

Discussion

Despite the limitations, the results of this study have drawn attention to the approaches of the nurses who work at hospitals and are likely exposed to the patients with inappropriate sexual behaviors. The study emphasizes the need for a clearer recognition of the specific dilemmas of health staff roles in the management of inappropriate sexual behaviors of patients and sexual harassment.

Both in Turkey (37.1% and 75%) (Erdemir et al., 2011; Celik and Celik, 2007; Celik and Bayraktar, 2004; Kisa et al., 2002) and in the world (% 57% 91) (Magnavita and Heponiemi, 2011; Hibino et al., 2009; Kane-Urrabazo, 2007; Hibino et al., 2006; Bronner et al., 2003; McKenna et al., 2003) the research in this field shows that the rate of sexual harassment that nurses are exposed to is high. This study demonstrated that nearly half of the nurses and their colleagues were exposed to such behaviors.

The related studies suggested that the inappropriate sexual behaviors of the patient are seen as sexual harassment, and sexual harassment and inappropriate sexual behavior are not distinguished. In this study nurses are not distinguished sexual harassment and inappropriate sexual behavior. The rate of sexual harassment is therefore considered to be high in Turkey and in the world. In a study in which inappropriate sexual behaviors and sexual harassment were well-distinguished, it was reported that only 7.6% of the nurses were actually sexually harassed (Hesketh et al., 2003) and in another systematic review 27.9% of the nurses were found to be sexually harassed (Spector et al., 2014). Both studies reported that sexual harassment was not only performed by patients, but it included nurses' colleagues, doctors, and patients' relatives. In other words, it can be said that sexual harassment rates for nurses from patients are much lower. Hansen et al. reported that sexual harassment rates were found low in their study conducted in 2012 (Hansen et al., 2012). The fact that the rates are low in these studies is important in terms of confirming our study results.

In this study, the inappropriate sexual behaviors of patients were not treated as

sexual harassment because their inappropriate sexual behaviors are not the expression of adult sexuality. As the illnesses they are experiencing seriously affect them, such behaviors may arise as a consequence of a depression due to being dependent, an uncontrolled impulsive reaction to the severity of the disease and denying the anxiety of being defeated by the disease by drawing attention to the power of their masculinity. In the literature, in a small number of studies on care, the need to use the term "inappropriate sexual behavior" rather than "sexual harassment" is emphasized (Nielsen et al., 2017).

In this study, most of the nurses and their colleagues were determined to be exposed to patients' *inappropriate verbal or written sexual behaviors* and the frequently exposed ones included "asking questions about private life", "making obscene jokes", "asking for a phone number and address" and "swearing with sexual content". Among the second frequent *inappropriate non-verbal sexual behaviors* that the nurses and their colleagues were exposed to were "staring at in a disturbing manner" and "lying in bed in their underwear". Finally, the least frequently exposed inappropriate sexual behaviors were *inappropriate physical sexual behaviors* which included "trying to touch" and "caressing" respectively. Erdemir and his colleagues identified the type of harassment that the nurses were exposed to as "staring at in a disturbing manner", "asking questions about private life", "sexual threats and swearing", "asking for an appointment" and "trying to touch" respectively (Erdemir et al., 2011). In the study of Hibino and colleagues, the most common types of harassment exposed by nurses were found as obscene jokes, asking questions about private life, asking for an appointment, and trying to touch the nurse (Hibino et al., 2009). The findings of this study are similar to those of the studies above.

In this study, very few of the nurses were found to have therapeutic approaches towards the patients with sexually explicit behaviors. When their therapeutic approaches were investigated, the ones on the first rank were "I verbally and clearly express the patient that I

am disturbed by using the 'I' language", "I refuse the behavior of the patient but the patient using an appropriate language and "I continue the treatment and care of the patient". The top replies in the non-therapeutic approach of the nurses towards such behaviors were found to be as "I physically imply that I reject the patient", "I clearly refuse the patient physically" and "I condemn the patient". It was observed that nurses had very little training regarding the approaches to the patients who behaved sexually during their education. As a result, it can be thought that nurses have inappropriate approaches to deal with the sexually explicit behaviors of the patients. Erdemir and his colleagues examined the nurses' approach and found that they behaved as if nothing had happened, they shifted the subject, and they verbally and physically implied that they rejected the patient (Erdemir et al., 2011). In Celik and Celik's research, the nurses' approaches included doing nothing, setting limits, trying to avoid meeting with the patient and giving medication to help the patient sleep (Celik and Celik, 2007). Hibino et al. investigated the nurses' approaches and found that they behaved as if nothing had happened; they verbally and physically implied that they rejected the patient, and they rejected the patient either verbally or physically (Hibino et al., 2009). Considering the approaches of the nurses in these studies, the nurses are seen to have inappropriate approaches which support the results of our study.

Nevertheless, there has been no study in the literature examining whether the attitudes of the nurses towards the patients with inappropriate sexual behavior are appropriate. Since inappropriate sexual behaviors of the patients were handled as sexual harassment, the previous studies examined the approach of nurses towards sexual harassment. Therefore, the fact that this study is the first study that investigated the nurses' approaches towards the patients with inappropriate sexual behaviors for the first time improves the original value of the study.

Limitations: The nurses in this study were selected from a university hospital. Therefore, our results cannot represent the entire population of the nurses working in hospitals.

Among the major limitations of this study are that the results can be generalized only to the study population, that the study was conducted in the field, and that the majority of the nurses were women because mostly there were women nurses at hospital.

Conclusion: In this study, almost half of the participants were exposed to inappropriate sexual behavior. The nurses who were exposed to inappropriate sexual behaviors of the patients did not take the right approach, their approach did not address the problem, they reacted aggressively or passively, and they showed unprofessional behavior by terminating their communication with the patient. This study should be carried out with wider nurses and other health professionals in our country and other countries. If the results are similar, education should be provided to other health professionals, especially nurses, including differences between sexual harassment and inappropriate sexual behaviors. In particular, it should be included in the undergraduate education about how the nurses should approach the patient with inappropriate sexual behaviors. At the same time, why in patients with inappropriate sexual behaviors should be researched and necessary interventions planned.

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References

- Alagiakrishnan K, Lim D., Brahim A, Wong A, Wood A, Senthilselvan A, Chimich WT, Kagan.(2005). Sexually inappropriate behaviour in demented elderly people. *Postgraduate Medical Journal*, 81(957):463-466.
- Barling J, Rogers GA, Kelloway EK. (2001). Behind closed doors: In homeworkers' experience of sexual harassment and work place violence. *Journal of Occupational Health Psychology*, 6: 255-269.
- Black B, Muralee S, Tampi RR. (2005). Inappropriate sexual behaviors in dementia. *J Geriatr Psychiatry Neurol*,18:155-162.

- Bronner G, Peretz C, Ehrenfeld M. (2003). Sexual harassment of nurses and nursing students. *Journal of Advanced Nursing*, 42(6): 637–644.
- Celik SS, Bayraktar N. (2004). A study of nursing student abuse in Turkey. *Journal of Nursing Education*, 43(7): 330-336.
- Celik Y, Celik SS. (2007). Sexual harassment against nurses in Turkey. *Journal of Nursing Scholarship*, 39(2):200-206.
- Erdemir F, Citak YD, Ulusoy YD, Geçkil YD. (2011). Determination of sexual harassment of nurses by patients. *Hacettepe University Journal of Nursing Faculty*, 18(2):27-35.
- Hanson GC, Perrin NA, Moss H, Laharnar N, Glass N.(2015). Work place violence against home care workers and its relationship with workers health outcomes: a cross-sectional study. *BMC Public Health*, 15(11):1-13.
- Hesketh KL, Duncan SM, Estabrooks CA, Reimer MA, Giovannetti P, Hyndman K, Acorn S. (2003). Workplace violence in Alberta and British Columbia hospitals. *Health Policy*, 63(3):311-321.
- Hibino Y, Hitomi Y, Kambayashi Y, Nakamura H.(2009). Exploring factors associated with the incidence of sexual harassment of hospital nurses by patients. *Journal of Nursing Scholarship*, 41(2):124-131.
- Hibino Y, Ogino K, Inagaki M. (2006). Sexual harassment of female nurses by patients in Japan. *Journal of Nursing Scholarship*, 38(4):400-405.
- Higgins A, Barker P, Begley CM. (2004). Hypersexuality and dementia: dealing with inappropriate sexual expression. *British Journal of Nursing*, 13(22):1330-1334.
- James AI, Bohnke JR, Young AW, Lewis GJ. (2015). Modelling verbal aggression, physical aggression and inappropriate sexual behaviour after acquired brain injury. *Proceedings of the Physical Society*, 282(1811): 1-8.
- Joller P, Gupta N, Seitz DP, Frank C, Gibson M, Gill SS. (2013). Approach to inappropriate sexual behaviour in people with dementia. *Canadian Family Physician*, 59(3):255-260.
- Kane-Urrabazo C.(2007). Sexual harassment in the workplace: it is your problem. *Journal of Nursing Management*, 15(6):608-613.
- Kisa A, Dziegielewska SF, Ates M.(2002). Sexual harassment and its consequences: a study with in Turkish hospitals. *Journal of Health and Social Policy*, 15(1):77–94.
- Levitsky AM, Owens NJ. (1999). Pharmacological treatment of hyper sexuality and paraphilias in nursing home residents. *Journal of the American Geriatrics*, 47(2):231-234.
- Lockwood W.(2017). Sexual harassment in health care. [https:// www.rn.org/courses/course material-236](https://www.rn.org/courses/course-material-236), (accessed 19 April 2020).
- Magnavita N, Heponiemi T. (2011). Workplace violence against nursing students and nurses: an Italian experience. *Journal of Nursing Scholarship*, 43(2):203-210.
- Nielsen MB, Kjær S, Aldrich PT, Madsen IE, Friborg MK, Rugulies R, Folker AP. (2017). Sexual harassment in care work–dilemmas and consequences: a qualitative investigation. *International Journal of Nursing Studies*, 70:122-130.
- Ozcan A. (2006). Nurse-patient relationship and communication. *Sistem Ofset*, Ankara, Turkiye.
- Robbins I, Bender MP, Finnis SJ (1997). Sexual harassment in nursing. *Journal of Advanced Nursing*, 25(1):163-169.
- Spector PE, Zhou ZE, Che X.(2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. *International Journal of Nursing Studies*, 51(1):72-84.
- Terakye G. (1998). Nurse–patient relationships. *Zirve Ofset*, Ankara, Turkiye.
- Yagil D.(2008). When the customer is wrong: a review of research on aggression and sexual harassment in service encounters. *Aggression and Violent Behavior*, 13(2):141-152.