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Healthcare Students' Exposure to Sexual Violence During Clinical Placements in Spain: A Cross-Sectional Study

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ABSTRACT

Data from international investigations indicate that gender-based violence is a phenomenon that also occurs in the university environment. Despite the fact that clinical learning environments have been widely studied, little attention has been paid to sexual violence in the clinical placement setting of Health Sciences students. Consequently, the aim of this study was to describe situations and/or behaviours of harassment, such as assault and/or sexual abuse experienced by the students of one university in Barcelona, Spain, during their clinical placements. A cross-sectional study was conducted using an ad-hoc online questionnaire. A convenience sample was used including bachelor's degree students as subjects during their clinical placements in the second half of 2022. A total of 156 responses were collected from the students of four degrees (Nursing, Physiotherapy, Nutrition and Dietetics and Pharmacy). Of the total results collected, 74.5% (117) corresponded to women and the remaining 25.5% (40) to men. 71.3% of students reported that they had experienced one (or more) of the 25 types of conduct described in the questionnaire at some time. The behaviours of social interaction with sexual content and sexual harassment in the placement setting showed that such behaviours were mostly experienced by women on the Nursing degree. In relation to the perpetrators of such behaviours, the respondents manifested that the greatest aggressor was a patient and that most of the aggression took place in hospitalisation units, rehabilitation centres and nursing homes. It is essential that academic institutions, in collaboration with health institutions, carry out joint actions, awareness-raising, identification and interventions, with students, professionals and teams from a culture of non-violence and the eradication of sexual harassment in academic placements.

1 | Introduction

Sexual violence is one of the most frequent forms of violence exercised by humans throughout history. It is a serious crime that attacks the physical and mental integrity of the human being, their freedom and their dignity. In the 21st century, this type of violence continues to be a social scourge around the world (Toledo Vasquez and Pineda Lorenzo 2016).

Sexual violence, as an actual or attempted coercive sexual act, can occur in any field, including the workplace (World Health Organization 2014). UN Women also stresses the key point of the lack of consent and highlights different types of sexual violence such as sexual harassment, rape and rape culture. In addition, in Law 5/2008 of 24 April 2008, of the Catalan Parliament on the right of women to eradicate gender-based violence, exhibitionism, observation and imposition, intimidation, and emotional

manipulation are all listed as forms of gender-based violence (DOGC núm. 5123 2008).

On the other hand, sexual harassment occurs when one person subjects another to sexual acts/relations via coercion or under threat and makes the victim feel intimidated or fearful given that the situation may be hostile or humiliating, thus causing harm or damage (Gencat. "Abuse, harassment and sexual assault" n.d.).

Furthermore, in a report by the International Labour Organisation, Chappell et al. (Mayhew and Chappell 2007) found that women were more likely to be exposed to a greater incidence of verbal- and sexual-related acts of workplace violence compared to men. In addition, according to the Violence against Women Macrosurvey carried out by the Spanish Government's delegation against Gender Violence, in the framework of the National Statistical Plan during 2019, of the total number of women residents in Spain aged 16 or over, 13.4% had suffered physical violence at some point in their life caused by someone with whom they do not maintain a relationship, 2.6% had suffered it during the last 4 years, and 9% in the last 12 months. Additionally, 8.7% of all women aged 16 or over living in Spain had suffered physical violence by a non-intimate partner before turning 15 years of age (Subdirección General de Sensibilización 2019).

Given the above, the latest available institutional reports recognise an overall prevalence of physical violence by a non-intimate partner among women with a university education of 16%. In addition, 23.2% of the women who have suffered sexual violence state that they have been assaulted by both men and women. In addition, girls and women bear the most overwhelming burden of trauma and disease resulting from sexual violence and coercion, not only because they constitute the vast majority of victims, but also because they are vulnerable to sexual health and reproductive health consequences, such as unwanted pregnancies, unsafe terminations, and an increased risk of contracting sexually-transmitted infections (Bondestam and Lundqvist 2020).

2 | Literature Review

Data from international investigations indicate that gender-based violence is a phenomenon that also occurs in the university environment, and there are already numerous initiatives around the world that implement measures to prevent and avoid situations of gender-based violence in this setting (Bondestam and Lundqvist 2020). European data reveal a large number of students who have suffered some form of violence and sexual harassment related to their periods spent in higher education institutions. Sometimes, this is so frequent and so widespread that the students themselves may not recognise it, and it is by participating in research studies that they become aware of the reality of their experiences (McCarthy Flynn 2017). In terms of the field of Health Sciences, previous studies found that at a younger age and with lower positive attitudes towards feminism, there was less awareness of the implications of gender-based violence (Berbegal-Bolsas et al. 2022).

As a part of the health sciences degrees, students take part in clinical placements throughout the course of their studies, often accounting for a large portion of their overall degree. For example, Nursing students undertake up to 2300 h of clinical placement throughout the bachelor's degree while students of Physiotherapy or Pharmacy do up to 1000 h. Despite the fact that clinical learning environments have been widely studied, especially in the Nursing field, little attention has been paid to sexual violence in the clinical placement setting of Health Sciences students (Rodríguez-Monforte et al. 2023; Smith et al. 2023). The characteristics of the environment where the clinical placements are carried out, the type of tasks they perform and the relationship that can be developed with colleagues, clinical mentors and/or users can leave students vulnerable to experiencing sexual violence in environments that should be considered safe spaces (Geldolf et al. 2021).

In addition, sexual harassment has a substantial negative impact on professional practice and work performance (Tollstern Landin et al. 2020). Significant long-term impacts have been reported in the care setting where students complete their clinical placements, with possible detriment to student learning and experience. These include high rates of burnout and nursing staff turnover, increased job strain and decreased quality of care (Zeighami et al. 2021). For students who are sexually harassed, substantial impacts include increasing difficulty to concentrate on practice or studies, absenteeism, diminished confidence, a loss of motivation, and low self-esteem, and increased difficulty to socialise and integrate into the nursing profession (Tollstern Landin et al. 2020). Furthermore, such interactions lead to higher drop-out rates for Nursing and other Health Sciences programmes and higher levels of burnout (Amanulla et al. 2021; Waryam Singh Malhi et al. 2021). Also, the fear of negative clinical practice evaluations or the loss of potential job opportunities in a highly competitive environment may discourage reporting the events (Tang and Seiden 2018). Therefore, it must be construed that the students themselves may be normalising these situations and not objectively assessing their impact. Research conducted in this field found a high prevalence of traditional gender role self-identification among female university students, which was also found to be associated with intimate partner violence, specifically a submissive attitude that, aligned to male dominance was associated with fear, entrapment and abuse (Llano-Suárez et al. 2021).

Consequently, given the high risk involved with students due to the existence of sexual violence in clinical settings and the lack of data for Nursing, Physiotherapy, Human Nutrition and Dietetics, and Pharmacy degrees, the aim of this study was to describe situations and/or behaviours of harassment, such as assault and/or sexual abuse experienced by the students of one university in Barcelona, Spain, during their clinical placements.

3 | Materials and Methods

3.1 | Design

We conducted a cross-sectional study to describe situations and/or behaviours of harassment, such as assault and/or sexual abuse

experienced by the students during their clinical placements, using the Google Forms survey tool. The STROBE Checklist (Cuschieri 2019) was followed for the development and reporting of our study.

3.2 | Instrument

The three-part ad hoc questionnaire *Conductas de acoso sexual en el ámbito de prácticas (CASAP) – Sexual harassment behaviours in the placement – setting* was used.

The first part gathered information about the demographic characteristics of the participants (5 items), including personal information such as age (numerical variable in years), sex (man/woman/other), bachelor's degree (Nursing, Physiotherapy, Human Nutrition and Dietetics, Pharmacy), degree year (first, second, third, fourth, fifth).

The second part included an adaptation to the placement environment of the original Spanish questionnaire *Escala de Acoso Sexual e Interacción Social de contenido sexual en el ámbito universitario (EASIS-U) scale of sexual harassment and social interaction with sexual content in the university setting*, whose Cronbach's alpha coefficient obtained for the whole scale was 0.952 (Navarro-Guzmán, Ferrer-Pérez, and Bosch-Fiol 2016). The reliability of the instrument was estimated using Cronbach's alpha coefficients that examine the internal consistency of our adaptation of the EASIS-U. The adaptation contains 25 items (of the 38 in the original scale) that describe different behaviours of social interaction with sexual content and sexual harassment in the field of placements. For each item, respondents were required to report whether they had been the subject of any of the behaviours described on a four-point scale (*1. This has happened to me in the placement setting; 2. This has happened to me at some time in the placement setting; 3. This has happened to me quite a few times in the placement setting*; and *4. This has happened to me many times in the placement setting*).

To conceptualise the description of the results, we have followed the four dimensions that arise from the factorisation of the original questionnaire based, in turn, on the typology of sexual harassment behaviours obtained empirically in the extensive study carried out by the Women's Institute (INMARK 2006). We have assigned the same items of our adapted scale (based on the items of the original scale) to each dimension. According to this criterion, the dimension *Sexual coercion* includes 13 items (1, 3, 4, 8–15, 20 and 21), the dimension *Sexual harassment with a physical component* includes 5 items (5–7, 17 and 18), the dimension *Sexual harassment with a verbal component* includes 3 items (2, 16 and 19), and the dimension *Social interaction behaviour with sexual content* includes 4 items (22–25).

The third part also allowed identifying the perpetrator (another professional, a patient, a colleague, a superior, a stranger, a family member of a patient, and others), whether the perpetrator was of the same sex or another, and in what placement setting the behaviours of social interaction with sexual content and sexual harassment had been perpetrated (free text).

In order to validate the content of the questionnaire, a review was carried out by a panel of five experts on gender from the academic and clinical field of the nursing profession. The comprehensibility and time burden of the questionnaire were also assessed through a pilot test conducted on students from different years and studies.

3.3 | Sample and Data Collection Procedure

A convenience sample was used including bachelor's degree students as subjects (Nursing, Physiotherapy, Human Nutrition and Dietetics, and Pharmacy) taught at the XXXX Faculty of Health Sciences during their clinical placements carried out in all hospitals, nursing homes and primary care centres of Barcelona and its metropolitan area.

The survey was sent to all the population including all the students developing their placements ($N = 1200$); 13% of the students (156) answered the survey which was estimated enough to achieve an accuracy of +/− 5 percentage points with 95% confidence.

The study was conducted in the second half of 2022. Potential participants were invited to take an online questionnaire on the Google Docs platform. At the beginning of the questionnaire, it was made clear that participation was voluntary and confidential and that the legal legislation in terms of confidentiality and anonymity was being adhered to (Spanish Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights) The students had to answer an initial question to confirm their willingness to participate. The email address of the principal investigator was included at the end of the initial explanation of the questionnaire, should the participants have any queries or questions. It took approximately 15 to 20 min to complete the questionnaire.

3.4 | Ethical Considerations

The Ethics Committee of XXXX granted its approval for the study prior to data collection (CER XXX_2021_2022_004). All participants' identities were kept anonymous. Participants received information about the study with the invitation to participate and their voluntary participation was interpreted as their informed consent to participate.

3.5 | Data Analysis

Version 28.0 of the IBM-SPSS Statistics package was used for data entry, storage, and retrieval. The student participant responses to the questionnaire were tabulated, and descriptive statistics such as measures of central tendency and measures of variance were calculated.

Regarding the study variables, the frequencies and percentages of the responses to each of the types of harassment behaviours were calculated, who the perpetrator was, the coincidence or not of sex, and the placement setting. These percentages were analysed globally (the entire sample), factoring for sociodemographic,

sex and degree variables to detect and verify their significance using the chi-square test and with a level of significance of $p \leq 0.05$.

4 | Results

The questionnaire *(CASAP)* was sent to the students who were doing a placement in the second semester of the 2021–2022 academic year, and it was active during the months of February to July 2022. A total of 156 responses were collected from the students of the four. The sociodemographic characteristics of study participants can be found in Table 1: Sociodemographic characteristics of study participants.

Description of the most experienced sexual harassment behaviours.

The results related to *scale of sexual harassment and social interaction with sexual content in the university* that include the 25 types of behaviour considered sexual harassment are described below (Table 2: Descriptive statistics of harassment behaviours). The overall results of all the degrees (mean, standard deviation and percentages of each item on a Likert scale) are described for each type of conduct, highlighting the significant differences by sex and degree (in Table 3: Sex differences and Table 4: Bachelor's degree differences, respectively). In this study, Cronbach's α was 0.891 for the data reported concerning our adapted version of the EASIS-U scale.

71.3% (111) of students reported that they had experienced one (or more) of the 25 types of conduct described in the questionnaire at some time.

TABLE 1 | Sociodemographic characteristics of study participants.

	n **= 156**	**%**
General characteristics		
Age	23.63 ± 6.044	
Gender		
Female	117	74.5
Male	40	25.5
Degree		
Nursing	79	50.3
Physiotherapy	71	45.2
Pharmacy	4	2.5
Human nutrition and dietetics	3	1.9
Current year of study		
First-year	55	35.5
Second-year	24	15.3
Third-year	48	30.6
Fourth-year	29	18.5
Fifth-year	1	0.6

The 10 types of conduct the largest number of students reported as having experienced during their placement were: comments on their physical appearance (55.4%); the use of sexist humour (52.2%); obscene jokes told in their presence (43.9%); staring, both in public and in private, making them feel intimidated (35.7%); receiving messages with insinuations of sexual content (29.3%); obscene comments in their presence (28.6%); having condescending or paternalistic attitudes on gender grounds (26.7%); comments about their supposed sex and private life (22.9%); excessive physical proximity invading their private space (18.5%); and touching in non-genital areas (17.2%; Table 2 and identified as MF).

If we take into account the four dimensions described, it can be seen that all of them are present in these 10 most experienced behaviours, highlighting *Sexual harassment with a physical component* and *Sexual harassment with a verbal component* with three of the 10 main behaviours, respectively, compared to *Sexual coercion* and *Social interaction with sexual content* with two of the 10 main behaviours.

At the other extreme, the behaviours suffered less frequently by the students, who reported that they had suffered them at some time in the placement setting were: provoking repeated and insistent encounters and comments or insults on grounds of sexual orientation (5.1%, respectively); threats in the placement setting (9.6%); showing signs of having a lot of information about them as tool for intimidation, and discriminatory behaviours because of their sexual orientation (4.5%, respectively); displaying provocative exhibitionistic behaviours in front of them (3.8%); taking advantage of supposedly academic situations (office visits, seminars, tutorials, etc.) to force greater intimacy (3.2%); explicit and repeated requests for sexual relations, explicit requests to show certain parts of the body (also in photographs) and receiving insistent calls on the mobile phone (2.6%, respectively); touching in genital areas (1.9%) and encouraging feelings of guilt by alluding to possible sexual problems (sexual repression, lack of attractiveness) and trying to kiss them without their consent (1.3%, respectively; Table 2 and identified as LF).

If again we take into account the four dimensions described, it can be seen that only three were present in these 13 behaviours, clearly highlighting *Sexual coercion* (with nine of the 13 behaviours described), compared to *Sexual harassment with a physical component* and *Social interaction with sexual content* (with two of the 13 behaviours described, respectively).

4.1 | Harassment victims' Profiles

For the analysis of the significant differences between behaviours, we focused on the specific analysis of the sexual harassment behaviours perceived only by students on the bachelor's degrees in Nursing and Physiotherapy, dismissing those doing the degrees in Human Nutrition and Dietetics and Pharmacy as the response number was considered insufficiently representative.[1]

Thus, behaviours of social interaction with sexual content and sexual harassment in the placement setting that showed significant differences according to sex and degree are included

TABLE 2 | Descriptive statistics of harassment behaviours.

Sexual harassment behaviour	Mean (SD)	Never	Sometimes	Few times	Many times	Total % (sometimes, few times and many times)
1. Threats in the placement setting	1.11 (0.35)	142 (90.4%)	13 (8.3%)	2 (1.3%)	0.0%	9.6% (LF)
2. Comments on your physical appearance	1.78 (0.83)	70 (44.6%)	46 (35.7%)	26 (16.6%)	5 (3.2%)	55.5% (MF)
3. Receiving messages containing insinuations with sexual content	1.34 (0.57)	111 (70.7%)	40 (25.5%)	5 (3.2%)	1 (0.6%)	29.3% (MF)
4. Receiving messages requesting sexual encounters	1.34 (0.57)	149 (94.9%)	7 (4.5%)	1 (0.6%)	0.0%	
5. Staring. both in public and in private, making you feel intimidated	1.45 (0.67)	101 (64.3%)	42 (26.8%)	13 (8.3%)	1 (0.6%)	35.7 (MF)
6. Explicit and repeated requests for sexual relations	1.05 (0.35)	153 (97.4%)	2 (1.3%)	0.0%	2 (1.3%)	2.6% (LF)
7. Touching in non-genital areas	1.18 (0.42)	130 (82.8%)	25 (15.9%)	2 (1.3%)	0.0%	17.2%(MF)
8. Taking advantage of supposedly academic situations (office visits, seminars, tutorials, etc.) to force greater intimacy with you	1.06 (0.39)	152 (96.8%)	2 (1.3%)	1 (0.6%)	2 (1.3%)	3.2% (LF)
9. Receiving insistent calls on your mobile phone	1.05 (0.35)	153 (97.5%)	2 (1.3%)	0.0%	2 (1.3%)	
10. Explicit requests to show certain parts of the body (also in photographs)	1.05 (0.35)	153 (97.4%)	2 (1.3%)	0.0%	2 (1.3%)	2.6% (LF)
11. Encouraging feelings of guilt by alluding to possible sexual problems (sexual repression, lack of attractiveness)	1.01 (0.11)	155 (98.7%)	2 (1.3%)	0.0%	0.0%	1.3%(LF)
12. Citing your behaviour as the cause of their sexual desire (e.g., showing cleavage...)	1.11 (0.31)	140 (89.2%)	17 (10.8%)	0.0%	0.0%	
13. Comments on your supposed sex and private life	1.25 (0.48)	121 (77.1%)	33 (21%)	3 (1.9%)	0.0%	22.9% (MF)
14. Provoking repeated and insistent encounters with you	1.06 (0.26)	149 (94.9%)	7 (4.5%)	1 (0.6%)	0.0%	5.1% (LF)
15. Displaying provocative exhibitionistic behaviours in front of you	1.04 (0.24)	151 (96.2%)	5 (3.2%)	1 (0.6%)	0.0%	3.8% (LF)
16. Frequent obscene jokes told in your presence	1.59 (0.78)	88 (56.1%)	52 (33.1%)	11 (7%)	6 (3.8%)	43.9% (MF)
17. Excessive physical proximity invading your private space	1.22 (0.54)	128 (81.5%)	26 (16.6%)	0.0%	3 (1.9%)	18.5% (MF)
18. Touching in genital areas	1.02 (0.14)	154 (98.1%)	3 (1.9%)	0.0%	0.0%	1.9% (LF)
19. Obscene comments in your presence	1.34 (0.62)	112 (71.3%)	39 (24.8%)	3 (1.9%)	3 (1.9%)	28.6% (MF)
20. Showing signs of having a lot of information about you as a tool for intimidation	1.04 (0.21)	150 (95.5%)	7 (4.5%)	0.0%	0.0%	4.5% (LF)
21. Trying to kiss you without your consent	1.01 (0.11)	155 (98.7%)	2 (1.3%)	0.0%	0.0%	1.3% (LF)
22. Comments or insults on grounds of your sexual orientation	1.06 (0.26)	149 (94.9%)	7 (4.5%)	1 (0.6%)	0.0%	5.1% (LF)

(Continues)

TABLE 2 | (Continued)

Sexual harassment behaviour	Mean (SD)	Never	Sometimes	Few times	Many times	Total % (sometimes, few times and many times)
23. Discriminatory behaviour on grounds of your sexual orientation	1.05 (0.25)	150 (95.5%)	6 (3.8%)	1 (0.7%)	0.0%	4.5% (LF)
24. Having condescending or paternalistic attitudes on grounds of gender	1.34 (0.64)	115 (73.2%)	31 (19.7%)	10 (6.4%)	1 (0.6%)	26.7% (MF)
25. Using sexist humour	1.71 (0.82)	75 (47.8%)	58 (36.9%)	18 (11.5%)	6 (3.8%)	52.2% (MF)

Abbreviations: LF, less frequently experienced; MF, more frequently experienced.

in Tables 3 and 4, respectively. The differences show that such behaviours were mostly experienced by women on the Nursing degree.

4.2 | Perpetrators' Profile

In relation to the perpetrators of such behaviours (students could report more than one option), respondents showed that in 81.29% of cases (95) the aggressor was a patient; in 22.6% (44), it was another professional; in 8.7% (17) a peer; in 8.2% (16) a relative of a patient; in 8.5% (10) a superior; in 4.6% (9) a stranger; and in 0.5% (1) the aggressor was the clinical tutor.

When the students were asked whether or not they were the same sex as the aggressor, 96.2% of female respondents said they were men versus 3.8% who said they were women. In the case of men, the percentages were more balanced: 57.7% reported that the aggressor was a woman compared to 42.2% who responded that the aggressor was a man.

Finally, the results related to where the aggression took place, (free text, open question) were grouped by categories yielding the following frequencies: 28 reports that it took place in hospitalisation units; 15 in rehabilitation centres; 13 in nursing homes; 8 in the primary care centre; 4 in community health centres; 3 in the operating room service; 4 in emergency services; and 48 do not divulge the setting.

5 | Discussion

To the best of our knowledge, this is one of the first studies to analyse sexual harassment in clinical placements of Health Sciences students of all years of the degree in our country.

The objective of our study was to describe situations and/or behaviours of harassment, such as assault and/or sexual abuse experienced by the students during their clinical placements in different clinical settings in Barcelona and its metropolitan area.

71.3% of students reported having experienced one or more of the 25 behaviours of sexual harassment described in the questionnaire on one (or more) occasion(s), with far more responses by women than men. This worrying prevalence is similar to that recorded in South Africa (76%; Hewett 2010) and Scotland (77%; Hunter, Eades, and Evans 2022), and somewhat lower than that recorded in New Zealand (89%; Henning et al. 2023) and Canada (88%; Phillips et al. 2019). Other countries such as Italy, the United Kingdom, Australia and Turkey show a lower prevalence, ranging from 34% to 52% (Birks et al. 2017; Çelebioğlu et al. 2010; Lee, Song, and Kim 2011; Magnavita and Heponiemi 2011). Finally, the only study conducted in Spain shows a prevalence of 26.5% among Nursing students in the last year of their degree (Fernández-Fernández JA et al., 2022). In our study, the high frequency of sexual harassment could be related to age and inexperience in the identification or knowledge of this type of harassment by the students in our sample, since, although the average age of the students is similar to that of other studies, our sample was composed of a higher percentage of responses corresponding to first-year students. In this regard, the

TABLE 3 | Sex differences.

Sexual harassment behaviour	Never	Sometimes	Few times	Many times	*p*
2. Comments on your physical appearance	44.60%	35.70%	16.60%	3.20%	
Male	75%	20.00%	0%	5.00%	
Female	34.20%	41.00%	22.20%	2.60%	$p < 0.001$*
3. Receiving messages containing insinuations with sexual content	70.70%	25.50%	3.20%	0.60%	
Male	87.50%	12.50%	0%	0%	
Female	65%	29.90%	4.30%	0.90%	0.052*
5. Staring, both in public and in private, making you feel intimidated	64.30%	26.80%	8.30%	0.60%	
Male	90%	10%	0%	0%	
Female	55.60%	32.50%	11.10%	0.90%	0.001*
7. Touching in non-genital areas	82.80%	15.90%	1.30%	0%	
Male	95%	5%	0%	0%	
Female	78.60%	19.70%	1.70%	0%	0.059*
13. Comments on your supposed sex and private life	77.10%	21%	1.90%	0%	
Male	92.50%	7.50%	0%	0%	
Female	71.80%	25.60%	2.60%	0%	0.025*
16. Frequent obscene jokes told in your presence	56.10%	33.10%	7%	3.80%	
Male	82.50%	12.50%	5%	0%	
Female	47%	40.20%	7.70%	5.10%	0.001*
17. Excessive physical proximity invading your private space	81.50%	16.60%	0%	2%	
Male	95%	5%	0%	0%	
Female	76.90%	20.50%	0%	2.60%	0.038*
19. Obscene comments in your presence	71.30%	24.80%	1.90%	1.90%	
Male	87.50%	7.50%	5%	0%	
Female	65.80%	30.80%	0.90%	2.60%	0.007*
24. Having condescending or paternalistic attitudes on grounds of gender	73.20%	19.70%	6.40%	0.60%	
Male	92.50%	7.50%	0%	0%	
Female	66.70%	23.90%	8.50%	0.90%	0.014*
25. Using sexist humour	47.80%	36.90%	11.50%	3.80%	
Male	72.50%	20%	2.50%	5%	
Female	39.30%	42.70%	14.50%	3.40%	0.002*

*Correlation is significant at the 0.05 level.

study by Fernández-Fernández et al. also shows that younger students reported acts of intimidation and/or harassment more frequently (Fernández-Fernández et al. 2022).

The nature of the harassment that a greater proportion of students' report having experienced (between 17.1% and 55.4%) include obscene remarks and comments about their supposed sex and private life, and sexist jokes about their physical appearance. They also report having suffered insistent staring in public and in private, the invasion of their private space, and touching in non-genital areas. These results match other studies conducted in Australia (Birks et al. 2017), Taiwan (Chang, Tzeng, and Teng 2020), Korea (Lee, Song, and Kim 2011), sub-Saharan Africa (Tollstern Landin et al. 2020) and Spain

TABLE 4 | Bachelor's degree differences.

Sexual harassment behaviour	Never	Sometimes	Few times	Many times	*p*
2. Comments on your physical appearance	44.60%	35.70%	16.60%	3.20%	
Physiotherapy	50.70%	31.00%	11.30%	7.00%	
Nursing	39.20%	39.20%	21.50%	0.00%	0.021*
3. Receiving messages containing insinuations with sexual content	70.70%	25.50%	3.20%	0.60%	
Physiotherapy	84.50%	14.10%	1.40%	0.00%	
Nursing	55.70%	38.00%	5.10%	1.30%	0.002*
7. Touching in non-genital areas	82.80%	15.90%	1.30%	0.00%	
Physiotherapy	87.30%	9.90%	2.80%	0.00%	
Nursing	78.50%	21.50%	0.00%	0.00%	0.056*
14. Provoking repeated and insistent encounters with you	94.90%	4.50%	0.60%	0.00%	
Physiotherapy	98.60%	0.00%	1.40%	0.00%	
Nursing	91.10%	8.90%	0.00%	0.00%	0.022*
15. Displaying provocative exhibitionistic behaviours in front of you	96.20%	3.20%	0.60%	0.00%	
Physiotherapy	98.60%	0.00%	1.40%	0.00%	
Nursing	93.70%	6.30%	0.00%	0.00%	0.058*
17. Excessive physical proximity invading your private space	81.50%	16.60%	0.00%	1.90%	
Physiotherapy	93.00%	5.60%	0.00%	1.40%	
Nursing	69.60%	27.80%	0.00%	2.50%	0.001*
20. Showing signs of having a lot of information about you as a tool for intimidation	95.50%	4.50%	0.00%	0.00%	
Physiotherapy	100.00%	0.00%	0.00%	0.00%	
Nursing	92.40%	7.60%	0.00%	0.00%	0.018*

*Correlation is significant at the 0.05 level.

(Fernández-Fernández et al. 2022) with samples of university students describing sexist comments, suggestive sexual gestures, unwanted requests for intimacy and physical contact. These behaviours have been conceptualised by the Women's Institute of the Spanish Ministry of Labour and Social Affairs as *Sexual harassment with a verbal component* and *Sexual harassment with a physical component* (INMARK 2006) and are recognised by this Institution in its Operative Classification of sexual harassment in the workplace as serious and very serious harassment behaviours, respectively. The degree of severity is associated with the existence of physical contact between the aggressor and the victim. Following this classification, situations considered very serious harassment are those identified as sexual coercion, as they constitute behaviours with a high degree of coercion (regardless of whether there is physical contact) to have unconsented sexual relations.

In our sample, these situations were reported by at least 10% of the students surveyed, including inducing repeated and insistent encounters to force intimacy, threats in the placement setting, intimidating with the possession of information, exhibitionism, explicit requests for sexual relations and to show parts of the body, touching and kissing, and encouraging feelings of guilt. The context of health sciences university placements is very specific with respect to situations of sexual harassment, since we not only find the differences in power between professional and student (Hernández Arriaza and Prieto Ursúa 2018) that can legitimise some of these situations, but also, since they are highly feminised work fields (Bernal Castro 2022) in which the hierarchical structure of gender is reproduced (Pérez-Sánchez, Madueño, and Montaner 2021), an androcentric tradition is perpetuated in which students are considered professionals in training that will become support or subordinate personnel, which engenders ideas of corporalisation, sexualisation and being regarded as a sexual object (Parra Jounou, Triviño Caballero, and Martinez-López 2022).

The sexual harassment reported by the students in our study was carried out mostly on women, as we mentioned at the beginning, and the behaviours mostly experienced were

receiving *comments regarding their physical appearance or sex and private life; sexist humour; receiving messages with hints of sexual content; touching in non-genital areas* and *maintaining excessive physical proximity invading their private space*. Our results are in line with other studies conducted on Physiotherapy and Nursing students and physiotherapy professionals, who claim that the majority of victims of sexual harassment and stalking were female (Amanulla et al. 2021; Smith et al. 2023). Conversely to our results, the only study conducted in Spain on this subject does not show any differences between men and women (Fernández-Fernández JA et al., 2022). These behaviours noted in our study as being more prevalent among women constitute mostly verbal sexual harassment behaviours, which is in line with the report "Violence and harassment in the world of work" by the International Labour Organisation, that affirms that women were more frequently exposed to a greater number of verbal and sexually-related acts of workplace violence compared to men, who are often exposed to explicit threats and physical acts of violence (International Labour Organisation, 2021).

Among the different degrees studied, in Nursing the existence of behaviours of social interaction with sexual content and sexual harassment was perceived more frequently, some examples being *Comments on physical appearance, Reception of messages with hints of sexual content, Touching in non-genital areas*, and *Excessive physical proximity invading private space*. In this sense, some studies identify nurses as the greatest inducers of episodes of intimidation and sexual harassment towards students (Birks et al. 2017; Fernández-Fernández et al. 2022; Hewett 2010). Although there are still few studies in the field of Nursing, it seems that the reason for this sexual harassment lies in the underlying nature and social context of nursing (the close body work involved in nursing, nursing stereotypes and power relations (Smith et al. 2023)). Other studies report that it is in the interaction between patients and nurses that harassment behaviours towards students are perceived to a greater extent (Fernández-Fernández et al. 2022).

Similarly, physiotherapists frequently develop a close physical relationship and an emotional attachment with their patients that some studies consider unique within the healthcare sector (Miciak et al. 2019). As a result of this therapeutic relationship, physiotherapists need to be aware of the limits of the professional boundaries as they may be at greater risk of boundary violations than members of other healthcare disciplines. In many cases, the violation of this boundary is not a consciously predatory action but develops from a more benign boundary-crossing of a non-sexual nature; this is often referred to as the "slippery slope" (Hook and Devereux 2018).

If we focus on the perpetrator of the aforementioned sexual harassment behaviours, it is the patient that stands out above the rest. Several studies coincide with these results (Çelebioğlu et al. 2010; Waryam Singh Malhi et al. 2021). A systematic review conducted on Physiotherapy students reveals that inappropriate sexual behaviour by the patient is caused by the side effects of medications that affect behaviour. Moreover, the backgrounds of certain diseases that can lead to long-term psychosocial disorders, may predispose these groups of patients to commit such behaviour. Other aspects that are rather related to culture and stereotypes that stand out are being male and belonging to particular cultures that render them unaccustomed to receiving directions from females and the characteristics of the therapist (being a younger female, having less clinical experience, being physically attractive, dressing provocatively, or displaying excessive friendliness (Hewett 2010). Patient relatives are also identified in our study as aggressors, though to a lesser extent, coinciding with studies by other authors (Çelebioğlu et al. 2010). Finally, Ezz El Rigal 2019) add that although female aggressors were rare, they engaged in more severe types of offensive sexual conduct.

Our results also identify other team professionals, including peers and superiors, as perpetrators of sexual harassment behaviours and, again, the findings match the existing literature and specify that the perpetrating professionals are physicians, faculty staff or colleagues (Çelebioğlu et al. 2010; Fernández-Fernández et al. 2022; Tollstern Landin et al. 2020; Waryam Singh Malhi et al. 2021). Meanwhile, Fernández-Fernández et al. (2022) also identify supervisors, fellow female nurses or assistants, and in line with this study, in our case, one student cited their clinical tutor as being a perpetrator of sexual harassment. This result, analysed qualitatively, leads us to think about the gap between the expected role of the clinical tutor, as a support for the student in their learning process in the placement setting and the situation of harassment noted in our study (Qiao Ting Low et al. 2018). The personal impact of harassment on students makes them feel insecure, incapable, confused, fearful and even anxious, which undoubtedly has a negative impact on their learning (Fernández-Fernández et al. 2022). The identification of the clinical tutor as the perpetrator of harassment can be determined by the power role s/he represents, both due to his/her role as a professional model and their assessment of the placement student, which could mask the responses of some students (Tang and Seiden 2018). Considering the results obtained, it should be mentioned that, there are still many universities that do not have a formal protocol about how to respond to or deal with sexual harassment in the clinical placement (Smith et al. 2023). Finally, in our study in general, the results are consistent with those of the study by Ezz El Rigal (2019), which concludes that the most common perpetrators were male patients, followed by male physicians and male nurses, noting that female aggressors were uncommon.

The results related to the field of placements show that aggressions occur mainly in the hospital setting, which coincides with the study by Fernández-Fernández et al. (2022) which identifies hospitals (encompassing the hospitalisation units, operating rooms and emergency units of our study) and health centres as the places where the greatest number of cases of harassment occur, and differ from the study by Waryam Singh Malhi et al. (2021) which highlights that a significantly higher proportion of medical students were harassed in psychiatric wards and intensive care units.

In light of all the above, it is essential that academic institutions in collaboration with health and community health institutions in which future health professionals carry out their practical learning, should develop consensual and joint actions so that students, professionals and all actors involved are able to identify, deal with, resolve and prevent behaviours of sexual harassment

and sexual violence. In this sense, Freyd and Smidt (2019) distinguish the need for education rather than training, with programmes that involve critical thinking and the building of a complex understanding. Roehling and Huang (Roehling and Huang 2018) consider that the development and analysis of workplace behaviours are also required. To this end, Tee, Üzar Özçetin, and Russell-Westhead (2016) propose the provision of effective procedures that ensure investigation into and the resolution of incidents, as well as university support mechanisms that include advice and mentoring for students who suffer intimidation and harassment. The last aspect suggested by the authors was the training of teachers, supervisors and teams to promote students' self-awareness skills and the management of complex situations.

In Health Sciences degrees, it has been shown that students are more likely to be affected by sexual harassment than healthcare workers, so a better understanding of these students' experiences could support the development of meaningful responses, as well as learning the most effective strategies to increase student awareness of sexual harassment(and violence and open new channels towards participation by students and active professionals themselves in the design of strategies to eradicate violence in the workplace of health professionals). These interventions must start from the analysis of the factors that come into play at a structural level, that uphold and legitimise these types of violence and are justified daily in professional healthcare settings and in feminised professions, in which women suffer greater subordination and harassment (Maquibar et al. 2018).

Finally, we have seen that in Spain, there are still few studies that analyse the phenomenon of sexual harassment, hence the need to carry out research, also with a qualitative approach, which allows finding out in depth about the phenomenon of sexual harassment in order to deploy effective prevention and approach strategies that include all the actors involved. Moreover, these studies should contribute to the visibility of the different forms of violence that take place in the academic environment (university and placement) and contribute to identifying these violent behaviours as factors that have a negative impact on learning and also on physical and mental health in the short and long term.

This study is not exempt from the limitations stemming from a cross-sectional design. Convenience sampling requires caution regarding its representativeness. As it is a representative sample of the XXXX, the results cannot be inferred to other universities and healthcare centres in Spain and other countries. Consideration should also be given to a memory bias, linked to social acceptance by the participants when responding to the questionnaires. In addition, the awareness-raising effect of the questionnaire must be considered as, although it has its positive side, it may lead to bias due to being answered mostly by students who only identify these harassment behaviours when filling in the questionnaire. This study also has its strengths. It is the first to describe sexual harassment perceived by students of the Health Sciences in Catalonia, and it includes the reality of the publicly and privately owned placement centres. This enables us to perform an in-depth analysis of the phenomenon in order to draw up suitable strategies to approach the problem. In this sense, and as mentioned, although the sample consists of students from a single university, the fact that placements are carried out in all publicly and privately owned hospitals, residences and primary care centres in Barcelona and its metropolitan area allows identifying, in a general sense, the situations that place students at greater risk of suffering intimidation and sexual harassment.

6 | Conclusions

This study reveals that the percentage of students who perceive sexual harassment in their placement is very significant (71.3%), with the highest proportion of victims being women of the Nursing degree.

The types of harassment behaviours include *Sexual harassment with a verbal component* and *Sexual harassment with a physical component*, whose importance also lies in the fact that they include a high degree of coercion and are not consented to.

Behaviours of social interaction with sexual content and sexual harassment in the placement settings were mostly experienced by women on the Nursing degree.

Although the majority of aggressors were patients, other healthcare professionals, colleagues and clinical mentors have also directed sexual harassment towards Health Sciences students. In this sense, 96.2% of the female students' perpetrator belonged to the opposite sex. Finally, the results showed that most of the complaints took place in hospitalisation units.

7 | Implications for Nursing Practice

The findings of this study are relevant not only to Nursing students, but nurses, other health professionals, and students at all levels of education because recommendations for clinical practice can be extrapolated across healthcare settings.

The current evidence demonstrates that education is a strong protective factor for individuals experiencing sexual harassment in the workplace. Changes to the formal curriculum, the introduction of hospital-based sexual harassment training as well as online modules related to sexual harassment in the workplace could have a positive impact on student experience and safety. Facilitating the reporting of incidents of sexual harassment also promises to support a realistic understanding of the scope of the problem.

Most organisations lack strategies to identify and manage this sensitive problem in the workplace. Preventing sexual harassment in nursing requires intentional and specific actions. Healthcare organisations have an ethical imperative to safeguard their nurses.

Nursing associations would do well to initiate workplace safety policies and strategies in hospitals for female nurses to attempt to eradicate this situation in the profession. Health managers are recommended to create a safe and secure working environment for female nurses which contributes to improving the quality of nursing care (72).

Author Contributions

All authors have made substantial contributions to all of the following: **Rosa Rifà-Ros:** supervision; conceptualisation; data collection, analysis and interpretation; original draft preparation. **Miriam Rodríguez-Monforte, Angel Gasch-Gallen:** conceptualisation; data analysis and interpretation; writing and preparation of the original draft. **Lluís Costa-Tutusaus** and **Anna Martin-Arribas:** data analysis; writing, reviewing and editing. **Mercè Comes-Forastero:** writing, reviewing and editing.

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Ethics Statement

The study protocols and questionnaire were approved by the Ethics and Research Committee of Universitat XXXXX (CER XXX_2021_2022_004). They included a consent statement, and consent was granted by answering an explicit question at the beginning of the survey. Data anonymity and confidentiality were ensured following the requirements established by the Spanish and European data protection laws and directives.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Endnotes

[1] Although the total number of potential students of the degrees in Pharmacy and Human Nutrition and Dietetics is less than that of the degrees in Nursing and Physiotherapy (47, 65, 431 and 473 respectively), it is considered that the number of responses obtained (4 in the degree in Pharmacy and 3 in the degree in Human Nutrition and Dietetics) cannot be deemed sufficient to identify statistically significant differences between perpetrated behaviours.

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