

Addressing Sexual Harassment From Patients or Third Parties

Question

How can my healthcare organization address issues related to sexual harassment and inappropriate behavior by patients or their family members?

Answer

Sexual harassment and other types of inappropriate behavior from patients and third parties (e.g., patients' family members, friends, or caregivers) are not unusual in healthcare. A Medscape survey of physicians showed that more than a quarter (27 percent) reported sexual harassment from patients.¹ A separate Medscape poll found that 71 percent of nurses reported patient harassment.² The types of harassment reported included unwanted touching, sexual comments, inappropriate texting and emailing, sexual propositions, requests for dates, and more.

Complicating this serious issue is the unique dynamic between patients and healthcare providers, particularly in situations in which (a) providers are legally or ethically obligated to provide treatment, or (b) patients' inappropriate behaviors reflect a medical condition, such as dementia or a psychotic episode.³ To navigate this complex dilemma, healthcare organizations should proactively plan for harassment scenarios and consider implementing the following strategies:

- Ensure your organization's harassment policies include information and procedures related to harassment from patients and third parties.
- Support a culture of safety and well-being that encourages individuals to report all instances of harassment they experience or witness. Demonstrate to employees that their safety is a top priority for the organization.

- Conduct periodic staff surveys, focus groups, discussion forums, and team meetings to solicit data and feedback about your organization’s culture of safety and perceptions about sexual harassment. Implement a mechanism that allows employees to provide feedback anonymously.
- Empower healthcare providers and other staff members to say “no” and voice their discomfort if patients or third parties act inappropriately. Encourage them to leave the situation if they feel physically unsafe.
- Develop incident response procedures for handling reports of sexual harassment, and ensure employees understand the process for reporting incidents. Incident response procedures might include:
 - Redirecting the inappropriate behavior (e.g., “we need to keep this professional”) or naming the behavior and giving specific directions (e.g., “what you’re doing is sexual harassment; you need to stop”).
 - Having a designated individual talk with the patient or third party about his/her behavior or actions.
 - Requiring additional providers or staff members to be present during interactions with the patient or third party.
 - Reassigning the patient to other providers or staff members (e.g., reassigning a male patient to a male nurse if a female nurse is being harassed).
 - Restricting the patient’s access to certain areas within the facility and/or closely monitoring the patient’s behavior.
 - Advising the patient to find another source of care or terminating the provider–patient relationship. (**Note:** This strategy is not applicable in all situations or care settings.)
 - Contacting law enforcement in cases that involve threats of violence or that result in physical or sexual assault or other criminal activity (e.g., stalking).
- Reinforce to supervisors and other leaders that harassment by patients and third parties is as serious as harassment from within the organization. Ensure supervisors and other leaders are aware of the organization’s legal and ethical responsibility to protect employees.

- Educate all employees about the organization's zero-tolerance policy for all forms of discrimination and harassment. Emphasize the expectation that employees will immediately report harassment that they experience or witness.
- Train employees about the various forms of sexual harassment (e.g., verbal, nonverbal, physical, etc.) and their rights and responsibilities in accordance with organizational policies.
- Reinforce employee trust in organizational leaders and processes by following transparent protocols and ensuring all incidents are handled promptly and consistently.⁴

Resources

- [MedPro Group: Taking Decisive Action to Address Sexual Harassment in Healthcare](#)
- [Patient Safety & Quality Healthcare: Q&A: Dealing With Sexual Harassment in Healthcare](#)
- [RAINN: Sexual Harassment](#)
- [U.S. Equal Employment Opportunity Commission: Harassment](#)
- [U.S. Equal Employment Opportunity Commission: Promising Practices for Preventing Harassment](#)

Endnotes

- ¹ Kane, L. (2018, July 11). *Patients sexually harassing physicians: Report 2018*. Medscape. Retrieved from www.medscape.com/slideshow/patients-sexually-harassing-physicians-6010036#1
- ² Frellick, M. (2018, February 1). *Harassment from patients prevalent, poll shows*. Medscape. Retrieved from www.medscape.com/viewarticle/892006
- ³ Chuck, E. (2018, February 21). *For nurses, sexual harassment from patients is 'par for the course.'* NBC News. Retrieved from www.nbcnews.com/storyline/sexual-misconduct/nurses-sexual-harassment-patients-par-course-n848086;
Cheney, C. (2018, June 4). *4 ideas to stop harassment by patients*. HealthLeaders Media. Retrieved from www.healthleadersmedia.com/strategy/4-ideas-stop-harassment-patients
- ⁴ Cheney, *4 ideas to stop harassment by patients*; van Dis, J., Stadum, L., & Choo, E. (2018, November 1). Sexual harassment is rampant in health care. Here's how to stop it. *Harvard Business Review*. Retrieved from <https://hbr.org/2018/11/sexual-harassment-is-rampant-in-health-care-heres-how-to-stop-it>; Ross, S., Naumann, P., Hinds-Jackson, D.V., Stokes, L. (2019, January 31). Sexual harassment in nursing: Ethical considerations and recommendations. *The Online Journal of Issues in Nursing*, 24(1). Retrieved from <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No1-Jan-2019/Sexual-Harassment-in-Nursing.html>; Notaro, E., Pascoe, V., Shinohara, M. M., & DeNiro, K. (2019). Sexual harassment from patient to provider. *International Journal of Women's Dermatology*, 6(1), 30–31. <https://doi.org/10.1016/j.ijwd.2019.09.001>;
Paturel, A. (2018, October 23). *When the perpetrators are patients*. Association of American Medical Colleges. Retrieved from www.aamc.org/news-insights/when-perpetrators-are-patients; Haelle, T. (2017, November 21). *Academic medicine needs zero tolerance for sexual harassment*. Medscape. Retrieved from <https://www.medscape.com/viewarticle/888982>

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