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) is not unusual in healthcare. A Medscape survey of physicians showed that more than a quarter (27 percent) reported sexual harassment from patients. A separate Medscape poll found that 71 percent of nurses reported patient harassment. The types of harassment reported include 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. To navigate this complex dilemma, healthcare organizations should proactively plan for harassment scenarios. Consider 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. Make employees aware that their safety is a top priority.
• Empower healthcare providers and other staff members to say “no” and voice their discomfort if patients or other third parties act inappropriately.

• Develop incident response procedures for handling reports of sexual harassment, and ensure employees understand the process for reporting incidents. Incident procedures might include:
  
  - 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 harassing 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 resulting 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 report harassment they experience or witness immediately.

• Reinforce employee trust in organizational leaders and processes by following transparent protocols and ensuring all incidents are handled promptly and consistently.
Resources

- **Harassment** (U.S. Equal Employment Opportunity Commission)
- **Promising Practices for Preventing Harassment** (U.S. Equal Employment Opportunity Commission)
- **EEO: Sexual Harassment: What are the different types of sexual harassment?** (Society for Human Resource Management)


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