

# NHS should provide sexual harassment and violence prevention training to employees

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Healthcare risks falling behind other sectors in providing training to help employees address sexual harassment and violence within the workplace. A group of doctors and academics writing in the *Journal of the Royal Society of Medicine* are calling for NHS institutions to train people to intervene and challenge poor behavior.

Lead author Dr. Sarah Steele, of the University of Cambridge, said: "Five years after the #MeToo movement highlighted both sexual misconduct and harassment occurring within the [healthcare](#) profession, there remains little training for [healthcare professionals](#) on how to support and respond to incidents in the NHS. With surveys suggesting one in ten [healthcare workers](#) report experiencing harassment at work, including from colleagues, each year, it is critical to train people on what to do and how to intervene."

Dr. Christopher Adcock, another of the authors and a consultant at Cambridge University Hospitals NHS Foundation Trust, added: "Speaking as a male-identifying clinician, I have both experienced [harassment](#) and witnessed it, particularly in the early part of my career. I think that it is vital that the whole healthcare workforce gain the tools to speak up and be part of the solution to [sexual harassment](#) in medicine."

"The #MeToo movement highlighted the pressing need to consider respectful relationships and for all of us to assume roles as active bystanders. One step that crosscuts all levels of healthcare is training people to intervene, empowering all to challenge any poor behavior."

In their paper, the authors describe how active bystander programs can develop the skills and confidence of individuals to challenge beliefs and assumptions that lead to poor behavior, using different tools, either in the moment or after the event. They go on to explain the five Ds approach to active bystander training—direct action, distract, delegate, delay, and document.

Co-author Eliza Bond, of the University of Oxford, said: "Whilst the higher education sector has been quick to adopt various forms of intervention training, healthcare has fallen behind. Good practice in the [clinical setting](#) requires that staff are equipped with the necessary skills to intervene."

Co-author Dr. Joy Clarke, a trainee doctor in the NHS, added: "Intervention and culture change programs offer not only the chance to practice and refine bystander skills, but allow restatement of the institutional, professional and NHS ethos. It is time the NHS and Health Education England, alongside other healthcare and professional bodies in the UK and beyond, develop [training](#) and take proactive steps to empower the healthcare workforce and create a culture of respect, inclusivity and equality."

**More information:** Eliza Bond et al, Medicine, misconduct and confronting #MeToo, *Journal of the Royal Society of Medicine* (2022). [DOI: 10.1177/01410768221080777](https://doi.org/10.1177/01410768221080777)

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