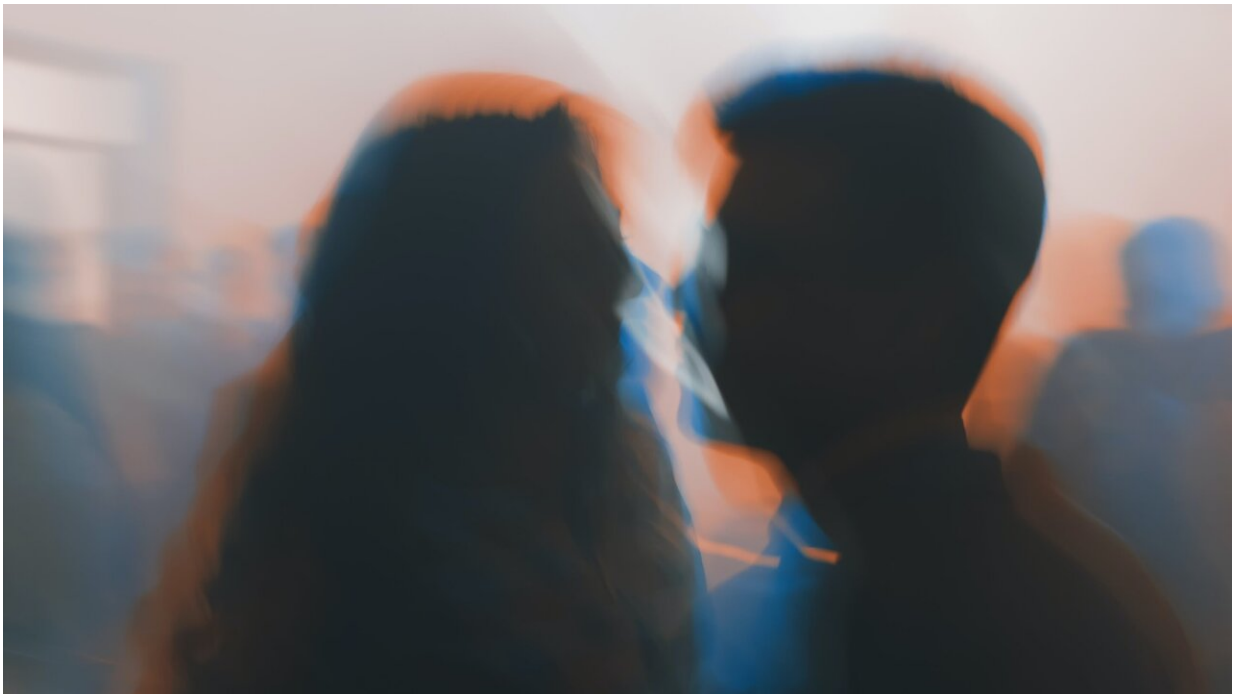


Majority of NHS Trusts do not offer training to prevent sexual harassment, study finds

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Failure to implement active bystander training could thwart NHS attempts to tackle sexual harassment, say researchers at the University of Cambridge.

An analysis of data from Freedom of Information (FOI) requests found that fewer than one in five NHS Trusts in England provided active

bystander training to address workplace [harassment](#), [sexual harassment](#) and other forms of unacceptable behavior like bullying and racism.

It found of those that did—the majority of which were in London—most did not deliver content specific to [sexual misconduct](#) and participation was voluntary.

Since 2017, when the #MeToo movement gained momentum around the world, sexual harassment in medicine has been recognized as both pervasive and harmful. This form of harassment—which includes a range of verbal, online and physical acts, ranging from poor taste jokes to unwanted touching to rape—can have a major impact on the individuals it affects and on the healthcare workforce itself.

In 2019, a survey by UNISON found that 8% of respondents had experienced sexual harassment while at work during the last 12 months, with more than half (54%) of these acts being perpetrated by co-workers.

Active bystander training encourages individuals to recognize and respond to poor behavior, by equipping people with skills to intervene. Workshops and training programs typically involve role-playing, [case studies](#), and group participatory discussions.

To assess the extent to which such training programs are being used within the NHS, researchers from Cambridge Public Health and the Intellectual Forum at Jesus College, Cambridge, submitted FOI requests to 213 NHS Trusts across England in December 2021. Their analysis is published today in *JRSM Open*.

Of the 199 Trusts (93%) that responded, only 35 offered active bystander training. Just five of the Trusts said their training addressed sexual harassment in some form, with the remaining 30 Trusts saying

their training taught participants to challenge antisocial behavior only in a general context. Only one Trust delivered content that specifically tackled sexual harassment in the workplace as its focus.

The majority of the Trusts that offered active bystander training were in London—22 out of the 35. But even 14 of London's NHS Trusts offered no training, despite the training being paid for by NHS England, not individual Trusts.

Among the 164 Trusts not offering active bystander training, only 23 Trusts had plans to implement it in the future. One Trust stated that they were actively developing plans to develop sexual safety training that will incorporate active bystander training. Several Trusts suggested they would consider implementing it if there was, to quote one of these Trusts, a "need for this form of training", while other Trusts suggested implementation would occur if members of staff or working groups within the Trusts' organization advocated for it.

Dr. Sarah Steele from Cambridge Public Health and Jesus College, Cambridge, said, "The NHS is failing to take advantage of a very effective training tool to address workplace harassment, sexual harassment and other forms of unacceptable behavior such as bullying and racism. It's a tool well used by the military, universities and educators, and which even the UN and UK government promotes.

"We found low uptake of active bystander training among NHS Trusts in England, particularly outside of London, and very little of the training that was on offer focused on sexual harassment. This is deeply worrying, given the continued problem of sexual harassment in the healthcare sector.

"Organizations need to encourage active bystander training from the very first days of undergraduate degrees through to the day of retirement.

Without this, the problems of sexual harassment will continue to be a problem in the NHS and across wider society."

Most of the Trusts used training programs delivered by external companies—27 out of the 35, with three Trusts not providing data. This meant that the researchers were unable to assess the content or effectiveness of the training programs as they were commercial in confidence. While outsourcing training is meant to increase competition, the researchers found that one provider dominates.

Dr. Ava Robertson, who carried out the research while part of the Population Health Sciences Partnership at the University of Cambridge University, said, "The problem with turning to private providers is that training materials can't be externally audited, making it extremely difficult to evaluate how effective the programs are. In some cases, it also meant that attendees of the workshops weren't allowed to share the toolkits they received with other colleagues, so the knowledge isn't more widely disseminated."

The Home Office has been actively promoting active [bystander training](#) interventions to reduce sexual harassment and violence against women and girls more widely. Dr. Steele, who sat on the campaign advisory group said cross-departmental learning from this campaign would support the Department of Health and Social Care, and the NHS, in thinking about behavior change interventions among healthcare staff.

More information: Steele, S et al. A cross-sectional survey of English NHS Trusts on their uptake and provision of active bystander training including to address sexual harassment, *JRSM Open* (2023). [DOI: 10.1177/20542704231166619](https://doi.org/10.1177/20542704231166619)

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