



Nurses speak out on experiencing sexual harassment



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Sexual harassment against nurses at work has been “so normalised” that it appears little progress has been made in recognising it as a serious issue or supporting staff to report their experiences. These conclusions are evident from the accounts of five nurses – ranging from some who trained in the 1970s through to those who trained in recent years – with most of them describing times when they had been brushed off or met with a ‘just deal with it’ attitude when speaking up.

Alongside our exclusive survey (page 6), *Nursing Times* has spoken with nurses at different stages in their careers to explore whether perceptions and experiences of sexual harassment in the workplace have changed over time and, if so, how. Our interviews show much still needs to be done to protect the nursing workforce.



Leanne Patrick, a specialist nurse in domestic abuse and sexual violence in Scotland, told *Nursing Times* that sexual harassment in the workplace was so prevalent it should be considered an “occupational hazard for female nurses”. She said “some degree” of sexual harassment was “almost expected” for nurses from both patients and staff.

Nurses faced “comments, touching, groping, cornering – all the way through to sexual assault and rape”, said Ms Patrick, noting that she had also been subjected to sexual harassment while working as a nurse. The issue was so widespread, she had discussed with others how nursing should start its own Me Too campaign – echoing the social movement that went viral in 2017 following several allegations of sexual assault against film producer Harvey Weinstein.

Although women were becoming more aware of what is – and is not – acceptable, Ms Patrick, who qualified in 2019, said it remained a concern that some nurses did not recognise when they were being sexually harassed. “It becomes so part of the fabric of our reality, that it is just our day-to-day lives,” she said. “We don’t take a step back and say, ‘actually, that’s harassment’; we just kind of get on with it.”

A key problem was a lack of “adequate policies, procedures and support in place to keep women safe”, Ms Patrick noted. “That is part of perpetuating it being so normal, this idea of ‘what’s the point in talking or who would I even talk to?’” In her eyes, organisations needed to adopt a “zero-tolerance” approach.

It was often the case that female nurses did not report sexual harassment because of stigma or fear that they would not be believed, she added. Nurses, therefore, need a “safe space” and staff needed training to ensure they recognised sexual harassment, could support colleagues and were not “bystanders” of incidents, she said.

“But we also need to make sure that we’re creating an environment that prevents these things from happening in the first place,” said Ms Patrick. “Having that zero-tolerance approach sends a really strong message that it’s not something that is going to be dismissed and that you can just do casually.”



Zeba Arif, a retired mental health nurse who started her nurse training in the late 1980s, has been campaigning for a zero-tolerance policy to sexual harassment by patients or relatives against staff. She started this in recent years, after finding organisations only appeared to take strong action when harassment was colleague on colleague.

As a former Royal College of Nursing steward in London, she reflected on the story of one nurse who had reported a patient’s relative who had been harassing her for a date. At the time, she had been told by her manager: “He fancies you. So what?”

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The relative later waited for the nurse while she finished her shift, then “followed her to her car, grabbed her and bent her over the bonnet”. She managed to escape but it was “terribly scary” for her, explained Ms Arif, who tried to support her after the incident. The nurse was again told by her manager it was just “one of those things”.

There was no policy in place to support this nurse and she ended up leaving “because she was so devastated”, said Ms Arif. “In a healthcare setting, it’s very difficult for a nurse, unless



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she has the total support of her seniors and her colleagues to deal with it,” she noted.



Former health minister and district nurse, **Ann Keen**, also highlighted the lack of support she had experienced in the late 1970s and early '80s when she was nursing. There was a sense of “vulnerability” working in the community, especially as, in those times, there were no mobile phones, she noted. While working in the South East of England, she said she encountered some of the “most horrific and terrifying situations”.

She recalled an incident when she visited a patient's home and, after washing her hands, stepped out of the bathroom to see him laying naked on his bed with an erection. She quickly left and reported it to the GP. The surgery's reaction was one of ‘oh, well we'll make a note that you shouldn't go there alone’ but no one recommended she report it to the police. On

reflection, Ms Keen added: “I think I would have possibly been told it was unprofessional to report a patient.”

She described another time when a patient had been waiting for her in bed while watching pornography, and instances working on a ward when frequently she had been grabbed inappropriately by a visiting vicar. However, typically, when reporting this, she was met with the attitude from her seniors that she should “just get on with it” and “deal with it”.

In the 1970s and '80s, there was also the issue of nurse uniforms, noted Ms Keen. She spoke of her “relief” when the blanket policy of nurses needing to wear dresses to work was changed to also provide the option of trousers and scrubs. Not only had wearing a dress that fell just below the knee made work very uncomfortable but, she said, the “whole uniform of the past” had been sexualised by the media.

“In the past, how we were treated, what we were asked to wear and the films around at the time all gave an image that sexual abuse would never be referred to as abuse,” said Ms Keen. “It was just sexual behaviour at work.”

However, recent changes in society meant “we talk about violence to women and sexual abuse of women like never before”, she said. “Therefore, it's now up to us all to help to continue that conversation and, the more senior you are, you have a duty to step up to the plate and say, ‘we've got to change this’,” she added.



In addition, staff side chair and Unison branch secretary, **Joyce Aldridge**, said there was still “a lot” of work to be done to ensure the issue of sexual harassment was taken seriously, and to help staff feel safe to report it.

As a student nurse in the late 1980s, Ms Aldridge was waiting in the anaesthetic room with a patient who was asleep, when a male member of staff “sidled up” to her and tried to put his hand on the lower half of her body. When she reported it, the ward manager had been “very forward thinking, thankfully”, noted Ms Aldridge. The staff member, who was from an agency, did not work at the hospital again. However, she was aware that, systemwide, there was still a “lot of trying to brush it off because of so many other priorities”.

But she had learned from her experience early on in her career and made sure that while working her way up to a ward manager position, she dealt with incidents effectively and called out inappropriate behaviour. “From that fluffy 19-year-old in that anaesthetic room at the beginning of my training, I certainly grew up a lot and I got a voice,” she said. “But I honestly believe there are lots of students and nearly

qualified nurses... and even going on through their careers, who still couldn't feel that they could raise things and feel supported to do so.”



This was reinforced by **Sharon Fowler**, a third-year nursing student in the South West of England, who said she had been subjected to several inappropriate sexual comments from patients but, when reporting it to staff, found “it was just downplayed as the norm”.

She cited examples such as when she asked a patient to put his finger into a pulse oximeter. His response was: “It's been a while since someone asked me to put a finger in them.” In another, a patient in his late 70s complimented her skin, then went on to say he had a young girlfriend because they were “very good in bed”. Despite being made to feel so uncomfortable, she feared getting into trouble if she responded so would pretend she hadn't heard them.

The first time it happened, Ms Fowler had reported it to staff, “but it was brushed off”. She added: “I think because of that experience, the second time I just didn't say anything because you just think ‘what is the point?’”

Going forwards she felt students could be better supported by having stronger enforcement in their training around what they should and should not accept. But she stressed that the first step was recognising that sexual harassment in the workplace was in fact a problem.

“The real issue is that these kinds of behaviours get so normalised that it becomes really difficult to recognise them as a real problem,” she said. “Once you recognise a problem, you give people the platform to say, ‘actually, this has happened to me.’”

