

What behavior is considered inappropriate and unacceptable in the Workplace?

Physical Abuse

Behavior such as fighting, hitting, spitting, pushing, shoving, pinching, kicking, and throwing objects, any unwanted or hostile physical contact.

Harassment

Any unwanted conduct based on age, disability, HIV status, domestic circumstances, sex, gender, race, language, religion, political opinion, national or social origin, minority groups, or other status that affects the dignity of men and women at work.

Employer/Manager Abuse

Issuing threats to report a person, making threats about the employee's performance evaluation, berating staff members in public or private, or denying an employee's physical or emotional response to an on the job injury.

Sexual harassment

- a. Unwelcome sexually determined behaviour (whether directly or by implication) as physical contact and advances;
- b. Attempts or efforts to establish physical relation having sexual implication by abuse of administrative, authoritative or professional powers;
- c. Sexually coloured verbal representation, remark or gesture;
- d. Demand or request for sexual favours;
- e. Showing pornography;
- f. Indecent gesture, teasing through abusive language, stalking, joking having sexual implication.
- g. Letters, telephone/cell phone calls, SMS, pottering, notice, cartoon, writing on bench, chair, table, notice boards, walls of office, factory, classroom, washroom having sexual implication.
- h. Taking still or video photographs for the purpose of blackmailing and character assassination;
- i. Preventing participation in sports, cultural, organizational and academic activities on the ground of sex and/or for the purpose of sexual harassment;
- j. Making love proposal and exerting pressure or posing threats in case of refusal to love proposal;
- k. Attempt to establish sexual relation by intimidation, deception or false assurance.



This guideline has been developed in line with "The guideline on prevention and protection from sexual harassment offence against women and girls by the honorable High Court at educational institutions and work places" (Writ Petition no: 5916/2008) and International Council of Nurses (ICN) Position Statement on Abuse and Violence against Nursing Personnel (2006).

What to do if any incidence mentioned in this guideline occurs?

Report immediately to the concerned authority at your workplace. In addition, contact the following national helpline number (109) if necessary.

In case of any incidence of violence / sexual harassment the victim or anyone else can report immediately to the following:
For protection from violence against women and children

National Helpline Center
Toll free number

109

Available 24 hours / 7days

Department of Women Affairs (DWA)
Ministry of Women and Children Affairs (MOWCA)



Human Resource Branch, Health Services Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Directorate General of Nursing and Midwifery
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Canada



Foreign Affairs, Trade and
Development Canada

Affaires, étrangères, Commerce
et Développement Canada

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INTERNATIONAL INC.



CASN
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GUIDELINE

Prevention and Protection from Workplace Violence and Sexual Harassment for Nurses and Midwives





Violence and sexual harassment in the health sector workplace is a global and growing phenomenon with nurses and midwives being most vulnerable. Nurses and midwives experiencing violence and sexual harassment in health care facilities suffer violation of their rights to personal dignity and low self-esteem that interferes with quality health care delivery.

Why nurses and midwives are at higher risk?

- In Bangladesh, majority of nurse-midwives are female.
- Nursing care interventions demand close contact with patients, often being alone with patients.
- Mental illness, alcohol or drug addicted patients may make them aggressive towards nurse-midwives. Violence from relatives/attendants of patients may occur as a result of frustration due to lack of desired care and attention or miscommunication
- Poor infrastructure, insufficient lighting and security system, unrestricted movement of public in health facilities, accessibility of objects in health facilities that can be used as weapons, shift work like night duties.
- Understaffing, work overload, poor workgroup relationships, low supervisory support, long queue in outdoors, sudden rush and unavoidable service delivery delay in emergency room may increase tension among patients/relatives leading to aggression in the workplace.
- Violent crime victims (including their relatives/attendants), communal/political violence seeking health service are often impatient, stressed and aggressive.

What are the impact of workplace violence and sexual harassment on nurses and midwives?

- If nurses or midwives fear a population they are serving or face constant harassment or bullying from their supervisors or coworkers, the quality of care they deliver will most likely decline due to lowered morale, loss of productivity and poor nurse and midwife retention
- Nurses and Midwives may be physically harmed, affected emotionally by the experience (anger, shock, fear, depression, anxiety and sleep disruption) leading to high absenteeism, increased sick leave.
- Supervisor's/manager's harassment may result in tangible change to a nurse or a midwife's employment status or benefits (E.g. hiring, demotion, termination, holding of promotion, disciplinary action- suspension, transfer, undesirable work assignment etc).
- The socio-economic or psychological condition of the family of a nurse or midwife facing workplace violence and harassment may face serious consequences.

Which is considered 'Workplace' in the Health Sector?

- Health care facilities (public/private) such as medical college hospitals, clinics, district level hospitals, upazila health complexes, union sub-centers, community clinics, health care centers, rehabilitation centers etc.
- Private practitioners' offices/chambers
- Diagnostic centers
- Health sector related public or private offices/departments
- Any health service performed outside health care facilities e.g. ambulance services, home care (private residence) etc.

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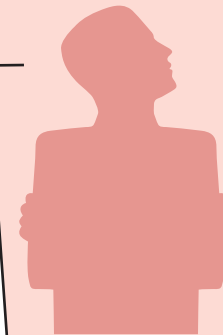


Verbal

Outbursts of yelling and screaming; use of an angry tone; cursing; use of derogatory or inappropriate language, or use of racial or ethnic slurs.

Passive Behaviors

An action that may not be identifiable but directly affects communication between caregivers (e.g. not returning phone calls, not responding to or being impatient with questions, providing incomplete information, and silence).



Passive-Aggressive Behaviors

Behavior such as complaining about an individual to others; gossiping; badmouthing the organization, colleagues, physicians, patients or others; disregarding of policies and procedures and being sarcastic. This type of behavior negatively affects the patient care culture by demoralizing staff members and destroying team support.