

# Understanding & preventing sexual harassment in the EMS workplace

Sexual harassment remains pervasive in EMS workplaces despite the fact that sexual harassment has been unlawful for over 50 years, since at least the 1964 passage of Title VII.

In advising EMS organizations on preventing sexual harassment for over 16 years, the common sentiment seems to be that some EMS providers and managers believe that because EMS is a unique work situation that the type of conduct that is and is not acceptable is somehow different.

It is not!

You might spend more time seeing and talking to your EMS co-workers than you do your own spouse and the dress and people and actual work may be less "stuffy" than in some work environments, but the rules regarding unlawful sexual harassment are exactly the same.



EMS is not alone; harassment is pervasive in all workplaces.

Almost one-third of the approximately 90,000 charges received by the Equal Employment Opportunity Commission (EEOC) in 2015 included an allegation of workplace harassment, and the vast majority of those claims were sexual harassment claims.

The large number of harassment complaints the EEOC continues to receive is one of the reasons it issued its recent "Proposed Enforcement Guidance on Unlawful Harassment".

While the guidance is still in draft form, it is extremely helpful for employers and employees to understand what is and is not unlawful sexual harassment.

## WHAT IS AND IS NOT SEXUAL HARASSMENT

Sexual harassment can include harassment based on the person's sex, sex stereotyping, pregnancy/childbirth, gender identity and sexual orientation.

But, sexual harassment is only considered to be unlawful if the harassment is based on one of these legally protected personal characteristics.

For example, Angie is being teased by Bill, her co-worker, who continually makes derogatory comments about her forgetfulness and insinuates that she may not be that smart. But, Bill works on the same rig Angie does on the shift following Angie's.

Angie repeatedly fails to clean her rig, and Bill only makes these comments after she has told him she "forgot" as her excuse for not cleaning the rig on the preceding shift.

Bill's behavior may violate the organization's code of conduct and may warrant discipline, but it is not sexual harassment (Angie's behavior may also warrant counseling, coaching or discipline).

## LEGALLY PROTECTED CHARACTERISTICS

In other words, just because someone who has a legally protected characteristic is being harassed, it is not necessarily unlawful harassment.

Many people who are harassed consider it to be a "hostile work environment."

But, the first thing that is necessary for there to be a "hostile work environment" is for the harassment to be based on the employee's legally protected characteristics.

No matter how hostile a victim may perceive the conduct, if it is not based on the victim's legally protected characteristics, it is not a "hostile work environment" under the federal equal employment opportunity laws.

It is, however, behavior an employer should investigate and take measures to stop.



On the other hand, if Bill offends his female co-workers on a regular basis saying that women are not as smart as men and have no business in EMS, this would be sexual harassment.

The reason the same basic statement would be sexual harassment in this instance is that it is gender harassment (which is a form of sex discrimination) and (incorrect) sex stereotyping, both of which are unlawful sexual harassment.

Gender harassment is hostile behavior that is devoid of sexual interest, and includes gender-based epithets, sexist comments and remarks that are unrelated to sex but still motivated by the victim's gender.

Gender harassment aims to insult and reject women or men because of their sex, rather than any actual sexual interest.

## SEVERE AND PERVASIVE BEHAVIOR

The second thing that must be necessary for behavior to create a "hostile work environment" is that the behavior must be "severe and pervasive." What is severe and pervasive will vary depending on the circumstances.

The higher up the harasser is in the chain of command compared to the person being harassed, the lower the threshold will be for the conduct to be "severe and pervasive."

In the second example above, because Bill teases the females on a regular basis, it would be severe and pervasive, even though all the females may not have heard all of his comments.

If the comments are not specifically directed at particular individuals, the conduct can still be sexual harassment. Let's revise our second example a bit.



Bill and Ned work the same shift at a station with several other employees, including one or two females on a rotating basis.

They regularly sit in front of the television and discuss with each other women's body parts and what they did and did not like about their recent sexual encounters.

Even though the comments are neither about nor directed to any of the females, some of the females overhear the comments on a regular basis.

This, too, would be unlawful sexual harassment, even though the comments were not meant to be heard by anyone other than Bill and Ned.



If the conduct occurs outside the workplace, the conduct can still be considered sexual harassment.

Let's say Angie and Dawn watched "Fifty Shades of Gray" at the station while on shift one night. They turned the volume up pretty loud during some of the movie's sex scenes. Bill was in the neighboring bunk room trying to sleep.

He asked the ladies to turn the volume down so that he could get some sleep, but this only made them turn the volume up louder.

Angie posts comments about Bill on her Facebook page after she gets home from her shift, saying that he is a prude who probably has a small [male anatomical part], anyway.

We can debate whether the ladies' conduct in watching the movie is severe or pervasive enough to truly be sexual harassment.

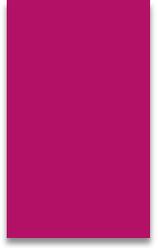
But, the post on social media, even though it was posted outside of work, is severe enough that this would constitute sexual harassment, even if this was the only comment of this type that Angie had made.

## 4 PROACTIVE MEASURES EMS EMPLOYERS CAN TAKE

While this article focuses on sexual harassment, it should be the goal of every EMS organization to prevent not just sexual harassment and discrimination, but all types of unlawful harassment and discrimination.

The best thing an EMS organization can do to protect itself is to make a concerted effort to ensure that the harassment and discrimination never occurs in the first place, by taking the following proactive measures:

## CULTURE OF RESPECT



Demonstrate a consistent and earnest commitment of supervisory staff and all management to create and maintain a culture of respect in which not only sexual harassment and discrimination is not tolerated, but all types.

## CLEAR POLICY

Adopt, regularly update and communicate to all personnel a comprehensive, clear policy against harassment and discrimination.

## REPORTING SYSTEM

Have an effective complaint system that welcomes questions, concerns and complaints

encourages employees to report potentially problematic conduct early

treats alleged victims, complainants, witnesses, alleged harassers and others with respect

operates promptly, thoroughly and impartially; and imposes appropriate and consistent consequences for harassment or related misconduct, such as retaliation.

## ORGANIZATION-WIDE COMMITMENT

Have leadership, accountability

strong anti-harassment and anti-discrimination policies

complaint systems, ensure employees are aware of them by having regular, interactive and comprehensive training

all employees ensure that the workforce understands the rule, policies, procedures and expectations, as well as the consequences of misconduct.

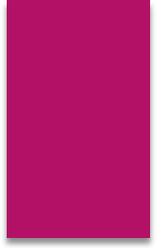
# Statement on Cultural Safety

Cultural safety requires paramedics to reflect on how their own views and biases impact their clinical interactions and the care they provide to patients.

Cultural safety benefits all patients and communities.

This may include communities based on Indigenous status, age or generation, gender and gender identity, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief, health literacy, and disability.

This statement outlines what cultural safety means, why it is important and how paramedics need to reflect on their own biases and attitudes to understand how these can impact on how patients receive their care.





## Towards cultural safety and health equity

1. Cultural safety focuses on the patient experience to define and improve the quality of care. It involves paramedics reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the patient.
2. Cultural competence as “a paramedic has the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds”. While it is important, cultural competence is not enough to improve health outcomes, although it may contribute to delivering culturally safe care.
3. Evidence shows that a competence-based approach alone will not deliver improvements in health equity.
4. Paramedics inherently hold the power in the paramedic-patient relationship and should consider how this affects both the way they engage with the patient and the way the patient receives their care. This is part of culturally safe practice.

5. Cultural safety provides patients with the power to comment on practices, be involved in decision-making about their own care, and contribute to the achievement of positive health outcomes and experiences.

6. Developing cultural safety is expected to provide benefits for patients and communities across multiple cultural dimensions which may include Indigenous status, age or generation, gender and gender identity, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability

## A definition of cultural safety

7. Define cultural safety as: The need for paramedics to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual paramedics to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.<sup>3</sup>

## Cultural safety standards for paramedics

When considering the needs of your patients, cultural safety requires you to reflect on, take ownership of, and consider in your practice:

- a. The effect of your own culture, history and attitudes.
- b. The ongoing development of your own cultural awareness and an understanding of how your social-cultural influences inform biases that impact your interactions with patients.
- c. Consciously not imposing your cultural values and practices on patients.
- d. Recognising that there is an inherent power imbalance in the paramedic-patient relationship, and ensuring that this is not exacerbated by overlaying your own cultural values and practices on patients.
- e. Challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for patients of different cultures.

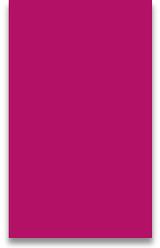


Cultural safety requires you to engage in ongoing self-reflection and self-awareness. This includes:

- a. Being aware that there are limits to what you know and being open to learning from your patients.
- b. Understanding how history, systemic bias and inequities have impacted our patients and ensuring that your interactions with and care of patients do not perpetuate this.
- c. Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.
- d. A respect for your patients' cultural beliefs, values and practices.
- e. Understanding that your patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond to and manage their health; and their treatment decisions and interactions with paramedics, other health care professionals and the wider health system.
- f. Understanding that culture is dynamic and evolves over time, extends beyond ethnicity, and that patients may identify with multiple cultural groupings at any one point in time.

Cultural safety requires you to consider the sources and determinants of inequities and to implement reflective practice so that you are able to:

- a. Build a relationship and provide a health care environment that supports the cultural safety of all patients.
- b. Self-assess and learn to recognise when your actions might not be acceptable to patients.
- c. Develop diagnoses and formulate treatment plans in partnership with patients that fit within their cultural contexts, and are balanced by the need to follow the best clinical pathway.
- d. Include the patient's in their health care when appropriate.
- e. Communicate effectively with all patients and:
  - i. Recognise that the verbal and non-verbal communication styles of patients may differ from your own and that you will need to adapt as required.
  - ii. Work effectively with interpreters when required.
  - iii. Seek help when needed to better understand what your patient needs in order to achieve cultural safety.



## Working towards health equity responsibilities.

We are responsible for setting standards for paramedics that together describe the expectations we have of all paramedics to demonstrate competence and professionalism.

This includes standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction, and ethical conduct that paramedics will have to meet.

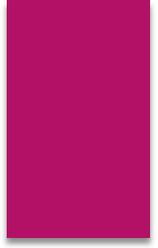
All health professionals including paramedics must uphold the rights set out in the mission of HSHS. This includes taking into account your patient's cultural, religious, and social needs, values, and beliefs.

Under the Code your patient also has the right to:

- a. be treated with respect; and

your patient also has the right to:

- a. be treated with respect; and
  - b. freedom from discrimination, coercion, harassment and exploitation;
- and
- c. dignity and independence.



## Health Equity for all patients

Health inequity acknowledges differences in health status that are unfair and unjust and are also the result of differential access to the resources necessary for people to lead health lives.

Although health is only one contributing factor to equity, the profession have a leadership role in helping patients achieve cultural safety in health care, and we are committed to best practice in order to achieve health equity status or ethnicity, but also includes age or generation, gender and gender identity, sexual orientation, socioeconomic status, religious or spiritual beliefs, health literacy, and disability.

Culture also reflects the values, norms, and behaviors that impact on decision-making within those population groups.

Cultural safety is expected to benefit all patients and communities.