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## Nursing and #metoo

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## Nursing and #MeToo

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### Abstract

The year 2018 revealed a number of sexual harassment stories into public conversation as part of the #MeToo movement. The campaign has relatively spread across all professions and work industries. Today, the society is already hypersensitive towards sexual talks, and the campaigns such as #MeeToo make it even more difficult to overlook these stories; it has challenged the demarcation of important and superfluous accusations which gives rise to various ethical dilemmas. Therefore, the #MeToo movement becomes significant to evaluate both sides of a coin, and assess a situation from various ethical paradigms in order to reach an ethically acceptable solution.

**Key Words:** #MeeToo, Sexual molestation, Psychosis, Utilitarianism, Justice, Theory of care, Liberalism, Kantianism, Sexual harassment

### Description of the Issue

The year 2018 saw many headlines reporting the distressing sexual molestations in under the tagline #MeToo. New revelations break regularly in answer to these viral posts in relatively every industry. In this #MeToo era, where everybody is hypersensitive, it has become difficult to demarcate the necessary accusations from unnecessary ones which ascend various ethical dilemmas. Enduring to the bystander effects, nursing is also facing troubles from these arising ethical allegations. This paper discusses an ethical dilemma in line with the slogan #MeToo.

A 25 year old female patient in the immediate post-extubation period complained of being sexually molested by a senior male nurse while positioning during a night shift. She was suffering from ICU psychosis, and also stated that I never wanted a male nurse. The case was investigated and no evidence was found against the nurse; yet, the nurse was terminated after a joint decision made by the departmental management, hospital ethics committee (HEC) and human resource

(HR) department. A week later, a similar incident occurred again during a night shift with consistent decision.

The scenario ascends various questions under the umbrella of ethics.

1. Should a patient be always trusted right even if he or she is in psychosis?
2. Is opposite gender care ethically justified in gender stereotyped countries?
3. Does simultaneous occurrence of two similar events suggest a system or an individual error?
4. Can justice and advance directives with regards to gender based care be justified by the scenario?

The paper aims to identify and reflect the case under multiple ethical paradigms and find ethically sound justifications for the decision.

### Our Position

We believe that in the abovementioned and other similar dissensions the termination of the nurses is ethically indecorous. In any circumstance, the management has no right to punish any individual without evidences of the alleged offense.

### Theory of Care versus Justice

The theory of care emphasizes to respect patients' dignity, practice benevolence and empathize with people in needs (Reddy, Meyer, Shefer & Meyiwa, 2014). The managements' decision to terminate the nurses safeguarded the dignity of the mentally undermined individuals under the umbrella of ethics of care. However, justice refers to a fair and impartial treatment of individuals, and making a decision which is unbiased and acceptable to everyone (Sheldon, 2016). The termination of the staff in justification to protect a psychotic patient's dignity obscured justice. It is because psychosis impairs reality; and patients may talk suspicious, unauthentic and vain phrases (Fusar-Poli et al., 2014). Hence, trusting to the statement of a mentally undermined person, valuing his possession and making important decisions on its basis may create questions on justice and the strength of the decision.

**Consequence of our position.** If the argument of justice successfully saves the case against the mentally undermined patients, it may also risk the dignity of these patients and violate the theory of care. The UN Declaration of Rights of Mentally Retarded People (1971) also claims that mentally disabled people have the right to be protected from exploitation and undignified treatment (Flynn, 2016), and it can be demonstrated by respecting their possessions and personal space (Poreddi et al., 2013).

**Counter-argument for justification.** It is right that mentally incapacitated people are more prone to sexual humiliations, and their expressions must be respected and heard. However, if this is right then they should be heard in all decision making processes, and their words should be legally considered capacitated every time which appears to violate the Pakistan mental health ordinance (Tareen & Tareen, 2016).

### Utilitarian versus Liberalism Theory

The utilitarian theory ropes the idea of maximal good even if it disappoints some individuals (Beauchamp &

Childress, 2013). The consecutive punishment to the nurses created examples to decrease the future risks of sexual molestations among all mentally undermined patients and benefit the entire mentally incapacitated population. However, the liberal theory contradicts and combats against individual rights (Beauchamp & Childress, 2013). Every individual should get his right and the safeguard of others' rights should not compromise the individual's rights. Termination without any evidence violated the individual nurses' right to respect, justice, and work with dignity.

**Consequence of our position.** Saving the case on the basis of liberal arguments will further increase the future risks of these incidences among the incapacitated population, decreasing the quality of care. Moreover, devaluing patients' words will not only decrease the delivery of quality care but also dwindle the hospital's overall rapport in the healthcare market. This will further reduce the hospital admissions and shrink its business which will negatively influence the entire organisation and its workers. What use is it to prioritize a nurse which will only provide individualized satisfaction?

**Counter-argument for justification.** The simultaneous occurrence of two similar events does not justify the individual error, but rather can suggest institutional faults. If it was an individual error it would not have been repeated within a week, particularly after witnessing the unpleasant consequences. Or else there would have been some history of harassment or related nuisances during his career. However, there was no evidence of such history too. Also, nursing is falsely considered as a female profession, and females outnumber males. This not only makes men a vulnerable group; but it also decreases their interest in the profession persistently contributing to a statistically imbalanced male-female ratio in nursing (Holden & Littlewood, 2015). Certainly, if the institutions will still consider these incidents as individuals' mistakes, the incidences of such events will continue to rise even more, and the institutions will further lose their "men" power.

#### **Kantianism versus Kantianism**

Deontology endorses duty holding which upholds moral obligations and affirms that characteristics of actions rather the consequences make the actions morally good or bad (Beauchamp & Childress, 2013). The management gave its decision with the duty to do justice with the patients and avoid future risks of maleficence in care. However, Kant also claims that justice is a supreme and generalized ethical compulsion which should be received by every autonomous individual (Burkhardt & Nathaniel, 2013). The termination of nurses' employment without any evidence of delinquency does not weigh independently in morality which violates the individuals' negative rights i.e., to be free from others' wrong actions.

**Consequence of our position. The code of medical ethics sanctions that institutions are responsible to uphold** patients' right to privacy and every health care worker is obligated to respect their dignity throughout the course of treatment (Epstein, & Turner, 2015). It the nurses violated the code; but were not punished they will be more fearless to repeat the offense.

**Counter-argument for justification. However, the offense was not proved.** If today the nurses were punished by the management personals based on a mere allegations and without the offense being proven, tomorrow the management should expect and accept the same decision for themselves in case of the unproven liabilities of any misconduct.

#### **Autonomy versus Paternalism**

In countries with strong gender stereotyping, delivery of care by opposite gender persons is usually accompanied with ethical allegations and not preferred by patients (Holden & Littlewood, 2015). Autonomy means self-rule (Beauchamp & Childress, 2013). After being extubated, the patient also stated that she never wanted to be cared for by a male nurse. It is important to know that every individual is autonomous and this autonomy should also be respected in hospitals to deliver a culturally appropriate care. Yet, abiding to patients' assertions and substantiating the status of their needs is not possible in every case which may lead to the abuse of medical power with intent to benefit patients, such as paternalism (Cooley, 2015). Senior nurses, regardless of their gender and due to their rich experience and clinical expertise, are intentionally assigned on the sickest patients for patients' benefit (Rankin, et al., 2015). Since the patient was in her immediate post-extubation period and on risk of re-intubation, she also needed to be cared for by a senior staff. Besides, the male nurse was assigned to the female patient by the departmental management only. Therefore, the management should not have terminated him.

**Consequence of our position.** Gender is a traditional, cultural and religious construct which impacts the caring relation between patients and health care workers (Wilson, 2017). Pakistan, being a Muslim country, believes in *pardah* of women (Ali & Syed, 2018) which restricts women's modesty to their limited interactions with males (Walter, 2016). This is also expected to be applied whilst in hospital care which stereotypes the role of males in nursing female patients (Younas & Sundus, 2018), making both the nurse and the patient apprehensive about being accused of physical touching which can negatively affect the delivery of quality care (Whiteside & Butcher, 2015). Hence, in a society like Pakistan, patient gender preference should be valued, particularly, if it is already declared and known.

**Counter-argument for justification.** The patient gender preference was declared after the occurrence of the incident. No such choice was avowed earlier either by the patient or her family. Hence, the nurses should not be made guilty. Moreover, if the choice of similar gender staff to uphold patients' autonomy is claimed right then paternalistic assignment of a male senior staff on a female patient for her beneficence should not be dubious too. The nursing code of ethics also states that nurses practice clinical judgments grounded on experience, skills and knowledge and allocates care responsibility to other nurses who exhibit these requisite competencies regardless of gender or race (Winland-Brown, Lachman, & Swanson, 2015).

## Recommendations

All health care providers (HCPs), particularly male colleagues, encountering such problems should step into the role of whistle blowers. Being directly involved in patients' care, all male HCPs including doctors, nurses, nurse assistants, and so on, are at risk of these unjust events.

Employees usually listen to the stories of ethical traumas and injustices and wait for some authorities to address these accounts. They themselves need to be a change agent to answer these "#MeToo" problems. Both employee and the organization expect honesty from each other. Whistle blowing also encourages staff with the right to speak up against organisations. Organizations should introduce and implement it in their policies and protocols to give it a written legal base to help employees challenge injustices and harassments. Authorities should ensure complete and thorough investigations once the event is reported, and they should also ensure that both the confronting parties should get a chance to speak in order to promote safety and prevent biases in the decision.

In addition, organizations should modify their policies according to the patients' gender preferences regardless of the advance directives because the concept of advance directives is still vague and unclear in many countries like Pakistan (Badruddin, 2016). If possible it will lessen problems if a male nurse is assigned to a male patient, and a female nurse to a female patient, irrespective of the informed gender-choice. More nurses should be hired, and departments should ensure a better balance of male and female nurse ratio per shift.

Hospitals' initial assessment forms should be modified and patient gender preference should be added to uphold patient's autonomy and maintain dignity of care. Also, patients and families, in case of unconscious patients, should be specifically asked that in case of life threatening situations can the hospital opt for an opposite gender staff to the patient or it is strictly proscribed. Nonetheless, a prior consent form must be signed by the family in case of the agreement.

Hospitals should strengthen their security and investigation systems in order to facilitate and justify the decision making process. Further, different motivational talks should be organised by the hospitals to remind nurses' and other HCPs about their oath of being loyal and sincere with their patients and profession. These reminders would motivate them to deliver care with more compassion and discourage them from misconduct.

Likewise, all HCPs should also ensure their sincerity towards the profession and honesty towards patient care. They should practice self-reflection for their doings and abstain themselves from any deleterious conduct.

## Conclusion

Various ethical and legal concerns affect any conclusion while dealing with mentally undermined people. At times, society becomes over-conscious towards vulnerable groups which has increased the magnitude of the problems. Thus, it has trouble at times in making the distinction between important and frivolous allegations, resulting in several ethical dilemmas. Hence, it is important to weigh the consequences on both sides of a coin. This can be done

by looking at the picture as a whole rather just a small or incomplete part of an event. Authorities must understand the real nature of the problem to strengthen the environmental safety for both the employees and the patients and combat this trending #MeToo events in nursing.

## References

- Ali, F., & Syed, J. (2018). 'Good Muslim women' at work: An Islamic and postcolonial perspective on ethnic privilege. *Journal of Management & Organization*, 1-19.
- Badruddin, S. (2016). Ethics of breaking sad news to patient by health care professionals: Pakistan perspective. *Journal of Clinical Research and Bioethics*, 7(261), 2.
- Burkhardt, M. A., & Nathaniel, A. (2013). *Ethics and Issues in Contemporary Nursing*, (4<sup>th</sup> ed.). Delmar, Australia: Nelson Education.
- Cooley, D. R. (2015). Elder abuse and vulnerability: Avoiding illicit paternalism in healthcare, medical research, and life. *Ethics, Medicine and Public Health*, 1(1), 102-112.
- Epstein, B., & Turner, M. (2015). The nursing code of ethics: Its value, its history. *OJIN: The Online Journal of Issues in Nursing*, 20(2), 1-10.
- Flynn, E. (2016). *Disabled Justice?: Access to Justice and the UN Convention on the Rights of Persons with Disabilities*. Routledge.
- Fusar-Poli, P., Carpenter, W. T., Woods, S. W., & McGlashan, T. H. (2014). Attenuated psychosis syndrome: Ready for DSM-5.1?. *Annual Review of Clinical Psychology*, 10, 155-192.
- Holden, P., & Littlewood, J. (Eds.). (2015). *Anthropology and Nursing*. Routledge.
- Poreddi, V., Reddemma, K., Ramachandra, & Math, S. (2013). People with mental illness and human rights: A developing countries perspective. *Indian Journal of Psychiatry*, 55(2), 117. doi: 10.4103/0019-5545.111447
- Rankin, J., McGuire, C., Matthews, L., Russell, M., & Ray, D. (2015). Facilitators and barriers to the increased supervisory role of senior charge nurses: A qualitative study. *Journal of Nursing Management*, 24(3), 366-375. doi: 10.1111/jonm.12330
- Reddy, V., Meyer, S., Shefer, T., & Meyiwa, T. (2014). Towards a critical theory of care.
- Sheldon, R. (2016). Introduction: Unsettling subjects of justice and ethics. In *Tragic Encounters and Ordinary Ethics*. Manchester University Press.
- Tareen, A., & Tareen, K. I. (2016). Mental health law in Pakistan. *British Journal of Psychiatry International*, 13(3), 67-69.
- Walter, A. M. (2016). Between "pardah" and sexuality: Double embodiment of "sharm" in Gilgit-Baltistan. *Rural Society*, 25(2), 170-183.
- Whiteside, J., & Butcher, D. (2015). 'Not a job for a man': Factors in the use of touch by male nursing staff. *British Journal of Nursing*, 24(6), 335-341.
- Wilson, F. M. (2017). *Organizational Behaviour and Gender*. Routledge.
- Winland-Brown, J., Lachman, V. D., & Swanson, E. O. C. (2015). The new Code of ethics for nurses with interpretive statements (2015): Practical clinical application, Part I. *Medical-Surgical Nursing*, 24(4), 268.
- Younas, A., & Sundus, A. (2018). Experiences of and satisfaction with care provided by male nurses: A convergent mixed-method study of patients in medical surgical units. *Journal of Advanced Nursing*.