



Original Research

Protecting the Caregivers: Policy to Prevent Sexual Harassment in Dutch Hospitals

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Recommended citation:

González A, Volders N, Gutiérrez de Terán A, Weiß C, Schneider P, van Meer Z, et al. Protecting the Caregivers: Policy to Prevent Sexual Harassment in Dutch Hospitals. JGPOH 2025. DOI: 10.61034/JGPOH-2025-06, Website: <https://jgpoh.com/>

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Abstract

Background: Sexual harassment in healthcare is a significant yet under-addressed issue, particularly affecting nurses. Despite increasing awareness following the #MeToo movement, harassment remains prevalent in hospitals, negatively impacting staff retention, patient care, and workplace morale. While the Dutch National Action Programme for Tackling Sexually Transgressive Behaviour and Sexual Violence sets broad guidelines, it lacks tailored strategies for hospitals. This policy brief aims to bridge this gap by providing a structured toolkit to help Dutch hospitals implement effective measures against sexual harassment.

Methods: A qualitative descriptive study was conducted to analyze existing sexual harassment policies in Dutch hospitals. The study examined publicly available hospital documents, legislative frameworks, and best practices from academic and non-academic hospitals. Additionally, Kotter's change management framework was integrated with the National Action Programme's five action lines to develop an implementation toolkit for hospitals. Comparative analysis was conducted between hospitals to identify strengths, gaps, and areas for improvement.

Results: Findings reveal that while many hospitals claim to have zero-tolerance policies, they often lack clear guidelines and structured interventions for addressing workplace sexual harassment. Best practices were identified, including awareness campaigns (e.g., Zuyderland Hospital's poster initiative), self-inspections (Isala Hospital), and external partnerships with NGOs like Centrum Seksueel Geweld. Academic hospitals, due to their affiliation with universities, tend to have more comprehensive policies, but implementation varies. Private hospitals often lack structured programs due to resource constraints.

Conclusion: To ensure effective prevention and response to sexual harassment in Dutch hospitals, a structured implementation toolkit is proposed, combining Kotter's framework with national policy goals. This toolkit provides a step-by-step approach for hospitals to strengthen reporting mechanisms, improve training programs, enhance organizational culture, and establish sustainable prevention strategies. By adopting these measures, hospitals can better safeguard their staff, create a culture of respect, and align with national and EU-level workplace safety regulations. Further research is needed to assess the real-world effectiveness of these interventions and encourage uniform implementation across all healthcare settings.

Keywords: Sexual harassment, workplace harassment, healthcare workforce, Dutch hospitals, nursing safety, transgressive behavior, organizational culture, public health policy, occupational health, gender-based violence, healthcare leadership, employee well-being.

Conflict of interests: None declared.

Financial disclosure: None declared.

Ethics statement: Not applicable.

Data availability: The study uses secondary data which is publicly available from data sources/DOI

Authors contributions: This policy brief was completed as part of the MSc Governance and Leadership in European Public Health at Maastricht University. Authors Alessia González, Naud Volders, Alejandro Gutiérrez de Terán, Corinna Weiß, Priscilla Schneider, and Zoë van Meer were students within the program, with equal contributions.

Acknowledgements: We sincerely thank our supervisor, Stefanie Beinert, for her support



and valuable insights with us. We also appreciate our course professors, Katarzyna Czabanowska and Martina Paric, for their ongoing encouragement throughout this work.

Introduction

Box 1 - Key findings

Prevalence of sexual harassment against healthcare workers is too high.
The Dutch Government's Action Programme does not tackle that problem in detail.
Therefore, a tailored toolkit should help Dutch hospitals to implement a culture of safety and tolerance. It is not just a checklist; it is a collaborative working process!

Sexual harassment is a clear violation of human rights, hinders equality, and stands in direct opposition to the right to fair and dignified work. In 2019, the International Labour Organization took a major step towards zero tolerance for workplace violence and harassment, extending protection to all workers, regardless of employment status (1). Notably, it expands protections to include harassment through work-related communications, including digital platforms, highlighting the need for policies addressing both traditional and online harassment. The Dutch government emphasizes the necessity of this convention with the aim of ratifying it (2).

Nevertheless, sexual harassment and violence have become occupational hazards, particularly for nurses, despite their caregiving mission. Healthcare professionals are at a higher risk of workplace violence than other professions due to their close physical and emotional interactions with patients and colleagues. However, this issue is deeply rooted in power dynamics, where predominantly male perpetrators exert control over female victims. Power imbalances in hierarchical workplace structures, gendered expectations, and cultural norms often contribute to an environment in which male aggressors exploit their positions, while female victims face barriers to reporting or seeking justice.

This exposure to sexual harassment has been linked to numerous negative health outcomes, both physical and psychological. It can cause serious mental health problems, such as depressive symptoms (3). Examples of effects on the physical level include a higher risk of cardiovascular diseases and type 2 diabetes (4). A study of 296 nurses found that over half experience verbal sexual harassment, with approximately 30% subjected to inappropriate sexual gestures and 18% encountering physical assault (5). Two-thirds of the nurses reported feeling deeply affected by these experiences, leading to lower job satisfaction and, in many cases, contributing to workforce attrition (5).

Another study conducted in Germany on sexual harassment among healthcare workers revealed that both male and female employees across all health sectors face high levels of sexual assault (6). However, gendered power structures mean that women, who are overrepresented in caregiving roles, disproportionately experience harassment from male colleagues, superiors, and patients. This pattern reinforces systemic inequalities, where male perpetrators frequently evade accountability, and female victims face social and professional consequences for speaking out.



Aside from highlighting this issue, researchers advocate for the development of new interventions and targeted research (6). Addressing sexual harassment in healthcare requires a shift in institutional culture, stronger enforcement of policies, and a recognition of the gendered power structures that enable such violence. Sexual harassment increases anxiety and undermines a nurse's ability to focus on delivering competent and safe care (7). Only by addressing these power imbalances and implementing systemic changes can workplaces become safer and more equitable for all healthcare professionals.

Box 2 – What is sexual harassment and transgressive behavior?

The legal term for sexually transgressive behaviour in the workplace is sexual harassment.

Article 7:646(8) of the Dutch Civil Code (8) and Section 1a(3) of the Dutch General Equal Treatment Act (9) state the following: "any form of verbal, non-verbal or physical conduct with a sexual connotation that has the purpose or effect of violating the dignity of the person, in particular when a threatening, hostile, abusive, humiliating or offensive environment is created."

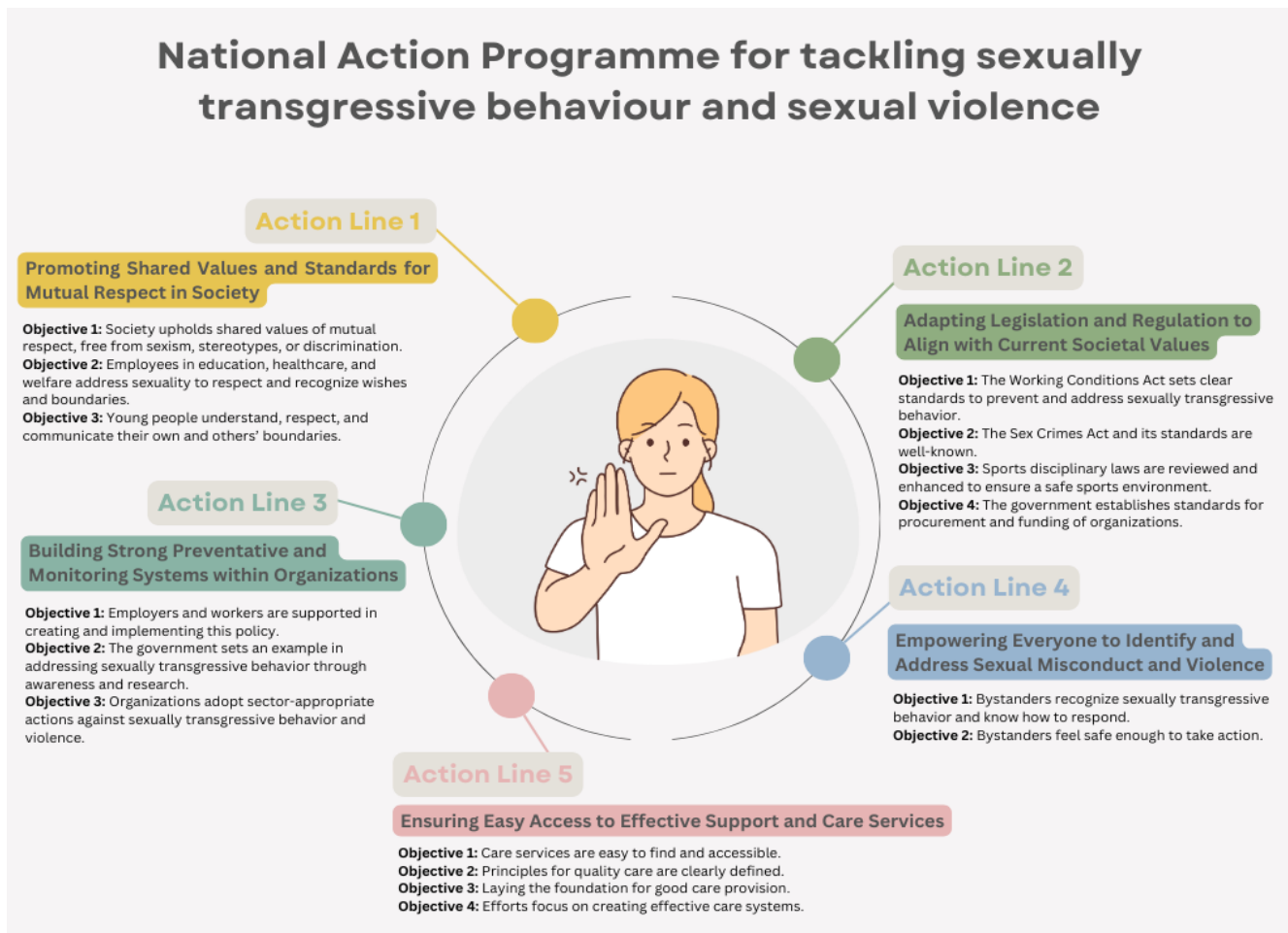
Finally, an article part of the Oxford Medical Journal published earlier this year on safeguarding healthcare professionals from sexual harassment in the workplace, argues that sexual harassment can inflict long-lasting psychological harm on victims (10). Researchers emphasize that while the MeToo movement in 2017 brought much-needed attention to this persistent problem, there has been no decline in the number of healthcare workers reporting harassment since then. This alarming trend underscores the critical and immediate need for decisive action in policy sectors to address and mitigate this pervasive issue.

To face these challenges the Member States are responsible to apply and enforce EU laws and regulations to safeguard the workplace of nurses. Not only governments need to be taken into account but also the hospitals themselves, since every organization faces individual risks and potential factors. In 2023, the Dutch government introduced the National Action Programme for tackling sexually transgressive behaviour and sexual violence (2). The programme focuses on five key goals (Figure I) to scrutinize societal attitudes and develop respectful interactions. These include promoting shared values of respect, updating laws to reflect these values, supporting organizations in creating prevention policies, encouraging bystanders to recognize and address issues, and providing support for victims. Its goal is to make society safer and ensure that everyone's boundaries are respected in schools, public spaces, and more. This is important because a safe workplace where boundaries are respected protects individual well-being, fosters trust and promotes equality.

However, the programme does not specifically focus on hospitals, which face unique challenges when dealing with sexual harassment among nurses. Hospitals may need tailored strategies that align within the broader goals of the action programme while addressing the specific needs of healthcare staff and patients (2). Because of these special issues the objective of this policy brief is to equip hospitals with a hands-on and actionable toolkit for implementing the National Action Programme to tackle sexually transgressive behaviour and sexual violence in Dutch hospitals.



Figure 1: The Five Action Lines of the National Action Programme, adapted from Ministry of Education, Culture and Science.



Methods

Study design

For this study, a qualitative, descriptive design was used to analyse existing policies and guidelines within Dutch hospitals aimed at combating sexual harassment. This approach was chosen because it allowed for a detailed examination of existing efforts against sexual harassment in Dutch hospitals, but also allowed for the identification of areas for improvement. In addition, this method allowed for an in-depth comparison between academic and non-academic hospitals across different provinces in the Netherlands. The ultimate goal was to develop practice-based recommendations for hospitals to integrate the objectives of the National Action Programme for tackling sexually transgressive behaviour and sexual violence into their policies and daily practices. To achieve this Kotter's (11) change management framework was combined with the Programme's five action lines as a structured basis for the recommendations. Kotter's framework was chosen because it provides a proven, step-by-step approach for leading organizational change, ensuring that the implementation of the National Action Programme is both effective and sustainable.

Study population and sampling

The study population consisted of Dutch hospitals. Two hospitals per province were selected with



the aim of including both academic and non-academic hospitals. This sampling approach ensured diversity in hospital types and equal representation across all Dutch regions. Hospitals were classified based on the availability of publicly available policy documents on the prevention and management of sexual harassment. When limited information on this topic was available from a hospital, this was also documented to identify potential areas for improvement.

Data collection

Data were gathered by examining websites and publicly available policy documents from all Dutch academic hospitals, as well as a minimum of two hospitals per province. The focus was on existing guidelines and regulations to protect employees from sexual harassment and to identify and combat such incidents within the hospital. Policy documents were analysed to assess the extent to which hospitals are actively implementing the five goals of the National Action Programme for tackling sexually transgressive behaviour and sexual violence, and to highlight areas where further improvement may be needed. In addition, a literature review was conducted to search for studies regarding sexual harassment prevention strategies to understand best practices. To find suitable sources, Google Scholar and PubMed were consulted.

Data analysis

The data analysis involved examining the collected policy documents and literature in relation to the various objectives outlined in the five action lines of the National Action Programme. These action lines included shared societal values and standards about how we want to treat each other and legislation and regulations reflecting these values. It also focused on processes for prevention, detection, and monitoring. Furthermore, it addressed recognizing and reporting sexually transgressive behaviour and sexual violence, along with ensuring good care provision that is easy to find (2). For each goal, the presence in the collected documents and the manner of implementation were assessed. A comparative analysis was conducted by mapping the findings to Kotter's steps, which helped identify similarities and differences between hospitals and best practices. Practical recommendations for hospitals were then formulated based on these findings.

Ethical considerations

This study follows ethical principles of confidentiality, integrity, and responsible use of information. Data was collected from publicly available hospital policies and academic literature, ensuring no breach of privacy or sensitive information. The study aims to promote a safer work environment for healthcare professionals while avoiding harm, bias, or misrepresentation. Additionally, ethical frameworks such as non-maleficence and justice were considered to ensure that recommendations uphold fairness and inclusivity. Future research involving direct hospital engagement should include informed consent and anonymity protections for participants.

Results

European hospitals use various strategies to prevent sexually inappropriate behaviour and support staff who may be affected. Awareness campaigns are one common approach, aiming to build a respectful workplace culture. The National Health Service in England found that hospitals running regular awareness efforts report higher incident reporting and greater staff awareness (12). These



campaigns often focus on understanding boundaries and respectful interactions, making it easier for staff to identify and address inappropriate behaviour, specifically with women as a target group.

Training programs are another key prevention part, with mandatory staff sessions. These programs cover recognizing harassment, handling inappropriate behaviour, and knowing how to report incidents. Hospitals with strong training programs respond better to incidents and offer better support for staff. (10). Training also prepares employees with skills for de-escalation and handling situations properly, making the workplace safer overall.

Community partnerships add further prevention support, especially in academic hospitals. Working with organizations like Centrum Seksueel Geweld gives hospitals access to additional resources, such as counselling, medical care, and legal guidance for affected staff (13). These partnerships bring in specialized knowledge, helping hospitals manage complex cases effectively and ensuring that staff can access support quickly. Additionally, collaborating with NGOs that focus on sexual harassment prevention and support can provide hospitals with valuable resources and expertise. For instance, organizations as Slachtofferhulp Nederland to further support victims of sexual harassment (14).

Academic and public hospitals often have more resources, including in-house advisors and predictive analytics to spot high-risk situations. Mangat & Saini (15) showed that academic hospitals use data to predict and prevent incidents, applying customized approaches through advanced analytics. Research frequently shapes these proactive methods, allowing academic hospitals to lead in developing innovative prevention tools. An example of this is Maastricht University, which works intensively with the hospital (MUMC+).

Private hospitals take a different approach, using broader and more flexible strategies. With fewer resources than academic hospitals, they focus on regular training and protocols that can be adapted across settings. Public hospitals rely on partnerships with groups like Victim Support Netherlands, which provide practical support across diverse healthcare settings (15). Though fewer in number, private hospitals in the Netherlands often have a higher profit, which can be invested in these programs.

Considering the novelty of the National Action Programme, there are no documents available from hospitals that specifically cite this programme. There are very few articles from Dutch hospitals specifically on how they address sexually transgressive behaviour. However, there are some examples of hospitals that are trying new strategies. “Zuyderland” is a Limburgian hospital that has several locations, being the biggest hospital in the entirety of Limburg (16). This organisation acknowledges that nurses and healthcare professionals experience sexually transgressive behaviour on a daily basis and recently launched a new campaign. One part of this is a poster campaign. The management from this clinic created posters with phrases nurses encounter, such as “hey girl, put on a dirty movie” and spread this across the hospital and social media to gain attention to the issue (17). They also created and shared podcasts with workers from different parts of the organization on social media, and this campaign lasted several weeks.



Another hospital that has been open to new strategies is "Het Isala ziekenhuis". By performing an inspection using the "self-inspection of the Dutch Labour Inspectorate" in this hospital, management noticed that although the hospital had put in some strategies, workers were still feeling uneasy and uncomfortable at work. After seeing this, they created "Together we make Isala socially safe". Throughout this project, the hospital was searching for the best practices to put a stop to sexual harassment. In the end, they came up with solutions that were deemed most effective, such as creating awareness among workers on where they need to be if something happens, providing visual aids and bundling relevant information (18).

However, it is important to note that sexual harassment remains a significant challenge in hospitals. Sexual harassment remains a persistent challenge in hospitals. Grethe van Geffen, an expert in culture, diversity, and inclusion, notes that hospitals often fail to tackle the issue structurally. Their complex makeup—marked by rigid hierarchies, high-pressure environments, and diverse staff—creates risk factors that foster inappropriate behavior. Van Geffen also highlights that racial bias, particularly toward non-white staff, can heighten vulnerability. Despite increased awareness, reported cases remain high, suggesting that current policies fall short. She calls for systemic, innovative approaches that move beyond surface-level solutions to create truly safe and inclusive workplaces (19).

Policy Recommendations

Based on the results above, to help hospitals implement the National Action Programme for tackling sexually transgressive behaviour and sexual violence, this toolkit combines Kotter's change management framework (11) with the Programme's five action lines, offering a structured and practical approach to driving organizational change while addressing critical issues in patient and staff safety. This framework provides hospitals with practical steps and resources to mobilize teams, foster organization-wide engagement, demonstrate early successes, and embed these standards into the hospital's culture. By following this structured approach, hospitals can build a comprehensive, sustainable response to creating a safer and more respectful environment for patients and staff alike.

The focus on collaboration and training underscores the need for systemic change within hospital settings. However, the effectiveness of this approach depends on ensuring that hospitals have the necessary resources, infrastructure, and financial feasibility to implement these changes. Resource disparities between academic and private hospitals may impact their ability to adopt the toolkit at the same pace, requiring tailored strategies to ensure equitable access to training and support. Additionally, cost estimates and feasibility assessments should be included to help hospitals plan for essential investments such as staff training, policy enforcement, and monitoring systems. Any recommendations for training programs, reporting mechanisms, or institutional support services must be realistic, scalable, and adaptable across different healthcare settings.

To ensure inclusivity, diversity must be explicitly accounted for within hospital budgets. Allocating resources for inclusive training, diverse leadership representation, and targeted support for underrepresented staff groups is essential for fostering a truly equitable work environment. Furthermore, an ongoing evaluation of resource allocations is needed to assess funding



distribution, staffing needs, and institutional support, ensuring that these initiatives remain effective and sustainable.

By integrating Kotter's proven change management framework with the National Action Programme's five action lines, hospitals can create organization-wide cultural change that strengthens collaboration across teams, engages all staff levels, and builds trust through early, visible successes. Embedding these changes into hospital culture ensures long-term sustainability while aligning with national policy goals. Ultimately, this structured approach offers hospitals a clear and practical roadmap for addressing sexually transgressive behaviour and sexual violence, fostering a safer and more respectful environment for both staff and patients.

The table below provides a structured guide that aligns each Kotter step with specific objectives, content, toolkit components, and the action lines from the Programme. Each action line focuses on a critical aspect of tackling sexually transgressive behaviour based on national policy.



Table 1: Structured Toolkit for Implementing the National Action Programme in Hospitals Using Kotter’s Change Management Model. Adapted from Kotter and Cohen. (11)

Kotter's Step	Objective	Content	Toolkit Component	Aligned Action Line	
Creating a Climate for Change	1. Increase Urgency	Emphasize the critical need to tackle sexually transgressive behavior.	Present statistics, case studies, or incidents that highlight the importance of prompt action.	Brief on the scope and impact of sexually transgressive behavior in healthcare settings.	Action Line 1: Emphasize shared societal values and standards about respectful treatment and behavior.
	2. Build the Guiding Team	Form a dedicated team to lead policy implementation.	Outline roles for a multidisciplinary team from HR, compliance, nursing, and clinical departments.	Guidelines for creating a task force, including key roles and responsibilities.	Action Line 1: Ensure the team promotes shared societal values in their approach to leadership.
	3. Get the Right Vision	Align hospitals on a clear vision that supports the National Action Programme.	Define desired outcomes, such as a safer environment and clear protocols for handling incidents.	Vision statement template or examples to guide hospitals in articulating their commitment.	Action Line 1: Develop a vision based on societal values of respect and safety.
Engaging and Enabling the Organization	4. Communicate for Buy-In	Ensure awareness and understanding of the new policy across staff.	Use communication channels like town halls, training sessions, and posters to educate all employees.	Communication plan template, with messaging and suggested channels for different employee groups.	Action Line 2: Reinforce updated legislation and standards in communications to reflect societal values.
	5. Empower Action	Equip staff to act in alignment with the policy, removing any barriers to success.	Identify and address barriers, like unclear reporting mechanisms, lack of resources, or resistance to change.	Guide on training staff and empowering them with resources to handle reports effectively, tailored by role (e.g., clinical, HR, security).	Action Line 3: Ensure organizational processes are in place for prevention, detection, and monitoring.
	6. Create Short-Term Wins	Build momentum by demonstrating early successes.	Suggest quick wins, like pilot programs, gathering initial feedback, or showcasing success stories.	Checklist of short-term goals and metrics, such as number of staff trained, initial feedback scores, and reported improvements in response to incidents.	Action Line 3: Establish monitoring mechanisms to track short-term wins and early successes.
Implementing and Sustaining Change	7. Don't Let Up	Maintain momentum by refining and expanding the policy over time.	Emphasize the need for continuous assessment, feedback, and regular policy updates.	Timeline for revisiting policy effectiveness with suggested metrics and methods for gathering ongoing feedback from staff.	Action Line 4: Build ongoing awareness so everyone can recognize and respond to inappropriate behavior.
	8. Make it Stick	Embed the policy into the hospital's culture for long-term sustainability.	Integrate policy adherence into staff performance reviews, onboarding for new staff, and regular trainings.	Recommendations for institutionalizing the policy, such as accountability measures, training refreshers, and celebrating achievements in creating a safe environment.	Action Line 5: Ensure accessible care provision as part of a sustainable, supportive environment.



Figure 3. *Implementation Checklist: How to build a safe and inclusive hospital? Own elaboration.*

Implementation Checklist: How to build a safe and inclusive hospital?

Name of Hospital:
Date implementation began:
Date estimated checklist to be complete:
Person in charge:

1. Increase Urgency

- Impact Brief:** Share a short, easy-to-read report with department heads that includes important statistics on workplace harassment and real examples from other hospitals. This helps everyone understand the issue better.
- Awareness Presentation:** Host an introductory session for leadership teams to highlight why addressing inappropriate behavior is critical for a safe workplace.

2. Build the Guiding Team

- Team Formation Guide:** Form a task force with staff from HR, nursing, administration, and clinical teams. This group will take the lead on implementing changes and promoting a positive work environment
- Recruitment Updates:** Update job postings to reflect our inclusive values and make it clear that sexual harassment is not tolerated at our hospital.
- Roles and Responsibilities:** Assign clear duties to each task force member, like leading training, improving reporting systems, or updating staff on progress.

3. Get the Right Vision

- Vision Statement:** Create a vision statement that expresses the hospital's commitment to respect and safety for everyone. Share it in common areas and include it in new hire orientations.
- Clear Communication Plan:** Develop a plan to ensure all staff understand the new policies. Use emails, posters, and digital screens to get the message out effectively.
- Code of Conduct:** Develop a clear and simple Code of Conduct that explains sexual harassment and unacceptable behavior in straightforward terms."

4. Communicate for Buy-In

- Clear Communication Plan:** Develop a plan to ensure all staff understand the new policies. Use emails, posters, and digital screens to get the message out effectively.
- Interactive Training:** Organize town halls and training sessions with real-life examples and practical tips on responding to incidents.
- Learn from Others:** Review policies from other hospitals to see what works well and adapt their best practices. to prevent sexual harassment.

5. Empower Action

- Potential-and-Risk-Analysis:** Conduct for each department of the hospital. What risks make healthcare workers vulnerable to sexual harassment, and what effective structures are in place to address it?
- Role-Specific Training Modules:** Design training for different roles, including scenarios specific to each role's interactions with patients and colleagues.
- Easy Reporting System:** Set up a simple, anonymous system for reporting incidents. Make sure it's accessible to staff and patients.
- Support Services:** Provide counseling services for staff to help them cope with workplace challenges.
- Bathroom Resources:** Place stickers in restrooms with a QR code linking to helpful resources and information.

6. Create Short-Term Wins

- Quick-Win Checklist:** Identify small, achievable goals such as completing initial training sessions or achieving high participation in awareness campaigns.
- Short-Term Goals Tracking:** Set and monitor progress on short-term objectives, such as the number of reports or feedback received after initial training.
- Recognition of Successes:** Publicly acknowledge departments or individuals who contribute significantly to the program's success.

7. Don't Let Up

- Continuous Improvement Plan:** Set up a quarterly review process to assess the policy's effectiveness and gather feedback.
- Ongoing Awareness Campaigns:** Refresh materials every quarter, including new posters and digital reminders about the policy.
- Feedback System:** Create a way for staff to suggest improvements or report new challenges easily.

8. Make it Stick

- Performance Reviews:** Include adherence to the policy as a measure in staff evaluations, ensuring accountability.
- Annual Refresher Training:** Schedule yearly training to keep everyone informed about best practices and updated policies.
- Sustainability Checklist:** Regularly evaluate the availability of support services, such as counseling, and ensure resources remain accessible to all staff and patients.
- Accessible Documents:** Provide materials in multiple languages and ensure they are easy to understand for all groups, including children, elderly patients, staff, and visitors.

This expanded checklist provides hospitals with a detailed, practical approach to implementing the National Action Programme within Kotter's framework. It ensures that each step includes real-



world applications and that the action lines are fully embedded in hospital practices, promoting a respectful, safe environment for staff and patients alike. The toolkit can be accessed here: <https://bit.ly/ChecklistSafeHospital>

Discussion

Despite the National Action Programme being a significant milestone in addressing sexual harassment, it does not specifically focus on one of the most vulnerable target groups in the workplace: the healthcare workforce. Action Line 1 mentions that professional codes should be refined to protect both patients and healthcare providers, but it does not offer detailed guidance tailored to hospitals. This is particularly concerning, as healthcare workers are at high risk of experiencing transgressive behavior due to workplace hierarchies, intensive interpersonal relationships, and hospital structures (19).

According to the findings, many Dutch hospitals claim to have a zero-tolerance policy toward sexual harassment in their house rules. However, they lack clear, structured guidelines and policies to effectively address and prevent sexual harassment within their workforce. While Dutch law (20) mandates that all employers have action plans to address psychosocial risks (which includes sexual harassment), these plans are not explicitly required to focus on systematic transgressive behavior. Furthermore, despite these legal requirements, public access to such policies remains highly limited, making it difficult to assess their actual implementation and effectiveness.

In this context, it is important to highlight power relations among key hospital stakeholders, as explored in the stakeholder analysis (Annex I). However, the power dynamics between hospital management, unions, nurses, and patients require further critical exploration. For example, nurses—especially women—may have less institutional power than management, affecting how harassment is reported and addressed. The gender dimension of workplace power imbalances is a crucial aspect that needs deeper examination to understand how policies can be made more effective and equitable.

Academic hospitals, particularly those associated with research institutions such as Maastricht University, appear to provide more guidance and resources on sexual harassment prevention. However, it is unclear whether these tools are fully integrated into daily clinical practice or whether they effectively protect staff in real-world hospital settings. Additionally, the lack of comprehensive data on implementation makes it difficult to determine how consistently hospitals apply sexual harassment prevention policies. This aligns with van Geffen, (19) who identifies critical gaps in workplace protection against sexual harassment in hospitals.

Another key issue is the legal obligation to implement workplace codes of conduct. Action Line 2, Objective 1 of the National Action Programme (2) states that the Dutch government plans to introduce a legal requirement for workplaces to have codes of conduct addressing sexual harassment. However, the Working Conditions Act (20) has not been amended since the programme's publication, meaning this obligation does not yet exist. In contrast, the UK has taken a more proactive approach, with the Worker Protection Act (21) requiring clear workplace guidelines on preventing sexual harassment. As part of this, the NHS published a sexual



misconduct policy in 2024 (22), outlining specific reporting pathways for victims, witnesses, and staff handling these cases. This approach could serve as a valuable model for the Dutch healthcare system.

Until the legal framework in the Netherlands is updated, it is not accurate to say hospitals are failing to meet legal targets—because such targets do not yet exist. However, this lack of mandatory action means hospitals are not proactively addressing the issue either. To bridge this gap, the toolkit developed in this document serves as a practical resource to help Dutch hospitals create clear strategies and codes of conduct for preventing and managing sexual harassment among staff. This toolkit anticipates future legal obligations and ensures hospitals take proactive measures before regulations are enforced.

Future research should address existing gaps by using direct engagement with hospitals and strategic partnerships. Suggested methods include:

- Qualitative interviews, surveys, and focus groups with hospital staff, management, and unions to gain in-depth insights beyond publicly available data.
- Collaboration with academic institutions and healthcare organizations to access non-public internal policies and evaluate existing strategies.
- Longitudinal studies to measure the effectiveness of our recommended toolkit over time and assess how hospitals implement policies in real-world settings.
- Ensure equitable and sustainable implementation by addressing resource disparities, providing cost estimates and feasibility assessments, offering scalable and practical resource recommendations, and requiring dedicated budgets for diversity efforts.

This approach would strengthen the evidence base, provide practical solutions, and ensure hospitals take proactive steps to protect their workforce against sexual harassment.

Conclusion

All in all, this document, along with the toolkit, positions itself as a key resource for hospitals in the Netherlands to combat sexual harassment among their staff. By translating the National Action Programme for Tackling Sexually Transgressive Behaviour and Sexual Violence into concrete guidelines, it addresses the structural and systemic nature of harassment within the healthcare workforce.

The toolkit offers hospitals a practical way to take proactive measures, even in the absence of current legal obligations. It supports the development of clear reporting procedures, staff training, and codes of conduct, helping hospitals prepare for future legal changes while improving patient and staff safety in the present. By integrating national policy goals with practical, hospital-level action, this approach contributes to building a safer, more respectful, and equitable working environment in the Dutch healthcare sector.



Annex I, Stakeholder Analysis

Sexual harassment in nursing is a serious issue that involves multiple stakeholders. Each of these stakeholders plays a role in either addressing, preventing, or managing incidents of sexual harassment.

Name of Stakeholder	Influence/Power	Interest/Stake in the Issue	Position in Relation to the Issue	Engagement Priority
Hospital Management	High	High	Responsible for implementing policies and ensuring a safe work environment	High
Nursing Staff	Low	High	Directly affected by incidents, with vested interest in safety	High
Human Resources Department	High	High	Enforces policies, provides training, and manages reporting and support for affected staff	High
Healthcare Unions	High	High	Advocates for the rights and well-being of nursing staff, including safety from harassment	High
Government and Regulatory Bodies	High	Low	Sets regulations and standards for workplace safety and harassment prevention	Medium
Patients	Low	Low	Indirectly involved, as respectful behaviour is expected and required	Low
Professional Nursing Associations	Medium	High	Provides guidelines, support, and advocacy on harassment issues in the profession	Medium
Legal and Advocacy Organizations	Medium	Medium	Supports legal and advocacy measures for harassment cases and victim protection	Medium
Training and Education Providers	Low	Medium	Offers training and awareness programs on preventing sexual harassment	Low
Media	Medium	High	Supports in creating awareness. But is also reporting negative news.	Medium



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