



MINISTRY OF HEALTH
SINGAPORE

TRIPARTITE FRAMEWORK FOR THE PREVENTION OF ABUSE AND HARASSMENT IN HEALTHCARE

**Tripartite Workgroup for the Prevention of Abuse and
Harassment of Healthcare Workers**

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Foreword

To provide quality patient care, healthcare workers need to work in an environment where they feel safe and are not threatened or traumatised by incidents of abuse and harassment.



The vast majority of the public seeking healthcare services trust, respect and appreciate the dedication, skill and compassion of our healthcare workers. However, there is a small minority of individuals who resort to words and actions which are abusive to healthcare workers. The impact of each of these acts is profound, extending beyond the trauma to the immediate victim. It erodes the trust between patients and their next-of-kin, and healthcare workers. This can be demotivating and adversely affects the quality of patient care.

In a 2022 survey conducted by the Ministry of Health (MOH), 2 in 3 healthcare workers experienced abuse in the 12 months preceding the survey. Among these, 3 in 4 healthcare workers did not report the incidents. Many healthcare workers endured in silence. As a result, the cases were not followed up.

The Tripartite Framework for The Prevention of Abuse and Harassment in Healthcare (the “Framework”) sets out the foundation for a standardised zero-tolerance policy against all forms of abuse and harassment towards healthcare workers, and to improve reporting and support of such incidents in healthcare institutions. We need to reduce the number of incidents of abuse from a small minority, and to protect our healthcare workers so that they can better serve the great majority.

This Framework will be accompanied by a detailed internal Implementation Guide circulated to healthcare institutions. The three public healthcare clusters – the National Healthcare Group (NHG), National University Health System (NUHS) and Singapore Health Services (SingHealth) – have committed to adjusting their existing protocols to adhere to the Framework and will be adopting the standardised Implementation Guide across their institutions.

Community care organisations, private hospitals and clinics are also encouraged to adopt the key principles of this Framework in their operations and HR practices. This will ensure a consistent approach across the public, private and community care sectors.

Tripartite Framework

The Tripartite Framework comprises the following three components.

I. Definition of Abuse and Harassment

A common definition of what constitutes abuse and harassment to guide how we identify, and subsequently prevent and manage these incidents in a consistent manner.

II. Standardisation of Protocols

An Implementation Guide will be adopted across the public healthcare institutions to align the management of perpetrators. These will cover immediate incident response, reporting, and post-incident management, as needed.

III. Follow-Up Actions

Healthcare institutions will take appropriate action against perpetrators to protect healthcare workers and those around them.

Healthcare institutions should also provide support for outsourced or contract-for-service staff working within the premises of their institutions.



I. Definitions of Abuse and Harassment

Abuse and harassment can occur in physical and/or virtual settings, when an individual, through his or her words, communication, actions, or behaviours that are inappropriate, threatening or insulting:

- (1) causes a healthcare worker to feel intimidated, alarmed, or distressed; and/or
- (2) hinders or impedes the healthcare worker in carrying out his/her duties.

Examples of abuse and harassment in the Framework include but are not limited to:

“She started to throw things at us, ... scream and shout and verbally abuse [us]... she cursed for my whole family to die...”

“He [patient] was threatening me, 'I can complain, I know some senior ministers. I can send you back home.'... You feel threatened. You feel scared also. Even though Singapore is my home already, I still feel threatened that this person can actually complain about what I'm doing, and I can lose my job.”

“I refused to discharge a male patient as he still clearly required treatment. To my horror, he started to say nasty things about my pregnancy/ fetus. He also made sexually explicit gestures and remarks, and spat at me several times.”

“I told the patient’s mother and boyfriend that they cannot visit the patient because her discharge plan will be affected. We already told them that they cannot visit from the beginning. I understand they are frustrated...it is normal...but must they take videos of me or use vulgarities? I was only communicating the doctor’s instructions...”

“The patient’s son called me lazy and accused me of being unwilling to serve because it was close to our lunch hour. He was also very angry when I told him that for first-time consultation for recomon injections at the polyclinic, the patient must see a doctor first for prescription. He thought that I said that to earn more money off him. It is very unfair to experience this.”

II. Standardisation of Protocols

Immediate Incident Response

During an incident of abuse or harassment, healthcare workers have the right to take immediate action to protect themselves and others from harm. Such actions may include telling the perpetrator firmly to stop his/her abusive behaviour, activating security personnel, or as a last resort, administering restraints to perpetrators to prevent them from causing harm.

Reporting

Internal Reporting: Healthcare workers should report all incidents of abuse and harassment. Each public healthcare institution will have a staff protection function to oversee proper and fair reviews of all abuse and harassment incidents involving staff. Healthcare institutions should foster a supportive culture of reporting, and ensure that the reporting process is not burdensome, repetitive or intimidating for staff.

Reporting to the Police: Anyone can call the Police at their own discretion. However, victims are encouraged to call the Police if they have sustained physical injury from an incident, or if a perpetrator has made a threat to cause harm to the victim. To support healthcare workers through Police investigations, healthcare institutions should consider providing the necessary post-incident relief such as time-off to prepare for and attend police interviews. Separate from and regardless of the outcome of the Police investigations, healthcare institutions may also guide and support staff who wish to lodge a Magistrate's Complaint or file a claim with the Protection from Harassment Court.

Post-Incident Management

Healthcare institutions will offer the necessary support for staff who are victims of abuse and harassment, such as but not limited to medical treatment, time-off or reassignment of duties, and mental health support. Similar support should also be extended to outsourced or contract-for-service staff who are working in the institutions.



III. Follow-Up Actions

Perpetrators who are referred to the Police may be charged under relevant sections of the Penal Code or the Protection from Harassment Act. If convicted, they may be liable to a fine, imprisonment, or both.

Regardless of Police proceedings and outcomes, healthcare institutions may also take concurrent and appropriate actions against perpetrators. These actions, however, will not compromise the clinical care that is needed by the patient. Depending on the severity of the abuse or harassment, institutions may:

- a. Issue verbal and/or written warnings to the perpetrators;
- b. Remove abusive next-of-kin and visitors from the premises of the healthcare institution. If necessary, healthcare institutions may disengage them in communications and bar them from visiting patients in the hospital for a period of time;
- c. Refuse requests from perpetrators that are unreasonable, such as requests for services outside of healthcare workers' job scope;
- d. Discharge abusive patients if it has been assessed that they do not require urgent medical care; and
- e. Document the behaviour of recalcitrant perpetrators in their medical records so that healthcare workers may take appropriate precautions and prevent further abuse and harassment.

MOH empowers healthcare institutions to act against perpetrators of abuse and harassment. When perpetrators make a complaint to MOH and the management of healthcare institutions, the facts of the cases will be evaluated. If an abuse has indeed taken place and healthcare workers have behaved professionally and reasonably, MOH will stand by the decisions of the healthcare institutions. This would enable healthcare institutions to make decisions knowing that so long as they have not done anything wrong, they have the backing of their management and MOH.





Conclusion

Healthcare workers have the right to work in an abuse-free environment like everyone else. This is essential for delivering compassionate, effective and dignified care to patients. While patients and visitors may be facing stress and uncertainty, we encourage them to trust that the healthcare workers providing care are doing their best. Patients, visitors and healthcare workers should always exercise empathy and mutual respect for each other.

There is zero tolerance for abuse and harassment within all healthcare settings. We strongly encourage institutions, healthcare workers and members of the public to work with us to send a powerful signal that healthcare workers deserve to be respected and valued for their work. Together, we can safeguard our healthcare workers from abuse and harassment, so that they can have the peace of mind and resilience to continue providing a high standard of care.

Annex

Organisations Represented in The Tripartite Workgroup

1. Agency for Integrated Care Pte. Ltd.
2. Healthcare Services Employees' Union
3. IHH Healthcare Singapore
4. Methodist Welfare Services
5. MOH Holdings Pte. Ltd.
6. National Healthcare Group
7. National University Health System
8. Raffles Medical Group
9. Singapore Health Services