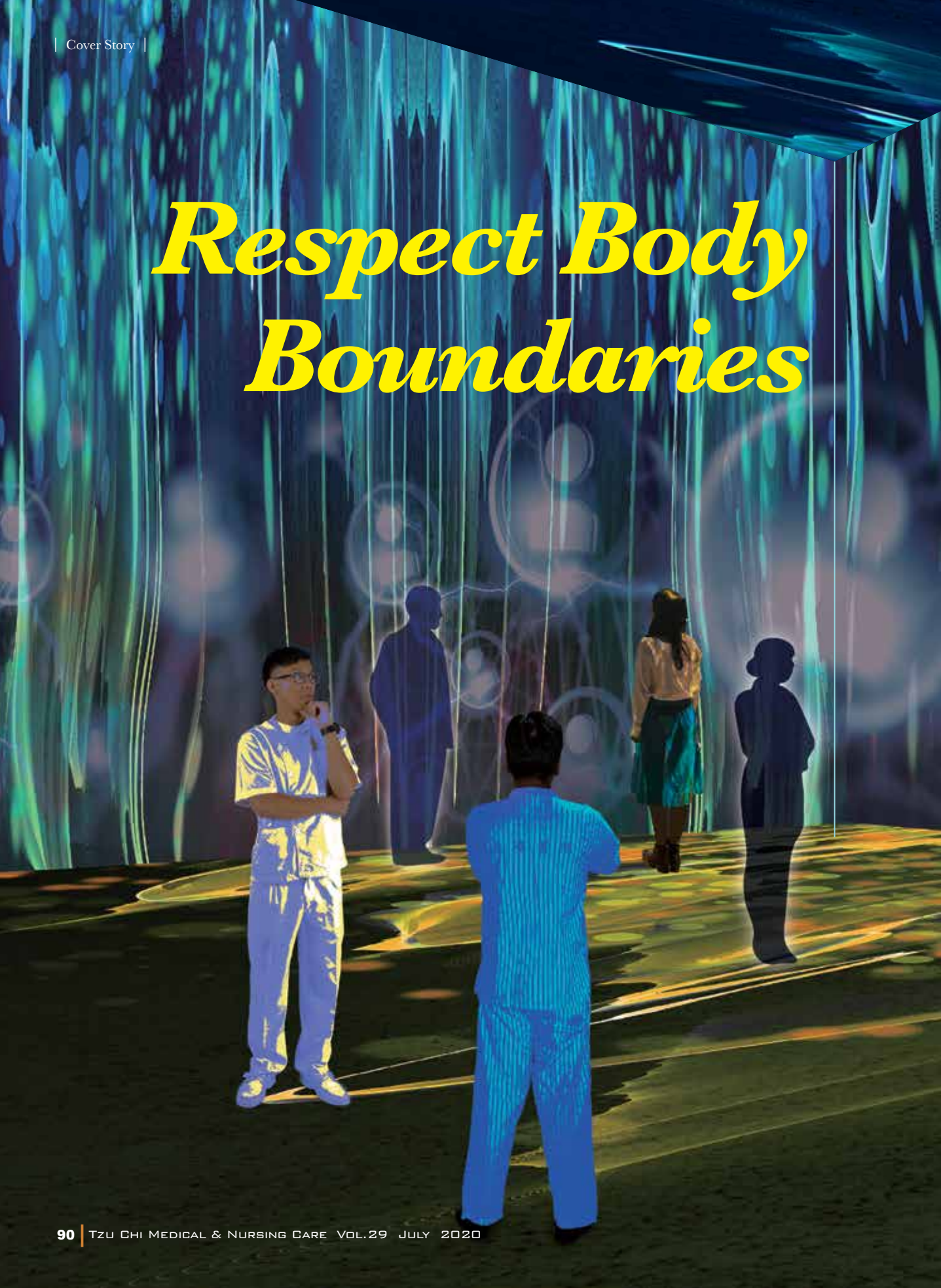


TZU CHI NURSING CARE

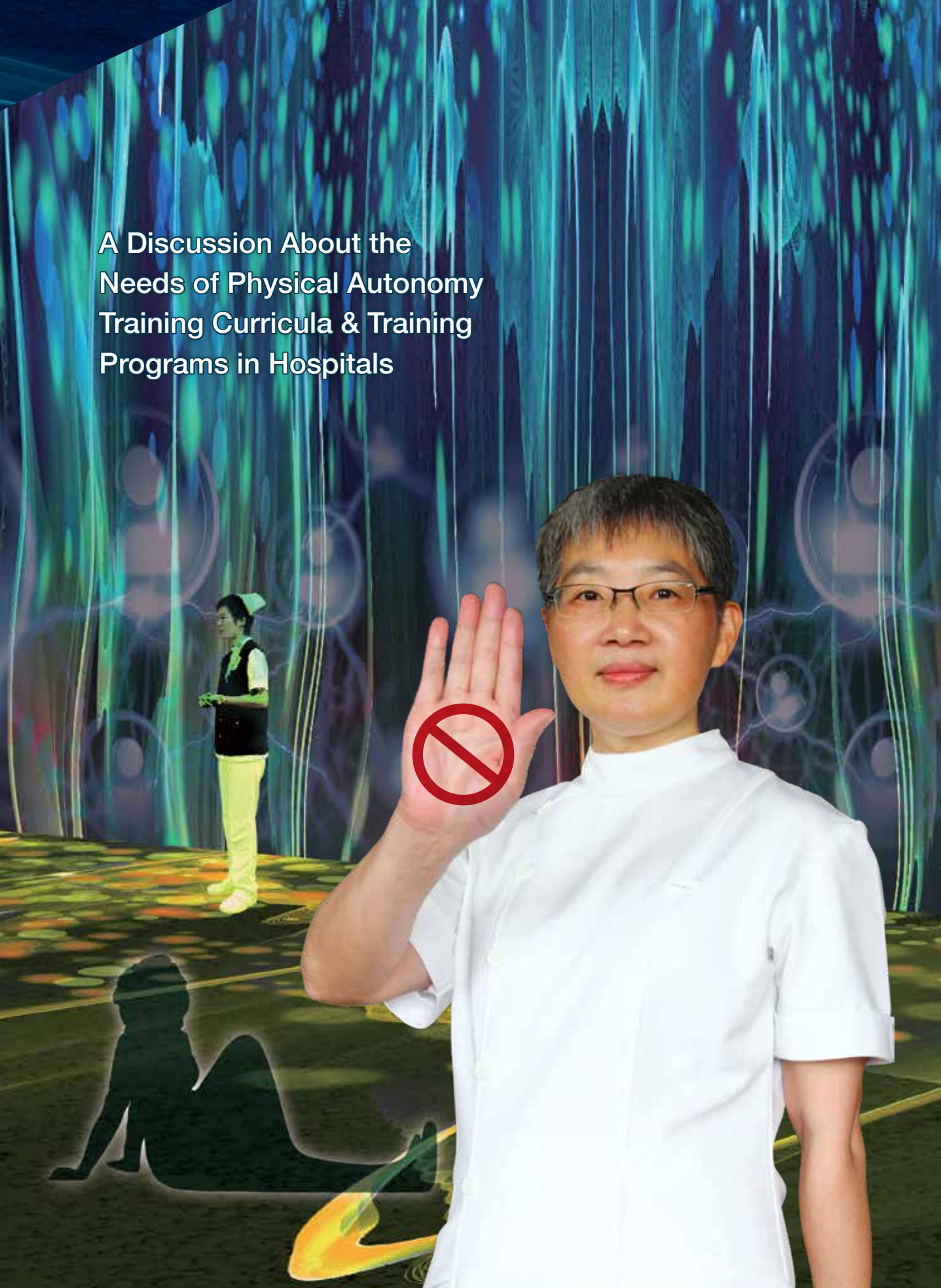
*With the Compassion of Bodhisattvas,
Where Ever Sufferings Are, We Are.*



Respect Body Boundaries



**A Discussion About the
Needs of Physical Autonomy
Training Curricula & Training
Programs in Hospitals**



By Lin Yu-Chuan, Assistant Professor, Nursing Department, Tzu Chi University

An 80 year-old male patient with Alzheimer disease and multiple chronic illness was admitted to the hospital. A night-shift nurse was making her round and found the IV was almost empty, so she prepared for an IV change. Suddenly, the patient grasped the nurse with one hand and touched her buttock with the other like it was unintentional. Several days later, again, he touched her breast like it was an accident. The nurse thought he did it intentionally, so she reported to her supervisor. When the patient and family were asked, they replies are like: "I have no recollection of it," "My father had Alzheimer and confused, I don't think it was intentional." They thought the behavior was normal. The nurse felt so wronged, "Did I make a big deal? I can only feel being wronged and remain silent? I can only work in fear? Can I continue with my job?"

A female patient was sent to recovery room after surgery, her female nurse aide was attending her belongings and preparing her ward bed while a male nurse and another male intern were attending the patient's IV stand. At the moment, the

Basic Statistics

Gender	Number of People	%
Female	1,446	94.1
Male	91	5.9
Total	1,537	100.0
Age	Number of People	%
under 20	27	1.8
21~25	570	37.1
26~30	267	17.4
31~35	209	13.6
36~40	218	14.2
above 40	246	16.0
Total	1,537	100.0
Nursing Level	Number of People	%
N	465	30.3
N1	245	15.9
N2	623	40.5
N3	134	8.7
N4	70	4.6
Total	1,537	100.0

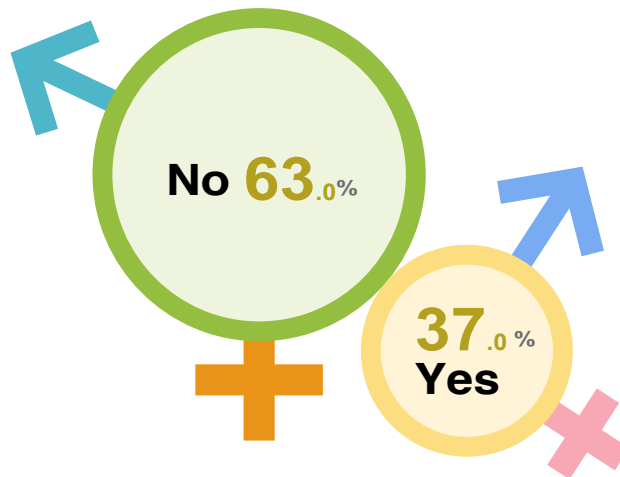
patient's husband came in and accused the two male staff of exposing his wife's bottom, thus hysterically yelled at them. Hearing the commotion, the head nurse ran to the room to calm the irate husband. But he didn't listen and kept yelling, "You should take off all your clothes and then I will listen to your explanation." He insisted, "How can a hospital make such an arrangement to have male nurses take care of my wife? My wife's buttock should never been exposed!"

In the hospital routine work, the most frequent contact with patients and their families are nursing staff. Contact with the body in the course of treatment is unavoidable. Very often, we hear stories that nursing staff and interns being sexually harassed. Recently due to the popularity of social media, there are even more news and reported cases about the sexual harassments in hospitals. This makes the nursing staff, patients and family members uncomfortable and helpless. This affects

Job Title	Number of People	%
Registered nurse	1,246	81.1
Deputy head nurse	55	3.6
Head nurse	65	4.2
Supervisor	19	1.2
Functional unit/case manager	53	3.4
Nurse practitioner/senior RN	99	6.4
Total	1,537	100.0
Department	Number of People	%
Internal Medicine	281	18.3
Surgery	221	14.4
Pediatrics	55	3.6
Obstetrics & Gynecology	66	4.3
Intensive Care & ER	335	21.8
Functional Unit	11	0.7
Kidney Dialysis	53	3.4
Operating Room	102	6.6
Outpatient Clinic	209	13.6
Palliative Care	29	1.9
Administration	31	2.0
Psychiatry	55	3.6
Others	89	5.8
Total	1,537	100.0

Q1

Have you ever been touched during clinical practice and felt uncomfortable? (N = 1,537, singal choice)



the trust of patients and their families toward our nursing staff and vice versa. Some nurses even thought of ending their nursing career. Why are there so many such incidents occurring in our daily life and working environment? How do we keep a safe distance with our patients? How do we recognize patients’ verbal and nonverbal behavior? And how do we abide the laws, ethics in the work environment? This is a topic of discussion between the nursing staff, interns, and patients on bodily autonomy and privacy.

What Is Body Autonomy?

“Body autonomy” means self-awareness with respect to manage one’s physical body and psychological obligations, right and ability. For example, one can exercise the autonomy of the right and ability to exercise the obligation of protecting one’s physical body, and to self-discipline for that behavior. In summary, it contains four areas: deliberation, behavior, mental and physical state. Everyone has the right to exercise how to use one’s physical body, others can’t interfere even though they may not agree. But this doesn’t mean that everyone can use this selfishly and unlimitedly, and doesn’t consider others’ feeling. Bodily autonomy is natural and everyone’s physical body is the biggest and private asset for all of us.

“Private parts” such as the reproductive organs, buttocks, and breasts are protected that only intimate partners can see or touch. But sometimes, due to the special circumstances, other people will be allowed to touch, for example, medical diagnostics, giving birth, or sexual related diseases. Other than those, most people don’t like their private parts being invaded. Therefore, to be able to differentiate from what is uncomfortable, where can be touched or where can’t be touched are the fundamental concepts of physical bodily autonomy.

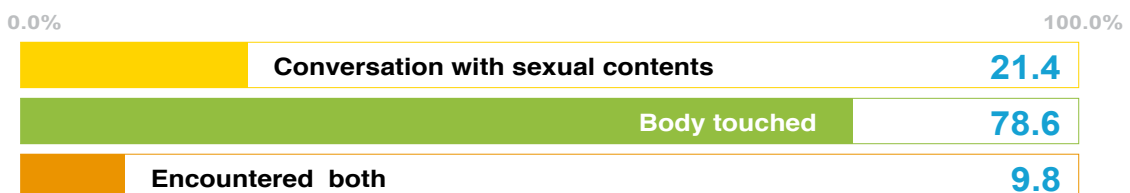
What are the Body Boundaries?

The limit that one can tolerate by other’s touching is called “physical body limit”. It’s invisible but very subjective. Everyone can define one’s physical body limit, but need to understand the definition of the limit. Besides, the scope and scale that others can touch is different and such differences can cause tension and conflict. Thus, one must clearly and appropriately express one’s physical body limit when there are others around. This is not only an expression of physical body limit but also a right and obligation to protect one’s physical body and respect.

Disrespect others’ bodily boundaries/limits may increase sexual harassment and assault incidents. Sexual harassments and assaults can be in the forms of eye contacts, verbal attacks, and physical bodily touching. Depending on the incident, it can be classified as sexual harassment, sexual bribe, sexual threat, and sexual attack (five categories). According to the statistics about suspected sexual harassment cases on campus from Taiwan’s Executive Yuan Gender Equality Committee in May 2019, 94.06% of the victims are female.

Q2

What kind of body autonomy invasion have you encountered during clinical practice? (N = 569, multiple choices)



Q3

How did you feel when your body autonomy was invaded?
 (N = 569, up to 3 choices)



This cover story conducted an electronic survey of nursing professionals at the six Tzu Chi hospitals with valid 1,537 samples. The results revealed that some of our medical professionals did suffer the invasion of bodily autonomy and some were complained by patients by violating the privacy rules.

37.0% Reported Body Boundary Been Invaded

Firstly, in terms of how our nursing staff feel when their body boundaries are invaded, 37.0% recalled the experience was very uncomfortable. They indicated improper physical touching (78.6%) is the highest, the next is conversations with sexual contents (21.4%), and the third is improper physical body touch and conversation with sexual contents. The most touching areas are the breasts, waists, buttocks, hands, shoulders, and thighs. The situations occurred when measuring the blood pressure, blood sugar, when connecting IVs, assisting patients to turn, changing patient’s bed, during treatments, or even during conferencing. The methods include: purposeful bump, grasp, hug, pat, or even forceful kiss. Other than the verbal assault with sexual contents, “visual” also occurs a lot during the interaction between the patients and the nursing staff. One nursing staff said, “He is staring at my breast with obscene expression that makes me feel so uncomfortable.” These results reflect

the common phenomenon that the nursing staff are being sexually harassed. This should alert the nursing staff to be more vigilant about sexual harassment to protect one's physical bodily autonomy.

Avoid Being Invaded or Invade Others' Limit, Respect Each Person's Body Boundaries

Nursing staff reflected that when their body boundary was invaded, at least one of the following unpleasant feelings appeared: being scared (28.1%), angry and feel like vomiting (26.0%), I am making a big deal? (14.9%), no big deal (12.3%), feel dirty inside (4.6%), nightmares and/or insomnia (3.9%), did I do something wrong (3.7%).

Being Scared, angry and felt like vomiting are three most common reactions by the nursing staff when they faced with bodily autonomy invasion. These are normal reactions. Once their feeling is disturbed, they may not want to take care of the patients, which affect their quality and efficiency when tending the patients. Some of the nursing staff wrote down the following: "felt very uncomfortable", "very disgusting", "outrageous", "created a shade inside my heart, very scared", "why touched my shoulder when he talked", and "you can't touch me without my permission, they don't respect others and our profession"...

Q4

**What action you took when your body autonomy was violated?
(N = 569, up to 3 choices)**

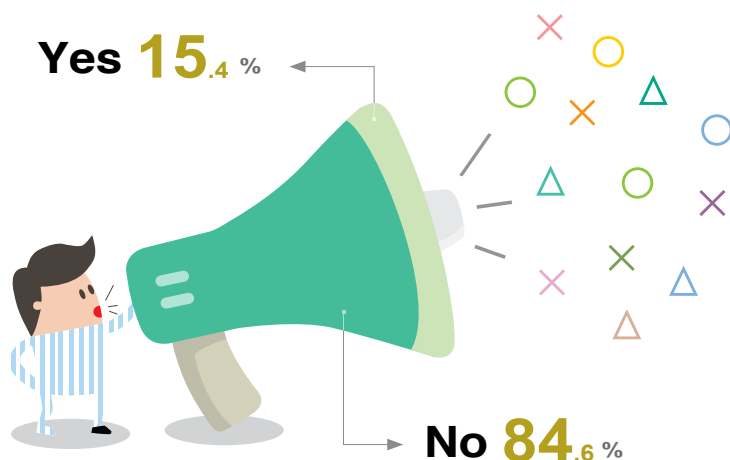


Junior nursing staff might not be sensitive enough, and thought that his/her patients might not be intentional, so they didn't need to talk with patients on their behaviors. Also, they didn't want to make it a big deal and pretended there was nothing. The nursing staff who were accused felt that they were doing their jobs. These are the reasons why the bodily autonomy was neglected during the internship training. A senior nurse expressed, "Sometimes, I noted an intern nurse was preparing IV, and saw a patient touching her hand, and she was afraid to stop the patient. Some less senior nursing staff had such experience, the mentality was "He is a patient; I don't think he is deliberate with his actions. I should not care about this act, I will forgive him!"

On the contrary, there are very few patients or their family members complained about the nursing staff's sexual harassments. A male nurse shared, "The patient's husband was very upset and wanted to hit me, and said how I could see his wife naked buttock." "One patient's husband said why I didn't ask him first before I put urinary catheter on his wife." This male nurse felt he was being accused unfairly, because in his mind he had to put the urinary catheter and collect urine to cultivate the bacteria, and he did inform the patient before taking action.

Q5

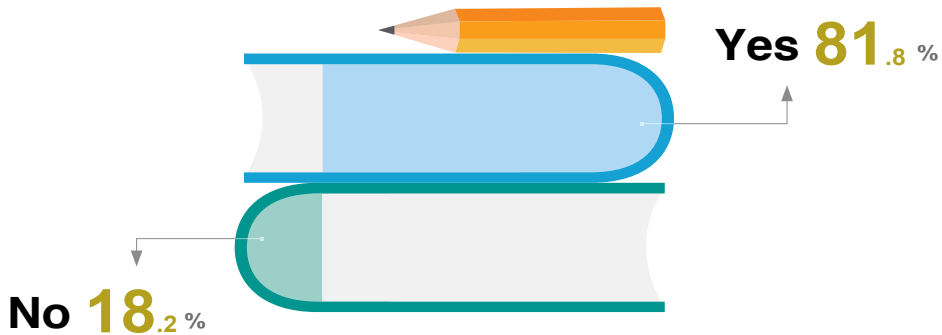
Have you ever been complained or reported of body boundary violation by patients/families during clinical practice
(N = 1,537, single choice)



Q6

Have you had any body autonomy training courses?

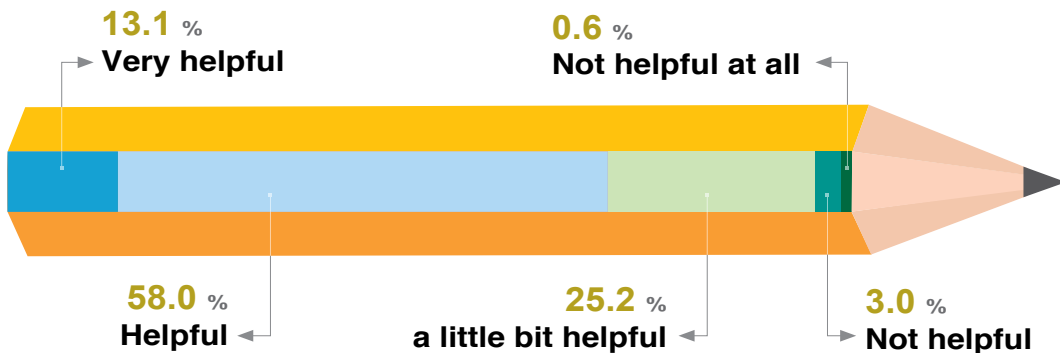
(N = 1,537, single choice)



Q6-1

Did the training courses help your work?

(N = 1,257, single choice)

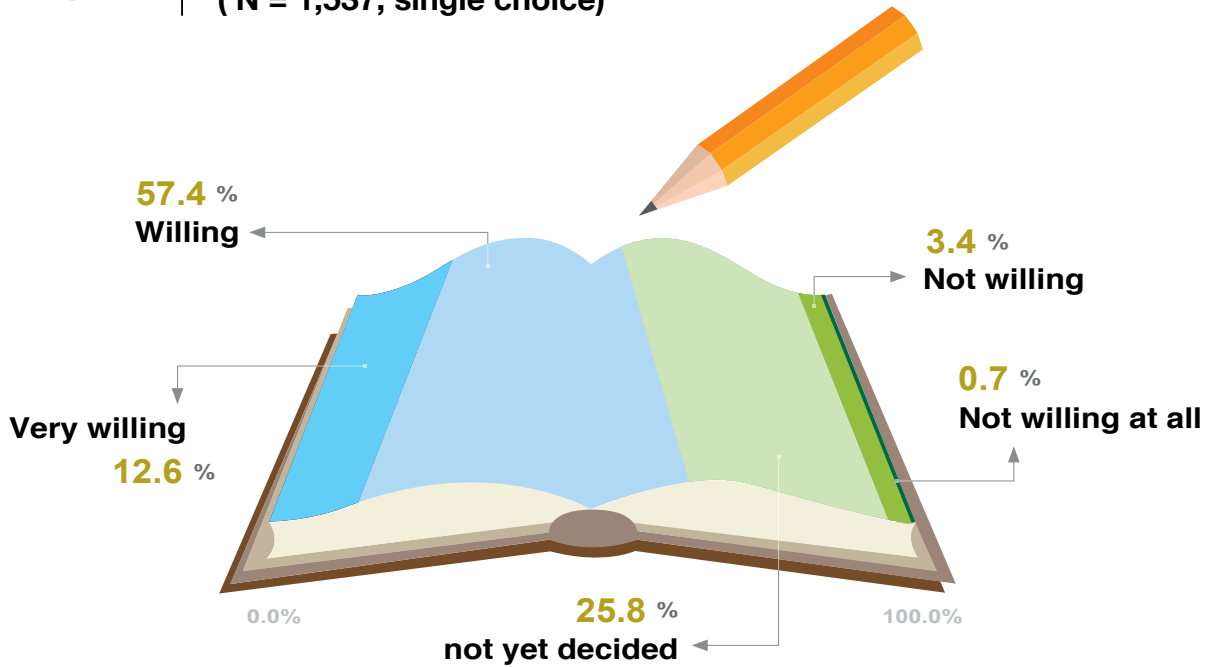


One Should Stop the Violation at the Moment When It Happens

When body boundaries are violated by the patients or patients' family, what are the nurses' responses? 54.7% of Tzu Chi's nursing staff expressed "reject them right away." 23.2% of the nursing staff expressed, "get help from supervisors." "Report to hospital hotline" and "afraid to tell others" are 4.6% and 3.5% respectively. "Yell

Q7

If there is an opportunity, will you participate in body autonomy training course/program?
 (N = 1,537, single choice)



back right away” is another common way used by nursing staff. The percentage of reporting to “hospital hotline” or “Equal Sex Opportunity Committee” is really low, and very few nursing colleagues will respond this way. To avoid inappropriate reaction from nursing staff, the bodily autonomy awareness training becomes a necessity to maintain safety in the medical field and on campus. On the other hand, when nursing personnel were being complained by patients or patients’ family, responses were “complain to the colleagues”, “telling patients’ family members it is my responsibility”, and “ask colleagues for help”.

Education for Bodily Autonomy Begins at School

We remind all teachers and students in every professional nursing course to protect one as well as respect others’ bodily autonomy. During class or interacting with classmates, avoid the use of sex related language, sexual content, discrimination, obscenity, assault, or intimate discussion. Avoid being too close with classmates or

discuss issues not related to the nursing subjects, exceeding the normal relationship as teacher/student relationship, touching others, exceeding the limit that makes others feel uncomfortable and invaded. We also invite the Equal Sex Committee to conduct educational training to avoid the violation of bodily autonomy for teacher/student, and nurse/patient.

For every course of intern nursing curriculum, we teach students to respect patients' bodily limit and their privacy. During the process of interviewing the history of illness, physical examination, and revealing private areas of patients, we should first explain to the patients who we are and get an agreement from the patient. If patient refuses, we must respect patient's wish. We also educate students to avoid touching the patient during care and treatment. When patients feel uncomfortable, one should stop to show respect.

Increase the Awareness of the Bodily Autonomy, Guarantee a Safe Work Environment

We asked our nursing colleagues if they had attended the training courses for body autonomy. 81.8% of them said they had attended. Building friendly hospital or campus safety is the responsibility of hospital administration and school teachers. Thus, hospitals and nursing schools should have the courses or workshops for bodily autonomy, sexual equal opportunity related laws, or professional ethics to assist colleagues, classmates and patients on bodily autonomy and privacy issues.

Do nursing staff who had the training feel body autonomy training course helpful? A majority (96.4%) agreed the training course helps in their clinical practice. Only 3.6% of nursing staff felt it was not helpful. Then we asked if they are interested to participate at the training course on the body autonomy, the result showed 70.1% said yes, 25.8% would reconsider and didn't say no.

The feedback from nursing staff will provide us ideas to pursue bodily autonomy training courses, especially on bodily limit, language, and the respect of nurse-patient privacy. We believe our nursing colleagues have pretty good bodily autonomy concept, sexual equal opportunity training. Not only they can protect themselves, but also maintain a good nurse-patient relationship and to avoid sexual harassment in professional and nurse-patients arena.

Everyone has limit on bodily autonomy. If the nursing staff and interns can recognize its importance and respect patient's bodily autonomy, it will help the nursing staff, interns, and patients together in a safe environment.