

Medicine in the Time of #metoo, Taking Stock and Next Steps

Our Lady of the Lake
Regional Medical Center

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Learning Objectives

- 1) Articulate the challenges for individuals and institutions in the identification and remediation of a culture of harassment.
- 2) Describe the effect of sexual harassment on physician wellness and burnout.
- 3) Discuss the cultural norms that allow for harassment to continue and that must be addressed.
- 4) Acknowledge the complexity for all parties in their attempts to "get this right" - female physicians, the institutions, the potential harassers.
- 5) Create a list of potential actions to support female physicians and promote change on interpersonal, departmental and institutional levels.



The authors have no conflicts of interest to report
(other than all having been subjected to sexual
bias and harassment in our careers)!



Sexual Harassment in Academics and Medicine

Review of the current literature



Direct and Indirect Harassment Experiences and Burnout among Academic Faculty in Japan

- Cross sectional study at a large private university in Japan which has a medical school and many other schools (pharmacy, law school, liberal arts, etc.)
- 330 faculty responded -- male and female
- Looked at: sexual harassment, gender harassment and academic harassment
- The prevalence of direct and indirect harassment was higher in women
- Women had higher rates of burnout if they experienced indirect harassment
 - Social support did not have a buffering effect as was observed in men

Direct harassment	Female, N	Female, %	Male, N	Male, %
Sexual	10	10.4%	11	5.2%
Gender	23	24%	20	9.3%
Academic	34	34%	52	23.4%

Survey on recent suicidal ideation among female university hospital physicians in Sweden and Italy (the HOUPE study): cross-sectional associations with work stressors

- Survey of 385 docs in Sweden and 126 in Italy
- 13.7% from Sweden and 14.3% from Italy reported suicidal thoughts in the last 12 months!
- Harassment at work increases risk of suicidal thoughts, OR 3.03 (1.48-6.23)
- Work meetings to discuss stressful situations reduced risk of suicidal thoughts, OR 0.21 (0.05-0.86)
- Suggest that meetings to discuss stressful work experiences should be more broadly implemented



Self-Reported Depression and Suicide Attempts Among US Women Physicians

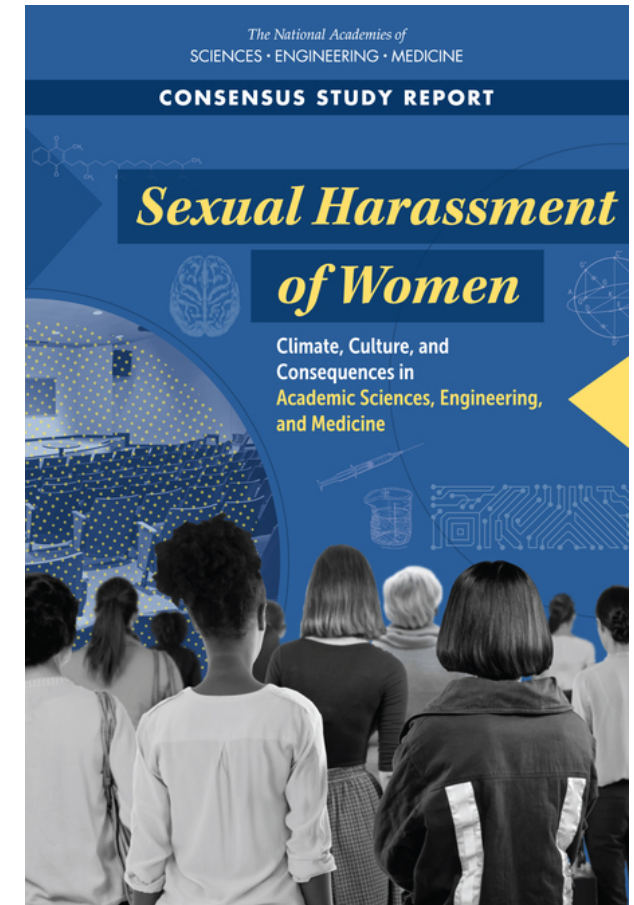


Elizabeth Blackwell, the first female physician in the U.S. Graduated first in her class in 1849

- N=4501, self-reports from US women physicians
- Women physicians RR of suicide was 2.5-5.7 higher compared to the general female population
- 3.7-4.5 higher compared to other female professionals
- 1.5% in this study reported a suicide attempt (this is low compared to other literature) and 19.4% reported a h/o depression
- Having a h/o severe harassment in a medical setting had increased rates of reporting a suicide attempt or depression
- Depression was more frequently reported by psychiatrists with a h/o sexual abuse (didn't ask the setting)
 - RR of 2.9 for a suicide attempt, and 4.6 for depression

National Academies of Science, Engineering and Medicine Report on Sexual Harassment, 2018

- Consensus study report
- Evidence based
- Peer reviewed
- Methods: series of workshops and “deep study” of the literature
- 2 year study, 313 page report



National Academies of Science, Engineering and Medicine Report on Sexual Harassment, 2018



Sexual harassment consists of three types of behavior

- Sexual Coercion
- Unwanted sexual attention
- Gender Harassment

promising professional rewards in return for sexual favors

threatening professional consequences unless sexual demands are met

UNWANTED SEXUAL ATTENTION

sexual assault
unwanted groping or stroking
rape

PUBLIC CONSCIOUSNESS

GENDER HARASSMENT

relentless pressure for sex

unwanted sexual discussions

nude images posted at work

relentless pressure for dates

sexually humiliating acts

offensive sexual teasing

sexual insults
e.g. "for a good time call...",
calling someone a whore

sexist insults
e.g. women don't belong in science

offensive remarks about bodies

obscene gestures

sabotage of women's equipment

vulgar name calling
e.g. "slut," "bitch," "c**t"

gender slurs
e.g. "pu*y"

insults to working mothers
e.g. "you can't do this job with small kids at home"

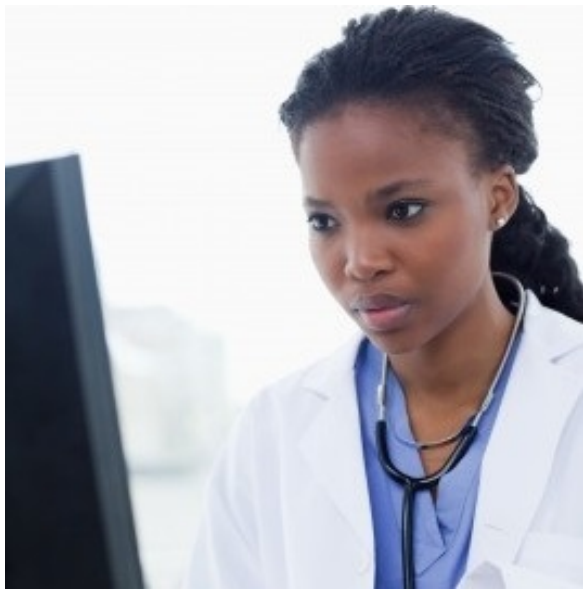
It's Not Getting Better, Yet

Sexual harassment has not declined in the past 30 years

- Women experience sexual harassment more often than men
- Awareness of what defines sexual harassment has greatly improved since 1980
- Sexual Harassment can be either direct or ambient
 - Harmful in both cases
- Gender harassment is by far the most common type of sexual harassment
 - Behaviors that communicate that women do not belong or merit respect



Preliminary Research, Let's Do More!



- Women of color
 - Experience more sexual harassment than white women
 - They often experience racial harassment, as well
 - Research without women of color is incomplete
- Sexual and Gender-minority people (i.e. gay, lesbian, transgender)
 - Experience more sexual harassment than heterosexual women
 - Research that without these groups is also incomplete

What Can We Do?

Two biggest factors associated with highest rates of sexual harassment

- Male-dominated gender ratios and leadership
- Organizational Climate



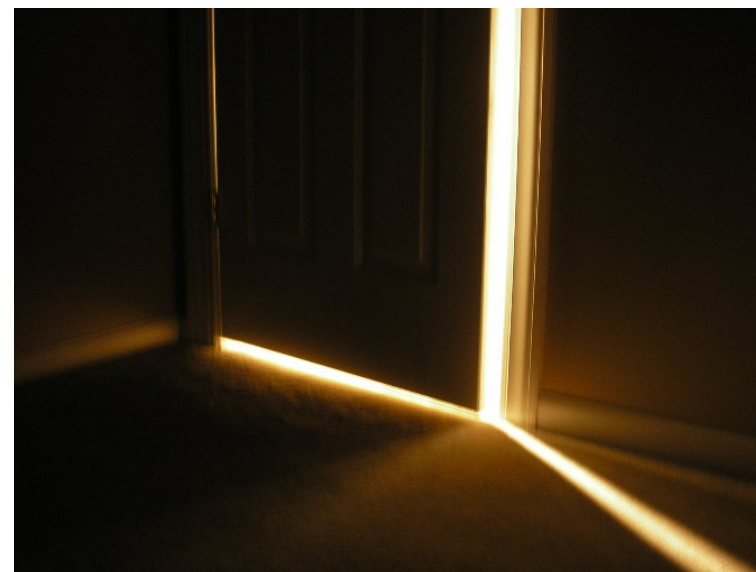
Sexual Harassment in Medicine



- Residencies were described as “breeding grounds for abusive behavior by superiors”
- Perhaps there is so much abuse of all kinds that sexual harassment is seen as part of that continuum
- Women perceived sexual harassment to be worse in academic medicine vs. community settings
- Women physicians are also harassed by patients and their families
- In academia: >50% of women faculty and 25-50% of students encounter or experience sexual harassment

Factors That Make Harassment Worse

- The greater the frequency, intensity and duration of sexual harassment, the more women report depression, stress and anxiety
- Sexual harassment often leads women to reduced productivity at work and women thinking of or actually leaving their job or even field of work
- The more power the perpetrator has over the target, the greater the impact on the victim



15 Recommendations from National Academies of Science, Engineering and Medicine

1. Creative diverse, inclusive and respectful environments
2. Address the most common form of sexual harassment: gender harassment
3. Move beyond legal compliance to address culture and climate
4. Improve transparency and accountability
5. Defuse the hierarchical and dependent relationship between faculty and trainees

15 Recommendations from National Academies of Science, Engineering and Medicine

6. Provide support for the targeted individual

7. Strive for strong and diverse leadership

8. Measure progress

9. Incentivize change

10. Encourage involvement of professional societies and other organizations

15 Recommendations from National Academies of Science, Engineering and Medicine

11. Initiate legislative action

12. Address the failures to meaningfully enforce Title VII's prohibition on sex discrimination

13. Increase federal agency action and collaboration

14. Conduct necessary research

15. Make the entire academic community responsible for reducing and preventing sexual harassment

Survey of Louisiana Female Physicians on burnout and sexual harassment/bias



Research questions

- Is there an association between female physician burnout and sexual harassment and/or sexual bias?
- Was burnout related to how appropriately claims of sexual harassment were handled?



Methods

17,352
licensed
physicians in
Louisiana

Removed all
out of state
addresses.
Attempted to
assign gender

3,795 female
physicians
with active
licenses

1,000 female
physicians
randomly chosen
for participation in
study

30 removed for
variety of
reasons
Postcards x 2
sent
Emails x 3 sent
to anyone whose
email was
available

138 responses
on Survey
Monkey

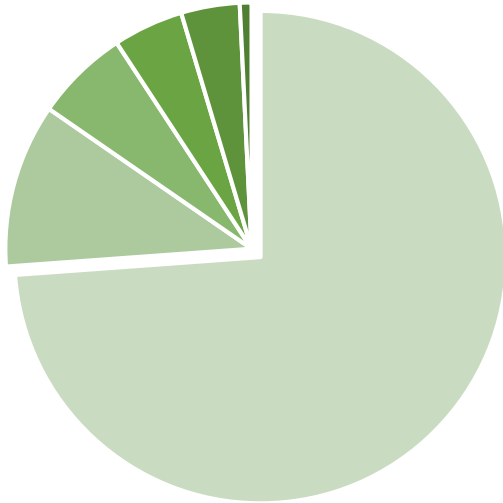
9 removed for
being retired,
not answering
questions,
reporting being
out of state, or
duplicate
entries



Demographics of participants

Response rate 129/970= 13.2%

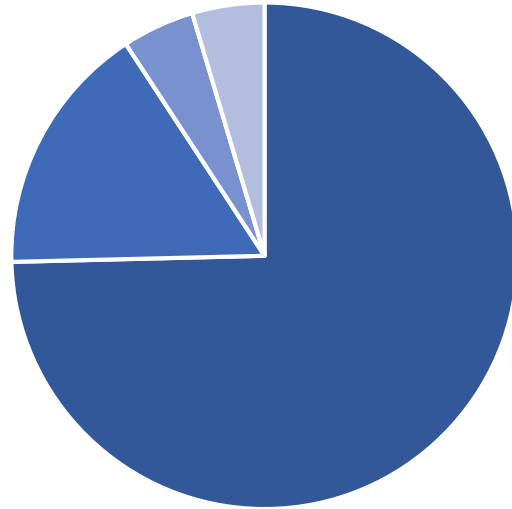
RACE



- White
- Black
- East Asian
- South Asian
- Mixed race
- Native American

74% white

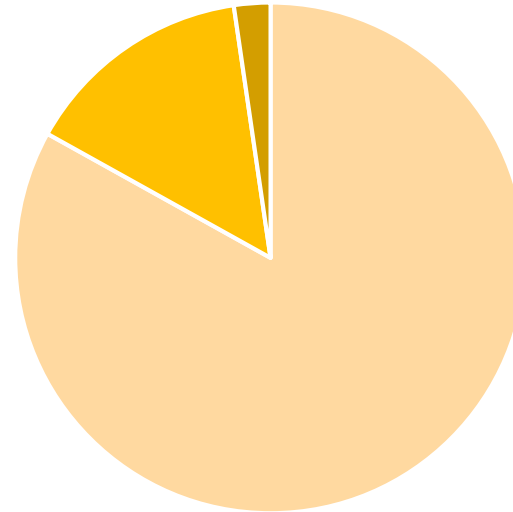
MARITAL STATUS



- Married/partnership
- Single
- Divorced
- Widowed

75% married

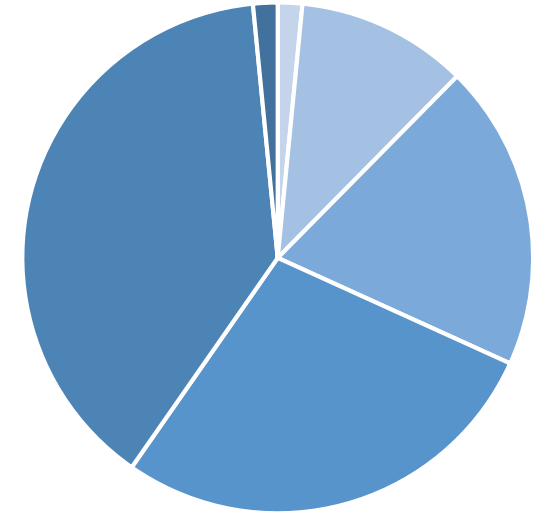
EMPLOYMENT STATUS



- Employed
- Self-employed
- chose not to respond

83% employed

AGE

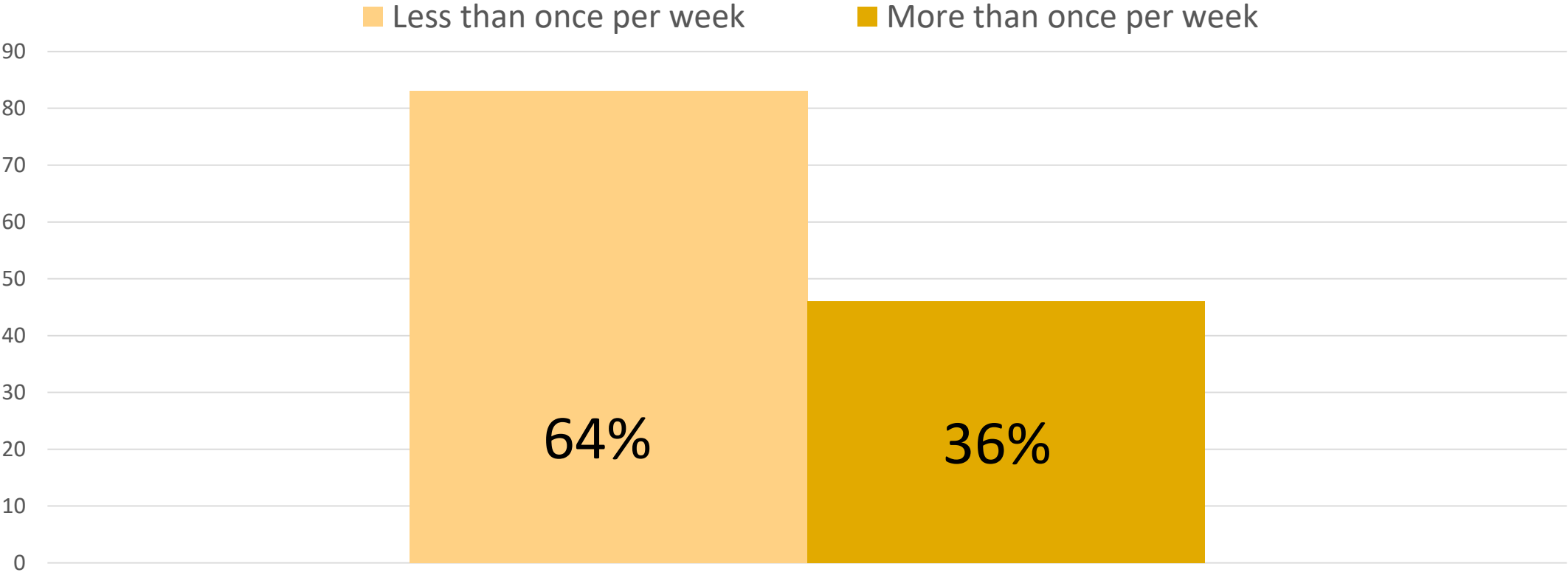


- Born 1940-50
- Born 1950-60
- Born 1960-70
- Born 1970-80
- Born 1980-90
- Born 1990-2000

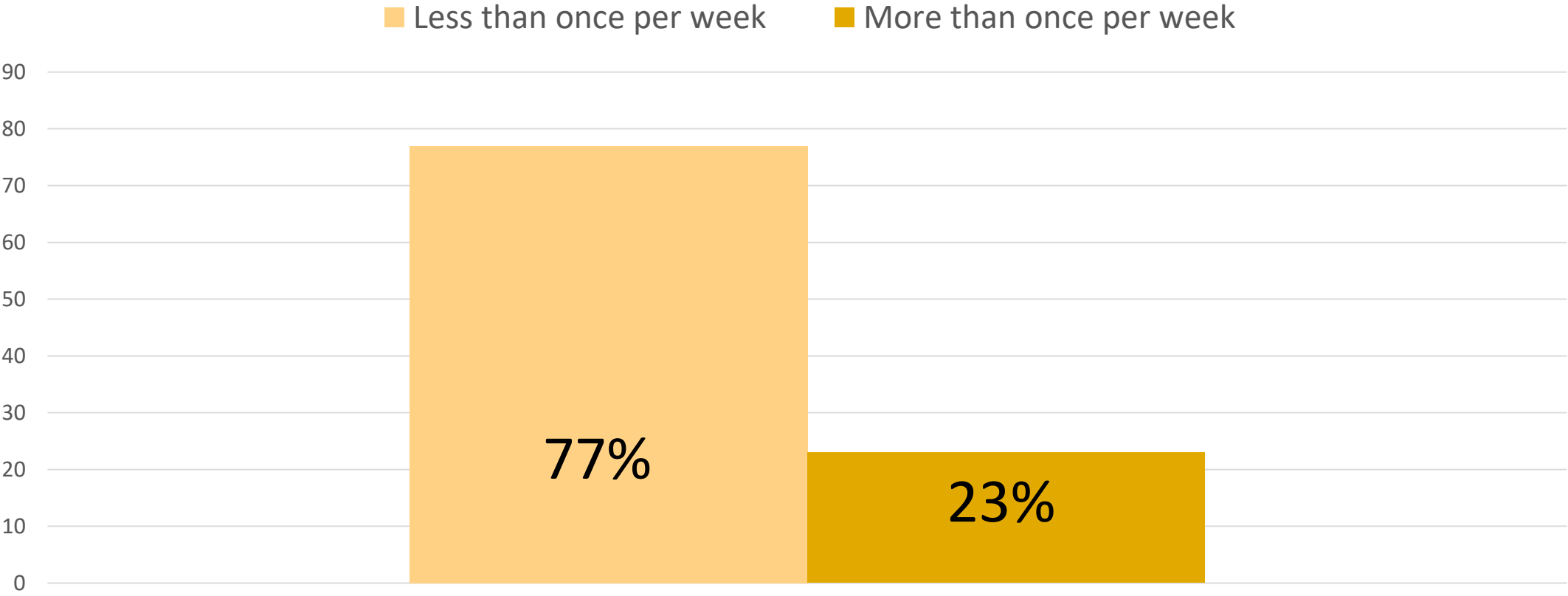
Mean age 44 years

Physicians from 23 specialties responded to the survey

Burnout: I feel burned out from my work



Burnout: I have become more callous toward people since I took this job.



Sexism

- 74% of respondents had been mistaken for a non-physician provider “often” or “very often” in their careers by colleagues
- 90% of respondents had been mistaken for a non-physician provider “often” or “very often” in their careers by patients and families



Sexual Harassment related to colleagues

- 92% of participants reported at least one incident of unwanted discussion of sexual matters (15% reported it had occurred “often” or “very often”)
- 74% reported at least one incident of rude/offensive sexual remarks from colleagues (10% reported it had occurred “often” or “very often”)
- 65% reported at least one incident of unwanted sexual attention from colleagues (5% reported it had occurred “often” or “very often”)

Sexual Harassment from patients or families

69 of 129 (53%) reported instances of sexual harassment from patients or their families



Referring to a specific incident of sexual harassment

- 49 (38%) said one particular incident stood out to them. (mean years since incident was 14.21, range 0-38 years)
 - 33 (66%) said they did not report it
- Of the 38 reported incidents
 - 22 (59%) said that none of the reported incidents were handled appropriately
 - 6 (16%) said some of the incidents were handled appropriately
 - 9 (24%) said all of the incidents were handled appropriately
- 18 occurred after 2000, 15 occurred prior to 2000
 - 13 occurred after 2010!
- The average time from medical school graduation that these incidents took place was -1.3 years



Burnout correlated with

- Unwanted sexual discussion from patients ($r= 0.309$, $p=0.010$)
- Being mistaken for non-physician by colleagues ($r=0.202$, $p= 0.022$)
- Sexist remarks from colleagues ($r=0.196$, $p=0.27$)
- Mistreatment from colleagues due to sex ($r=0.191$, $p=0.030$)



Burnout



More results...

- Colleague sexism and sexual harassment, patient sexism and sexual harassment are all correlated (r ranges from 0.483 to 0.650, $p = 0.001$)
- No correlation between burnout and how incidents of reported harassment were handled



More results...

- The level of work support a female physician perceives is inversely correlated with colleague sexism ($r= -0.298$, $p=0.001$) and colleague sexual harassment ($r= -0.303$, $p=0.000$)
- The level of personal support a female physician perceives is inversely correlated with burnout ($r=-0.200$, $p=0.023$)



Conclusions

- In our study, burnout was correlated with colleague sexism!
 - Bias and harassment– from patients and colleagues-- happens to the same people.
 - Sexual harassment was most commonly reported as occurring during the medical education period.
 - Bias continues throughout medical careers.



How has the #metoo movement affected medicine?



How can we promote cultural changes that reduce sexual harassment/bias in medicine?



Where does the responsibility for change lie?





- **What are the challenges for individuals and institutions in the remediation of the culture of harassment?**





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