Occurrence of Discrimination, Bullying, & Harassment in the Medical Profession- - and Its Importance



Julie Balch Samora, MD/PhD/MPH March 9, 2019

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Disclosures

- AAOS (committee member)
- AOA (committee member)
- ASSH (committee member)
- POSNA (committee member)
- RJOS (board member)
- Globus consultant (spouse)



Objectives

 To recognize prevalence of discrimination, bullying, and harassment in healthcare

 To understand how these factors impact one's career and well being





Background



- Recent high-profile cases have highlighted discrimination, bullying, sexual harassment, and harassment occurring in multiple professions, businesses, and organizations
- Culture in the workplace reflects the values, attitudes, and beliefs of its leaders/providers
- The culture within the surgical community is particularly susceptible to harassment, bullying, and discrimination



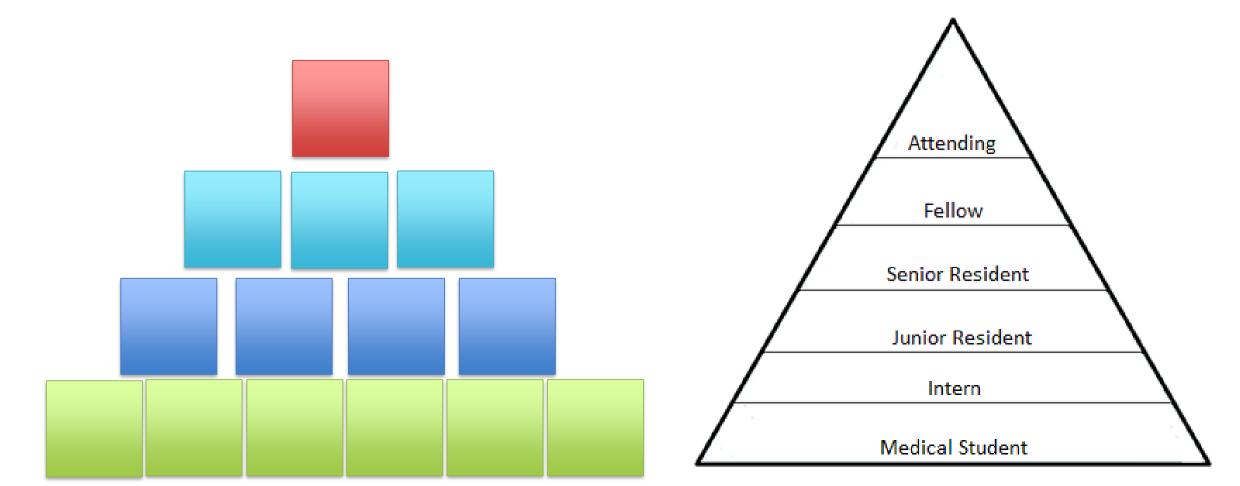


Background

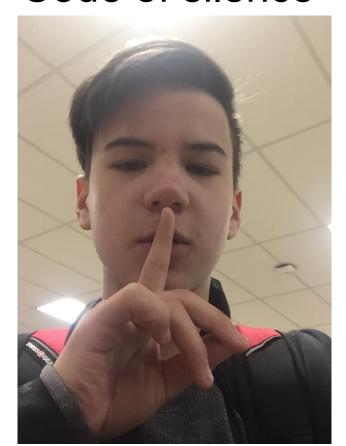
- A work climate that enables bullying, harassment, discrimination, and microaggressions can negatively affect a person's health and career
- Leads to:
 - Increased turnover
 - Decreased teamwork
 - Higher baseline of anxiety/chronic stress
 - Increased "lateral violence"
 - "Toxic culture"
 - Reduces the joy of medicine

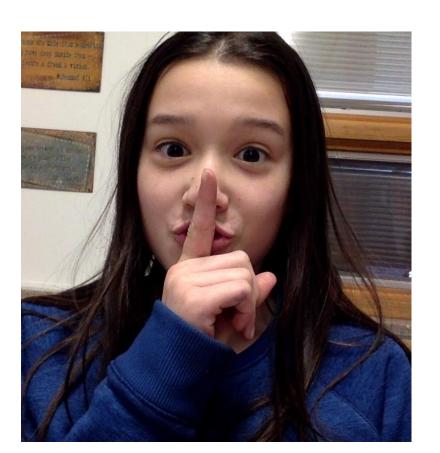
JM Holroyd-Leduc and SE Straus. #MeToo and the medical profession. CMAJ; 2018; Mills CB, et al. No laughing matter: Workplace bullying, humor orientation, and leadership styles. Workplace Health Saf. 2018; Pei KY & Cochran A. Workplace bullying among surgeons: the perfect crime. Ann Surg 2019; 269:43-44. Tye Williams S & Krone KJ. Chaos, reports, and quests narrative agency and co-workers in stories of workplace bullying. Management Comm Quarterly, 2015;29:3-27. Matthiesen SB & Einarsen S. Psychiatric distress and symptoms of PTSD among victims of bullying at work. Brit J Guidance & Counselling. 2004;32:335-356.

Hierarchical structure



- Hierarchical structure
- "Code of silence"





- Hierarchical structure
- "Code of silence"
- Fear of retaliation



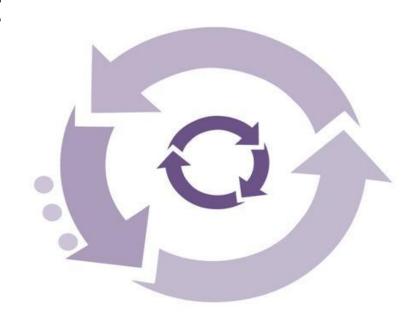


- Hierarchical structure
- "Code of silence"
- Fear of retaliation
- High stakes/stress environment





- Hierarchical structure
- "Code of silence"
- Fear of retaliation
- High stakes/stress environment
- "Cyclic" behavior
- "Normalized" behavior



Bullying Definitions

- The systematic abuse of power
- Abusive conduct akin to psychological violence and is characterized by threatening, humiliating, or intimidating actions or words



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- Aggressive behavior or intentional harm-doing that is carried out repeatedly and involves an imbalance of power, either actual or perceived, between the victim and the bully
- Repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators

the medical hierarchy: a visual guide





 A US Workplace Bullying Survey conducted by the Workplace Bullying Institute in 2007 reported that 49% of workers are victim of or witness to bullying

Kelly S. Workplace bullying: the silent epidemic. N Z Med J. 2004;117:U1125





RACS experience



- 39% experienced bullying
- 18% discrimination
- 19% harassment
- 7% sexual harassment
- Culture of fear and reprisal- victims unable to speak out

Expert Advisory Group on Discrimination, Bullying and Sexual Harassment. Summary of Facts 2015.

Crebbin et al. Prevalence of bullying, discrimination, and sexual harassment in surgery in Australasia. ANZ J Surg 85 (2015): 905-909.







Medical Students



- 42% of US medical students experienced harassment
- 84% of US medical students experienced belittlement



20% of first year medical students in the UK experienced bullying and harassment



 74% of Australian medical students experienced shaming during teaching



Bullying: many ill health effects

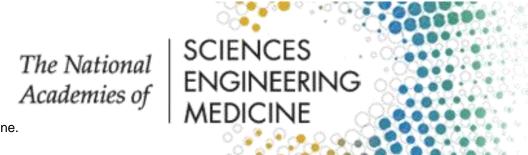


- Workplace bullying leads to poor mental health, low self-esteem, high levels of absenteeism, and low levels of workplace productivity
- Loss of control, loss of identity, destroys confidence, and reduces resilience
- Emotional symptoms: hostility, nervousness, hypersensitivity, social isolation
- Physical symptoms: chronic fatigue, stroke, sleeplessness, and suicide

National Academies of Science, Engineering, and Medicine (NASEM) Report

Sexual harassment is common across scientific fields, including medicine

 As many as 50% of female medical students reported experiencing sexual harassment



Sexual Harassment in Surgery

- Anonymous electronic survey distributed to members of ACS, Association of Women Surgeons (AWS), and social media platforms
- 1,005 survey responses
- 74% of respondents were women (18% response rate)
- 25% respondents were males (1% response rate)
- 51% academic, 13% community, 15% private practice

Results

- 58% of women, 25% of men experienced sexual harassment in preceding 12 months
- Women trainees were more than twice as likely to experience harassment compared to attendings
- Verbal or physical conduct 53%; unwanted sexual advances 23%; comments about sexual orientation 10%
- 84% of incidents were not reported
 - fear of negative impact on career, fear of retribution, fear of being dismissed, fear of inaction







Reshma Jagsi, M.D., D.Phil.



EDITORIAL

#MeToo and the medical profession

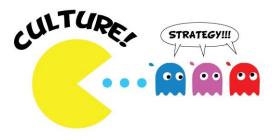


Jayna M. Holroyd-Leduc MD, Sharon E. Straus MD MSc

■ Cite as: *CMAJ* 2018 August 20;190:E972-3. doi: 10.1503/cmaj.181037

Organizational Factors: Poor leadership, power imbalances, implicit or unconscious biases, and a culture of silence

Culture of Academic Medicine



- Female faculty report lower sense of belonging and relationships in workplace
- Self-efficacy for career advancement lower in women
- Women perceive lower gender equity
- Conclusion: those whose identities and values are not traditionally those of the institutional culture, or who feel different or are perceived as different → experience exclusion, marginalization, and alienation

Pololi LH, et al. Experiencing the culture of academic medicine: Gender matters, a national study. J Gen Intern Med, 2012.



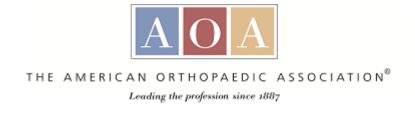




AAOS Survey



 2018 Work Environment and Culture Survey to AAOS members: collaborative effort initially developed by representatives from AAOS (the Diversity Advisory Board and Women's Health Advisory Board), Ruth Jackson Orthopaedic Society, Pediatric Orthopaedic Society of North America, American Orthopaedic Association, and Perry Initiative







The survey examined the prevalence of:

- discrimination—treating a person with an identified attribute or personal characteristic less favorably than a person who does not have that attribute or characteristic
- bullying—a behavior or pattern of behaviors that a reasonable person would expect to victimize, humiliate, undermine, or threaten a person to whom the behavior is directed
- sexual harassment—an unwelcome sexual advance, request for a sexual favor, or other unwelcome conduct of a sexual nature by which a reasonable person would be offended, humiliated, or intimidated
- harassment—an unwanted, unwelcome, or uninvited behavior that makes a
 person feel humiliated, intimidated, or offended







- The survey was sent to a subset of female or URMs from all member categories
- A matched set of male members was surveyed for comparison
- Response rate 16%
- Sex-specific response rates were 27% women and 9% men
- 30% of the respondents had been in practice >20 years, and 24% had been in practice 1-5 years







Results

 More than 50% of AAOS members who completed the survey—males and females of all races, ethnicities, and ages—reported that they have experienced discrimination and bullying







- Discrimination was reported at a much higher rate in females (84%) than in males (59%)
- African-American and Hispanic members reported a higher rate (85%) of discrimination than Caucasian members (78%)
- Females also reported higher rates of bullying, harassment, and sexual harassment
- Up to one third of respondents said they have experienced harassment
- More than 50% of female and 10% of male members have experienced some form of sexual harassment







Next Steps?

- Survey asked what actions are required to assist in the prevention of such behaviors in the current workplace: the most prevalent (70%) response was greater leadership by surgical department/division heads and supervisors
- At least 50% wanted better support mechanisms and resources for more effective compliance and resolution procedures in the workplace
- Females were more likely than males to report that such actions are needed







Next Steps

 AAOS published an opinion on ethics and professionalism surrounding sexual harassment

 AAOS developed an anti-discrimination and antiharassment policy/procedures

Opinion on Ethics and Professionalism

Sexual Harassment

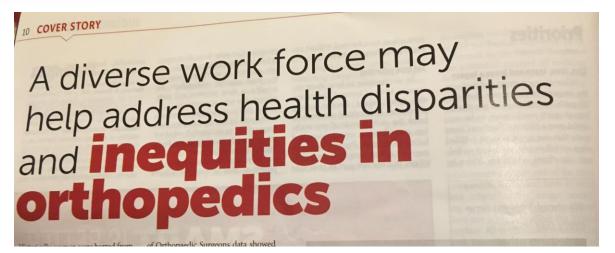
An AAOS Opinion on Ethics and Professionalism is an official AAOS statement dealing with an ethical issue, which offers aspirational advice on how an orthopaedic surgeon can best deal with a particular situation or circumstance. Developed through a consensus process by the AAOS Committee on Ethics and Outside Interests, an Opinion on Ethics and Professionalism is not a product of a systematic review. An AAOS Opinion on Ethics and Professionalism is adopted by a two-thirds vote of the AAOS Board of Directors present and voting.

The American Academy of Orthopaedic Surgeons promotes an environment of respect, professionalism, fairness, integrity, empathy and inclusiveness. These values are reflected in the AAOS Principles of Medical Ethics and Professionalism in Orthopaedic Surgery and Code of Medical Ethics and Professionalism.



Sexual Harassment and Bullying: A Conversation

By: Jennifer M. Weiss, MD, and Terry Stanton



- #notonmywatch
- Women in leadership roles and mentorship roles ->
 critical
- Dr. Weber →
 - 1. Empower women
 - 2. Educate the profession on implicit bias
 - 3. No-tolerance policy



What should orthopedic practices and departments do to eliminate sexual harassment?

mmunicate and investigate

While the faces of orthopedic providers now more closely reflect the

Implement policies

Sexual harassment occurs commonly in medicine today



Conclusion

- Harassment, Bullying, and Discrimination are prevalent within healthcare
- These experiences negatively affect the work/learning environment, minimize the joy of medicine, and deleteriously impact personal well being
- We will need to evaluate our current culture, organizational hierarchy, develop transparent reporting processes, and enhance training to minimize these occurrences





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