National Survey of Plastic Surgery Trainees: Gender Bias and Sexual Misconduct

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Disclosures

- None
SPECIAL ARTICLE

SEXUAL HARASSMENT IN MEDICAL TRAINING

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Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training
Introduction

- Trainees are a vulnerable population
  - Only 20% of instances of sexual misconduct are reported.
Objective

- To report the current status of gender bias and misconduct within plastic surgery training.
  - Discrimination
  - Harassment
  - Coercion
  - Assault
  - Effects of sexual misconduct on trainees
Methods

- **Survey development**
  - Modified from the *Sexual Harassment Inventory* (Minneapolis Veterans Affairs Medical Center, 1998)
  - Previous surveys administered to resident physicians (Cook et al, 1996)

- IRB-approved survey sent to all plastic surgery trainees in 2018.

- Statistical analysis, SAS JMP Pro 14, significance \( p < 0.05 \)
RESULTS:
DEMOGRAPHICS
Results | Demographics

- N=211 (incomplete responses excluded)
- Average age 30.7 ± 3.0 years

- Female = 115
- Male = 88
- No Specification
Results | Demographics

Race:

- White/Caucasian: 54%
- Asian/Pacific Islander: 16%
- Other: 12%
- N/A: 5%
- Not White/Asian: 12%
- No Specification: 5%
Results | Demographics

- Level of training:

- Residents: 58%
- Interns: 14%
- Fellows: 11%
- Chief Residents: 11%
- N/A: 5%
RESULTS:
GENDER BIAS,
CAREER ADVANCEMENT
Women do not feel gender are equal, or that they can challenge current attitudes
Women do not think things are improving, and they feel excluded from networking
Women’s ambitions and career goals are diminished due to gender bias and sexual harassment
At the highest level of training, respondents report they have taken steps to leave due to sexual harassment or assault.
Results

- Regarding the feeling of *hindrance to career advancement based on gender* females respond in the affirmative by *10-fold* relative to their male counterparts \((p<0.0001)\).
  - This *significance increases across age* for women.

- *100%* of women have been assumed to be a nurse.
RESULTS:
SEXUAL HARASSMENT, ASSAULT, AND COERCION
Results | Sexual Harassment

- Women reported experiencing sexual harassment in the form of:

  - Coworkers making sexual comments about their body or sexuality (p = 0.015)
  - Coworkers making sexual jokes that have made them uncomfortable (p = 0.003)
Results | Sexual Harassment

- Five respondents replied affirmatively to the statement: “a co-worker exposed themselves in a sexual way.”

- Half of reports of unwanted touch came from senior attendings.
## Results | Sexual Harassment

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Respondents</th>
<th>Number of Instances</th>
<th>Senior Attending</th>
<th>Junior Attending</th>
<th>Senior Residents</th>
<th>Junior Residents</th>
<th>Fellows</th>
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<tbody>
<tr>
<td>Offensive Jokes</td>
<td>76</td>
<td>281</td>
<td>53</td>
<td>37</td>
<td>42</td>
<td>30</td>
<td>16</td>
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<td>Offensive Imagery</td>
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<td>238</td>
<td>27</td>
<td>28</td>
<td>53</td>
<td>49</td>
<td>14</td>
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<tr>
<td>Disrespectful or Derogatory</td>
<td>99</td>
<td>390</td>
<td>69</td>
<td>56</td>
<td>59</td>
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<td>146</td>
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<td>15</td>
<td>24</td>
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<td>8</td>
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<tr>
<td>Unwanted Touch or Exposure</td>
<td>16</td>
<td>26</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>313</strong></td>
<td><strong>1081</strong></td>
<td><strong>183</strong></td>
<td><strong>138</strong></td>
<td><strong>179</strong></td>
<td><strong>153</strong></td>
<td><strong>65</strong></td>
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<tr>
<td><strong>PERCENT</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>16.93%</strong></td>
<td><strong>12.77%</strong></td>
<td><strong>16.56%</strong></td>
<td><strong>14.15%</strong></td>
<td><strong>6.01%</strong></td>
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67%
## Results | Sexual Harassment

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Respondents</th>
<th>Number of Instances</th>
<th>Medical Students</th>
<th>Nurses</th>
<th>Ancillary Staff</th>
<th>Patients/Families</th>
<th>Other</th>
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<tbody>
<tr>
<td>Offensive Jokes</td>
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<td><strong>35</strong></td>
<td><strong>109</strong></td>
<td><strong>102</strong></td>
<td><strong>115</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Percent</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>3.24%</strong></td>
<td><strong>10.08%</strong></td>
<td><strong>9.44%</strong></td>
<td><strong>10.64%</strong></td>
<td><strong>0.19%</strong></td>
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</tbody>
</table>
Results | Sexual Assault/Coercion

Sexual Assault and Coercion

- More likely experienced by non-White individuals (p=0.0290)
- One instance of sexual assault was reported
- Three instances of sexual coercion were reported—harm threatened if noncompliant with sexual advancement.
- 100% perpetrators were senior attendings
Results | Sexual Assault/Coercion

Sexual Advances

- Three instances of *advancement offered* in exchange for sexual acts were reported

- Some respondents reported advice to comply with sexual advances, to protect from professional harm, alleviate educational barriers, or to garner advantage.
RESULTS:
MENTAL HEALTH,
REPORTING
Results

Mental Health (felt to be attributed to gender bias)

- **47%** reported **at least two symptoms** of depression/anxiety,
  - With **women experiencing at least three symptoms**, significantly higher than men (p=0.0128).
<table>
<thead>
<tr>
<th>Reasoning</th>
<th>Instance Count</th>
<th>Individual Percent</th>
<th>Group Percent</th>
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<tr>
<td>Not worth hassle</td>
<td>54</td>
<td>16.02%</td>
<td>37.69%</td>
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<tr>
<td>Did not believe change would result</td>
<td>44</td>
<td>13.06%</td>
<td></td>
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<tr>
<td>Frequency of similar events</td>
<td>29</td>
<td>8.61%</td>
<td></td>
</tr>
<tr>
<td>[Highlighted: Autocracy]</td>
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<td>[Highlighted: Impersonality]</td>
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<td>Not applicable for reporting</td>
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<td>31.75%</td>
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<td>Another reason</td>
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<td>1.78%</td>
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Limitations

- Bias towards affected trainees to complete the survey
  - Women are over-represented

- Did not include LGBTQ+ stratifications
Conclusion

- Gender bias and sexual misconduct negatively affect female trainees’ attitudes towards their career and workplace culture.

- Women experience sexual harassment from various members of the hospital community, especially from other physicians.

- Trainees report a culture non-conducive to reporting, plagued by fear and futility.
Conclusion

- As a result of this working environment, female trainees experience more symptoms of anxiety/depression than male trainees.

- “Never events” occur, and we should assume they are significantly under-reported.
What Can We Do?

- Cultural awareness and change

- In professional relationships and in the workplace, sexual harassment and misconduct should be "never events."

- Awareness of these findings is important for training programs and can help to guide changes and discussions surrounding workplace culture.
What Can **YOU** Do?

- National commitment towards accountability, zero tolerance, and a meaningful change in culture.
  - If you are a victim, tell your story;
    if you are an observer, “see something, say something”
  - Especially if you are a physician, especially if you are a man, especially if you are an attending, especially if you are a senior attending
- Identify and challenge implicit bias and micro-aggressions
Through the HeforShe movement, the United Nations has invited men to commit to being non-passive allies for gender equity.

“I’m inviting you to step forward, to be seen, & to ask yourself... If not me, who? If not now, when?”

Emma Watson
UN Women Global Goodwill Ambassador
What Can YOU Do?

- More women in leadership leads to reduction in sexual harassment in the workplace. (Harvard Business)

- Accountability from national societies (UK, Australia)
  - The Royal Australiasian College of Surgeons (RACS) established an Expert Advisory Group to train, investigate, report on, and produce recommendations for eradicating unprofessional behavior, including an annual report on progress on these initiatives.
Do the best you can until you know better. Then when you know better, do better.

Maya Angelou
Thank you

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**Interventions/Recommendations:**

- As previous authors have noted, “critical to understanding gender bias is that no one is completely exempt from its influence.”

- Phillips et al delineated many recommendations, including recognizing the problem, retaining female faculty, implementing national cultural change, and committing to gender equity through personal interactions, sponsorship, and mentorship of female surgeons.\(^7,\,59\)

- They highlighted effective, proactive, and organized efforts by The Johns Hopkins University\(^60\) and University of Utah\(^61\) to retain female faculty, including
  - identifying problems,
  - finding solutions,
  - monitoring progress of gender equity (including salary and promotion),
  - lectures, and
  - focus groups.
Utah and Johns Hopkins


They also discussed challenges in uprooting pervasive implicit bias and noted increased departmental participation in workshops countering bias resulted in increased equity-promoting actions.\textsuperscript{62}

The Harvard Business Review discussed having more women in leadership leads to reduction in sexual harassment in the workplace.\textsuperscript{73}

The American Psychological Association has published guidance for responding to microaggressions for the target, bystander, or perpetrator.\textsuperscript{74}

Through the HeforShe movement,\textsuperscript{75} the United Nations has invited men to commit to being non-passive allies for gender equality. This requires awareness, courage, and advocacy from male colleagues.\textsuperscript{66}
Choo et al\textsuperscript{72} describe the importance of accountability to combat sexual harassment in health care, calling on institutions to improve upon:

- “unclear policies and reporting structures;
- poor adherence to procedures and follow-through on reported cases;
- little to no support or protection for targets of harassment or inequity;
- undue reliance on formal complaints or lawsuits to focus organizational attention on harassment;
- a punitive environment for whistleblowers;
- minimal consequences for perpetrators of harassment or discrimination; and
- absence of standardized approaches to ensure accountability.”

The Royal Australiasian College of Surgeons (RACS) established an Expert Advisory Group to train, investigate, report on, and produce recommendations for eradicating unprofessional behavior.\textsuperscript{33}

- Trainees were found to be more aware of harassment and more likely to intervene.\textsuperscript{63}
- In 2016, the RACS instituted a campaign with twenty initiatives, including detailed annual evaluation measures, targeting three main areas: leadership and culture change; surgical education; and complaints management.\textsuperscript{64}
- National societies/meeting can prohibit perpetrators from participation and from meeting attendance.
CONCLUSIONS:

Our study offers only a glimpse into sexual harassment of plastic surgery trainees. Leaders in our specialty should acknowledge the impact of gender discrimination and misconduct on burnout, patient care, and productivity.

Department heads and senior surgeons should lead candid and productive conversations without blame, uncover implicit biases about gender role stereotyping, micro-aggressions, and strive for meaningful change to department culture.

Mikina wrote in Lancet,76 “Shame is not on the victims but on the harassers, silent viewers, and bureaucrats who see injustice but do nothing.”
As individuals, we ought to take greater personal responsibility in elevating our social relationships to reflect high standards of professionalism and collegiality.

As professionals and educators, we need to commit to the eradication of discrimination, bullying, harassment, misconduct, and intimidation in our community.65
Thank you

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1995 Council on Graduate Medical Education (COGME) concluded:

“Gender bias, a reflection of society’s value system, remains the single greatest deterrent to women achieving their full potential in every aspect of the medical profession and is a barrier throughout the professional life cycle.”
Introduction

- Trainees are a vulnerable population
- Only 20% of instances of sexual misconduct are reported.

What Can We Do?

- **Goals**
  - Minimize instances of sexual misconduct
  - Change current culture
  - Improve retention and prevent deterrence of women from plastic surgery training, leadership, and academic posts.
We don’t need a handful of people being perfect,
We need a million people trying, imperfectly.

You don’t have to be perfect.
Just try to be better than you were yesterday.

Try and fail.
But do not fail to try.

Do the best you can until you know better.
Then When you know better, do better.
(We are only as blind as we want to be)--Maya Angelou