

**Maine Medical Center  
Department of Emergency Medicine  
Journal Club Summary Template**

<b>Date:</b> 1/21/21	<b>Presenter Name:</b> Ben Pare
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**Article Citation:** #MeToo in EM: A Multicenter Survey of Academic Emergency Medicine Faculty on Their Experiences with Gender Discrimination and Sexual Harassment

Lu, et al. Tania!

**Country(ies):** United States

**Funding Source(s):**

None Stated

**Purpose**

**Research Question(s):** The study attempted to examine gender discrimination and sexual harassment in academic emergency medicine. Study aimed to explore perceptions of, experiences with, and observations of gender discrimination and sexual harassment in academic EM, and comparing these experiences and observations for both male and female academic EM physicians.

None Stated

**Hypotheses:** Female EM physicians would have greater perceptions of and more experiences with gender based discrimination and sexual misconduct compared to their male colleagues.

None Stated

**Study Purpose:** While the medical workforce is comprised of 80% women, women only hold 13% of the healthcare industry's "executive positions." Could this inequity we see in medicine potentially be due to workplace sexual harassment, where previous studies have shown that sexual harassment is often fostered in workplace environments that perpetuate gender disparities.

**Methods**

**Study Design:** Cross sectional survey of a convenience sample of EM faculty on their perceptions of and experiences with gender discrimination and sexual harassment in the workplace.

**Outcome(s) [or Dependent Variable]:** perceptions of gender discriminations, experiences with and observations of gender discrimination in the workplace, and encounters with unwanted sexual advances, comments, or attention in the workplace.

<b>Intervention [or Independent Variable]:</b> physician gender (male or female)
<b>Ethics Review:</b> <input type="checkbox"/> IRB Review <input type="checkbox"/> IACUC Review <input type="checkbox"/> Other: <input type="checkbox"/> None Stated Study was either IRB approved or deemed exempt from IRB approval at each site.
<b>Research Setting:</b> The setting was at 6 academic hospitals, one in New England (Maine Medical Center), two in the Southeast (Emory and Wake Forest), one in the South (UT Southwestern), Midwest (Northwestern), and West (University of Washington)
<b>Study Subjects:</b> All EM faculty physicians at these institutions were eligible for the study, and 141 subjects completed at least a part of the survey (out of 352 asked to take the survey). 80 were male (61.1%), and 51 were female (38.9%). 104 (79.4%) were white. 47.3% were younger than 39 years old, and 30.5% were somewhere between 6-10 years out from training.
<b>Inclusion Criteria:</b> As mentioned above, all EM faculty physicians at these institutions were included
<b>Exclusion Criteria:</b> The study authors were excluded from the study. A sample of subjects from 5/6 institutions “pre-tested” the survey to ensure respondent comprehension, and they were excluded from the study.
<b>Study Interventions:</b> Survey emailed to all eligible participants as mentioned above, completely voluntary survey.
<b>Study Groups:</b> Male and female responses to the survey were compared and separated into two groups.
<b>Instruments/Measures Used:</b> No single, well validated instrument could be found that satisfactorily measured the multiple aspects of workplace gender discrimination and sexual harassment that were of interest.  <b>Perception of discrimination was measured using the Overt Gender Discrimination at Work (OGDW) scale. The scale asks 5 questions;</b> (1) I have been treated unfairly at work because of my gender; (2) The people I work with sometimes make sexist statements and/or decisions; (3) I feel that some of the policies and practices of this organization are sexist; (4) At work, I sometimes feel that my gender is a limitation; and (5) At work, I do not get enough recognition because of my gender. Each question was scored 1-5 on a Likert Scale, with 1=strongly disagree, 5=strongly agree. Scores ranged 5-25, with higher scores indicating higher perceptions of discrimination.  Subjects were also asked to report the frequency with which they experienced discriminatory treatment based on their gender as well as the frequency with which they observed the discriminatory treatment of another physician based on gender. Responses were “weekly, monthly, annually, rarely, and never.” Respondents stating “weekly, monthly, or annually” were then asked to identify the source of the discriminations, i.e. consulting physician, patient, nursing staff, etc.

Lastly, subjects were asked if they had encountered unwanted sexual comments, attention, or advances by work colleagues. If respondents answered yes, they were asked to indicate “yes” or “no” for each of the following behaviors they may have encountered ordered by level of severity<sup>28</sup>: (1) sexist remarks / behavior; (2) unwanted sexual advances; (3) subtle bribery to engage in sexual behavior; (4) threats to engage in sexual behavior; (5) coercive advances

The respondents that answered “yes” to having encountered unwanted sexual behaviors were then asked, on a Likert Scale, to what extent those experiences had on their self-confidence in the workplace and career advancement.

**Data Collection:**

Data was collected using Qualtrics survey software

**Data Analysis:**

**A priori sample size calculation?**  Yes  No  Not Described  N/A

**Statistical analyses used:** t-test for independent samples to compare group means, Chi Square analyses to compare proportions across categorical variables

**Adjustment for potential confounders?**  Yes  No  Not Described  N/A

If yes, list:

**Results**

**Study participants: As above**

**Brief answers to research questions [key findings]:**

Overt Gender Discrimination at Work (OGDW) scores, which looked at perception of discrimination:

- Mean for all respondents was 12.5 (5-25)
- Women reported significantly higher mean scores (15.4 vs. 10.2 for men), with a  $t=6.450$  and  $p<0.0001$

Female EM faculty also were more likely to report having experienced workplace discriminatory treatment based on gender than their male counterparts (62.7% vs 12.5% with a  $p<0.001$ ). Having experienced workplace discriminatory treatment was also associated with higher OGDW scores (17.6 vs. 9.8)

Male and female EM faculty were equally likely to report having observed discriminatory treatment of another physician based on gender (64.7% vs. 56.3%, respectively). Higher OGDW scores were also reported with those who observed discriminatory treatment (mean 14.3 vs. 9.7%).

For those respondents who experienced or observed gender discriminatory behavior, patients, consulting or attending physicians, and nursing staff were the three most frequent sources of the discriminatory behavior (in that order, and the same order for both experienced and observed groups). Prior studies reveal this is possibly because patients seem to “view female physicians as females first and physicians second,” and physicians described this sexual harassment most commonly in the form of “suggestive looks or gestures and sexual remarks.”

Majority (52.9%) of women reported encountering unwanted sexual comments, attention, or advances by a work superior or colleague. Significantly more than what was reported in males (26.2%). Of those who encountered these advances, 22.9% and 12.5% (male and female, respectively) reported negative effects on their career advancement and self-confidence.

Older respondents reported higher rates of unwanted sexual advances. Begs the question, have they had more time in their career to encounter these behaviors, were these behaviors more common in the past, or do these individuals feel more empowered to speak out since they are more established in their field?

Most (48.4%) experienced the “most minor” of the unwanted sexual attention in the form of “sexist remarks and behaviors.” This may explain why most reported “not at all” having negative impacts on self-confidence or career advancement. However, we do not know what the cumulative effect of these “less significant” sexual behaviors have on one’s career over time.

#### **Additional findings:**

Important to note that other studies have looked at what percentage of healthcare professionals (specifically one study regarding surgeons and another regarding IM residents) actually reported the abuse or harassment. The vast minority actually reported these experiences, citing “feeling that it would not help, fear of reprisal, feeling they had no mechanism to file” as reasons they did not report. For those that did report, the majority described a lack of action as the result.

#### **Limitations:**

Only 6 academic EM centers included in study. Are the results generalizable to practicing EM physicians in non-urban, more rural locations?

Only 40% filled out at least a portion of the survey, concern for response bias.

Unable to corroborate respondents experiences with and observations of sexual harassment. We do not know if respondents are over or under-reporting their experiences and observations.

**Clinical Implications**

**Applicable?** Yes; gender discrimination exists and we should feel more empowered to speak up about it. Also, this study is applicable to our population since we were one of the centers included in the study.  
**Feasible?** Yes, we should speak up  
**Clinically relevant?** Yes, because as evidenced by this study encounters with sexual harassment can lead to diminished self-confidence and less career advancement

**Comments:**

**Level of evidence generated from this study**

- Ia: evidence obtained from meta-analysis of randomized controlled trials
- Ib: evidence obtained from at least one randomized controlled trial
- IIa: evidence obtained from at least one well-designed, controlled study without randomization
- IIb: evidence obtained from at least one other type of well-designed quasi-experimental study
- III: evidence obtained from a well-designed, non-experimental study
- IV: expert committee reports; expert opinion; case study; case report

**Additional Comments/Discussion/Notes**

