

Harassment in Residency: An Anonymous Survey of Podiatric Residents

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Statement of Purpose

Over the past year, discrimination and harassment issues have been brought to light in many industries across the United States. Apart from a few instances, however, the field of medicine has largely remained out of the national media spotlight. Discrimination and harassment are not often discussed in the realm of residency training, yet studies have shown a higher incidence in hierarchical workplace environments with long hours and high stress^{1,2}. This study aims to assess the rate of harassment amongst podiatry residents across the United States.

Literature Review

Data pertaining to the prevalence of harassment in medicine is lacking, particularly with regards to residents in training. Since 1948, only 19 resident-specific harassment studies have been published globally, 8 of which were conducted within the United States. In a pooled meta-analysis of the 11,193 residents in these studies, the prevalence of harassment during residency was noted to be 63.4%. Gender discrimination and verbal abuse were the most common forms of harassment, however 28.9% of residents also reported some form of physical abuse³.

While not resident specific, the overall rate of harassment has been reported to be higher within surgical fields. This has been attributed to the male-dominated workforce, the operating room culture, and the gender-specific career penalties for surgeons^{4,5}. To date, no study has been published regarding the experiences of podiatric residents during their educational training, but it is an issue worth considering as the field of podiatry continues to become increasingly surgery focused.

Methodology

An anonymous electronic survey was sent to all Podiatric Medicine and Surgery Residency programs across the United States. The survey utilized the 16-item Sexual Experiences Questionnaire (SEQ-DODs), a measurement tool originally developed for the military but has subsequently been used in numerous other civilian studies⁶. Responses were scored on a scale of 0 - 4 (never, once or twice, sometimes, often and very often) in four defined categories: sexist hostility, sexual hostility, unwanted sexual attention and sexual coercion. A positive response was noted as any score greater than 0. A chi-squared test was used to compare male and female resident responses. A *p* value < 0.05 was considered significant.

Results

A total of 204 completed survey responses were received, representing approximately 13% of podiatry residents in the United States. No significant difference in response rates between gender and post-graduate year levels was noted. There were reported incidences of sexist hostility, sexual hostility, unwanted sexual attention and sexual coercion for both male and female residents. A statistically significant difference was noted between genders in three categories, as noted in Table 1, but not in the category of sexual coercion. The reported perpetrators are noted in Figure 1.

SEQ-DODs Category	Reported Incidence, % [95% CI]		P value
	Female Residents (n = 106)	Male Residents (n = 98)	
Sexist Hostility	82.08 [73.43 - 88.85]	41.84 [31.95 - 52.23]	<0.001
Sexual Hostility	55.66 [45.69 - 65.31]	32.65 [23.52 - 42.87]	0.002
Unwanted Sexual Attention	26.42 [18.32 - 35.87]	7.14 [2.92 - 14.16]	<0.001
Sexual Coercion	7.55 [3.31 - 14.33]	4.08 [1.12 - 10.12]	0.38

Table 1: Reported percentages of harassment for male and female podiatric residents in the United States

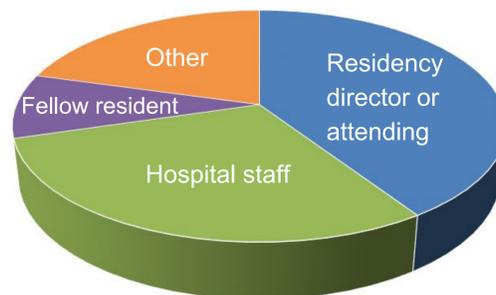


Figure 1: Reported perpetrators of harassment

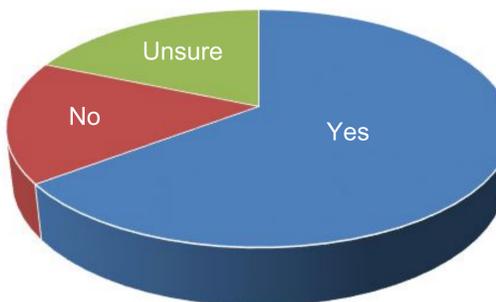


Figure 2: Would residents report harassment?

Discussion

Residency training is an incredibly formative time in the career of any physician. While it can be a busy and stressful period of life, it should ideally also be an environment in which educational and personal growth is optimized. However, very few studies analyze the in-training factors that prevent such optimization. Even fewer studies explore the topic of sexual discrimination and harassment.

From the results of this study, discrimination and harassment are prevalent in podiatric residencies across the United States. A significantly higher rate of harassment was noted amongst female residents, with a staggering 82% and 55% reporting sexist and sexual hostility respectively. However, harassment is also an issue for male residents. Concerningly, 38% of the reported perpetrators were residency directors or attending doctors directly involved with the residency program. 34% of residents were unaware of whether their program had an established reporting protocol, and 35% of residents felt uncomfortable reporting witnessed or experienced harassment.

Given the well-documented psychological, mental and physical effects on those who have experienced harassment, the importance of additional investigation and prompt action within podiatric residency programs cannot be underestimated.⁷

References

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