



# Developing a Durable Measurement and Evaluation Strategy to Inform Efforts to Combat Sexual Harassment in Academic Medical Centers

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Presented at the 2020 ELAM® Leaders Forum

## Background/Significance

The National Academies of Sciences, Engineering, and Medicine recently called attention to the high frequency of sexual harassment in academic medicine, where trainees and providers encounter harassment perpetrated both by those within the organization (superiors, colleagues, trainees, staff) and patients and families who are served. However, little is known about the exact nature of SH or the characteristics (individual and environmental) that increase risk of having these experiences within academic medical centers, information that is needed to help target interventions to specific groups, settings, and behaviors. Furthermore, little is known (in medicine and even beyond) about how existing systems for reporting are utilized, why individuals who have experienced harassment may not utilize them, and how they might be optimized.

## Purpose

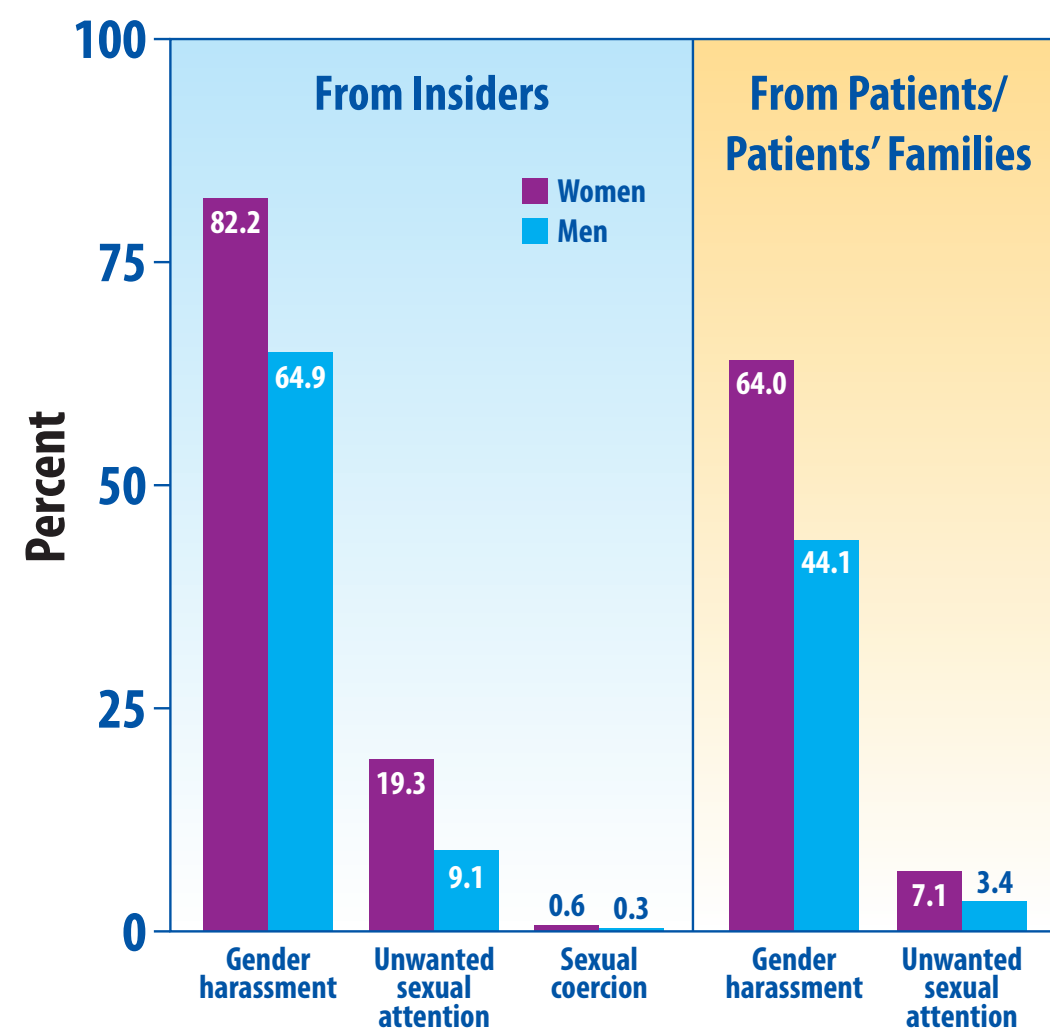
To develop and deploy a durable measurement and evaluation strategy to inform efforts to combat harassment within the specific setting of Michigan Medicine.

## Methods

Original survey questionnaires containing validated measures that are highly sensitive for evaluating sexual harassment within organizations (including sexual coercion, unwanted sexual attention, gender harassment, gender nonconformity harassment, heterosexist harassment, and racialized sexual harassment) for administration to Michigan Medicine faculty, trainees, students, nurses, and staff.

*This ongoing work is possible due to the volunteer efforts of numerous colleagues, postdoctoral fellows, and graduate students, including Emily Vargas, Sheila Brassel, Chithra Perumalswami, Allura Casanova, Jessica Kiebler, & Leah Shever-Doletzky. The work has been jointly funded by ADVANCE, the Center for Bioethics & Social Sciences in Medicine, and the Department of Obstetrics and Gynecology at the University of Michigan.*

## Results



*Sexual harassment of faculty from insiders and patient and patients' families by faculty gender. This figure depicts rates with which 705 faculty respondents to a survey at a single academic medical institution endorsed at least one experience in each category within the past year. Insiders are defined as other institutional staff, students, and faculty, both on and off campus. SEQ is the validated Sexual Experiences Questionnaire that was modified for use to measure sexual harassment in the current study.*

Sexual Harassment Items Used in Survey of Faculty Working at an Academic Medical Center

### Gender harassment

1. Mistreated, slighted, or ignored you because you are a [woman/man]?
2. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)? (PF)
3. Put you down or been condescending to you because of your sex? (PF)
4. Displayed or distributed stories, pictures, or words that insult or disrespect women generally?
5. Displayed or distributed sexually explicit stories, pictures, or pornography?
6. Told sexual stories or dirty jokes? (PF)
7. Tried to get you in a conversation about sex?
8. Made offensive remarks about your appearance, body, or sexual activities? (PF)
9. Made gestures or used body language of sexual nature that embarrassed or offended you?

### Unwanted sexual attention

10. Tried to start a romantic relationship with you after you told the person that you didn't want the relationship?
11. Continued to ask you for dates, drinks, dinner, etc., even though you said "no"? (PF)
12. Stared or looked at you in a sexual way?

13. Intentionally touched in any way your thigh, breast, butt, or genitals? (PF)
14. Touched another part of your body in a way that suggests sexual interest? (PF)
15. Tried to touch, fondle, kiss, or grope you?
16. Exposed or sent pictures of their genitals to you?
17. Offered you something you wanted at work in exchange for doing something sexual?<sup>a</sup>
18. Implied that you would receive a professional reward if you did something sexual?
19. Made you worry that you might be treated badly if you did not do something sexual? (PF)<sup>b</sup>
20. Treated you badly for refusing to do something sexual?

*All items were presented to assess sexual harassment from institutional insiders (i.e., students, staff, or faculty). Items labeled with PF were also presented to faculty who interacted with patients and patients' families to assess sexual harassment from patients/families. <sup>a</sup>Item was dropped from the SEQ-Insider scale computation due to zero reported experiences. <sup>b</sup>Item was dropped from the SEQ-Patient scale computation due to zero reported experience. SEQ, Sexual Experiences Questionnaire; PF, patients/patients' families.*

## Results (cont.)

Surveys have been administered to faculty, trainees, students, and nurses. Staff surveys are currently being fielded. Initial faculty survey results were published in Jan 2020 (Vargas et al. JWH). In the faculty sample (n = 705), most respondents, 82.5% of women and 65.1% of men, reported at least one incident of sexual harassment perpetrated by insiders in the past year; 64.4% of women and 44.1% of men reported harassment by patients and patients' families. The most frequently experienced dimension of sexual harassment for women and men was sexist gender harassment. Increased experiences of harassment were independently associated with lower mental health, job satisfaction, and sense of safety at work, as well as increased turnover intentions, with no significant interactions by gender. Analyses of trainee experiences, intersectional experiences (between gender and sexual orientation or race), and experiences with reporting are in draft form for the MD sample. Nursing survey data is being cleaned and prepared for analysis, and staff survey analyses will follow.

## Discussion

These findings are providing information to target interventions to promote civility and respect within our institution and how best to improve reporting systems to try to reduce harassment. This, in turn, should enhance faculty wellness and productivity that are demonstrably correlated with sexual harassment.

## Summary/Conclusion

Leveraging the unique environment of the broader University of Michigan, including expert collaborators from Women's Studies and Psychology, this effort will have an enduring impact on our institution. It has also developed tools that should help other academic medical centers wishing to demonstrate their lack of tolerance for sexual harassment and desiring to inform and target interventions in their own unique settings.