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Brief Communications

Frequency, barriers, outcomes, and consequences of reporting sexual harassment in clinical oncology

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Abstract

Sexual harassment is increasingly recognized as widely prevalent in medicine. Broad efforts at the organizational and society level are working to address this inequity, but many of these efforts rely on reporting to eradicate problematic behaviors and shift culture. We examined, among oncologists experiencing sexual harassment, the frequency of reporting, as well as barriers, outcomes, and consequences of reporting. Among 271 survey respondents, 217 reported sexual harassment from peers or superiors or from patients or families. Most harassed oncologists (n = 148, 68%) did not report the event to authority because of concerns about future negative consequences for themselves. Among the minority who reported harassment (n = 31, 14%), 52% felt their concerns were not taken seriously and 55% reported no action was taken as a result of their report. Furthermore, 52% experienced retaliatory behavior. Addressing these findings may help to inform the change necessary to create an antiharassment culture in oncology.

Sexual harassment is common in medicine, but one study shows that only 55% of women medical school faculty who experienced gender harassment feel safe to report the incident, and only one-third feel their institution would effectively address the incident (1,2). Within oncology, little is known about frequency, barriers, outcomes, and consequences of reporting sexual harassment.

As previously described (3), after exemption approval by the University of Michigan institutional review board, 1000 clinical oncologists from the American Society of Clinical Oncology Research Survey Pool and other members contacted via social media were surveyed in 2020. Of 273 survey respondents (215 via Research Survey Pool, 58 from social media outreach), 271 were cisgender. Respondents self-identified as men (44%), women (56%), heterosexual (94%), and/or LGBTQ+ (6%). Self-reported race and ethnicity included 11% African American or Hispanic, 35% Asian or Pacific Islander, and 53% non-Hispanic White. Response rates varied by practice setting, with respondents less often in community settings (31%) or early career (<5 years since training 25%; currently in training 8%) than in the targeted population (3).

Respondents indicated whether they had experienced sexual harassment from colleagues or superiors or from patients or families, using a medicine-specific version of the Sexual Experiences Questionnaire, a behaviorally based validated instrument to assess sexual harassment, and scales measuring racialized sexual harassment, gender policing harassment, and heterosexist harassment (3-6). As previously described (3), 217 respondents indicated experiencing sexual harassment within the past year from peers and/or superiors (n = 189, 70%) or from patients or families (n = 143, 53%).

This brief communication focuses on planned descriptive analyses of this cross-sectional survey regarding patterns and outcomes of reporting sexual harassment among respondents who experienced an incident, using items from a prior evaluation of sexual harassment reporting patterns in academic medicine (7). The authors of that prior study reviewed the literature to identify consequences of reporting and reasons harassed individuals might not report and then developed a battery of questions that listed possible experiences to determine their frequency. Harassed oncologists indicated whether they reported the harassment to authority, and if yes, "reporters" were asked about outcomes. "Nonreporters" were queried about reasons for not reporting to authority.

Of the 217 harassed oncologists, 148 (68%) did not report the event to authority; their reasons included concerns about being considered a "troublemaker"; being slighted, ignored, or ridiculed at work; causing negative consequences for the harasser; or triggering a mandatory report (Table 1). This included 28 (13%) who told someone not in a position of authority and 120 (55%) who did not tell anyone at all about the unwanted behaviors. Only 31 (14%) reported the event to someone in authority; 38 (17.5%) left

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Table 1. Reasons for not reporting unwanted behaviors among nonreporters[a]

Possibility of...	Response	All, No. (%)	Women, No. (%)	Men, No. (%)
Being slighted, ignored, or ridiculed by other at my place of employment?	Not reported	4 (3)	3 (3)	1 (2)
	Yes	39 (26)	31 (33)	8 (14)
	No	105 (71)	59 (64)	46 (84)
Being denied a promotion or advancement that you deserve?	Not reported	5 (3)	3 (3)	2 (4)
	Yes	22 (15)	18 (19)	4 (7)
	No	121 (82)	72 (78)	49 (89)
Being given less favorable job duties or assignments?	Not reported	5 (3)	4 (4)	1 (2)
	Yes	27 (18)	22 (24)	5 (9)
	No	116 (79)	67 (72)	49 (89)
Being given an unfair performance evaluation or grade?	Not reported	4 (3)	3 (3)	1 (2)
	Yes	25 (17)	20 (22)	5 (9)
	No	119 (80)	70 (75)	49 (89)
Being denied an opportunity that you deserve?	Not reported	5 (3)	4 (4)	1 (2)
	Yes	29 (20)	24 (26)	5 (9)
	No	114 (77)	65 (70)	49 (89)
Being threatened?	Not reported	4 (3)	3 (3)	1 (2)
	Yes	12 (8)	8 (9)	4 (7)
	No	132 (89)	82 (88)	50 (91)
Being considered a "troublemaker"?	Not reported	5 (3)	4 (4)	1 (2)
	Yes	53 (36)	45 (48)	8 (14)
	No	90 (61)	44 (47)	46 (84)
The person or people who bothered you facing negative consequences (such a losing their position)?	Not reported	4 (3)	3 (3)	1 (2)
	Yes	36 (24)	25 (27)	11 (20)
	No	108 (73)	65 (70)	43 (78)
Losing your position and/or funding?	Not reported	4 (3)	3 (3)	1 (2)
	Yes	18 (12)	14 (15)	4 (7)
	No	126 (85)	76 (82)	50 (91)
Triggering a mandatory report if you spoke up?	Not reported	5 (3)	3 (3)	2 (4)
	Yes	35 (24)	28 (30)	7 (12)
	No	108 (73)	62 (67)	46 (84)

[a] Responses of those indicating experiencing harassment who then either indicated not telling anyone (n = 120) or indicated telling someone but not a person in authority (n = 28), for a total sample size of 148, to the item: Did the following concerns influence your decision not to report the UNWANTED behavior to an authority within your workplace? Harassment was measured as answering yes to any single item of a 20-item modified Sexual Experiences Questionnaire (SEQ) focused on perpetrators who were superiors or colleagues, a 20-item modified SEQ focused on perpetrators who were patients or family members, a 3-item scale of heterosexist harassment, 4-item scale of gender policing harassment, or a 4-item scale of racialized sexual harassment, as detailed in references (4,8).

the reporting items unanswered. The 31 reporting oncologists most commonly notified their division chief or department chair (52%, 16/31), another attending physician (64.5%, 20/31), and/or a nonphysician leader (52%, 16/31). The majority of oncologists who reported sexual harassment felt their concerns were not taken seriously (52%, 16/31). Furthermore, more than one-half (55%, 17/31) indicated that to their knowledge no action was taken. Institutional responses included talking to the perpetrator (32%, 10/31), transferring the perpetrator (6%, 2/31), and/or action taken against the perpetrator (13%, 4/31), with one finding (3%, 1/31) of the claim being unsubstantiated. Table 1 describes reporting differences by gender, but given small numbers of male reporters, statistical comparison was not performed.

More than one-half of reporters (55%, 17/31) indicated they felt listened to. Nevertheless, in response, reporting oncologists indicated being told (by person in authority to whom they reported) they could have done more to prevent the experience (26%, 8/31), talking about it might negatively affect the employer reputation (23%, 7/31), and/or to drop the issue (23%, 7/31). Some reporters indicated they were made to feel the experience was less important than the reputation of the employer (23%, 7/31), and almost one-half (48%, 15/31) were "not at all satisfied" with the way the report was handled.

Overall, 52% (16/31) of reporters indicate experiencing retaliatory behavior, including being slighted, ignored, or ridiculed; given unfair performance evaluation; denied opportunity; or considered a "troublemaker" (Table 2). Table 2 includes description of reporting outcomes by gender, but given limited number of male reporters, additional comparisons are not available.

In this analysis of more than 200 oncologists who experienced workplace sexual harassment in the previous year, only a small minority (14%) indicated reporting the event to authority. Approximately one-half indicated no action was taken (55%), were entirely dissatisfied (48%), and/or did not feel their concerns were taken seriously (52%). One-half (52%) of reporting oncologists indicated experiencing negative consequences after reporting their experience, and many nonreporting oncologists cited those very negative consequences as the reasons behind their decisions to not report unwanted behaviors.

Study limitations include limited sample size for further analyses by reporter demographics and extrapolating the findings to the overall oncology workforce (4). Although nonresponse bias is always a concern in surveys, the survey invitation deliberately made no reference to "sexual harassment" to mitigate likelihood of enriching the sample with targets of harassment; even less likely would be selection bias for harassed individuals who had unrepresentative experiences with reporting that would influence the current analysis. We acknowledge social media outreach respondents may meaningfully differ from others, but these individuals constituted a small minority of respondents; as

Table 2. Consequences to self after reporting sexual harassment[a]

Item	Response	All, No. (%)	Women, No. (%)	Men, No. (%)
I was slighted, ignored, or ridiculed by others at my place of employment.	Yes	10 (33)	10 (40)	0
	No	21 (67)	15 (60)	6 (100)
I was denied a promotion or advancement that I deserved.	Yes	3 (10)	3 (12)	0
	No	28 (90)	22 (88)	6 (100)
I was given less favorable job duties or assignments.	Not reported	1 (3)	1 (4)	0
	Yes	5 (16)	5 (20)	0
	No	25 (81)	19 (76)	6 (100)
I was given an unfair performance evaluation or grade.	Yes	6 (19)	6 (24)	0
	No	25 (81)	19 (76)	6 (100)
I was denied an opportunity or that I deserved.	Yes	9 (29)	8 (32)	1 (17)
	No	22 (71)	17 (68)	5 (83)
I was threatened.	Yes	4 (13)	4 (16)	0
	No	27 (87)	21 (84)	6 (100)
I was considered a "troublemaker."	Yes	14 (45)	13 (52)	1 (17)
	No	17 (55)	12 (48)	5 (83)
I lost my position and/or funding.	Yes	5 (16)	4 (16)	1 (17)
	No	26 (84)	21 (84)	5 (83)

[a] Responses of 31 respondents who indicated experiencing harassment and then indicated reporting to someone in authority to an item asking, "To the best of your knowledge did the following happen to you as a result of speaking to an authority figure at your current place of employment about the UNWANTED behavior?" Harassment was measured as answering yes to any single item of a 20-item modified Sexual Experiences Questionnaire (SEQ) focused on perpetrators who were superiors or colleagues, a 20-item modified SEQ focused on perpetrators who were patients or family members, a 3-item scale of heterosexist harassment, 4-item scale of gender policing harassment, or a 4-item scale of racialized sexual harassment, as detailed in references (4,8).

previously reported, they were not more or less likely than other respondents to indicate having experienced harassment (3). Finally, these data are self-reported. Despite these limitations, this study provides the first information to our knowledge about the frequency with which sexual harassment experiences are formally reported, reasons that individuals who have experienced harassment do not report those experiences, and perceptions of what ensued among the small number who did make formal reports.

Sexual harassment is common in medicine (1) and oncology (3) yet rarely reported to persons in authority (8). A recent multispecialty study from an academic medical institution suggested that the reporting rate was only 11% in that setting (7), and the Canadian Orthopaedic Association discovered a reporting rate of only 17.5% among orthopedic surgeons (9). This study confirms that low rates of reporting also occur in oncology and suggests reliance on reporting systems alone is unlikely to suffice; preventive initiatives are essential. Additionally, the findings of retaliatory behaviors, both actual and perceived, elevate the need for a cultural change within oncology toward greater psychological safety, driven by transparency, accountability, and prevention.

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Data availability

To protect the privacy of individuals who participated in the study, the data underlying this brief communication cannot be shared. All summary level data are included within the brief communication.

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