EAST EQUITY, QUALITY AND INCLUSION TOOLKIT - #EAST4ALL

I. HARASSMENT AND DISCRIMINATION

A. Statement of the Problem:
In surgery, harassment and discrimination are pervasive, have not improved over time, and contribute to burnout, career dissatisfaction and poor mental health. In 2011 a meta-analysis of 51 studies showed 59% of medical trainees had experienced harassment or discrimination during their training, most commonly from superiors but also from patients and families, and that this had remained unchanged over time (1987-2011). Risk factors in their analysis for harassment were surgical training programs, female sex, and racial or cultural discrimination against non-white trainees.[1] While the perception may be that increasing inclusiveness over this period should have changed pervasive discrimination and harassment, the data suggest otherwise. A recent survey obtained after the administration of the ABSITE in 2018, with a 99% response rate, determined of surgical trainees in the US, 31.9% reported gender discrimination, 16.6% reported racial discrimination, 30.3% reported verbal or physical abuse, and 10.3% reported sexual harassment.[2] Again, risk factors for abuse were female sex, with 65% of women reporting discrimination and 20% reporting harassment, and the most frequent source of sexual harassment were attending surgeons, although patients and families frequently demonstrated gender discrimination. Interestingly, there was a wide variation in proportion of residents reporting mistreatment among residency programs, suggesting some programs have successfully implemented healthier cultures that avoid systemic mistreatment of resident. Surgical trainees exposed to discrimination abuse and harassment more frequently were more likely to have symptoms of burnout and suicidal ideation (SI). Women were more likely to have burnout than men, but this went away after adjustment for their higher rate of mistreatment.[2] Female and male trainees identify identical training needs and priorities, but women's experience in those needs being met in their training is significantly different from male trainees.[3] Part of this is persistent cultural sexist attitudes surrounding the primary responsibility for women in child-rearing. A national survey of program directors in surgery identified 2/3 of programs with a maternity leave policy, but only 48% had a paternity leave policy, and duration for paternity leave was most frequently reported to be only 1 week. Further 61% of PDs reported childbirth negatively affects specifically female trainees' work and burdening of other residents, with male trainees seen as less effected by having children.[4] Work home conflicts, which are more common in female than male surgeons, contribute to reported burnout, depression, and a desire to reduce hours worked or leave the field of surgery for a reason other than retirement.[5] This is consistent with the findings of the National Academy of Sciences report[6] on Sexual Harassment in Science and academia which concluded "Women faculty in science, engineering, and medicine who experience sexual harassment report three common professional outcomes: stepping down from leadership opportunities to avoid the perpetrator, leaving their institution, and leaving their field altogether."

This has major implications for the workforce of trauma surgeons as burnout occurs at high frequency among surgeons (between 28% and 42% of surgeons report symptoms) and trauma surgery is independently associated with higher rates of burnout among surgical specialties. [6-9] Burnout is associated with medical error and worse patient outcomes,[10,11] is strongly related to SI in physicians, and in surveys of burnout among resident physicians, is higher in surgery relative to internal medicine, and is higher in female trainees.[12] This is of persistent concern for the mental health and safety of our colleagues, as historically, reviews of physician suicide rates have shown they are higher than the general population, and higher for female physicians (between 1.1 and 3.4 for men and 2.5 to 5.7 for women).[13,14] Surgeons are also less likely to seek help for mental illness. In a survey of 7905 American surgeons, those 45 years and older had rates of suicidal ideation 1.5-3x higher than general population but only 26% of those surgeons with SI sought help.[15]

B. Barriers to Change

Major structural issues in medicine and academia exist that makes these systems resistant to change. Those who speak out against abuse experience significant costs and risks, personally and professionally when they do so, and they are routinely burdened with the responsibility of making institutions compliant, rather than experiencing buy-in from institutions in cultural change. The National Academy of Sciences systematic report on sexual harassment of women in the sciences that summarizes these obstacles to change.[16]

Their key findings were that the science and medicine exhibit four characteristics that enable sexual harassment to persist.

1. "Male-dominated environment, with men in positions of power and authority."
2. "Organizational tolerance for sexually harassing behavior (e.g., failing to take complaints seriously, failing to sanction perpetrators, or failing to protect complainants from retaliation)."
3. "Hierarchical and dependent relationships between faculty and their trainees (e.g., students, postdoctoral fellows, residents)."
4. "Isolating environments (e.g., labs, field sites, and hospitals) in which faculty and trainees spend considerable time."

The issues of representation of men in positions and power and authority may be generalized to harassment generally with regards to race, ethnicity, social class, religion, sexual orientation, or other markers of difference which are largely absent in the upper hierarchy of medicine and surgery.

C. Recommendations for Change:

It should not the responsibility of those experiencing abuse to speak out against sexism/racism/bias - only to report - as it is the responsibility of leaders to protect those they lead. However, since systematic change is slow to occur it is our goal to provide both resources for individuals to address harassment and discrimination, as well as guidance for institutions to direct cultural change needed to decrease harassment.

Advocacy through professional societies. From the NAS report[16] "professional societies are beginning to focus more broadly on policies about research integrity and on codes of ethics rather than on the narrow definition of research misconduct. A powerful incentive for change may be missed if sexual harassment is not considered equally important as research misconduct, in terms of its effect on the integrity of research"

Institutions and organizations should have evidence-based standards to properly address allegations of abuse. The NAS report on sexual harassment[16] shows that the first step is addressing culture that allows abuse to flourish.

1. Sharing Power – institutions in which power is concentrated lend themselves to abuse, lateral distribution of power is more equitable and prevents abuse.

2. Representation – Inequity in leadership creates a culture in which abuse thrives, institutions should strive for diversity in leadership and be transparent about diversity.

3. Fairness – institutions need to dedicate themselves to structural change that demonstrate they value employees equally

4. Justice – Equality needs to be policy and transparency is required.

5. Yearly reports on sexual harassment, bias, and abuse claims should be produced by employers to demonstrate they address complaints of harassment and abuse

6. Communication strategies/Changing minds

- Data is important but not fully effective for communication to change people's minds. Relationships and personal experiences are important to promote change in individuals resistant to acknowledging the problem.
- Have a personal story/narrative available about harm done from harassment/bias to share to back up the data
- Being an ally – leader should make a clear statement that you are available to help those in need, and that you won't tolerate bias and abuse.
- Abuse in medicine can come from superiors, peers, trainees, frequently even patients
- Set clear policies and enforce standards of behavior in public and in private
- Take complaints seriously
- Protect and advocate for those you lead

D. Resources for Individuals:

These following are resources for the targets of discrimination and/or abuse to address inequality or seek redress from institutions.

1. **Responding to abuse –** The Equal Employment Opportunity Commission (https://www.eeoc.gov/eeoc) of the Federal government is responsible for enforcing federal laws (Title VII https://www.eeoc.gov/laws/statutes/titlevii.cfm of the 1964 civil rights act, and the Americans with Disabilities Act https://www.eeoc.gov/laws/statutes/ada.cfm) that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. Additional laws for employers that accept federal funding (such as title IX https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html) may also apply.

2. **Responding to Sexual Harassment –** The EEOC defines sexual harassment as unwanted sexual advances, unwelcome sexual advances, requests or quid-pro-quo for sexual favors, and other verbal or physical harassment of a sexual nature, or nonsexual but offensive remarks about a person's sex. It can be from co-workers, supervisors, or clients, and from an individual of the same or opposite gender.

      a. What to do if you are a **target** or a **witness** to sexual harassment:
            i.   First seek safety if in danger or if you feel threatened

  ii. Tell the harasser the behavior is unwelcome and must be stopped, if this is possible.

  iii. Document the harassment as precisely as possible, document your response to the harassment, why it was unwelcome, and any witnesses to the harassment.

  iv. If it is a pattern of behavior document who else has expressed concern

  v. If you feel you are not safe, or the behavior persists after you express it is unwelcome seek assistance from coworkers, supervisors, colleagues, support groups and/or Human Resources.

  vi. If the abuse came from a supervisor, their supervisor should be contacted.

  vii. If the abuse was physical, threatening it may be a crime, and law enforcement may be contacted.

  viii. If the behavior is not addressed by the employer, it may be necessary to obtain a lawyer that specializes in harassment (resources below), or contact, local, state, or federal civil rights agencies about the abuse.

   1. Equal Employment Opportunity Commission https://www.eeoc.gov/facts/howtofil.html Contact the EEOC by calling 1-800-669- 4000 (TTY: 1-800-669-6820), via email at info@eeoc.gov

   2. Department of Education Office for Civil Rights https://www2.ed.gov/about/offices/list/ocr/docs/howto.html?src=rt

   3. Department of Health and Human Services Office for Civil Rights https://www2.ed.gov/about/offices/list/ocr/docs/howto.html?src=rt

   4. Department of Labor https://www.dol.gov/whd/howtofilecomplaint.htm

 ix. If you need to find representation for sexual harassment there are legal associations that specialize in finding representation.

   1. For Lawyer Referral Services:

- American Bar Association https://www.americanbar.org/aba.html
- National Bar Association https://www.nationalbar.org//
- National Employment Lawyers Association https://www.nela.org/
- Legal Services Corporation https://www.lsc.gov/what-legal-aid/find-legal-aid
- Directory of Local Bar Associations https://www.americanbar.org/groups/legal_services/flh-home/flh-bar-directories-and-lawyer-finders/
- Protect Our Defenders – for military/uniformed services https://www.protectourdefenders.com/
- Victim Rights Law Center https://www.victimrights.org/
- These resources and more are listed at Time's Up Legal Defense Fund, https://nwlc.org/legal-assistance/

   2. For sex discrimination internationally - International Action Network for Gender Equity and Law https://www.iangel.org/contact/

b. Other Toolkits

Some states such as New York (https://www.ny.gov/sites/ny.gov/files/atoms/files/SexualHarassmentPreventionTookitforEmployees.pdf) and California (https://www.dfeh.ca.gov/wp-

content/uploads/sites/32/2018/12/SexualHarassmentandAbusiveConductPreventionTraini ngToolkit.pdf) have developed toolkits for employees and employers to recognize, address, and provide resources for sexual harassment. In addition, the NIH provides a public toolkit (https://www.edi.nih.gov/sites/default/files/downloads/guidance/toolkits/employees/em ployees-workplace-sexual-harassment-prevention04.pdf

The Institute for Women's Policy Research provides a comprehensive Toolkit on Sexual harassment (https://iwpr.org/wp-content/uploads/2017/04/P2G-Tool-5.1-FINAL-020315-MR.pdf)

Department of Education Title IX resource guide https://www2.ed.gov/about/offices/list/ocr/docs/dcl-title-ix-coordinators-guide-201504.pdf

3. **Responding to Discrimination** - The EEOC defines discrimination by type and can be differential treatment or abuse due to a person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information (https://www.eeoc.gov/laws/types/). Discrimination involves treating someone differently for their race, color, religion, sex, sexual orientation, gender identity, pregnancy status, national origin, age, disability or genetic information. This includes decisions of hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment, or verbal treatment, abuse, or display of offensive images or symbols directed against these groups. It can be discrimination due to an employee's marriage to or association with a person for these reasons and may be discrimination. Discrimination can be from co-workers, supervisors, or clients, and from an individual if they share the same race, color, religion, sex, sexual orientation, gender identity, pregnancy status, national origin, age, disability or genetic information as the victim.

   a. **What to do if you are a target or witness to discrimination:**
      i. Inform the individual why the behavior is offensive and ask them to stop if possible or safe to do so.
      ii. Document the incident or behavior as precisely as possible, document your response, why it was offensive, and any witnesses to the abuse.
      iii. If others have complained about the behavior or discrimination document who else has expressed concern.
      iv. If you feel you are not safe, or the behavior persists after you indicate it is offensive seek assistance from coworkers, supervisors, colleagues, support groups and/or Human Resources.
      v. If the discrimination came from a supervisor, their supervisor should be contacted.
      vi. If the discrimination or harassment was physical, threatening it may be a crime, and law enforcement may be contacted.
      vii. If the behavior is not addressed by the employer, it may be necessary to obtain a lawyer that specializes in fair employment or contact, local, state, or federal civil rights agencies about the abuse.

1. List of State fair employment agencies https://www.thelaw.com/law/list-of-state-fair-employment-practices-agencies.330/
2. Equal Employment Opportunity Commission https://www.eeoc.gov/facts/howtofil.html Contact the EEOC by calling 1-800-669- 4000 (TTY: 1-800-669-6820), via email at info@eeoc.gov
3. Department of Education Office for Civil Rights https://www2.ed.gov/about/offices/list/ocr/docs/howto.html?src=rt
4. Department of Health and Human Services Office for Civil Rights https://www2.ed.gov/about/offices/list/ocr/docs/howto.html?src=rt
5. Department of Labor https://www.dol.gov/whd/howtofilecomplaint.htm

   viii. The NEA discrimination and harassment toolkit http://www.nea.org/assets/docs/Harassment%20and%20Discrimination%20Toolkit%20(Final)%202014.pdf
   ix. For legal resources for discrimination

6. American Bar Association https://www.americanbar.org/aba.html
7. National Bar Association https://www.nationalbar.org//
8. National Employment Lawyers Association https://www.nela.org/
9. Legal Services Corporation https://www.lsc.gov/what-legal-aid/find-legal-aid
10. Directory of Local Bar Associations https://www.americanbar.org/groups/legal_services/flh-home/flh-bar-directories-and-lawyer-finders/
11. Protect Our Defenders – for military/uniformed services https://www.protectourdefenders.com/
12. For legal assistance in discrimination by race

    i. The Southern Poverty Law Center https://www.splcenter.org/legal-assistance-request

13. For legal assistance in discrimination by Age

    ii. AARP https://www.aarp.org/work/employee-rights/info-02-2009/age_discrimination_fact_sheet.html

14. *For discrimination on the basis of disability:*

    iii. The Bazelon Center http://www.bazelon.org/
    iv. Disability Rights Bar Association http://disabilityrights-law.org/
    v. Disability Rights Education and Defense Fund https://dredf.org/
    vi. National Disabilities Rights Network. https://www.ndrn.org/about/ndrn-member-agencies/

15. For support for discrimination based on sexual orientation or gender identification

      vii.   Lambda Legal https://www.lambdalegal.org/
     viii.   Commerce Office for Civil rights https://www.commerce.gov/cr/complaints/sexual-orientation-discrimination-complaint-process
      ix.   https://www.translifeline.org/

      x.   https://www.wikihow.com/Report-Discrimination-in-the-Workplace

E. Resources for Institutions/Organizations:

The National Women's Law Center has prepared materials for employers to be proactive against sexual harassment in the workplace: **https://nwlc.org/resources/thats-harassment/**

II. GENDER PAY GAP

A. Statement of the Problem:
Women in academia are paid less than men after controlling for experience and accomplishment, and women surgeons average 8% less in pay.[17-20] This pay disparity worsens over time with women earning ~80% of what men are paid by mid-career.

Pay should be equal for men and women under the Equal Pay Act of 1963 (https://www.eeoc.gov/laws/statutes/epa.cfm)

B. Barriers to Change:
The gender pay gap is the result of many factors, including occupational segregation, bias against working mothers, and direct pay discrimination. Consequently, different groups of women experience very different gaps in pay. Employers that utilize prior salary history in setting current wages and prohibit employees from discussing their wages, only compound the problem.

C. Recommendations for Change:

- De-identified Data should be published on pay by gender and race
- Institutions should internally review their discrepancies in wages
- Implementation of flexible work policies designed to support employees with family responsibilities

D. Resources for Individuals:

These are provided as resources to address the gender pay gap.
1. Resources for negotiation, promotion and professional advancement for women and minorities - AWS toolkit
https://www.womensurgeons.org/page/GenderEquity

E. Resources for Institutions/Organizations: The American Surgical Association has created an extensive manual for institutional change for Surgery departments that can serve as a roadmap for surgical departments to institute change on equity, diversity, and inclusion. https://americansurgical.org/files/2018/Equity.pdf

III. IMPLICIT BIAS & MICROAGGRESSIONS

A. Statement of the Problem

Implicit bias refers to how all individuals carry unconscious stereotypes and biases, programmed from upbringing and culture which subconsciously affect how we interact with people, often without our realizing it. These biases may often contradict our conscious attitudes and beliefs about how people should be treated with fairness and equality.

Studies of surgeons using existing data collected by Project Implicit to ask several questions of healthcare workers and testing performed on thousands of health care professionals, and attendees of the ACS meeting in 2017 showed pervasive implicit bias.[21] Health care professionals showed more implicit gender bias than the non-healthcare population, both male and female health care professionals showed implicit gender bias but female health care professionals showed significantly more implicit bias towards women, associating them with family more than career. With explicit bias the relationship flipped. While both men and women demonstrated explicit bias, men expressed more explicit bias associating men with career and women with family. When gender-specialty bias was associated women and men in the surgical specialty showed similar implicit bias towards men and surgery, and women and family practice, but again, men showed higher explicit bias. The general conclusion we can reach is that unconscious or implicit-bias is pervasive in the healthcare field, as is explicit bias, and, as it is amenable to correction, merits attention from surgical societies and healthcare professionals as a whole.

Microaggressions are brief verbal, behavioral, and environmental messages that are hostile, derogatory, or negative and are directed towards individuals based on their marginalized group membership. They can have lasting, negative psychological impact on the target person or group.

Microaggressions include: *micro-assaults*- name-calling, avoidant behavior, and purposeful discriminatory acts; *microinsults*- remarks that convey rudeness, insensitivity, or are demeaning a person's social group, identity, or heritage; and *microinvalidations*- communications that exclude or negate the psychological thoughts, feelings, or experiential reality of marginalized groups. (Solorzano, Ceja, and Yosso; and Sue)

B. Barriers to Change:

- Lack of awareness
- Often no harm is intended

C. Recommendations for Change:

The first step is to recognize that implicit bias and microaggressions are occurring and to understand what message is being sent. Individuals and organizations can take the following steps to address these issues:

1. Implicit bias training – this has had some success in changing individual-level beliefs and action, although meta-analyses suggest it is largely ineffective in diminishing institutional inequities.

2. Organizations can involve a diverse and representative group of employees in the development of organizational policies and programs.

3. **Raise awareness of cultural competency in patient care** – this extends beyond simply identifying cross-cultural expressions of illness and health, or marginalization of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference to addressing the structures that create the problems in the first place.[22]

4. Recommendations from the **#HeforShe task force** [23]

    i. First, and foremost, to commit to a cultural shift, as while bias can be countered easily in the short term, sustained efficacy requires organizations to change culture towards valuing bias eradication, and require buy in from workers and the institution.

    ii. As people tend to be unaware of these biases, uncovering bias via Implicit Association Testing is a useful tool to help people understand these biases are universal. This may empower individuals to engage in introspection and unlearning of potentially harmful behaviors without feeling shamed or judged for what is unconscious and universal behavior.

    iii. Tests are simple and can be tested over time allowing individuals and institutions to work towards improvement in unlearning hurtful behavior.

    iv. Further, leadership should consciously develop a program for counter-stereotyping exposure, and make efforts towards professional mentorship, exposure (e.g. invited speakers and visiting faculty), hiring and promotion of women, POC, LGBTQ individuals etc., who are demonstrably invited/mentored/supported less despite equivalent qualifications.

    v. The cultural shift necessarily requires commitment from departments to continue to assess and monitor improvement over time, and focus on not making the problem be addressed by the "most diverse" individuals, a common reflexive behavior that will instead make them feel marginalized and unduly responsible for their own acceptance instead of simply being included.

    vi. All individuals should feel empowered and responsible for addressing bias and taking steps to improve institutional equality for all people. The institution should also actively pursue monitoring for improvement of processes in admissions, hiring, advancement, and test to ensure those responsible for these processes understand and address their biases so they are not perpetuated.

D. Resources for Individuals:

    a. Bias cleanse - http://www.lookdifferent.org/what-can-i-do/bias-cleanse

E. Resources for Institutions/Organizations:

    a. Implicit bias testing https://implicit.harvard.edu/implicit/takeatest.html

IV. CALL-OUT CULTURE

A. Statement of the Problem: "Call Out" culture is not new, but as it has been applied more and more to social justice, critics have pointed out that it can be toxic, divisive and ineffective at changing minds.[24] While calling out may still be needed to halt severe abuse, to prevent normalization of abusive behavior or address incalcitrant abuse, a counter-narrative of "Call In" has been emerged that focuses on making transgressive behavior teachable moments on the individual level, and avoiding damage to relationships and public "pile-ons" of criticism for committing errors.[25,26] When to use each tactic is a matter of judgment as there are different objectives for each strategy and they both rely on negative emotions. There is evidence in the science communication literature that there is a role for each. On the individual level "Call In" may create feelings of guilt, but that is often useful emotion to encourage a change of behavior; "Call Out" necessarily relies on public shame which can cause greater injury to individual ego and reputation, causing backlash, and thus risks no change in behavior or even worse abuse.[27,28] Shame may be appropriately used, however, against larger groups or corporations to challenge abusive behavior, without the risk of individual injury and backlash.

B. Barriers to Change: It must be understood that communication on topics of high polarization is not often aided by mere recitation of facts, however, and strategies must rely on maintaining relationships and empathy, while avoiding pitfalls that reinforce repetition of erroneous stereotypes and misinformation. [29-31] Effective communication on polarizing topics requires understanding the target of the communication – crafting a message that does not create backlash in individuals is very different than one targeted at a group. And a message effective at changing an individual opinion may be inadequate to challenge publicly transgressive behavior or abusive behavior by groups.

C. Recommendations for Change: Whenever possible, when abusive behavior is noted it should be interrupted to prevent normalization of abusive behavior. We recommend use of "Call-In" as a default for addressing individual behavior, starting with private communication, nonthreatening confrontation, and request to alter the behavior. This acknowledges that everyone makes errors, and individuals should not be reduced to their most recent mistake. Resorting to shaming and "Call Out" should be a last resort. Call Ins do not need to be the responsibility of the target of abuse. Experiments in confrontations over bias suggest non-targets are less likely to generate backlash and defensiveness when they confront a person exhibiting bias, additionally targets of bias experience greater costs for doing so.[32-36] Studies describing methods to confront bias emphasize calm direct communication is most effective in generating positive outcomes.[37]

C. Resources for Individuals:

https://everydayfeminism.com/2015/01/guide-to-calling-in/

D. Resources for Institutions/Organizations:

https://everydayfeminism.com/build-anti-racist-organization/

https://everydayfeminism.com/transforming-white-guilt/

https://everydayfeminism.com/everyday-self-love/

https://everydayfeminism.com/school/

V. REFERENCES

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