CORE
Metadata, citation and similar papers at core.ac.uk
Provided by Warwick Research Archives Portal Repository

Global Journal of Science Frontier Research: I
Interdisciplinary
Volume 20 Issue 5 Version 1.0 Year 2020
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4626 & Print ISSN: 0975-5896

Time's Up on Empty Zero-Tolerance Slogans: A National Survey Concerning Sexual Harassment

By Bassel H. Al Wattar, Ferha Saeed, Rashna Chenoy & Khalid S. Khan
Warwick University

Abstract- Purpose: The purpose of this paper was to examine the employers' role in the prevention of sexual harassment within the healthcare workforce. We surveyed all the UK medical schools to inquire about their policies, procedures, complaint numbers and outcomes under the freedom of information law.

Design/methodology/approach: We submitted freedom of information requests to all 36 medical schools in the UK seeking information on all submitted sexual harassment complaints between January 2008 and January 2018. This included each school disciplinary policies in general and those concerning sexual harassment in specific, the number of formal complaints, and the final outcome of all investigations.

GJSFR-I Classification: FOR Code: 111799

Strictly as per the compliance and regulations of:

© 2020. Bassel H. Al Wattar, Ferha Saeed, Rashna Chenoy & Khalid S. Khan. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Time's up on Empty Zero-Tolerance Slogans: A National Survey Concerning Sexual Harassment

Bassel H. Al Wattar [α], Ferha Saeed [σ], Rashna Chenoy [ρ] & Khalid S. Khan [Ѡ]

Abstract- Purpose: The purpose of this paper was to examine the employers' role in the prevention of sexual harassment within the healthcare workforce. We surveyed all the UK medical schools to inquire about their policies, procedures, complaint numbers and outcomes under the freedom of information law

Design/methodology/approach: We submitted freedom of information requests to all 36 medical schools in the UK seeking information on all submitted sexual harassment complaints between January 2008 and January 2018. This included each school disciplinary policies in general and those concerning sexual harassment in specific, the number of formal complaints, and the final outcome of all investigations.

Findings: We received interpretable responses from 30/36 contacted medical schools (83%). All 30 schools confirmed having generic code of conduct policies (100%), however, only 12/36 schools (40%) had specific policies and procedures to deal with sexual harassment concerning staff, students or both. None offered any formal training to dealing with sexual harassment. Only three schools confirmed having >5 sexual harassment complaints (3/30, 10%), thirteen had <5 complaints (13/30, 43%) and eleven had no complaints at all (11/30, 37%).

Research limitations/implications: Policies, structures and processes alone are not sufficient for addressing sexual harassment. Knowing the policies and procedures alone will not prevent misconduct, keeping to the rules and regulations will. Medical Schools should rise to the challenge through concrete boundaries-related educational interventions, not empty slogans of zero tolerance.

Originality/value: This paper highlights the employers' obligation to engage staff in training to ensure compliance with specific rules and regulations for preventing sexual harassment in the healthcare workplace.

I. Introduction

The recent wide coverage of #Me Too has put the persistent problem of sexual harassment and assault in the spotlight(Stockdale et al. 2019). Like all professional disciplines, medicine is bound by ethical and behavioral conduct codes (Doukas, McCullough, and Wear 2012; Irby and Hamstra 2016; Women-Church Convergence 1995). The boundaries set within these codes continue to evolve in a constantly changing social paradigm. As doctors, like Hollywood actresses, have contributed to burning the #MeToo flame, sexual harassment has lifted its head above the parapet within the healthcare workplace(Choo et al. 2019; Jenner et al. 2019; Soklaridis et al. 2018; Stone, Phillips, and Douglas 2019).By law, medical institutions are required to commit to equality, diversity, and inclusion. Inequity associated with gender disparities(Jena, Olenski, and Blumenthal 2016) breeds an environment conducive for harassment to take place. The #MeToo disclosures have raised the need for vigilance about the existence of the right structures and processes in healthcare organizations to respond specifically to sexual misconduct allegations(Soklaridis et al. 2018; Williams 2018). Medical employers have promised a zero-tolerance culture (Bates et al. 2018).

Worldwide the healthcare provision is one of the largest employers. Compliance with the gender-based equality legislation should be its key objective as staff safety and productivity in healthcare go hand in hand(Parks and Redberg 2017).The above background prompted us to survey the readiness of the UK medical schools to meet the professional boundary-related challenges in the work place by inquiring about their sexual harassment policies, procedures, complaint numbers and outcomes under the freedom of information law. With these data we wanted to gain insight into factors that will need attention when going forward with bringing about improvements in the medical workplace.

II. Methods and Results

We submitted freedom of information requests to all 36 medical schools in the UK to seek information about their codes of conducts in August 2018 and awaited responses till December 2018. All requests were sent to the nominated freedom of information officer at each medical school using a standard template that was compliant with the freedom of information requesting process as governed by the UK freedom of information act 2000. All requests were submitted and moderated by the two of the authors (FS and BHA).

We specified the information request within a set time period between January 2008 and January 2018 to capture changes within the last 10 years from

Author α: Warwick Medical School, Warwick University, Coventry, Women's Health Research Unit, Barts and the London school of medicine and dentistry, Queen Mary University of London, UK.
Author σ ρ: Women's Health Research Unit, Barts and the London school of medicine and dentistry, Queen Mary University of London, UK.
Author Ѡ: Department of Preventive Medicine and Public Health, Faculty of Medicine, University of Granada, Granada, Spain.
e-mail: profkkhan@gmail.com

© 2020 Global Journals

the date of our submission. We requested the following information: all versions of school disciplinary policies within the set time period; any specific policies in this time period concerning sexual harassment; the number of formal sexual harassment complaints in this time period; for each complaint the demographics for the complainants, the accused and the investigators as well as the final outcome of the investigation if applicable. If the release of any information was prohibited on the grounds of breach of confidence, we asked officers to supply us with copies of the confidentiality agreement as information should not be treated as confidential if such an agreement was not signed. When a request was denied in whole or in part, we asked officers to justify all deletions by reference to specific exemptions of the act and planned to appeal decisions to withhold any information or to charge excessive fees (though we did not use the appeal option). We expected all requests to be answered within 20 working days from the date of submission in compliance with thelaw and sent two reminders to the information officers in case of no response. We obtained all information electronically and collected data using a custom-designed Excel sheet that was piloted for face validity through discussion among authors. We analysed data and reported using simple frequencies and natural percentages. All data were analysed using Microsoft Excel 2013.

In total, we received interpretable responses from 30 out of the 36 contacted medical schools (83%) (Figure 1). Five of the remaining schools acknowledged receiving our request but did not reply until the date of this publication even after two reminders and one university did not acknowledge receiving our request. All 30 schools confirmed having generic code of conduct policies (100%), however, only 12/36 schools (40%) confirmed having put in place specific disciplinary policies and procedures to deal with sexual harassment concerning staff, students or both. None offered any formal training to deal with sexual harassment. Only three schools confirmed having >5 sexual harassment filed between 2008 and 2018 (3/30, 10%). Thirteen schools had <5 complaints (13/30, 43%), and eleven had no complaints at all (11/30, 37%).

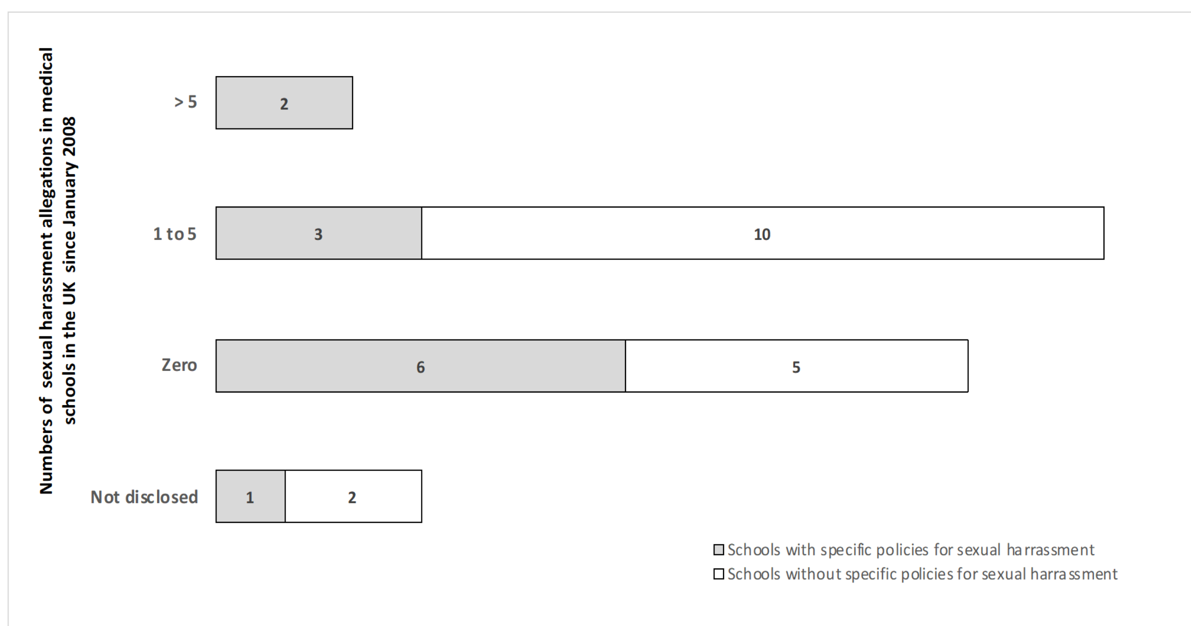

Figure 1: Sexual harassmnet policies and allegations in UK medical school

III. Discussion

In this survey, conducted using freedom of information requests, it was possible to map the readiness of the UK medical schools to prevent and manage sexual harassment complaints. To our surprise, the majority of surveyed educational institutions did not have adequate policies to govern the conduct of its staff and students. None offered any formal boundaries training to prevent sexual harassment, a particularly disturbing feature since medical provision occurs in a professional boundary framework, and sexual harassment involves trespassing of the boundary.

Healthcare staff practice professionally in close proximity with each other. Their employers has the responsibility to nurture an environment that promotes maintenance of boundaries to avoid the potential for misconduct. There is often a hierarchy in the workplace to facilitate healthcare decision-making. Awareness with respect to professional role and role-related power can help staff observe invisible borders and remain within civility lines. Remaining within the boundary, i.e. inside

© 2020 Global Journals

the safe perimeter in which colleagues interact provides for achievement of caring tasks, is what stops harassment from happening. It should, therefore be considered best practice for healthcare employers to put training in place in addition to policies and procedures. Just setting out how staff can raise complaints and what actions the employer will take to investigate them is not sufficient for protection from harassment. True equality in work place should be embedded in addressing the issue of harassment through meeting both legal obligations and training needs in the workplace. Professional regulators emphasize insight through training in this regard, especially because healthcare workers can even be at risk from exposure to advances from their patients(Nielsen et al. 2017).Sexual harassment is a complex, multifaceted phenomenon. The pathophysiology of sexual (mis) conduct can be modelled for development of continuing education courses to improve and maintain boundaried behavior. Training updates can encourage staff to operate with respect, offer support to colleagues, seek help with confidence when risk of harassment surfaces, and declare what behavior is unwelcome in the workplace.

We have become concerned that campaigning and signposting are not sufficient. As a regulated profession, the concept of boundary should come naturally to healthcare professionals. Yet it has been reported that fear of allegations arising may undermine academic development as men hesitate to participate in mentoring relationships with women(Soklaridis et al. 2018).The problem has become magnified as many complaints are known to be unfounded(Henriques 2016). The work environment needs a cultural change and this cannot be met just by policy reviews and legal training of the responsible administrators and investigators for their roles, though this is a well-recognized gap too. Policy reviews cannot go much beyond revisions of documents, processes and punishments(Smith and López 2018). How can we change the workplace so both men and women can productively undertake their duties without fear? In medicine inability to change what is described as a "locker room" culture is blamed on many things, but the need to focus on professional boundary training is rarely recognized as a potential solution(Bates et al. 2018).Knowing the policies and procedures alone will not prevent misconduct, keeping to the rules and regulations will. It does not take rocket science to readily see that if staff are overworked and at the same time lonely and needy, they are vulnerable. Training in identification and prevention of risk will be an effortful endeavor as maintaining a professional environment will require taking account of the local situation through bespoke programs to address the level vulnerability in the workplace.

Risk factors for boundary crossing and violation are identifiable and can be targeted for prevention. Fundamentally, healthcare workers tend to be focused on meeting the needs of their patients, not their own needs. This situation can stress them out and may make boundary incidents more likely. Recognizing and managing stress doesn't just happen by accident. Self-care in this regard requires a focus on reducing stress by engaging in meaningful activities and keeping connected to family and friends. Psychological exhaustion resulting from overwork and lack of recognition can led to burnout, which affects agility in boundary recognition increasing vulnerability to lapses in professionalism. The employer has a duty to support those at high risk including staff who are multi-tasking, who have family problems, who are generally dissatisfied with work, etc. Training can be used to encourage staff to take care of themselves and build healthy relationships at work. The need to promote self-care within the workplace is not just and optional extra, it is a necessary requirement for underpinning provision of good healthcare. An appropriate organizational culture with clear rules is best established when everyone is trained to follow these guidelines. This allows for a collaborative effort to help ensure a safe work environment. Training is essential for ensuring that all staff have a mutual understanding of the boundaries, the rules, and their professional responsibilities. The employer has to actively play a role in discouraging a culture of dependency and socialized relationships at the workplace.

When engaging with colleagues, healthcare staff may indulge in excessive self-disclosure, offer and accept special favors and gifts, encouraging or tolerate flirting or inappropriate joking, not seek assistance, fail to negotiate and set limits, etc. Training can help them develop positive interactions while avoiding misunderstandings concerning differences between boundary crossing versus violation(Glass 2003; Manfrin-Ledet, Porche, and Eymard 2015) Boundary crossing is common and may even be beneficial to the work environment, e.g. trainers and trainees enjoying drinks together after normal work timetable may unintentionally engage in conversations about stress, perhaps because they feel inadequately supported. This interaction, strictly not a professional or educational engagement, may contribute positively to the development of mutual trust through appropriate self-disclosure. However, if one prioritizes his or her own needs taking advantage of the other in this interaction boundary crossing spills over into violation. Looking at it this way, sexual function, which medicine readily recognizes as a physiological and neutral phenomenon, can be targeted as a boundary challenge. Going to work meets various needs of healthcare workers, but the need for intimacy need not be met at work and this is an important boundary. The grey zone between boundary crossing and violation

© 2020 Global Journals

can be monitored to avail opportunities for returning within boundary. Tools with good measurement properties exist to screen attitudes, thoughts, and behaviors for identification of risk for boundary violations in this area (Swiggart et al. 2008).Self-awareness training, nipping thisissue in the bud through monitoring of self-disclosure and social media etc.,(Manfrin-Ledet et al. 2015) will help keep people professionally boundariedat all times in the workplace.

We submit that having specific codes of conduct reinforced through training should form part of behavior management strategies to minimize and eliminate the risk factors for boundary violation and harassment. The medical profession should rise to the challenge through concrete educational interventions, not just empty slogans of zero tolerance.

Acknowledgment

Professor Khan is Distinguished Investigator at University of Granada funded by the Beatriz Galindo (senior modality) program of the Spanish Ministry of Education.

Funding: None.

Authors' contributions: BHA contributed to data collection and analysis and wrote the 1st manuscript, FS and RC contributed to data collection and final manuscript, KSK conceived the idea and wrote the final manuscript.

References Références Referencias

1. Bates, Carol K., Reshma Jagsi, Lynn K. Gordon, Elizabeth Travis, Archana Chatterjee, Marin Gillis, Olivia Means, Linda Chaudron, Rebecca Ganetzky, Martha Gulati, Barbara Fivush, Poonam Sharma, Amelia Grover, Diana Lautenberger, and Terence R. Flotte. 2018. "It Is Time for Zero Tolerance for Sexual Harassment in Academic Medicine." *Academic Medicine* 93(2).
2. Choo, Esther K., Carrie L. Byington, Niva-Lubin Johnson, and Reshma Jagsi. 2019. "From #MeToo to #TimesUp in Health Care: Can a Culture of Accountability End Inequity and Harassment?" *The Lancet* 393(10171):499–502.
3. Doukas, David J., Laurence B. McCullough, and Stephen Wear. 2012. "Perspective: Medical Education in Medical Ethics and Humanities as the Foundation for Developing Medical Professionalism." *Academic Medicine* 87(3):334–41.
4. Glass, Leonard L. 2003. "The Gray Areas of Boundary Crossings and Violations." *American Journal of Psychotherapy* 57(4):429–44.
5. Henriques, Richard. 2016. *An Independent Review of the Metropolitan Police Service's Handling of Non-Recent Sexual Offence Investigations Alleged against Persons of Public Prominence*.
6. Irby, David M. and Stanley J. Hamstra. 2016. "Parting the Clouds: Three Professionalism Frameworks in Medical Education." *Academic Medicine* 91(12):1606–11.
7. Jena, Anupam B., Andrew R. Olenski, and Daniel M. Blumenthal. 2016. "Sex Differences in Physician Salary in US Public Medical Schools." *JAMA Internal Medicine* 176(9):1294–1304.
8. Jenner, Sabine, Pia Djermester, Judith Prügl, Christine Kurmeyer, and Sabine Oertelt-Prigione. 2019. "Prevalence of Sexual Harassment in Academic Medicine." *JAMA Internal Medicine* 179(1):108–11.
9. Manfrin-Ledet, Linda, Demetrius J. Porche, and Amanda S. Eymard. 2015. "Professional Boundary Violations: A Literature Review." *Home Healthcare Now* 33(6):326–32.
10. Nielsen, Maj Britt D., Susie Kjær, Per T. Aldrich, Ida. E. H. Madsen, Maria K. Friborg, Reiner Rugulies, and Anna P. Folker. 2017. "Sexual Harassment in Care Work – Dilemmas and Consequences: A Qualitative Investigation." *International Journal of Nursing Studies* 70:122–30.
11. Parks, Anna L. and Rita F. Redberg. 2017. "Women in Medicine and Patient Outcomes: Equal Rights for Better Work?" *JAMA Internal Medicine* 177(2):161.
12. Smith, Daniel W. and Cristina M. López. 2018. "#MeToo and Academic Medicine." *Family Medicine* 50(6):425–425.
13. Soklaridis, Sophie, Catherine Zahn, Ayelet Kuper, Deborah Gillis, Valerie H. Taylor, and Cynthia Whitehead. 2018. "Men's Fear of Mentoring in the #MeToo Era - What's at Stake for Academic Medicine?" *The New England Journal of Medicine* 379(23):2270-2274.
14. Stockdale, M. S., M. P. Bell, F. Crosby, and J. Berdahl. 2019. "From Me Too to What Now: Advancing Scholarship on Sex Harassment Issue 1: A Persistent Problem." *Equality, Diversity and Inclusion: An International Journal* 39(1):1–4.
15. Stone, Louise, Christine Phillips, and Kirsty A. Douglas. 2019. "Sexual Assault and Harassment of Doctors, by Doctors: A Qualitative Study." *Medical Education* 53(8):833–43.
16. Swiggart, William, Irene D. Feurer, Charles Samenow, David L. Delmonico, and W. Anderson Spickard. 2008. "Sexual Boundary Violation Index: A Validation Study." *Sexual Addiction & Compulsivity* 15(2):176–90.
17. Williams, Brian Gerard. 2018. "Zero Tolerance on Claims of Harassment at UN Agency." *The Lancet* 392(10146):475–76.
18. Women-Church Convergence. 1995. "Equal Is as Equal Does: Challenging Vatican Views on Women." *Planned Parenthood Challenges* (2):10–13.

© 2020 Global Journals