Published in final edited form as:

Gynecol Oncol. 2020 November ; 159(2): 317–321. doi:10.1016/j.ygyno.2020.08.014.

Sexual Harassment and Gender Discrimination in Gynecologic Oncology

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Abstract

Objective: To determine the prevalence of sexual harassment and perceptions of gender disparities affecting the careers of physicians in gynecologic oncology.

Methods: We conducted a survey of US physician members of the Society of Gynecologic Oncology. Participants were queried about demographics, sexual harassment experiences during training/practice, and perceptions of gender disparities in compensation and career advancement. Responses were categorized as “never” versus “ever” and compared using Fisher’s exact test.

Results: The survey was sent to 1566 members—405 (255 females, 147 males, 3 other) responded (response rate 26%). Sixty-four percent reported having experienced sexual harassment during training/practice. Sexual harassment was experienced by 71% of females and 51% of males. Of these respondents, only 14.5% reported it. Reasons for not reporting included: “incident did not seem important enough” (40%); “did not think anything would be done about it” (37%);

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Author Contribution Statement

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Formal analysis: MS, KS

Funding acquisition: CLB, MS

Methodology: MS, CT, CLB, KS

Supervision: YC, CLB

Roles/Writing - original draft: MS, CLB

Writing - review & editing: all authors

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Conflict of Interest Statement

Dr. Brown reports she was the President of the Society of Gynecologic Oncology (SGO) from 2018–2019, and a member of the SGO Executive Committee and Board from 3/2016–3/2020. This was all voluntary service to this professional society. Outside the submitted work, Dr. Casablanca reports other (spouse owns stock) from Celsion.

and “fear of reprisal” (34%). Female respondents were more likely to report gender affected their career advancement (34% vs. 10%; $p = 0.001$) and compensation (64% vs. 19%; $p = 0.001$); males were more likely to report no gender income disparity (91% vs. 57%; $p = 0.001$).

Conclusions: Sexual harassment during training/practice appears common among male and female gynecologic oncologists. Although most are aware of how to report an incident, few do so, mostly for fear of reprisal or concern nothing will be done. Despite practicing in a field defined by caring for women, female physicians more often perceive gender influences in compensation and career advancement. Awareness of these issues can lead to their elimination from our specialty.

Keywords

gender discrimination; sexual harassment; income disparity; gynecologic oncology; gynecologic oncologists

Introduction

Sexual harassment is defined as an unwelcome sexual advance, a request for a sexual favor, or other form of verbal or physical aggression that is sexual in nature [1]. Harassment is not necessarily rooted in sexual desire; it is behavior that conveys hostility, objectification, and/or power. More than half of American women have experienced “unwanted and inappropriate sexual advances” at some point in their life [2]. Sexual harassment experienced in the workplace can have negative consequences, including a decline in job satisfaction, increased job stress, and a decline in productivity or performance [3].

While sexual harassment is not a new phenomenon, over the last several years, media and news outlets have exposed multiple influential figures who have taken advantage of their status to engage in sexual harassment in the workplace [4]. This has drawn the spotlight on sexual harassment in many different fields, including science and healthcare. The recently published consensus report on sexual harassment of women by the National Academies of Science, Engineering, and Medicine noted that the largest published study on sexual harassment was performed by Iles and colleagues in 2003 [5]. The study found that 58% of female faculty had experienced some form of sexual harassment in the work environment [6]. Although several groups have closely looked at sexual harassment and gender-related bias in specific fields of medicine [7–14], outside of personal anecdotes, few studies have investigated the prevalence of this problem in the field of medicine devoted to the diagnosis and treatment of women’s cancers—gynecologic oncology.

Even though half of American physicians under the age of 44 are women, gender disparities in academic rank and physician salary, which may be related to the prevalence of sexual harassment, continue to plague the medical field as a whole [15, 16, 17]. Previous reports noted that women who experience sexual harassment in the workplace report worsening anxiety and depression, leading to lower productivity and poor work performance [18]. They are also more likely to change jobs compared to women who have not experienced sexual harassment, often to positions of lower quality or lower pay [19]. Women who are unable to address workplace sexual harassment may be less empowered to negotiate salaries, thereby lowering their long-term earning potential [20]. Among physicians specializing in treating

women's cancers, the Society of Gynecologic Oncology's (SGO's) 2015 Practice Survey Report found that 22% of male gynecologic oncologists held the rank of professor, compared with 11% of females. In the same SGO practice survey, the mean annual salary for male physicians was \$512,700 compared with \$370,600 for female physicians [21].

Given the lack of data in our specialty and increasing reports of sexual harassment and gender disparities in other fields of medicine, our goal was to determine the prevalence of sexual harassment and perceptions of gender bias affecting career advancement and compensation among physicians in the specialty of gynecologic oncology. In this paper, we focused on the impact of physician gender on experiences of sexual harassment and gender discrimination within our specialty.

Methods

This study was approved by the institutional review boards of Memorial Sloan Kettering Cancer Center (MSK) and the Walter Reed National Military Medical Center. We conducted a survey study of physician members of SGO working in the United States. The SGO is a professional medical society of more than 2,000 physicians, advanced practice providers, nurses, scientists, and patient advocates whose mission is "to promote excellence in the care of women at risk for or affected by gynecologic cancer through advocacy, education, research and interdisciplinary collaboration" [22].

Physician members in the following categories, based on age and level of training as defined by the SGO, were included in the survey: fellow-in-training and candidate, associate, full, and senior member. Survey questions were adopted, with permission, from the Association of American Medical Colleges Graduation Questionnaire [23]. The survey was generated using REDCap (Research Electronic Data Capture) at MSK (Supplemental Figure 1). REDCap is a secure, web-based application designed to support data capture for research studies [24]. Demographics surveyed included the following: age, gender, race/ethnicity, marital and parental status, and practice type/years in practice. Survey questions queried participants about sexual harassment and gender discrimination experienced during training/practice, and whether they perceived gender to have influenced their career advancement and salary. The 30-question survey was sent to valid, SGO-provided e-mail addresses on October 3, 2018; survey responses were accepted until November 8, 2018.

Responses to sexual harassment experience questions included the following: "never," "once," "occasionally," and "frequently." For analyses, responses were dichotomized as "never" or "ever" (this group included "once," "occasionally," and "frequently" responses).

Surveys were anonymized and collected using REDCap. Fisher's exact test was used to evaluate associations between physician gender and the following: demographic factors, personal experience of harassment, reporting of harassment, gender discrimination, and gender influence on career advancement and salary. False discovery rate (FDR) was used to adjust for multiple testing (Benjamini) for a total of 81 tests, 72 being Fisher tests and 9 from Cochran-Mantel-Haenszel tests [25]. SAS version 9.4 (SAS institute Inc., Cary, NC) was used for all analyses. All tests were two-sided, and $p < 0.05$ was considered significant.

Results

Demographics

Of 1566 e-mailed surveys, 405 were completed and returned (26% response rate)—255 from women (63%), 147 from men (36%), and 3 from “other” (1%) (Table 1). The 3 participants who specified their gender as “other” did not complete the rest of the questionnaire and thus were excluded, leaving 402 evaluable respondents for analyses. For each survey question, response percentages reflect the total number of completed answers, as not all respondents completed every question in the survey.

Female respondents compared with their male counterparts were younger, more racially/ethnically diverse, and at an earlier point in their career ($p = 0.001$ for each; adjusted $p = 0.001$ for each). Female respondents were more likely to not be married (22% [$n=56/255$] vs. 7% [$n=10/147$], respectively; $p = 0.001$; adjusted $p = 0.001$). Practice type was similar among both genders ($p=0.066$; adjusted $p=0.134$). Most respondents practiced in an academic setting (61%; $n=247/402$), 22% ($n=89/402$) were employed by a hospital/health system, and 13% ($n=54/402$) were in private practice. Parental responsibilities did not differ by physician gender, with similar numbers of females and males reporting they were parents of children under the age of 18 (58% [$n=148/255$] and 50% [$n=74/147$], respectively; $p=0.146$; adjusted $p=0.256$). There was also no gender difference in response to the question, “If you are a parent, do you consider yourself the child(ren)’s primary caregiver?” – 75% of females and 65% of males reported providing 50% or more of care ($p=0.174$; adjusted $p=0.287$).

Having Experienced and Reported Sexual Harassment

Overall, 64% ($n=256/402$) of gynecologic oncologists reported having experienced some form of sexual harassment on at least one occasion either during their training or during their years of practice (71% [$n=181/255$] of female and 51% [$n=75/147$] of male respondents).

Twenty-nine percent ($n=115/393$) of respondents reported having experienced an unwanted sexual advance during training (30% [$n=76/250$] of females and 27% [$n=39/143$] of males; $p=0.565$; adjusted $p=0.695$). Although 47% ($n=185/393$) of respondents indicated having been exposed to offensive sexist remarks or names during training, significantly more female than male physicians indicated such exposure (58% [$n=145/250$] and 28% [$n=40/143$], respectively; $p = 0.001$; adjusted $p = 0.001$). Of note, 3% ($n=12/393$) of all respondents indicated having been asked to exchange sexual favors for an academic position or other reward during training, with no gender difference noted (4% [$n=9/250$] women and 2% [$n=3/143$] men; $p=0.548$; adjusted $p=0.694$) (Table 2).

A quarter of gynecologic oncologists ($n=87/347$) reported having been subject to an unwanted sexual advance as a practicing physician, with no difference between genders (23% [$n=50/216$] of women and 28% [$n=37/131$] of men; $p=0.308$; adjusted $p=0.457$). Although 41% ($n=142/345$) of respondents indicated having been exposed to sexually offensive remarks or names as a practicing physician, significantly more female than male gynecologic oncologists indicated such exposure (51% [$n=110/214$] and 24% [$n=32/131$], respectively; $p = 0.001$; adjusted $p = 0.001$). Furthermore, 4% ($n=12/347$) of gynecologic oncologists reported having been asked to exchange sexual favors for an academic position

as a practicing physician, with no gender difference identified (4% [n=9/216] of women and 2% [n=3/131] of men; $p=0.546$; adjusted $p=0.694$) (Table 2).

Of the 64% (n=256/402) of gynecologic oncologists who experienced some form of sexual harassment during training or practice, only 14.5% (n=32/220) reported the incident (17% [n=26/157] of women and 10% [n=6/63] of men; $p=0.210$; adjusted $p=0.335$). Sexual harassment was reported to the following individuals: department chief (44%; n=14/32), hospital administrator (41%; n=13/32), another faculty member (34%; n=11/32), program/fellowship director (19%; n=6/32), or designated counselor/advocate/ombudsperson (16%; n=5/32) (Table 3). Respondents were able to select one or more options for whom they reported the behavior to. Twenty-five percent (n=8/33) were satisfied or very satisfied, 12% (n=4/33) were neutral, and 64% (n=21/33) were dissatisfied/very dissatisfied with the outcome of their grievance.

Reasons for not reporting a sexual harassment incident included the following: the incident did not seem important enough to report (40%; n=75/188); the respondent did not think anything would be done about the incident (37%; n=69/188); fear of reprisal (34%; n=63/188); the respondent resolved the issue on their own (23%, n=43/188); the respondent did not know what to do (7%; n=13/188); and other (5%; n=9/188) (other reasons included the following: too time consuming to report, felt instance was unavoidable/inherent to the system, no adequate forum for reporting incidents, insensitive to these types of incidents, and fear of difficulty working with colleagues after reporting the incident). When queried about their awareness of workplace policies for reporting sexual harassment, 91% (n=350/383) of respondents reported there were policies in place; however, only 66% (n=251/383) reported that they knew what the policies were.

Perceived Gender Discrimination and Gender Disparities

Both male and female physicians reported gender discrimination during their years of practice (Table 4). Twenty-eight percent (n=96/346) of respondents reported having been denied opportunities for training or rewards based on gender (33% [n=71/215] of women and 19% [n=25/131] of men; $p=0.006$; adjusted $p=0.018$), and 24% (n=84/344) reported having received a lower evaluation or academic position solely because of gender rather than performance (31% [n=66/214] of women and 14% [n=18/130] of men; $p=0.001$; adjusted $p=0.002$). Although gender discrimination was more often reported by female gynecologic oncologists, there was no difference based on years in practice; 22% (n=25/114) of women in practice 0–5 years, 32% (n=20/63) in practice 6–10 years, and 23% (n=39/167) in practice 11 years reported lower evaluations based on gender ($p=0.322$; adjusted $p=0.461$).

Survey participants were queried about factors that affected their ability to advance in their career (Table 5). Forty-seven percent (n=190/402) of respondents reported that they have not had any obstacles in career advancement. Male gynecologic oncologists (70%, n=103/147) were more likely than their female counterparts (34%, n=86/255) to report they had not experienced obstacles to career advancement ($p=0.003$; adjusted $p=0.011$). Gender was the most frequently reported factor affecting career advancement (25%, n=100/402). Other influences on career advancement included being the primary caretaker of children (15%;

n=59/402), race/ethnicity (8%; n=33/402), and being the sole provider for a family (7%; n=30/402).

Differences in perception of how gender affects compensation were demonstrated by the survey results (Table 6). Significantly more female than male respondents felt that gender may have or had played a role in determining their salary: 64% (n=151/234) of female and 19% (n=27/139) of male gynecologic oncologists reported gender may have or had played a direct role in determining their salary (p 0.001; adjusted p 0.001). More female gynecologic oncologists felt their income was not comparable to that of their male colleagues; 42% (n=98/234) of females felt their income was less than that of their male colleagues. Only 57% (n=134/234) of female respondents reported feeling that males and females with equivalent experience in the field of gynecologic oncology have comparable incomes, in contrast to 91% (n=126/139) of males (p 0.001; adjusted p 0.001).

Discussion

Despite the growing number of female physicians, sexual harassment continues to be a pervasive problem in medicine that is too often discussed in private conversations and behind closed doors. In the wake of the #MeToo and #TimesUp movements, however, these conversations have gone from private whispers to public tweets, editorials, and reports.

A recent study on sexual harassment and discrimination in academic medicine looked at K-award grant recipients [26]. The authors noted that female compared to male grant recipients were more likely to report sexual harassment and to report perceptions and experiences of gender bias. Another study on experiences and perceptions among gynecologic surgeons found that over two-thirds of women and 40% of men had reported workplace discrimination, and more than half of women and 20% of men had reported workplace harassment [13]. Banerjee and colleagues examined these issues among European oncologists [14]. Among medical oncologists surveyed, women were less likely than men to play a leadership role, were more likely to feel that gender affected their careers, and were twice as likely to feel that women and men do not have equal opportunities in the workplace. Almost one-third of female medical oncologists who responded to the survey reported having experienced unwanted sexual comments.

The findings of our study contribute to the sparse published data regarding sexual harassment and gender discrimination in an oncologic specialty focused exclusively on caring for women. Greater than 80% of recently matched obstetrics-gynecology residents are women [27]. Although the proportion of female gynecologic oncologists in practice is smaller (e.g., 51% of current SGO members are female), the number of women entering the field continues to steadily grow [28]. Sexual harassment in the field, however, persists. Sixty-four percent of our survey respondents reported having experienced some form of sexual harassment during training or practice, with no significant difference between male (51%) and female (71%) physicians. Harassment that implies sexual contact, including unwanted sexual advances, was also frequently reported by both male and female respondents.

Although having experienced sexual harassment was common among gynecologic oncologists, only 14.5% reported it. Beyond just thinking the incident did not seem important enough to report, the most common reasons for not having reported an incident included thinking nothing would be done and fear of reprisal.

Female gynecologic oncologists compared with their male counterparts were more likely to indicate that gender had affected their career advancement (34% vs. 10%, respectively) and had played a role in determining their salary (64% vs. 19%, respectively). Despite published data that have documented gender differences in physician salaries, including the findings of the SGO 2015 Practice Survey [16, 21], the majority of female gynecologic oncologists who responded to our survey (57%) felt their income was comparable to that of their male colleagues with similar experience.

The limitations of our study include selection bias inherent in a voluntary survey that was administered by e-mail and about a topic that recently has been widely debated and discussed in traditional and social media. Respondents may have been more likely to have experienced sexual harassment. This type of bias could explain some of our surprising results, including the fact that 51% of male respondents reported having experienced sexual harassment. While our response rate was only 26% and almost two-thirds of respondents identified as female, given the sensitive subject matter and the gender composition of the current SGO membership, we believe that our respondents are an appropriate representation of the surveyed population.

As many of the study questions were close-ended, our study did not allow for a more nuanced understanding of participant experiences and perceptions. Our study results do not offer data on non-cisgender individuals or on participants' sexual orientation. Looking at sexual harassment through a lens of intersectionality may show that the experiences of women of color, of trans women, or of non-gender conforming individuals differ from those presented in this report.

Despite its limitations, our study contributes to the published literature on sexual harassment and perceived gender disparities in career advancement and compensation in gynecologic oncology and will hopefully increase awareness of such behavior and disparities. Future research in this area should focus on harassment and discrimination in relation to race/ethnicity, gender identity, and sexual orientation, as well as appropriate interventions. These interventions can include the establishment of clear anti-harassment and anti-discrimination policies and tools for reporting harassment and discrimination—a task recently undertaken by the SGO [29]. We hope our study will lead to increased awareness and future research looking at the effects of harassment and discrimination in oncology, and ultimately, interventions to eliminate such behavior.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

Funding: Dr. Brown is funded in part by the NIH/NCI Memorial Sloan Kettering Cancer Center Support Grant P30 CA008748.

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Highlights

- 64% of all gynecologic oncologist survey respondents reported experience of sexual harassment in training/practice
- Only 15.4% of those who experienced harassment reported the behavior
- Female respondents were more likely to report that gender affected their career and compensation
- Male respondents were more likely to report no gender disparity in income

Table 1.

Survey respondent demographics

	Total N=402* N (%)	Female n=255 n (%)	Male n=147 n (%)	P value	Adjusted P value
Age					
25–34 years	71 (18)	59 (23)	12 (8)	0.001	0.001
35–44 years	154 (38)	128 (50)	26 (18)		
45–54 years	85 (21)	37 (15)	48 (33)		
55 years	92 (23)	31 (12)	61 (42)		
Race/ethnicity					
White	311 (78)	183 (72)	128 (87)	0.001	0.001
Black	18 (4)	16 (6)	2 (1)		
Asian	38 (10)	29 (11)	9 (6)		
Hispanic/Latino	14 (4)	10 (4)	4 (3)		
American Indian/Alaska Native	2 (<1)	2 (1)	0 (0)		
Native Hawaiian or other Pacific Islander	1 (<1)	1 (0.5)	0 (0)		
Other or >1 race	18 (5)	14 (6)	4 (3)		
Years in practice					
Fellow-5 years	160 (40)	133 (52)	27 (18)	0.001	0.001
6–10 years	64 (16)	53 (21)	11 (8)		
11 years	178 (44)	69 (27)	109 (74)		
Practice type					
Academic	247 (61)	167 (66)	80 (55)	0.066	0.134
Hospital/health system employed	89 (22)	52 (20)	37 (25)		
Private	54 (13)	27 (11)	27 (18)		
Government	3 (1)	3 (1)	0 (0)		
Military	9 (2)	6 (2)	3 (2)		
Marital status					
Married	335 (83)	198 (78)	137 (93)	0.001	0.001
Not married	66 (17)	56 (22)	10 (7)		
Parent to child <18 years					
Yes	222 (55)	148 (58)	74 (50)	0.146	0.256
No	180 (45)	107 (42)	73 (50)		
Primary parent to child <18 years					
Provide <50% of care	63 (16)	38 (26)	25 (36)	0.174	0.287
Provide >50% of care	55 (14)	42 (29)	13 (19)		
Provide 50% of care	99 (25)	67 (46)	32 (46)		

* Of 405 responses received, 3 respondents did not identify gender and were excluded from analysis.

Table 2.

Sexual harassment experiences during training and practice by gender

	Total n (%)	Female n (%)	Male n (%)	P value	Adjusted P value
Sexual harassment experiences during training: Have you ever been...					
subjected to offensive sexist remarks/names?	185/393 (47)	145/250 (58)	40/143 (28)	0.001	0.001
subjected to unwanted sexual advances?	115/393 (29)	76/250 (30)	39/143 (27)	0.565	0.695
asked to exchange sexual favors for academic positions or other rewards	12/393 (3)	9/250 (4)	3/143 (2)	0.548	0.694
Sexual harassment experiences during years of practice: Have you ever been...					
subjected to offensive sexist remarks/names?	142/345 (41)	110/216 (51)	32/131 (24)	0.001	0.001
subjected to unwanted sexual advances?	87/347 (25)	50/216 (23)	37/131 (28)	0.308	0.457
asked to exchange sexual favors for academic positions or other rewards	12/347 (4)	9/216 (4)	3/131 (2)	0.546	0.694

Table 3.
Reporting of sexual harassment.

Respondents were able to choose 1 or more option.

		Total n (%)	Female n (%)	Male n (%)
If reported, to whom the behavior was reported	Department chief	14/32 (44)	12/26 (46)	2/6 (33)
	Hospital administrator	13/32 (41)	12/26 (46)	1/6 (17)
	Faculty member	11/32 (34)	9/26 (35)	2/6 (33)
	Program/fellowship director	6/32 (19)	4/26 (15)	2/6 (33)
	Designated counselor/advocate/ ombudsperson	5/32 (16)	3/26 (12)	2/6 (33)
If not reported, reasons the behavior was not reported	Incident did not seem important enough	75/188 (40)	52/131 (40)	23/57 (40)
	Respondent did not think anything would be done about incident	69/188 (37)	53/131 (40)	16/57 (28)
	Fear of reprisal	63/188 (34)	51/131 (39)	12/57 (21)
	Respondent resolved issue on their own	43/188 (23)	21/131 (16)	22/57 (39)
	Respondent did not know what to do	13/188 (7)	10/131 (8)	3/57 (5)
	Other reason (write in) *	9/188 (5)	5/131 (4)	4/57 (7)

* Other reasons included the following: too time consuming to report, felt instance was unavoidable/inherent to the system, no adequate forum for reporting incidents, insensitive to these types of incidents, and fear of difficulty working with colleagues after reporting incident.

Table 4.

Perceived experiences of gender discrimination

	Total n (%)	Female n (%)	Male n (%)	P value	Adjusted P value
During training, have you ever been denied opportunities for training or rewards based on gender?	90/393 (23)	66/250 (26)	24/143 (17)	0.034	0.080
In practice, have you ever been denied opportunities for training or rewards based on gender?	96/346 (28)	71/215 (33)	25/131 (19)	0.006	0.018
In practice, have you ever received lower evaluations or academic position solely because of gender rather than performance?	84/344 (24)	66/214 (31)	18/130 (14)	0.001	0.002

* Participants were asked about behaviors performed by faculty, nurses, residents, fellows, or other institutional employees/staff. Physician-patient interactions were excluded.

Table 5.
Perceived gender disparities in career advancement.

Respondents were able to choose 1 or more option.

Factors that affect your ability to advance	Total N=402 n (%)	Female n=252 n (%)	Male n=147 n (%)	<i>P</i> value	Adjusted <i>P</i> value
There were no obstacles	190 (47)	86 (34)	103 (70)	0.003	0.001
Gender	100 (25)	86 (34)	14 (10)	0.001	0.001
Being primary caretaker of children	59 (15)	55 (22)	4 (3)	0.001	0.001
Being sole provider of family	30 (8)	22 (9)	8 (5)	0.325	0.461
Race/ethnicity	33 (8)	20 (8)	13 (9)	0.710	0.834
Other factors (write in) [*]	46 (11)	38 (14)	8 (5)	N/A	N/A

^{*} Other factors included the following: family obligations, lack of mentorship/support, sexual orientation, and work-life balance.

Table 6.

Perceived gender disparities in income.

	Female n=234 n (%)	Male n=139 n (%)	P value	Adjusted P value
Have you ever felt that gender played a role in determining your salary?				
Yes – my gender played a direct role	47 (20)	6 (4)	0.001	0.001
Maybe – my gender may have played a role	104 (44)	21 (15)		
No – my gender had no role	83 (35)	112 (81)		
Do you feel your income is on par with your colleagues with equivalent experience but opposite gender?				
Yes – my income is on par with my colleagues	134 (57)	126 (91)	0.001	0.001
No – my income is MORE than my colleagues	2 (1)	5 (4)		
No – my income is LESS than my colleagues	98 (42)	8 (6)		