

# Women orthopaedic surgeons report high rates of sexual harassment

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More than two-thirds of women orthopedic surgeons report experiencing sexual harassment during their residency training, according to a survey study in *Clinical Orthopaedics and Related Research (CORR)*, a

publication of *The Association of Bone and Joint Surgeons*.

Sexual [harassment](#) of women during orthopedic training appears pervasive, and its frequency has hardly improved over the past several decades, reports the study by Emily Whicker, MD, of University of Pittsburgh Medical Center and colleagues. "Sexual harassment as reported by women orthopedic trainees remains pervasive across training programs throughout the United States," the researchers write.

## **A 'Wake-up Call' for Orthopedic Surgery: Women Surgeons Say #MeToo**

The anonymous online survey targeted members of a professional society for women orthopedic surgeons. Adapted from a general questionnaire about sexual harassment in the workplace, the survey included questions about the nature of the harassment, who the harasser was, and whether the incident was reported.

Two hundred fifty women orthopedic surgeons completed the survey, representing a 37 percent response rate. While surveys are susceptible to non-response bias, even if all non-responders had nothing to report in terms of harassment, the proportion of women who experienced harassment would still be one in four. In addition, a large number of women's experiences were represented: of the 250 surgeons responding, 20 percent were current residents and the balance had trained sometime in the past 30 years.

Overall, 68 percent of women said they were sexually harassed during their orthopedic training. Harassment was reported by 59 percent of current trainees compared to 71 percent for practicing surgeons. The authors had thought that current residents might be less likely to report harassment -at a time of growing awareness including the #MeToo

movement. "However, this was not the case, and our results suggest that increased awareness has not yet translated to a decrease in proportion," Dr. Whicker and coauthors write.

Common types of harassment included obscene images, unwanted touching, and unwanted sexual invitations. While about 70 percent of women reporting harassment said they were harassed by other residents who were men, over 40 percent reported harassment by attending surgeons who were men. Rates of reported harassment were similar across US regions.

Only 15 percent of women who were harassed reported the incident. Current residents were more likely to report harassment than past residents: 26 versus 11 percent. The women's reasons for not reporting included negative impact on their careers, feeling that reporting was "pointless" because no action would be taken, or because the harasser was a superior.

The survey adds to previous evidence that women experience high rates of sexual harassment during medical training, and specifically in orthopedic surgery: a specialty that historically has had low proportions of women surgeons. "In light of these findings, training programs should consider implementing specific [training](#) and awareness programs that target not only the trainees, but also attending surgeons," Dr. Whicker and coauthors write. They believe that efforts to recruit more women to orthopedic surgery and to increase the number of [women](#) in leadership and mentorship positions will also be essential.

The new research "has clearly documented and confirmed that sexual harassment exists to a meaningful degree in orthopedic surgery," according to a *CORR Insights* perspective piece by Joseph D. Zuckerman, MD, of NYU Langone Orthopedic Hospital, and professor and chair of the Department of Orthopedic Surgery at NYU Grossman

School of Medicine, New York City.. He outlines an approach to correcting the problem—including his experience in recognizing and addressing [sexual harassment](#) in his own department.

Dr. Zuckerman believes the survey findings should be a "wake-up call" throughout orthopedic surgery. "We need to listen to what our female colleagues have described and we need to learn from the experiences they have reported," he concludes. "And most importantly, we need to make it much, much better."

Provided by Wolters Kluwer Health

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