

# Patient Initiated Discrimination and Harassment—a Descriptive Survey of Experiences Within a Single Academic Department

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**INTRODUCTION:** Workplace discrimination and harassment have effects on employee mental health, job satisfaction, and productivity. Prior reports have demonstrated the presence of discrimination and harassment behaviors within the field of orthopedics. <sup>1,2</sup> Limited data exists on specific sources of these behaviors and possible interventions to improve workplace culture. This survey aims to estimate the prevalence of patient-initiated discrimination and harassment behaviors within a single academic orthopedic department. A secondary aim of this study is to identify possible methods to reduce these behaviors within the workplace.

**METHODS:** An internet-based survey was designed using the Qualtrics platform. The survey was distributed to all resident and staff physicians within a single academic orthopedic department on two occasions between May and June 2021. The survey collected information on respondent demographics, experience with patient-initiated discrimination/harassment, and opinions regarding possible intervention methods. Fisher exact test was used for statistical analysis.

**RESULTS:** Resident and staff respondents completed 49 of the 65 surveys distributed (n=20, n=29), representing a 75% response rate. Of this group, respondents were 21% female (n=10) and 79% male (n=37). Over half of resident/staff respondents report encounters with patient-initiated discrimination (61%, n=14; 63%, n=22) and harassment (50%, n=12; 65%, n=23) (Figure 1a). The most common types of discrimination/harassment among both groups included gender/identity, followed by race. Interestingly, staff physicians report patient-initiated harassment behaviors at a higher rate than their resident counterparts (n=23, 65%; n=12, 50%, p=0.78). Sexual harassment was reported by both groups, second in frequency only to gender-based harassment (Figure 1). When categorized by gender, approximately one half of female residents/staff (50%, n=7) and one-fifth of male respondents (17%, n=7) reported personal experience with discrimination (p=.029). Similarly, 46% of female residents/staff reported personal experience with harassment (n=6), while 23% of males reported personal experience with this behavior (p=.016) Observation of discrimination/harassment behaviors occurred with similar frequency among both genders (Figure 2). Discordance exists among respondents regarding optimal methods to address discrimination/harassment behaviors, although over half of respondents (53.1%, n=26) believe visual and/or didactic training techniques would reduce the amount of discrimination and harassment behaviors experienced in our department (Figure 3).

**DISCUSSION AND CONCLUSION:** Patient-initiated discrimination and harassment exists among orthopedic providers, and higher rates of these behaviors are reported by females and staff physicians. Although workplace discrimination/harassment in orthopedics cannot be exclusively attributed to patient-initiated events, identification of this subset of negative behaviors will allow us to provide patient education and provider response tools for the protection of orthopedic staff members. Ideally, minimizing discrimination/harassment behaviors within our field will help create a more inclusive workplace environment and allow continued recruitment of diverse candidates into our field.

