

Position Paper on Sexual Harassment and Gender Discrimination

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1. Introduction

Whether directly or through talks from some of our colleagues and friends, harassment and discrimination - both in terms of notions and experiences - are still far too present in our daily lives as medical students. It is important to begin by defining them:

Discrimination is defined as: The act of distinguishing and treating someone or a group differently from the rest of the community or from another person.¹

Harassment is defined as: Subjecting someone, or a group of individuals to incessant petty attacks, demands, criticisms, continuous complaints or continuous solicitation.²

According to the Federal Office for Gender Equality, "stalking (or obsessive harassment) consists in threatening, persecuting and harassing a person with insistence. Stalking victims feel threatened or harmed psychologically, physically and socially."³ " Literature describes stalking as a "cluster" or "a set of behaviors," that, in isolation, may appear either benign or inoffensive, but which build up into stalking, because of their combination, frequency, and duration."³. These single or repeated assaults range from proximity seeking (e.g. via electronic communication), to damaging one's integrity (e.g. spreading misinformation or rumors) to non-consensual touching, intimidation, threats, sexual assault, or physical assault.

Micro-aggressions account for the majority of problematic incidents.³ Whilst less obvious, they are more easily trivialized, either by the aggressor, those around him or the victim, and reporting these is often impossible.

Harassment and discrimination - whether moral, physical, racial, sexist or other - are far from being new to our society. Yet it was not until 1994 that Switzerland passed and adopted a law that "prohibits public incitement to hatred or discrimination against a person or a group of persons on the basis of their racial, ethnic or religious affiliation."⁴

These problems - which have been of higher prevalence within our health care structures - were recently highlighted by a survey conducted by the Swiss Association of Physicians, Residents and Fellows, Vaud Section, ASMAV⁵. It was reported that 71% of the people answering the survey had experienced or witnessed sexual harassment of a resident or an attending. Of those who showed problematic behaviour, 60% were men and 40% were women. The problematic behaviours came mainly from individuals ranked high in the hierarchy. It is reported that "victims have difficulty breaking the silence: 51% talk about the situation to a colleague, 23% talk to a superior and 31% do not take any action. Only 4% call the institution's

help service". These significant findings illustrate the flaws of our current system and highlight the problems related to power play. They also support the critical need for witnesses to take an active role in addressing discrimination and harassment in our workplace and learning environment. It also seems that the structures that have been put into place to fight these problems are not sufficient or adequate since only a minority of victims use them.

Both harassment and discrimination are dealt with by the Swiss law. The federal law states that sexual harassment and discrimination include "any behaviour of sexual nature or based on gender that is unwanted by a person and that violates his.her.their dignity"⁶. Examples include pejorative remarks based on physical appearance, sexual characteristics or orientation, as well as unwanted physical contact.

Under the Swiss law, employers have the responsibility to take all appropriate measures to prevent and put an end to cases of mobbing, sexual harassment, cyberstalking and workplace conflict⁷. If the employer does not take adequate measures, he.she.they risks legal consequences for not complying to the law.

2. Context

Issues of discrimination and harassment, although condemned for many years, persist and represent real problems in our medical system. As mentioned above, according to the ASMAV survey, this culture is encouraged by the very structure of our health care system; that is by its strict hierarchy, which instills a fear of repercussions for victims. There are many consequences for these victims, ranging from professional stress to burnout or resignation; but also to the abandonment of certain specialties or even the profession as a whole^{3,8-11}. Psychological consequences should also not be forgotten. It is crucial for institutions, medical students and universities to take action and fight all types of discrimination and harassment.

swimsa demands that...

1. ... the various medical faculties in Switzerland, as well as the various hospitals in Switzerland, are committed to fighting against harassment and discrimination, and do not tolerate such behaviours.
2. ... the various medical faculties in Switzerland, as well as the various hospitals in Switzerland, take an official stand against all types of harassment and discrimination.
3. ... the various faculties of medicine in Switzerland, as well as the various hospitals in Switzerland, inform their employees of the resources that are available for them.

4. ... the employees of health care institutions, as well as the students of these institutions, are made aware of the issues of harassment and discrimination, and are informed of the consequences for the victims and for the aggressors.
5. ... professional entities, who are independent of health care institutions, exist in Swiss health care institutions to listen, support and redirect victims of harassment and discrimination if needed.
6. ... perpetrators of harassment or discrimination are adequately punished by their employers.
7. ... the anonymity of the victims is to be guaranteed if that is their wish, in order to avoid any repercussions on their professional career.

3. Call to Action

swimsa demands that...

...health students and student associations ...

1. ...learn about harassment and discrimination in their medical practice, as well as the issues and consequences for the victims.
2. ...promote a work atmosphere that is free from both discrimination and harassment and speak out against discriminatory behaviour in their daily practice.
3. ...support and engage in actions against harassment and discrimination in medical care.
4. ...prohibit activities that may harm the physical or moral integrity of other students.

...of universities, especially medical faculties, that...

1. ...they provide education that is free from discrimination and harassment related to sex and gender or any other form of discrimination.
2. ...they educate students about issues related to discrimination of any kind.
3. ...students are invited to testify to problematic situations related to this subject in a respectful manner while guaranteeing anonymity if desired.

4. ...resources are provided for victims of harassment or discrimination that can support them, listen to them, and redirect them if they wish to take legal action.
5. ...quick and easy access to resources adapted to students in case problematic situations occur are made available.
6. ...they effectively support victims and are available for them throughout the entire process, whichever it might be.
7. ...they ensure that health care facilities hosting students have appropriate procedures to apply when necessary.
8. ...appropriate action against problematic individuals are taken to protect victims and prevent any type of recurrence.

...from the hospitals and the service providers that...

1. ...a working atmosphere that is free from discrimination and harassment is promoted.
2. ...they educate and inform employees about harassment and discrimination issues.
3. ...a strict message of zero tolerance for harassment and discrimination in the workplace is conveyed.
4. ...resources for victims of harassment or discrimination are provided. These resources should be independent of the institution and should be able to support victims, listen to them and refer them if they wish to take legal action.
5. ...employees are specifically informed of the consequences of such behavior and punishments are applied in case of transgressions.
6. ... appropriate action against problematic individuals is taken to protect victims and prevent recurrence.
7. ...they establish a procedure to follow when dealing with cases of harassment and discrimination, and train employees to conform to these guidelines.

...the health care system (including the Federal Government, the Federal Office of Public Health and the cantons) to ...

1. ...implement strategies to ensure that laws against discrimination and harassment are applied in health care facilities for both the staff and the patients.

2. ...support awareness-raising activities in the various health care institutions and medical schools.
3. ...ensure that each health care facility has competent and independent professional resources available for their employees to help them with problematic situations, including harassment and discrimination in the workplace.
4. ...certify that each health care facility provides competent professional resources that are available to patients in the event of discrimination or harassment in care.
5. ...ensure that health care institutions and faculties properly implement the zero-tolerance policy for discrimination and harassment, including sanctions.
6. ...ensure that medical schools include education on discrimination and harassment and its consequences.

swimsa is committed to...

1. ...supporting actions against harassment and discrimination in healthcare.
2. ...raising awareness among students on issues related to discrimination of any kind.
3. ...supporting projects that offer resources for victims of harassment or discrimination.
4. ...allowing quick and easy access to resources adapted to students in case of problematic situations.
5. ...advocating for the collection and analysis of data in currently underexplored aspects of harassment and discrimination.

4. Main text

Contextual information

As mentioned above, discrimination and harassment are elements that have been present in our society for a long time. In the medical world, they emerge in a salient way in the highly hierarchical structures of health care institutions, in which the senior staff are given vast amounts of power and freedom in their behavior. While some are quick to trivialize harmful behavior, others are not even aware of the problem as it is so normalized in health care settings.

In addition, fear of potential consequences of a complaint on their future career discourages victims and witnesses from sharing their experiences. These individuals often lack information on their rights and the resources available to them. Unfortunately, some healthcare institutions do not have the resources to deal with discrimination and harassment in the workplace. As a

result, these behaviours persist, with victims and witnesses afraid to testify, and perpetrators never questioning their actions.

Discrimination and harassment are behaviours that create an appalling work atmosphere, which can be detrimental to the students' education as well as to the careers of professionals, some of whom may end up changing specialization and institution as a result.¹² In addition, these make learning conditions suboptimal and insecure for students.

These discriminations have a significant impact on the mental health of the victims, ranging from increased anxiety, depression and burnout to drug and alcohol overuse¹²⁻¹⁴. In addition, these victims are more likely to take time off work, change specializations or even abandon their careers completely¹².

In recent years, many campaigns have exposed and raised awareness on sexism and sexual harassment^{5,10,15}, but few campaigns have focused on other types of discrimination. Nevertheless, raising awareness is crucial. However, there is still a lack of appropriate resources within healthcare institutions. Indeed, victims are too often invited to testify directly to the hospital's human resources, who may represent their future employer. This approach strongly discourages denunciations, especially since the anonymity of the victim is not guaranteed.

Moreover, this lack of support from employers to victims does not allow for any follow-up of the employees' mental health. As a result, they are forced to remain silent and manage their mental health alone.^{5,15}

Finally, this lack of repercussions for the perpetrators represents an additional obstacle to testifying: victims are discouraged from testifying, as their testimony does not guarantee any change in their workplace.

Data

According to a study conducted in the United States, nearly 50% of medical students have experienced inappropriate behaviour from hospital or faculty members¹⁶. On the Swiss side, a survey of medical students in Lausanne in 2018 was created by CLASH, the Collectif de Lutte contre les Attitudes Sexistes en milieu Hospitalier. They noted that nearly 60% of those answering had witnessed sexist behaviour during their internships. Among these responses, the majority of the perpetrators of these inappropriate behaviours were men (90%), and attendings or fellows in 57% of cases¹⁰. However, no data concerning other forms of discrimination exists in Switzerland. Following this survey, awareness campaigns were deployed, notably at the CHUV, Centre Hospitalier Universitaire Vaudois.

Nevertheless, a more recent survey conducted by the ASMAV, published in 2020 and already mentioned, revealed that nearly two thirds of the respondents had been victims or witnesses of harassment on a resident⁵.

These alarming numbers show that, despite awareness campaigns, harassment, especially sexual harassment, persists and that more needs to be done to fight it. The lack of Swiss

studies based on discrimination other than gender-based proves the ignorance of the problem and the lack of awareness.

Impact

Sexual harassment has serious consequences on the victims' mental and physical health, as well as on their career as a whole.

Indeed, victims of harassment express more symptoms of depression and anxiety, with a decrease in self-esteem and life satisfaction¹⁶). There is evidence that exposure to sexual harassment early in one's professional career can lead to symptoms of depression which can persist for up to 10 years after the event^{17,18}. If this is the case with sexual harassment, it is easy to imagine that such a mechanism could be found in any type of harassment. The fear of testifying, as well as the concern about professional and financial consequences in the event of a complaint, increases the psychological distress of the victims.

Additionally, victims of harassment exhibit more addictive disorders. Indeed, an association between victims of racial discrimination and tobacco consumption has been established.¹⁹ Similarly, studies have found that sexual harassment among women is associated with risky alcohol consumption¹⁹.

Somatic symptoms have also been reported including headaches, sleep disorders and musculoskeletal disorders¹². An American study even evaluated the cardiovascular response to repeated exposure to sexual harassment. This study showed that there is an increased risk of coronary heart disease and a decreased immune system in these victims, and concluded that victims of sexual harassment could be at risk of long-term health problems²⁰.

Finally, there are consequences for the victim's career path. Indeed, there is a clear decrease in job satisfaction among victims of harassment^{12,19}. In addition, there is a decrease in investment and productivity at work, with an increase in absence from work, in order to reduce exposure to harassment and discrimination^{16,19}. There may also be a loss of professional relationships in the event of a complaint with significant implications for students, such as the loss of a mentor and career supporter¹². Among students who experience harassment or discrimination, there is a decrease in investment and an increase in dropping out of medical school¹⁶.

Finally, victims of harassment or discrimination are more likely to resign from their position²¹. It would seem that this discrimination affects women of color²¹ and minorities¹⁸ more.

In short, because of the working conditions imposed, victims of harassment or discrimination will have fewer opportunities to access positions of responsibility and experience less career progression^{19,22}. Indeed, this invisible barrier of access of minorities to responsibility positions is commonly known as the "glass ceiling" and represents a real injustice.

Current strategies and barriers

There is currently no uniform strategy for abolishing discrimination and harassment in the medical field in Switzerland. However, several initiatives are being taken in medical faculties and health institutions, including the formation of Collectifs de Lutte contre les Attitudes Sexistes en milieu Hospitalier (or CLASH) in several medical faculties across Switzerland, or awareness campaigns such as the one conducted at the CHUV and the FHV (Fédération des Hôpitaux Vaudois).

If discrimination and harassment are still topical issues, particularly in the medical context, it is because the latter exposes much more than an Achilles' heel, as demonstrated above. The initial masculinity of the profession, which is at the origin of the inertia in terms of discrimination and harassment towards the minorities who join it, is particularly noteworthy. This inertia is perpetuated by the elitism of the profession, which makes it a closed circle in which the identity of victims is quickly revealed, thus discouraging the testifying of discriminatory and harassment experiences. We will also note the salient hierarchy constituting the backbone of health care institutions, defending the supremacy of its superiors whilst lacking protection of the base of its pyramid.

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