

Sexual harassment in the medical workplace

2015

Introduction

Sexual harassment can be broadly described as any unwanted or unwelcome sexual behaviour, including a sexual advance, or an unwelcome request for sexual favours which makes a person feel offended, humiliated or intimidated.¹

Offensive behaviour may include:

1. Comments about a person's private life or the way they look.
2. Sexually suggestive behaviour, such as leering or staring.
3. Brushing up against someone, touching, fondling or hugging.
4. Sexually suggestive comments or jokes.
5. Displaying offensive screen savers, photos, calendars or objects.
6. Repeated requests for social engagements outside of the workplace.
7. Requests for sex.
8. Sexually explicit emails, text messages or posts on social networking sites.

Prevalence and impact

In Australia, sexual harassment is recognised as a form of sex discrimination. Research indicates sexual harassment is an ongoing and common occurrence, particularly in workplaces, and that sexual harassment continues to affect more women than men.² Reports show that a quarter of women (25%) and one in six men (16%) aged 15 years and older have experienced sexual harassment in the workplace in the past five years.

There are a number of factors which may increase the risk of sexual harassment occurring in medicine including work stressors and workforce characteristics inherent to medicine.³ While all doctors are at risk of sexual harassment, female doctors report a higher incidence. Gender inequity has a proven causal relationship with the incidence sexual harassment of female employees. This is particularly relevant for medicine where significant gender imbalances emerge in the majority of specialties despite female medical students and trainees slightly outnumbering their male counterparts.^{4,5}

The impact of sexual harassment is profound. It effects physical and mental health and undermines performance and collegiality in the workplace. Sexual harassment can influence career choice and career progression, and ultimately has the power to impact on the availability of female role models in medicine.^{1,2} There are also significant costs to the system associated with dealing with complaints and with time lost in unscheduled leave.

AMA Position

1. There is no place for sexual harassment in any workplace, including in medicine. All members of the medical workforce have a right to be treated with respect, dignity and as equals.
2. The medical profession must play a leadership role in tackling sexual harassment, modifying professional culture and modelling appropriate behaviour. This must include senior members of the profession making it clear that sexual harassment is unacceptable.
3. There are many different stakeholders that influence the working environment for doctors including medical schools, colleges, professional associations, employers, and unions. These bodies need to work together to put in place the right policies, processes and culture to promote a respectful work environment and eliminate sexual harassment from the workplace.

4. The AMA supports policies and processes in relation to sexual harassment that:
 - 4.1 Adopt a zero tolerance approach to sexual harassment.
 - 4.2 Address cultural factors contributing to sexual harassment.
 - 4.3 Engage champions of change including senior male leaders and female role models.
 - 4.4 Promote the intentional inclusion of women in the medical workforce, including achieving gender balance in senior roles and strengthening women in medicine mentoring programs.
 - 4.5 Ensure all doctors are able to fully participate in the medical workforce and are guaranteed access to a range of flexible employment, return to work and training opportunities.
 - 4.6 Include robust procedures, communication, education, and complaints processes that are developed through collaboration between stakeholders as appropriate.
 - 4.7 Incorporate training in identifying, reporting and managing sexual harassment into professional development and training programs.
 - 4.8 Encourage and support bystanders to speak up and act on instances of sexual harassment.
 - 4.9 Are clearly articulated to engender greater confidence that sexual harassment complaints will be treated seriously and fairly and in a timely manner.
 - 4.10 Offer an independent and 'safe space' for complainants so that they can raise issues of sexual harassment, free of shame, stigma or repercussions.
 - 4.11 Apply appropriate sanctions on those responsible which are consistently applied irrespective of the status of the perpetrator.
 - 4.12 Penalise workplaces in circumstances where they are shown not to have in place appropriate policies and/or fail to properly investigate and address allegations of sexual harassment.
 - 4.13 Collect data on the incidence of sexual harassment to inform policy development, complaints monitoring and to measure success in tackling sexual harassment.

See also

AMA Position Statement on Workplace bullying and harassment - 2009. Revised 2015.

AMA Position Statement on Equal Opportunity in the Medical Workforce - 2012

End Notes

¹ Sex Discrimination Act 1984 (Cth)- S 28A.

² Australian Human Rights Commission. Working without fear: Results of the 2012 sexual harassment national telephone survey. Sydney: 2012.

³ Safe Work Australia. Guide to Preventing and Responding to Workplace Bullying. 2013.

⁴ Australian Government. Medical Training Review Panel Eighteenth Report. Canberra: 2015.

⁵ Walton MW. Sexual equality. Discrimination and harassment in medicine: it's time to act. Med J Aust 2015; 2013(4):167-169.

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