

Assuring Gender Safety and Equity in Health Care: The Time for Action Is Now

Lynn E. Fiellin, MD, and Darilyn V. Moyer, MD

TIME'S UP, a national effort to ensure workplace safety and equity, was launched in 2018 in response to allegations of sexual harassment and assault by persons in the entertainment industry and propelled the long-established #MeToo movement back into the public eye. The TIME'S UP Legal Defense Fund, which has collected more than \$22 million in donations, was established to connect persons who have experienced workplace sexual harassment to legal services. Further, TIME'S UP has affiliates in the press, advertising, and venture capital.

Issues of sexual and gender harassment and gender inequity have infiltrated all fields and industries, and health care is no exception. Thirty percent to 50% of female physicians or physicians in training report sexual harassment (1, 2). Therefore, on 1 March 2019, TIME'S UP Healthcare (www.timesuphealthcare.org) was established to bring to the medical field the parent organization's efforts to hasten action and solutions. Herein, we address concerns regarding gender safety and equity in health care and describe the TIME'S UP Healthcare organization, its goals and activities, and its new partnership with the American College of Physicians (ACP).

A 2018 report by the National Academies of Science, Engineering, and Medicine brought the crisis of sexual harassment in health care to the fore (1). The report covers research describing sexual harassment from the perspective of students, trainees, and faculty. Sexual harassment, a form of discrimination, is composed of gender harassment (the most common form), including verbal and nonverbal hostile behaviors based on one's gender; unwanted sexual attention; and sexual coercion. According to the report, up to 50% of female medical students reported sexual harassment from faculty or staff. Some female physicians who recounted being sexually harassed as medical students reported subsequent severe depression, recurrent troubling memories, and diminished interest in their medical studies, and considered leaving medicine altogether. A recent study found that women with a history of workplace sexual harassment or assault had a higher risk for hypertension, depressive symptoms, anxiety, or poor sleep (3). These experiences also may strain relationships with family members and partners (1). Likewise, studies in academic medicine found that 30% of female recipients of National Institutes of Health career development awards have reported sexual harassment (2). Among these women, 59% and 47% perceived these experiences to negatively affect their professional confidence and career advancement, respectively. These findings highlight the high prevalence of sexual harassment in medicine and its lasting detrimental effects.

Beyond sexual harassment, the ACP position paper "Achieving Gender Equity in Physician Compensation and Career Advancement" (4) emphasizes the gender disparities among physicians with regard to compensation and attainment of leadership positions. Female academic physicians earn 10% less than their male counterparts, and although women make up 37% of full-time medical school faculty, they are relatively absent at higher ranks (Table) (5). These statistics underscore the structural barriers and historical context within which TIME'S UP Healthcare must work.

The ACP and others have eloquently outlined many of the problems faced by the field and have offered remedies (6–8). Strategies include taking a social science approach with a focus on characteristics of the context; broader cultural issues, such as the lack of balance in home and parenting between men and women; a perception of organizational tolerance; and medicine being a primarily male-dominated field (9). These concepts inform potential steps to reduce harassment and promote gender equity in health care, but action is needed.

The primary goal of TIME'S UP Healthcare, a non-profit organization established by 50 women founding members and advisors from a range of health care disciplines, is to unify national efforts to make the workplace safer, more equitable, and more inclusive for all sexual/gender and racial/ethnic groups in all health care positions. This goal is being pursued by increasing awareness, outlining actionable steps, providing education (for example, by being present at national conferences and "train the trainer" sessions), and fostering research (such as the creation of data collection instruments and report cards for health care organizations). TIME'S UP Healthcare will also link health care workers to its legal defense fund if they need counsel regarding harassment or inequity. TIME'S UP Healthcare, funded by "sponsor" organizations, is actively recruiting a growing number of "signatories" (health professional schools, health systems, and hospitals) and "partners" (health care societies and associations), who commit to and collaboratively advance the shared goals of a safe and equitable environment for health care.

Because one of the ACP's core goals—to "maintain healthy personal and professional lives to most effectively serve our patients"—closely aligns with the overall mission of TIME'S UP Healthcare, the 2 organizations have formed a collaborative founding partnership. The ACP, whose membership includes 154 000 internists, subspecialists, trainees, and medical students, is the largest medical specialty organi-

Table. Women in Medical School and Faculty Positions, 2015 to 2016

Position	Women/Total, n/N (%)
Medical school graduate	8724/18 847 (46)
Full-time faculty	
Instructor	4664/9145 (51)
Assistant professor	24 605/57 221 (43)
Associate professor	7643/23 160 (33)
Full professor	4777/23 885 (20)
Department chair	277/1742 (16)
Permanent dean	20/125 (16)

zation in the United States. Women constitute 37% of its members so it is committed to opposing sexual harassment, discrimination, and retaliation of any form in the medical profession.

This newly formed partnership seeks to promote safety, equity, and inclusion in the health care workforce. Through this partnership, the ACP and TIME'S UP Healthcare will coordinate efforts, share best practices, and provide support for each organization's educational and advocacy work. The ACP will designate a representative to work directly with TIME'S UP Healthcare. Further, the ACP's vision is "to be the recognized leader in quality patient care, advocacy, education and enhancing career satisfaction for internal medicine and its subspecialties." This vision sits squarely within the priorities of TIME'S UP Healthcare, because a health care workplace can provide the highest-quality, safest, and most equitable patient care only if it is gender safe and equitable. For the sake of the more than 13 million persons employed in the U.S. health care field (10), as well as all the patients they care for, assuring a safe, equitable, and inclusive health care environment is critical. The need to implement the goals of TIME'S UP Healthcare is urgent, and the time for action is now.

From Yale School of Medicine and Yale Child Study Center, New Haven, Connecticut (L.E.F.); and American College of Physicians, Philadelphia, Pennsylvania (D.V.M.).

Note: Dr. Fiellin is a founding member of TIME'S UP Healthcare. Dr. Moyer is Executive Vice President/CEO of the ACP.

Disclosures: Authors have disclosed no conflicts of interest. Forms can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M19-0229.

Corresponding Author: Lynn E. Fiellin, MD, Yale School of Medicine, 367 Cedar Street, PO Box 208093, New Haven, CT 06520; e-mail, lynn.fiellin@yale.edu.

Current author addresses and author contributions are available at Annals.org.

Ann Intern Med. 2019;171:127-128. doi:10.7326/M19-0229

References

1. National Academies of Sciences, Engineering, and Medicine. Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine. Washington, DC: National Academies Pr; 2018. doi:<https://doi.org/10.17226/24994>
2. Jagsi R, Griffith KA, Jones R, et al. Sexual harassment and discrimination experiences of academic medical faculty. *JAMA*. 2016;315:2120-1. [PMID: 27187307] doi:10.1001/jama.2016.2188
3. Thurston RC, Chang Y, Matthews KA, et al. Association of sexual harassment and sexual assault with midlife women's mental and physical health. *JAMA Intern Med*. 2019;179:48-53. [PMID: 30285071] doi:10.1001/jamainternmed.2018.4886
4. Butkus R, Serchen J, Moyer DV, et al; Health and Public Policy Committee of the American College of Physicians. Achieving gender equity in physician compensation and career advancement: a position paper of the American College of Physicians. *Ann Intern Med*. 2018;168:721-723. [PMID: 29710100] doi:10.7326/M17-3438
5. American Association of Medical Colleges. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership 2015 – 2016. Accessed at www.aamc.org/members/gwims/statistics on 16 March 2019.
6. Choo EK, van Dis J, Kass D. Time's up for medicine? Only time will tell. *N Engl J Med*. 2018;379:1592-1593. [PMID: 30207825] doi:10.1056/NEJMp1809351
7. Dzau VJ, Johnson PA. Ending sexual harassment in academic medicine. *N Engl J Med*. 2018;379:1589-1591. [PMID: 30207831] doi:10.1056/NEJMp1809846
8. Jagsi R. Sexual harassment in medicine - #MeToo. *N Engl J Med*. 2018;378:209-211. [PMID: 29236567] doi:10.1056/NEJMp1715962
9. Cortina LM, Jagsi R. What can medicine learn from social science studies of sexual harassment? *Ann Intern Med*. 2018;169:716-717. [PMID: 30422273] doi:10.7326/M18-2047
10. Kaiser Family Foundation. Total Health Care Employment. Accessed at <https://www.kff.org/other/state-indicator/total-health-care-employment/> on 14 January 2019.

Current Author Addresses: Dr. Fiellin: Yale School of Medicine, 367 Cedar Street, PO Box 208093, New Haven, CT 06520.

Dr. Moyer: American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106.

Author Contributions: Conception and design: L.E. Fiellin, D.V. Moyer.

Analysis and interpretation of the data: L.E. Fiellin, D.V. Moyer.

Drafting of the article: L.E. Fiellin, D.V. Moyer.

Critical revision for important intellectual content: L.E. Fiellin, D.V. Moyer.

Final approval of the article: L.E. Fiellin, D.V. Moyer.

Administrative, technical, or logistic support: L.E. Fiellin.

Collection and assembly of data: L.E. Fiellin, D.V. Moyer.