Spotlight on Women's Health Cyberseminar Series

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CSHIIP
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Staff perspectives on understanding and addressing patient-perpetrated sexual harassment at VA

Presenter: Karissa Fenwick, PhD, MSW, LCSW
Discussant: Patricia Hayes, PhD

Outline

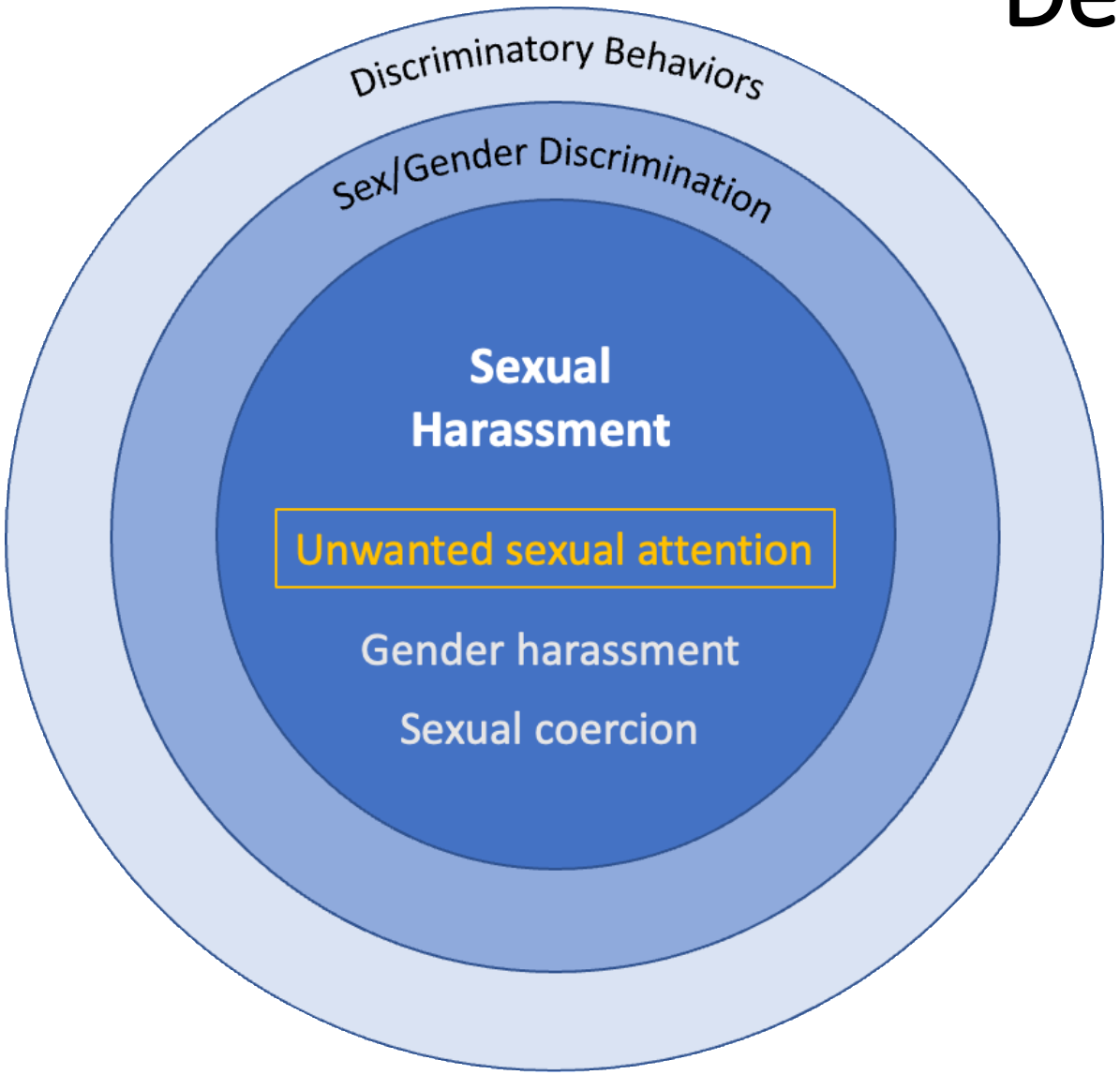
1. Explain why addressing patient-perpetrated harassment is a critical priority.
2. Describe multilevel factors influencing harassment at VA.
3. Identify strategies for addressing harassment based on staff recommendations.

Background

Defining harassment

- Sexual harassment
- By (primarily male) patients
- Toward women staff and patients

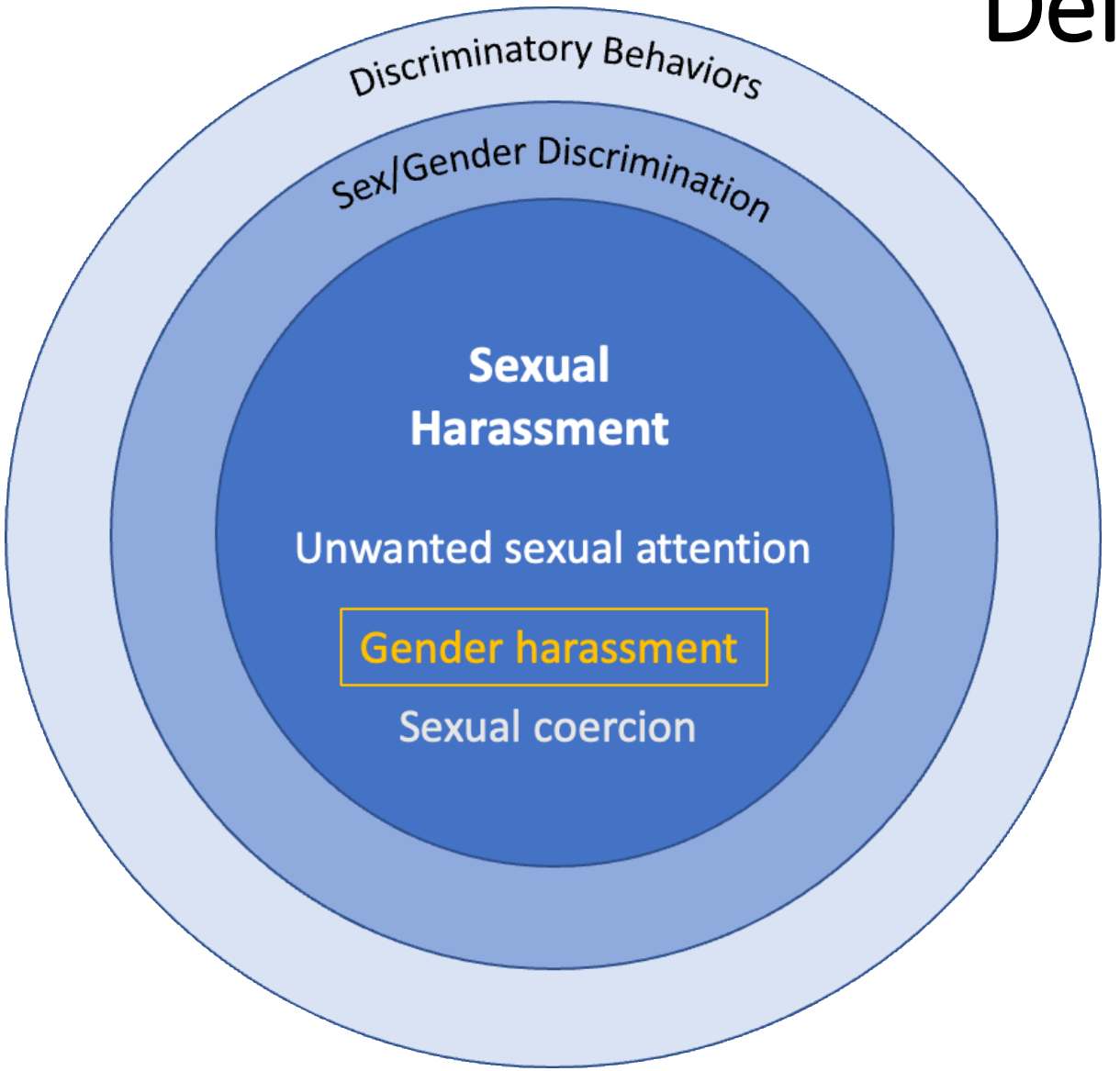
Defining sexual harassment



Unwelcome, unreciprocated expressions of romantic/sexual interest.

NASEM, 2018

Defining sexual harassment



Behaviors that convey hostile or degrading attitudes about members of a particular gender.

NASEM, 2018

Patient-perpetrated harassment toward staff

Prevalence: 97% of women and 77% of men internal medicine VA physicians experienced sexual harassment by patients.

Example incidents:

- Comments on body/dress
- Sexist jokes
- Leering
- Denigration of professional competence
- Unwanted physical contact

Impact:

Productivity
Retention
Mental health
Sense of safety
Outcomes for staff with multiple marginalized identities

Jackson et al., 2021; Vargas et al., 2020; NASEM 2018

Patient-perpetrated harassment toward other patients

Prevalence: 25% of women Veteran regular VA users experienced harassment from men Veterans on VA grounds.

Example incidents:

- Catalling
- Staring/gestures
- Propositions
- “Too pretty” to be a Veteran
- Denigration of Veteran status

Impact:

- ↓ Feelings of safety
- ↓ Feeling welcome
- ↑ Delayed or missed care

Klap et al., 2019

Factors influencing harassment at VA

Fenwick et al., 2021

Understanding factors influencing harassment

Semi-structured interviews (2016)

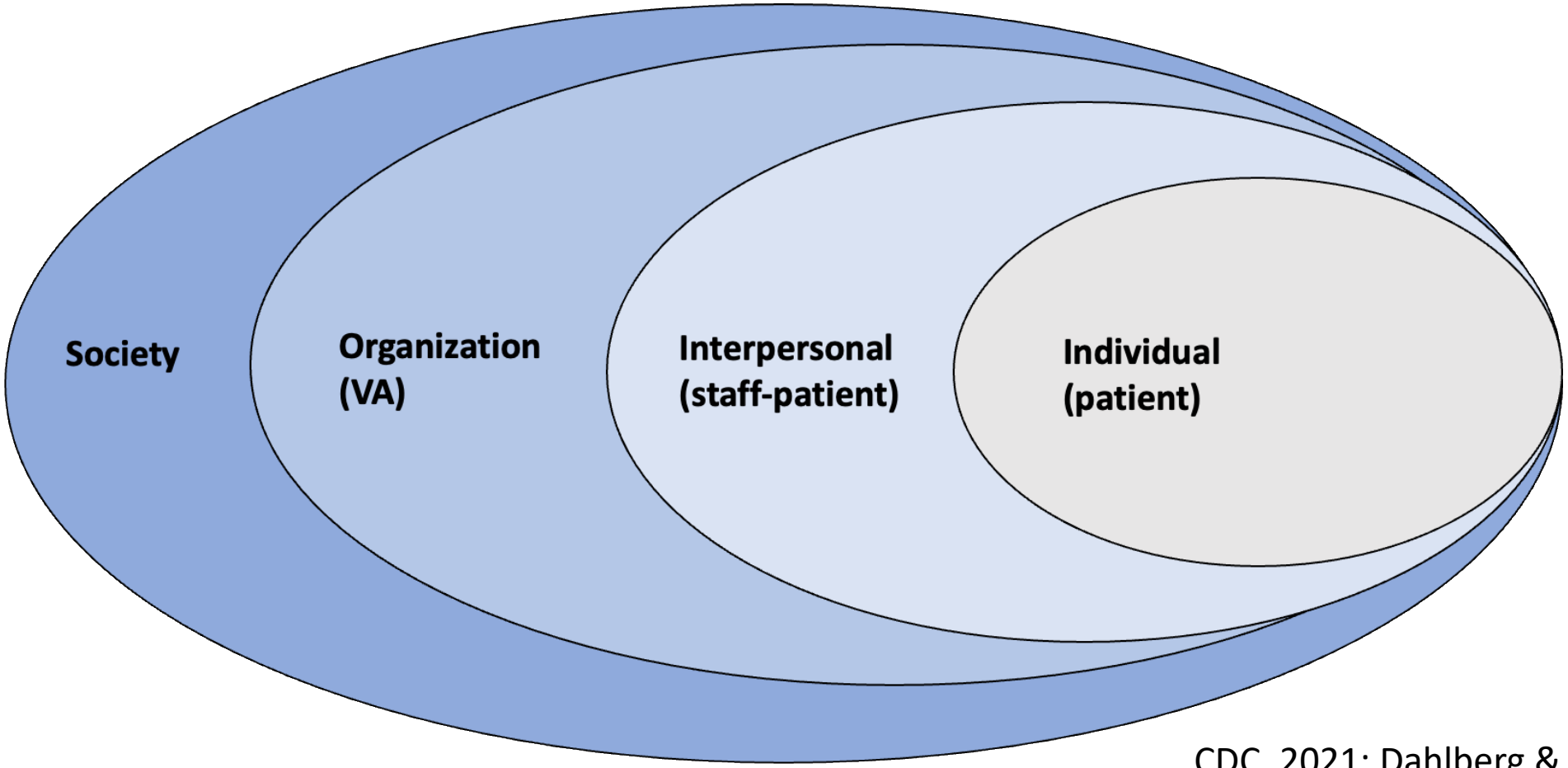
Staff stakeholders (*n* = 24)

- Women's health leaders
- Facility leaders
- Clinicians
- Experts in managing disruptive patient behavior

Asked: *what are the challenges to addressing harassment at VA?*

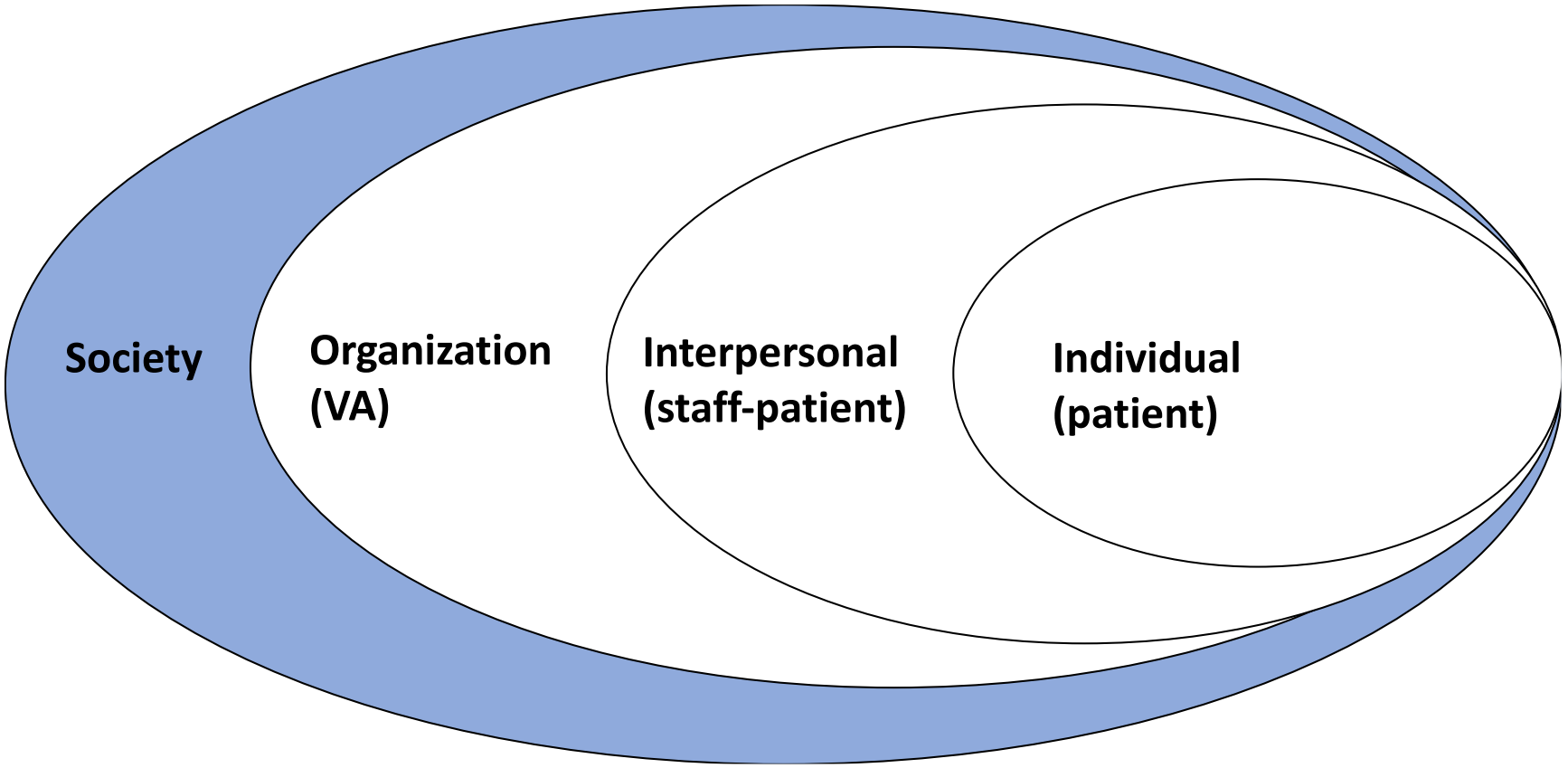
Analyzed using constant comparative method

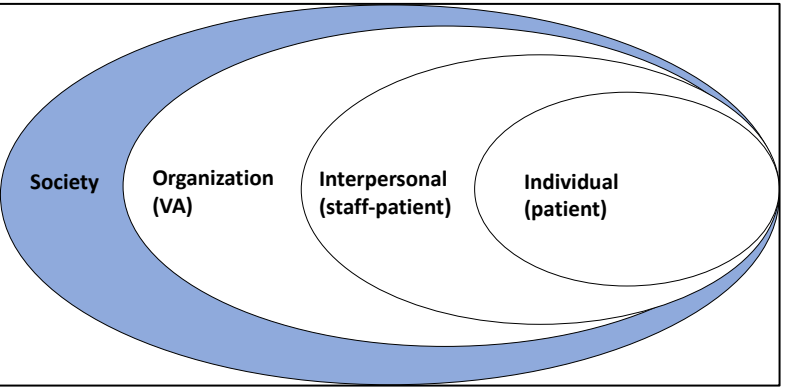
Social-ecological framework for understanding/preventing harassment



CDC, 2021; Dahlberg & Krug, 2002

Societal Factors

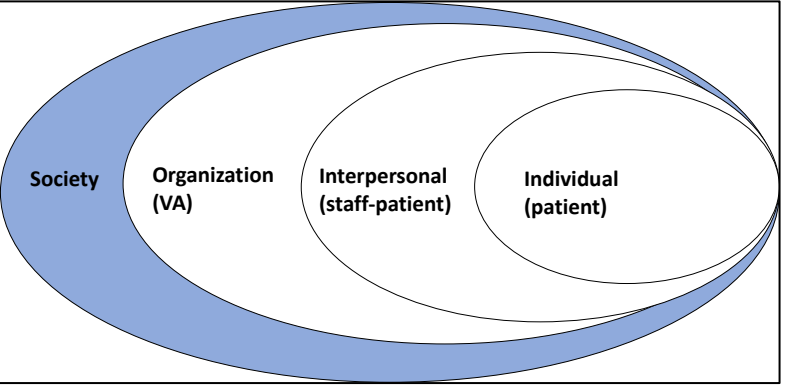




Societal factors

Societal culture: *Societal norms and values that enable harassment.*

> We're a microcosm of the world, so culture change here is culture change in the world.
>
> [Chief of Psychology]

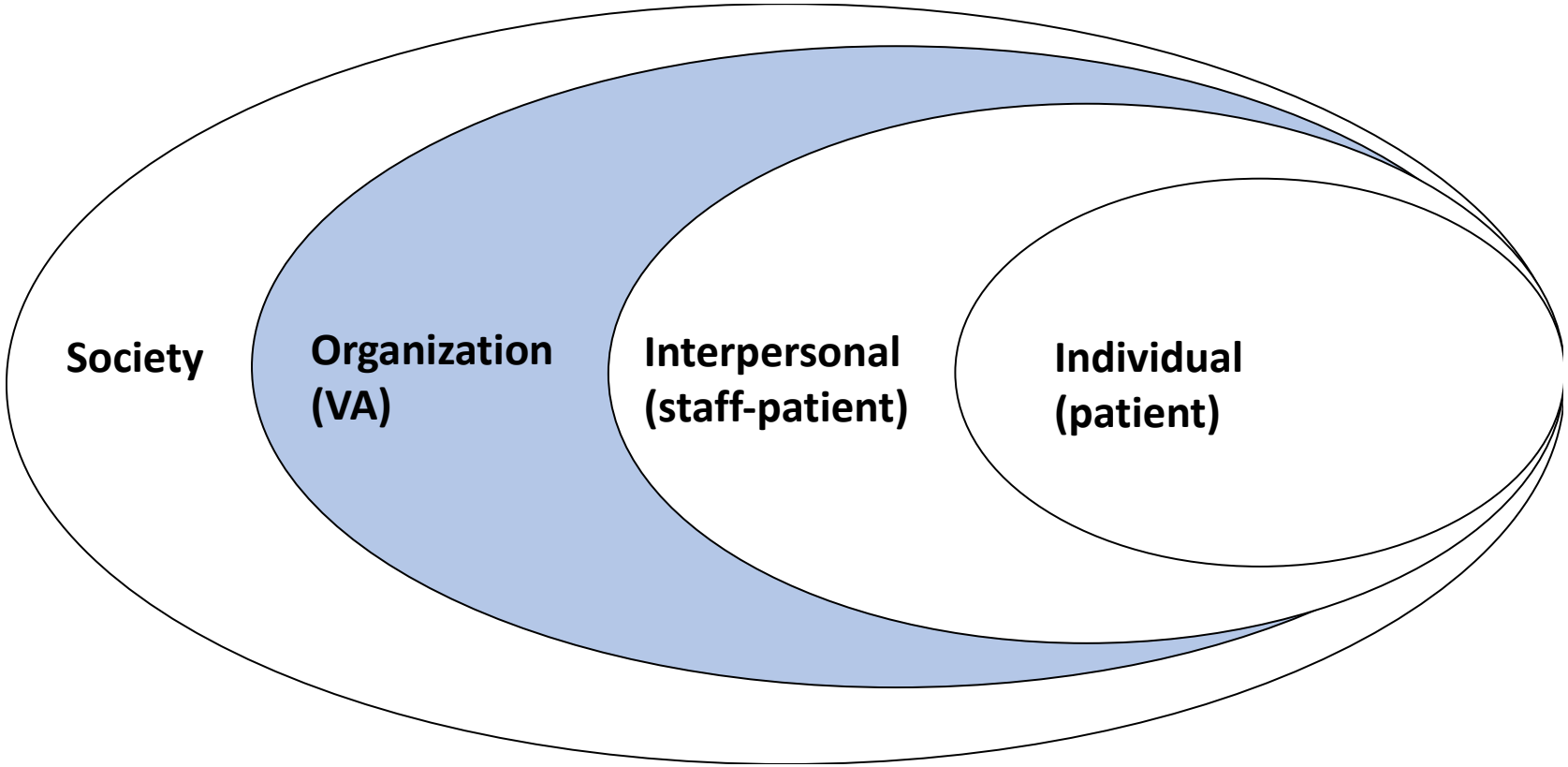


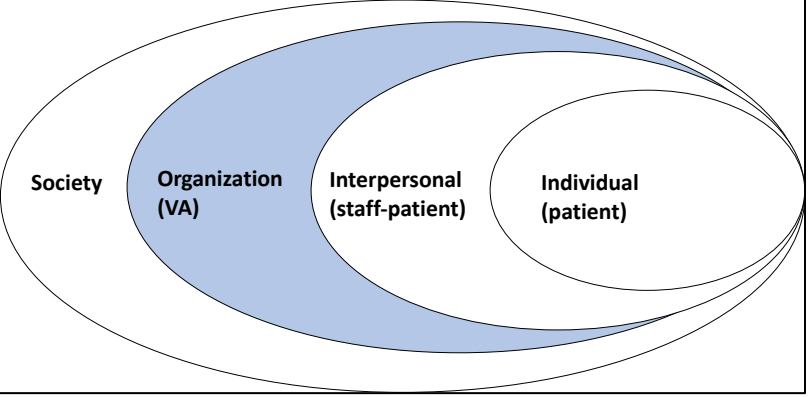
Societal factors

Military culture: *Military norms and values that enable harassment.*

> It is important among Veterans…to continue to have some sense of bonding …and unfortunately historically, culturally, in the military a great deal of that bonding has been cemented by sexual harassment.
>
> [Director, Women's Health]

Organizational Factors

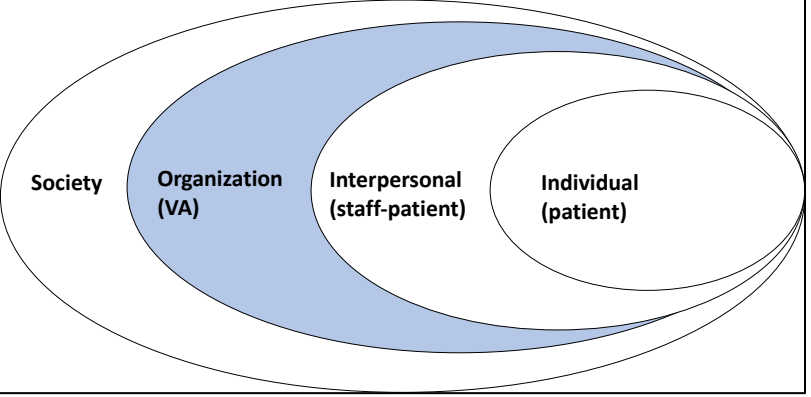




Organizational factors

Organizational climate related to harassment: *Shared perceptions that VA tolerates harassment and does not hold perpetrators accountable.*

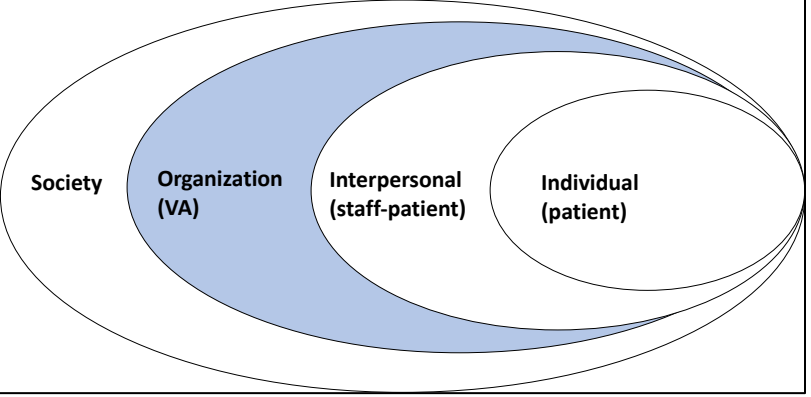
> “It’s just tolerated and, once things are tolerated it becomes the culture and not even seen anymore as a bad thing.”
>
> [Social worker]



Organizational factors

Reporting policies & procedures: *Lack of clear policies for reporting and addressing patient-perpetrated harassment.*

> There isn't really a clear procedure for reporting things like this.
>
> [Women Veterans Program Manager]

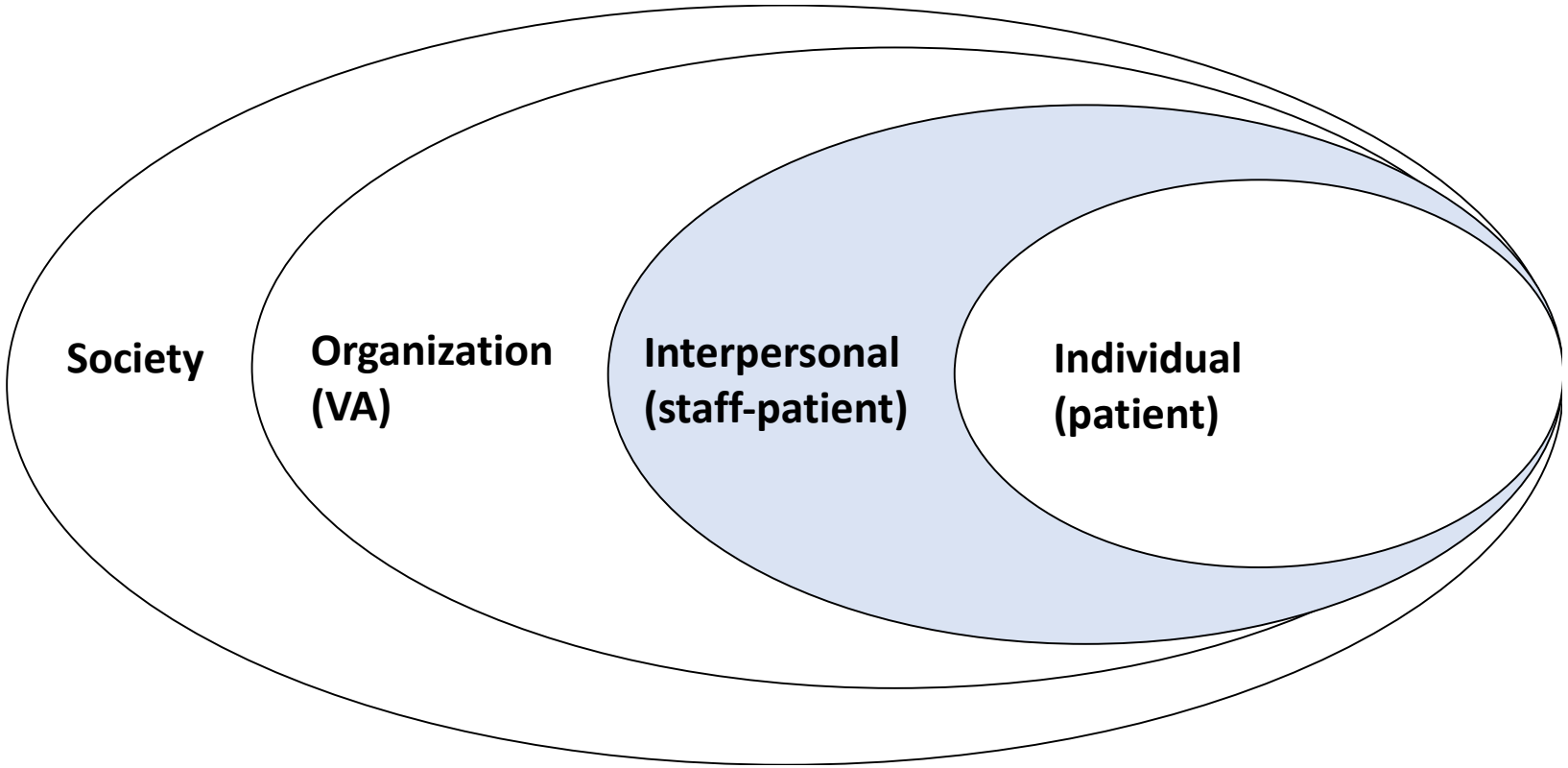


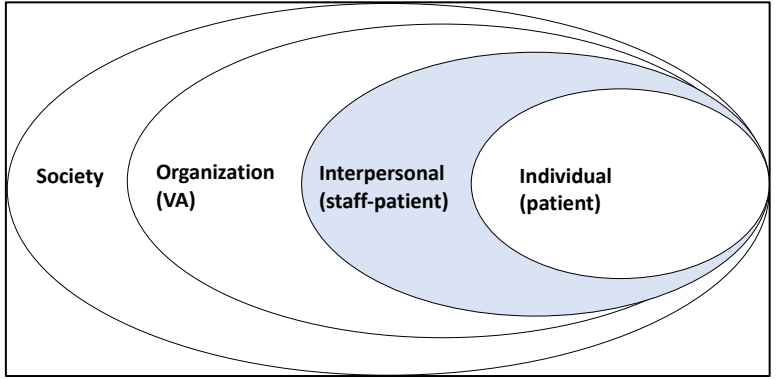
Organizational factors

Leadership: *Lack of leader awareness and/or support related to the need for interventions to address harassment.*

> Even though we know it on the bottom end, I think sometimes the top doesn't see everything.
>
> [Social worker]

Interpersonal (staff → patient) factors

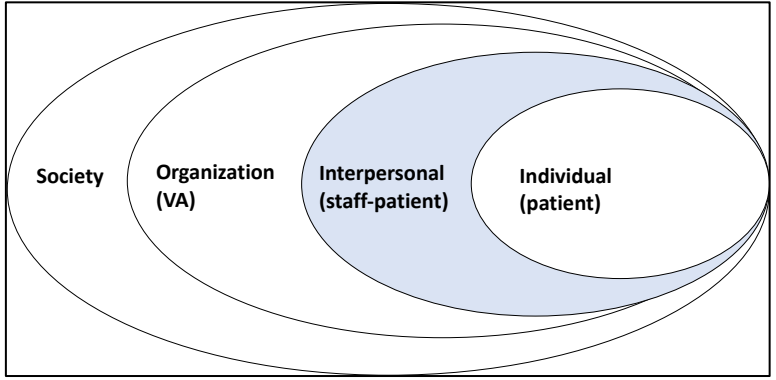




Staff → patient factors

Therapeutic relationship: *Fear of harming clinical interactions or provoking patient retaliation.*

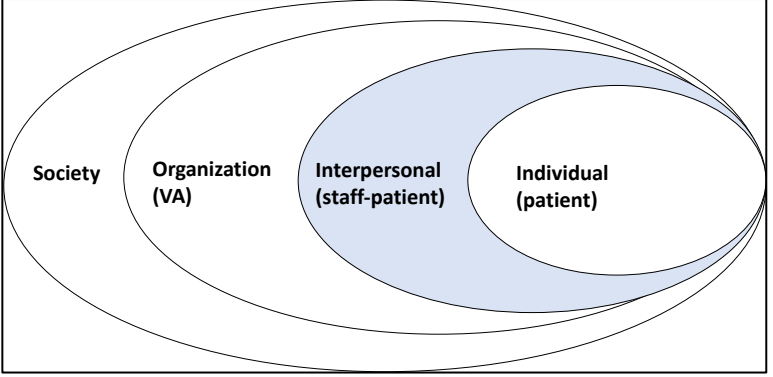
> If I were to have confronted that patient yesterday, that would have made my entire interaction with him more difficult.
>
> [Physician]



Staff → patient factors

Staff appraisals of harassment: *Ambiguity around labeling harassment and assessing whether/how to intervene.*

> Employees may not recognize situations as harassment or they may not feel that they're prepared to address it. In the overt situations they would know what to do, but something more minimal or a conversation or a comment...
>
> [Director]

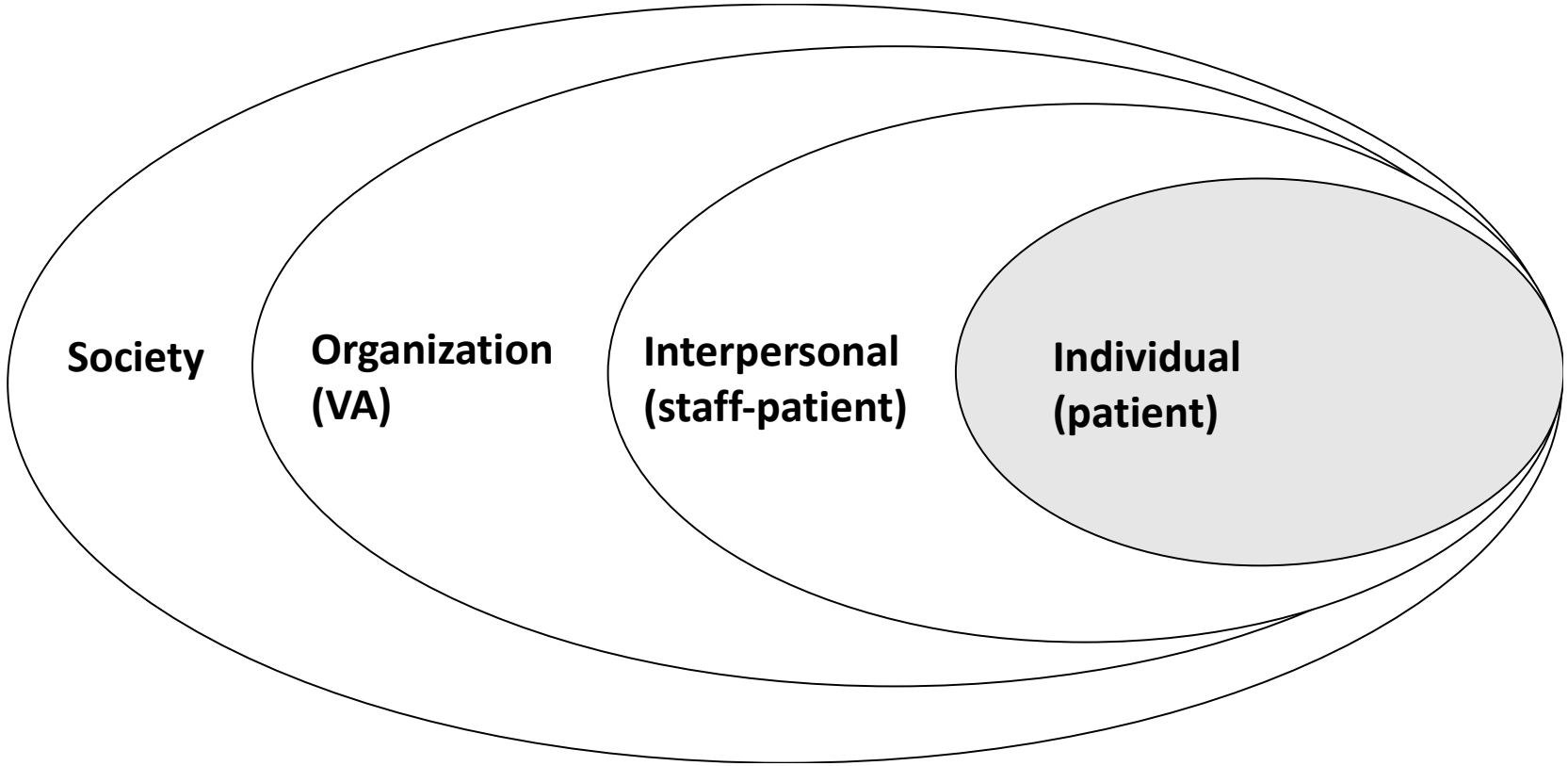


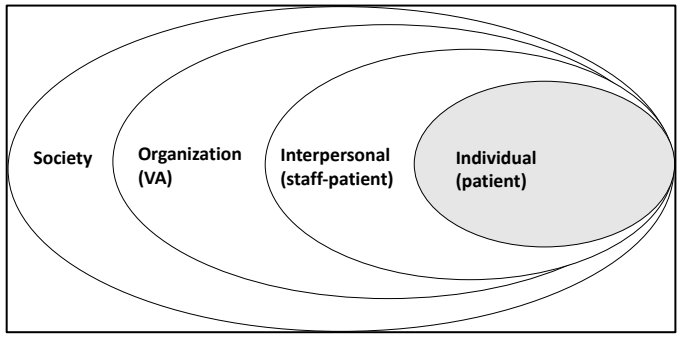
Staff → patient factors

Competing priorities: *Lack of time or staff resources to address harassment given other priorities, needs, or duties.*

> Are you going to have the police officer taking the [harassment] report, or are they going to be on the mental health unit dealing with an issue up there?
>
> [Director]

Individual (patient) factors

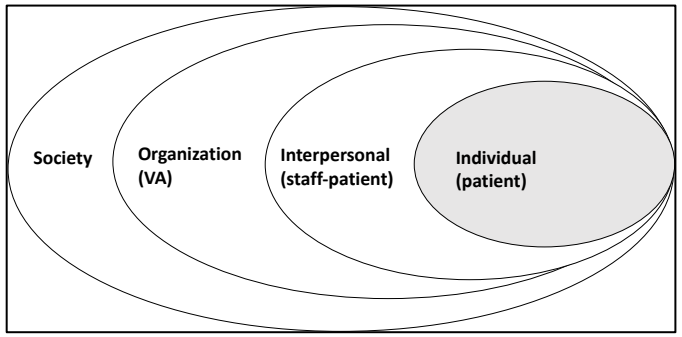




Patient factors

Awareness: *Lack of awareness about definition and impact of harassment.*

> There are some [men] Veterans who may comment, especially to younger women, who probably wouldn't view their comments or behaviors as abhorrent. It was how they grew up and the culture of their time.
>
> [Chief of Staff]

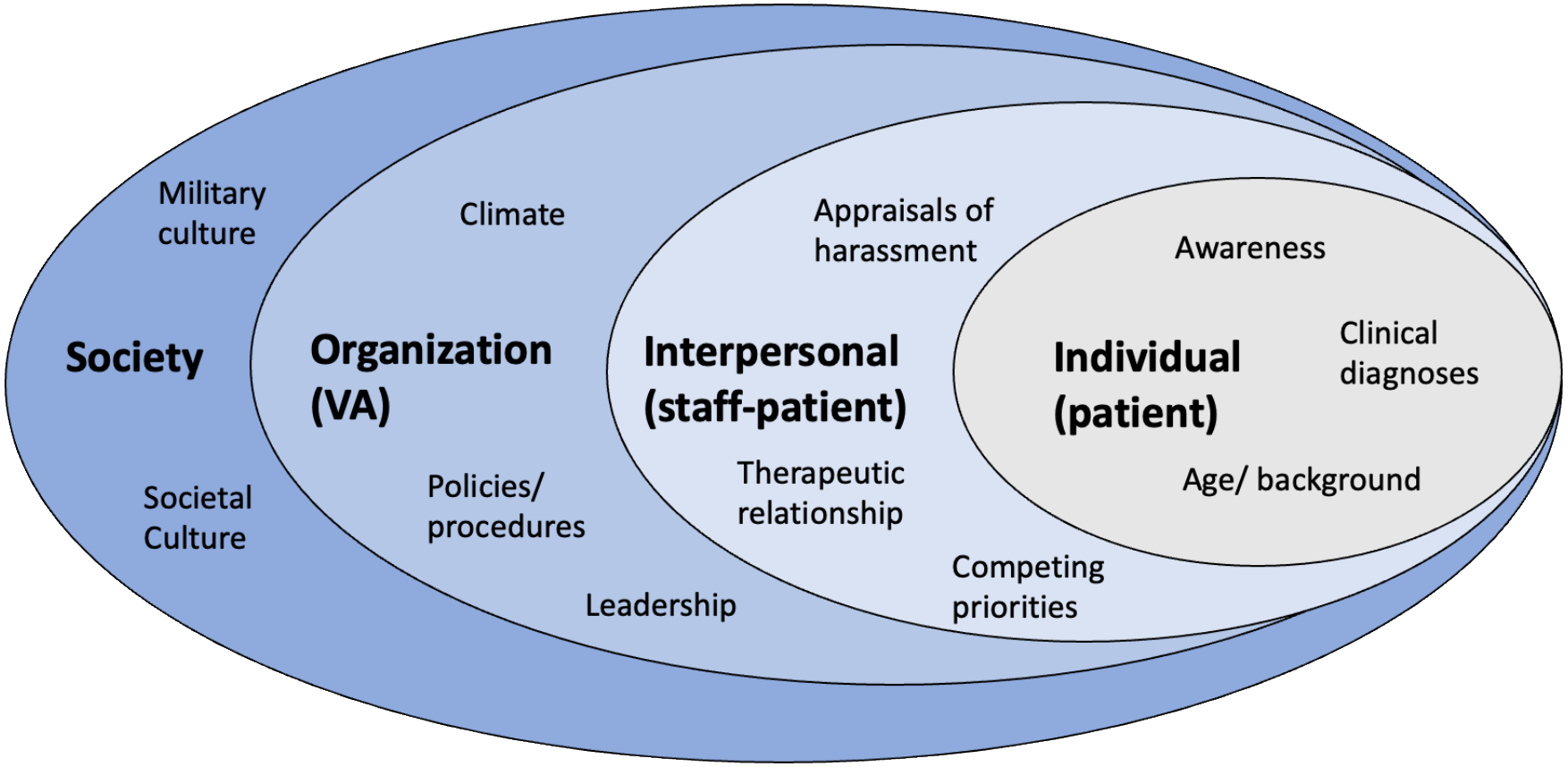


Patient factors

Clinical diagnoses: *Psychiatric or other clinical diagnoses that complicate management of harassing behaviors.*

> "You have to discriminate, particularly on the mental health unit, whether someone is impaired in their reality testing and…has no sense of boundaries."
>
> [Chief of Staff]

Summary: Social-ecological model for understanding patient-perpetrated sexual harassment at VA



Participant recommendations for addressing harassment

Recommendations for addressing harassment

Deliberation groups (2020-21)

1. Primary care physicians (*n* = 4)
2. Mental health clinicians (*n* = 7)
3. Support staff (*n* = 2)

Designed to facilitate voicing of divergent opinions about contentious issues

Asked: *what is needed to address harassment at VA?*

Bartlett et al., 2018

Participant recommendations: Organization

Communicate that VA does not tolerate harassment.

- **Leadership messaging**
  - Explicitly state that harassment is a problem that needs addressed
  - "Their voices are heard a little louder" [Psychologist]
  - ❖ *Stand Up to Stop Harassment Now* leader pledges (2019)
  - ❖ Secretary McDonough's first public statement (2021)
- **Reporting policies/procedures**
  - Increase clarity about where/how to report
  - Improve follow-up after reports
  - ❖ Deborah Sampson Act (2020)

❖ = Previous/ongoing interventions

Participant recommendations: Staff → Patient

Increase staff capacity to address harassment:

- **As witnesses/bystanders:**
  - Bystander intervention training
  - ❖ *End Harassment* (2017), *Stand Up to Stop Harassment Now* (2019); ongoing
- **As targets:**
  - New Employee Orientation
  - Guidance for trainee supervisors/preceptors
- **As role models:**
  - Train key staff to model appropriate interactions with women patients

❖ = Previous/ongoing interventions

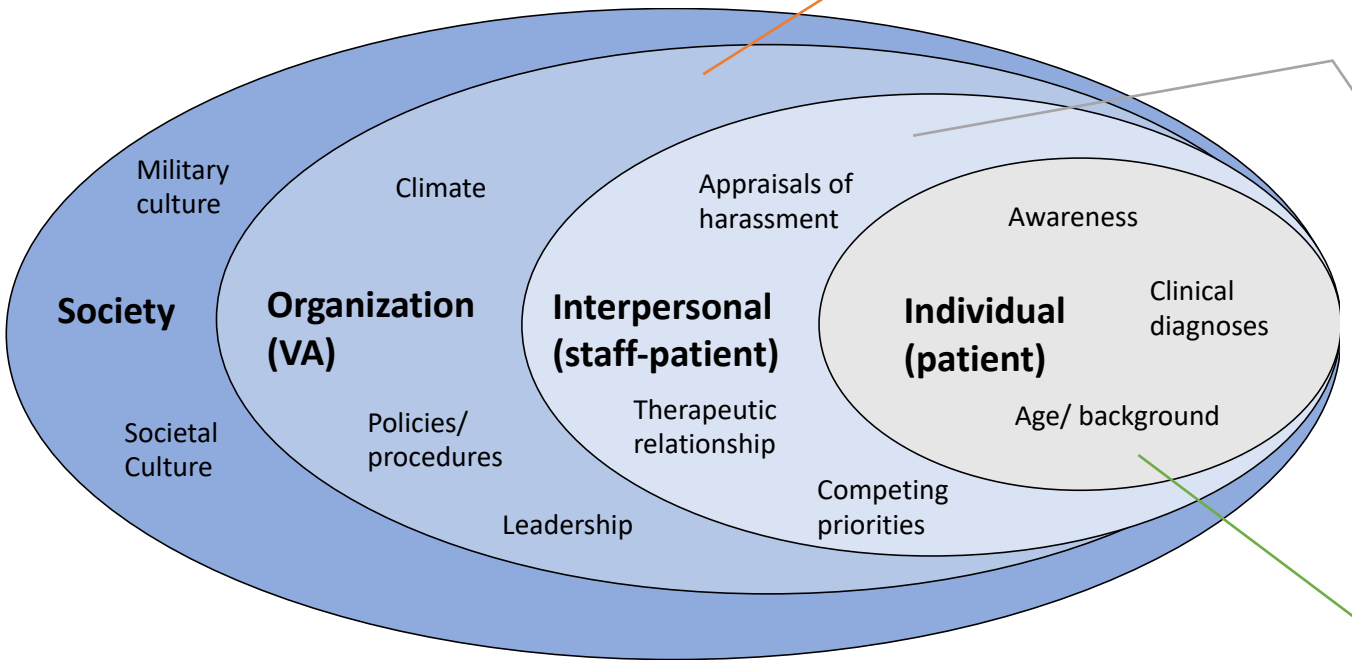
Participant recommendations: Patient

Educate patients about harassment and appropriate behavior.

- **Social marketing**
  - Posters, flyers, online banners
  - ❖ End Harassment campaign (2017); ongoing
  - ❖ Deborah Sampson Act (2020)

- **Existing procedures/materials**
  - New patient orientation
  - New patient agreements

❖ = Previous/ongoing interventions



Communicate that VA does not tolerate harassment.

- Leadership messaging
- Reporting policies/procedures

Increase staff capacity to address harassment.

- Bystander intervention
- New Employee Orientation
- Guidance for trainees
- Training for staff in key roles

Educate patients.

- Social marketing
- New patient orientation/agreements

Discussion

Take-away points

Harassing behavior is the product of multiple levels of influence.

Comprehensive, multifaceted approaches are needed.

Change efforts should start at the org level (leadership/policy).

Take-away points

VA has taken important steps to address harassment.

Ongoing change will require sustained efforts.

“It didn’t get messed up in a day; it’s going to take more than a day to fix it.”

Future directions: policy/practice

- Deborah Sampson Act
  - Reporting procedures
  - Social marketing
  - Women Veteran focus groups
- Bystander intervention training for staff/patients
- Women Veterans Healthcare Modernization Integrated Project Team (IPT)

Future directions: QI/research

- Tracking women Veterans' experiences of harassment
- Evaluating bystander intervention
- Improving support and guidance for staff who experience harassment
- Understanding climate related to harassment

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Discussant: Patricia M. Hayes, PhD

Chief Officer
Office of Women's Health, Veterans Health Administration

Thank You!

Questions/Comments?

Karissa.Fenwick@va.gov
Patricia.Hayes@va.gov

References

Bartlett, G., Longo, C., Puzhko, S., Gagnon, J., & Rahimzadeh, V. (2018). Deliberative stakeholder consultations: creating insights into effective practice-change in family medicine. *Family Practice, 35*(6), 749-752.

Centers for Disease Control & Prevention. (2021). *Socio-ecological model: a framework for prevention.* U. S. Department of Health and Human Services. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

Dahlberg, L. L., & Krug, E. G. (2002) Violence-a global public health problem. In: E. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano, eds. *World Report on Violence and Health.* (pp. 1-21). World Health Organization.

Fenwick, K. M., Luger, T. M., Dyer, K. E., Chrystal, J. G., Hamilton, A. B., Yano, E. M., & Klap, R. (2021). Challenges to addressing patient-perpetrated sexual harassment in Veterans Affairs healthcare settings. *Journal of General Internal Medicine*, *36*, 2332-2338.

Jackson, J. L., Farkas, A., Fletcher, K., Kay, C., Machen, J. L., Nickoloff, S., & Scholcoff, C. (2021). Gender differences in the prevalence and experience of sexual harassment of internal medicine providers by patients. *Journal of General Internal Medicine*. https://doi.org/10.1007/s11606-020-06473-y

References

Klap, R., Darling, J. E., Hamilton, A. B., Rose, D. E., Dyer, K., Canelo, I., Haskell, S., & Yano, E. M. (2019). Prevalence of stranger harassment of women Veterans at Veterans Affairs medical centers and impacts on delayed and missed care. *Women's Health Issues, 29*(2), 107-115.

National Academies of Sciences, Engineering, and Medicine (NASEM). (2018). *Sexual harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine.* The National Academies Press. https://doi.org/10.17226/24994.

Vargas, E. A., Brassel, S. T., Cortina, L. M., Settles, I. H., Johnson, T. R., & Jagsi, R. (2020). # MedToo: a large-scale examination of the incidence and impact of sexual harassment of physicians and other faculty at an academic medical center. *Journal of Women's Health, 29*(1), 13-20.

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