Discrimination, harassment, and intimidation amongst otolaryngology - head and neck faculty and trainees in the United States

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Abstract

Objective: This study assessed the prevalence, types, and sources of harassment, intimidation, and discrimination (HID) among U.S. otolaryngology trainees and faculty.

Methods: A REDCap survey was distributed to ACGME and non-ACGME otolaryngology programs (August–October 2024)

Results: Seventy-nine individuals responded (63.3% trainees, 36.7% faculty). Over half (53.2%) reported harassment or intimidation, most often inappropriate behavior (44.3%) and misinformation (27.8%).

Conclusions: HID is widespread in otolaryngology, affecting both trainees and faculty. Strengthening reporting systems and fostering accountable environments are needed to protect physician well-being and patient care.

Introduction

- Prior studies have demonstrated that mistreatment is common among surgical residency trainees, especially among women. Such sources of mistreatment are not limited to faculty-trainee interactions, but may also rise from encounters with patients and nurses [1][2]
- Specific types of harassment have been shown to more commonly stem from certain populations in the healthcare environment. For example, patients and families are the most frequent sources of gender and racial discrimination, whereas attending physicians are the most frequent source of sexual harassment and abusive behavior [3,4]
- This study examines the prevalence of workplace HID among otolaryngology residency programs in the United States and characterizes the nature and impact of harassment among otolaryngology faculty and trainees

Methods

- After exemption from the UCLA Institutional Review Board was obtained, a REDCap (Vanderbilt University, Nashville TN) survey invitation was emailed to all (n = 138) ACGME-accredited and non-ACGME-accredited otolaryngology residency coordinators for further distribution to their respective faculty and trainees
- Participation in the survey implied voluntary consent. Ordinal data in our study were analyzed using Mann-Whitney U test with a significant level defined as $P < 0.05$

Results

- A total of 79 individuals responded to the survey on HID in otolaryngology residency programs
- The average participant age was 36.1 years (SD = 10.3), with a median of 31.0 years. Respondents were predominantly male (53.2%) and female (44.3%), with 1.3% identifying as non-binary and 1.3% preferring not to disclose their gender
- Of the 79 respondents, 42 individuals (53.2%) reported experiencing harassment or intimidation during their time in otolaryngology training Reporting was rare, with only 12% notifying resources

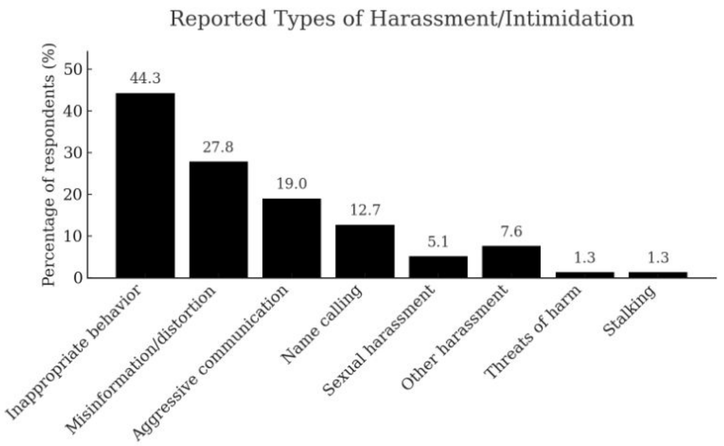

Figure 1: Distribution of reported types of harassment and intimidation among respondents. The most common type was inappropriate behavior (44.3%), followed by misinformation/distortion (27.8%).

Results

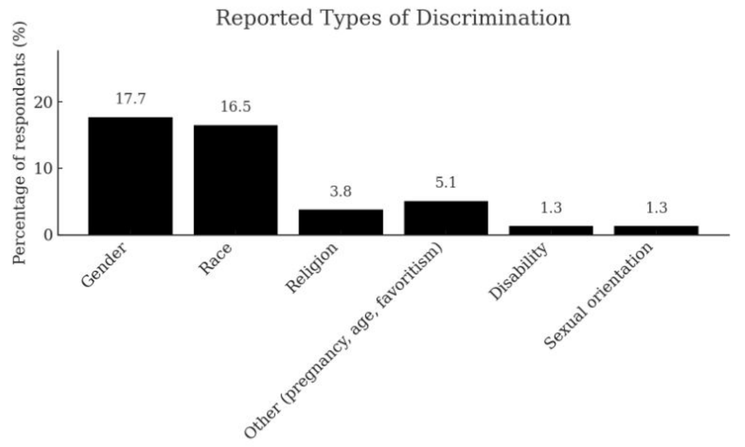

Figure 2: Types of discrimination experienced by respondents. Gender- and race-based discrimination were most commonly reported (17.7% and 16.5%, respectively).

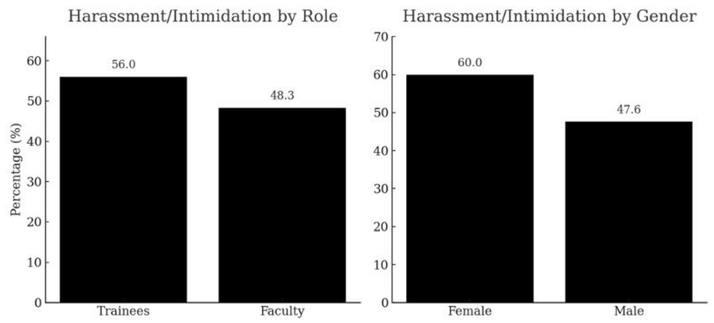

Figure 3: Harassment and intimidation rates across roles (trainees vs. faculty) and gender. Trainees and female respondents reported higher rates of mistreatment compared to faculty and male respondents.

Discussion/Conclusion

- HID is widespread across U.S. otolaryngology, affecting both trainees (56%) and faculty (48%); perpetrators vary by role, with trainees most often mistreated by faculty, and faculty by peers and patients
- Mistreatment includes harassment, gender and racial discrimination, and patient-initiated abuse, contributing to burnout and stalled careers
- Solutions require cultural and structural reform, moving beyond reporting systems to mentorship, accountability, and psychologically safe training environments

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