

Gender bias in medicine

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Author: Ellen Meyns

Editor: Antonia Clarke

A gender bias scenario

The Emergency Department Staff Specialists meet at 4.00pm for their weekly meeting. They debrief about the new bunch of interns without realising their gender bias.

‘Julian is a pleasant chap’.

‘He seems very capable and demonstrates great procedural skills, so we should give him ample opportunity to practice.’

‘Nice bloke, Julian, and very likeable. He will do well. I predict surgery or critical care.’

‘He’s just had a baby, so we should congratulate him!’

And:

‘Anita is a bit cold and standoff-ish.’

‘She is not very confident.’

‘I disagree, I think she is a bit overconfident, maybe due to her age?’

‘I wonder if full-time will work out for her, she has school-age kids and all her family are overseas.’

‘She would be best suited for medicine I think, as she is a quiet type.’

A few hours earlier

Dr. Julian starts his first day as an intern in the [Emergency Department](#). He is 26 years old and finished his medical training with Honours. He has a newborn at home, being cared for by his wife who is also an intern. On arrival to the Emergency Department, he greets a colleague from his previous surgical rotation with a high five. He cannot wait to demonstrate his newly acquired suturing skills. Despite feeling nervous, Julian is in his element and sends out positive and confident energy. He is immediately very liked and given an opportunity to suture a complex arm laceration in Fast Track by his registrar.

Dr. Anita starts her first day as an intern in the Emergency Department. Anita has a degree in Biochemical Sciences and worked as a part-time teacher before starting medical school. She has two children who are eight and ten years old. She is feeling somewhat anxious, as she has been unable to find a part-time intern job and is now obliged to work full-time for the first time in 10 years. However, she received very

positive feedback in her previous [Geriatrics](#) term and feels confident and excited to start her rotation in the Emergency Department. She performs well on her first day, is mature and professional, with impressive complex case management.

You think these are stereotypes right? Maybe. Or maybe, if you think about it, you actually know a Julian and an Anita. Or, maybe you are one of them?

Implicit and explicit gendered micro-bias

The feedback from the Staff Specialists is a typical example of implicit and explicit gendered micro-bias. Micro-bias is not malicious. It is an acquired preconception influencing one's behaviours and interactions. We all succumb to it, subconsciously. Synonyms are micro-inequity, or micro-aggression. The latter sounds less innocent, doesn't it?

Gender bias, by men and women, is still a persistent issue in medicine. A 2019 JAMA study amongst 43,000 U.S. health professionals demonstrated explicit and implicit biases. These biases associate men with career and women with family. Similarly, healthcare professionals associate men with surgery and females with medicine (1).

Double standards an ongoing roadblock for women in medicine

In the academic world, double standards are an ongoing roadblock for women. Ross-Macusin et. al. studied the impact of gender as an independent variable on an identical job application. It demonstrated a significant negative impact for females on perceived competence, hireability, mentoring opportunities and starting salary (2). Women are also given more negative feedback as part of performance reviews than men, and found less likeable when successful (3).

There is an inconsistency between genders when given feedback. For instance, performance is being held to typically male trait standards, such as confidence, and assertiveness. 'He is a boss, but, she is bossy' (4-6). The opportunity gap is even greater for women who are also parents compared to male parents (7).

As a result of these double standards, women find it more stressful to embrace their assertiveness and often apologise for it. This comes even though we know that in a resuscitation, a team typically performs better when led by clear and direct individuals (8). Women's self-confidence is compromised. In turn, this leads to increased stress and anxiety, driving some female doctors to leave the field of medicine (9).

Uneven gender balance in leadership

The lack of employment, research, and public speaking opportunities, as well as mentorship support, further unbalances the playing field. As a result, we see a markedly uneven gender balance in leadership (10,11). Despite this, extensive literature exists to support the benefits of a diverse workforce on group performance and professional wellbeing. In turn, this benefits our healthcare system significantly (12).

Without awareness of this bias, a person may feel the need to object against the preposterous suggestion that he or she is acting discriminately. 'Damn all the political correctness these days!' However, it is not about how you feel. It's about how you make the other feel. Micro-bias results in disempowerment and disadvantage women significantly.

Therefore, it is useful to reflect on day-to-day conversations, keeping an open mind to your own gender lens, and choosing your words with care. The ability to adjust your own behaviours shows vulnerability as well as strength, driving growth and creating an inclusive leadership style. Lead by example, and your environment will follow.

Free online module on unconscious gender bias in the academic medicine workplace

Stanford University School of Medicine offers a free online module on unconscious bias in the academic medicine workplace. Visit <https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme>. Have a look, and challenge your colleagues.

You can contribute to a small step towards reaching true equity.

Resources

- **Stanford University School of Medicine offers a free online module on unconscious bias in the academic medicine workplace:**
<https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme>
- **Julie K Silvers, MD: Be Ethical campaign:** <http://sheleadshhealthcare.com/wp-content/uploads/2018/09/Be-Ethical-Campaign.pdf>
- **Zanna MP, Dovidio JF, Gaertner SL (2004) in Advances in Experimental Social Psychology, ed Zanna MP (Elsevier, New York), pp 1-51**

References

1. Salles A, Awad M, Goldin L, et al. Estimating Implicit and Explicit Gender Bias Among Health Care Professionals and Surgeons. *JAMA Netw Open*. Published online July 05, 2019 2(7):e196545. doi:10.1001/jamanetworkopen.2019.6545
2. Moss-Racusin CA, Dovidio JF, Brescoll VL, et al. Science faculty's subtle gender biases favor male students. *Proc Natl Acad Sci U S A*. 2012;109(41):16474-16479
3. Heilman ME, Wallen AS, Fuchs D et al. (2004) Penalties for success: Reactions to women who succeed at male gender-typed tasks. *J Appl Psychol* 89:416-427
4. Foschi, M. (1996) Double Standards in the Evaluation of Men and Women. *Social Psychology Quarterly*, 59, 237-254. <http://dx.doi.org/10.2307/2787021>

5. Mueller, Anna S et al. "Gender Differences in Attending Physicians' Feedback to Residents: A Qualitative Analysis." *Journal of graduate medical education* vol. 9,5 (2017): 577-585. doi:10.4300/JGME-D-17-00126.1
6. Brucker K, Whitaker N, Morgan ZS, et al. Exploring gender bias in nursing evaluations of emergency medicine residents. *Acad Emerg Med*. 2019 Aug 1. doi: 10.1111/acem.13843
7. Halley MC, Rustagi AS, Torres JS, et al. Physician mothers' experience of workplace discrimination: a qualitative analysis. *BMJ* 2018; 363:k4926
8. Kolehmainen, Christine et al. "Afraid of being "witchy with a 'b'": a qualitative study of how gender influences residents' experiences leading cardiopulmonary resuscitation." *Academic medicine : journal of the Association of American Medical Colleges* vol. 89,9 (2014): 1276-81. doi:10.1097/ACM.0000000000000372
9. Lang R, Dornan T, Nestel D. Why do women leave surgical training? A qualitative and feminist study. *Lancet* 2019; 393: 541-49
10. Julie K Silvers, MD: Be Ethical campaign: <http://sheleadshealthcare.com/wp-content/uploads/2018/09/Be-Ethical-Campaign.pdf>
11. Aldrich MC, Cust AE, Raynes-Greenow C. Gender equity in epidemiology: a policy brief. *Annals of Epidemiology*, Apr 2 2019; pii: S1047-2797(18)30824-X.
12. Shannon G, Jansen M, Williams K. Gender equality in science, medicine, and global health: where are we at and why does it matter? *Lancet* 2019; 393: 560-69

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