A lack of women in leadership positions, a gender pay gap, stereotypes and self-confidence all play a role in gender inequality in medicine. At the inaugural Women in Medicine Symposium, Vineet Arora, MD, detailed these issues and discussed how women could be more empowered in the medical field.

Dr. Arora has spent most of her career in academic medicine and is currently assistant dean for Scholarship and Discovery at the University of Chicago. Because there is good data, she said, academic medicine is a great lens to track women in medicine. The data and results of many studies prove there are specific obstacles that women face, and now the focus needs to be on finding the solutions.

The gender gap

A study from 2016 looked at data through the Freedom of Information Act from state institutions controlling for factors like age, years of experience, specialty, scientific authorship, number of Medicare patients and more. The absolute difference between salaries of men and women was $50,000, and after the controls were taken into account it was still $18,000.

“When I went to medical school in 1998, at Washington University in St. Louis, I was part of a medical class that for the first time had more women than men,” Dr. Arora said. The number of women entering medical school is increasing.

Looking at data from the Association of American Medical Colleges, 46 percent of applicants to medical school and 47 percent of matriculates are women, one in five full professors are women and only 16 percent are deans.

“I don’t think we can say we just have poor representation because there are fewer women,” she said. “38 percent of faculty in academic health centers are now women, but only 13 percent of those women are full professors,” but as they move on in their careers, there is a clear separation in
leadership roles.

Assistant dean, she said, is usually a job in medical education. Citing a stereotype, Dr. Arora said, “When you think about teachers you think teachers are women … but the path to become a department chair or division chief is usually through research and it’s usually through clinical leadership …”

When you look at the data even closer, she said, “you’ll see there are some nuances there. We’re making some gains in some areas, but it may be because those areas are associated with gender stereotypes for teaching, and not making gains in other areas.”

Stereotype threats

“I remember being a resident … and Janet Bickle, who is a well-known luminary in the field, a PhD scientist who studies women in medicine, had come to give grand rounds at the University of Chicago,” Dr. Arora said. “She presented a lot of the same data … and somebody raised their hand in the back and said maybe women don’t want to lead.”

“You may have heard this too in your career at some point and maybe not about you,” she said. “Maybe you were in a meeting and you were debating the merit of somebody else and then someone else says ‘Oh they have small kids at home, they probably don’t want this position,’ and you just looked them over.”

It might be that you even think that about yourself, Dr. Arora said. “At some point in your career, maybe you thought, ‘I’m probably not the right fit for this job because it’s kind of a man’s job.’”

“That’s what we call stereotype threat,” she said. Stereotype threat is when you start believing the stereotype that women cannot do everything a men can do.

Dr. Arora talked about one study where women and men were asked to take a math test under two conditions. In one condition, the participants were told it was a high stakes exam, and both genders did well. But in the stereotype threat condition, the participants were told they were about to take a test that exposes gender differences in math. Under that condition, women’s performance dropped and men’s performance rose.

Impostor syndrome

Many women do become leaders, but they often face what is called “impostor syndrome,” Dr. Arora said. “Impostor syndrome is experiencing feelings of inadequacy because you do not feel skilled to do
your job. This is known to affect women way more than it affects men.”

For example, “I go to grand rounds every Tuesday at noon to hear the latest speaker and I often look to see who asks questions at the end,” she said. “Occasionally I have a question. But I have to formulate it in my head and think did the speaker actually address that already? Because I don’t want to ask a question and they say it was on slide three, but by that time somebody has already raised their hand and asks the same question that I was thinking.”

“So what was I thinking?” she asked. “I had impostor syndrome. I was thinking that what I know is a microcosm of what everyone else knows, but really it’s that there may be people who know more than me in one field but I know quite a lot about my field … and a way to overcome this is that we just accept this.”

“How do you get rid of stereotype threat and impostor syndrome?” she asked. “A lot of it is about empowering women at early stages in their career and telling them that they can do it … but who is going to do that mid-career?”

And that’s where we need to empower each other, Dr. Arora said. “We need to stop thinking that we live in a man’s world. Because in the frame of you can do everything a man can do, the reference group is the man.”

“The first person that must believe you can do it is yourself,” she said. “And you must believe you can do it and not view being a woman as a hindrance. If we frame context that being a woman is a hindrance, we’re never going to get anywhere.”

To learn more about solutions to gender inequality in medicine, read Dr. Arora’s article, “It Is Time for Equal Pay for Equal Work for Physicians—Paging Dr. Ledbetter,” published in JAMA Internal Medicine earlier this month.