

## Finding hidden leadership figures among women physicians

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When obtaining leadership positions in academic medicine and medical practice, women physicians often face a gender pay gap, are relegated to “hidden” leadership roles and face bias against doctor moms, according to Vineet Arora, MD.



Dr. Arora, a board-certified internist and academic hospitalist, describes common barriers faced by women physicians, identifies strategies that women in medicine can use to advance as leaders and how to apply these techniques in the workplace in a Facebook Live interview and in a webinar entitled “Women of impact: How to position yourself as a physician leader.”

The webinar and Facebook chat are only some of the activities that will mark this September’s Women in Medicine Month, organized by the AMA Women Physicians Section.

Dr. Arora is the assistant dean of scholarship and discovery, and director of GME Clinical Learning Environment and Innovation at the University of Chicago. Through her leadership roles, she bridges educational and hospital leadership to integrate residents and fellows into the quality, safety and value missions of the institution.

“Over half of applicants and matriculates are actually women now,” said Dr. Arora. “We are doing very well with diversifying the entry workforce for our medical students and applicants, as well as our residents. But we see that the pipeline fails, especially as we join up later in leadership.”

## Hidden female leadership

After watching the movie, “Hidden Figures,” Dr. Arora thought about how these women were heroes in their time living in a man’s world and a white world and overcame so much.

“We talk so much about how there are no women leaders, but where are the hidden figures?” she said. “Perhaps there are women who are leading, but they’re just not in these leadership roles.”

“How can we find them and amplify them? Are there women leaders in medicine whose stories go untold because we overlook them?” Dr. Arora asked.

Looking at administrative leadership positions in academia, she states, it’s not that there are no women. More than one-third of women are at the senior associate dean or associate dean level. At the associate vice chair level there are about a quarter.

“There are women leaders there, we just don’t hear about it,” she added.

Dr. Arora also shared that, when looking at faculty in general, women and men are hired at equal rates, but men actually leave at higher rates than women from academia. When completing a literature search, she came across an article by Julie Silver, MD, an associate professor at Harvard and a leader in medicine. It stated that, when Dr. Silver was reading articles for health care leaders, most of the quotes were from men. And when a quote was from a woman, she was part of a team that was led by a man.

“Professional women and underrepresented minorities are frequently shown in photos, but without their names, credentials and comments, making them virtually unrecognizable and unheard, or rather, a hidden figure,” Dr. Arora said.

## Bias against physician moms

A letter to the editor in *Emergency Medicine News* made its way through social media. It stated, “Be a mom, be a wife, be a doctor, but each in its season. Don’t expect to do them all simultaneously with expert ability and no pain. It’s in very few women’s nature, and there’s almost always pain.”

“You can imagine the uproar this led to,” Dr. Arora said. “My reaction was, I can’t believe this is being written in a newsletter in 2017.”

In response, *Emergency Medicine News* stated it was their right to publish the controversial point of view and called it their first amendment right, said Dr. Arora. However, many women continued to express their viewpoints on social media.

“I commend these women for being these hidden figures that come out of the woodwork to challenge and use their voice when they see this type of stuff and call it out,” Dr. Arora said.

“It is very much a world where we will see bias and we need to stand up together in solidarity,” she added.

Maternal discrimination has also been associated with higher self-reported burnout, according to a *JAMA Internal Medicine* study in collaboration with the Physician Moms Facebook group. It found that four out of five of these mom physicians reported discrimination while two-thirds were gender based, and one-third described maternal discrimination.

“What’s worse is those that experience maternal discrimination were much more likely to report their pay was not equal, they were treated unfairly by senior management, treated with disrespect by nursing and other staff, held to a higher standard, as well as not being included in administrative decision making,” said Dr. Arora.

“We need to tackle this problem so that physician moms feel supportive,” she added.

## **Amplify female physician voices**

To become a leader in medicine and to help amplify women physician voices, Dr. Arora recommends two things: internalizing a leadership identity and developing a sense of purpose. Women can accomplish this by defining a legacy, seeking sponsors and coaches, finding a posse, being their own advocate and using their voice.

Women physicians can look to both in-person and virtual communities for sponsorship, coaching and other guidance, as well as finding their posse. In her follow-up Facebook Live interview, Dr. Arora stated that in-person begins at the workplace or through a physician’s professional society, but virtual can be easier. She also shared that a lot of her coaching and advice came from the Physician Moms

Group and the Physician Women for Democratic Principles group on Facebook.

“Social media has made it easier to find a posse,” she said. “This is for 65,000 women in a posse where you can find women just like you.”

And while engaging might take more effort, Dr. Arora recommends taking the pyramid of participation approach with the first level being lurking, which is defined as reading posting in a group or message board without contributing. Women physicians can then take the next step up by seeing if they can connect, joining a webinar or even commenting on somebody’s post.

“I lurked for a while and then I found the rhythm and I found my people,” she said. “Even among a group like the Physician Moms group that has 65,000 women. I found the women that I think have similar jobs to mine or similar issues.”

“There are also women that might not and you can celebrate that diversity,” she added.

Women physicians can also amplify their voice, find their posse and become active through the FemInEM community. It was started to amplify female physician voices in medicine and to highlight that women can lead.

She also recommended that women physicians “skill up” through seminars or workshops that are targeted for leaders. In attending seminars and workshops, Dr. Arora stated that she benefitted a lot from the women of impact training she received.

“It is really important that we step out from hiding and we say, hey, we are here and we’re ready to lead,” said Dr. Arora.

“There’s no better time for women to rise up and lead as doctors,” she added.

## More on this

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