

# Respect: More *than* Money

Women may equal men in numbers in medical school classes, but some female physicians still experience a gender gap—in pay, advancement, and treatment from nurses. The good news: Some females perceive no discrimination at all, and by sheer numbers, women are changing the face of medicine.

BY LORI HERRING

When Leslie Lundt, MD, was getting dressed to go into the operating room as a resident at Johns Hopkins in the mid 1980s, two dressing-room options were available to her: She could enter the doctors' side or the nurses.' She chose to enter the dressing room for doctors. "It's not really my style to make a stink," says Lundt. "But the next day, the signs had been changed." After that, the signs read "men" and "women."

For years now, women have been challenging men's domain in medicine. Although it was 1849 when Elizabeth Blackwell became the first woman to

receive a U.S. medical degree, as late as 2003 only 25.8 percent of practicing physicians were women, up from just 7.6 percent in 1970, according to data from the American Medical Association.

Lundt is now a psychiatrist in private practice in Boise, Idaho, but she grew up on the south side of Chicago, an area she describes as having been "very traditional." Accordingly, she saw her career options being limited to either teacher or nurse. Her third-grade teacher was a bit more far-sighted.

"She said, 'Why don't you want to be a doctor,'" Lundt says. "This was the biggest newsflash to me—that a girl could be a doctor. I had never heard of a female doctor before. I had no idea."

The times, they are a-changin.' According to the American Association of Medical Colleges, slightly more women (18,015) than men (17,712) applied to medical school in 2004; women comprise 49.5 percent of the class admitted for the 2004-2005 academic year. And of the 15,996 individuals who graduated



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in 2004, 45.9 percent were women.

Though the number of women in medicine may be increasing, the gender gap is still wide, more acutely experienced by some than others, but well documented nonetheless. In fact, three studies published in the last five years chart a lack of respect afforded women physicians—by female nurses. In addition, compensation tends to be unevenly skewed toward men and professional advancement (especially in academic medicine) seems halted for women by a glass ceiling.

As with all sweeping generalities, though, there are exceptions to the rule. While gender discrimination may have run rampant 30 years ago, institutional supports as

well as the sheer number of women in the workforce —certainly many more than in previous decades—may be changing the face of medicine today.

#### Unequal treatment

When Annabel Barber, MD, a general surgeon at University Medical

✓ In *UO's* reader survey, 67 percent of doctors reported feeling that women physicians received equal respect. Thirty-one percent indicated they were aware of gender-based pay inequities between male and female physicians.

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Center in Nevada, interviewed for her residency in Alabama in 1984, she was told point blank they had never hired a woman but they might be willing to give her a shot. She declined and instead went to work at Cornell Medical Center in New York.

“I didn’t want to be their experiment,” she says. The chairman at Cornell himself was married to a physician. Barber has worked with him ever since.

Recently, a national company with which Barber has worked in the past approached her regarding a course on hernias they wanted her to teach. She made plans to teach it before representatives from that company told her they’d changed their minds; “Men didn’t

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want to be told how to do operations by women,” Barber says she was informed. “I thought to myself, ‘Repeat that, please. Did you just say that?’” She asked to keep the company’s name private.

Kathryn Stewart, MD, the medical director for care management at Chicago’s Mt. Sinai Hospital, remembers working for a private sector HMO in California where the majority of her colleagues were male. The men would take two-day deep-sea fishing trips—on company time even—which the women physicians were officially eligible to join, but when Stewart organized a monthly dinner for women in medical management, she was told to “cease and desist” because the men in the office were uncomfortable with the women meeting without them.

Their experiences don’t seem uncommon. Many women physicians have stories regarding gender-based discrimination at work. Additionally, many also seem to

feel they must work harder than their male counterparts to prove themselves.

Some also may feel they have to work harder to be paid the same salary as men. A study published in the June 2000 *Journal of General Internal Medicine* details the results of the Physician Work Life Study, a nationally representative random stratified sample of 5,704 doctors in primary and specialty non-surgical care. The survey contains 150 questions assessing career satisfaction and other aspects of work life.

Among the study’s findings: Mean income for women is approximately \$22,000 less than that of men. Incidentally, women are 1.6 times more likely to suffer burnout than men.

A more notorious example of gender inequality in medicine arises in terms of academic rank.

#### Woman doctor as professor?

The field of academic medicine may seem particularly unjust to women physicians. In the August 2004 *Annals of Internal Medicine*, an article titled “Compensation and Advancement of Women in Academic Medicine: Is There Equity?” finds that “female medical school faculty have not advanced to senior academic ranks and positions in proportion to their numbers in academic medicine.” The report states that among the 1,814 faculty respondents (of both sexes, from 25 randomly selected schools across the country), 66 percent of men but only 47 percent of women with 15 to 19 years of seniority were full professors. (Logistic models accounted for many other professional achievements, including total publications, hours worked per week, department type, etc.) As academic rank increased, the number of women represented declined.

In fact, certain specialties—such as emergency medicine and orthopaedic surgery—actually reported a decline between 1995 and 2000 in the percentage of full professors who are women.

Another study, commissioned in 2000 by the dean of the College of Medicine at the University of Arizona called “Generating Respect for All in a Climate of Academic Excellence” (GRACE), shows large differences in perception of treatment of male and female physicians. The data showed that 28 women faculty were under-compensated. They subsequently were given raises.

## Specializing Women

According to the American Medical Association, women physicians are specializing much more now than they ever have before. In 1970, only seven specialties had more than 1,000 women physicians. By 2002, 20 specialties had 1,000 or more women physicians.

### Specialties with the Most Women

Ranked by number of women in 2003

	1970	1980	1990	2000	2003
Internal Medicine	2,383	8,130	19,171	37,073	43,841
Pediatrics	3,816*	8,189	15,675	30,322	35,143
GP/ FP	2,486**	4,677	10,602	22,739	27,135
Ob/Gyn	1,337	3,243	7,551*	14,124	16,267
Psychiatry	2,459	4,361	8,170	11,648	12,645
Anesthesiology	1,516	2,388	4,608	7,335	8,112
Pathology	1,273	2,215	3,716	5,408	5,712
<b>Women physicians in all specialties</b>	<b>25,401</b>	<b>54,284</b>	<b>104,194</b>	<b>195,537</b>	<b>225,042</b>

SOURCE: Physician Characteristics and Distribution in the US, 2005 Edition and prior editions.

\* Exception in ranking.

\*\* Includes only General Practice, data on Family Practice were not available prior to 1995.



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Diane Magrane, MD, believes that these days, the real discrimination that happens in the medical workplace is the result of the system itself. Magrane, who is associate vice president for faculty development and leadership programs at the Association of American Medical Colleges, says that faculty physicians' workloads are enormous and women, who tend to be more committed to their families and communities than men, are finding themselves stretched thinner and thinner.

"Women have a tendency to perform more service, to spend more time with patients, and still in 2005, to have the primary responsibility for the family," Magrane says. "And when you drop that into this system, set up in the 1800s, it creates an en-

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vironment that's disrespectful."

She goes on to clarify that it's not men who are 'disrespectful' toward women. It's a system that "favors men's accomplishments more than women's, particularly if men have someone else who's taking responsibility for the family." But, she says, men are starting to take more responsibility for their families. "Society is changing."

Additionally, the system for advancement in academic medicine is changing.

"The system that relied on individual negotiation with your boss for increases in salary is giving way to a system that is much more transparent in terms of the resources and salary everyone is given," Magrane says. Also, the system of how faculty advances in rank is changing. For example, some schools are increasing the length of time that everyone—men and women—has to complete the requisite amount of research and publications to achieve tenure.

“The good news is that the discrimination from the ‘50s, ‘60s, and ‘70s is no longer a part of people’s value systems and our culture,” Magrane says, pointing out that she believes we’ve gotten rid of overt discriminatory behavior and language, such as the phrase that women are taking men’s places in medicine. “What we’re left with, though, is the system in which we work, which is inherently discriminatory.”

**R-E-S-P-E-C-T**

While some may believe the discriminatory practices of individuals in medicine have ceased, studies have shown that female doctors often have a hard time gaining respect, not necessarily from their physician peers but from female nurses.

According to a Norwegian study published in the journal *Social Science and Medicine* in 2001 (“The Doctor-Nurse Relationship: How Easy is it To Be a Female Doctor Cooperating With a Female Nurse?”), female doctors are often afforded less respect and confidence from nurses and given less help than their male colleagues. Indeed, the physicians surveyed saw the nurses as trying to cut them ‘down to size.’ According to the study, the female doctors perceived that the female nurses were targeting women physicians because they saw them as more of an equal match.

Additionally, a Canadian study published in the February 2003 *International Journal for Equity in Health* looked at the same relationship, this time from the nurses’ point of view. It found that nurses were more willing to serve and defer to male physicians. The nurses approached female physicians on a

more egalitarian basis and were more comfortable communicating with them, yet the nurses were also more hostile toward them. The article noted that the “elimination of the power differential of gender” was a cause of this hostility.

Lundt, the psychiatrist, has experienced this lack of respect from female nurses. “Usually you go in and bond with the women in your workplace—but that certainly wasn’t the case,” she says of her residency, although she coped.

“My approach was always to be as professional as possible,” Lundt says. “My attitude was that this is a sisterhood [women in health care]. We have to stick together. We should be friends, we shouldn’t be fighting about this. This is crazy.”

Another study published in 2004 in the journal *Academic Medicine* looked at the attitudes of American female nurses and female residents toward each other. In many ways, it echoed the previous two studies, finding that for female nurses, occupation was secondary to gender, which makes gender the most important link between female nurses and female residents. On the other hand, for female residents, gender was secondary to occupation.

The study also noted dysfunctional communication patterns between the residents and nurses.

“(Female nurses) relate to you as a female first, and they also see you as an equal,” Stewart says. “They expect the men to give them orders.”

But, Stewart says, that attitude of physician as god is part of the problem.

“That’s part of what’s wrong with health care,” she says. “We need to

learn to work collaboratively. A nurse needs to be able to stand up and say, ‘I don’t understand why you’re doing this.’ I’ve had nurses save my behind several times.”

Other physicians have noted that while they weren’t treated inappropriately by female nurses, “the male medical students got much more attention and service,” one doctor says. However, the same physician says she’s also noticed the same thing happening between female physicians and male nurses, noting that the exchange between doctor and nurse can be almost sexual.

**Excellence in medicine**

While many female physicians feel they have something more to prove than their male counterparts—whether they want to advance in pay, rank, or level of respect—others report that although they do work hard, they feel a standard of excellence applies to all doctors, regardless of gender.

When Elsa-Grace Giardina, the director of the Center for Women’s Health and a cardiologist at Columbia Eastside in New York, began medical school in the 1960s, she knew she would be expected to work hard.

“There was probably some skepticism on the part of the guys—‘Is she going to be able to do this?’” she says. She comes from a family of three women, all of them doctors. “But I think that skepticism is for everybody—is that guy going to be able to do this? I think the way you prove to people you can do it is you do it and you do it well, as well as anyone could expect you to do.”

Jill Rutherford, MD, agrees. “I al-

ways knew it was something I was going to do," Rutherford says of her medical career. A radiologist affiliated with St. Vincent's Hospital in Birmingham, Alabama, she graduated in the top 10 from medical school in 1992, was voted best medical student by her peers, and was chief resident.

"Everything I've gotten, I got because I worked hard and earned it," she says. "I don't think I've gotten or not gotten something because I'm a woman. I've never felt like I've been discriminated against."

Marie Fidela Paraiso, MD, an ob/gyn surgeon at the Cleveland Clinic Foundation in Ohio, feels the same.

"I never felt that I was at a disadvantage, being female," Paraiso says. She recalls being "harassed" by a male surgeon in medical school, and another in residency, but she finds that to be due to "their character flaws" rather than "man versus woman."

Paraiso's main gender-related complaint is the fact that her patients expect her to "be the touchy-feely one, the one who's supposed to have time to listen to all their problems and angst" while she maintains the same tight schedule as her male colleagues. She wishes she had more time to spend with her patients, she says, but she wishes that for all physicians, regardless of gender.

"I don't think discrimination exists," says Paraiso, who is Filipino-Spanish and, she says, used to being in the minority. "My mother always said that if others can do it, you can do it better. Discrimination is a state of mind. You really can make the best out of any situation."

Indeed, most female physicians are happy in their jobs.

According to the Women Physicians' Health Study as described in the 2004 *Student JAMA* article, Career Satisfaction in Female Physicians, 84 percent of American female respondents report being "usually," "almost always," or "always" satisfied with their careers. Even with long hours, less work control and a belief that motherhood had slowed their careers, 81 percent of women in academic medicine also report being satisfied with their careers.

Women physicians seem to have developed various coping strategies that help them deal with whatever their problems may be.

"I think what a lot of women do in medicine is develop an area of interest that is unique and makes them a resource," Giardina says. "For example, I do women's health. One of my friends does primary pulmonary hypertension. Another one leads nuclear cardiology. Each has developed a niche so that their value as a resource to the rest of the faculty is enormous."

She also feels that being passionate about her work helps her do her best. "I have always maintained a level of excellence, but I haven't done it consciously," Giardina says. "I happen to love what I do. I never felt anywhere along the line that I was making a sacrifice."

#### Medicine is changing

Regardless of sacrifices they might have made, women have worked as physicians since the late 19th century. However, it wasn't until fairly recently that women have begun to show up in great numbers; indeed, statistics show that every decade since 1970 has seen a 10 percent increase in female med-

ical school applicants.

And women now are choosing, on a more frequent basis, specialties that once had been the domain of men.

"More and more women are going into procedure-oriented lifestyle specialties," Giardina says. "More women are doing endoscopy. More women are working in cardiac cath labs."

Something to consider, too, is that fewer men are choosing medicine these days as well.

"The men have gone to business school and the financial world," Giardina says, noting that there's not only more money in those fields but also that in the increasingly bureaucratic medical world, "people who want to be in control of their lives"—most often, men—are choosing careers which allow them that freedom.

Doubtless, though, the face of medicine is changing.

Andi James, MD, the director of the women's hemostasis and thrombosis clinic and an assistant professor of ob/gyn at Duke University Medical Center, started her medical career as a nurse (and remembers mixers for doctors and nurses), then attended medical school later.

"When I was in nursing school, wanting to go into medical school, probably five percent of the students in med school classes were female," she says. "Now, half of them are."

Including her daughter. Although James never encouraged her daughter, Star Schreier, to follow in her footsteps, Schreier has done just that. James says—not without pride—that her daughter will graduate from medical school in 2006. ■

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