

The Gender Gap

Why are women physicians continually paid less than their male counterparts? And does it really matter to them?

BY BARBARA ALDEN WILSON

For nearly the last 20 years, statistics show that women physicians continue to earn less than their male counterparts and the most current figures are no different, according to the surveys from the American Medical Association and the Medical Group Management Association. Why?

The first explanation that experts point to is a difference in lifestyle. Phyllis Kopriva, the director of Women and Minority Services for the American Medical Association, says women in medicine often are employed as salaried physicians, trading high dollar figures for schedules that allow them to juggle careers with the demands of raising a family. Most male physicians don't design their careers around family time.

"When you get together with other doctors outside of work, the men talk about the money they make, the money they're going to make, and golf. The women talk

about family and their husbands and managing that and a career," says Mary Ruth Hunt, MD, an internist in the occupational health department at Christiana Care in Wilmington, Delaware. Hunt says she is the envy of her female physician friends—not because of her salary, but because of her schedule: three days a week, with limited call and no production pressures, which frees up time and energy for her husband and baby girl, born last May.

Flexible medical careers like Hunt's could explain why, by the year 2010, nearly one third of all physicians will be women, in spite of the likely continuing trend of women earning less than men in the field. The numbers of women entering medicine is up dramatically from 30 years ago, when only 8 percent of practicing physicians and 13 percent of medical students were female, according to the AMA.

Different work styles, different income

Women may also perceive medicine as a career where they can be respected, make a difference, and still not have to be "one of the boys" to do well. After all, traditionally "feminine" traits such as a nurturing personali-



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“The women I know don’t complain about money. They complain mainly about [too much] call and [too many] hours.”

—Mary Ruth Hunt, MD, and internist in the occupational health department at Christiana Care in Wilmington, Delaware, says other women doctors envy her manageable work schedule.

SIX REASONS PHYSICIANS LEAVE A JOB

The following list summarizes, in order, the top reasons physicians give for leaving a practice:

- 1** Lack of professional interaction, support, call coverage, esprit d’corps, or camaraderie
- 2** Spousal, family dissatisfaction
- 3** Economic dissatisfaction
- 4** Management that does not seek or use input
- 5** Facility, equipment, support, or personnel quality issues
- 6** Fear of loss of professional skills thanks to a non-challenging workload or lack of support for continuing medical education

SOURCE: Nelson Tilden, Ph.D., the senior executive director for Medical Search Institute/ Superior Consultant Company, Overland Park, Kansas.

ty and a tactful approach to communication are often very important to patients. It seems, according to recent data, that women physicians are practicing day-to-day medicine differently from their male peers — yet another variable in the salary discrepancy equation.

Emma Arguellis, project manager for the Medical Group Management Association’s latest Physician Compensation and Production Survey, based on data from 1999, explains that although the survey indicates lower compensation for women in all specialties, “You must take into consideration a multitude of factors that affect compensation and production.”

One table in the survey, for example, shows that women physicians charge less than their male peers. Another

table reveals that women physicians see fewer patients during the day compared to men physicians. (See Gender Differences, page 40.)

“This could be because the women spend more time with each patient,” Arguellis says. Hunt agrees.

“Most of the women doctors I know are more likely to spend more time with each patient, and know quite a bit more about them than just their medical condition,” she says. “Of course, there are men physicians out there who are very personable with their patients, and there are women who aren’t very warm and are in and out of the exam room as fast as possible. It’s just not as common.”

Another factor in the earnings difference: women may report their work hours differently from men, according

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Gender Differences in Income and Production

Compiled from the MGMA Physician Compensation and Production Survey

Listed by specialty

		Annual Compensation	Gross Charges	Compensation/ Gross Charges Ratio	Ambulatory Encounters
Anesthesiology	male	\$248,709	\$653,384	.367	675
	female	195,991	566,546	.315	538
Dermatology	male	227,192	730,906	.323	5,630
	female	176,622	645,039	.303	4,593
Family Practice (no OB)	male	145,779	382,067	.402	4,626
	female	124,610	315,147	.397	3,811
Internal Medicine (general)	male	150,856	381,897	.399	3,626
	female	130,000	309,247	.426	3,175
Ob/Gyn	male	234,235	782,896	.323	3,229
	female	198,443	677,624	.313	2,960
Ophthalmology	male	229,094	935,240	.270	5,502
	female	180,719	715,405	.235	3,702
Otorhinolaryngology	male	241,238	995,960	.285	3,593
	female	200,648	890,253	.298	3,203
Pediatrics	male	150,876	412,046	.394	5,069
	female	126,891	354,715	.375	4,317
Psychiatry (general)	male	153,345	297,124	.516	1,690
	female	146,997	250,412	.569	1,599
Radiology (noninvasive, diagnostic)	male	310,665	1,100,000	.338	11,021
	female	217,409	790,400	.375	11,126
Surgery (general)	male	240,956	934,582	.287	1,554
	female	198,669	795,929	.274	1,419

SOURCE: MGMA Physician Compensation and Production Survey: 2000 Report Based on 1999 Data

Data are compiled from four separate tables in the report to illustrate comparisons. The number of responses for each table differed for each specialty so the comparisons are not for precisely the same physicians or the same number of physicians. However, the ratio of male to female respondents for each question was roughly comparable to other questions for that specialty.

Comparing Income of Male and Female Physicians / By year

	1982	1984	1993	1995	1996	1997
Male	\$85,000	\$96,000	\$170,000	\$170,000	\$177,000	\$175,000
Female	55,000	61,000	110,000	124,000	120,000	120,000
All Physicians	82,000	92,000	157,000	160,000	166,000	164,000

SOURCE: AMA Center for Health Policy Research. Chicago, IL. June 1999. Prepared by Martin L. Gonzalez.

NOTE: The data are not adjusted for differences in specialty, age, employment status, composition of the physician population, as well as other factors that may influence income levels.

to Kopriva. "Women may be less likely to report or bill for calling patients from home to check up on their progress, for example," she says.

Arguellis concedes that more detailed data is necessary before solid conclusions can be drawn from the MGMA survey. "Unfortunately, our data comes from only mailed-in surveys which don't have a section for comments, so we don't know the reasons behind a lot of the numbers," she says. "Women physicians shouldn't get their hackles up yet."

Hunt says that from her experience women hardly have their fists in the air over lagging salaries. They may be unaware of the pay differences among men and women physicians, she says, but even if they know the score, they may not care.

"The women I know don't complain about money," says Hunt. "They complain mainly about [too much] call and [too many] hours."

This sentiment seems to be true for male physicians as well. One 1999 study, based on research by the Medical Search Institute/Superior Consultant Company in Overland Park, Kansas, ranks money as the

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"I'm realizing now that I haven't demanded proper acknowledgment in my career, and I really must. Recognition allows you to move forward in your career—to break into the more exclusive networking circles." — Lynn Helmer, MD, MBA, is the vice president of medical affairs for Shore Memorial Hospital in Somers Point, New Jersey.

third most common reason physicians don't stay at practices. (See sidebar, "Six Reasons Physicians Leave," previous page)

It's not all A-OK

Logically, women in the field acknowledge that choosing to work fewer hours or take a lot of family leave inevitably leads to lower pay — at least temporarily. But being paid less for the same work, with the same professional commitment and experience, doesn't sit well with them.

Lynn Helmer, MD, MBA, the vice president of medical affairs for Shore Memorial Hospital in Somers Point, New Jersey, has run up against salary roadblocks relatively late in her career. And she didn't scale back her work to raise her family.

"A lot of us have partners and children, so people assume we don't care about how much money we make, but that's not necessarily



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Strategies for Higher Earnings

If boosting your salary is a top priority, improve your chances of success with these tips:

- ✓ **Pinpoint why you want more money and why you deserve it, says Ev S. Nucci, the CEO of Nucci Consulting Group in Philadelphia. Base these statements on facts about your experience and accomplishments and then bring them up during your negotiations.**
- ✓ **Don't be afraid to tell the "little white lie" if asked what you presently earn — embellish your current salary, including the worth of your benefits as if they are cash. "Women say, 'I can't do that!' but you must, if you want to level the playing field," says Nucci.**
- ✓ **Do your homework. Find out all you can about a potential employer, including pay scales, office politics, and turnover. If a raise or bonus is "promised" to you, advises Lynn Helmer, MD, MBA, the vice president of medical affairs for Shore Memorial Hospital in Somers Point, New Jersey, get it in writing.**
- ✓ **Earn board certification. "If you are board certified, you can negotiate a higher salary," says Mary Ruth Hunt, MD, an internist in the occupational health department at Christiana Care in Wilmington, Delaware.**
- ✓ **Find a good professional niche that sets you apart. "There aren't that many MDs with MBAs," points out Helmer, who has both degrees herself. "It can be a great asset to have the skills and training that really set you apart."**

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true,” says Helmer, who has been married 23 years, and has three children: one born during medical school, one born during her residency, and one born early in her career in internal medicine. “In the beginning of my career, I didn’t make less than the guys. Then I joined a practice, a father/son partnership, and did even better. After three years I became a full partner. We all were paid based on the same formula for salary and productivity, and one year, I earned more than either of them.”

After nine years in that partnership, Helmer moved on to hospital practice, quickly rising to associate chief of medicine status.

“When I left there [the hospital practice], my pay was probably low as division head salaries go,” she says. “But my salary had gone up 30 percent in four years, and I was happy with that.” Even so, Helmer acknowledges that she learned her negotiating skills late in her career, and they still could use some honing.

“Women are not good at handling conflict or using negotiating skills, and we tend to be more trusting—myself included—so we end up making less than we should,” she laments. “Women don’t ask for career development help from their peers or mentors, while men right off the bat tend to go to the people who can help them advance. I don’t expect people to give me a break because I’m a woman. I realize I need better negotiating skills. I think I could use a career coach now.”

A new frame of mind

Ev S. Nucci, the CEO of Nucci Consulting Group in Philadelphia, a retainer-based executive search firm, couldn’t agree more with Helmer’s assessment of women’s business-related weaknesses. No doubt, women physi-

cians are well-educated and quite capable of taking care of themselves financially, Nucci says. But their salary levels cap out lower than they’d like because of what’s going on inside their heads, and how they’re carrying that out.

As a result, many women retreat from negotiating their compensation at all. Or they find themselves on “the B-team” of the professional playing field, where although they have plenty to offer, they are seldom rewarded publicly. And public kudos not only ease the way into professional networking, but they can add to a physician’s perceived monetary worth. “I’m realizing now that I haven’t demanded proper acknowledgment in my career, and I really must,” says Helmer. “Recognition allows you to move forward in your career—to break into the more exclusive networking circles.”

Nucci, whose first solo business venture was a high-risk obstetrical home health-care business, says that as long as women can get past their hurt feelings and concretely identify why they deserve more money and recognition, they can squelch their doubts and negotiate confidently. Few women professionals, she maintains, come by this strategy naturally. Instead, when they set out to prove themselves and advance their careers, they end up overcompensating.

“When I interface with another female in business and her attitude is arrogant, it is typically because she is insecure,” Nucci says. “Because of the woman’s arrogant attitude, men generally perceive her as one who overcompensates. When you come off as arrogant, you’ve capped out, monetarily. I know, because I was like that! You don’t even know you’re doing it, and you don’t know why. But you need to get knocked down.”

The best way to do this, she says, is to seek out help from men.

Men are not the enemy

Although women in all fields tend to point the finger at men as the culprits of inadequate pay, the responsibility for unequal salaries begins with women, according to Nucci. Rather than viewing men as “the enemy,” she says, women need to embrace the ideas of successful men they know.

“My best advice is to put together a personal ‘board of directors’ made up of five men,” Nucci says, “one of whom is very successful in your industry. Listen to what they have to say. In fact, start by talking to 10 men, and ask each of them, ‘What do you hate about women professionally?’ Take notes. It really helps. I was the woman I hate. I learned how to think like a man. Now, I make more than most men in my field, and I work less. I’ve gotten rid of the ‘I’m a woman’ chip on my shoulder—my overcompensating behavior. I’m comfortable with men in business, and they’re comfortable with me. You reap what you sow.”

Helmer says she finds Nucci’s advice “interesting,” but she’d have to think it over before trying it. She concedes that she has been unable to garner useful support in terms of salary and position from other women. “I tried a women physicians’ support group once, and I just didn’t find it useful,” Helmer recalls.

Nucci, who is working on a book tentatively titled *The Secrets of the Boys Club* (available from her through e-mail: Nuccicon@aol.com), lets out a whoop of laughter when questioned about professional support groups made up of women.

“Those are the worst. The WORST!” she says. “If the objective is to level the playing field as it relates to compensation, promotions, and the like, women should be networking with men. Not women. That is the worst mistake

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women could make.

"I do understand that many a woman physician believes she has had to fight her way through a man's world. What she doesn't understand is that she didn't have to fight her way through. A man could have been her greatest ally, professionally."

Still, Helmer points out, alliances with men at the top of medical administration tend to be hard to come by because of the nature of the field, which still tends to be a boys' club.

"Men [who get the top jobs] tend to be introduced to the staff with much greater fanfare than women," she says. "They're offered professional and social support, taken out to dinners with the important players in the medical community, that kind of thing. Women are less likely to be treated to much of that. It makes a difference in being able to make any real professional progress later."

Of course, not every man in an executive role makes for a great mentor or advocate. It's best to choose men you respect, not necessarily that you like, for your personal "board of directors," Nucci emphasizes. "They can really help women deal with the guys who aren't likable."

Looking beyond the dollar figure

Certainly, women physicians needn't be resigned to earning less than their male counterparts. Those who would like to pump up their income can try some of the strategies used by those who have seen what works. (See sidebar, "Strategies for Higher Earnings," page 41.) But if money isn't your main career concern, there are other points of negotiation that can add value to your overall compensation package.

Hunt, for example, says that although she had no negotiating power over her

salary at Christiana Care, she was able to negotiate in other areas.

"I work for a hospital system. I am a cog in the wheel with a specific pay scale that I can't negotiate, and that's fine," she says. "I was able to negotiate some money for CME and now I am a board certified medical review officer. I negotiated my bonus. I also have the security of always getting my paycheck. If collections are bad one month, I still get paid the same amount, which wouldn't be true in private practice. Once my kids are in school, I might consider a fellowship or working in a traditional office setting, but this is what works well for me now."

Another point of negotiation is vacation time. Hunt, for example, after having been back at work for only five months following a three-month maternity leave, had already amassed nine days of vacation time. "I will never use all of that," she says. "But it's a good deal."

In the end, it seems, that's what satisfaction in a medical career is about: whether the physician feels she is being treated fairly. But, as Hunt points out, "Higher pay certainly wouldn't hurt." ■

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