Women Leaders in Medicine: Institutional Transformation Required

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What we believed...

- That the lack of women leaders in any field would fix itself when the pipeline was full
- That if women just behaved like men, they would succeed at the same rate
- That the workplace was a meritocracy where women’s and men’s accomplishments would be viewed and rewarded equally
What we now know...

• That unconscious gender-based assumptions and stereotypes are deeply embedded in the patterns of thinking of both men and women
• That women and work performed by women consistently receive lower evaluations than men and work performed by men (by both men and women evaluators)
• That such biases produce cumulative disadvantages that impede women’s progress toward leadership
Sexist discrimination still exists – it is just less blatant than in the past when discrimination could be measured in terms of ‘deeds done,’ such as openly verbalized policies of gender exclusion. Now discrimination takes the form of ‘deeds undone’ – collaborations not offered, acknowledgments unvoiced, introductions not made, opportunities withheld. Because these are omissions rather than commissions, they go unnoticed.

What’s Holding You Back?
Linda Austin, MD; 2000
How do we know this?

• 51% of the population; never a woman President
• 35% women medical students since 1985; only 10% of chairs in AMCs are women (AAMC, 2005-6)
• Women on Editorial Boards of major medical journals: JAMA 5/27 (19%); NEJM 2/19 (10%)
• Heads of NIH Institutes & Centers: 6/27 (22%)
• Women’s continued invisibility in clinical research (despite NIH Revitalization Act in 1993)
Women’s continued invisibility in clinical research

- **Wooley and Simon, NEJM 343:1942-1950 2000** – review on managing depression in medical outpatients
  No mention of:
  - greater prevalence in women;
  - postpartum depression;
  - safety of antidepressants during pregnancy or nursing;
  - how to counsel women on rx who want to get pregnant;
  - childhood sexual abuse, domestic violence, or sex and gender-based harassment in the work place as risk factors

- **Wing et al NEJM 348:583-92 2003** –
  ACE vs diuretic for HT in elderly outpatients
  - results in older women ignored;
  - results extrapolated to “the elderly”

- **McFalls et al NEJM 351:2795-804 2004** –
  RCT CABG before elective vascular surgery
  - 98% men
  - results extrapolated to “patients”
Inadequate compliance with NIH guidelines to include women in clinical trials

- NIH Revitalization Act of 1993 – NIH required to include women; other fed agencies followed
- 9 high impact medical journals in 2004
- 46 studies, not sex-specific
  - 70% enrolled ≥ 30% women
  - 40 (87%) did not report outcomes by sex or include sex as a covariate in modeling
  - None acknowledged limits of generalizability (including 7 studies with <20% women)

Geller et al., JWH 15:1123-1131, 2006
“Are you just pissing and moaning, or can you verify what you’re saying with data?”
Review of some of the evidence

WISELI.engr.wisc.edu

click on Library; extensive annotated bibliography
UW Gender Climate Survey:
Foster et al. Acad Medicine, 2001

- 836 Med Sch faculty; 61% response
- Example of climate questions:
  “Are you aware of informal networking which systematically (even if not purposely) excludes faculty members on the basis of gender?”

Yes: 24% women; 6% men (p <.001)
UW Gender Climate Survey
Gender differences in responses (p<.001)

- I feel like a welcome member of the academic community
- I feel my advice is sought
- My career is not taken seriously
- I have observed situations in which women are denigrated based on their gender
- Perceived obstacles to academic success – women 2-3X men
Swedish Postdoc study

• 114 applications for prestigious research postdocs to Swedish MRC (52 women)
• Reviewers’ scores vs standardized metric from publication record = impact points
• Women consistently reviewed lower, especially in “competence”
• Women had to be 2.5x as productive as men to get the same score
• To even the score, women needed equivalent of 3 extra papers in a prestigious journal like Science or Nature

Competence score vs. Total impact points for men and women.
Gender and Behavior

DESCRIPTIVE: How men and women actually behave

PRESCRIPTIVE: Subconscious assumptions about the way men and women in the abstract “ought” to behave:

- **Women**: Nurturing, communal, nice, supportive, helpful, sympathetic
- **Men**: Decisive, inventive, strong, forceful, independent

RELEVANT POINTS:

- **Leaders**: Decisive, inventive, strong, independent
- **Social penalties** for violating prescriptive gender assumptions
Penalties for success: Reactions to women who succeed at male gender-typed tasks

• 48 subjects (20 men)
• Job description; Assist VP; products made suggested male (e.g. engine parts, fuel tanks). Male and female rated in two conditions:
  – Performance clear
  – Performance ambiguous
Achievement-related Characteristics:
- Unambitious - ambitious
- Passive - active
- Indecisive - decisive
- Weak - strong
- Gentle - tough
- Timid - bold
- Unassertive - assertive

Competence Score:
- Competent - incompetent
- Productive - unproductive
- Effective - ineffective

Interpersonal Hostility:
- Abrasive - not abrasive
- Conniving - not conniving
- Manipulative - not manipulative
- Not trustworthy - trustworthy
- Selfish - not selfish
- Pushy - accommodating

Likeability:
- Likeable - not likeable
  - How much do you think you would like to work with this person?
  - Very much - not at all

Comparative Judgment:
- Who is more likeable?
- Who is more competent?
Results

• Performance clear
  – Competence comparable
  – Achievement-related characteristics comparable
  – Women less liked
  – Women more hostile

• Performance ambiguous
  – Likeability and hostility comparable
  – Men more competent
  – Men more achievement-related characteristics
• Study 2 – women only less liked in male gender type jobs
• Study 3 – Likeability and competence independently linked to recommendation for organizational rewards

Only women were deemed unlikeable for being competent at their job!
Subtle gatekeeping bias
Trix and Psenka, Discourse & Soc 14:191 2003

- 312 letters of rec for medical faculty hired at large U.S. medical school
- Letters for women vs men:
  - Shorter
  - 15% vs 6% of minimal assurance
  - 10% vs 5% with gender terms (e.g. “intelligent young lady”; “insightful woman”)
  - 24% vs 12% doubt raisers
  - Stereotypic adjectives: “Compassionate”, “related well…” vs “successful”, “accomplished”
  - 34% vs 23% grindstone adjectives
  - Fewer standout adjectives (“outstanding” “excellent”)
Semantic realms following possessive (e.g. “her training”; “his research”)
Distinctive semantic realms following possessive
Nonverbal responses to leaders

• 168 intro psych students naive; 8 adv students confederates (50% F)
  – Task = rank 9 objects for survival
• Groups of 4; trained, scripted, rehearsed
  – 28 groups (solo leader, non-leader, co-leader)
• Evaluators behind 2-way glass recorded nonverbal affective responses to leaders
• Impressions of people in different roles
Nonverbal responses to leaders

- Women leaders – fewer pleased and more displeased responses for same initiatives
- Competence evals equal
- Assigned gender-stereotyped traits
- Conclusion: deference is still normative for women in mixed-sex task discussions
Gender Differences Among Physician-Scientists in Self-Assessed Abilities to Perform Clinical Research
Bakken et al., Acad Med, 2003

• Women (n=28) entering a program to train clinical investigators scored lower than men (n=29) on 22/35 competencies
  – significantly lower on “spend sufficient time developing and advancing one’s own area of scientific research.”

• Following 3 d workshop, gender difference increased; women lower on 34/35, sign. for 7
Pre-training difference in mean ratings of men and women for each objective on the self-assessment (n=57).
Objective number

Mean difference in ratings (women-men)
Computer simulation of cumulative advantage for men in an organization

• 8 levels: 500 employees at bottom; 10 at top; 50% women
• Eval scores normally distrib; highest scores promoted
• 15% attrition until organization staffed with all new employees
• “Bias” points given to favor men:
  – 5% = 29% women at top; 58% bottom
  – 1% = 35% women at top; 53% at bottom
How trivial bias works against women within organizations
How can we ensure that all the best talent has equal opportunity to become leaders?
What needs to be done?

- Take the focus off “fixing the women”
- Must be framed as institutional issues, bad science, waste of human capital
- Commitment at the highest levels of leadership is essential
- The first step is to get everyone to at least acknowledge that we all have biases and assumptions
Intentional behavioral change required:
Lessons from smoking cessation

Five stages of change identified:

• **Precontemplation:**
  – “Smoking is not a problem and I enjoy it!”

• **Contemplation:**
  – “I am worried that smoking is bad for my health and I want to quit.”

• **Planning:**
  – “I am going to buy a nicotine patch and quit on my birthday.”

• **Action:**
  – “I quit!”

• **Maintenance:**
  – “Whenever I feel like a smoke, I take a walk.”
As applied to diversity in leadership

**Precontemplation**

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<tr>
<th>Individual statements</th>
<th>Institution behaviors</th>
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<td>“We’ve always done it this way, and it seems to work just fine.”</td>
<td>• No forums for dialogue promoted despite visible absence of diverse leaders</td>
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<td>“We can’t afford to lower our standards just to be politically correct.”</td>
<td>• No resources committed to solutions</td>
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<td>• Decision-making committees continue to be established without women or minority members</td>
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### Contemplation

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<td>“If we want to keep the best and brightest in our field, we must figure out a way to keep the women from leaving.”</td>
<td>• Workshops convened to stimulate discussion</td>
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<td>“Diversity is excellence and we want our institution to be a leader in this area of social change.”</td>
<td>• Task force charges with reviewing local data</td>
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### Preparation

| “I am attending a national workshop on diversity” | • A strategic plan for diversity is developed |
| “I am reading Why So Slow? By Valian and Diversifying the Faculty by Turner” | • Institutional resources are committed to the issues (e.g. speakers, conference) |
| | • Workshops developed to train search committees |
### Action

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<td>“I hired my first woman postdoctoral fellow.”</td>
<td>• Women chair hired</td>
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<td>“I called the program chair and complained that there were no women speakers”</td>
<td>• Number of minority faculty reaches targeted goal</td>
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### Maintenance

| “I am always in the recruiting mode for talented women and minority applicants” | • Institutional data is monitored and made public |
| “I am proud of the advances our school has made in the hiring and promotion of women.” | • Leaders interview women and minority faculty who leave or turn down offers |
Goal: Healthy Environment for All

If we can change the cultural norms for a powerfully addicting substance, we can change the cultural norms for leadership.
Challenges

• Institutions exist in the context of broader culture
• As such, gender issues require continued monitoring and active, conscious strategies to maintain gender equity
• Very narrow range of behaviors allowed women in professional settings
Opportunities

• As the first lower status “minority” entering traditionally male professions, women have tremendous opportunity to move ahead as a diversified minority
• Gender equity in our fields can become an accepted area of research
• Re-examine effectiveness of current models of pedagogy for all students
Bottom line

- We need women’s intellectual capital
- We need to change cultural norms of leadership – just as we have for smoking!