Transforming Our Workplace: It's Time

OBJECTIVES

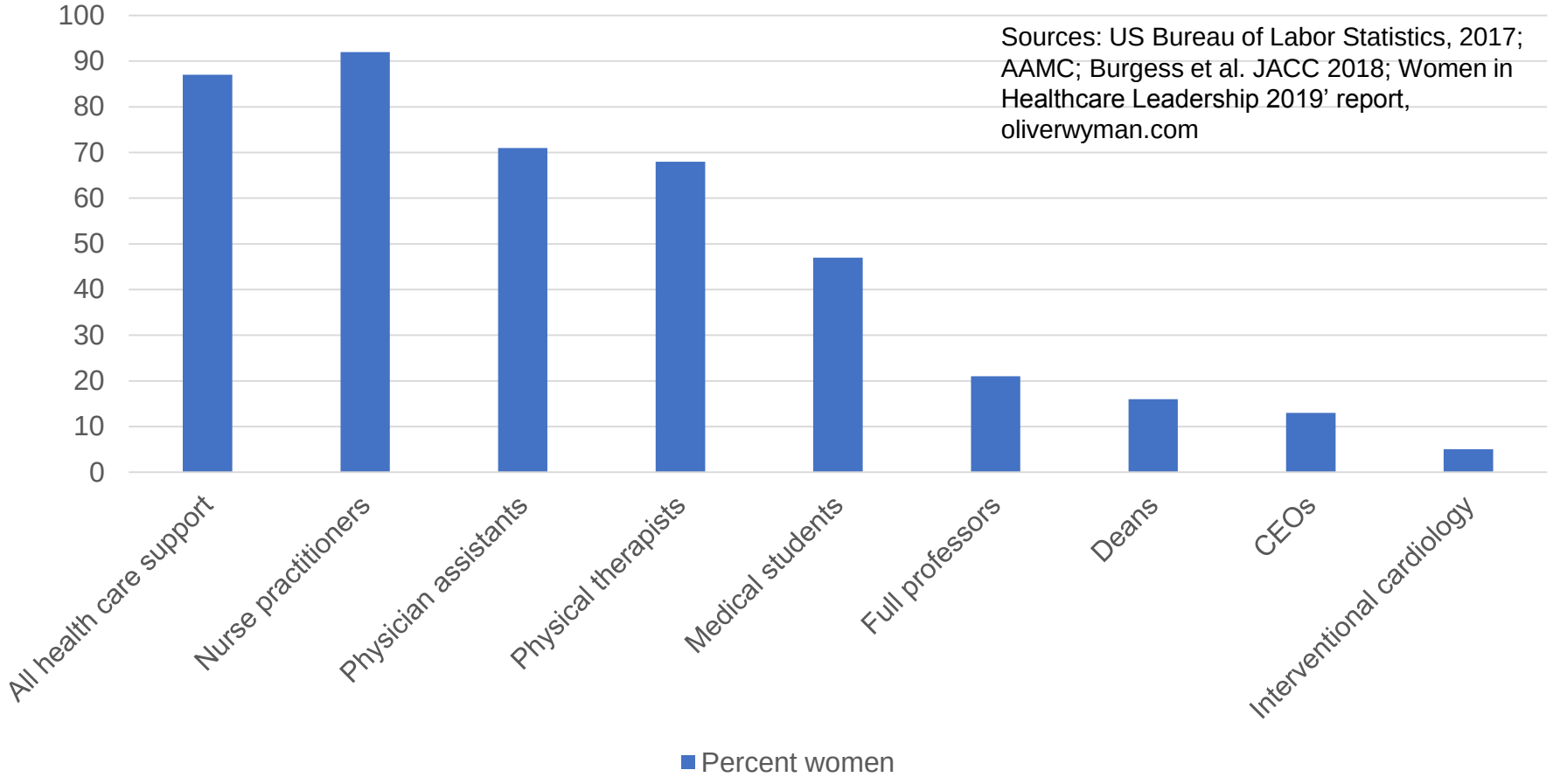
- Describe harassment and gender-based career disparities in healthcare
- Highlight the case for equity and safety
- Discuss (and brainstorm) individual & institutional solutions
- Introduce TIME'S UP Healthcare and discuss synergies with the Mullan Institute for Health Workforce Equity and GW

TIME'S UP HEALTHCARE

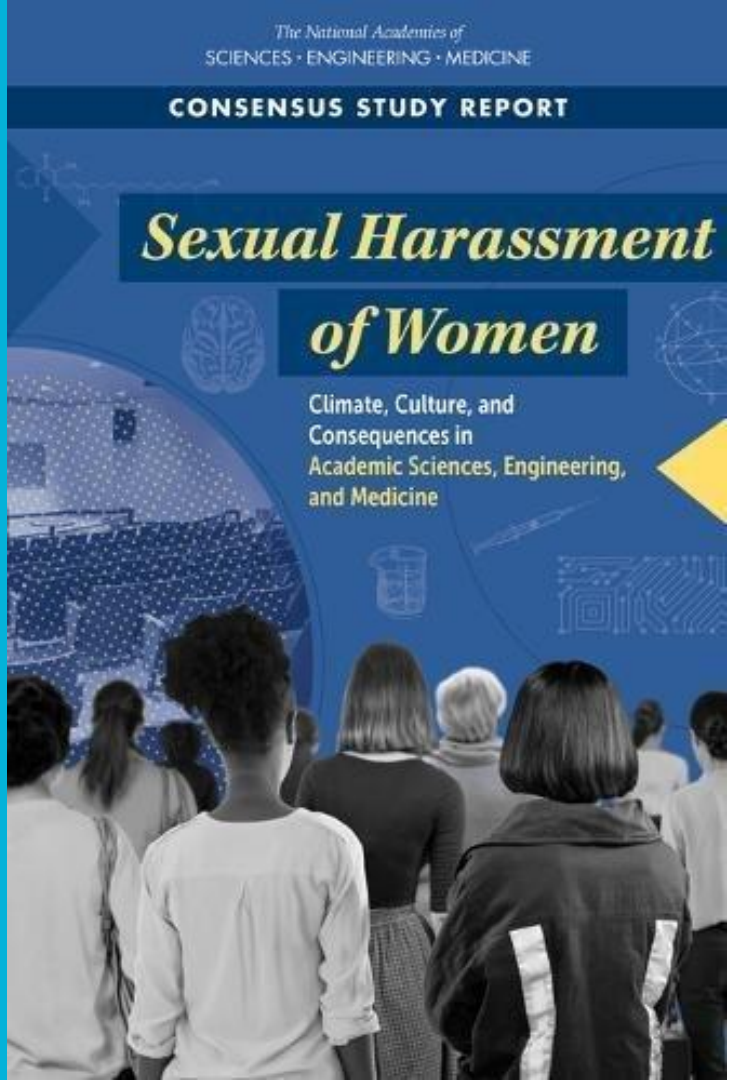
THE PROBLEM

TIME'S UP HEALTHCARE

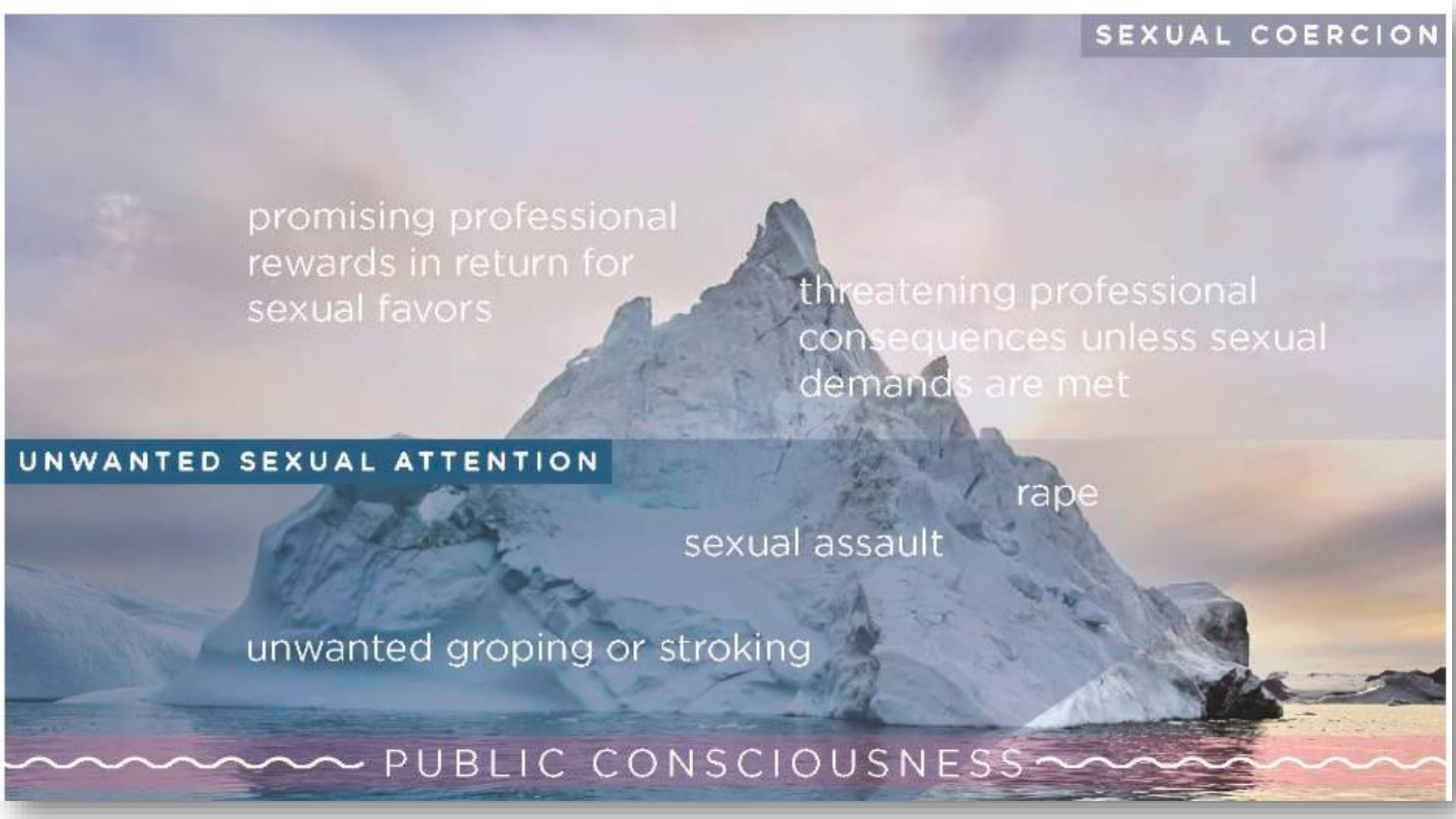
Why focus on women in healthcare?



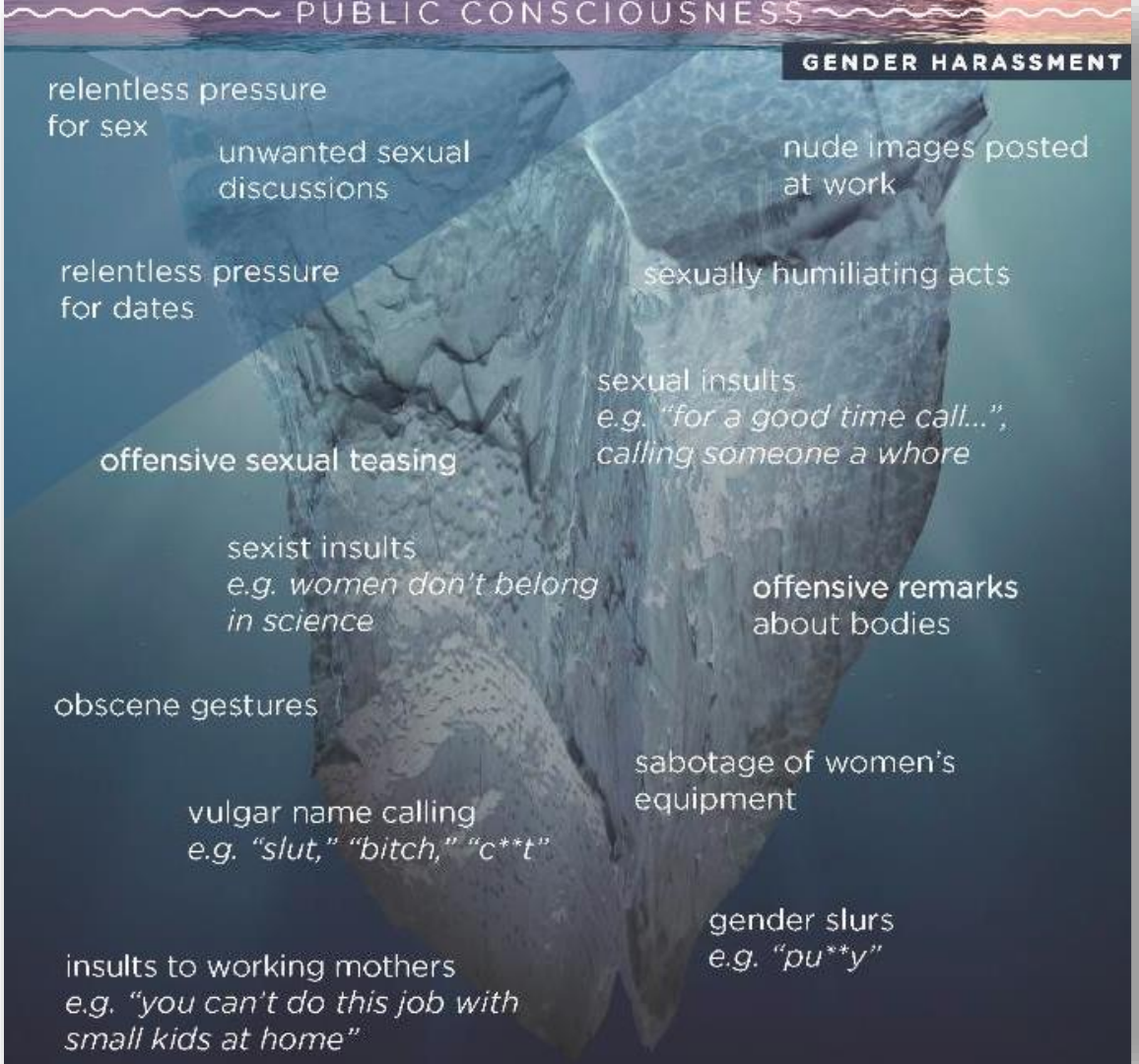
Sources: US Bureau of Labor Statistics, 2017; AAMC; Burgess et al. JACC 2018; Women in Healthcare Leadership 2019' report, oliverwyman.com



TIME'S UP HEALTHCARE


SEXUAL COERCION
promising professional rewards in return for sexual favors
threatening professional consequences unless sexual demands are met
UNWANTED SEXUAL ATTENTION
rape
sexual assault
unwanted groping or stroking
PUBLIC CONSCIOUSNESS

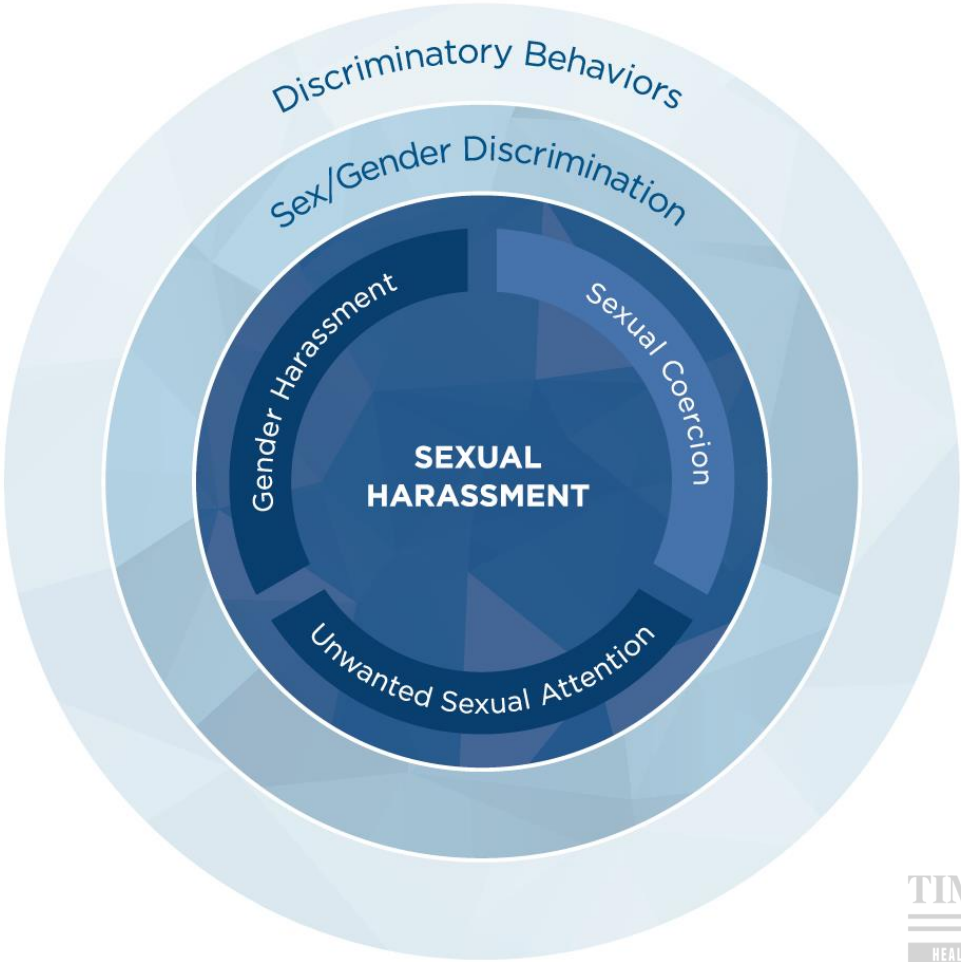
www.nap.edu


PUBLIC CONSCIOUSNESS
GENDER HARASSMENT
relentless pressure for sex
unwanted sexual discussions
nude images posted at work
relentless pressure for dates
sexually humiliating acts
sexual insults
e.g. "for a good time call...", calling someone a whore
offensive sexual teasing
sexist insults
e.g. women don't belong in science
offensive remarks about bodies
obscene gestures
sabotage of women's equipment
vulgar name calling
e.g. "slut," "bitch," "c**t"
gender slurs
e.g. "pu**y"
insults to working mothers
e.g. "you can't do this job with small kids at home"

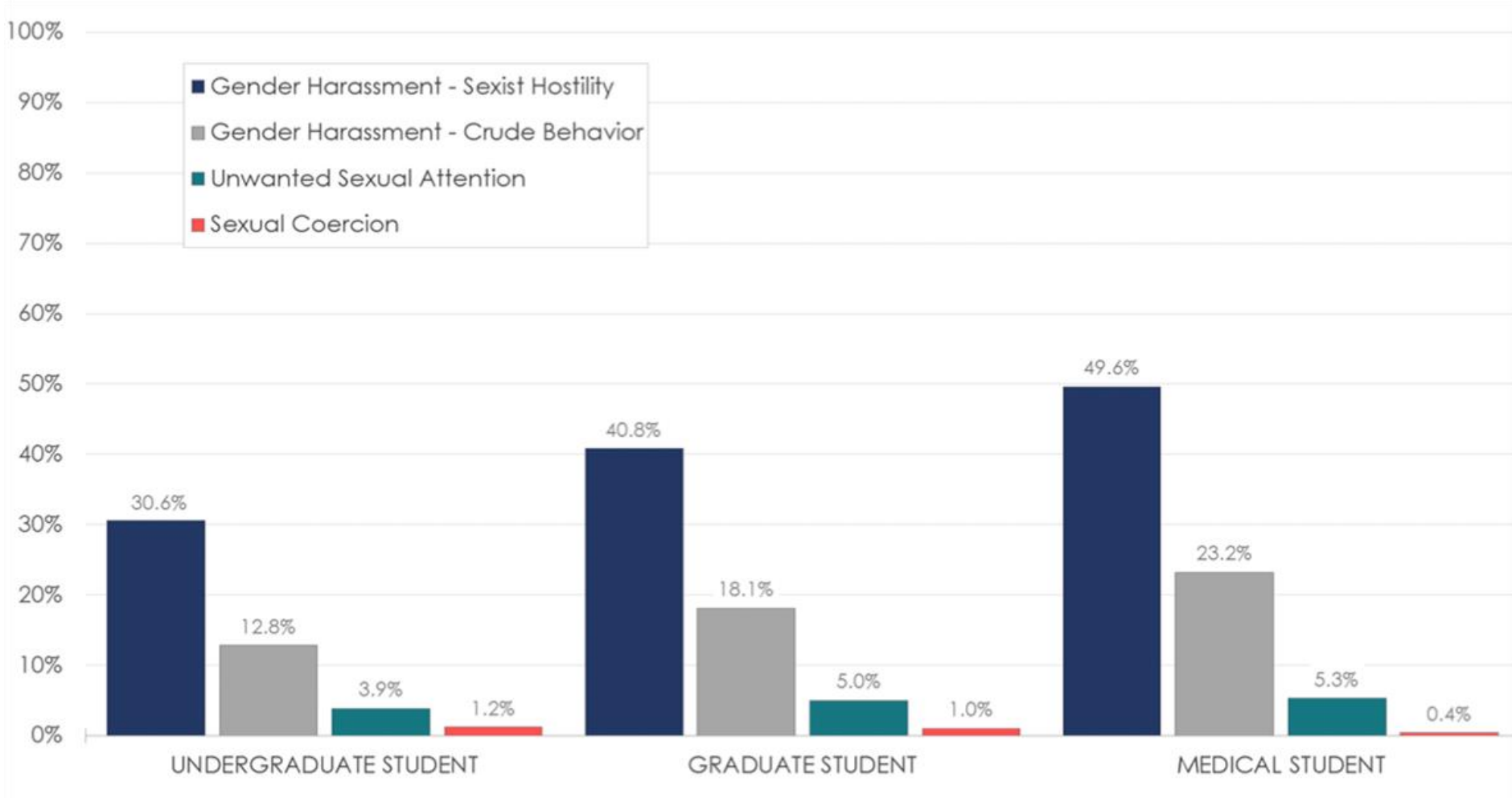
(1) **gender harassment:** verbal and non-verbal behaviors that convey hostility, objectification, exclusion, or second-class status

(2) **unwanted sexual attention:** unwelcome verbal or physical sexual advances, which can include assault

(3) **sexual coercion:** when favorable professional or educational treatment is conditioned on sexual activity



TIME'S UP HEALTHCARE


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Gender Harassment - Sexist Hostility
Gender Harassment - Crude Behavior
Unwanted Sexual Attention
Sexual Coercion
30.6%
12.8%
3.9%
1.2%
40.8%
18.1%
5.0%
1.0%
49.6%
23.2%
5.3%
0.4%
UNDERGRADUATE STUDENT
GRADUATE STUDENT
MEDICAL STUDENT

COUNCIL PERSPECTIVES

Changes in the Professional Lives of Cardiologists Over 2 Decades

Sandra J. Lewis, MD,[a] Laxmi S. Mehta, MD,[b] Pamela S. Douglas, MD,[c] Martha Gulati, MD, MS,[d] Marian C. Limacher, MD,[e] Athena Poppas, MD,[f] Mary Norine Walsh, MD,[g] Anne K. Rzeszut, MA,[h] Claire S. Duvernoy, MD,[i] on behalf of the American College of Cardiology Women in Cardiology Leadership Council

ABSTRACT

The American College of Cardiology third decennial Professional Life Survey was completed by 2,313 cardiologists: 964 women (42%) and 1,349 men (58%). Compared with 10 and 20 years ago, current results reflect a substantially lower response rate (21% vs. 31% and 49%, respectively) and an aging workforce that is less likely to be in private practice. Women continue to be more likely to practice in academic centers, be pediatric cardiologists, and have a noninvasive subspecialty. Men were more likely to indicate that family responsibilities negatively influenced their careers than previously, whereas women remained less likely to marry or have children. Men and women reported similar, high levels of career satisfaction, with women reporting higher satisfaction currently. However, two-thirds of women continue to experience discrimination, nearly 3 times the rate in men. Personal life choices continue to differ substantially for men and women in cardiology, although differences have diminished. (J Am Coll Cardiol 2017;69:452–62)
Published by Elsevier on behalf of the American College of Cardiology Foundation.

Lewis, et al.
JACC 2017

Cardiologists

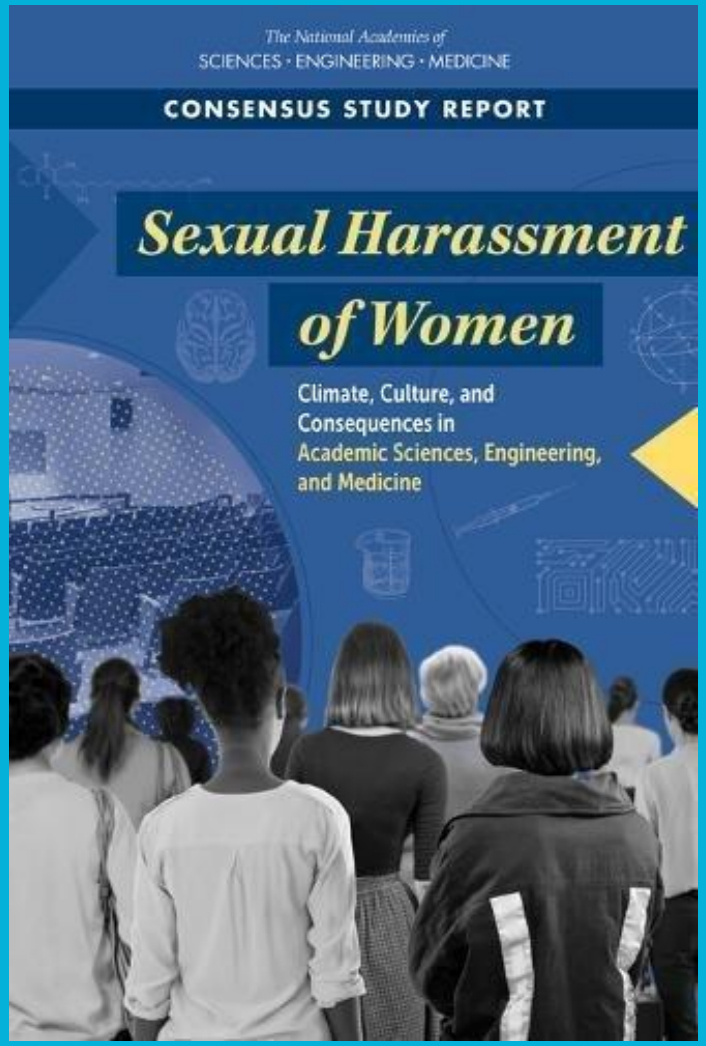
- 65% of women reported discrimination
  - 96% related to gender
  - 37% related to parenting responsibilities
- Women were less likely to be married or have children
  - Those that did were responsible for childcare
  - 57% of men's partners provided all childcare

Lewis, et al. JACC 2017

Clinician-researchers

- 30% of women reported sexual harassment experiences, compared to 4% of men
  - Half reported a negative impact on confidence as a professional and reported these experiences negatively affected career advancement

Jagsi et al. JAMA 2016



REPORT CONCLUSIONS

- Little change over time
- Worst in medicine
- Overlooked, tolerated
- Under and poorly measured
- Stalled on litigation
- Effects compounded by race/ethnicity

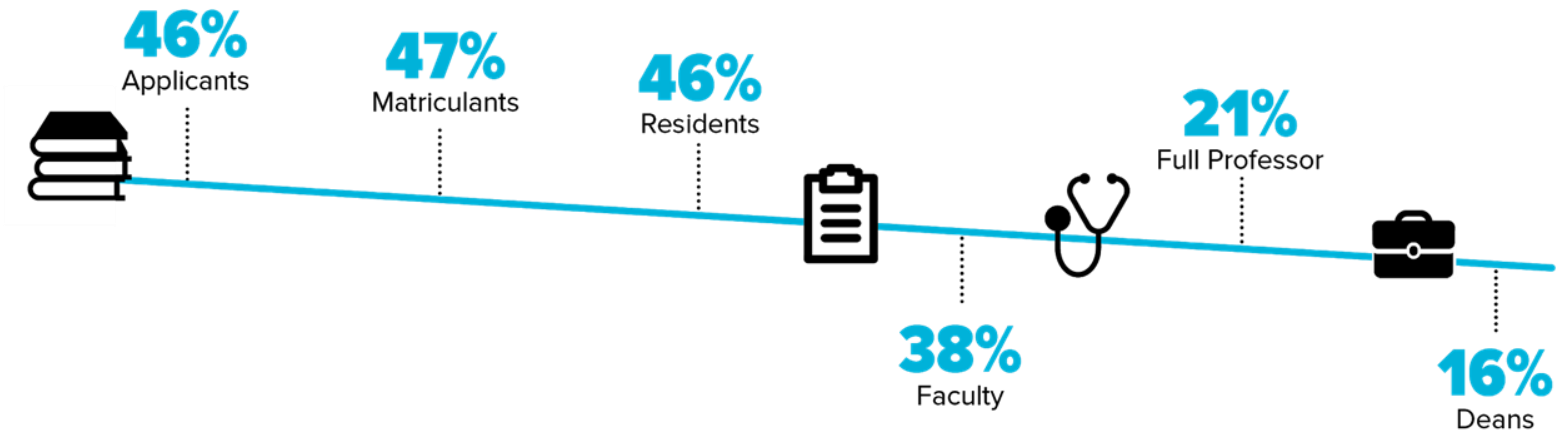
TIME'S UP HEALTHCARE

NOT JUST HARASSMENT

The system that supports harassment is one of inequity

TIME'S UP HEALTHCARE

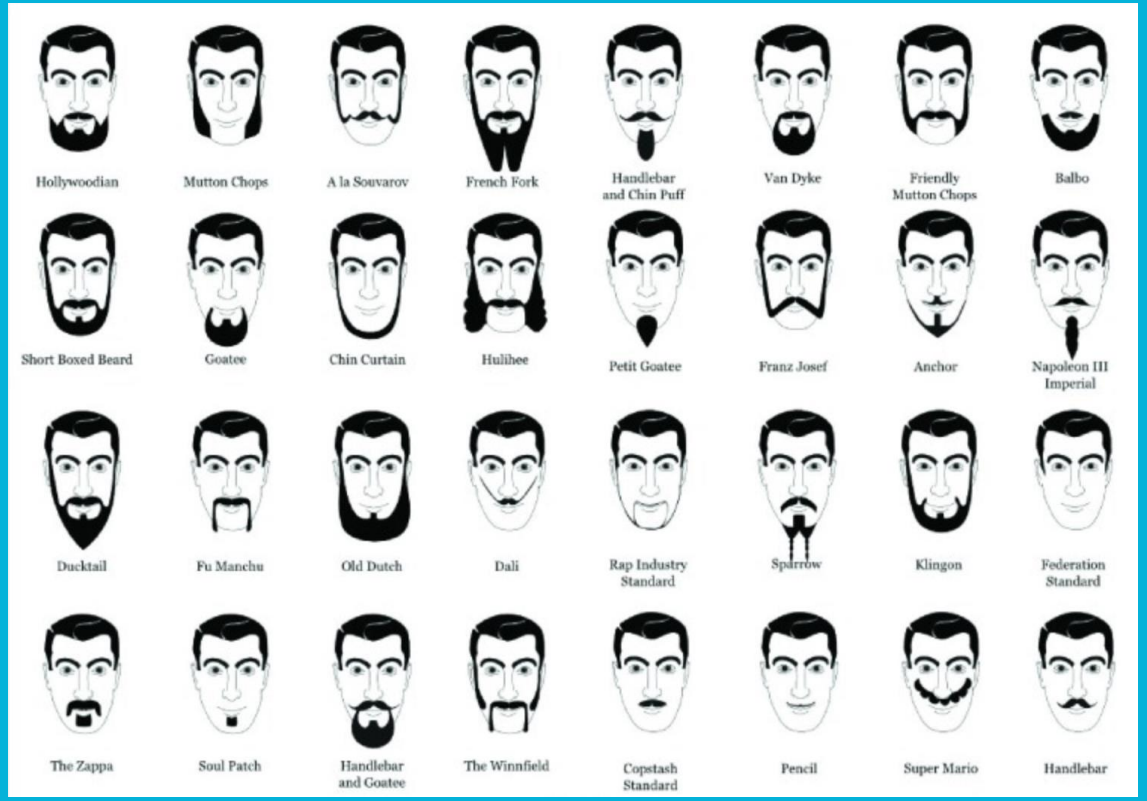
RETENTION & PROMOTION



LEADERSHIP

Plenty of moustaches but not enough women: cross sectional study of medical leaders.

BMJ 2015;351:h6311

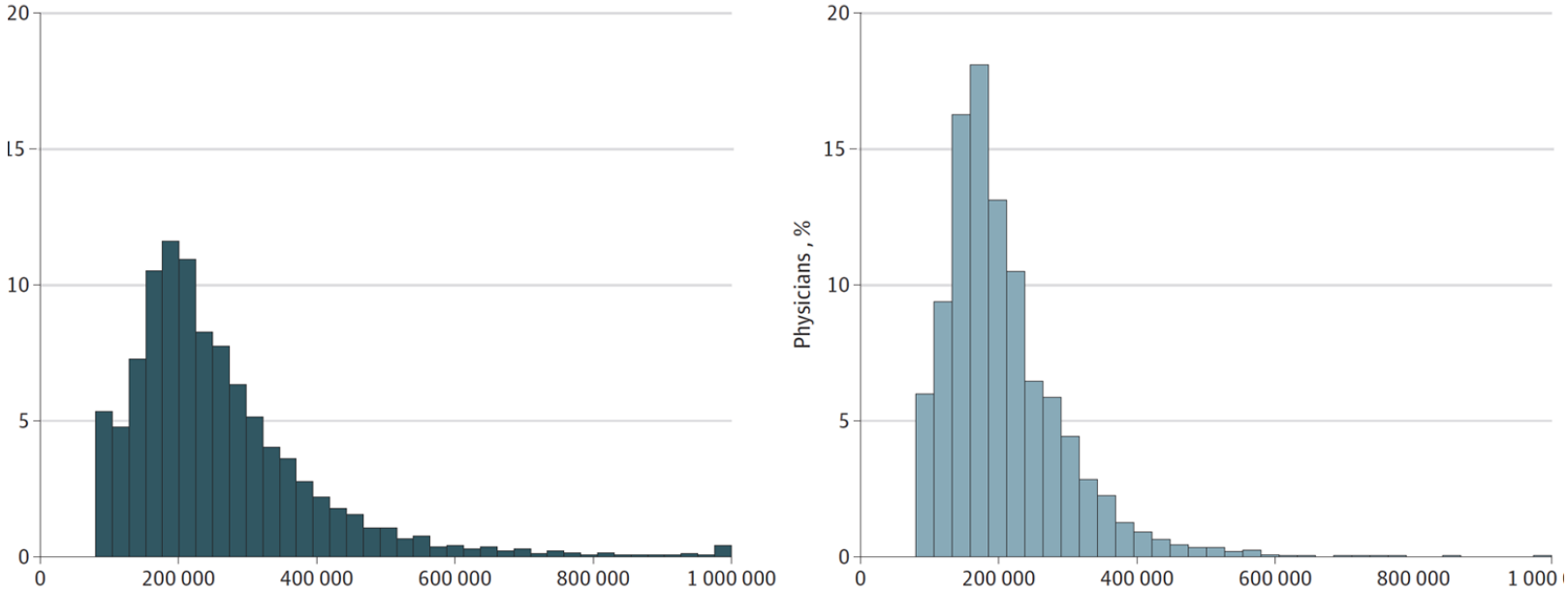


19% mustaches

TIME'S UP HEALTHCARE

COMPENSATION

Sex Differences in Physician Salary in US Public Medical Schools *JAMA Intern Med. 2016; 176(9):1294-1304*



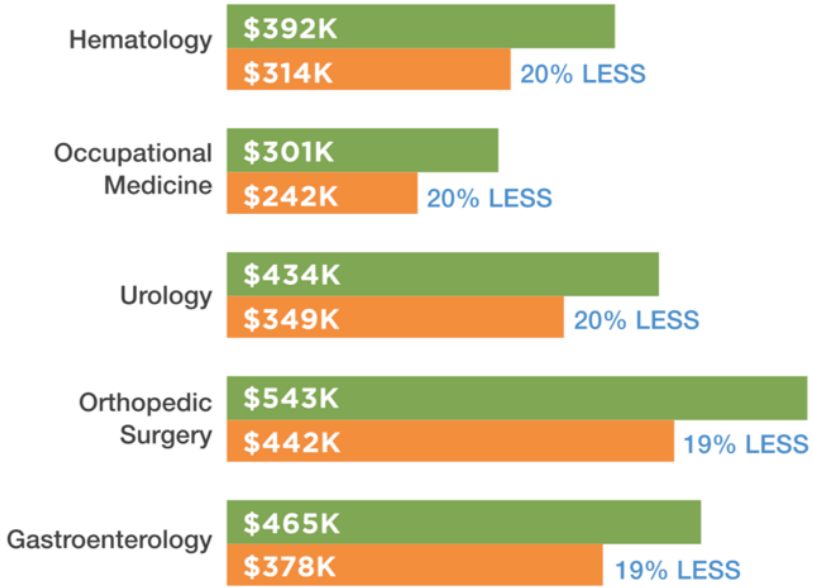
UNEXPLAINED $19,878 DIFFERENCE IN SALARY

TIME'S UP HEALTHCARE

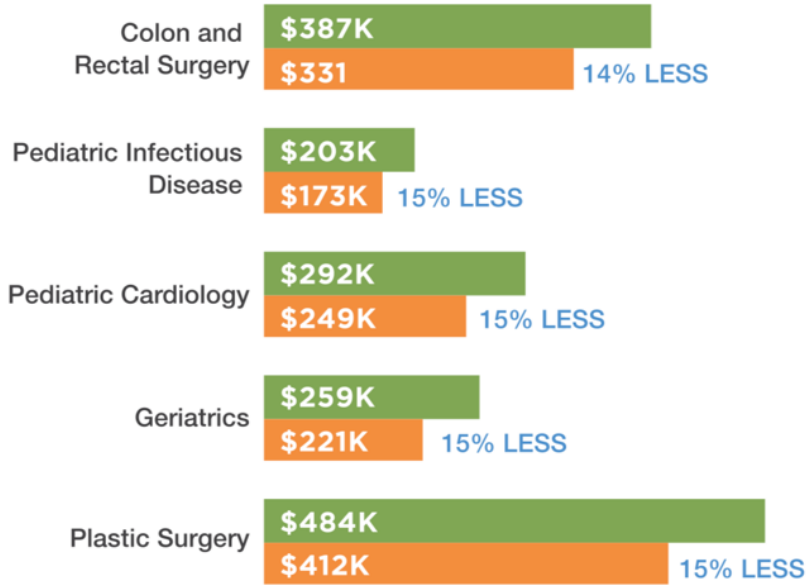
COMPENSATION

doximity

Medical specialties with the **LARGEST** wage gaps between MEN and WOMEN in 2017



Medical specialties with the **SMALLEST** wage gaps between MEN and WOMEN in 2017

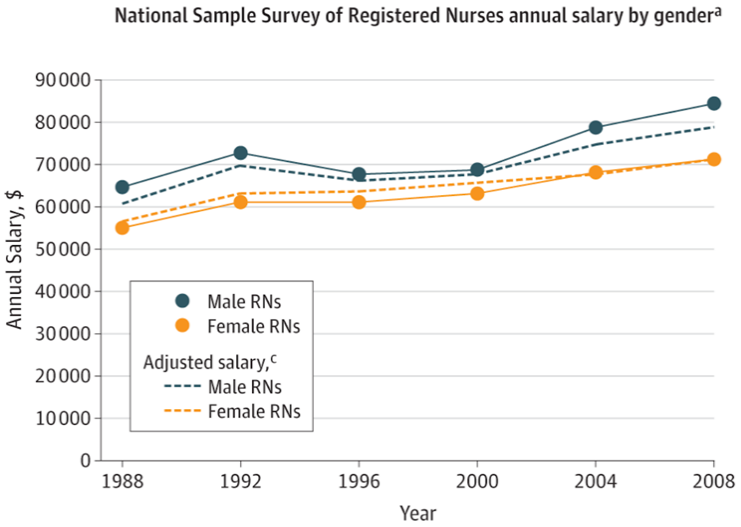


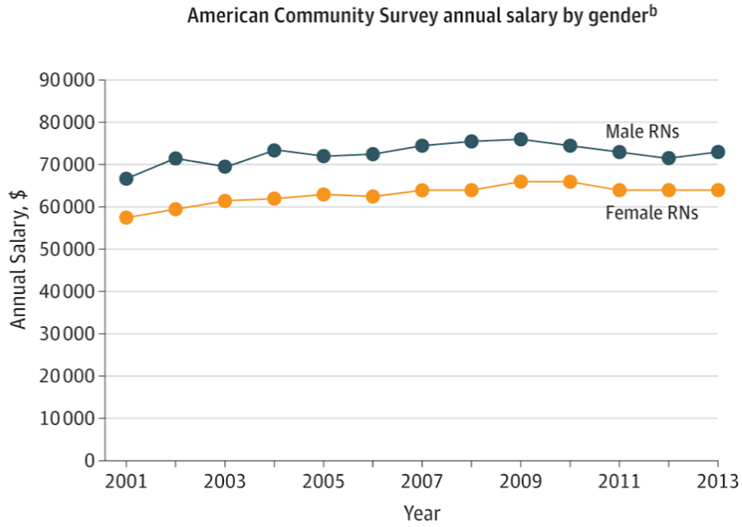
WOMEN EARNED $105K LESS, ON AVERAGE

COMPENSATION

Salary Differences Between Male and Female Registered Nurses in the United States.

JAMA. 2015;313(12):1265-1267.

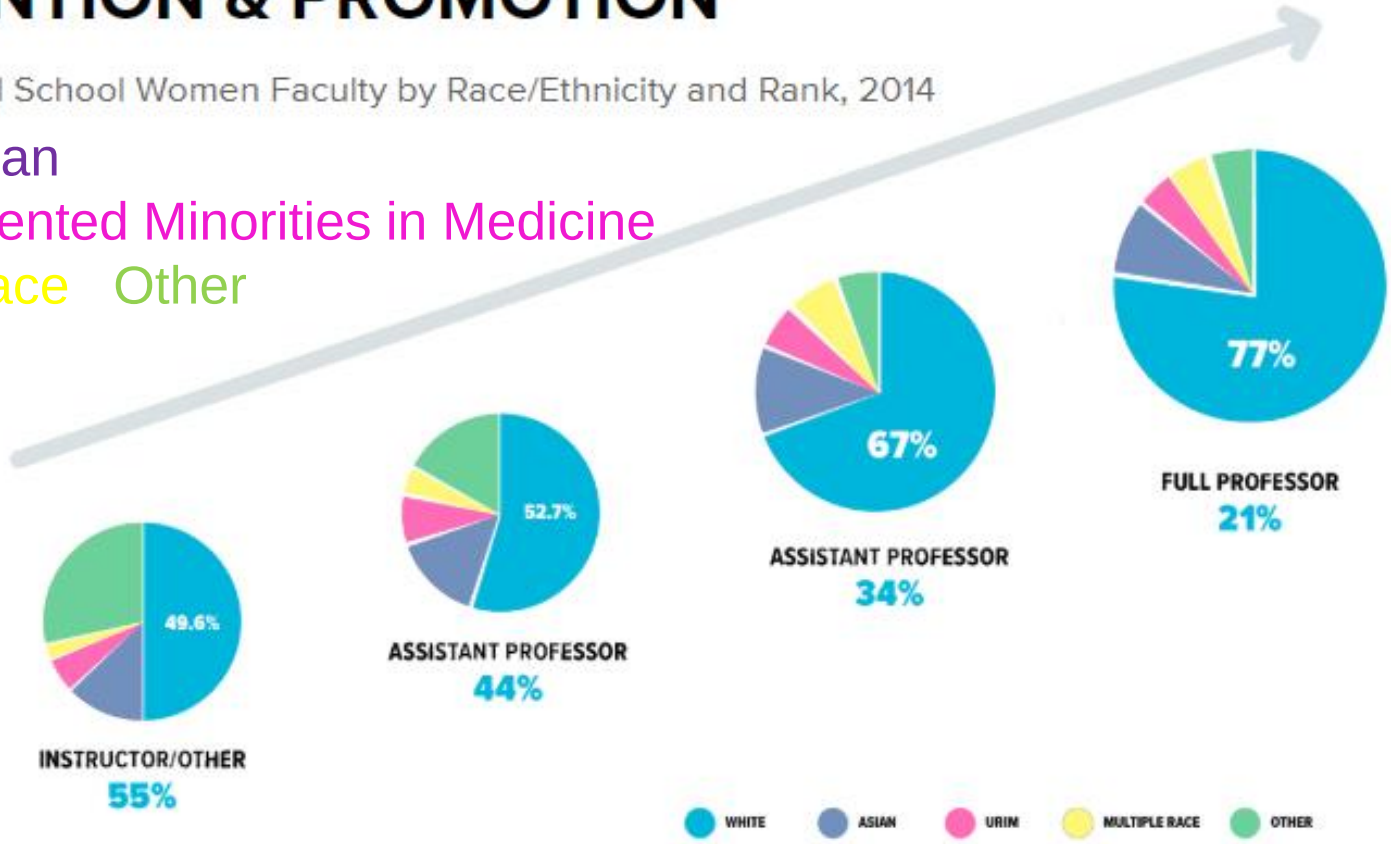




RETENTION & PROMOTION

U.S. Medical School Women Faculty by Race/Ethnicity and Rank, 2014

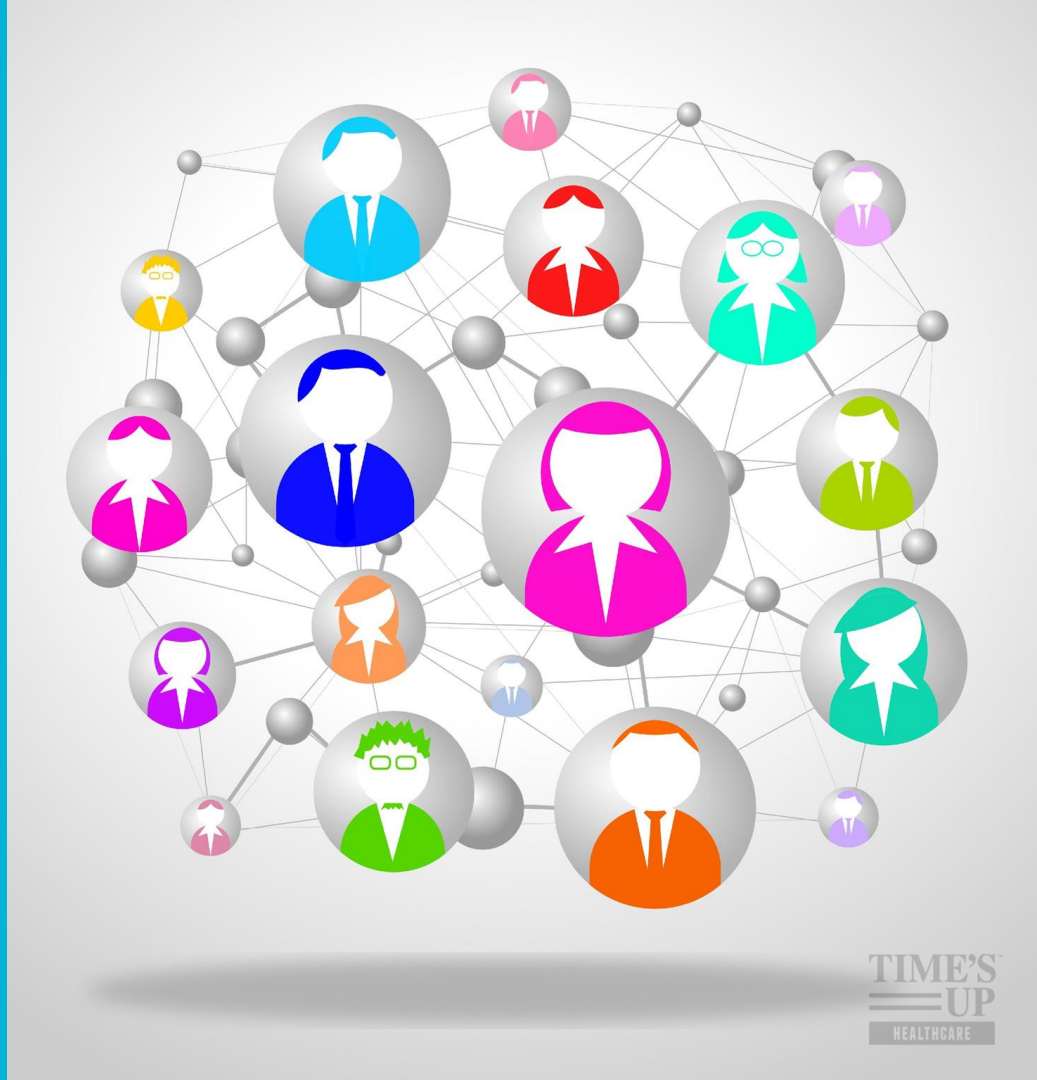
White Asian
Underpresented Minorities in Medicine
Multiple Race Other



TIME'S UP

“

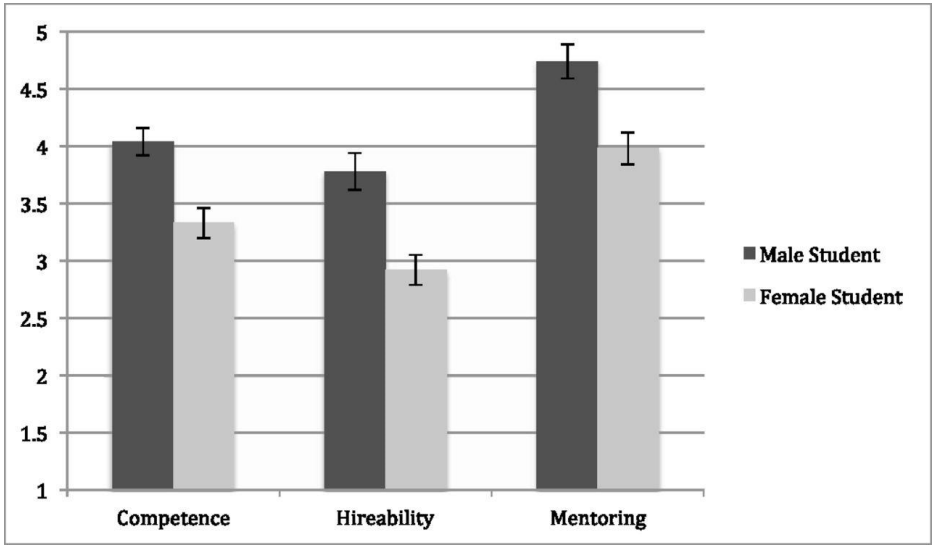
Negative effects of harassment extend to witnesses, workgroups, and entire organizations.

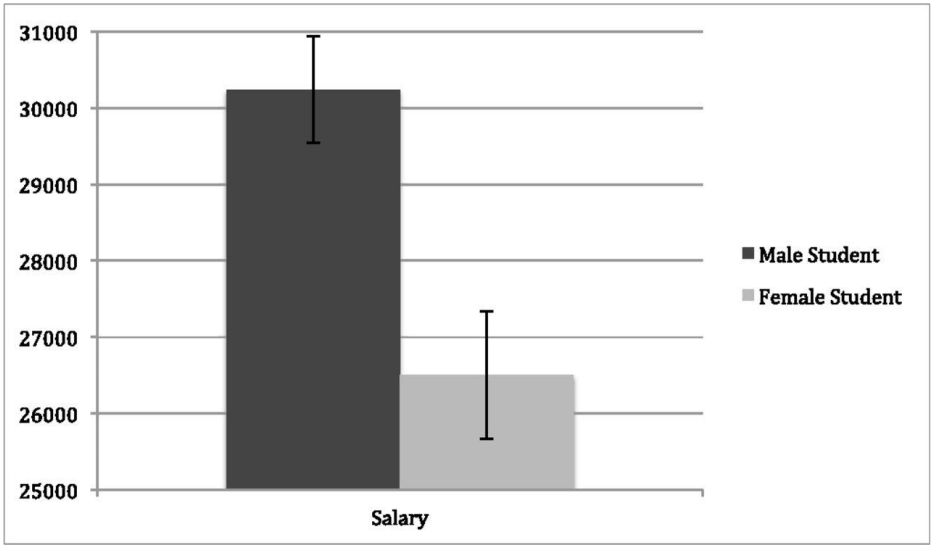


WHY DOES THIS CULTURE PERSIST?

TIME'S UP HEALTHCARE

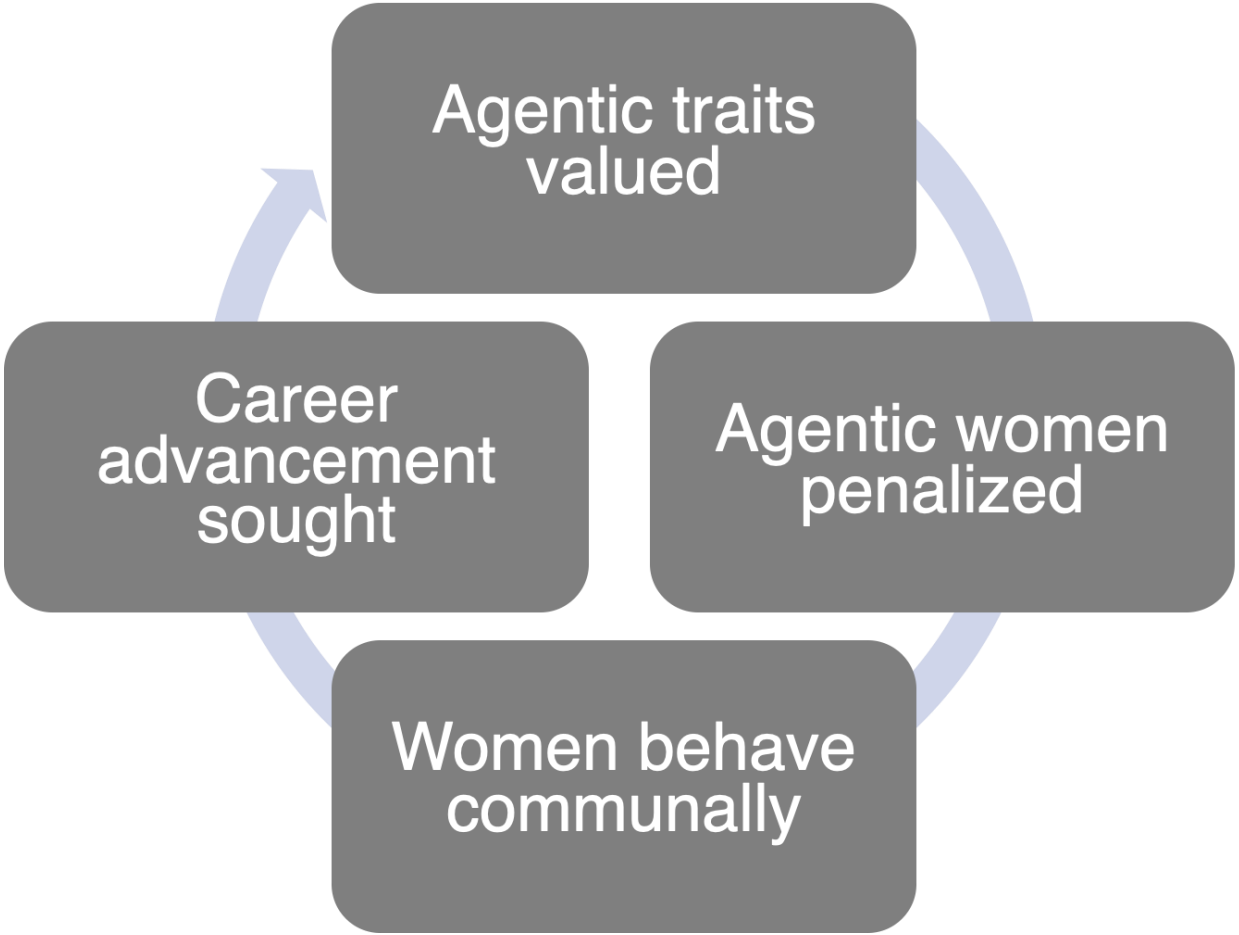
Science faculty's subtle gender biases favor male students



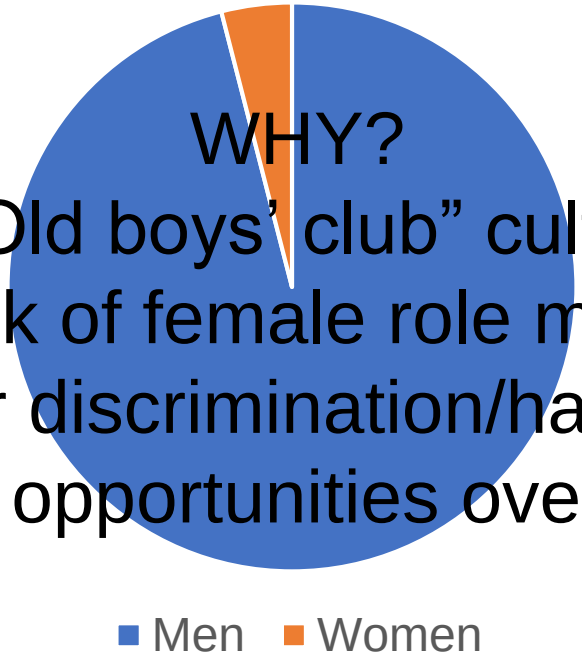


PNAS 2012 109 (41): 16474-16479

TIME'S UP HEALTHCARE


Agentic traits valued
Agentic women penalized
Women behave communally
Career advancement sought

Interventional cardiologists



WHY?

- "Old boys' club" culture
- Lack of female role models
- Gender discrimination/harassment
- Few job opportunities over a lifetime

Wang, et al. 2016 CCI; Yong, et al. 2019 JACC Card Interv

COMPETENCE/LIKEABILTY DILEMMA

HEIDI VS **"HOWARD"**

...she is competent
BUT
I don't want to work for her.
I don't really like her.

...he is competent
AND
... I want to work for him.
.... I really like him.

TIME'S UP HEALTHCARE

JACC: CARDIOVASCULAR INTERVENTIONS
VOL. 12, NO. 3, 2019

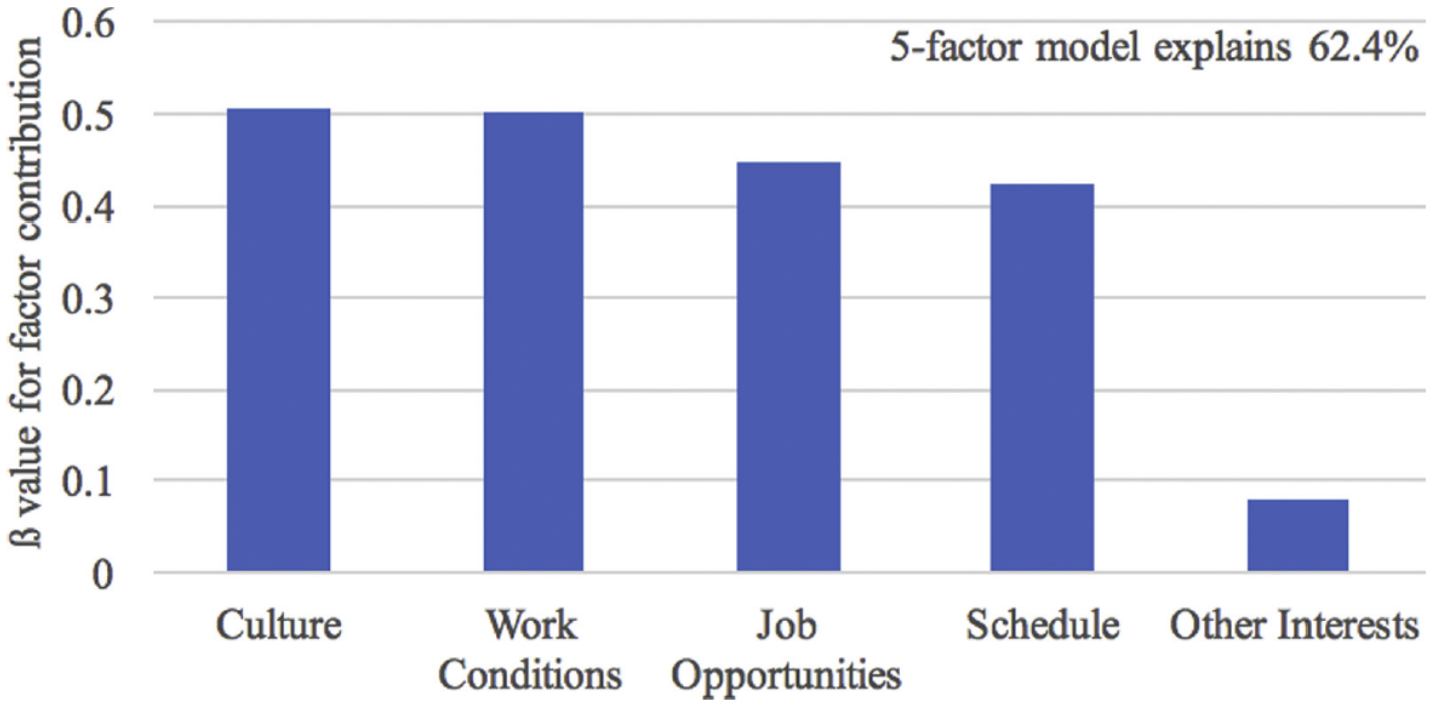
CORONARY

Sex Differences in the Pursuit of Interventional Cardiology as a Subspecialty Among Cardiovascular Fellows-in-Training

Celina M. Yong, MD, MBA, MSc,[a,b] Freddy Abnousi, MD, MBA, MSc,[b,c] Anne K. Rzeszut, MA,[d] Pamela S. Douglas, MD,[e] Robert A. Harrington, MD,[b] Roxana Mehran, MD,[f] Cindy Grines, MD,[g] S. Elissa Altin, MD,[c] Claire S. Duvernoy, MD,[h] for the American College of Cardiology Women in Cardiology Leadership Council (ACC WIC) and the Society for Cardiovascular Angiography and Interventions Women in Innovations (SCAI WIN)

ABSTRACT

FIGURE 3 Barriers to Choosing IC



Five categories of attributes were identified as barriers to selecting an IC career. They are shown here according to beta value for the factor contribution, which means that the factors with the highest beta values contributed more to deselecting IC. This 5-factor model explains 62.4% of variance in the original variables accounted for by the factors. IC = interventional cardiology.

Yong et al JACC: Cardiovasc Interv 2019

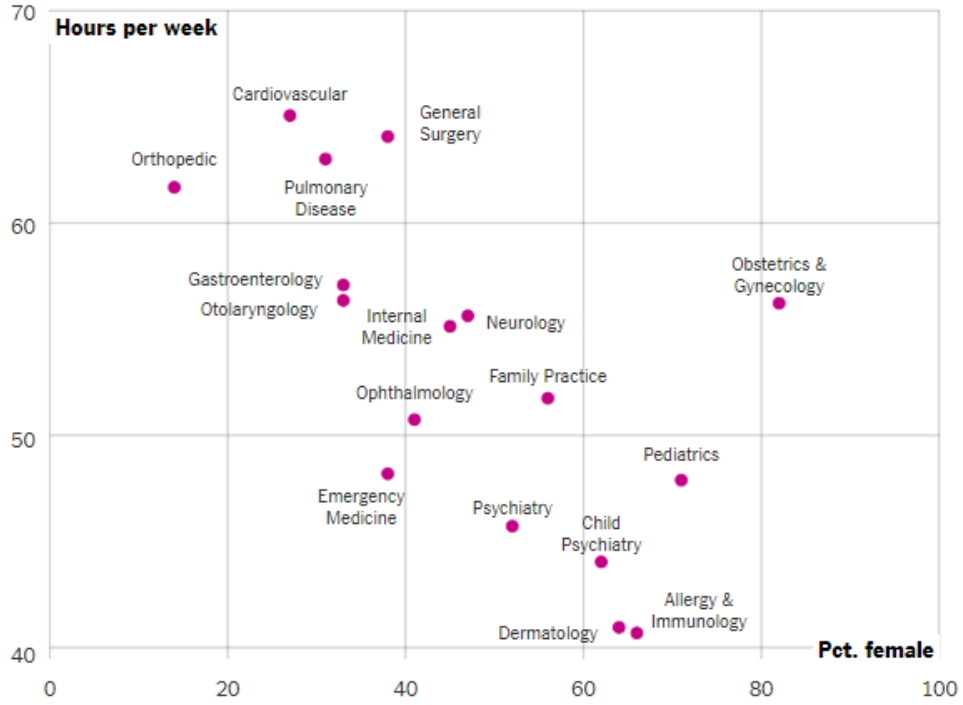
How Medicine Became the Stealth Family-Friendly Profession

Female doctors are more likely than other professionals to have children and keep working. The reasons offer lessons for other jobs.

NY Times Aug 21, 2019
Claire Cain Miller

Female Doctors Choose Specialties With Fewer Hours

For doctors under 45, the specialties with shorter average workweeks attract more women, and those with longer hours have more men.



By The New York Times | Source: Claudia Goldin analysis of Community Tracking Study Physician Survey and American Medical Association data.

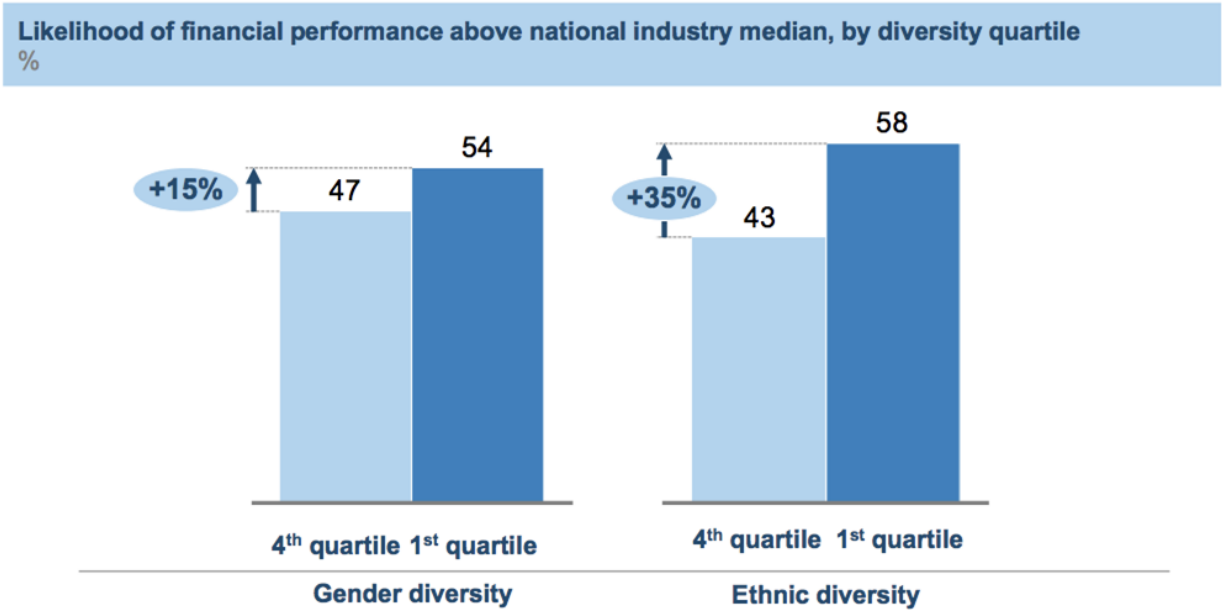
NY Times
Aug 21, 2019
Claire Cain Miller

WHAT DO WE GAIN BY FIXING IT?

TIME'S UP HEALTHCARE

THE BUSINESS CASE

How diversity correlates with better financial performance



McKinsey 2015

THE BUSINESS CASE

Diversity has a positive impact on many key aspects of organisational performance *McKinsey 2015*

Improve decision making

Win the war for talent

Enhance the company's image

Increase employee satisfaction

Strengthen customer satisfaction

TIME'S UP HEALTHCARE

THE CLINICAL CASE

Patients treated by female surgeons had *lower odds of death* 30 days post-op and no difference in length of stay, complications, or readmission rates vs. male surgeons

TIME'S UP HEALTHCARE

Patient–physician gender concordance and increased mortality among female heart attack patients

Brad N. Greenwood[a,1], Seth Carnahan[b], and Laura Huang[c]

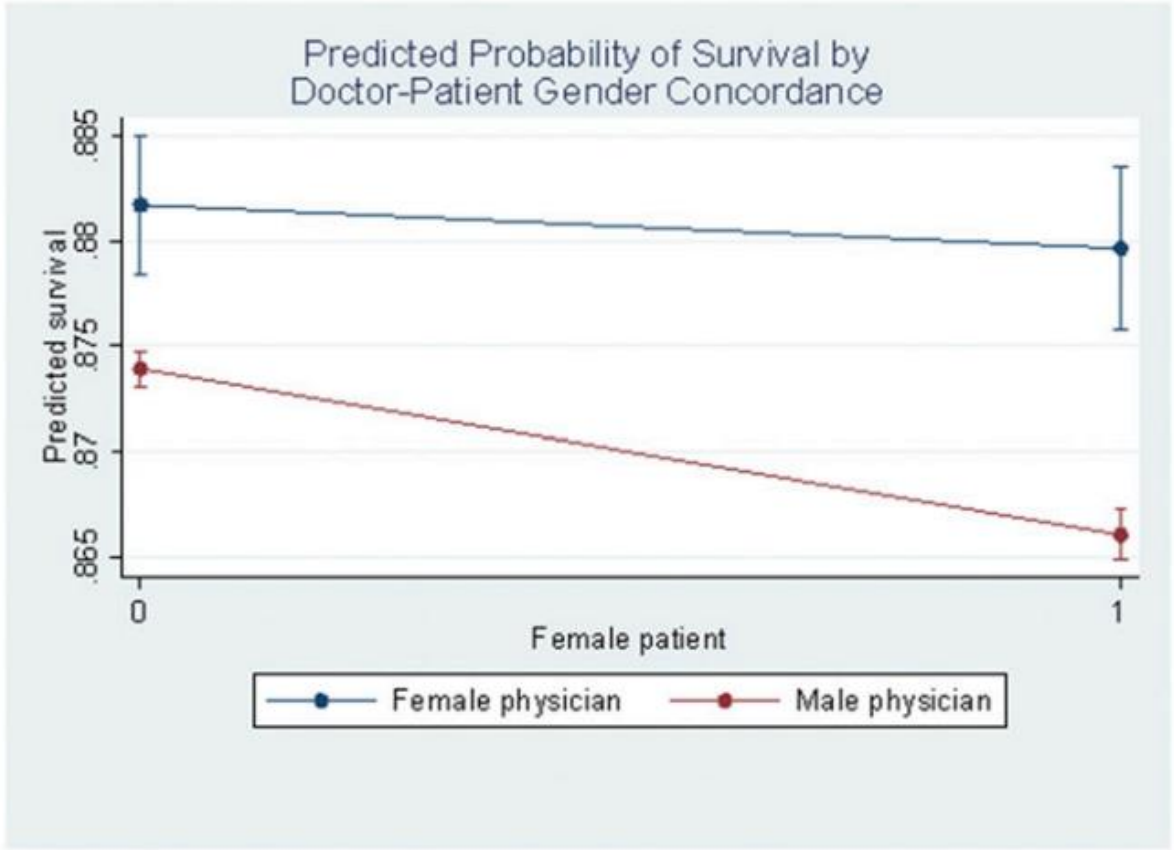
[a]Carlson School of Management, University of Minnesota–Twin Cities, Minneapolis, MN 55455; [b]Olin Business School, Washington University in St. Louis, St. Louis, MO 63130; and [c]Harvard Business School, Harvard University, Boston, MA 02163

Edited by Michael Roach, Cornell University, Ithaca, NY, and accepted by Editorial Board Member Mary C. Waters July 3, 2018 (received for review January 3, 2018)

We examine patient gender disparities in survival rates following acute myocardial infarctions (i.e., heart attacks) based on the gender of the treating physician. Using a census of heart attack patients admitted to Florida hospitals between 1991 and 2010, we find higher mortality among female patients who are treated by male physicians. Male patients and female patients experience similar outcomes when treated by female physicians, suggesting that unique challenges arise when male physicians treat female patients. We further find that male physicians with more exposure to female patients and female physicians have more success treating female patients.

gender disparity | patient–physician gender concordance | patient advocacy | heart attacks | mortality

issues are salient in the medical setting. We posit that these challenges exacerbate the difficulty of diagnosing and treating AMIs, such that physician–patient gender concordance contributes to better patient outcomes. We further argue that the benefits of gender concordance will be strongest for female patients due to the difficulty of diagnosing and treating AMIs in female patients. We find empirical support for these ideas, documenting that gender concordance between the patient and physician influences measurable, substantive outcomes like patient survival and length of stay during an AMI. Furthermore, this relationship is much stronger for female patients. Results suggest that medical providers may need to account for the possible challenges physicians (particularly male physicians) face when treating AMI patients of the opposite gender.



Greenwood et al. PNAS 2018

Fig. 1. Gender concordance and patient survival: results from Table 2, column 3, 90% confidence interval displayed. Estimates include controls and hospital quarter fixed effects. Covariates held at sample means. $n = 581{,}797$.

HOW DO WE FIX THIS?

TIME'S UP HEALTHCARE

INTERNAL DRIVERS

- Visible prioritization from highest leadership
  - *Including repairing the leaky pipeline*
- Accountability to the community and stakeholders
- Targets for change known and progress shared
- “Champions” of change

TIME'S UP HEALTHCARE

The Path Forward: Calling On All Leaders to Be Ethical

Medical schools, hospitals, and healthcare organizations

Medical societies

Medical journals

Funding sources

Calling on leaders in 4 key "gatekeeper" categories to:

- ❏ Make workforce gender equity an ethical imperative
- ❏ Prioritize and properly fund initiatives to close gender equity gaps
- ❏ Avoid critical thinking errors
- ❏ Use a systematic process and specific metrics to evaluate disparities
- ❏ Implement strategic interventions

Be Ethical Campaign, developed by Julie K. Silver, MD, Harvard. Published Sept 17, 2018.

Published in final edited form as:

Womens Health Issues. 2017 ; 27(3): 374–381. doi:10.1016/j.whi.2016.11.003.

Recruitment, Promotion and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities

Phyllis L. Carr, MD[a], **Christine Gunn, PhD**[b], **Anita Raj, PhD**[c], **Samantha Kaplan, MD, MPH**[d], and **Karen M. Freund, MD, MPH**[e]

[a]Massachusetts General Hospital, Women's Health, Yawkey 4B, Boston, MA 02114

[b]Boston University School of Medicine, Department of Medicine, Women's Health Unit, Boston, MA 02118

[c]University of California, San Diego, 10111 North Torrey Pines Rd, MC-0507, La Jolla, California 92093

[d]Boston University School of Medicine, 72 East Concord St., Boston, MA 02118

Carr et al. Womens Health Issues 2017

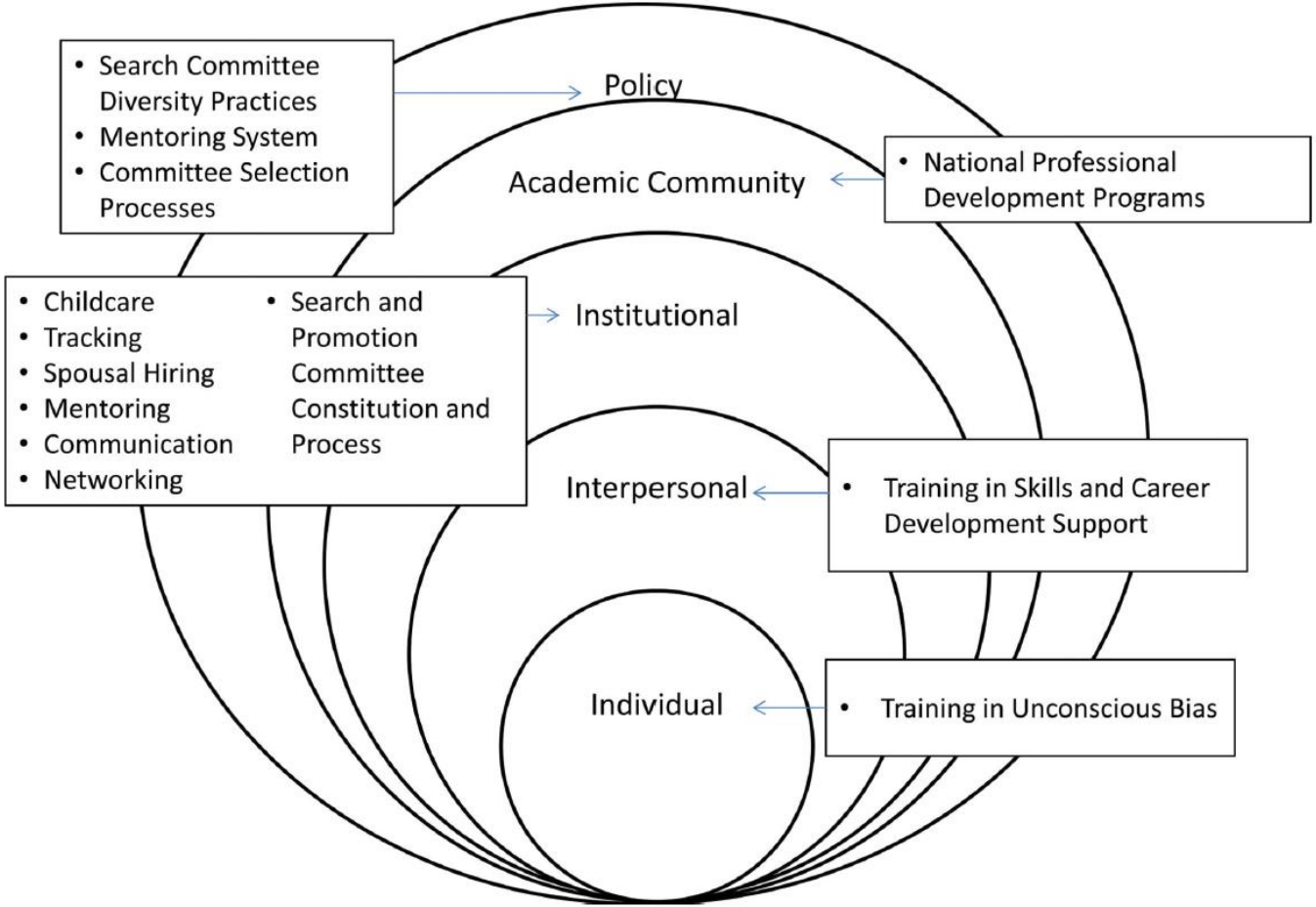


Figure 1.
Programs in Recruitment, Promotion, and Retention by Social Level

Comment

The *Lancet* C… diversity

For **#LancetWomen** see www.thelancet.com/lancet-women

6 months ago, *The* … on women in scienc… (#LancetWomen) that… gender bias impeding… for, women within th… action to create inst… a social justice or a b… equity and diversity … in terms of gender, … produce better health… generate a broader ra…

Advancing women in science, medicine, and global health

Gender equity is not only a matter of justice and rights, it is crucial for producing the best research and providing the best care to patients. If the fields of science, medicine, and global health are to hope to work towards improving human lives, they must be representative of the societies they serve. The fight for gender equity is everyone's responsibility, and this means that feminism, too, is for everybody—for men and women, researchers, clinicians, funders, institutional leaders, and, yes, even for medical journals.

— The Lancet

The February 9, theme issue on advancing women in science, medicine, and global health, contains new international evidence on forms of gender bias in funding; women's attrition in clinical training programmes; the extent to which universities worldwide have actualised their public commitments to gender and ethnic diversity; and the relationship between women's leadership in science and the production of sex/gender-related research.

New analysis and commentary establish the importance of feminist and masculinity theories, and problematise organisational strategies for increasing gender diversity in medicine and science. The importance of intersectionality, learning from the Global South, and the under-recognition of women's experience of harassment and abuse are key themes.

Collectively, the theme issue lays out robust evidence to inform an action plan for institutional leaders to confront gender bias, improve diversity and inclusivity, and drive change. Strategies to redress inequalities are not just women's issues—they require the full participation of everyone in deeper explanations and solutions.

Related content

Theme issue: read the *Lancet*'s Feb 9 issue, o… science, medicine, and…

Journal highlights: vi… organised by theme an… the *Lancet* family of jou…

Launch events: read t… watch the full #LancetW… New York launches.

Profiles of women lea… collection

International advisor… members' biographies

Audio

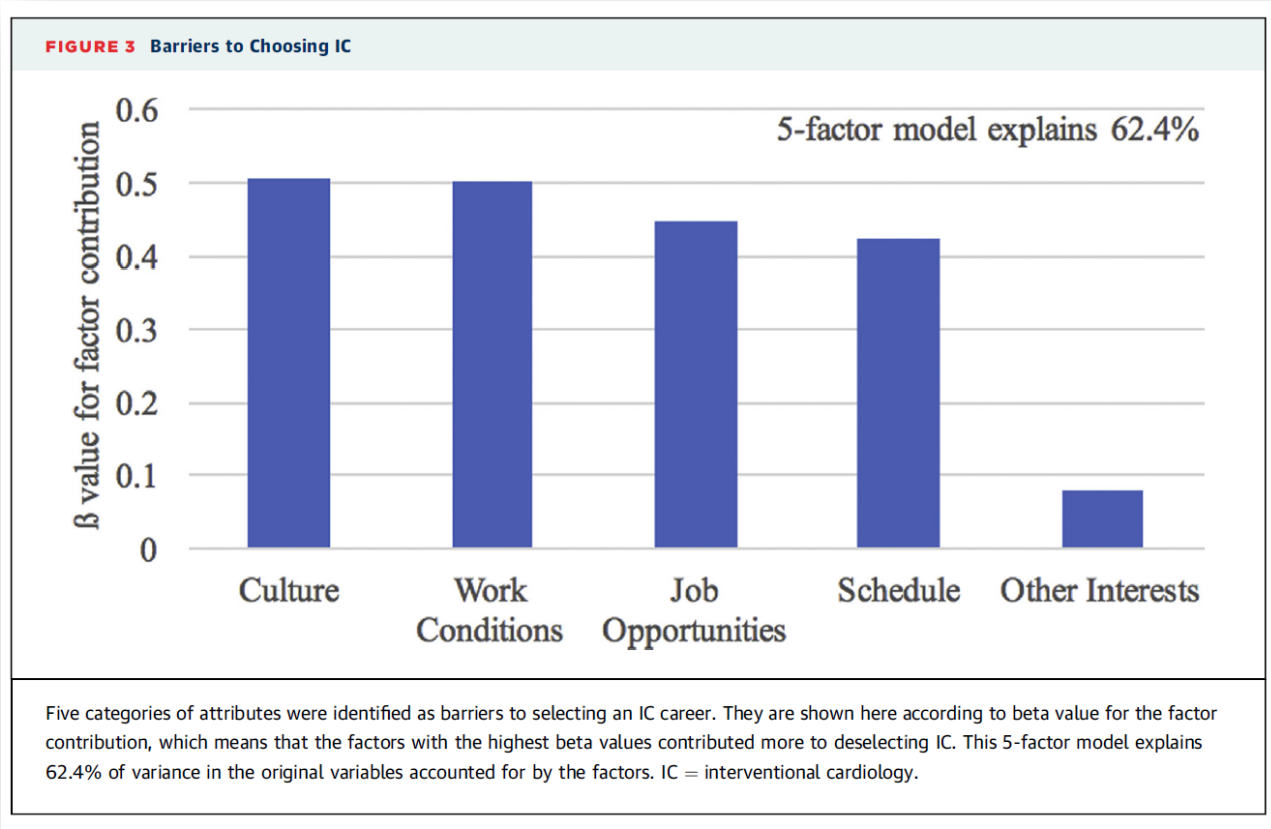
The Editors of The Lancet Group. Lancet Aug 10, 2019.

POLITICS

NIH apologizes for its failure to address sexual harassment in science

By LEV FACHER @levfacher *and* MEGAN THIELKING @meggophone / FEBRUARY 28, 2019

Half of women stated a “lack of opportunity” as the primary barrier to a career in IC.



Capranzano et al.
Eurointerv 2016

Yong et al.
JACC: Cardiovasc Interv 2019

EXTERNAL DRIVERS

- Donors
- Funders of research and educational programs
- Public and patients
- *Academic and professional organizations*
- TIME’S UP Healthcare

TIME'S UP HEALTHCARE

TIME'S UP™ HEALTHCARE

- An initiative of the TIME'S UP Foundation, a 501(c)3 organization
- 50 founding members
- 14 advisors
- Medicine, nursing, research, healthcare administration, non-profit, and service
- Over 40 signatories, and growing…

TIME'S UP™ HEALTHCARE

- Raise awareness and knowledge about inequity and harassment and their effect on healthcare
- Make equity, inclusion, and safety central, visible, and urgent priorities
- Unify efforts across healthcare organizations and disciplines
- Improve standards for institutional responses to inequity and harassment
- Provide support for moving from structures to processes to outcomes
- Support & improve protections for targets of harassment

TIME'S UP HEALTHCARE