

Implicit Bias toward Women in Healthcare

Rebekah Apple, MA, DHSc



Pennsylvania
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Objectives

- Explore implicit and internalized bias
- Discuss professional and clinical outcome consequences of bias
- Consider recommended strategies to change culture

The Is vs Ought Fallacy

What's more familiar to you?

Designations as to what women and men are like

or

Designations as to what women and men should be like

Certain roles seen as “off limits” to women

Standard assumption: competence and achievement is unlikely

This creates a new impediment: even when turning low expectations on their heads, successful women face disapproval and negativity resulting from violating gender biases

Results of a 2018 survey showed that male and female patients expected more listening time and more empathy from female vs. male physicians

The percentage of women in the OR team was directly associated with more cooperative behavior (critical for effective, safety-focused OR team performance), with a substantial drop in cooperation when the number of men on the OR team exceeded 50%

What are the consequences of these expectations for individuals of both genders and their patients?

Internalizing bias

Women's characterizations of themselves largely parallel their characterizations of women in general

Women's self-descriptions differ from men's self-descriptions, and are more communal and less agentic

Are women evaluating their own "fit" with male gender-typed jobs and arriving at negative conclusions?

Ex: "I'm not good at being cutthroat"

- Heilman, 2012

Cardiology fellowship survey

513 fellowship PDs or ADs

193 unique adult cardiology
fellowship training programs

21% response rate

- 31% of fellowship training program directors were uncertain or did not support the statement, “Diversity is the driver of excellence in the health care setting”
- 63% thought their program did not need to be more diverse
- 37% of directors who wanted to increase diversity, only 6% listed this as a top priority when creating fellowship rank lists; less than half had a plan to increase diversity

Autonomy afforded residents

Meaningful autonomy provided to residents, as reported by faculty:

- Male residents: 107 of 292 cases (36.7%)
- Female residents: 56 of 184 cases (30.3%)

Residents agreed with attendings' perception of autonomy in 65% of cases

- Male residents: reported they received meaningful autonomy in 133 of 399 evaluations (33.3%)
- Female residents: reported receiving meaningful autonomy in 38 of 197 evaluations (19.3%)

Consequences

“... the difference in patient mortality observed in studies of male and female physicians is approximately the same magnitude as the improvement in mortality that can be attributed to the last decade of scientific improvement in patient care”

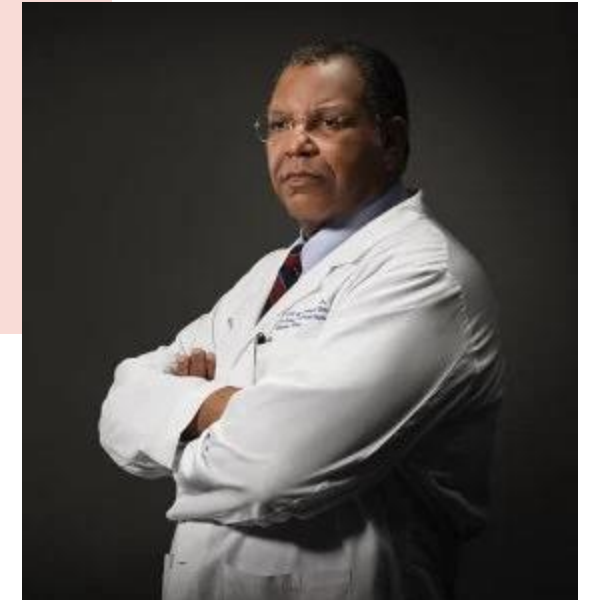
“ ... excluding female physicians in the health care system sets our society back not only in gender equality but also in ... the progress we should be making in medical care”

<https://hbr.org/2018/08/how-discrimination-against-female-doctors-hurts-patients>

Gender is made salient by numerical scarcity

Kanter, R. M. (1977). Men and women of the corporation. New York: Basic Books.

“ ... Now you know that oncology is an ole boys’ club. You are now part of that ole boys’ club, and your job – your payback – is to get as many blacks and women into the club as you can.”



- The response to Otis Webb Brawley, MD, from his professor upon learning he had gotten into the NCI Clinical Oncology Program in 1988

ACP removed
biased language
from descriptions
for national and
Mastership
honors

As a result, women are being recognized more often:

- 2007-08, four out of 80 MACP nominees were women
- 2019-20, women accounted for 27 out of 87 MACP nominees
- Two-thirds of nominated women were selected vs. one-third of the nominated men

<https://www.healio.com/news/primary-care/20201009/we-need-to-fix-the-system-improving-gender-equity-in-medicine>

Sometimes concern about doing the right thing is not really an expression of personal values but rather a concern about doing what is socially desirable and making a good impression.

Health systems are increasingly using diversity and inclusion programs, with mixed results.

HBR: such strategies have largely failed ... and people cannot be motivated by “forcing them to participate in a program and punishing them if they don’t.”

Bias ... cannot be strong-armed away through “diversity training, hiring regulations, and a legalistic grievance system.” imagine how resistant someone might be to taking a class designed to dissuade them of beliefs or values, even if those beliefs and values are repugnant to the majority of those around them.

Instead of mandatory training ...

Efforts to increase the collective powers of action for those who embody tolerance probably make more sense.

Encouragement ... to work toward “common advantage and welfare” is perhaps more likely to create good encounters

“I'd support the creation of something like a report card or an annual review on leaders' efforts to support a culture of inclusivity. The review would ask leaders questions like, "How many women do you have in your division? How were they promoted? How many lectureships were they invited to? How many speaker arrangements did they have? How many editorial boards were they placed on? How many opportunities did they have to be on committees that matter?" This would great a report card for every leader to eliminate lip service and support action.”

- Uzma Shah, MD, associate professor in pediatrics, Harvard Medical School; clinical chief of pediatric gastroenterology and nutrition, Massachusetts General Hospital, director, MGH pediatric hepatobiliary and pancreatic disease center and pediatric liver transplant program

“Discretion elimination”

Diminish the range of freedom in certain decisions by deciding on critical criteria prior to interacting with a person

Ex: job search committee decides criteria for a position before reviewing resumes or interviewing candidates.

Ex: employers deciding on a promotion. "When those decisions are made with discretion, they are likely to result in unintended disparities. But when those decisions are made based on predetermined, objective criteria that are rigorously applied, they are much less likely to produce disparities."



Thank you

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Rebekah Apple, MA. DHSc

412-268-8364

rebekaha@andrew.cmu.edu



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