Gender Issues in GI

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Disclosures

Pentax Research Gift
Gender Disparities in GI MDs

The problem:
• Attrition
• Burnout
• Pay gap

What can be done?
Attrition: Pipeline

Gender in Medicine

- Medical School: 50% Female, 50% Male
- Residency: 46% Female, 54% Male
- Practice: 34% Female, 66% Male
Gastroenterology

- Third Year Int Med Residents
- All Int Med 1st Year Fellows
- GI 1st Year Fellows

25-30%
## Number and Percentage of Active Physicians by Sex and Specialty, 2017

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total Active Physicians</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All Specialties</td>
<td>891,770</td>
<td>577,962</td>
<td>64.8</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>14,728</td>
<td>12,135</td>
<td>82.4</td>
</tr>
</tbody>
</table>

[https://www.aamc.org/data/workforce/reports/492560/1-3-chart.html](https://www.aamc.org/data/workforce/reports/492560/1-3-chart.html)
Attrition: Prospective longitudinal Intern Health Study (3/2007-6/2013)

• 344 physicians across a variety of specialties (>50% women); completed an online survey in August 2016

• Women physicians less likely to work full-time: OR 7.83 (95% CI 3.22-19.04)

• Differences were even greater among women with children compared with men with children: OR 9.15 (95% CI 3.41-24.54)

• A 9.6% gender gap in full-time employment was present in the first year after training - grew to 38.7% by 6 years after training

• Women were more likely than men to mention family as a factor influencing their work status considerations
Family leave policies

- Head of the American Academy of Pediatrics has publicly endorsed a minimum of six months of paid family leave
  - a recommendation based on the child’s medical and developmental needs
- Mean length of paid leave offered at the top U.S. medical schools is only around 8 weeks
- Federal employees: no paid leave
  - FMLA guarantees that Federal employees may take up to 12 weeks of unpaid leave within a year of the birth or adoption of a child
- Insufficient policies and programs to support childrearing, lactation, and caretaking
  - making it difficult for women to juggle work, motherhood, and family.
BURNOUT

- Too many bureaucratic tasks
- Too much government/insurance interference
  - Too little pay
  - Too many hours at the office
  - Too little flexibility
BURNOUT

- Not having enough authority at work
- Low self-esteem (“imposter syndrome”)
- Difficulties balancing work and family life (lack of flexibility)
  - Work encroaching on time spent on loved ones

Beauregard et al; Gendered Pathways to Burnout: Results from the SALVEO Study. Annals Work Exposure and Health 2018.
Which Physicians Are Most Burned Out?

- Urology 54%
- Neurology 53%
- Physical Medicine & Rehabilitation 52%
- Internal Medicine 49%
- Emergency Medicine 48%
- Family Medicine 48%
- Diabetes & Endocrinology 47%
- Infectious Diseases 46%
- Surgery, General 46%
- Gastroenterology 45%
- Ob/Gyn 45%
- Radiology 45%
- Critical Care 44%
- Cardiology 43%
- Anesthesiology 42%
- Rheumatology 41%
- Pediatrics 41%
- Oncology 39%
- Pulmonary Medicine 39%
- Psychiatry 39%
- Orthopedics 38%
- Dermatology 38%
- Allergy & Immunology 37%
- Plastic Surgery 36%
- Otolaryngology 36%
- Ophthalmology 34%
- Pathology 33%
- Nephrology 32%
- Public Health & Preventive Medicine 28%

Medscape National Physician Burnout, Depression & Suicide Report 2019
EARNINGS RATIO = \frac{WOMEN'S MEDIAN EARNINGS}{MEN'S MEDIAN EARNINGS}

2017 EARNINGS RATIO = \frac{$41,997}{$52,146} = 80\%
Physician gender pay gap: collectively, is in the **billions**


• Female MDs are paid an estimated **$19 billion** less annually than men physicians and surgeons.

• Women physicians and surgeons are paid **71%** of what their male counterparts are paid.

Doximity Physician Report

• In no medical specialty did women earn more than men
• 2017: GI had the fifth largest disparity
• Men earning **19%** more than women
KEY FINDINGS

The Gender Wage Gap Narrows Between 2017 and 2018

For the past three years, female physicians have not out-earned their male counterparts when we examined the top 50 metro areas. In 2017, the smallest gender wage gap was 20 percent, or $73,654. In 2018, the smallest gap has decreased substantially to 9 percent, or $28,661. MSAs across the country are making strides in closing the gender wage gap. Notably this year, Birmingham has the smallest wage gap at nine percent, closing its gender wage gap by 21 percent from 2017.

Metro areas with the SMALLEST gender wage gaps in 2018:
1. Birmingham, Ala. — female physicians earn 9 percent less, or a difference of $28,342
2. Bridgeport, Conn. — 10% or $35,817 less
3. Seattle — 15% or $56,011 less
4. Milwaukee — 14% or $57,077 less
5. Jacksonville, FL — 16% or $57,853 less

Metro areas with the LARGEST gender wage gaps in 2018:
1. Louisville/Jefferson County, KY-IN — female physicians earn 40% less, or a difference of $154,077
2. New Orleans — 32% or $131,304 less
3. Austin, Texas — 31% or $106,748 less
4. Hartford, Conn. — 31% or $118,813 less
5. Dallas, Texas — 31% or $120,116 less
KEY FINDINGS

The Gender Wage Gap Across Metro Areas

There is now wide variation in the gender pay gap at the metropolitan level. In evaluating the data, 64 percent of the 50 metro areas saw the physician gender wage gap decrease. For the first time ever, female physicians are now earning up to 91 percent of what their male counterparts do. Despite the progress in the overall gender wage gap, most metro areas with larger gaps saw an increase between 2017 to 2018. However, metro areas with smaller gender wage gaps saw the gap improve.

Metro areas with DECREASES in the gender wage gap from 2017 to 2018:
1. Birmingham, Ala. — 21%
2. Bridgeport, Conn. — 18%
3. Jacksonville, Fla. — 14%
4. Seattle — 12%
5. Milwaukee — 12%
6. San Antonio — 11%
7. Ann Arbor, Mich. — 11%
8. Riverside, Calif. — 10%
9. New Haven, Conn. — 9%
10. Providence, R.I. — 8%

Metro areas with INCREASES in the gender wage gap from 2017 to 2018
1. Louisville, Ky. — 14%
2. Hartford, Conn. — 9%
3. Las Vegas — 7%
4. Phoenix — 6%
5. Virginia Beach, Va. — 6%
6. Chicago — 5%
7. San Jose, Calif. — 5%
8. Dallas — 3%
9. Austin, Texas — 5%
10. New Orleans — 3%
Physicians' Net Worth, by Gender

- **> $5 million**
  - Women: 1%
  - Men: 9%

- **$1 million-$5 million**
  - Women: 28%
  - Men: 42%

- **< $1 million**
  - Women: 70%
  - Men: 48%

Medscape Female Physician Compensation Report 2019
Yes, there is a pay gap. Female physicians do not work as hard and do not see as many patients as male physicians. This is because they choose to, or they simply don’t want to be rushed, or they don’t want to work the long hours. Most of the time, their priority is something else... family, social, whatever.

Nothing needs to be “done” about this unless female physicians actually want to work harder and put in the hours. If not, they should be paid less. That is fair.
Care provided by female physicians may be undervalued

• On average, female physicians spend 2 more minutes with a patient during an office visit than male physicians

• More focus on patient centered communication and psychosocial question-asking and counseling

More time - **Not** more $
Association between physician characteristics and performance on ADR.
CENTRAL ILLUSTRATION.
Male and Female Cardiologists: Sex Differences in Work Activities and Compensation
The differences in compensation for men and women before any adjustment, after adjustment for work relative value units (RVUs) alone ($R^2 = 0.41$), and after adjustment for a number of other measured personal, job, and practice characteristics (point estimates with 95% confidence intervals; $R^2 = 0.59$). It also depicts the difference between salary observed among women in this sample, compared with that expected, based on a Peters-Belson model predicting compensation based on the data from their male colleagues, if they retained their same personal, job, and practice characteristics but had been male ($R^2 = 0.55$).
After adjusting for practice setting, work hours, practice-ownership, free endoscopy center practice, and vacation time:

- female gastroenterologists earned $82,000 (22%) less per year than their male colleagues (95% CI $34,000–130,000, P = 0.001).
- Women were more frequently in academic practice (38% vs 17%),
- but were less likely to hold the most advanced academic positions.
- Women were more likely to practice in a setting with flexible work hours, a family leave provision, and in a practice with other women
How do we address gender disparities in GI?

What Women Want From Work

To find their calling

Flexibility in when, where, and how they work

Real leadership opportunities

“Lean in”

Leadership Training

Mentorship/ Sponsorship
Finding their calling: Leaning in

• “I have written this book to encourage women to dream big, forge a path through the obstacles, and achieve their full potential. I am hoping that each woman will set her own goals and reach for them with gusto....”

• “I want everyone to be able to choose, but I want us to be able to choose unencumbered by gender choosing for us.”

-Sheryl Sandberg
Flexibility: *Leadership Training*
- develops the tools to lean in

*NPR: Nature, Nurture, And Our Evolving Debates About Gender*
Implicit bias: it’s real

- Researchers sent fake resumes to professors and asked them to rate them for competence, hireability and likeability.
- All resumes were identical except for the candidate’s names, which were altered to manipulate race and gender.
- Professors rated male applicants higher than female candidates, despite their resumes being identical.
  - Men were rated as more hireable, and women were rated as more likeable than men.

Eaton; Sex Roles 2019
Implicit bias: it can be overcome with training

- 2 year study: 40 scientific evaluation committees
  - decided which researchers should get promoted to elite research positions.
- Year 1: study announced, more women promoted
- Year 2: study ongoing but committee not reminded, less women promoted
- When committees believed that women face external barriers, implicit biases did not predict selecting more men over women.

Imposter syndrome: also real

• Women consistently underestimate themselves
• Women judge their performance as worse than it actually is
• Men judge their performance as better than it actually is
Imposter syndrome

<table>
<thead>
<tr>
<th>Competency</th>
<th>Male students</th>
<th>Faculty</th>
<th>Female students</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>3.59 ± 0.07</td>
<td>3.85 ± 0.06</td>
<td>3.73 ± 0.06</td>
<td></td>
</tr>
<tr>
<td>Professional behavior</td>
<td>3.51 ± 0.07</td>
<td></td>
<td>3.02 ± 0.06</td>
<td></td>
</tr>
<tr>
<td>Core discipline</td>
<td>2.95 ± 0.08</td>
<td></td>
<td>3.11 ± 0.06</td>
<td></td>
</tr>
<tr>
<td>Diagnostic skills</td>
<td>3.06 ± 0.08</td>
<td></td>
<td>3.34 ± 0.07</td>
<td></td>
</tr>
<tr>
<td>Information management</td>
<td>3.25 ± 0.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care management</td>
<td>3.29 ± 0.10</td>
<td></td>
<td>3.27 ± 0.10</td>
<td></td>
</tr>
<tr>
<td>Health service delivery</td>
<td>3.37 ± 0.11</td>
<td></td>
<td>3.44 ± 0.10</td>
<td></td>
</tr>
<tr>
<td>Procedural skills</td>
<td>3.24 ± 0.08</td>
<td></td>
<td>3.58 ± 0.08</td>
<td></td>
</tr>
<tr>
<td>Physician scholar</td>
<td>3.04 ± 0.09</td>
<td></td>
<td>3.39 ± 0.09</td>
<td></td>
</tr>
<tr>
<td>Health care team</td>
<td>3.36 ± 0.08</td>
<td></td>
<td>3.61 ± 0.07</td>
<td></td>
</tr>
<tr>
<td>Problem-solving skills</td>
<td>3.04 ± 0.06</td>
<td></td>
<td>3.16 ± 0.07</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.23 ± 0.03</td>
<td></td>
<td>3.40 ± 0.03</td>
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</tr>
</tbody>
</table>

*1 = least competent, 4 = most competent.
*P < 0.05 versus faculty evaluation.
Imposter syndrome: holds women back from real opportunities
100%
The McKinsey Quarterly. A business case for women
The science behind “fake it ‘till you make it”

High-power pose

Low-power pose
The science behind “fake it ‘til you make it”
The science behind “fake it ‘til you make it”

• High-power posers experienced elevations in testosterone, decreases in cortisol, and increased feelings of power and tolerance for risk
• Low-power posers exhibited the opposite pattern
• Two 1-min power poses can actually improve confidence and performance
• These findings suggest that, in some situations requiring power, people have the ability to “fake it ‘til they make it.”
Leadership Training: can lead to flexibility

• Tools:
  • Self-advocacy: How to ask
  • Negotiate
  • Network

• Role of Mentors and Sponsors
# Mentor vs Sponsor

<table>
<thead>
<tr>
<th>MENTOR</th>
<th>SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>Experienced person at any level</td>
</tr>
<tr>
<td></td>
<td>Senior leader in the organization</td>
</tr>
<tr>
<td>Goal</td>
<td>Provide guidance for career choices and decisions</td>
</tr>
<tr>
<td></td>
<td>Use influence to help employee obtain high-visibility assignments</td>
</tr>
<tr>
<td>Who drives the relationship?</td>
<td>Both mentee and mentor; requires mentor to be responsive to the needs of “mentee”</td>
</tr>
<tr>
<td>Actions</td>
<td>Helps mentee determine paths to meet specific career goals</td>
</tr>
<tr>
<td></td>
<td>Advocates for sponsoree's advancement; champions her potential</td>
</tr>
</tbody>
</table>

Center for Creative Leadership  
ccl.org/mentoring-women
Mentors: positive affect on female physicians

- More publications
- More time spent on research activity
- Greater career satisfaction
- Fewer female physicians and residents have mentors than their male counterparts
- Female physicians also report more difficulty in identifying mentors, particularly female mentors

Resources

• Association of American Medical Colleges
• ASGE: LEAD, ASGE Women in Gastroenterology SIG
• Women in Endoscopy (WIE)
• AGA
• ACG: https://gi.org/about/committees/women-in-gi-committee/
• AASLD
Burnout: Resources

• ACG

• Dike Drummond, MD
  - https://www.aafp.org/fpm/2015/0900/p42.html

• Clinical Gastroenterology and Hepatology 2018;16:311–317
  - “Physician Burnout: The Hidden Health Care Crisis”

• JAMA Network
• **Work is a rubber ball.** If you drop it, it will bounce back.

• But the other four Balls – **Family, Health, Friends and Spirit** – are made of **glass**.

• If you drop one of these: they will be **irrevocably scuffed**, marked, nicked, **damaged** or even **shattered**. They will **never be the same**.

Bryan Dyson, CEO Coca-Cola
Acknowledgements

• ASGE LEAD

• Mentors and Sponsors:
  • Kenneth McQuaid
  • Janak Shah