Chapter 5
Understanding the Value of Gender Equity in Healthcare and How to Pursue It

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ABSTRACT
Female and male physicians practice medicine differently. Female physicians engage in different communication styles, allocate more time to preventative care, and show different leadership qualities. Because gender diversity is still lacking in the top academic and clinical positions, medical organizations are not fully benefiting from these strengths. This chapter will identify three barriers that prevent women from advancing to these positions: the double burden syndrome, sexism and sexual harassment, and gender bias. This chapter will take a critical look at organizational culture and propose changes that can contribute to the pursuit of gender equity.

INTRODUCTION
The importance of gender equity within medicine or any other field is a notion that resonates with most of us. It aligns with our value of providing equal opportunities for all and therefore seems apparent. Perhaps, because the philosophy of equality between the sexes fits so well within our modern society, we assume it is within reach and simply a matter of time. While this a noble thought, it reduces gender equity to a simple concept, which in fact, it is not at all. Continuing to regard gender equity in this manner will prevent us from moving forward.

In order to truly pursue gender equity in medicine, we need to first grasp how and why gender equity is of value to the medical profession. The value is greater than simply striving for equality between the sexes in general. The significance lies in the fact that female doctors bring specific qualities to the medical field that lead to great benefit. These qualities deserve to be recognized and then given the space to be fully expressed. Unfortunately, this is not yet the case today. Therefore, we need to have an honest

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look at the medical world and identify barriers that prevent women from advancing. The significant presence of females in medical school unfortunately does not mean that the glass ceiling has been shattered. Identifying the barriers that are still in place will culminate in an opportunity to strategize how to revolutionize the medical profession.

THE GENDER GAP IN MEDICINE

For many years, in the pursuit of gender equality in the work domain, women had to prove that they were just as capable as their male peers in the jobs that everyone considered male professions for decades. Women first had to show that they were equipped with similar intellectual power and skill as men. Today, women are drawn to and welcomed into medical schools in large numbers suggesting that this goal has been achieved. However, when we take a closer look at the numbers, we see that a lack of gender diversity in many positions in the medical world persists.

For the past decade, in countries such as the United States and the Netherlands, females make up approximately half of all medical students. (AAMC, 2016. Capaciteitsorgaan, 2016.) Yet, somehow female doctors remain underrepresented in the top clinical and academic positions. In the United States, 38% of faculty members, 15% of department chairs and 16% of deans are female. In some departments the gender gap is even greater: less than 1% of surgical department chairs are female. (AAMC, 2016) In the Netherlands, 46% of medical specialists are female. Again, certain departments lag far behind: 11% of cardio-thoracic surgeons, 11% of orthopedic surgeons and 22% of cardiologists are female. Geriatric specialists take the lead with female specialists making up 70%. (Capaciteitsorgaan, 2016) The gender gap is also visible in academia and management. In the Netherlands, the number of female professors has increased over the past years to approximately 19% and women make up around 20% of academic management boards. (Science Guide, 2017)

While in most departments the gender gap is slowly becoming smaller, the number of women pursuing a PhD and the number of women on academic management boards have shown a declining trend over the past five years. (Science Guide, 2017) This is worrisome, as it contradicts the common belief that time is the key to achieving true gender diversity. It supports the idea that in order to close the gender gap in medicine, a more active approach is required.

THE ADDED VALUE OF GENDER DIVERSITY FOR CLINICAL OUTCOMES AND ORGANIZATIONAL HEALTH

Pursuing gender diversity is about much more than simply wanting to give women the same opportunities as men because we believe them to be just as capable and deserving. While this is a good starting point, it is well worth our effort to take a look at the different qualities that men and women have. When we move away from the concept that women and men have identical skills and look at how they actually complement one another, we will discover that we should actively pursue the advancement of female doctors.
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