

Wide-ranging gender disparities remain in pediatrics

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Three commonly argued justifications for the persistent discrimination and gender bias that prevent women from rising to leadership positions in the field of pediatric medicine have been debunked by a Drexel University College of Medicine researcher and colleagues in a special article published in the November 2019 issue of the journal *Pediatrics*. The article goes a step further, arguing that gender equity can be fostered by employing the same basic scientific principles used in solving other problems in medicine.

The research collaborative discredits three erroneous claims often used to justify the pervasive gender imbalance in pediatric medicine: There are not enough women to promote (documenting that there are enough); women don't compete for <u>leadership</u> roles because of family or lifestyle (citing research showing that women experience more roadblocks to promotion than men); and women lack the skills required for the positions (outlining multiple <u>training programs</u> for women to prepare them for leadership roles in medicine).

Despite small gains in closing the gender pay gap, researchers turned to 2018 data showing that women make up only 18 percent of medical school deans, 18 percent of medical school chairs, and 26 percent of chairs in pediatrics. Similar disparities are found in the dearth of leadership roles held by women in professional societies, the authors added. Although women make up the majority of full-time faculty and physicians in pediatrics, the letter cites multiple studies showing that gender bias and discrimination against women are pervasive in the field.



The authors also share why previous efforts to improve gender equity have failed, including mentioning that initiatives have largely been volunteer-driven at the 'grassroots' level, with little support from institutions to succeed. Further, diversity 'task forces' and related groups risk 'providing an illusion of fairness,' and might worsen inequities if they cannot gather the reliable data to convince those in authority to implement measurable changes, the authors contend.

"The field of pediatrics is often cited as a brighter spot in the pervasive bias and discrimination felt by women throughout academic medicine, particularly those belonging to multiple underrepresented groups, such as by gender or race," said Nancy Spector, MD, a professor of Pediatrics in Drexel's College of Medicine. "Although career equity is greater than in years past, our research shows no time left for excuses aimed at legitimizing inequality."

In striving towards equity, the authors advise that medical professionals look no further than the scientific principles they use to solve other problems, including employing leadership accountability, dedicating financial and human resources to gender equity initiatives, and ensuring such efforts are evidence-based, data-driven and transparent in evaluation and reporting.

"The pipeline of qualified women is there, bolstered by outstanding training opportunities at Drexel and the American Association of Medical Colleges, yet study after study shows that few women are reaching leadership roles and other coveted opportunities in academic medicine," said Spector, who also serves as executive director of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program at Drexel. "We need to move past claims that have been used to suppress the advancement of women and discourage diversity. Such claims harm research and patient care at all levels in academic medicine."



Drexel's ELAM program, which is a year-long part-time fellowship to train women leaders in <u>medicine</u>, dentistry, public health and pharmacy, has graduated nearly 1,100 <u>women</u> who are now serving in <u>leadership</u> <u>roles</u> at 263 academic Health Centers in the United States and Canada.

More information: Nancy D. Spector et al, Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion, *Pediatrics* (2019). DOI: 10.1542/peds.2019-2149

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