

## Perspective

## Breaking the Silence and Call-to-Action: Shattering Glass Ceilings in Medicine to Counter Gender Discrimination and Gender Microaggressions

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**Abstract** For the first time in history, women have been making up the majority of medical school matriculants. Despite advances, gender discrimination and unintentional microaggressions continue to persist within medicine. As we witness an ever-increasing number of female physicians entering the profession, women in medicine continue to face significant barriers such as inequality in leadership opportunities, gendered stereotypes, challenges in career advancements and unconscious bias. Ultimately, this has implications for patient care and the well-being of female healthcare practitioners, contributing to increased rates of burnout and a lack of representation and support in the healthcare field. Diversification of the healthcare system must go beyond mere numerical representation, rather, it should encompass an investment in understanding and examining the practical, personal, and societal needs of females in medicine. This commentary aims to highlight the landscape of female discrimination in medicine and calls-to-action critical evaluation of the healthcare system and personal biases. Transcending discrimination and microaggressions can improve personal wellbeing, the morale of healthcare team, and more broadly, patient care.

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In the hallowed halls of medicine, where the heartbeat of humanity echoes, there exists an emotional melody often drowned out by the clatter of stethoscopes and hurried footsteps. Imagine, a world where the healing touch is not defined by gender, but by compassion and competence. A world where the defining moment in one's career is not judged based on whether they are planning to start a family. Finally, a time when ideas are acknowledged as valuable, and leadership, confidence and assertiveness are not mislabeled as bossiness. As we stride boldly into the future, the persistent undertone of female discrimination in medicine reverberates, echoing the urgent need for equality in an arena where lives

depend on unbiased care.

The medical field is undergoing a metamorphosis, embracing diversity as a source of strength rather than tagging it as a taboo. In 2017, for the first time in American history the percentage of female medical school matriculants (50.7%) surpassed the male students<sup>(1)</sup>. Yet, the persistent gender disparities linger, a quiet but undeniable reminder that we're not yet free from the shackles of outdated norms. Striking data shows a 60% greater risk of burnout among female physicians compared to their male counterparts. Reasons for this can be attributed to the burden of emotional

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exhaustion from responsibilities of traditional gender roles to career-specific factors such as poor compensation, limited leadership opportunities and less recognition(2). Female physicians are often expected to navigate a complex landscape of perspectives, facing challenges from many different angles. While patients seek empathetic listening from their physician, the workplace dynamic negatively views expression of empathy and longer patient consultations, qualities that are often associated with female physicians. Female physicians thus find themselves in a challenging battle of what is deemed as appropriate behaviour as they continue to be subjected to upholding these hidden rules. The importance of treating women equally in medicine extends far beyond mere justice; it's an investment in the wellbeing of society at large. Female physicians have played an integral role in making significant contribution to advancement of medical care, especially in areas of women's health. This includes data that shows the likelihood of surviving a heart attack in female patients, which is a leading cause of mortality, was two to three times higher when the practicing physician was a female. While gender concordance increases the likelihood of survival in patients, the mortality rates in female patients also decrease when male physicians practice with more female colleagues(3). Hospital mortality rates are lower when the treating physician is a female and women have a lower likelihood of being subjected to malpractice lawsuits. Furthermore, female physicians tend to provide additional preventative care and counselling for patients with psychosocial complexities (4). Prevention in healthcare, a key outcome of female physician practices, has been deemed a crucial and cost-effective aspect of

maintaining and promoting community health. Thus, a diverse and inclusive healthcare landscape is not just a moral imperative but a pragmatic necessity.

The value of gender equality in medicine transcends the realm of fairness—it directly impacts patient care. The unique perspectives, empathetic approaches, and distinct problem-solving skills that women bring to the table contribute to a more comprehensive and holistic healthcare experience. Female physicians tend to demonstrate higher adherence to clinical guidelines, score higher on empathy scales and have shown to utilize more egalitarian language while limiting the use of technical jargon when communicating with patients. As a result, patients treated by female physicians tend to experience a more positive outcome as indicated by a lower hospital readmission rate when compared to patients treated by the male hospitalists(5). When female voices are amplified and respected, the entire medical community benefits, fostering innovation, and elevating the standard of care.

Unlike before, the number of females within various healthcare roles is greatly increasing. However, there persists significant gender microaggressions, which are defined as subtle, often unintentional, behaviors by male healthcare practitioners that create a culture of segregation and devaluation of their female colleagues. Some examples include dismissing ideas without fair thought, assigning more administrative tasks or, quite broadly, seeing female problems any different from those presented by their male colleagues. Stemming from simple, seemingly insignificant tasks, these microaggressions can make females feel unwelcomed,

talked down to or confined to fit a particular gender role. Importantly, these microaggressions are not intentional; but rather subconscious beliefs that take form in the action of many male practitioners. It becomes pivotal that we challenge our own preconceptions and continuously step back to evaluate whether our actions, intentional or unintentional, are contributing to an unwelcoming or unequal working environment.

In dismantling the barriers that hinder the progress of women in medicine, we forge a path toward a future where talent knows no gender. Let us be architects of change, challenging stereotypes and rewriting the narrative. For in the fight against discrimination, we not only pave the way for countless aspiring women in medicine but cultivate an environment where healthcare truly knows no bounds. While many studies highlight the important role of female physicians in healthcare setting, few provide any solution. Most commonly, recommendations tend to concentrate on shaping women to be able to operate in a predominantly male-oriented medical system. Full inclusion of women in medicine extends beyond mere accessibility and numerical representation. Rather, it calls for critical analysis of the previous and current healthcare structures and a thorough examination of female experiences to offer a more comprehensive view of gender differences in the style of practice, personal attitudes, and patient outcomes (6). It's time to break the silence, shatter glass ceilings, and embrace a medical world where every healer, irrespective of gender, is empowered to thrive.

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