

# Physician-Mothers Perceive Discrimination

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Gender-based inequalities among physicians may partially stem from attitudes about aspects of motherhood, according to results of a cross-sectional survey [published](#) in *JAMA Internal Medicine*.

Studies have shown that female physicians receive less pay and fewer promotions, and do several hours per week more housework than male physicians. Work environments that place disproportionate responsibility for becoming a parent on women could account for the perception among some female physicians that childbearing and child rearing may limit their opportunities in a way that male physicians do not encounter to the same degree.

To investigate how motherhood affects perceived discrimination among female physicians, Taiwo Adesoye, MD, MPH, from the Department of Surgical Oncology at M.D. Anderson Cancer Center, Houston, Texas, and colleagues posted a cross-sectional survey at the very active online community PhysicianMomsGroup in June 2016. The more than 60,000 members include biological, adoptive, and foster mothers.

The survey collected information about demographics, health, burnout, perceived workplace discrimination (including scenarios that reflected source of discrimination), and desired workplace changes. It defined "maternal discrimination" as negative actions or attitudes based on pregnancy, maternity leave, or breastfeeding.

Access to the survey was high: 11,887 members viewed the first post of the survey, and reminders drew 9082 and 10,074 additional views. Of those, 5782 physician-mothers completed the survey with analyzable responses.

Of the respondents, 4507 (77.9%) reported any type of discrimination: 3833 (66.3%) reported gender discrimination, and 2070 (35.8%) maternal discrimination. Among 4222 respondents reporting either type of discrimination, 1681 (39.8%) reported both, 2152 (51.0%) reported only gender discrimination, and 389 (9.2%) reported only maternal discrimination.

Of those claiming maternal discrimination, 1854 (89.6%) attributed it to pregnancy or maternity leave, and 1002 (48.4%) to breast-feeding. Burnout affected 45.9% of those reporting maternal discrimination, but only 33.9% of those not reporting it (adjusted odds ratio, 1.74; 95% confidence interval, 1.55 - 1.95;  $P < .001$ ).

Specifically, among the 2070 participants who reported maternal discrimination, 1097 (52.9%) cited disrespect from nursing or other support staff, 811 (39.2%) reported exclusion from administrative decision-making, and 651 (31.5%) claimed pay and benefits not equivalent to those of male peers.

The women who experienced maternal discrimination placed higher value on backup childcare, paid maternity leave, and breast-feeding support than women in the online support community who did not report experiencing maternal discrimination.

The researchers conclude that the fact that the overlap of groups reporting gender and maternal discrimination was less than half suggests the forms of discrimination are "somewhat different." Gender-based discrimination is still prevalent in healthcare, they write, and bias related to motherhood may be an underlying reason. They advise employers to extend paid maternity leave, expand schedule flexibility, and provide backup childcare and lactation support.

## Peer Evaluations Show a Trend

A major limitation of the study by Dr Adesoye and colleagues is the self-selection of respondents, including a low response rate. However, results of another study, [published](#) recently in the *Journal of General Internal Medicine*, support their findings: Internal medicine residents who are new mothers may be judged more harshly by their peers for postpartum job performance than new fathers.

To examine the effect of pregnancy on peer and faculty evaluation of residents, Megan L. Krause, MD, from the Department of Internal Medicine at the Mayo Clinic, Rochester, Minnesota, and colleagues retrospectively analyzed evaluations of internal medicine residents of both sexes who had a child during their residency. Peer residents and attending physicians had completed the Accreditation Council for Graduate Medical Education evaluations.

Dr Krause and colleagues considered all residents in the Mayo Clinic Internal Medicine Residency program from 2004 until 2014: 566 physicians, 369 (65.2%) men and 197 (34.8%) women. Of the 117 (20.7%) physicians experiencing pregnancy during residency, 26 (13.2%) were women who had been pregnant and 92 (24.7%) were men who had pregnant partners ( $P = .002$ ).

Overall, the researchers considered 48,148 faculty evaluations and 25,487 peer reviews. They tracked the sex of evaluators and whether the evaluation occurred before, during, or after pregnancy.

"We observed no difference in faculty evaluations of female residents after pregnancy compared to male residents whose partner had given birth but did see a reduction from peer evaluators," Dr Kraus and colleagues write.

Specifically, new fathers scored 4.16 on a 5-point scale vs 4.04 for new mothers ( $P < .01$ ).

"Comparing evaluations of pregnant female residents versus male residents with pregnant partners provides unique insight into potential gender-based disparate perceptions among colleagues undergoing a significant life event, and these unconscious biases can be addressed at the curricular level," they conclude.

Limitations of the study include no consideration of family size, pregnancy complications, or degree of partner support.

*Dr Sabry-Elnaggar is a board member of the Physician Mothers Group. The other authors have disclosed no relevant financial relationships.*

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