2019 SURVEY

WOMEN IN MEDICINE

Gender Pay Disparities and Workplace Discrimination

A Survey of Female Physicians Examining Gender Pay Disparities and Gender Discrimination in the Medical Workplace

MERRITT HAWKINS
an AMN Healthcare company

2019 SURVEY
WOMEN IN MEDICINE

Gender Pay Disparities and Workplace Discrimination

A Survey of Female Physicians Examining Gender Pay Disparities and Gender Discrimination in the Medical Workplace

MERRITT HAWKINS
an AMN Healthcare company

For additional information about this *Review*, please contact:

Merritt Hawkins / Corporate
8840 Cypress Waters Blvd. #300
Dallas, Texas 75019
800-876-0500
www.merritthawkins.com

Merritt Hawkins / Eastern Regional Office
100 Mansell Ct, E, Ste 500
Roswell, GA 30076
800-306-1330

Overview

Merritt Hawkins is a national healthcare search and consulting firm specializing in the recruitment of physicians in all medical specialties, physician leaders, and advanced practice professionals. Now marking over 32 years of service to the healthcare industry, Merritt Hawkins is a company of AMN Healthcare (NYSE: AMN), the nation's largest healthcare staffing organization and the industry innovator of healthcare workforce solutions.

This report marks Merritt Hawkins' inaugural *Survey of Women in Medicine* with a focus on gender pay disparities in the medical profession and related workplace issues.

The survey is part of Merritt Hawkins' ongoing thought leadership efforts, which include surveys and white papers conducted for Merritt Hawkins' proprietary use as well as surveys, white papers and analyses Merritt Hawkins has completed on behalf of prominent third parties, including **The Physicians Foundation**, the **Indian Health Service**, the **American Academy of Physicians Assistants**, **Trinity University, Texas Hospital Trustees**, the **North Texas Regional Extension Center/Office of the National Coordinator of Health Information Technology**, the **Society for Vascular Surgery**, the **Maryland State Medical Society**, the **American Academy of Surgical Administrators**, the **Association of Managers of Gynecology and Obstetrics** and **Subcommittees of the Congress of the United States**.

METHODOLOGY

The *2019 Survey of Women in Medicine* was delivered by email to approximately 40,000 female physicians during the months of September and October of 2019. Surveys were sent at random to female physicians practicing in a wide variety of medical specialties in all 50 states. A total of 429 responses were received by October 29, 2019.

WHO RESPONDED?

Approximately 43% of those who responded to the survey are in primary care, defined as family medicine, general internal medicine and pediatrics. Among all female physicians in active patient care, approximately 38% are in primary care, indicating that primary physicians are somewhat overrepresented in the survey. Approximately 73% of survey respondents identify as white, while the remaining 27% identify as black or African American, Asian, Hispanic, Pacific Islander, or other. Among all active female physicians, fewer

than 70% are white, indicating that white physicians are somewhat overrepresented in the survey.

Approximately 41% of survey respondents are 45 years old or younger, while the remaining 59% are 46 years old or older. Among all female physicians, 49% are 45 and younger and 51% are 46 and older, indicating that older physicians are somewhat overrepresented in the survey. Survey responses were received from female physicians practicing in 42 states.

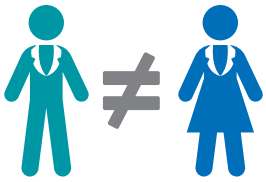
Margin of error for the entirety of this survey was not calculated due to the high percentage of questions requesting objective responses. For Question 2, which subjectively assesses the extent to which various factors account for gender pay disparities, a margin of error of +/- 4.7% (95% confidence) was estimated.

Survey responses were compiled in November, 2019 and this report was completed and released in December, 2019.

Key Findings

Merritt Hawkins' 2019 Survey of Women in Medicine: Gender Pay Disparities and Workplace Discrimination reveals that the majority of female physicians have personally experienced some form of gender discrimination in their medical careers, including income inequality. Key findings include:

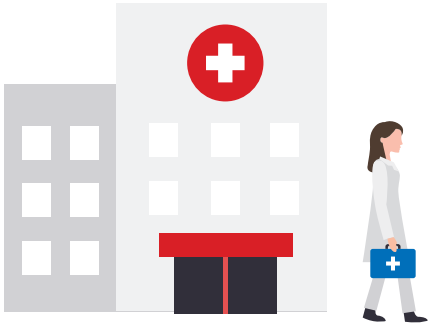
- **74% of female physicians believe male physicians earn more, even when works hours and differences in specialty are accounted for.**
- Female physicians identify unconscious employer discrimination as the number one reason they earn less than males, followed by less aggressive or adept negotiating skills.



- **76% of female physicians have personally experienced gender discrimination during their medical education and careers.**

- The primary form of gender discrimination that female physicians experience is inappropriate or offensive words from their physician colleagues. **75% of those who have experienced gender discrimination have been exposed to offensive or inappropriate words from fellow physicians.**
- 56% of those exposed to gender discrimination have experienced lower compensation than their male counterparts.

- **41% of those exposed to gender discrimination have experienced verbal sexual harassment, while 14% have experienced physical sexual harassment.**
- 39% of female physicians report they earn less than male physicians in their current practice, 36% report they do not earn less than males in their practice, and 25% are unsure or don't know.
- Of those who earn less, 73% indicate the discrepancy is based on either the base salary or both the base salary and the production bonus.
- 79% of female physicians believe that gender discrimination in medicine is a serious or somewhat serious problem.



- **Gender discrimination has caused 73% of female physicians to feel diminished morale and career satisfaction, 44% to seek a different practice setting, 32% to consider early retirement, and 29% to rethink their choice of a career.**
- However, 89% would not discourage young women from entering medicine based in whole or in part on the presence of gender discrimination in the field.

Following is a breakdown of questions asked in the survey and responses received.

Questions Asked and Responses Received

ALL NUMBERS ROUNDED TO THE NEAREST DIGIT

1 Do you believe that female physicians earn less income than male physicians on average, even when work hours and differences in specialty are adjusted for?

	%
Yes	74%
No	13%
Don't know/unsure	13%

2 If yes, please rate the factors that may account for gender pay disparities among physicians, even when hours and specialty are adjusted for? (Check all that apply):

	VERY IMPORTANT	SOMEWHAT IMPORTANT	LEAST IMPORTANT
Employers unconsciously discriminate against female physicians	76%	20%	4%
Female physicians are less aggressive/adept at salary negotiation than male physicians	68%	26%	6%
Employers consciously discriminate against female physicians	38%	34%	28%
Female physicians spend more time per patient than male physicians	35%	42%	23%
Fewer female physicians are self-employed than male physicians	27%	39%	34%
Female physicians see more complex, time consuming patients than male physicians	24%	34%	42%
Female physicians are on average younger than male physicians	15%	37%	48%
Fewer female physicians are paid on a fee-for-service basis than male physicians	14%	45%	41%

3 Do you earn less on average than male physicians in your specialty?

	%
Yes	45%
No	25%
Don't know/unsure	30%

4 Do you earn less on average than male physicians in your practice/group?

	%
Yes	39%
No	36%
Don't know/unsure	25%

5 If yes, is it your base salary, your production bonus or both that is the main cause of this income discrepancy?

	%
Base salary	41%
Production bonus	8%
Both base salary and production bonus	32%
Other	11%
Don't know/unsure	8%

6 Have you ever faced gender discrimination in your medical education, training or practice?

	%
Yes	76%
No	24%

7 If yes, in what form? (Check all that apply)

	%
Inappropriate/offensive words or actions from physician	75%
Inappropriate/offensive words or actions from managers/partners/employers	57%
Lower compensation than male colleagues	56%
Fewer promotions or advancement than male colleagues	47%
Verbal sexual harassment	41%
Inappropriate/offensive words or actions from patients	23%
Lesser work assignments than male colleagues	20%
Physical sexual harassment	14%

8 Which best describes your feelings about gender discrimination in medicine?

	%
It is a minor/occasional problem	21%
It is a somewhat serious/ somewhat frequent problem	42%
It is a serious/ frequent problem	37%

9 Has gender discrimination in medicine ever caused you to do any of the following? (Check all that apply)

	%
Feel a diminished sense of career satisfaction/morale	73%
Conflict verbally or in any other way with an administrator, patient, or colleague	56%
Seek a different practice setting	44%
Consider early retirement	32%
Rethink your choice of career	29%

10 Would you discourage young women from entering the field of medicine in whole or in part due to gender discrimination?

	%
Yes	11%
No	89%

11 What is your specialty?

	%
Family Medicine	14%
General Internal Medicine	11%
Pediatrics	19%
Obstetrics/Gynecology	5%
Surgical Specialty	10%
Internal Medicine Subspecialty	10%
Diagnostic Specialty	3%
Other	28%

12 What is your age?

	%
35 or younger	9%
36-45	32%
46-55	34%
56 or older	25%

13 What is your ethnicity?

	%
White	73%
Black or African-American	9%
Asian	8%
Hispanic	4%
Other	5%
Native Hawaiian or Pacific islander	0.54%

Trends and Observations

"Medicine is so broad a field, so closely interwoven with general interests… that it must be regarded as one of those great departments of work in which the cooperation of men and women is needed to fulfill all its requirements."

- Dr. Elizabeth Blackwell

One of the hallmarks of the last 50 years has been the significant progress that has been made in the area of gender equality, particularly in regards to employment. This progress is eminently displayed in the field of medicine. Gender gaps that once existed in medical education and training have closed considerably, giving women an improved footing in a profession that once was almost solely the province of men.

Understanding the status of women in medicine today requires a review of how female participation in the medical profession has changed over the years. A brief history of women in medicine in the United States is therefore provided below.

FROM EXCLUSION TO PROMINENCE

Up until the latter half of the 20th century, women played a restricted, albeit important, role in medicine and the delivery of healthcare services. For the majority of American history, medicine was a male-dominated profession, with females serving other roles, including nursing and midwifery. Medical schools, like many higher level institutions, restricted admission to males only, and thus opportunities for integration and advancement for women in medicine were limited. It was not until 1847, when Elizabeth Blackwell was the first female admitted to an American medical school at Geneva Medical College in New York, that any evidence of change was apparent. (*How Elizabeth Blackwell became the first female doctor in the U.S., www.pbs.org*).

Dr. Blackwell received her medical degree two years later in 1849, and spent her life championing equality in the medical profession. By the end of the 19th century, 19 women's medical colleges and nine women's hospitals had been established, with a number of institutions, including the University of Michigan and the University of Iowa, offering co-educational programs. At this time, women comprised 5% of the physician workforce, at nearly 7,000 physicians.

Despite these gains, any progress made would be halted at the beginning of the 20th century with the significant reforms made to the U.S. medical education system. Concerned about the caliber of medical schools and training/education received by

medical school graduates, the American Medical Association (AMA) in 1910 hired Abraham Flexner, a professional educator, to evaluate the medical school landscape.

After visiting all medical schools in the United States and Canada, the subsequent Flexner Report painted a dubious state of affairs. Flexner recommended sweeping reforms of the large majority of medical schools, focusing on standardized entrance requirements, an extended period of study, curriculums built on basic sciences, and clinical experience prior to professional practice. Following the release of the report, a large number of medical schools closed or merged with other schools, particularly those educating minorities and women. In 1915, the percentage of women medical school graduates dropped to 2.9%, and by 1930 only a single women's medical school existed (*Looking back over the history of women in medicine. Eliza Lo Chin, M.D.; Unintended Consequences of the Flexner Report: Women in Pediatrics. Pediatrics Perspective*).

Limited opportunities for women in medicine remained the status quo through the 1940s and 1950s, and by 1949 only 5.5% of entering medical school students were women. Overt challenges for women, including gender-based quotas at medical schools, discrimination, sexual harassment, and a male-dominated environment persisted, making progress slow. However, this began to change in 1972 with passage of Title IX of the Education Amendments, which prohibited discrimination on the basis of sex for educational programs that received federal funding, including post-secondary programs.

Although barriers persisted, institutions began to respond accordingly, prioritizing the admission and integration of a greater number of women into their medical education programs. By 1974, 22.4% of medical school entrants were women, and by 1990, 17% of the physician workforce was comprised of women.

Notable female medical pioneers include:

- Dr. Alexa Irene Canaday, M.D.: First female and African-American neurosurgeon; certified by the American Board of Neurological Surgery in 1984.
- Dr. Margaret Allen, M.D.: First female surgeon to perform heart transplant surgery, 1985.
- Dr. Nancy Dickey, M.D.: First female president of the AMA, 1997-98.
- Dr. Antonia Novello, M.D.: First female U.S. Surgeon General, 1990.

Progress had been made by the end of the 20th century, and the increasing composition of females and notable female leaders in the medical field is demonstrable. Following is data concerning the current gender composition of the physician workforce today.

PHYSICIAN WORKFORCE GENDER COMPOSITION

Today, over a third of the active physician workforce (34.6%) is comprised of women, while 51% of medical school matriculants, 47% of graduates, and 46% of residents were female for the 2015-16 year. At right is a breakdown of workforce composition trends.

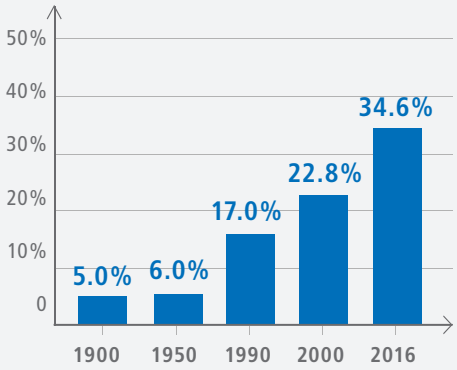
As these numbers illustrate, the composition of females in the physician workforce is trending upwards. However, the latest U.S. Census Bureau population estimates place women at 50.8% of the United States' population, so that a gender discrepancy between the overall physician workforce and the general population persists.

This gap is likely to close if the current composition of medical schools continues. The chart at right tracks the percent of female matriculants into medical schools since 1950 (includes both allopathic and osteopathic medical schools).

The latest data provided by the Association of American Medical Colleges (AAMC) for the 2015-16 year indicate that 51% of medical school matriculants are female, while 46% of medical residents are female. While the number of medical school residents still falls short of the national composition of females (50.8%), the number of medical school matriculants falls perfectly in line with the gender composition of the overall population.

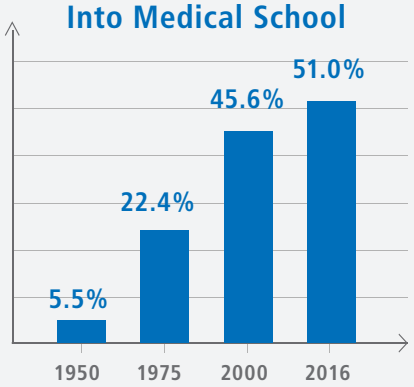
Female physicians are concentrated in certain specialties and will dominate these specialties in the future. (See chart at right and on the following page)

Female Physicians in Workforce



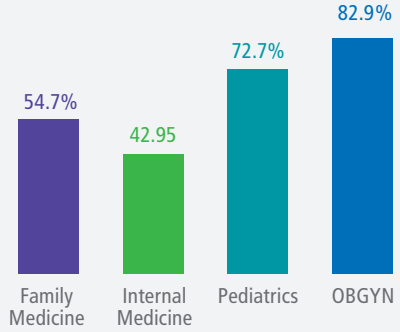
Source: Association of American Medical Colleges (AAMC) 2017 State Workforce Data Book

Female Matriculants Into Medical School



Source: AAMC

% of Medical Residents Who Are Female in Select Specialties



Source: AMA Physician Master File

Specialty Distribution of Female Physicians (active patient care only)

SPECIALTY	TOTAL PHYSICIANS	FEMALE PHYSICIANS	PERCENTAGE FEMALES
Pediatrics	57,491	35,573	61.9%
Obstetrics & Gynecology	41,446	22,585	54.5%
Child Psychiatry	8,731	4,519	51.8%
Dermatology	11,696	5,514	47.1%
Endocrinology	6,957	3,231	46.4%
Rheumatology	5,599	2,378	42.5%
Infectious Diseases	8,501	3,371	39.7%
Family Practice	111,127	42,685	38.4%
Psychiatry	37,717	14,335	38.0%
Internal Medicine	113,871	41,951	36.8%
Pathology - Anatomic/Clinical	13,277	4,869	36.7%
Allergy & Immunology	4,628	1,675	36.2%
Hematology/Oncology	14,457	4,611	31.9%
Neurology	13,378	3,760	28.1%
Emergency Medicine	39,547	10,509	26.6%
Pulmonary Critical Care Medicine	10,143	2,588	25.5%
Anesthesiology	41,306	10,276	24.9%
Diagnostic Radiology	27,505	6,799	24.7%
Ophthalmology	18,584	4,436	23.9%
General Surgery	25,233	4,835	19.2%
Gastroenterology	14,107	2,307	16.4%
Otolaryngology	9,405	1,485	15.8%
Cardiovascular Disease	22,038	2,908	13.2%
Vascular Surgery	3,356	379	11.3%
Urology	9,804	780	8.0%
Orthopedic Surgery	19,142	951	5.0%

Source: AMA Physician Master File

The Status of Female Physicians

To best understand and interpret the results of the 2019 *Survey of Women in Medicine*, it is important to review the status of women in medicine today as regards income, practice patterns, and physician supply. Below is a brief discussion of these topics.

SPECIALTY CHOICE AFFECTS INCOME

As these numbers indicate, female physicians are less likely to be in high-paying surgical specialties such as orthopedic surgery and more likely to be in lower paying specialties such as pediatrics, family medicine and psychiatry than are males. For example, 62% of pediatricians are female, while only 5% of orthopedic surgeons are female.

The average starting salaries in relatively low paying specialties in which females have comparatively high representation are compared to the relatively high starting salaries in which females have comparatively low representation in the chart below:

Average Starting Salary by Specialty (Male and Female Physicians)

SPECIALTY	SALARY
PEDIATRICS	$242,000
FAMILY MEDICINE	$239,000
PSYCHIATRY	$273,000
UROLOGY	$464,000
CARDIOLOGY (INVASIVE)	$648,000
ORTHOPEDIC SURGERY	$536,000

Source: Merritt Hawkins 2019 Review of Physician and Advanced Practitioner Recruiting Incentives

FEWER HOURS WORKED

In addition to being overrepresented in low paying specialties, female physicians work fewer hours on average than male physicians. According to the national *Survey of America's Physician*s that Merritt Hawkins conducts on behalf of The Physicians Foundation, female doctors work an average of 50.46 per week compared to 51.89 for men, a difference of 2.9%. Both specialty choice and hours worked must therefore be considered when comparing the incomes of female and male physicians.

MORE PARTICIPATION, LESS COMPENSATION

Female participation in the medical profession has grown considerably, and, if current trends continue, in several decades the majority of physicians in the U.S will be women, as are most nurses, therapists, and other healthcare professionals. However, despite these gains, the incomes of women physicians lag behind those of men.

In the 2018 *Survey of Maryland Physician Compensation* conducted by Merritt Hawkins on behalf of MedChi, The Maryland State Medical Society, significant disparities were found between the incomes of male and female physicians in the state.

Average annual compensation for male physicians in Maryland as tracked by the survey was $335,000, compared to $224,000 for female physicians, a

difference of almost 50 percent. Even when compared on a specialty-by-specialty basis, male physicians in Maryland earn considerably more than female physicians, the survey indicates. For example, male family medicine physicians in Maryland earn an annual average of $243,000, compared to $164,000 for female family medicine physicians, a difference of 48%. Earnings disparities between male and female physicians also are significant even when number of hours worked are accounted for. For example, male Maryland internal medicine physicians working 41 hours a week or more earn over 37% more than females working 41 hours a week or more, the survey indicates.

Surveys conducted by other organizations have found similar patterns of income disparity between male and female physicians.

Medscape's *2019 Physician Compensation Report* found male primary care doctors earn an average of $258,000 compared to $207,000 for females, a difference of 25%. Male specialists earn an average of $372,000 compared to $280,000 for females, a difference of 33%, according to the Medscape report.

Medical Economics found in its survey of primary care physicians that female physicians reported a median annual income of $175,000 while male physicians reported an income of $275,000, suggesting that female physicians make 63 cents for every $1 that male physicians earn. At the highest end of the pay scale recorded in the *Medical Economics* survey, 10% of male respondents put their annual incomes at $500,000 or more compared with only 3% of female physicians.

Similarly, research published in the *Postgraduate Medical Journal* using a sample size of 246,995 physicians revealed an $18,677.23 differential income between female and male doctors, after adjusting for "how hard the physicians worked, productivity and level of experience." (*Equal work for unequal pay: the gender reimbursement gap for healthcare providers in the United States. Postgraduate Medical Journal. August 15, 2016*).

Data suggest that gender-based income disparities are apparent from the beginning of a physician's career. A study in *Annals of Internal Medicine* found that the mean starting salary for newly graduated male residents was nearly $17,000 higher than the staring salary for newly graduated female residents (*Unequal pay for equal work: Where are we now? Annals of Internal medicine. November 6, 2018.*)

FEMALE PHYSICIANS EXPECT TO EARN LESS

Data also suggest that women physicians anticipate lower earnings coming out of residency training than do male physicians. A recent survey of general surgery residents found that women anticipated an ideal

starting salary that was $30,000 less than their male counterparts, and had less confidence about salary negotiations. Female residents were far less likely to believe they had the tools to negotiate successfully than male physicians. Only 18.6% of female physicians indicated they had such tools versus 31.7% of men. Over a 30 year career, the lower earnings expectations of women amounted to a $900,000 potential difference in lost wages, as first salary negotiations can impact a physician's salary over the course of his or her career. (*Career growth, salary expectations, and salary negotiations among male and female general surgery residents. JAMA Surgery. August 28, 2019*).

Gender-based income disparities are not confined to medicine but are reflected in virtually all job categories nationally. The Equal Pay Act of 1963 makes it illegal to pay women less than men for doing the same job. Subsequent state and federal rules have aimed to reinforce pay equality, but regulatory sticks have not been enough to level out earnings. Census Bureau data from 2016 show America's working women still earn just 80 cents for every $1 men earn. (*How to close the physician gender pay gap. Medical Economics. July 18, 2019*).

EFFECT ON WORKFORCE AND RETENTION

According to the University of Michigan's Intern Health Study, almost 40% of female physicians scale back their practice hours or quit medicine altogether within six years of residency. The study showed 22.6% of women doctors were not working full-time, compared to 3.6% of males, within six years of completing training. The gap between men and women physicians expands for those with and without children. 30.6% of women doctors with children were not working full-time within six years of residency compared to 4.6% of male doctors with children. (*Why women leave medicine. Association of American Medical Colleges News. October 1, 2019*)

Gender-based discrimination, including income disparities, may be part of the reason why many female physicians elect to leave medicine early, though the University of Michigan study suggests the primary reason is burnout caused by the accumulated stress of family and job responsibilities.

Studies show that female physicians take on an average of 8.5 hours more work at home each week than do male physicians. Married male doctors with children spend seven hours longer at work and spend 12 hours less per week on parenting or domestic duties than do female doctors (*Why women leave medicine. Association of American Medical Colleges. October 1, 2019*).

It can be difficult for female physicians, or for any physician, to reenter the field once they have left to rear children or

for some other purpose. Laws vary by state, but all physicians seeking to reenter medicine are required to demonstrate their skills through a safety and competency evaluation after an average of 24 months out of practice. Physicians taking this evaluation may be judged competent to reenter medicine, may have to undergo a period of monitoring by another physician, or may be required to repeat at least a part of their residency, often at considerable expense. For this reason, female physicians who take an extended leave of absence from medicine to rear children may elect not to return to the field.

A MATTER OF ACCESS

According to the Association of American Medical Colleges (AAMC), the U.S. will experience a shortage of up to 122,000 physicians by 2032. The growing physician shortage already is limiting patient access to doctors. Merritt Hawkins' *Survey of Physicians Appointment Wait Times* indicates that the average time to schedule a physician appointment grew by 30% from 2014 to 2017, from, 18.5 days to 24.1 days.

Given the growing physician shortage, the disengagement of female physicians from medical practice is an unfortunate trend. As was indicated above, female physicians will compose an increasingly large percent of the physician workforce and it is important from a public health perspective that as many of them remain full-time equivalents (FTEs) as possible. Merritt Hawkins' *2019 Survey of Women Physicians* indicates that gender pay inequities and gender discrimination are factors that can reduce the morale of female physicians, cause them to change practice settings, or consider early retirement. Gender income disparities and discrimination are therefore both personal challenges for female physicians and factors that may erode patient access to care.

Survey Responses

Following is a review of how female physicians responded to specific survey questions and the potential implications of these responses.

WHY DO FEMALE PHYSICIANS EARN LESS?

The survey asked female physicians if they believe that women doctors are paid less than males, even when differences in work hours and specialty are adjusted for. These two qualifications are important since female physicians are generally more highly represented in lower paying specialties such as pediatrics and family medicine, and are less represented in higher paying specialties such as orthopedic surgery, as was noted above. Female physicians also work fewer hours per week than male physicians, as also was noted above.

Once these factors are adjusted for, the question then becomes, are women physicians paid less than men even when the playing field is level?

The majority of female physicians surveyed (74%) believe that this is the case, a minority (13%) believe it is not, while an equal number (13%) don't know or are unsure. Responses varied somewhat by physician type, as the chart below illustrates, with physicians 45 or younger more likely to believe female physicians earn less than males than those 46 or older. Similarly, minority physicians are more likely to believe female physicians earn less than males than are white physicians. There is no difference on this question between primary care physicians and specialists.

Do You Believe Female Physicians Earn Less Than Male Physicians, Even When Average Work Hours and Specialty Are Adjusted For?

	Yes	No	Don't know/ unsure
45 or <	78%	9%	13%
46 or >	70.5%	17.5%	12.0%
Primary care	74%	15%	11%
Specialties	74%	13%	13%
White	71%	16%	13%
All minority	80%	8%	12%
All respondents	74%	13%	13%

Respondents who indicated they believe female physicians are paid less than males were asked why they think this is the case. The survey provided several potential causes to choose from, asking respondents to rate each in terms of importance.

Two primary factors stood out. The first was that "employers unconsciously discriminate against female physicians." Over three quarters of respondents (76%) identified this as a "very important" cause of gender pay inequities in medicine, making this the highest rated factor.

"Unconscious discrimination" suggests that the primary cause of gender pay inequities in medicine can be traced to a culture that values males over females. When presented with two physician candidates for the same position who have equal training, skills

and "bedside manner," employers may unconsciously imbue the male candidate with a higher financial value, even if consciously acknowledging that both candidates have equal clinical ability.

This supposition is reflected in Merritt Hawkins' real world recruiting experience, in which we rarely denote a preference for male candidates over female, and in which female candidates are sometimes preferred. But deeply rooted biases about who is a "breadwinner" and who is not still may color how employers choose to compensate female physicians, as is suggested by this comment submitted by a survey respondent:

> ***"My best friend is an internist and was offered a job at the same time as her co-chief resident and was told he would be paid more because he was a man and married with kids even though she was already boarded and he was not."***

A similar double standard is expressed in this comment:

> ***"With societal expectations, men can still marry a woman who will raise their children and they will be considered good fathers and providers. Women will just deprive their children of their presence and make their colleagues mad at them for dumping more work on already burdensome schedules during the 6-8 weeks of maternity leave."***

In most cases, survey respondents indicated that gender bias is unconscious, but conscious bias also plays a role in gender income disparities, the survey suggests. "Conscious discrimination" was cited by 38% of respondents as a "very important" reason for gender pay inequities in medicine. This type of bias was reflected in a number of written comments submitted by female physicians, including this one:

> ***"There is a conscious bias in all aspects of employment, and it is maintained by a refusal to achieve transparency. Salaries are handled by HR but an employment contract by 'Boy Club diva members' who direct advancement. Wage discrimination is gender and 'not a club member' discrimination."***

FEMALES LESS AGGRESSIVE IN NEGOTIATING

After "unconscious bias," the second most important factor leading to gender pay disparities in medicine as identified by survey respondents is related to attitude or mindset. Over two-thirds of those surveyed (68%) rated "female physicians are less aggressive or adept at salary negotiations than male physicians" as a "very important" cause of pay inequities in medicine.

The fact that female physicians may feel less entitled than males to ask for more money or to negotiate their contracts also may be attributable to longstanding norms regarding gender roles and behaviors, or may have some other basis. Whether or not assertiveness is a learned or innate behavior, both female and male physicians could benefit from more training on the business aspects of medicine, as this comment from a survey respondent suggests:

> ***"Have courses on the business of medicine in medical school. Teach contract negotiation in residency/ fellowship training."***

Female physicians also could find contract negotiations easier to engage in if there was more transparency regarding physician incomes, an observation made in this comment:

> ***"It is my opinion--at this late point in my career--that I did not speak up for myself when I should have. I have suffered shame because of it most of my career. There needs to be more pay transparency at the MD level so that administrators are forced to be held accountable. Salaries should be a matter of public knowledge."***

FEMALE PHYSICIANS SPEND MORE TIME PER PATIENT

A further factor causing gender pay disparities in medicine identified by survey respondents is that "female physicians spend more time per patient" than male physicians. This was cited as a "very important" factor by 35% of those surveyed.

According to a study in the *Journal of the American Medical Association* (JAMA), "Female physicians engage in significantly more active partnership behaviors with patients, positive talk, psychosocial counseling, psychosocial question asking, and emotionally focused talk." Female physicians also spend an average of 10% more time with patients than male physicians. (*Physician gender effects in medical communities: a meta-analytic review. JAMA, August 14, 2002*)

Current reimbursement models such as Relative Value Units (RVUs) that reward physicians at higher rates for procedures than for counseling may work against female physicians. This factor was cited in several comments, including this one:

> ***"Women are seen by patients as being more sympathetic and understanding and the expectation is they will spend more time with the patient. We tend to deal with a lot of psychosocial issues (i.e. Fibromyalgia, chronic pain syndromes) and VERBAL skills/time are NOT reimbursed the same as procedures. We have more phone calls and messages from patients as well due to same. It is difficult to get the "volume" daily***

that a male colleague does, therefore we earn less."

FEMALE PHYSICIANS MORE LIKELY TO BE EMPLOYED

Survey respondents cited the fact that "fewer female physicians are self-employed" than are male physicians as another factor responsible for gender pay disparities in medicine. Over one-quarter of those surveyed (27%) cited this as a "very important" reason for gender income disparities.

According to the *Survey of America's Physicians* that Merritt Hawkins conducts on behalf of The Physicians Foundation, only 23.6% of female physicians are independent practice owners or partners, compared to 35.4% of male physicians. A variety of surveys have established that self-employed physicians earn higher average incomes than employed physicians. For example, *Medscape's 2019 Physician Compensation Report* shows the average income for employed physicians is $289,000, while the average income for self-employed, independent physicians is $359,000.

Should a high percent of both male and female physicians continue to show a preference for employment over independent practice, gender-based income disparities in medicine may decrease.

MORE FEMALE PHYSICIAN LEADERS NEEDED

Several survey respondents added written comments suggesting an additional factor may be limiting the incomes of female physicians – the relative lack of women in leadership positions in medicine (see below):

"As long as men are in leadership positions and they continue to put men in leadership positions, women will be both overlooked and discriminated against for their contributions."

"Why are the majority of physician executives (e.g., CMO, CMIO, department chair, division chief, service line leaders) male? Why are women overlooked for these roles? The number one problem is that hospital administrators are males. Female administrators are few. Female senior medical officers are few. If we had women in positions of senior leadership, I believe that women physicians would be more equally treated on every level."

Increased leadership roles for women in medicine may contribute to the eventual equaling out of incomes for female and male physicians.

AT WHAT POINT DO INCOME DISCREPANCIES OCCUR?

Survey respondents were asked if they earn less than male physicians in their specialties. Close to half (45%) said yes, 25% said no, while 30% indicated they don't know or are unsure. Responses to this question varied somewhat by physician type (see chart below). Physicians 45 or younger, primary care physicians, and minority physicians were more likely to report they are paid less than male

physicians in their specialty than were physicians 46 or older, specialty physicians or white physicians.

The survey asked if female physicians earn less that male physicians with whom they practice. Responses to this question also varied somewhat by physician type (see chart below). Physicians 46 or older were more likely to indicate they earn less than male physicians in their group than were younger physicians, specialists were more likely to indicate they earn less than male physicians in their group than were primary care physicians, and minority physicians were more likely than white physicians to indicate they earn less than male physicians in their group. As one survey respondent noted in a written comment:

"African American women physician are at the bottom of the pay scale. Racism and sexism still persist despite credentials and performance. Hopefully, this will change. In my last practice I was the only female physician. I was also the only one taking call along with the mid-levels. I also had the highest revenue capture. I left that practice for the above reasons".

Those who answered yes to these questions were asked to identify the primary cause of the pay discrepancy – whether it was a result of their base salary, their production bonus only, both their base salary and production bonus, or some other cause. The majority (73%) said the discrepancy originated either with the base salary or with both the base salary and the production bonus. Eight percent attributed the discrepancy to just the production bonus, 11% attributed it to some other cause, while 8% did not know or were unsure.

Do You Earn Less Than Male Physicians in Your Specialty?

	Yes	No	Don't know/ Unsure
45 or <	42%	21%	37%
46 or >	47%	28%	25%
Primary care	43%	20%	37%
Specialties	47%	28%	25%
White	44%	29%	27%
All minority	48%	15%	37%

Do You Earn Less Than Male Physicians in Your Practice/Group?

	Yes	No	Don't know/ Unsure
45 or <	37%	31%	32%
46 or >	40%	38%	22%
Primary care	33%	32%	35%
Specialties	44%	38%	18%
White	36%	39%	25%
All minority	46%	27%	27%
All respondents	39%	36%	25%

INCOME DISCREPANCIES BEGIN EARLY

These numbers suggest that discrepancies between female and male physician incomes start at the initial stage of a doctor's career, when she receives a base salary that is less than that of male counterparts.

In addition to a base salary, many physicians also receive a production bonus based on a formula that measures their productivity. Production formulas can include volume-based metrics such as RVUs, which purport to show how much work a physician has completed, or other volume measures such as number of patients seen or amount of revenue collected. Production formulas also may include value-based metrics such as patient satisfaction scores, adherence to treatment protocols, proper documentation, and others.

If compensation discrepancies are baked into a physician's contract at the base salary level, in the production bonus, or both, she could be chasing those discrepancies for the rest of her career. As the data cited above suggest, a lower starting salary could result in $900,000 in lost income over the lifetime of a physician's career.

The following comment from a survey respondent supports this contention.

> ***"I was employed at a large health system that owned several hospitals and outpatient practices. I saw more patients than my 2 male counterparts (and had a 6 month wait opposed to a 2 to 3 month wait). However, my base and bonus pay were less. I only made close to their salary by seeing more patients per day. I finally left and started my own practice, but am still paid less."***

It should be stated that Merritt Hawkins sees little if any difference in the contract amounts or structures offered to male and female physicians in the search engagements we conduct on behalf of our clients. Nevertheless, the continued occurrence of such discrepancies appears necessary to explain the significant differences between the incomes of female and male physicians.

GENDER DISCRIMINATION IS STILL PERVASIVE

The survey asked female physicians if they have ever faced gender discrimination in their medical careers, whether in medical school, residency training or in their practice.

The majority (76%) said yes, with some variations by physician type (see chart below). Younger physicians, specialist physicians and minority physicians were more likely to report having experienced

gender discrimination than were older physicians, primary care physicians or white physicians. The difference between specialist physicians, 81% of whom reported experiencing gender discrimination, and primary care physicians, only 69% of whom reported experiencing gender discrimination, was particularly pronounced. As was noted earlier in this report, there are relatively more female physicians in primary care than there are in specialties such as orthopedic surgery and others, and this may account for the higher rates of discrimination experienced by female specialists.

Have You Ever Experienced Gender Discrimination?

	Yes	No
45 or <	78%	22%
46 or >	74%	26%
Primary care	69%	31%
Specialties	81%	19%
White	76.5%	23.5%
All minority	72.5%	27.5%
All respondents	76%	24%

THE SOURCE OF DISCRIMINATION: FELLOW PHYSICIANS

Those who indicated they have experienced gender discrimination in their medical careers were asked in what form they have experienced it. The most commonly cited form of gender discrimination cited by survey respondents was "inappropriate or offensive words from a physician colleague." Seventy-five percent of those surveyed who have experienced gender discrimination in their medical careers indicated the source was a physician.

Several written comments submitted by respondents underscored this experience, including the following:

> ***"I STILL get called a nurse by patients and other MDs, passed over for assignments, not treated the same. Reporting discrimination and offensive behavior towards women often results in some sort of negative repercussions for the person discriminated against in my experience."***

> ***"The culture is changing but there is still an old boy's club mentality in medicine that is occasionally difficult to break into."***

However, survey respondents indicated in several comments that the gender discrimination they have experienced was not directed at them exclusively by male physicians, as the following comment indicates:

> ***"Often, other women insecure in leadership roles are the worst offenders and treat women underneath them in the hierarchy terribly."***

Inappropriate or offensive words from mangers/partners/employers" was the second most frequently cited form of gender discrimination cited by survey respondents. Over half (54%) of those who have experienced gender discrimination

in their careers indicated the source was a manager, partner or employer.

A smaller number of those surveyed identified patients as the source of gender discrimination they have experienced. Twenty-three percent of survey respondents cited "inappropriate/offensive words from patients" as a form of gender discrimination that they have experienced. The following comment reflects this type of experience:

> ***"The only discrimination I've experienced is from male patients, typically in their 60s, who refuse to give me the respect they would afford to a male physician in my peer group. They will often call me by my first name instead of 'Doctor' and repeatedly question my medical advice."***

Over half (56%) of those who have experienced gender discrimination indicated it was in the form of "lower compensation," while 47% said it was in the form of "fewer promotions or advancement than male colleagues," as reflected in the following comment:

> ***"Women physicians deserve promotion and pay consideration equal to men, not just when they have provided twice the work product than their male counterparts. Promotion cycles need modification to fit into women's lives, i.e. mechanisms for timeout for family and/or personal crises should not be held against individuals, male or female, but since females disproportionately bear family responsibilities in our society, adjustments need to be made."***

SEXUAL HARASSMENT CONTINUES

Of those who have experienced gender discrimination, 41% said it was in the form of "verbal sexual harassment," while 14% said it was in the form of "physical sexual harassment." The following comment addresses the nature of this type of experience:

> ***"Sexual harassment is common-from patients and other physicians. I had a male attending ask me each shift when I was a resident 'what underwear are you wearing under those scrubs?' It wasn't until he had an affair with another resident that I recognized this behavior as aberrant because it was such a natural part of the work banter between men and women..."***

A SERIOUS PROBLEM

The survey asked female physicians to describe their feelings about gender discrimination in medicine. The majority (79%) indicated it is either a "somewhat serious/frequent" problem or a "serious/frequent" problem," while 21% describe it as a "minor/occasional problem."

Responses varied somewhat by physician type (see page 24). Younger physicians, specialist physicians and minority physicians are more likely to report that gender discrimination is a serious problem than are older physicians, primary care physicians, and minority physicians.

	It is a minor/ occasional problem	It is a somewhat serious/ somewhat frequent problem	It is a serious/ frequent problem
45 or <	21%	40%	39%
46 or >	20%	43%	37%
Primary care	23%	44%	33%
Specialties	19%	41%	40%
White	24%	43%	33%
All minority	13%	39%	48%
All respondents	21%	42%	37%

BURNOUT AND PHYSICIAN SHORTAGES

The survey asked female physicians if gender discrimination has ever caused them to rethink their choice of career or inspired other feelings and actions.

About three quarters of respondents (73%) indicated that gender discrimination has diminished their career satisfaction and professional morale. There has been a notable decline in physician morale and an increase in physician burnout in recent years, as noted by a variety of surveys and studies. According to the *Survey of America's Physicians* that Merritt Hawkins conducts on behalf of The Physicians Foundation, 78% of physicians sometimes, often or always experience feelings of burnout. The burnout rate is higher for female physicians (84.8%) than it is for male physicians (74.1%).

Gender discrimination has caused 56% of female physicians to verbally or in some other way conflict with an administrator, colleague or patient, adding a level of stress to what already is a stressful occupation.

Perhaps of most concern, about one in three female physicians (32%) said that gender discrimination has caused them to consider early retirement. As noted above, many women choose to leave medicine relatively early in their careers compared to men. Given that women are the future of the profession and that a national shortage of physicians is escalating, this is a discouraging prospect for patients, as this comment suggests:

> ***"If women are discouraged from entering or staying in medicine because of pay disparities, the good health outcomes associated with patients of female physicians will decrease, leading to less healthy patients who may in turn require more medical care and thus excess costs to the medical system. So why not help fix the system now, and pay women what they deserve!"***

More encouraging, however, is the fact that only 11% of female physicians responding to the survey would discourage young women from going into medicine in whole or in part due to gender discrimination.

Conclusion

Medicine is a field in which the bar to entry is very high, with rigorous educational, training, licensure and certification requirements necessary for men and women who wish to become physicians. Despite the high qualifications that both male and female doctors must display, the *Survey of Women in Medicine* suggests that gender-based pay disparities in medicine persist, as does gender-based discrimination.

Income disparities and discrimination erode the morale and career satisfaction of female physicians and cause some to consider early retirement, diminishing physician supply. Given the growing shortage of physicians, gender bias in medicine is therefore a concern from a public health perspective, as it may further limit the access patients have to doctors nationwide.

Female Physicians: In Their Own Words

The survey asked female physicians to provide comments regarding what they would like the public and policy makers to know about gender-based income disparities and discrimination in medicine today. Selected comments are included below.

A complete list of all comments is available upon request:

1. *Transparency. All physicians need to be treated in an equitable manner. Promotion, tenure, bonus structure, etc. should all be transparent. It will take active corrective measures to change the culture, the pay discrepancies and the male dominated hierarchical structure. Women are not looking for more than they deserve, just what they deserve.*
2. *Burdensome bureaucracy is a giant problem that affects all physicians, however women physicians are less likely to protest, more likely to "keep their head down" and work harder, while juggling the unique burdens of childcare and housework that disproportionately affects women. This, coupled with rampant unconscious bias against women, and lack of recognition of the "soft" work that might not be captured by current productivity methods (e.g., hours of work on patient care coordination at home, which cannot be billed), adds to the problems faced by women physicians. Recognition and ways of reducing these burdens are necessary in order to make progress towards equal pay for equal work done by women physicians.*

3. *In pediatrics we emphasize the care of the child but we don't support what we say with our providers - I remember scrambling to pump and get my child to day care and lose work productivity because of child illness - and hence hurt my career potential - I would never trade my experiences as a mother, wife and provider but I'm not held in high regard in my field because of those choices.*

4. *I received a threat of death from chief of surgery.*

5. *When first hired, I was told by my department director, that my education from Harvard fellowship was inferior to other fellowships. I have never had a complication, class action suit and I practice at or above standard in the field.*

6. *Despite 8 years of applications, I was never able to get into the specialty I wanted (ortho). I had more surgical training and was an undergraduate engineering major. No women were allowed.*

7. *In the past found out by accident got payed $50,000 less per year.*

8. *On an interview, I was asked if as a woman, I thought I could do the job I was applying for.*

9. *I was replaced as a committee chair by my new boss. My male colleague was put in my place as he had "more gravitas" than I. I have seen my career suffer when speaking out as it is still very much an "old boys club" and they are not interested in hearing a female perspective. The double standard by which females are judged, especially in surgical fields, is infuriating.*

10. *Verbal harassment, nonsexual.*

11. *Across the board unconscious implicit bias excluding women in medicine from leadership.*

12. *In training (1980s) I was ignored by at least one attending & harassed re: my wardrobe (I had 6 professional outfits for each season, & rotated them) and my hair's smell (just shampoo) by another. I was not mentored like the men, and this put me behind for rest of career. I had to learn on my own (succeeded re: med. knowledge) but was way behind in "how to succeed". Similar experiences & worse in med school before that.*

13. *Major compensations discrepancy for the year following my maternity leave.*

14. *I was stood up in front of a doctor's lounge full of students and verbally disparaged. Told there are no good nurses anymore because they all think they are smart enough to be doctors. Daily verbal abuse from surgeon preceptors based on gender.*

15. *Sexism is prevalent among patients, administrators and healthcare professionals. Sometimes it is consciously done.*

16. *Female physicians are as good if not better than male physicians. Equal work means equal pay!!!!*

17. *Administrators just don't care. Hospital states it is against sexual harassment, but doesn't take enough action to support that stance.*

18. *Women in my practice seem to accumulate more complex patients and also are the go-to providers for adolescent care, GYN/sexual health and mental health care needs. On average, the women providers in my office have twice the total number of adolescents in their practice panel when compared to the men (without even adjusting for FTE!!) and these visits are much more time consuming but do not contribute any more to productivity than a much more simple/quick visit seen by a male partner. The women providers on my practice are honored to be able to care for the adolescents in such a thoughtful manner with a high level of service provided, but this needs to be valued much more than it is by the larger institution and the payers.*

19. *Nearby Childcare option, i.e., workplace such as hospital day are was very instrumental in me staying timely in my academic progress and tenure when I was a younger adult*

20. *Women need maternity leave and flexible schedules. Right when we are ramping up our practice, we are typically starting families, but can devote more time to medicine later in our careers. Being a mother makes me a better doctor but I got no support when I wanted a reduced schedule before my son started school. I finally changed jobs when he was 9 and finally feel like I can be a good mom and a great doctor, but it meant leaving private practice. I was lucky to find work at a local VA clinic, but I think many women leave the field instead, which is unfortunate.*

21. *The biggest issue is that when women similarly assert their knowledge and worth, they are considered being pushy, bitchy, demanding, difficult, etc.*

22. *Pay should be given regardless of sex I became self-employed due to poor treatment by my chairman as a resident. I did not receive invitations to socialize or participate in research projects. Women have less connections and opportunities at professional organizations as well.*

23. *Female physicians are not considered equal to male physicians, but more on a par with nurses. Women are entering medicine at a percentage equal to men, yet make thousands less than men of equal training. The reasons are all (AND MORE) that have been enumerated in this study. I have practiced for over 30 years and will not stop attempting to improve these deficiencies for the women in medicine who succeed me.*

24. *I have found a few individual interactions uncomfortable, with colleagues and patients but these are minor. My colleagues have at times been patronizing and minimize my concerns. They have been more supportive of male colleagues concerns and voice.*

25. *It is interesting to me that insurance companies and the government require more paperwork and more administrative hassles than before for the same medical issue just as women are making up a larger proportion of the physician work force. It is OK to diminish real pay for time worked when women are doing the work, huh?*

26. Part of being a female physician is that women patients want to see you. These patients require more time and attention than the male patient. This inherently makes it harder to compete with the male doctors seeing the male patients. However on satisfaction surveys, my female patients are far more satisfied with me than the male patients are with their physician. Finally there are fewer procedures for women's urologic health, which makes me less monetarily productive although not necessarily less productive in my work load. In urology there are lots of procedures for the prostate making it a lucrative specialty. this inherent procedure bias creates a pay gap which cannot be overcome easily.

27. There were so many comments during med school, even during Residency which in Pediatrics was majority female. It was important to navigate the narrow path between being seen as too aggressive (bitchy) & too passive. The constant stress made me turn away from surgery as a career path.

28. Significant improvement from my era of medical school and training due to better awareness and newer regulations. As a woman, I may have had a hiring advantage. There were supervisors who liked having women around because of their perception that the women would be available to them. I now work in a group of all women physicians, self-employed, so salary disparities relative to men and sexual harassment are no longer an issue.

29. Female physicians have to learn to stand up for their rights. Get a lawyer to review your contract.

30. Professional societies should offer legal counseling. I wish I would have gotten earlier advise from an attorney. There needs to be more transparency about salaries. Not for profit organizations should be forced to make salaries publicly available.

31. Female physicians still second class. Do take more time to give better care. Penalized for this, not treated well by male colleagues or even female colleagues.

32. I was probably cut out for academic medicine, but a single experience in med school dissuaded me: after my first night on call ever (no sleep), I was asked by attending what the patient's recent prednisone doses were. I said I know the answer, just let me pull it out of memory. He yelled at me so loud that the nurses heard him 2 stations down. It wasn't that long before he became dean of a major medical school! I didn't want to be in a medical world like that.

33. Only difference now is discrimination is more covert than overt.

34. I was the only female in my residency program. We considered suing my chairman for a hostile workplace environment but would have been blacklisted in my specialty.

35. I have been fortunate to not face much discrimination in my education or career. I have had interactions with male physicians that were derogatory about gender but they were recognized to be total asses and were more of an anomaly.

36. The problem is that the men at home do not pull their fair share of the parenting. I did everything so I had to work less hours and not take call and get paid much less for that reason. I could outsource cleaning and yardwork but you still have to be a parent.

37. Medicine is a field where you are only as good as your recent experience and I think it is still challenging for woman to get the same experience as men. Also, seeing the way male colleagues are able to befriend fellow male doctors and administrators in a way woman can't also hurts women's advancement opportunities because most of the people in positions of power are male.

38. It's taken for granted that we do not need to earn as much as our male counterparts. The discrimination, I feel is worse once you get higher up in your career than when you start.

39. What I am struck by most in medicine is that many of the senior leadership positions are still held by men.

40. The way that men and women approach problems is often different and in the world of medicine it is still very difficult to approach problems from "the female perspective". The idea that women are "emotional and not rational" about decisions is still seen as a liability not as a strength. This is a problem.

Questions and Responses Aggregated by Physician Type

BREAKOUT BY AGE: 45 YEARS OLD OR YOUNGER VERSUS 46 YEARS OLD OR OLDER

1 Do you believe that female physicians earn less income than male physicians on average, even when work hours and differences in specialty are adjusted for?

	45 or <	46 or >	All
Yes	78%	71%	74%
No	9%	18%	13%
Don't know/unsure	13%	12%	13%

2 If yes, please rate the factors that may account for gender pay disparities among physicians, even when hours and specialty are adjusted for? (Check all that apply):

	Very Important			Somewhat Important			Least Important		
	45 or <	46 or >	All	45 or <	46 or >	All	45 or <	46 or >	All
Female physicians spend more time per patient than male physicians	27%	40%	35%	47%	38%	41%	26%	22%	24%
Female physicians are less aggressive/adept at salary negotiation than male physicians	68%	68%	68%	27%	26%	26%	5%	6%	6%
Fewer female physicians are self-employed than male physicians	22%	30%	27%	37%	40%	39%	41%	30%	34%
Fewer female physicians are paid on a fee-for-service basis than male physicians	12%	16%	15%	41%	48%	45%	47%	36%	41%
Female physicians see more complex, time consuming patients than male physicians	23%	25%	24%	31%	35%	34%	46%	40%	42%
Female physicians are on average younger than male physicians	19%	11%	16%	36%	38%	37%	45%	51%	48%
Employers consciously discriminate against female physicians	39%	37%	39%	28%	39%	34%	33%	24%	27%
Employers unconsciously discriminate against female physicians	80%	73%	76%	18%	23%	20%	2%	4%	4%

3 Do you earn less on average than male physicians in your specialty?

	45 or <	46 or >	All
Yes	42%	47%	45%
No	21%	28%	25%
Don't know/ unsure	37%	25%	30%

4 Do you earn less on average than male physicians in your practice/group?

	45 or <	46 or >	All
Yes	37%	40%	39%
No	31%	38%	36%
Don't know/ unsure	32%	22%	25%

5 If yes, is it your base salary, your production bonus or both that is the main cause of this income discrepancy?

	45 or <	46 or >	All
Base salary	51%	35%	41%
Production bonus	7%	7%	8%
Both base salary and production bonus	26%	35%	32%
Other	7%	14%	12%
Don't know/ unsure	9%	8%	8%

6 Have you ever faced gender discrimination in your medical education, training or practice?

	45 or <	46 or >	All
Yes	78%	74%	76%
No	22%	26%	24%

7 If yes, in what form? (Check all that apply)

	45 or <	46 or >	All
Inappropriate/offensive words or actions from physician	71%	78%	75%
Inappropriate/offensive words or actions from managers/partners/employers	50%	63%	57%
Inappropriate/offensive words or actions from patients	20%	24%	23%
Lesser work assignments than male colleagues	20%	22%	20%
Lower compensation than male colleagues	48%	63%	56%
Fewer promotions or advancement than male colleagues	42%	51%	47%
Verbal sexual harassment	36%	44%	41%
Physical sexual harassment	9%	18%	14%

8 Which best describes your feelings about gender discrimination in medicine?

	45 or <	46 or >	All
It is a minor/occasional problem	21%	20%	21%
It is a somewhat serious/somewhat frequent problem	40%	43%	42%
It is a serious/frequent problem	39%	37%	37%

9 Has gender discrimination in medicine ever caused you to do any of the following? (Check all that apply)

	45 or <	46 or >	All
Seek a different practice setting	44%	44%	44%
Rethink your choice of career	32%	26%	29%
Feel a diminished sense of career satisfaction/morale	75%	71%	73%
Consider early retirement	27%	35%	32%
Conflict verbally or in any other way with an administrator, patient, or colleague	53%	58%	56%

10 Would you discourage young women from entering the field of medicine in whole or in part due to gender discrimination?

	45 or <	46 or >	All
Yes	11%	11%	11%
No	89%	89%	89%

11 What is your specialty?

	45 or <	46 or >	All
Family Medicine	16%	12%	14%
General Internal Medicine	11%	12%	11%
Pediatrics	21%	17%	19%
Obstetrics/Gynecology	4%	6%	5%
Surgical Specialty	9%	11%	10%
Internal Medicine Subspecialty	5%	13%	10%
Diagnostic specialty	3%	3%	3%
Other	31%	26%	28%

12 What is your age?

	45 or <	46 or >	All
35 or younger	23%	0%	9%
36-45	77%	0%	32%
46-55	0%	58%	34%
56 or older	0%	42%	25%
Don't know/ unsure	9%	8%	9%

13 What is your ethnicity?

	45 or <	46 or >	All
White	68%	76%	73%
Black or African-American	9%	8%	9%
Hispanic	6%	3%	4%
Asian	12%	6%	8%
Native Hawaiian or Pacific islander	0%	1%	1%
Other	5%	5%	5%

BREAKOUT BY SPECIALTY: PRIMARY CARE (FAMILY MEDICINE/ GENERAL INTERNAL MEDICINE/PEDIATRICS) VERSUS SURGICAL, DIAGNOSTIC, INTERNAL MEDICINE AND OTHER SPECIALTIES.

1 Do you believe that female physicians earn less income than male physicians on average, even when work hours and differences in specialty are adjusted for?

	Primary Care	Specialties	All
Yes	74%	73%	74%
No	15%	13%	13%
Don't know/unsure	13%	13%	13%

2 If yes, please rate the factors that may account for gender pay disparities among physicians, even when hours and specialty are adjusted for? (Check all that apply):

	Very Important			Somewhat Important			Least Important		
	Primary Care	Specialties	All	Primary Care	Specialties	All	Primary Care	Specialties	All
Female physicians spend more time per patient than male physicians	33%	35%	35%	47%	38%	42%	20%	28%	23%
Female physicians are less aggressive/ adept at salary negotiation than male physicians	65%	69%	68%	28%	25%	26%	7%	7%	6%
Fewer female physicians are self employed than male physicians	30%	24%	27%	41%	38%	39%	30%	39%	34%
Fewer female physicians are paid on a fee-for-service basis than male physicians	16%	13%	14%	41%	50%	45%	44%	38%	41%
Female physicians see more complex, time consuming patients than male physicians	28%	21%	24%	35%	32%	34%	37%	47%	42%
Female physicians are on average younger than male physicians	18%	12%	15%	41%	35%	37%	41%	53%	48%
Employers consciously discriminate against female physicians	35%	40%	38%	29%	39%	34%	37%	21%	28%
Employers unconsciously discriminate against female physicians	70%	79%	76%	24%	19%	20%	6%	2%	4%

3 Do you earn less on average than male physicians in your specialty?

	Primary Care	Specialties	All
Yes	43%	47%	45%
No	20%	28%	25%
Don't know/ unsure	37%	25%	30%

4 Do you earn less on average than male physicians in your practice/group?

	Primary Care	Specialties	All
Yes	33%	44%	39%
No	32%	38%	36%
Don't know/ unsure	36%	20%	25%

5 If yes, is it your base salary, your production bonus or both that is the main cause of this income discrepancy?

	Primary Care	Specialties	All
Base salary	56%	31%	41%
Production bonus	5%	10%	8%
Both base salary and production bonus	25%	36%	32%
Other	7%	15%	11%
Don't know/ unsure	8%	9%	8%

6 Have you ever faced gender discrimination in your medical education, training or practice?

	Primary Care	Specialties	All
Yes	69%	81%	76%
No	31%	19%	24%

7 If yes, in what form? (Check all that apply)

	Primary Care	Specialties	All
Inappropriate/offensive words or actions from physician	70%	78%	75%
Inappropriate/offensive words or actions from managers/partners/employers	55%	58%	57%
Inappropriate/offensive words or actions from patients	21%	23%	23%
Lesser work assignments than male colleagues	8%	29%	20%
Lower compensation than male colleagues	49%	61%	56%
Fewer promotions or advancement than male colleagues	40%	52%	47%
Verbal sexual harassment	33%	45%	41%
Physical sexual harassment	9%	17%	14%

8 Which best describes your feelings about gender discrimination in medicine?

	Primary Care	Specialties	All
It is a minor/occasional problem	23%	19%	21%
It is a somewhat serious/somewhat frequent problem	44%	40%	42%
It is a serious/frequent problem	33%	41%	37%

9 Has gender discrimination in medicine ever caused you to do any of the following? (Check all that apply)

	Primary Care	Specialties	All
Seek a different practice setting	44%	44%	44%
Rethink your choice of career	23%	33%	29%
Feel a diminished sense of career satisfaction/morale	67%	76%	73%
Consider early retirement	24%	38%	32%
Conflict verbally or in any other way with an administrator, patient, or colleague	51%	59%	56%

10 Would you discourage young women from entering the field of medicine in whole or in part due to gender discrimination?

	Primary Care	Specialties	All
Yes	9%	13%	11%
No	91%	87%	89%

11 What is your specialty?

	Primary Care	Specialties	All
Family Medicine	32%	0%	14%
General Internal Medicine	26%	0%	11%
Pediatrics	42%	0%	19%
Obstetrics/Gynecology	0%	9%	5%
Surgical Specialty	0%	18%	10%
Internal Medicine Subspecialty	0%	18%	10%
Diagnostic specialty	0%	5%	3%
Other	0%	50%	28%

12 What is your age?

	Primary Care	Specialties	All
35 or younger	13%	6%	9%
36-45	31%	32%	32%
46-55	33%	35%	34%
56 or older	23%	27%	25%
Don't know/ unsure	8%	9%	8%

13 What is your ethnicity?

	Primary Care	Specialties	All
White	71%	74%	73%
Black or African-American	9%	9%	9%
Hispanic	8%	2%	4%
Asian	7%	10%	8%
Native Hawaiian or Pacific islander	<1%	<1%	<1%
Other	5%	5%	5%

BREAKOUT BY RACE/ETHNICITY: WHITE VERSUS ALL MINORITIES

1 Do you believe that female physicians earn less income than male physicians on average, even when work hours and differences in specialty are adjusted for?

	White	All Minority	All
Yes	71%	80%	74%
No	16%	8%	13%
Don't know/unsure	13%	12%	13%

2 If yes, please rate the factors that may account for gender pay disparities among physicians, even when hours and specialty are adjusted for? (Check all that apply):

	Very Important			Somewhat Important			Least Important		
	White	All Minority	All	White	All Minority	All	White	All Minority	All
Female physicians spend more time per patient than male physicians	27%	40%	35%	47%	38%	41%	27%	22%	24%
Female physicians are less aggressive/adept at salary negotiation than male physicians	67%	67%	68%	27%	26%	26%	6%	7%	6%
Fewer female physicians are self-employed than male physicians	22%	30%	27%	37%	40%	39%	41%	31%	34%
Fewer female physicians are paid on a fee-for-service basis than male physicians	11%	16%	15%	41%	48%	45%	47%	36%	41%
Female physicians see more complex, time consuming patients than male physicians	23%	25%	24%	31%	35%	34%	45%	41%	42%
Female physicians are on average younger than male physicians	19%	11%	16%	36%	38%	37%	49%	50%	48%
Employers consciously discriminate against female physicians	29%	37%	39%	28%	39%	34%	33%	23%	27%
Employers unconsciously discriminate against female physicians	80%	73%	76%	18%	23%	20%	3%	5%	4%

3 Do you earn less on average than male physicians in your specialty?

	White	All Minority	All
Yes	44%	48%	45%
No	29%	15%	25%
Don't know/ unsure	27%	37%	30%

4 Do you earn less on average than male physicians in your practice/group?

	White	All Minority	All
Yes	36%	46%	39%
No	39%	27%	36%
Don't know/ unsure	25%	27%	25%

5 If yes, is it your base salary, your production bonus or both that is the main cause of this income discrepancy?

	White	All Minority	All
Base salary	49%	31%	41%
Production bonus	14%	5%	8%
Both base salary and production bonus	21%	27%	32%
Other	7%	5%	11%
Don't know/ unsure	9%	11%	8%

6 Have you ever faced gender discrimination in your medical education, training or practice?

	White	All Minority	All
Yes	77%	73%	76%
No	23%	27%	24%

7 If yes, in what form? (Check all that apply)

	White	All Minority	All
Inappropriate/offensive words or actions from physician	78%	66%	75%
Inappropriate/offensive words or actions from managers/ partners/employers	58%	54%	57%
Inappropriate/offensive words or actions from patients	20%	28%	23%
Lesser work assignments than male colleagues	20%	23%	20%
Lower compensation than male colleagues	52%	65%	56%
Fewer promotions or advancement than male colleagues	44%	55%	47%
Verbal sexual harassment	42%	37%	41%
Physical sexual harassment	14%	11%	14%

8 Which best describes your feelings about gender discrimination in medicine?

	White	All Minority	All
It is a minor/occasional problem	24%	13%	21%
It is a somewhat serious/somewhat frequent problem	43%	39%	42%
It is a serious/frequent problem	33%	48%	37%

9 Has gender discrimination in medicine ever caused you to do any of the following? (Check all that apply)

	White	All Minority	All
Seek a different practice setting	43%	46%	44%
Rethink your choice of career	29%	27%	29%
Feel a diminished sense of career satisfaction/morale	74%	71%	73%
Consider early retirement	29%	38%	32%
Conflict verbally or in any other way with an administrator, patient, or colleague	59%	47%	56%

10 Would you discourage young women from entering the field of medicine in whole or in part due to gender discrimination?

	White	All Minority	All
Yes	11%	12%	11%
No	89%	88%	89%

11 What is your specialty?

	White	All Minority	All
Family Medicine	14%	13%	14%
General Internal Medicine	9%	17%	11%
Pediatrics	19%	16%	18%
Obstetrics/Gynecology	6%	3%	5%
Surgical Specialty	11%	9%	10%
Internal Medicine Subspecialty	10%	11%	10%
Diagnostic specialty	4%	1%	3%
Other	27%	30%	28%

12 What is your age?

	White	All Minority	All
35 or younger	8%	14%	9%
36-45	31%	34%	32%
46-55	34%	35%	34%
56 or older	27`%	16%	25%
Don't know/ unsure	8%	9%	8%

13 What is your ethnicity?

	White	All Minority	All
White	100%	0%	73%
Black or African-American	0%	32%	9%
Hispanic	0%	31%	4%
Asian	0%	19%	8%
Native Hawaiian or Pacific islander	0%	16%	1%
Other	0%	2%	5%

For additional information about Merritt Hawkins 2019 *Survey of Women in Medicine: Gender-Based Pay Disparities and Workplace Discrimination* or other Merritt Hawkins surveys, white papers, and speaking presentations, contact:

Phillip Miller
Merritt Hawkins
8840 Cypress Waters Drive, Ste. 300
Dallas, Texas 75019
800-876-0500

www.merritthawkins.com

A Survey of Female Physicians Examining Gender Pay Disparities and Gender Discrimination in the Medical Workplace

MERRITT HAWKINS
an AMN Healthcare company