Abstract:

This research project will assess the gender wage gap that exists within the field of medicine in the United States in order to unveil the dominant themes that drive the pay disparity and the consequences that exist thereof. A thorough literature review will provide a broad discussion of the gender wage gap in addition to a narrow analysis of the issue specifically in the medical profession. Based on the findings of the literature review, anecdotal interviews will be conducted with practicing physicians in Indiana to offer material for comparison. The paper will conclude with a consideration of how compensation motivates workplace practices.
Introduction

Women are entering the workforce daily, constituting nearly half of all employees in the United States; yet, they are continually receiving paychecks that do not amount to the same as their male counterparts. Despite the fact that these women and men are entitled to the same job positions, completing work that entails equal competency and credentials, unequal pay toward women persists. This issue is especially discouraging to the many women beginning jobs, who have likely worked just as hard or perhaps even harder than fellow male associates to complete an upper-level education. However, they are faced with the challenge of earning statistically less per dollar than their male co-workers – a reality that is simply not fair. Pay equality is not expected to reach until the year 2058 if no change of pace occurs (Costello). The gender wage gap is a pressing issue in the 2016 presidential elections, gaining considerable attention.

The field of medicine is one of numerous occupations that experiences pay inequality. The gender wage gap trend is strongest in occupations that require the most advanced skills, such as medicine and law (Hegewisch, “Separate and Not Equal”). This paper will begin by providing a background of the gender wage gap, and then focus on exploring the factors that influence this issue as a whole and more specifically within the medical profession. Based on literature findings, a self-written questionnaire will be constructed as a basis for interviews that will be carried out with practicing physicians in Indiana to gain feedback on their perspectives. A conclusion of how compensation drives workplace practices will follow.
Research Barriers

My initial thesis proposal aimed to compare the compensation systems of public hospitals within two demographically similar states in order to assess the gender wage gap that exists for female-dominated medical specialties. However, due to the difficulties of gathering the necessary proprietary information from hospitals, considering their fear of potential lawsuit claims, I was unable to follow through with this plan. Additionally, the limited time and resources I have to complete this project would not have allowed me to complete such a level of analysis. Therefore, I chose a more practical scope that still aligns with my research goals and will provide valuable insight.

The Gender Wage Gap Defined

The pay gap is computed by subtracting women’s median earnings from men’s median earnings and dividing by men’s median earnings. Though the median weekly incomes for both women and men increased between 2014 and 2015, men’s increase went up by 2.6% while women’s only went up by 0.9%. Therefore, the greater increase in men’s income resulted in a wider wage gap. Specifically, women made 82.5 cents for every dollar that men earned in 2014; in 2015, this amount decreased to 81.1 cents (Hegewisch, “The Gender Wage Gap”). Ariane Hegewisch, study director at Institute for Women’s Policy Research, says:

It’s not yet clear whether this is a statistically significant decrease. But the new data follows a familiar pattern that should be concerning. Typically the wage gap widens when the economy does well, and it narrows when the economy doesn’t do well. So as the country finally emerges from the deep hole caused by the recession, old dynamics are likely to come back into play. (Covert)
Based on an *annual* percentage, women’s earnings ratio is 78.6 percent of men’s (Hegewisch, “The Gender Wage Gap”). According to a 2015 analysis from the National Women’s Law Center, a woman loses roughly $435,049 over the course of her career before retirement because of the wage gap (Showalter). The graph below is from an Institute for Women’s Policy Research’s fact sheet, which provides an illustration of the gap over time (Hegewisch, “The Gender Wage Gap”).

### Figure 1: The Gender Earnings Ratio, 1955-2015, Full-Time Workers

**Background**

President John F. Kennedy passed the Equal Pay Act (EPA) in 1963 as an amendment to the Fair Labor Standards Act of 1938. The EPA prohibits sex discrimination with regard to jobs that involve substantially equal skill, effort, responsibility, and similar working conditions (Laney). Factors to determine what constitutes “substantially equal” include the amount of education received, previous work experience, quality and quantity of production outcome, conduct and skill, and independent consideration of an individual’s circumstances (Laney). Exceptions to the prohibition of sex discrimination include situations involving the following affirmative defenses: seniority system, merit system, system based on quality or quantity of
production, or a differential based on any other factor other than sex (Rabin-Margalioth). Once Title VII of the Civil Rights Act was passed in 1964, protections against sex-based pay differentials were expanded. It was made illegal for an employer with at least 15 employees to discriminate against an employee in terms of pay, benefits, pensions, hiring, training, promotion, and other conditions of employment based on one’s sex, race, color, religion, and national origin. Thus, Title VII shifted the emphasis toward causation rather than individual performance in determining employee compensation.

The Bennett Amendment of Title VII incorporates the EPA’s affirmative defense exceptions, which more clearly expresses the situations in which an employer can lawfully compensate employees of opposite sex differently (Laney). Despite this, courts face an unresolved debate over which analysis under Title VII – Title VII or the Equal Pay Act – they should apply when faced with equal work cases (Omilian).

The frameworks of proof are different under these statutes, which can create an obstacle in allowing pay disparity claims to move forward. For example, if a court were to employ a Title VII analysis, the burden of proof would remain on the plaintiff to justify that an employer’s defense was only a cover for illegal discrimination. On the other hand, if a court were looking at a case from the perspective of the Equal Pay Act standards, the burden of proof shifts to the employer, who would be responsible for explaining that a wage differential was based on “any factor other than sex” (Omilian).

Furthermore, each analysis involves applying different interpretations; the Equal Pay Act would involve consideration of the restrictive “equal work” conditions in addition to the four affirmative defenses, whereas Title VII would only involve consideration of the four affirmative defenses (Rabin-Margalioth). Thus, based on a court’s interpretation, gender-based pay disparity
The Gender Wage Gap In The Medical Profession

claims may either be accepted or rejected given the application of different statutes. This can lead to an unrealistic measure of the gender wage gap as a whole.

The graph below illustrates the progress made since the Equal Pay Act was enacted.

In 2009, President Barack Obama signed the Lilly Ledbetter Fair Pay Act into law, which expanded the application of the 180-day limitation for filing unlawful employment practices by stating that pay discrimination takes place each time a woman receives a discriminatory paycheck -- not just the point at which an employer makes a discriminatory decision (Costello). By revising the way pay discrimination claims should be reviewed, individuals subjected to discrimination are able to restart the 180-day period for each discriminatory paycheck received.

The Paycheck Fairness Act, which was first introduced in 1997, has yet to pass through the Senate (Laney). Though the House of Representatives passed it in 2009, the Senate rejected it in 2012 (Costello). If enacted, the scope of the fourth affirmative defense under the Equal Pay Act would be better defined, which could help the courts clarify their interpretation process. The Paycheck Fairness Act aims to advance the EPA specifically by, “limiting the permissible “other
factors other than sex” to *bona fide* job-related factors consistent with business necessity, such as education, training, or experience; protecting workers from retaliation for sharing pay information; allowing employees to seek compensatory damages (not just back pay) or punitive damages; and enabling employees to ask for and share payroll information” (Laney).

Considering that the EPA’s affirmative defense exceptions are part of Title VII, market defenses continue to succeed because of the “any factor other than sex” (AFOTS) exception. This broad exception reverts back to the premise of the irrelevant sex-based causation model originally laid out in Title VII. Furthermore, it defeats the purpose of the seniority, merit, and individual production exceptions, all of which serve as relevant factors to defend appropriate circumstances of gender-based pay differentials (Rabin-Margalioth). Hence, the fourth defense allows for an employer to justify almost any profit maximizing principle as a rational excuse for sex-based decision-making.

Often times, employers claim that the pressure they face from external market forces influences their compensation schemes. In reality, however, they are persuaded by internal work stereotypes. While the market argument may be relevant for situations involving equal-pay-for-comparable-worth, in which the intrinsic value of occupations is of question, the market defense is not applicable to equal-pay-for-equal-work cases – the theory that this analysis is concentrating on (Rabin-Margalioth). Through the enactment of the Paycheck Fairness Act, the AFOTS defense would be limited to factors such as training, education, and experience (Rabin-Margalioth). This restriction would lead to greater uniformity in the acceptable defenses and eliminate the market justifications that serve the best interest of business promotion but negatively impact women (Rabin-Margalioth).
Enacting a law through Congress that guarantees a woman is paid the same as a man for completing the same work would set a new tone within the workforce today. In his recent 2015 State of the Union address, President Obama says, “Of course, nothing helps families make ends meet like higher wages. That’s why this Congress still needs to pass a law that makes sure a woman is paid the same as a man for doing the same work. Really. It’s 2015. It’s time”. Despite being reintroduced in the 114th Congress, it is unlikely that this law will soon pass (Costello). However, this does not mean that the gender wage gap cannot be solved through efforts at the state level. Lars Gert Lose, Ambassador of Denmark to the United States, says, “While laws and regulations can promote gender equality in many important aspects, culture cannot be changed by decree”. Understanding the forces that exist behind this issue is also critical in defeating the following factors that will be introduced.

**Gender Wage Gap Indicators**

**Discrimination**

Despite past laws that have banned discrimination in the workplace, researchers find that roughly 38 percent of the total wage gap that exists between men and women is likely due to discrimination (Costello). Direct instances of discrimination arise in wage setting, allocation of promotions, advancement opportunities to higher paying jobs, and distributing lucrative clients (Costello). New research from Cornell University suggests that an even larger portion is due to subtle, indirect discriminatory acts toward women that create barriers to entering high-paying, male-dominated occupations (Miller). Such behaviors include discouragement, harassment, and a lack of information on alternative job options (Hegewisch, “Separate and Not Equal”). According to the United States Academy of Sciences, both men and women undervalue women’s
abilities, leaving employers with the impression that women are more likely to take time off when they become mothers and take care of household responsibilities (Taylor).

Cases of discrimination are hard to fully uncover given the payroll secrecy policies that prevail in the private sector, leaving courts with indefinite but likely aspects of discrimination that occur. Institute for Women's Policy Research conducted a survey and found that 60 percent of men and 62 percent of women claim that they are “contractually forbidden or strongly discouraged from discussing their earnings with coworkers” (Costello). Employees of federal contractors, on the other hand, are protected from penalty for discussing, inquiring, or disclosing wage and compensation information since President Obama signed an executive order on the matter on April 8, 2014 (Obama). Since then, the following ten states have enacted laws that support Obama’s initiative: California, Colorado, Illinois, Louisiana, Maine, Michigan, Minnesota, New Hampshire, New Jersey, and Vermont (“Earnings and the Gender Wage Gap”).

Dr. Jagsi, MD, DPhil, says, “We need transparency and standardization so we can have accountability” (Taylor). If no one is aware that women are being paid less for the same work, no one will take action on the matter. Leaders should encourage female employees and make their compensation systems more available for revision so that possibilities of gender biases are not overlooked (Taylor).

**Occupational Segregation**

It is no longer reasonable to argue that the wage gap prevails due to women’s greater tendency to pursue lower-paying jobs compared to men. In fact, women are just as capable of obtaining higher-paying jobs, as they continue to receive more education than men and gain as much work experience (Miller). Thus, a study from Cornell University finds that 51 percent of the wage gap is due to disparities in occupational and industrial gender segregation (Miller). This
concept implies three main components. First, women have less access to higher-paying jobs. While 23 out of the 30 lowest-paying jobs are female-dominated, 26 out of 30 of the highest-paying jobs are male-dominated (Miller). Second, men’s work is higher paid while women’s work is lower paid (Covert). For example, janitorial and house cleaning positions, which are mostly done by men and women respectively, require similar responsibilities. However, janitors earn 22 percent more than maids. Likewise, an information technology manager, a position more often employed by a man, earns 27 percent more than a human resources manager, a position more often employed by a female (Miller). This trend in which men are getting paid at a higher rate for their work than women is concerning as the economy transitions to recovery, which is already beginning to push women further behind (Covert). To avoid this, women can shift to occupations with higher shares of men in attempt to increase their earnings (Hegewisch, “Separate and Not Equal”). However, progress toward occupational integration has yet to occur since the year 2000 (Covert). Lastly, as a growing number of women enter a certain field, the pay drops -- even if that field was previously done by a greater number of men. This indicates a sheer undervaluation of women in the workplace (Miller). Despite controlling for factors such as education, work experience, skills, race, and geography, the field of recreation, for instance, experienced a 57 percent decline in median hourly wages as more women began to dominate these jobs over their male counterparts between 1950 and 2000. The opposite was true when the number of men outgrew the number of females in fields such as computer programming, wherein the job began to pay more and even became more reputable (Miller).

Negotiation

Research findings emphasize that a significant cause of the wage gap is due to the fact that women are more reluctant to negotiate their wages compared to men (Rabin-Margalioth).
Women are shown to have just as strong negotiating skills as men -- except when the focus turns to bargaining for themselves. When this shift occurs, women become “shy, intimidated, and uncomfortable” (“Negotiating Salary 101”). Thus, because women tend to undervalue their abilities, their low self-confidence and lack of competitive nature creates a barrier to achieving their worth (Rabin-Margalioth).

Women often simply accept rather than debate initial salary offers when accepting a new job. They also avoid requesting a salary raise due to “fear of failure or looking greedy, conflict avoidance, and not knowing what they deserve” (Butterfield). This causes them to settle for what others believe they deserve rather than what they aim to earn (“Negotiating Salary 101”). The starting salaries of male and female master degree graduates from Carnegie Melon University were compared; it was found that female graduates received 7.6% less for their average salary than fellow male graduates (Rabin-Margalioth). This discrepancy resulted because while 57% of men negotiated their starting salary, only 7% of females did so (Rabin-Margalioth).

Furthermore, women are not as informed as men regarding compensation standards, which contributes to the explanation for their depressed wages (Rabin-Margalioth). While they imply what they want, they avoid directly asking and are more willing to take “no” for an answer (“Negotiating Salary 101”). Compared to men, women tend to set lower goals for themselves and are satisfied with less; they believe lower pay is fair. Experts note that this finding is perhaps due to a woman’s inclination to compare their compensation to another female’s compensation rather than a male’s (“Negotiating Salary 101”). Females generally also view negotiation as a personal matter; however, the process is a professional affair. Therefore, one should not feel bad about negotiating out fear of hindering a relationship with a counterpart (“Negotiating Salary 101”).
Society has also enforced the idea that women should not participate in bold behavior, so the act of negotiating is construed as rude (“Negotiating Salary 101”).

Dr. Cyr, director of general internal medicine at Brown University, emphasizes that one cannot successfully negotiate without first understanding their value. She says, “It’s about your work, not about how much money you need. Think about it in terms of what you’re worth. One of the things that bothers me that women say is ‘I have to make enough money to pay for the child care.’ … That’s not relevant. It’s your value.” When determining one’s value, it is important to consider current and future contributions, including reimbursable work and nonreimbursable work. Some believe women are paid less because they trade monetary compensation for flexibility, predictability, and control. However, it is important that one does not overestimate the worth of such alternative factors and consequently earn less money than necessary (Brodsky). Linda Brodsky, MD, says “No big secret, men want the same things and don’t give away their money to get them.” The indirect compensatory benefits such as the above three mentioned can be viewed as “assets” rather than “deficits” (Brodsky).

Before negotiating, it is critical to set a bottom line but strive for a target value; assess the other party’s values and needs; know the market. When bargaining, spend double the time acquiring information during the negotiation; avoid jumping to conclusions and making the first alternative concession after the other party negatively responds; realize that it is sometimes possible to make alterations to a standard contract, though the other party may argue otherwise. The goal is to at least reach a middle ground (Butterfield). Ultimately, though, one should be ready to walk away if an organization is undervaluing them (Brodsky).

In a recent NPR discussion, YWCA in Boston reveals its primary attempt at closing the gender wage gap. By offering a free salary negotiation workshop targeted to women, this
organization is empowering women to know their worth in the workplace. YWCA volunteer Mariko Meier preaches, “Know your value. Identify a target salary and benefits package. Know your strategy and practice.” This organization’s goal is to train 85,000 women how to negotiate their salaries over the course of five years, which constitutes almost half of Boston’s female workforce. Marty Walsh, Boston’s Mayor, agrees that teaching women how to negotiate is economically advantageous. He says, “By increasing the amount of money that women have that will be spent on their families and spent on living and not having to cut back on certain areas, I mean, it makes a tremendous impact in the economy.” Furthermore, Hannah Bowles, a senior lecturer at the Harvard Kennedy School of Government, raises attention to the fact that it is a minority of men who negotiate, but an even smaller minority of women who negotiate. Therefore, Boston’s goal is to change that minority to a majority. Bowles believes that while a lack of salary negotiation on women’s part is a factor of the gender wage gap, there is far more behind this issue that requires strategies beyond Boston’s plan. However, it is a start, considering legislation alone is also not going to close the gap.

*Modern Women as Primary Caregivers and Breadwinners*

Women still uphold the role of primary caregiver in their family -- a long-held societal norm -- despite their increasing presence in the workforce (Reichlin). According to the 2014 U.S. Bureau of Labor Statistics, 70% of mothers are in the labor force with children under the age of 18. Mothers spend approximately twice as many hours on childcare than fathers (13.5 hours versus 7.3), and 67% of unpaid caregivers for sick, elderly, or disabled family members are women (Costello). From childcare to housework responsibilities, these duties limit their time for paid work. Lack of affordable childcare and job-protected leave place women at an even greater disadvantage. Twenty percent of unpaid caregivers report “missed professional opportunities”
due to time off needs, which ultimately reduce their economic security as their chances of job loss increase and wage growth stagnates (Reichlin).

While the majority of developed countries provide access to paid family-medical leave for their workers, the United States government, on the other hand, has yet to require that employers offer such benefit under the Family and Medical Leave Act (FMLA). Currently, only five states enforce partially paid six-week family leave policies. San Francisco is the only city that implemented a fully paid six-week leave mandate on April 5, 2016 (Levin). Therefore, far too few workplaces in America enforce paid leave, undermining the value of employees by failing to account for their personal responsibilities outside of work.

Moreover, gender stereotypes regarding the traditional family view that men are the breadwinners and women are the caregivers persist under the current state of the Family and Medical Leave Act. By implementing a paid leave policy in the workplace under FMLA, however, this act would improve attempts at gender equality. While Congress attempted to promote employment equality for men and women by providing the opportunity for both sexes to balance family and work after initially passing the FMLA, society’s conventional ideas of the roles of men and women continue to interfere with this goal. Therefore, women remain the dominant provider for family responsibilities instead of men stepping up to the plate. Perhaps if paid leave were integrated into the workplace, more men would be likely to share an equal burden of time-off with their wives to care for the birth of a new child (Mayer). This factor could thus raise female employment and wages by allowing them to advance in their careers.

Furthermore, the exclusions under the FMLA prevent the working class, which predominantly consists of women, from receiving any useful benefit from the program as it stands. Many of the low-wage workers who are permitted to take unpaid leave cannot afford to
do so anyway (Boushey). All workers, whether part-time or full-time, would greatly benefit from paid leave to address family needs. Ensuring that families do not suffer financially for taking time off is critical as more women are entering the workforce and fewer families have someone at home to care of a family member. Paid time off has been shown to improve familial relationships by making it easier for all employees to take care of injured and sick family members without fear of losing out on pay. The illustration below represents today’s modern family, which now typically consists of dual breadwinners.

![Figure 1. Male Breadwinner Families No Longer the Norm](chart)

**Figure 1. Male Breadwinner Families No Longer the Norm**

*Employed Parents in Households with Children under 18 Years, 1970 and 2012*

<table>
<thead>
<tr>
<th>Year</th>
<th>Married, Male Breadwinner</th>
<th>Married, Female Breadwinner</th>
<th>Single Dad</th>
<th>Married, Dual Earner</th>
<th>Single Mom</th>
<th>No Earner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>52%</td>
<td>33%</td>
<td>3%</td>
<td>7%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>2012</td>
<td>21%</td>
<td>44%</td>
<td>4%</td>
<td>18%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: IWPR microdata analysis of CPS-ASEC as provided by King et al. 2010.

**Gender Wage Gap In The Medical Profession**

Women are entering the jobs traditionally done by men in the higher-paying white-collar jobs as opposed to blue-collar fields. The pay gap is more prominent among the white-collar jobs, possibly due to the fact that these higher-paying jobs are more demanding and less flexible. Consequently, workers that seek alternative arrangements, which are mostly women, are disadvantaged for such requests (Miller). This theory is explored in the following section by assessing the trends within the field of medicine.
The path to earning a medical degree is far from an easy feat. Acceptance into a medical school alone is extremely competitive. Post-college graduate students must first pass the standardized Medical College Admission Test (MCAT) before applying. Based on their score and credentials, they are admitted to a medical school program in which the process of four rigorous years of school begins. Followed by this is the residency training period that entails an additional three years minimum to eight years maximum depending on one’s choice of specialty. Furthermore, if one chooses to subspecialize in their field, a fellowship is required, which can last up to three years. All medical students are required to earn a license by passing a standardized national board exam that is divided into three steps. The first two steps are completed during medical school itself while the last step is generally completed during residency. Clearly, it is evident that the process of becoming a doctor is extremely demanding, requiring intense dedication, focus, and hard work. Therefore, doctors undoubtedly deserve appropriate compensation. Unfortunately, female doctors lag behind in earning up to their worth, earning 71 percent of what male physicians earn (Miller).

Past studies have determined that gender wage differentials within fields of medicine can be explained by the propensity of women to pursue primary care professions and work fewer hours compared to their male counterparts. However, a 2011 study published in *Health Affairs*, “The $16,819 Pay Gap For Newly Trained Physicians: The Unexplained Trend of Men Earning More Than Women”, proved otherwise. Research conducted between 1999-2008 found that while an increasing number of women have shown to subspecialize by the year 2008, an even greater wage gap persisted compared to 1999 – the year in which it was more common for females to enter primary care fields than areas of specialty. Specifically, the percentage of women entering primary care fields dropped to around 30 percent in 2008 from 50 percent in
1999. Thus, while previous findings have indicated an increase in the absolute number of female physicians in primary care fields, they fail to realize that there is a proportional decrease in the percentage of female physicians that are entering primary care fields.

Researchers also examined 8,233 starting salaries according to gender for New York State physicians who just completed their residency programs. The sample included 3,315 women and 4,918 men; the percentage of women increased to 43% in 2008 from 38% in 1999. The data came from the New York State Survey of Residents Completing Training, a study that was carried out by the Center for Health Workforce Studies of the State University of New York at Albany. Researchers limited their concentration on graduating residents who had been offered and accepted a job and indicated that after completing their training, their primary role would be “patient care and clinical practice (in a nontraining position)”. They controlled for more factors than any study on this issue has in the past, including specialty choice, practice setting, work hours, immigration status, and age. Furthermore, by considering starting salaries of these newly trained physicians, researchers were able to eliminate their focus on variables such as experience, rank within an institution, and on-the-job productivity. In any case, this study argued that since productivity is often analyzed based on the number of patients seen over a certain period without relevant acknowledgment of the quality of patient care and outcomes, it is not a valid element in defense of the wage gap debate. Below is a replicated chart from the study, which shows the starting salary for physician specialties by gender.

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Percentage of Physicians (%)</th>
<th>Mean Starting Salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women (%)</td>
</tr>
<tr>
<td>All Physicians</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Pediatrics (general)</td>
<td>5.0</td>
<td>13.9</td>
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<tr>
<td>Geriatrics</td>
<td>1.8</td>
<td>2.5</td>
</tr>
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</table>
### The Gender Wage Gap In The Medical Profession

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Starting Salary</th>
<th>Median Salary</th>
<th>Starting Salary Median ($)</th>
<th>Median Salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>6.4</td>
<td>8.5</td>
<td>147,874</td>
<td>139,504*</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>3.3</td>
<td>4.4</td>
<td>156,668</td>
<td>141,852*</td>
</tr>
<tr>
<td>Internal Medicine (general)</td>
<td>18.2</td>
<td>16</td>
<td>154,900</td>
<td>142,526*</td>
</tr>
<tr>
<td>Pediatrics (subspecialty)</td>
<td>1.7</td>
<td>3.5</td>
<td>161,119</td>
<td>143,675*</td>
</tr>
<tr>
<td>Nephrology</td>
<td>2.0</td>
<td>0.8</td>
<td>162,190</td>
<td>146,668*</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>2.3</td>
<td>0.9</td>
<td>197,398</td>
<td>153,078*</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>1.4</td>
<td>0.4</td>
<td>207,329</td>
<td>175,122*</td>
</tr>
<tr>
<td>Urology</td>
<td>2.1</td>
<td>0.3</td>
<td>199,314</td>
<td>175,407</td>
</tr>
<tr>
<td>Obstetrics and Gynecology (general)</td>
<td>2.5</td>
<td>10.5</td>
<td>203,789</td>
<td>182,047*</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1.0</td>
<td>2.2</td>
<td>217,799</td>
<td>194,818*</td>
</tr>
<tr>
<td>Surgery (general)</td>
<td>1.4</td>
<td>0.7</td>
<td>185,881</td>
<td>196,721</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4.1</td>
<td>1.3</td>
<td>228,188</td>
<td>204,671*</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>9.1</td>
<td>6.6</td>
<td>218,767</td>
<td>206,114*</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>2.7</td>
<td>1.0</td>
<td>206,158</td>
<td>209,392</td>
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<tr>
<td>Cardiothoracic Surgery</td>
<td>0.9</td>
<td>0.1</td>
<td>241,371</td>
<td>214,268</td>
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<tr>
<td>Anesthesiology (general)</td>
<td>5.0</td>
<td>2.6</td>
<td>229,915</td>
<td>220,576</td>
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<tr>
<td>Radiology (diagnostic)</td>
<td>3.4</td>
<td>1.8</td>
<td>250,709</td>
<td>233,532</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>3.7</td>
<td>0.5</td>
<td>248,288</td>
<td>242,052</td>
</tr>
</tbody>
</table>

“Authors’ calculations from New York State Survey of Residents Completing Training, 1999-2008. Sample included 4,918 men and 3,315 women. Specialties ranked by mean starting salary for women. Salary adjusted for inflation using the 2008 Consumer Price Index. °The difference in percentage of physicians was statistically significant for women in all categories (p < 0.05).
*Significantly different by gender (p < 0.05).”
Despite adjusting for confounding variables, they found that male physicians, on average, earned $16,819 more than female physicians in 2008 compared to a statistically insignificant gap of only $3,600 in 1999. This finding demonstrates that though male physicians were just as likely as female physicians to enter primary care fields by 2008, the difference in starting salaries grew to nearly 17 percent ($174,000 versus $209,300 for men) from 12.5 percent in 1999 ($151,600 versus $173,400 for men). In the two out of twenty researched medical fields that women did have higher average starting salaries (general surgery and gastroenterology) than men, the difference was insignificant.

One variable that was not accounted for in this study was the marital and family status of the residents. However, a study by the University of Michigan Health System and Duke University researched the effects of these roles on physicians’ practice and labor-market decisions, and found that family status surprisingly had no significant impact on the status of female physicians. Mothers and women without children experience comparably lower pay than men (Taylor). Therefore, it is highly unlikely that this uncontrolled factor was the major force behind the findings of this study.

Rather, this analysis hypothesizes that despite the growing female dominance in the physician workforce, women are facing gender discrimination in both primary care and conventional male-dominated fields. Additionally, this study suggests that physician practices are reaching a “tipping point” in the flow of female physicians in the medical profession. Thus, assuming that females are more attracted to nonmonetary benefits, practices are attempting to reduce this influx by providing greater opportunities for flexibility and family-friendly offers. Consequently, this implies that women are willing to accept lower salaries for the accommodations. This alleged “tipping point” theory seems to align with the glass ceiling
The Gender Wage Gap In The Medical Profession

cannot, in which there is an invisible barrier that prevents women from moving past a certain
threshold. This could be the case, considering the study did not say that this “tipping point”
applies to male physicians, too. Moreover, the practices’ intentions behind offering more
flexibility are geared toward leveling off women, not men; this ties back to the issue of gender-
based stereotypes, in which the double standard is for women to value and take care of family
priorities while men focus on pursuing career advancements.

Lastly, this study argues that women do not have weak negotiating capabilities. Rather,
they are more likely considering possible family constraints in addition to discussing their salary.
This factor weighs in to the employment negotiation process that many automatically assume is a
negative attribute. However, it could be that some women truly prefer nonfinancial
compensation, in which case employers are willing to provide through flextime, for example.
Therefore, perhaps nonmonetary compensation factors should be weighted more heavily when
accounting for the gender wage gap.

Career preferences within the medical field are affected by gender differences. The
reasons behind this finding explain the existing gender imbalances across multiple medical
professions. The typically perceived barrier of lifestyle priorities impacts both genders during the
process of choosing a specialty, though many assume that this factor largely affects women’s
considerations more so than men’s. Surprisingly, a study of specialty choices conducted between
1990 to 2003 found that in every year, men were more likely than women to choose a
controllable lifestyle specialty, which is defined as the physician’s ability to control the amount
of time spent on their responsibilities (Snyder).

Despite this, there remains a lower percentage of women compared to men in the field of
surgery, an uncontrollable specialty, for instance. The lack of female surgical faculty and
residents serves as a statistically significant factor that results in women’s low level of interest in this specialty. While 71% of male medical students found a male mentor during their surgery rotations, only 45% of females found a mentor of the same sex (Snyder). If there were more female role models, however, women responded that they would be more likely to pursue a career in surgery (Snyder). Other factors that would attract more women to surgery include options for maternity and childcare flexibility. Specifically, 84% of women compared to 50% of men would be more inclined to pursue surgery if maternity or paternity leave were more supported during residency. Furthermore, 75% of women and 46% of men stated that if childcare were offered at one’s hospital of employment, either during residency or as an official physician, then they would have an increased interest in surgery (Snyder). Part-time availability and shared partnerships were also high indicators for increasing female interest. Interestingly, the mean starting salary for female general surgeons is one of the two professions that is insignificantly greater than the salary for males based on the *Health Affairs* study discussed previously. Perhaps this was an attempt to recruit more females into this field.

As the demand for controllable lifestyle specialties increases for men especially, medical fields such as surgery, which tend to have greater uncontrollable lifestyles, will have to work toward creating a more appealing system that accommodates for physician’s preferences. The appropriate methods of intervention will certainly attract talented women to pursue these fields. By doing so, these certain fields will reduce their risk of losing the most capable applicants that make their specialties strong and competitive to begin with.
Interviews

The following questions are written based off the above research analysis. They will be used to interview three female physicians and three male physicians who currently practice in the same region of Indiana. The purpose of conducting these interviews is to compare these physicians’ personal experiences, observations, and reflections regarding their career in medicine with findings from the gender wage gap as a whole and particularly within the medical profession.

- Why did you choose a career in medicine?
- How many years total did it take you to complete medical school, residency, and fellowship?
- Why did you choose the specialty you did?
- Did you choose one specialty over another for a specific reason or preference?
  - Perhaps did one profession offer a more controllable lifestyle than the other?
  - Were there any role models in your medical school, residency program, or fellowship that may have influenced your specialty choice?
    - Was the role model male or female?
- I’m not asking you to reveal your salary, but could you describe the process that was involved in setting your initial salary?
  - Have you ever engaged in negotiations over your salary?
    - Did you ever renegotiate in the future?
- Do you believe the process for determining your salary is similar for all physicians in your specialty in the hospital you are currently employed?
  - Are there payroll secrecy policies in your workplace?
- Was the flexibility of your work schedule discussed during your hiring process?
- Have you taken an extended leave during your years of employment?
  - If you do not mind my asking, was it for the birth of a child, the care of a family member, or for your own personal illness?
- How long was the leave?
Knowing you have children, to what degree do you consider yourself the primary caregiver in your family?

Regarding compensation, benefits, and application of policies, do you feel that the hospital for which you work considers all people in your profession with a similar lens?

   ○ If not, what factors drive difference in treatment?

In this sample, there are two married, husband and wife couples. In the charts below, each couple is represented by the same color (Female #1 and Male #1 are a couple, so their names are both highlighted in red; Female #2 and Male #2 are a couple, so their names are both highlighted in blue). Respondents whose spouses are not interviewed are each represented with a unique color. The male physician’s (Male #3 highlighted in purple) wife -- not interviewed -- is also a physician in the same field as him. The female physician’s (Female #3 highlighted in green) husband -- not interviewed -- is a “stay-at-home parent”. Though responses from such a small sample size cannot be considered reliable data, the results below do indicate trends that align with findings from the literature review. Noteworthy quotes from the interviews are also included where appropriate.

A) Did you choose one specialty over another for a specific reason or preference? Perhaps did one profession offer a more controllable lifestyle than the other?

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“I chose anesthesiology over OBGYN because I thought I wouldn’t have a life of my own if I chose otherwise. I didn’t want anyone hanging over my head when I got home from work.” -- Male #2
“I thought about lifestyle when choosing my specialty. My husband was keen on cardiology and I was flexible. I chose psychiatry for part-time opportunities. I thought about anesthesia, and maybe would have pursued it if I didn’t have to worry about flexibility.” -- Female #1

“I thought about surgery and really liked it, but people said hours for surgery were terrible – especially for a female. There weren’t very many female surgeons back then – everyone said it was just an uphill battle. I would have chosen surgery if it were more flexible.” -- Female #2

“After I joined, they told me that I was the first female they ever hired and had I not spent the time over the weekend and had they not gotten to know me over those weekends, they probably would not have even considered hiring me or even looked at me to any significant extent because I was a female. At the time, we were just getting to where women equaled the number of men in medical school. We weren’t quite there. At the time, radiology was very male-dominated. Not a lot of women. But now a lot of women are entering the field.” -- Female #2

The above responses align with the finding that the demand for controllable lifestyle specialties is increasing for men and women. The last two quotes from Female #2 support the idea that gender imbalances and discrimination across medical professions pose a barrier to women entering certain fields. The first quote from Female #2 is a prime example of the literature finding regarding a lack of females in the field of surgery.

B) Have you ever engaged in negotiations over your salary?

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“I wasn’t very smart. I didn’t even negotiate. Later I found out that I could have gotten a lot more. -- Female #1

“Oh, absolutely. As you get older, it’s [negotiation] a process you develop.” -- Male #3

The first quote from Female #1 ties back to the issue of payroll secrecy. Perhaps if she were able to compare her salary to a coworker in the same field, then she could have negotiated based on
her findings. When comparing the two quotes, one can see the significant difference in responses from Female #1 and Male #3; this supports the idea that women are more reluctant to negotiate their wages compared to men. Based on the chart, only one out of three women negotiated their salaries while all three men negotiated to some extent.

C) Are there payroll secrecy policies in your workplace?

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Payroll secrecy policies can lead to discrimination. All six physicians indicated that it is not custom to share payroll data with other employees, as such information is considered proprietary.

“‘There is definitely discrimination against people – it’s subtle. With different kinds of contracts, it depends on how well you negotiate. If English is a second language, or if you’re a minority, or even a woman, you’re going to find discrepancies. It is harder to find out when you have different contracts. That’s changing because people are starting to talk and find out each other’s salaries, which puts hospitals at risk. Hospitals are trying to have more transparency in how they compensate, but there’s still numbers that they can make as an excuse for differences.’” -- Male #3

D) Was the flexibility of your work schedule discussed during your hiring process?

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All six responses align with the idea that both men and women are seeking flexibility in their work schedules -- not just women. The response below highlights how women tend to value
noncompensatory benefits such as flexibility over compensatory factors, which are not heavily accounted for in the assessments of the gender wage gap. However, women often trade away more money than they need to when negotiating their salaries because they overestimate the worth of such intrinsic benefits.

“ I just worked my schedule around theirs [her children]. My job, hours, and specialty were determined based on what my children’s needs were. I asked for 9 A.M. - 1 P.M. work schedule so I could drop her [daughter] and then go to work and pick her up by the time she was done. Once they [her children] were old enough to stay home by themselves, I switched to three full days a week. It’s more about negotiating flexibility, not income. At my current job, I could have made more money, but I chose flexibility. If you work less, you take home less. That's something you have to accept.” -- Female #1

E) To what degree do you consider yourself the primary caregiver in your family?

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All three men stated that their wives are the primary caregivers, while two out of the three females said they are the primary caregivers. Female #3 indicated that she was not the primary caregiver given that her husband is a “stay-at-home-parent”. These results tie back to the issue that women remain the primary caregivers despite their increasing dominance in the workforce.

“My wife [who is also a doctor in the same field but was not interviewed] – she has the more flexible schedule.” -- Male #3

Conclusion

The gender wage gap is a multi-dimensional phenomenon. Research has heavily focused on evaluating the factors that contribute to the disparity based on comparisons of wages -- a direct compensatory measure. However, compensation is not limited to monetary benefits.
Compensation systems also involve indirect, or intrinsic, dimensions, which studies on the gender wage gap have not fully accounted for when determining the 79-cent wage ratio figure. While women and men both value intrinsic benefits, women tend to overvalue the worth of such benefits, which sets them behind as they then willingly settle for a lower salary than necessary. Perhaps if nonmonetary compensation factors were weighted to a greater degree, the wage gap would appear less significant than it currently is. One must realize that this method would be extremely difficult to measure given its qualitative nature.

Again, there is no single explanation or solution to this complex issue. The proposed theory above does not serve to overshadow the completely relevant forces that drive the gender wage gap, which multiple studies across time have found. Efforts from both employers and employees in the workplace are required in order to bring about change. To diminish discriminatory instances, employers should promote transparency in their compensation strategies. Not only is making a commitment to reduce the wage gap highly regarded in the movement of promoting economic empowerment and equality for women, it makes business sense. Women must be cognizant of the decisions that affect their pay based on internal and external equities and learn how to effectively negotiate. Family leave policies must adapt to the realities of today’s modern workforce; advancing economic opportunities for women ultimately lead to financial growth for families. Society’s perceptions of gender roles must continue to evolve from traditional influences that have little vision for women’s abilities outside of a home.
Works Cited


