



# GENDER BIAS IN THE PERCEPTION OF PHYSICIANS

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## INTRODUCTION

Women are often penalized when they do not project traditional, socially defined femininity (e.g., gentleness, nurture, sensitivity, lack of competitiveness, lack of drive for achievement) and instead project traditional masculinity (e.g., ambitiousness, assertiveness, self-sufficiency, authority; Heilman & Chen, 2005; Prentice & Carranza, 2002). A common arena for gender bias and penalization is in the professional workplace where women in high status positions must usually exhibit various masculine-stereotyped characteristics. Judgment disparity is evident in business and corporate marketplaces (Flynn & Anderson, 2003) as well as in the health professions where patients scrutinized female physicians more harshly than male physicians (Cousin, Mast, & Juanin-Stalder, 2013). Research has yet to examine whether people project gender bias towards a physician based only on a biography.

## METHOD

### Participants

Eighty-four undergraduate participants were recruited to complete the study. After excluding 14 participants for failure to follow instructions 70 participants (54 women,  $M_{age} = 19.38$ ) remained.

### Materials and Procedure

This study was conducted online through Qualtrics. The study used a two-group between-subjects design whereby participants were randomly assigned to read a short biography about a physician named either Dr. John (N=33) or Dr. Jenn (N=37). The biographies were identical with the exception of the doctor's name and the use of male or female pronouns and descriptors. After reading the biographies participants answered a 23 question Likert-type questionnaire that assessed perceived competence, commitment to family, likeability, friendliness, sociality, and assumed and deserved salary of the physician about whom they read. Finally, participants completed a demographics questionnaire.

## HYPOTHESES

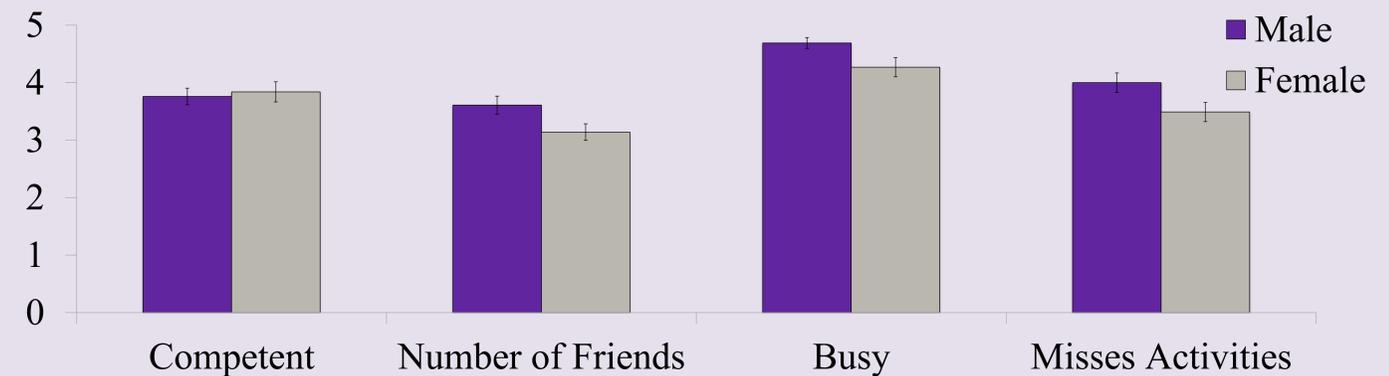
**H1:** a male and female physician will be perceived as equally competent

**H2:** a female physician will be perceived as relatively more family oriented

**H3:** A male physician will be perceived as relatively more likeable, more social, and as deserving of a higher salary

## RESULTS

- Female physicians did not significantly differ from male physicians in perceived competence,  $t(68) = -.448, ns$ .
- Female physicians ( $M=3.140$ ) were perceived to have significantly fewer friends than male physicians ( $M=3.610$ ),  $t(67) = 2.196, p = .03$ .
- Female physicians ( $M=4.270$ ) were perceived to be significantly less busy than male physicians ( $M=4.690$ ),  $t(56.037) = 2.171, p = .03$ .
- Female physicians ( $M=3.490$ ) were also perceived to miss significantly fewer of their children's activities than males ( $M=4.000$ ),  $t(68) = 2.157, p = .04$ .



- Participants estimated the average annual salary for all physicians nationwide, and then they assessed the salary of the male or female physician about whom they had just read. Female physicians took a marginally larger hit in their salaries ( $M= -63192.36$ ), relative to the national average, than did males ( $M= -16.480.87$ ),  $t(62) = 1.923, p = .06$ .

## DISCUSSION

These results suggested that traditional gender-role expectations and gender biases were projected onto physicians. Male physicians were assumed to have significantly more friends, indicating that they were perceived as more social and likable by peers, than females. Further, males were perceived to be significantly busier and to miss significantly more of their children's activities than females, suggesting two things. First, males may have been assumed to work either more hours or harder than females. Second, both genders may have been labeled with traditional family roles where females were expected to be more family-oriented whereas males were expected to be more work-oriented.

Healthcare professionals have the duty to provide exemplary patient care and to establish superlative rapport and trust with every patient, and patients' subjective perceptions of health professionals' services may dictate how exceptional practitioners are deemed. If patients dislike a female health professional because of her gender then patients may be more likely to view her as inferior, regardless of the quality of care she provides. She may be at risk of losing rapport with her patients which may affect patients' adherence to advice or willingness to disclose pertinent health information. Thus, women in the health professions should note the possibility and potential implications of patient gender bias.