

FROM THE EDITOR

Women Physicians as Effective Leaders: Does the Workplace Still Need a Woman Leader to Wear the Pants and Crack the Whip to be Considered Effective?

Priya Radhakrishnan, MD

Dr. Radhakrishnan is Forum editor and can be reached at Pradhakri@DignityHealth.org.

- Dr. Elizabeth Blackwell (1821-1910): first female physician in the United States
- Dr. Halle Tanner Dillon Johnson (1864-1901): first woman of “any race” to practice medicine in the state of Alabama
- Dr. Lillian Heath Nelson (1865-1962): first frontier woman doctor
- Dr. Susan La Flesche Picotte (1865-1915): first Native American woman to become a physician

March was “Women’s History Month,” with the year focused on women’s education and empowerment. As we pay tribute to these amazing women, we acknowledge the radical change of the phenotype of the physician’s workplace. Far from the world of Elizabeth Blackwell, Halle Tanner, Lillian Nelson, or Susan Picotte, women do not have to face discrimination to get into medical school. Most sub-specialties have attracted greater numbers of female physicians, and even the male-dominated surgical specialties have seen an increase in the number of women applicants and residents. The number of men and women applying to medical school and residency is achieving balance, as is the number of male and female medical school graduates.

Owing to these trends perhaps is a gradual feminization of the workplace, particularly in internal medicine, with part-time careers and modification of job expectations becoming commonplace. Women are also acquiring high-profile positions in medicine, although access to the highest echelons of leadership is still limited and carries with it the connotation of being more masculine: “she wears the pants” or she has...(male organs). I recall during my residency days that most women leaders were cold and inflexible. That is changing, as more women physicians enter the workforce. Today, it is not uncommon to observe strong emotions in the water-cooler talks about work-life balance and the per-

sonal stories shared by female physician faculty. Less often do we hear these stories from male faculty who have working spouses, although data suggest that men actively share in home and family responsibilities.¹

A couple of incidents last week got me thinking about gender differences and our expectations about behavior in the workplace. On both occasions, I was startled by comments made by some of my trusted male colleagues; more importantly, I was taken aback by my immediate and delayed responses to these comments.

As the chair of my department, I routinely have tussles with administrators regarding clinical and academic productivity and resource allocation—especially in a tough economic climate. Called to a last-minute end-of-the-day meeting to address an unpleasant situation, I was told to “Close the door if you want to vent”! The administrator who made this request is someone with whom I have a great working relationship. At the time, I did not think much of the comment, as I was dealing with the issue. Would this request have been stated differently if the chair were male? Or was I reading too much into the situation? Does it and should it matter?

Emotions in the workplace are common. The response that men and women leaders have to tears is fascinating. Studies show that exposure to women’s tears causes a reduction in the testosterone levels of men, suggesting a less aggressive

outcome when women cry in front of men. This approach, however, is the result of different levels of socialization between men and women. According to Anne Kramer,² 41% of women cry at the workplace compared to 9% men. Are tears becoming more acceptable on the job?

An interesting poll by the Pew Research Center during the last election³ suggested that women in public office are perceived to have better leadership traits (honesty, compassion, creativity, and an equal level of commitment) and job performance but worse policy skills. Additionally, less than 6% of the public thought that women made overall better leaders. Women are described as transformational leaders with better emotional intelligence skills, yet there are fewer of us in leadership positions.

As I go into another week, and my third year as chair of medicine, I find myself asking a couple of questions. Is it that we, as women, will choose the emotive response or has this become the new norm for the workplace?

References

1. US Bureau of Statistics, 2010
2. Kraemer A. It’s always personal: emotion in the new workplace. New York: Random House, 2011.
3. Taylor P, et al. A paradox in public attitudes. Men or women: who’s the better leader. Washington, DC: Pew Research Center Publication, 2008.