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 personal 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.

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? Was it that I, as a woman, will choose the emotive response or has this become the new norm for the workplace?

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