

## BEST PRACTICES

# MITIGATING BIAS AND DISCRIMINATION FROM HEALTHCARE LEADERSHIP

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### Introduction

While initiatives to diversify the profession of medicine have had some success at the medical school level, the picture is still fairly bleak in academic and leadership where African American, Hispanic/Latinx, and women physicians are under-represented at senior ranks levels in nearly all specialties, and in leadership positions as department chairs.<sup>1</sup> Additionally, a pay gap exists across gender and race in U.S. health care as women and African-American physicians report lower incomes compared to peers.<sup>2,3</sup> These salary discrepancies exist despite the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, and Title I of the Americans with Disabilities Act of 1990 prohibiting compensation discrimination on the basis of race, color, religion, sex, national origin, age, or disability. Maternal duties and sexual orientation also continue to be reasons for discrimination and bias against physicians—more than 77% of physician mothers report either gender or maternal discrimination including pay discrepancies and not being involved in administrative decisions.<sup>2</sup> In a survey of LGBTQ physicians at an academic medical center, 35% admitted not disclosing their sexual orientation/gender identity to a colleague or superior due to fear of discrimination or harassment,<sup>4</sup>

poor access to LGBTQ mentors, and poor acknowledgment of LGBTQ scholarship.<sup>5</sup>

Based on a real case, this article shares resources for physicians who experience inequity in compensation and growth opportunities at their institution and for leadership to develop an all-inclusive and fair work environment and institutional culture. The resources have been compiled from data and information available at the U.S. Equal Employment Opportunity Commission (EEOC), Women's Bureau of the US Department of Labor, Association of American Medical Colleges (AAMC) and The American Association of University Women (AAUW).

*Case:* A female physician accepts a job in an academic internal medicine program after completing residency training. During the interview process, she is informed of her salary which is on the lower side of the regional median salary in her specialty. However, she is informed by her future boss that this salary is the standard for a physician hired with her level of experience at their institution. Three years later, in preparation for a discussion about a raise in her salary, she talks to her colleagues about their salaries. She learns from a male colleague who was hired around the same time as her, with

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the same credentials and job description, that he was hired earning \$50,000 more than her. A simple calculation reveals that even after periodic salary increases, starting with \$50,000 less becomes more financially significant over time. This will impact her total compensation, including her retirement benefits. She is wondering if she experienced gender-based discrimination.

**Best Practices for Physicians**

While we strive for an equitable work environment exemplifying transparency and fairness in compensation and opportunities for career growth regardless of gender, sexual orientation, ethnicity, or negotiation skills, physicians need to hone skills in self-advocacy, developing career goals, and strategies to achieve those goals. While the support of a mentor is valuable throughout one's career, it's especially valuable for early and mid-career physicians to find mentors who can support and guide them through difficult situations. As these topics are gaining attention, numerous academic medical societies offer workshops and seminars on these topics at their regional and national scientific conferences. To research a target salary, online resources—such as Doximity Career Navigator or salary calculator available on Health e-Careers—can help find the mean salary based on one's years of experience at state and national level.

The following is a list of reading resources including books and online blogs to hone negotiation and self-advocacy skills:

1. AAUW. 4 tips to negotiating for the salary and benefits you're worth. <https://www.aauw.org/2017/07/19/negotiating-salary-and-benefits/>.
2. AAMC. A guide to prepare for your first job in academic medicine. <https://www.aamc.org/>

download/483868/data/toolkititfirstjob.pdf.

3. ACP Hospitalist. Negotiation: A key skill for women hospitalists. <https://acphospitalist.org/archives/2013/07/conference.htm>
4. Stone D, Patton B, Heen S. Difficult conversations: How to discuss what matters most?
5. Babcock L, Laschever S. Women don't ask: Negotiation and the gender divide.

**Legal action:** If an employee believes that an employer has violated the Equal Pay Act, one can either file a charge with the EEOC or file a lawsuit in court. Under the Equal Pay Act, the employee is required to file a lawsuit within two years of having received the discriminatory pay.

**Best Practices for Leadership in Health Care**

An all-inclusive workplace environment has been shown to improve employee satisfaction, which in health care translates into improved physician satisfaction, reduced work stress and burnout, reduced physician turnover, and better patient outcomes. Therefore, leaders in health care should strive for developing an all-inclusive workplace environment that exemplifies equal opportunities for professional advancement for all employees regardless of their gender, sexual orientation, ethnicity/race, religion, physical abilities and caregiving/maternal responsibilities. In addition to developing a culture and climate which promotes transparency in compensation benefits and allows all physicians access to career growth opportunities, healthcare leaders should take actions to promote diversity in leadership and enhance efforts to retaining faculty belonging to gender, ethnic and racial minorities. Additionally, administration in health care should consider an inventory of facility resources

to ensure that the facility reflects an all-inclusive environment including, but not limited to, gender-neutral bathrooms, lactation stations, and prayer/meditation areas.

Suggested Resources for Leadership:

1. National Institutes of Health (NIH) Scientific Workforce Diversity Toolkit. <https://diversity.nih.gov/toolkit>.
2. Cook Ross and the Association of American Medical Colleges. Unconscious Bias Train-the-Trainer Program for Healthcare Professionals.
3. Banaji M, Greenwald A. Blind spot: Hidden biases of good people.
4. AAMC. Group for Diversity & Inclusion (GDI). <https://www.aamc.org/members/gdi/>.

**Conclusion**

While physicians need to develop skills in negotiation and self-advocacy, leaders in health care need skill development in recognizing implicit and explicit bias and inequity at the workplace. The culture and climate of the organization must reflect transparent policies and procedures that apply to all employees equally.

**Article References**

1. Lett LA, Orji WU, Sebros R. Declining racial and ethnic representation in clinical academic medicine: A longitudinal study of 16 US medical specialties. *PLoS One*. 2018;13(11):e0207274.
2. Adesoye T, Mangurian C, Choo EK, et al. Perceived discrimination experienced by physician mothers and desired workplace changes: A Cross-sectional Survey. *JAMA Intern Med*. 2017;177(7):1033-1036.
3. Jagsi R, Griffith KA, Stewart A, et al. Gender differences in the salaries of physician researchers.

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4. *JAMA*. 2012;307(22):2410-2417.  
Chester SD, Ehrenfeld JM, Eckstrand KL. Results of an Institutional LGBT Climate Survey at an Academic Medical Center. *LGBT Health*. 2014;1(4):327-330.
5. Sanchez NF, Rankin S, Callahan E, et al. LGBT trainee and health professional perspectives on academic careers-facilitators and challenges. *LGBT Health*. 2015;2(4):346-356.

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