A Call to Action to Address Gender Equity Within Our Specialty
Time’s Up on Waiting for Change

Laura Baecher-Lind, MD, MPH, Jodi Abbott, MD MHCM, Katharyn Meredith Atkins, MD, J. Biba Nijjar, MD MPH, Celeste Royce, MD, Lauren Schiff, MD, and Hope A. Ricciotti, MD

Although national attention has been focused on sexual harassment and gender inequity in the United States, leaders within the obstetrics and gynecology community have remained relatively silent. Sexual harassment and gender inequity remain pervasive in our specialty. This article serves as a call to action for leadership as well as physicians within obstetrics and gynecology to implement ethical and evidence-based approaches to reduce gender inequity and improve workplace culture within our specialty.

(Obstet Gynecol 2018;0:1–3)
DOI: 10.1097/AOG.0000000000002639

Our nation’s attention has been newly focused on ongoing injustices against women. Despite this, a prominent leader of a major national obstetrics and gynecology organization engaged in “locker room talk” and unprofessional behavior by sharing a crude photo during his Presidential Address at the start of an international conference.1 Physicians in our specialty, both men and women, were mortified at this disrespectful and tone-deaf behavior on the stage of a national conference. Unfortunately, many who learn, train, and work in women’s health would not find this behavior at all surprising in our workplaces.

The American College of Obstetricians and Gynecologists advises that women’s health care providers recognize that various forms of discrimination negatively affect the health of our patients and work as a profession to reduce discrimination.2 However, a blind eye has been turned to the same injustices within our specialty’s leadership and professional environments, where gender inequity and sexual harassment are pervasive. More than 50% of women in medicine report having been sexually harassed in the workplace compared with 5% of men.3 Ninety-three percent of female medical students report experiencing or witnessing sexual harassment or gender discrimination during their medical education.4 More than 12% of medical students report being subjected to offensive sexist remarks, and 4% report unwanted sexual advances; the vast majority do not report these experiences owing to fear of reprisal.3 In 2017, the #MeToo movement exposed individual experiences of predation. In 2018, attention must turn to changing the underlying culture that allows such predation to occur and prevents women from achieving their maximum professional potential.

Injustice based on age, race, and gender has consistently been shown across disciplines to be associated with worse physical, mental, and social health.2 Burnout has been increasing among physicians over the past decade, and obstetrics and gynecology has one the one of the highest rates of reported burnout.5 Women are more likely to burnout and to subsequently leave or decrease clinical practice compared with white male physicians.6 In a specialty expected to experience a physician shortage over the next several decades, we would be prudent to address the underlying injustices within our specialty that may contribute to career exit.
We are calling on those in the specialty of obstetrics and gynecology to action. We have been effective advocates for our patients but not for ourselves. We are a specialty dominated by women, yet the gender inequities within our specialty remain extreme and steadfast.7,8 Women hold fewer leadership positions in obstetrics and gynecology compared with other specialties.8 Professional accomplishments.7–9 More startlingly, women hold fewer leadership positions within obstetrics and gynecology compared with other specialties.8 Professional environments that tolerate gender inequity are also those associated with the highest rates of sexual assault and harassment.10 That specialties such as radiology and anesthesiology are the pacesetters in achieving gender parity in leadership in academic medicine should be an embarrassment to our specialty. It is time to take action to address the gender imbalance in opportunity and leadership within obstetrics and gynecology.

Addressing gender inequity is a daunting task. However, failure to address these injustices is an abdication of our responsibility as physicians dedicated to women’s health. We must commit to leading this change within our institutions and our professional organizations in order to serve as leaders for women’s personal and professional equity nationwide. As a specialty, we must advocate for zero-tolerance policies when it comes to workplace sexual harassment from our medical schools, our hospitals, and our professional societies. Unprofessional behavior cannot be regarded as secondary to other performance measures and must be recognized as contributing to the culture of safety for both patients and learners. Leadership in academic medicine—from clerkship and residency program directors to department chairs, deans, administrators and hospital CEOs—must commit to providing a learning environment free from harassment and discrimination, with professional codes of conduct applied consistently, regardless of academic rank, reputation, or earning value to the organization. Professionalism and respect toward others should be a monitored and rewarded aspect of annual performance reviews. There must be clear and safe channels for reporting abusive behavior, either experienced or witnessed. Policies should ensure reprisal-free reporting of events and potentially legal support for trainees and students who report harassment.

Evidence-based approaches that have been shown to improve women’s professional equity include salary transparency, audits of leadership and promotion decisions, implicit bias training for hiring and promotions committee members, and minimum quotas for women in leadership roles.3–12 Institutions should set a goal of at least 35% of leadership positions being held by women by 2020. Studies have shown that women should be in at least that proportion of leadership positions within our specialty barring gender bias.7,8 In addition, working conditions for women in academic medicine have been shown to improve once this critical proportion is reached.12 Additional best practices that have been associated with improved gender parity in medicine include formal mentorship programs, flexibility in work schedules, and improved paternity leave (Box 1).11 We should be evaluating these evidence-based interventions, applying them to our institutions and demanding them of our employers, and monitoring their effects on gender equity in our specialty in a rigorous and ongoing manner.

Grass roots efforts by obstetrician–gynecologists (ob-gyns) can shine a light on gender inequities and begin to effect change and will benefit from a leadership in obstetrics and gynecology galvanized to eliminate gender bias. The comments made by the president of the international women’s health care organization mentioned at the beginning of this article functioned to compel members of the organization to take action. A group of members drafted a letter to the

Box 1. Call to Action: Putting Ethical and Evidence-Based Strategies to Work Toward Gender Equity in Obstetrics and Gynecology

Academic departments, professional societies, medical schools, and other key stakeholders in women’s health care and education should maintain and encourage:

1. Zero-tolerance policy for sexual harassment in the workplace

2. Transparent systems for monitoring and rewarding professional and respectful behavior

3. Transparent and reprisal-free reporting system for unprofessional behavior

4. Goals for gender equity in leadership, salary, and professional opportunity
   a. Set goal of at least 35% of leadership roles within the institution being held by women by 2020
   b. Encourage policies that protect or promote salary transparency
   c. Audits of promotion and hiring decisions
   d. Mandatory implicit bias training for those involved in hiring and promotion decisions
organization’s board of directors expressing their disappointment over the president’s remarks and outlining an action plan to address gender bias within the organization; it was signed by more than 100 members. The organization has taken some steps to address gender bias and will be held to the action plan put forth in the letter. We urge our colleagues to similarly come together to enact change. This call to action is not just for the leadership of our specialty but also for ob-gyns everywhere to start demanding the same for themselves as they would for their patients: the ability to live professional lives in a culture that allows women to reach their full potential, that encourages women to advocate for themselves without fear of retribution, and that values the contributions that women make every day to our field.

We are the specialty that instituted the most effective preventive health screening program and reduced the incidence of cervical cancer 20-fold in the United States. We are the specialty that invented laparoscopy and revolutionized minimally invasive surgery. We are the health care providers who daily advocate to protect access for all women, including the most vulnerable, in their agency over their fertility and to pursue a self-actualized life. We can—and must—now focus our energy on improving the work environment and leadership opportunities for women in obstetrics and gynecology. Enough with the locker room talk and gender inequity within our specialty. We are so much more than that.

REFERENCES