STATEMENT ON GENDER SALARY EQUITY

A number of recent studies and articles in the public press have highlighted the continued salary inequity that exists between male and female physicians.

The following statement was prepared by the Association of Women Surgeons and formed the basis for a white paper recently accepted by the Journal of the American College of Surgeons, as well as a brainstorming session at the 2017 American Surgical Association Annual meeting.

ASSOCIATION OF WOMEN SURGEONS STATEMENT ON GENDER SALARY EQUITY

Background

Significant differences exist with regard to salary and compensation between male and female physicians. Women in academic medicine earn less than men even after adjustment for factors such as age, years of experience, specialty, reported work hours, research productivity, and faculty rank.[1-5] A recently published analysis of salary differences at 24 US public medical schools found that the annual salaries of female physicians were $19,879 (8%) lower than the salaries of male physicians. This difference varied across specialties and institutions and persisted through all faculty ranks.[5] Furthermore, both self-employed and employed male physicians earn more ($341,000 and $277,000, respectively) than their female counterparts ($261,000 and $217,000, respectively).[6] Jena et al found that after adjusting for variables that could impact salary, women in surgical subspecialties earned roughly $44,000 less than comparable men in the field.[5] Compared to other specialties, very little difference in salary was observed among male and female radiologists.[5]

The gender salary gap that appears early in a woman's career is likely to widen over time.[7]Women earn about 90% of what men are paid until age 35. Thereafter, the median earnings for women are 76–81% of what men are paid.[6] Although there is a perception that early in their careers during childbearing years, women are less productive, this pay discrepancy persists even when accounting for rank and seniority.[5] In a national longitudinal study over 17 years, women continued to earn on average $20,000 less than men.[8] Again, after adjusting for variables that could impact salary, the mean difference between male and female salaries was $16,982 and remained significant.[8] These findings support the concern that the disparities women face in compensation at entry level positions lead to a persistent trend of unequal pay for equal work throughout the course of their careers.

Many explanations have been put forth to explain differences in salary among men and women who are equally productive in research and clinical work. Women may place less emphasis on salary

negotiations compared with male counterparts and this will impact both initial and subsequent salary negotiations.[9] Women may also be less effective than men in negotiating salary.[10] In addition women are judged more harshly than men for initiating negotiations and this may have a negative effect on the outcome.[11-13]

Explicit gender bias in academic medicine has largely decreased since the passage of the Education Amendment to the Civil Rights Act (Title IX), however implicit biases persist and cultural stereotypes continue to disadvantage women in male dominated fields. Multiple experimental studies show that work is consistently rated lower when evaluators believe it has been performed by a woman; raters require more proof of a woman's than a man's skills (e.g., more publications or awards) to be convinced of their professional competence.14-16 Thus women physicians are less likely to receive recognition for achievements [17,18] and still occasionally face overt discrimination.

The findings of Jagsi et al with regard to spousal employment are consistent with the idea of the "family wage" and at least partially explain salary inequity among physician–researchers.4 Employers may feel that men who are supporting a family deserve a higher salary than women who are not principal breadwinners. However even with the inclusion of spousal employment status, an unexplained gender difference remained.4 Additional explanations include female physicians' differential household and child rearing responsibilities,[19,20] and greater difficulty finding effective mentors. [17,18]

The overwhelming evidence that pay discrimination persists in the USA can be found not only in the numerous court cases and legal settlements, but also in recent publications that controlled for a variety of possible confounding variables. Women in academic medicine make 90 cents for every dollar earned by their male counterparts.8 Although this salary gender gap is not as large as the 82 cents per dollar noted in the overall US Economy 21 it reflects inequities in compensation, and must be addressed. If change continues at the current slow rate, women will not reach pay equity with men until 2152.

Recommendations:

1. Identify policies, procedures, leadership, and/or culture that promote equity in some specialties in order to determine best practices and remedy the disparity that exists in surgery.
2. Encourage department and institutional policies that promote transparency in defining the criteria for initial and subsequent physician salaries.
3. Establish programs to empower women to understand their worth and negotiate appropriately. These should be extended to residents and medical students so that essential negotiation skills are fostered early in training.
4. Provide implicit bias training for all department chairs, deans and search committees as well as private practice employers. This would increase awareness of how subtle differences in the evaluation of male and female physicians can impede compensation and career advancement.
5. Ensure routine assessments of department or practice gender equity in pay coupled with performance reviews for all surgeons to ensure fair compensation based upon transparent and pre-determined metrics.
6. Encourage non- departmental oversight of compensation models, metrics and actual total compensation for all employed physicians, with annual internal publication of summary data by

rank, years of employment and gender.

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