

Caught in a Double Bind: A Woman's Job Search Experience

I consider myself an empowered woman. Growing up I was told there is nothing I should not do because of my gender. I entered a male-dominated field in medicine and graduated from a predominantly male residency. I felt strong and resilient. While I was vaguely aware of gender biases in medicine, I felt I was preventing them from holding me back. And then, I began to apply for jobs.

My husband, also an emergency medicine physician, and I recently embarked on a joint job search. Separately, we sat down and wrote cover letters, highlighting our accomplishments for future employers. When we had finished, we swapped our letters for editing. I added a few commas to his and circled a run-on sentence. I remember feeling impressed by his confidence and accomplishments. In his letter, my husband sounded amazing. Reading mine, I saw his brow furrow. "You can't send this" he said, "you sound so . . . average." My letter was filled with actions where I "participated in" or "collaborated on" while he "created, led, developed, or single-handedly masterminded" (ok, not the last one).

"I cannot say those things," I thought. It is bragging. It's exaggerating. Sure, *you* can, I thought. That's fine. But, for me, it somehow feels wrong. I found myself caught in the double bind¹ of being a woman, expected to be humble and self-deprecating while also needing to be assertive and self-promoting.

When interviewing for jobs, I repeatedly witnessed my husband negotiate increased protected time, office space, and benefits while I smiled and thanked interviewers profusely for their time. While he went back and forth with potential employers, I cringed in the corner. While rationally, I recognized he was advocating for himself, I was completely unable to follow suit.

Initially, I saw my reticence to negotiate purely as a character flaw. This is something to work on and fix! However, as I learn more about gender biases, I am beginning to realize I, alone, am not to blame. Social expectations of appropriate gender behavior continue to hinder women attempting to function in a man's world. In fact, women who negotiate during job interviews are negatively impacted by their attempts. Research demonstrates that interviewers are less likely to hire women who negotiate during interviews compared to men.² Could it be that my hesitance is not, in fact, a flaw, but a subconscious reading of the room and society's expectations?

Negotiation and self-advocacy will continue to be an important part of my career. I will need this skill if I hope to be promoted within academic medicine. Looking at the data, this will prove more challenging for me compared to my male colleagues. Similar to other professions, women continue to lag behind men in job promotion. While women are entering junior faculty roles at a higher rate than men, they continue to be statistically less likely to reach senior levels in academia.³ In addition, women tend to be paid less than male counterparts with comparable experience and advancement.⁴⁻⁶

Through the interview process, my gender began to feel like a hindrance to be mitigated. I began asking questions about how women were recruited and retained. I began asking how many women had made full professorship and how women were actively promoted within the group. These questions played a large role in the final job decision.

My husband and I ultimately came to work for a group where women have been actively recruited. In fact, I am sitting and writing this because a senior female faculty member assured me that my "silly idea" for this piece

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was valid. Self-promotion and self-advocacy do not come easily. As physician leaders, both women and men, we need to question the current status quo.

Slowly, there is the beginning of a shift from a “fix the women” to an “address the system” mindset. There have been proposals for mentorship, sponsorship, gender-specific support, and pay equity.⁷ We need to continue this push forward. Now, buoyed by strong women around me, success in academia feels possible for the first time.

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COMMENT FROM BRIAN ZINK, THE CHAIR AND DECISION EDITOR OF THE WORK

Life sometimes creates interesting confluences, and these should not be ignored. I was the Chair who sat on the other side of the desk during the job interview of the author of this remarkable essay. I hired her, and her husband. I was pleased to bring them both on board as promising new faculty members. We had built, with intention, a department that had a higher percentage of women than most, and innovative processes and programs to develop women faculty. We had success, won awards, and were justifiably proud of our accomplishments. I actually never got to serve as the Chair for the author, as I decided after the hiring to embark on a new phase of my career. She probably didn't know that I serve as the Associate Editor for the AEM Reflections section. So hence, the confluence as I review an essay where I was a “character”. It now provides me with an opportunity for reflection.

The line that hit me the hardest from Dr. Moretti's essay is: “Could it be that my hesitance is, in fact, not a flaw, but a subconscious reading of the room and society's expectations?” Despite being a strong advocate for women in academic emergency medicine - even the father of a woman EM intern - do I still contribute, perhaps also subconsciously, to how women feel and react when they are being recruited and developed as faculty? I grew up in a rural community where the attitudes of many men were sexist. The feminist movement of the 1960's and 70's didn't quite reach our little hamlet in the Allegheny Mountains. And yet, my most influential role models were women - my maternal grandmother, a Manhattanite transformed to a Western New York farmer's wife who raised 11 children during the Great Depression, my mother who was valedictorian of her high school class, but unlike her brothers, was not given the opportunity to go to college, and my great aunt, who conquered breast cancer to run a garden market by herself while her husband slowly died of emphysema.

Based on this background, I was always rooting for women. When I had the opportunity to help women advance, I did so. And yet, as I consider Dr. Moretti's essay, I am not immune from the subconscious influences of my past. As a chair, did I give positive cues to women applicants who were non-assertive, not self-promoting, and who didn't ask for much? Did unconscious vestiges of sexism from five decades ago cause me to treat women differently than men as we crafted “packages” and discussed career advancement? I sure hope not, but the opportunity to consciously reflect on this essay has heightened my awareness that the subconscious mind is a powerful contributor to our impressions, behaviors, and actions. By pulling subconscious “thinking” out of the darkness, we can hopefully shed light on how to consciously create the diverse, equitable, inclusive world we all want in academic emergency medicine.

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