

**The Devaluation of Women's Work: Is Medicine Repeating History?**

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Consider this, a male-colleague asks to borrow a dollar.

The next day he returns the money, but only hands over eighty-three cents. You think, what an odd amount to hand back, especially when it's short a few cents. You brush it off, losing a few pennies won't affect you in the long run. However, those few pennies represent the unfortunate reality for women who have fallen victim to the antiquated and systemic devaluation of women's work in the United States (Wisniewski, 2022).

Throughout history, society has failed to compensate women fairly for their work. Occupations that were once considered "men's work" have regularly lost merit once women fill the role (C. C. Miller, 2016). In 2020, those eighty-three cents represent the pay woman earns to every man's dollar in the United States (Wisniewski, 2022). Particularly, this trend is ever present in medicine today.

Remarkably, women far outnumber men in the medical field but still manage to continually earn less (Hooker et al., 2013). In particular, these rather new challenges for physician assistants (PAs) are beginning to follow an outdated storyline that has undermined the work of women in medicine for years (Hooker et al., 2013). Traditional male authority within the occupation is the ultimate source of the problem; change will require the dismantling of gender inequities in leadership, training, and pay structures. In this paper, we will explore the history of the systemic devaluation of women's work in the United States, related trends in medicine, current pay disparities among PAs, and strategies to prevent society and medicine from repeating history.

### **U.S. Historically Devalues Women's Work**

To understand how this inequality affects people today, one must investigate trends in United States history and, particularly, how society has facilitated its continuation.

At one point in time, women-associated occupations, such as secretaries, were dominated by men and held in high regard (Kurtz, 2013). Since then, many traditionally male jobs have been adopted as “women’s work.”

“Secretary” originated from the Latin word *secretus*, with its original definition as “one entrusted with the secrets and confidence of a superior” (International Association of Administrative Professionals, 1998). In the 15<sup>th</sup> century, secretaries served nobility and were exclusively men (International Association of Administrative Professionals, 1998). Yet, in the late 1800s, women entered the profession with the invention of the typewriter (International Association of Administrative Professionals, 1998). As industries expanded, demand grew, and women were there to fill the role. By 1930, women dominated the profession and the number of men dwindled, most assuming superior roles in companies (International Association of Administrative Professionals, 1998). The secretary position is seen as one of the first positions that allowed women to gain professional status in the workforce (International Association of Administrative Professionals, 1998). However, this advancement led to a stark drawback, hiring women was seen as an advantage; they could be paid far less for the same skill (Kurtz, 2013).

“Raises, not roses” was the slogan that arose in the early 1970s after a group of female secretaries at Harvard spoke out against this unjust pay, forming the organization *9 to 5* (“About 9to5,” 2022). They aimed to expose inimical working conditions and change the image surrounding secretarial work (Kurtz, 2013). Women were tired of senior male co-workers making passes at them, earning more pay, and shaming them for prioritizing their family (“About 9to5,” 2022).

Their avant-garde work did bring change. Suddenly, many women found themselves labeled with titles that offered more respect, “administrative assistants” and “office professionals”

(Kurtz, 2013). Nevertheless, a title alone cannot influence an antiquated series of inequalities that have formed in workplaces across in United States.

**Statistics speak for themselves.** Today, men comprise only five percent of full-time secretaries, yet consistently earn more than women in that role (*Secretary Demographics and Statistics [2022]*, 2022). Further, as of 2014, the top ten occupations for women all, on average, paid men more than women (Glynn, 2014).

First, it is essential to acknowledge that the gender pay gap is apparent across all professions. In 2014, researchers provided that the pay gap continues to exist in all industries (Gould et al., 2016). It is important to note that current trends indicate that when education status and working hours are controlled, the intergender gap in wages still exists (Gould et al., 2016). Thus, it is necessary to identify other factors that drive the pay gap.

According to labor economists, the determinants of the gender pay gap are highly debated in the research community (Bishu & Alkadry, 2017). In a 2016 systematic review of 98 published studies, a group researchers aimed to identify and narrow down the recurring themes that explain the gender pay gap. Three drivers of the gender pay gap were identified: hiring and promotion strategies, access to workplace authority, and gender representation (Bishu & Alkadry, 2017).

Hiring and promotion strategies tend to differ between genders (Bishu & Alkadry, 2017). Commonly, women are discriminated against during both hiring and promotion processes (Bishu & Alkadry, 2017). The review study by Bishu and Alkadry indicates that women are regularly denied career opportunities, which would result in better economic advantage, thus possibly diminishing the pay gap (Bishu & Alkadry, 2017). Two systemic phenomena are often associated with this factor. First, the glass ceiling phenomenon refers to the inequalities women face to advance to higher management positions upon initial hire (Bishu & Alkadry, 2017). This

halt in upward mobility is exaggerated as seniority increases within an occupation, meaning it only becomes harder to gain promotion (Bishu & Alkadry, 2017). Second, the sticky floor phenomenon rationalizes why women are more concentrated in lower rank positions (Bishu & Alkadry, 2017). Women become stuck in these positions due to less opportunities and larger pay gaps at lower seniority levels (Bishu & Alkadry, 2017). Consequently, women are often automatically excluded from promotions since they cannot stand out in such high concentrations (Bishu & Alkadry, 2017). Generally, hiring and promotion issues have partly contributed to the wage gap.

Workplace authority access refers to the denial of authority positions to persons who are equally qualified (Bishu & Alkadry, 2017). Particularly, the denial must be based on attributes independent of one's ability to work, such as race and gender (Bishu & Alkadry, 2017). While hiring and promotion are the focus of the pay gap discussion, this factor is ever relevant and often overlooked. Overall, a current lack of workplace authority access has led to two assumptions. First, women are more likely to be denied positions that hold authority (Bishu & Alkadry, 2017). Second, when women are hired in such positions, they tend to experience a lesser level of authority compared to their male co-workers (Bishu & Alkadry, 2017). Given this theme, women are less likely to experience workplace autonomy or work under other women during their career (Bishu & Alkadry, 2017). Bishu and Alkadry conclude that access to workplace authority is a consistent issue across all sectors.

The last driver of the pay gap infers how gender representation, or a lack thereof, has induced discrepancies in pay (Bishu & Alkadry, 2017). Interestingly, occupations that identify gender-based segregation as a factor also identify position, occupation, and/or agency segregation as facilitators (Bishu & Alkadry, 2017). Position segregation is extremely similar to the prior

factors, stating that women are found in lower positions (Bishu & Alkadry, 2017). Yet, occupation and agency segregation offer new insight. Occupationally, researchers found that women are usually found in education and social service occupations, while men fulfilled higher-paying, traditional science, technology, engineering, and math (STEM) roles (Bishu & Alkadry, 2017). Agency segregation conveys that women are found in redistributive agencies while men often hold power and seniority in distributive agencies (Bishu & Alkadry, 2017). Overall, these researchers indicate that when looking at gender representation, it is necessary to determine if position, occupation, and/or agency segregation are at play.

In total, these three elements—hiring and promotion strategies, access to workplace authority, and gender representation—are consistently reported across sectors as drivers of the gender wage gap.

Yet, legal protection against this discrimination has been inadequate. In the United States, the Equal Pay Act of 1963 withstands that men and women must be paid fairly for substantially equal work (AAUW, 2021). Although a landmark anti-discrimination bill of the time, this legal protection has outgrown its scope (AAUW, 2022). In general, over the span of a college-educated female's career, they will lose out on more than \$800,000 in wages due to pay discrimination (*Status of Women in the States*, 2016). Loopholes—such as a less pay due to a “factor other than sex” and inconsistent compensations—have been historically exploited and damaging to the advancement of women (AAUW, 2022). This means seniority, quality, and merit-based pay scales are fully permitted and are often used to target women (AAUW, 2021). Overall, the legal system has failed to protect women in the workforce.

### **Current Trends in Medicine**

Today, women are, on average, better educated than men, have nearly as much work experience, and are equally likely to pursue high paying careers (C. C. Miller, 2016).

Effectively, this increase of women in the workforce has only maintained that women are necessary within the field of medicine. For instance, cardiovascular disease (CVD) is the leading cause of death among women (Burgess et al., 2018). Studies have found that female CVD patients receive suboptimal care and outcomes, compared to male patients (Burgess et al., 2018). Following a common trend of medicine, CVD is often more researched in men, meaning there is less known about its manifestation and treatment in women (Burgess et al., 2018). Revealing a similar theme, fewer than 20 percent of cardiology residents are women in the United States (Burgess et al., 2018).

Current research suggests that an increase in the number of female cardiologists may lead to improved awareness of the difference in CVD presentation across genders (Burgess et al., 2018). Further, experts believe more female cardiologists will prompt improved recruitment of female patients for research trials, one essential step to reduce gendered disease bias (Burgess et al., 2018). Without this change, female cardiologists are often left isolated, which impacts the recruitment of other female clinicians, as well as collegial mentoring and support (Burgess et al., 2018). Specifically, many female clinicians report that they do not specialize in cardiology merely due to the basis of a male-dominated culture, prejudice, and an overall lack of female role models (Burgess et al., 2018). Male physicians have historically deterred women from cardiology, often citing the physical demands of the job as a dissuasion (Burgess et al., 2018). Yet, similar arduous demands are well met and satisfied by female physician-dominated specialties, like obstetrics, invalidating this defense (Burgess et al., 2018). In total, researchers view that female self-exclusion from the field is not a viable explanation of the issue at hand

(Burgess et al., 2018). Likely, potential female leaders have been lost over the years and their value is realized now more than ever.

Among physicians, female providers have been immensely devalued. Over a forty-year career, female physicians will lose out on more than two million dollars compared to their male counterparts (Gordon, 2020). Yet, this pay gap is often publicly attributed to females working less than males in the field (Gordon, 2020). Many are quick to assume that females have taken time off through family leave or prefer to work less hours to accommodate more family time (Gordon, 2020). However, a 2020 study found that, on average, female physicians spend more time with their patients *per visit, per day, per year* than male physicians, but earn continually less (Gordon, 2020). Interestingly, these female physicians provided better patient outcomes, but their success remains unrewarded (Gordon, 2020). The profession of the physician will forever remain a forerunner to modern medicine, yet specifically the physician assistant (PA) career has mirrored similar unfavorable characteristics regarding pay discrimination.

### **Disparities Among Physician Assistants**

To begin, the background of the PA profession may lend insight into women falling victim to the same trend.

In 1967, the first class of three PAs graduated from Duke University. The start of this field was rather unique. Following World War II, there was an immense shortage of primary care physicians (L. Miller, 2016). Many were advancing into specialties, especially given highly motivating post-war technological advances (L. Miller, 2016). Additionally, the economy was rapidly growing and a baby boom ensued (L. Miller, 2016). Soon enough, more patients were seeking care and there were less physicians offering generalist services (L. Miller, 2016). Luckily, the PA profession served as an avenue to fill this role (L. Miller, 2016).

At Duke, Dr. Eugene Stead established that individuals with prior medical experience could receive training and work under physician supervision to aid in the shortage (L. Miller, 2016). He realized that, given the end of the war, there were numerous military corpsmen who had received extensive medical training and held potential for clinical work (L. Miller, 2016). The three men who started the career were Navy Corpsmen who graduated after fifteen months of training under Dr. Stead (L. Miller, 2016).

Three years later, in 1970, Joyce Nichols became the first female PA (*Nichols, Joyce – PAHS, 2022*). However, her acceptance in the field was not easy. She had applied to the Duke program three times before her acceptance (*Nichols, Joyce – PAHS, 2022*). Her previous denials were made on the basis that she did not have military training, had children, and was a woman (*Nichols, Joyce – PAHS, 2022*).

As PA programs began to grow in both size and gender, the 1990s brought a massive transition. The first generation of PAs were retiring, and their replacement was glaring in comparison (Hooker et al., 2013). Younger women were taking the place of older, more traditional veterans (Hooker et al., 2013). Suddenly, the average PA student was no longer expected to serve in the military or assumed to take a role in general medicine exclusively (Hooker et al., 2013). Four decades after the birth of field, women were obtaining four-year degrees, moving into a highly competitive field, and managed to narrow the gender difference to 5:7 females to males (Hooker et al., 2013).

Today, women have progressed from the minority to the majority within the occupation. As of 2021, women encompass over 60 percent of the field but are paid 94 cents to every man's dollar (Marvel, 2021). Even in one's first practicing year as a PA, the salary discrepancy is present (2018 AAPA Salary Report, 2018). This initial discrepancy leads to career-long

disadvantages. Per year, females PAs are paid, on average, \$11,000 less than their male colleagues (Marvel, 2021). Further, disproportionate pay is present in *all* PA specialties for *all* levels of experience (2018 AAPA Salary Report, 2018). This means that even a successful, highly specialized, female PA in the last years of her career will earn less than an equal male. Currently, there is no exception where women have a larger median base pay than a male in the profession (2018 AAPA Salary Report, 2018).

Apart from salary alone, additional factors play into the wage gap amongst PAs. In a 2012 article, Coplan et. al report that male PAs have greater access to funds for professional development from their clinical employers (Coplan et al., 2012). Further, male PAs received greater compensation for assisting in procedures, overtime & administrative pay, and on-call services, as well as increased access to incentive-based opportunities (Coplan et al., 2012). Comparatively, female PAs reported fewer benefits and greater incidence of supplementary sources of income (Coplan et al., 2012). Candidly, while male PAs afford financial freedom, some female PAs are forced into secondary work to afford a living.

Experts note that the U.S. healthcare system has undervalued the work of female PAs, following the deep-rooted, systemic theme within medicine (Marvel, 2021). The profession itself was fashioned out of a resourceful uniqueness when a role needed to be filled. Yet, it seems that this innovative birth has not been enough to stray from the sexist footsteps that medicine has routinely led women on.

### **Strategies to Prevent Society and Medicine from Repeating History**

The gender disparities in pay have been narrowing recently, but very slowly. With the current pay discrepancy, the overall pay gap will remain until 2111 (AAUW, 2021). To shorten

this span, a statement put best by the American Association of University Women, “pay inequity is a structural problem that demands structural solutions” (AAUW, 2021).

Undoubtedly, constructive strategies are necessary for women to make strides toward equality in the workplace. A proposed constructive strategy focuses on changes in four areas: 1) antidiscrimination practices, 2) salary and recruitment transparency, 3) focused coaching, and 4) equitable promotions.

Foremost, antidiscrimination practices within the workplace are vital to the advancement of women in the workforce. In a 2006 study, researchers found that over 40 percent of the gender pay gap is unexplained when education, industry, and experience are controlled (Gould & Davis, 2015). By removing these factors, it leaves a large portion to be justified as pure discrimination against women. It is worth noting that LGBTQ+ women and women of color experience an even greater wage gap, warranting even greater attention (Gould & Davis, 2015). Compared to a white man’s dollar, a Hispanic woman earns only 58 cents compared to the national average of 83 cents for a woman (Holmes & Corley, 2017). Experts suggest that workplaces should have their own fundamentals in place, but national action is needed now more than ever before (Holmes & Corley, 2017). Sadly, the United States has notoriously turned pay discrimination into an argumentative, bipartisan issue, leading ultimately to inaction (Holmes & Corley, 2017). Yet, there are more options to explore.

Mentioned previously, the Equal Pay Act of 1963 has surely outgrown its fundamental beginnings. Legislators and gender equality organizations are calling for Congress to pass the Paycheck Fairness Act (DeLauro, 2021). Only introduced in 2021, this ruling would augment current protections offered to women (DeLauro, 2021). Particularly, this legal proceeding would redefine the term “factors other than sex,” updating it as an explicitly job-related factor, like

education or experience (DeLauro, 2021). This ruling would increase oversight and enforcement of laws, an area that historically lacked within the United States (DeLauro, 2021). With legislative modifications, justified change could finally occur for women.

Also, transparency of salaries and recruitment is fundamental to narrowing the pay gap. Currently, many publicly funded organizations actively provide some level of transparency of wages (Smith et al., 2017). By sharing this data, accountability is better held, and possible biases are easily identified (Smith et al., 2017). However, within the PA profession, this data is rarely shared (Smith et al., 2017). Relevant challenges with going public include the immense variation across PAs, as skills highly differ between specialties and experience (Smith et al., 2017). With no centralized list of attributes, each PA workplace values certain skills differently (Smith et al., 2017). Likely, sharing this data would place less value on past salaries and draw greater attention to identifying a general, competitive market pay for a PA (Smith et al., 2017). Currently, for female PAs, a new job often brings salaries on the lower range of the base pay, while males often earn wages on the higher range of the base pay (Smith et al., 2017). Overall, salary transparency is a fundamental step in narrowing the wage gap and would particularly make strides toward fair pay for PAs.

Focused coaching and sponsorship refers to the interprofessional support that new professionals gain from senior members of an organization (Rotenstein & Dudley, 2019). In the past, coaching has largely centered on same-gender mentorship (Rotenstein & Dudley, 2019). However, Harvard experts have acknowledged that these partnerships have resulted in unfair advantages (Rotenstein & Dudley, 2019). Men are often taught by other men how to tactically advance within the field, while women often only reflect on their career to other women (Rotenstein & Dudley, 2019). Although a same-gender partnership offers the ability to relate,

women are disadvantaged early in their careers. These experts have recommended that mixed-gender coaching will aid in narrowing the wage gap (Rotenstein & Dudley, 2019).

Supplementary, it is recommended that companies could employ external coaches to mentor new hires without bias (Rotenstein & Dudley, 2019). In application to medical field, at Brigham and Women's Hospital in Boston, faculty are provided external coaches to aid in peer support, network development, and even time management skills (Rotenstein & Dudley, 2019). Simply put, organizations must put measures in place as crucial allies of women and refrain from only promoting the advancement men.

Lastly, equitable promotion must be managed within a company. Equitable promotion involves reframing the avenues that are traditionally awarded in promotion (Rotenstein & Dudley, 2019). At many medical institutions, successful grant-funded research is the distinctive accomplishment that earns promotion (Rotenstein & Dudley, 2019). As a result, most research is performed by males (Smith et al., 2017). Harvard experts call for nontypical undertakings, like teaching or clinical success, to earn the same respect and promotion as research (Rotenstein & Dudley, 2019). In the medical community, teaching and clinical experience often go unrewarded but are truly essential to the advancement of medicine and the next generation of healthcare professionals (Rotenstein & Dudley, 2019). An example of positive change occurred at Dana Farber Cancer Institute in Boston, where clinicians who excel within their specialty are named "Senior Institute Physicians," a title that clearly acknowledges their success completely independent of research (Rotenstein & Dudley, 2019). Similar naming practices have started in the health programs at University of Southern California and Duke University, but change is far from complete (Rotenstein & Dudley, 2019). The unconventional efforts of women have gone

under rewarded in medicine. Reframing the promotion system is absolutely central to changing the traditional, biased scope of medicine.

## **Conclusion**

In the physician assistant profession, women are continually undervalued for doing the same work as men. This paper has demonstrated that the causes of this inequity are complex and structural. The United States has historically and systemically undermined the work of women, from the women who first entered the workforce in large numbers as secretaries, up to the newest hires coming out of the top graduate programs in healthcare and most other fields. The occupational future of women depends on honest change from individuals, interpersonal relationships, and companies. The frameworks that have suppressed women must be replaced by constructive strategies and inclusive leadership. Without change, future leaders will be lost, in the PA field and beyond. The time to act is now.

## Sources Cited

- AAUW. (2021). *The Simple Truth About the Gender Pay Gap 2021 Update*. AAUW.
- AAUW. (2022). *Know Your Rights: The Equal Pay Act*. AAUW : Empowering Women Since 1881. <https://www.aauw.org/resources/legal/laf/equal-pay-act/>
- About 9to5. (2022). *9to5*. <https://9to5.org/about-9to5/>
- Bishu, S. G., & Alkadry, M. G. (2017). A Systematic Review of the Gender Pay Gap and Factors That Predict It. *Administration & Society*, 49(1), 65–104. <https://doi.org/10.1177/0095399716636928>
- Burgess, S., Shaw, E., Ellenberger, K., Thomas, L., Grines, C., & Zaman, S. (2018). Women in Medicine. *Journal of the American College of Cardiology*, 72(21), 2663–2667. <https://doi.org/10.1016/j.jacc.2018.08.2198>
- Coplan, B., Essary, A. C., Virden, T. B., Cawley, J., & Stoehr, J. D. (2012). Salary Discrepancies Between Practicing Male and Female Physician Assistants. *Women's Health Issues*, 22(1), e83–e89. <https://doi.org/10.1016/j.whi.2011.06.004>
- DeLauro, R. L. (2021, June 8). *Text - H.R.7 - 117th Congress (2021-2022): Paycheck Fairness Act (2021/2022)* [Legislation]. <https://www.congress.gov/bill/117th-congress/house-bill/7/text>
- Glynn, S. J. (2014, May 19). Explaining the Gender Wage Gap. *Center for American Progress*. <https://www.americanprogress.org/article/explaining-the-gender-wage-gap/>
- Gordon, M. (2020, October 28). Female Doctors Spend More Time With Patients, But Earn Less Money Than Men. *NPR*. <https://www.npr.org/sections/health-shots/2020/10/28/925855852/female-doctors-spend-more-time-with-patients-but-earn-less-money-than-men>
- Gould, E., & Davis, A. (2015). *Closing the pay gap and beyond: A comprehensive strategy for improving economic security for women and families*. Economic Policy Institute. <https://www.epi.org/publication/closing-the-pay-gap-and-beyond/>
- Gould, E., Schieder, J., & Geir, K. (2016). *What is the gender pay gap and is it real?: The complete guide to how women are paid less than men and why it can't be explained away*. Economic Policy Institute. <https://www.epi.org/publication/what-is-the-gender-pay-gap-and-is-it-real/>
- Holmes, K., & Corley, D. (2017). *International Approaches to Closing the Gender Wage Gap*. Center for American Progress. <https://www.americanprogress.org/article/international-approaches-closing-gender-wage-gap/>

- Hooker, R. S., Robie, S. P., Coombs, J. M., & Cawley, J. F. (2013). The changing physician assistant profession: A gender shift. *Journal of the American Academy of PAs*, 26(9), 36–44. <https://doi.org/10.1097/01.JAA.0000433914.54617.a0>
- Kurtz, A. (2013, January 31). *Why secretary is still the top job for women*. CNNMoney. <https://money.cnn.com/2013/01/31/news/economy/secretary-women-jobs/index.html>
- Marvel, S. S. (2021). The wage gap in the PA profession: Historical context, contributing factors, and solutions. *JAAPA*, 34(3), 49–52. <https://doi.org/10.1097/01.JAA.0000733252.82666.2b>
- Miller, C. C. (2016, March 18). As Women Take Over a Male-Dominated Field, the Pay Drops. *The New York Times*. <https://www.nytimes.com/2016/03/20/upshot/as-women-take-over-a-male-dominated-field-the-pay-drops.html>
- Miller, L. (2016, November 15). *The Birth of the Physician Assistant*. Circulating Now from NLM. <https://circulatingnow.nlm.nih.gov/2016/11/15/the-birth-of-the-physician-assistant/>
- Nichols, Joyce – PAHS*. (2022). <https://pahx.org/assistants/nichols-joyce/>
- Rotenstein, L. S., & Dudley, J. (2019, November 4). How to Close the Gender Pay Gap in U.S. Medicine. *Harvard Business Review*. <https://hbr.org/2019/11/how-to-close-the-gender-pay-gap-in-u-s-medicine>
- Secretary Demographics and Statistics [2022]: Number Of Secretarys In The US*. (2021, January 29). <https://www.zippia.com/secretary-jobs/demographics/>
- Smith, N., Cawley, J. F., & McCall, T. C. (2017). Examining the Gap: Compensation Disparities between Male and Female Physician Assistants. *Women's Health Issues*, 27(5), 607–613. <https://doi.org/10.1016/j.whi.2017.05.001>
- Status of Women in the States*. (2016). Institute for Women's Policy Research. <https://statusofwomendata.org/explore-the-data/employment-and-earnings/employment-and-earnings/>
- Wisniewski, M. (2022, March 1). *What Is the Gender Wage Gap in Your State?* Census.Gov. <https://www.census.gov/library/stories/2022/03/what-is-the-gender-wage-gap-in-your-state.html>