

INTRODUCTION

- For societies to thrive, it is imperative that there is a focus on gender equity.¹ Female physicians struggle with pay equity, upward mobility, and higher rates of burnout than their male counterparts.²⁻⁵
- Lack of empowerment and negative self appraisal due to the presence of bias, both implicit and explicit, has been proposed as a driving factor of these issues including a phenomenon known as stereotype threat.⁶⁻⁷ Stereotype threat is defined as the fear of confirming a negative stereotype about a group to which one belongs.⁸
- Increasing awareness of stereotype threat and bias is the first step in minimizing their effects. This study is ongoing, aiming to research the impact of increasing awareness of bias and stereotype threat for those negatively affected (female residents) on their perceptions of self-efficacy and empowerment.

OBJECTIVES

- Establish if perceptions of empowerment differ between male and female residents.
- Provide an educational intervention to increase understanding of stereotype threat for female residents.

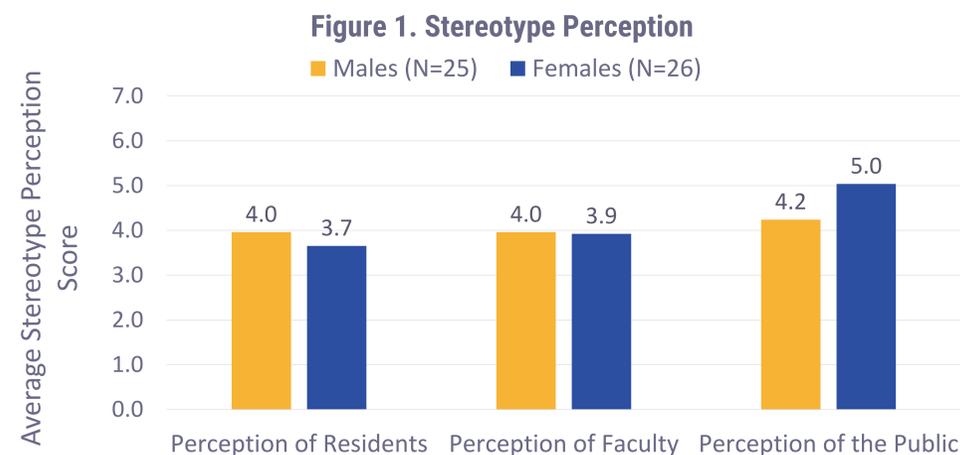
METHODS

- All SHS residents were sent an electronic survey before an educational session on gender stereotypes for female residents. The survey included questions about resident demographics, stereotype perceptions, and psychological empowerment.⁹
- An optional educational session was developed for female residents on gender stereotypes and their effects.¹⁰ The session included small (< 5 participants) group discussions for participants to share their thoughts and experiences. Statistical analyses were completed using Mann-Whitney U tests and T-tests with statistical significance set at $p < 0.05$.

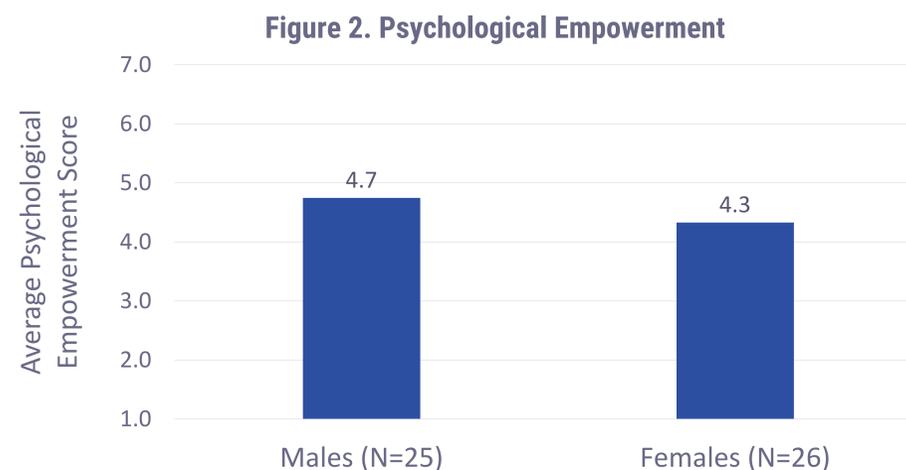
RESULTS

51 out of 94 surveys were returned for the pre-session on gender stereotypes and bias. Across residencies at SHS, 34/94 (36%) of residents are females. In total, 24/51 (49%) male and 26/51 (51%) were female. All five residency programs and all post graduate years were represented.

Results showed no significant difference between males and females in resident stereotype perceptions ($p=0.25$) or faculty stereotype perceptions ($p=0.95$). However, females had significantly higher stereotype perception scores compared to males ($p=0.03$) when evaluating perceptions of the public. (Figure 1: 1= expect women to be much better, 7 = expect men to be much better)



For psychological empowerment, on average females scored 0.4 points lower than males (95% CI = -0.9-0.1), but this was not a statistically significant difference between groups ($p=0.08$). (Figure 2: 1= low empowerment, 7 = high empowerment)



DISCUSSION

- Originally, we intended to evaluate the survey data for changes after the gender-based stereotype threat educational intervention but only had a small sample (N=5). Instead, we focused our analysis on comparing males to females in stereotype threat perception and psychological empowerment, thereby establishing a baseline among medical trainees.
- Female residents believed the general public endorse a negative stereotype about a woman's ability to be a physician, which has been previously shown with female surgical residents at Stanford University.⁷
- Although not statistically significant, female residents had lower empowerment scores than male (females = 5-10th percentile, males = 15th percentile). Overall, all residents had relatively low empowerment when compared across all different employment fields.¹¹
- This ongoing study will continue to assess changes in empowerment and stereotype perception with female residents after continued education and trainings. Future research could study stereotype perception and the effects of an educational intervention in other groups including male residents, attending physicians, medical staff, and the general public.

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