### Gender Bias in Leadership and Promotion: A Guide for Medical Professionals

## 1. Overview and Background

Gender bias in leadership and promotion is a well-documented phenomenon where women face systemic and subtle barriers to advancement. These biases are often embedded in workplace culture, performance evaluations, language, and expectations.

Women in leadership roles, especially in male-dominated fields such as emergency medicine, often experience a "double bind": they must be assertive to be seen as competent but risk being perceived as aggressive or unlikeable when they do so.

# **Key Themes:**

- Unequal standards of competence and likability
- Biased feedback and language
- Stereotypes around leadership style and behavior

#### 2. Common Bias Patterns

#### A. Performance and Promotion Descriptions

Source: Harvard Business Review (2018)

- Men are more frequently described with agentic words like "assertive," "driven," and "ambitious."
- Women are often characterized with communal or personality-driven descriptors like "helpful," "friendly," or "organized."
- These differences impact perceptions of leadership potential.

#### B. The "Tug of War" Among Women

Source: Lean In – What Works for Women at Work: Tug of War

- Women may distance themselves from other women to fit into male-dominated environments
- Generational differences and internalized sexism may create divisions rather than support
- It's essential to foster solidarity and mentorship among women

#### C. Subtle and Everyday Sexism

Source: Subtly Sexist Words in Communication

- Words like "emotional," "feisty," "nagging," or "shrill" are often used to describe women and rarely men
- Such language undermines authority and professionalism in subtle ways

### 3. Impact in Medicine and Leadership

- Fewer women reach senior roles despite equal or superior performance
- Women receive less actionable and more personality-focused feedback
- Leadership styles that deviate from traditional masculine norms (e.g., collaborative vs. directive) may be undervalued
- These patterns contribute to imposter syndrome and burnout among female physicians

## 4. Strategies to Recognize and Respond to Gender Bias

#### **Personal Actions:**

- Challenge Biased Feedback: Ask for clarity or data. Example: "Can you give a specific example of where I could be more confident?"
- Reframe the Conversation: Redirect language. Example: "Do you mean I was assertive in advocating for the patient?"
- Mentor and Sponsor: Support the advancement of other women through mentorship and visibility

### **Institutional Actions:**

- Use structured, criteria-based evaluations
- Implement implicit bias training
- Promote transparency in promotion criteria
- Normalize open discussion of bias and inequality

### 5. Role-Play and Reflection

**Talking Point 1:** How do you respond to biased feedback?

- Practice assertive but non-defensive responses:
  - "That's interesting feedback. Could we talk more about what behaviors specifically led to that perception?"
  - "I'd like to understand how my tone or delivery affected the outcome of the situation."

Talking Point 2: How to address subtly sexist language

- Example: "I noticed you referred to her as 'feisty.' That word can come off as minimizing; maybe 'assertive' is more accurate."
- Practice in pairs: One person uses a subtly biased phrase; the other practices redirecting it constructively

#### 6. Video & Resource Recommendations

- Lean In: Tug of War Video Watch
- HBR Article: Describing Male vs. Female Applicants Read
- Subtle Sexism in Words Explore

## 7. Conclusion and Call to Action

Tackling gender bias in leadership and promotion is not just about fairness—it's about optimizing talent, building effective teams, and modeling inclusive leadership for future generations. Whether responding to biased feedback or advocating for equitable practices, each action matters.

#### **Next Steps:**

- Reflect on how language and feedback affect leadership development
- Practice challenging subtle bias
- Advocate for equitable promotion and feedback structures in your institution

### **Further Reading & Resources**

- Lean In: Women, Work, and the Will to Lead by Sheryl Sandberg
- What Works: Gender Equality by Design by Iris Bohnet
- Implicit Bias in Medicine Resources (AAMC, MedEdPORTAL)