He Said, She Said:
*Gender & Communication in Medicine*

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We have no relevant financial relationships to disclose in relation to this presentation.
Objectives

- To illustrate basic gender differences in early childhood communication.
- To describe how childhood differences translate into patterns of adult communication.
- To appreciate how gender affects communication in the workplace.
- To reference the evidence about differences between the genders in medical communication.
What is Gender?

Gender is NOT biological sex

Gender is a social construct of “feminine” and “masculine.”

- Based on cultural norms.
- Often framed as a dichotomy.
Semi-structured interviews with 20 senior medical educators in Sweden (2005)—gender is...

- Important for health outcomes & careers of women in medicine.
- Overemphasized (threat to traditional curricula).
- “Unscientific” because of social & political connotations.

Boys v. Girls?
Boys v. Girls?

- Have a group of friends.
- Focus on activities.
- Roughhouse ("ritual opposition").
- Build hierarchy.

- Have a best friend.
- Focus on conversations.
- Share secrets.
- Build relationships.

CONFLICT?

Men v. Women?
Masculine v. Feminine

- Focus on action.
- Have more assertive, authoritative style.
- Use playful insults, verbal sparring.
- Assert status.

- Focus on dialogue.
- Have warmer, more engaging style.
- Use mutual troubles to make connections.
- Attempt to equalize.

Kendall S. Gender and Discourse. 1997.
Non-Verbal Communication
Differences in informal ("small") talk:

- Masculine communicators may use more athletic references, sexual language, joking, & swearing.
- Feminine communicators may use more compliments, strategies to minimize differences & engage others.

Kendall S. *Gender and Discourse*. 1997.
Differences in leadership styles:

- Masculine communicators often use strategies to reinforce status.
- Feminine communicators often try to minimize differences & “save face.”
Gender & Compliments
Conflict @ Work

- Masculine communicators may perceive personal information & relationship-building as irrelevant & “touchy-feely.”
- Feminine communicators may feel pressured into decisions without adequate discussion.
- May misinterpret female assertiveness as aggression.
- May misinterpret challenge & debate as a personal attack.

Kendall S. Gender and Discourse. 1997.
Gender & Problem Solving
Gender & Problem Solving

- Masculine communicators tend to focus on facts & seek resolution; they want to “fix” things.

- May be frustrated by perceived lack of action or sense ungratefulness when they offer to help.

- Feminine communicators may desire to talk more about the problem & find common experiences.

- May be hurt by perceived disregard for emotions & being pushed into “fixes” too quickly.
# Gender in Medicine

## Table 1. Number of Physicians and Studies by Physician Specialty and Training Level*

<table>
<thead>
<tr>
<th>Physician specialty</th>
<th>No. of Male Physicians</th>
<th>No. of Female Physicians</th>
<th>No. of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal medicine</td>
<td>164</td>
<td>72</td>
<td>4</td>
</tr>
<tr>
<td>Family practice</td>
<td>97</td>
<td>45</td>
<td>4</td>
</tr>
<tr>
<td>General practice</td>
<td>81</td>
<td>56</td>
<td>5</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>39</td>
<td>34</td>
<td>2</td>
</tr>
<tr>
<td>Obstetrics/gynecology</td>
<td>24</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Internal medicine/family practice</td>
<td>79</td>
<td>68</td>
<td>3</td>
</tr>
<tr>
<td>No stated specialty</td>
<td>81</td>
<td>52</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>856</strong></td>
<td><strong>418</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician training status</th>
<th>No. of Male Physicians</th>
<th>No. of Female Physicians</th>
<th>No. of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical student†</td>
<td>81</td>
<td>52</td>
<td>3</td>
</tr>
<tr>
<td>Resident</td>
<td>206</td>
<td>141</td>
<td>9</td>
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<tr>
<td>Practitioner</td>
<td>91</td>
<td>58</td>
<td>7</td>
</tr>
<tr>
<td>All levels</td>
<td>87</td>
<td>94</td>
<td>4</td>
</tr>
</tbody>
</table>

*Data are from observational studies only.
†Data not available by gender breakdown for 1 of these 3 studies.

Gender in Medicine

Effect Size vs. Male vs. Female Physicians

- Information Giving
  - Biomedical
  - Psychosocial
  - Directive
  - Nondirective
  - Quality
- Question Asking
  - General
  - Biomedical
  - Psychosocial
  - Closed-ended
  - Open-ended
- Partnership Behaviors
  - Active
  - Passive
- Socioemotional Behavior
  - Social Conversation
  - Positive Talk
  - Negative Talk
  - Emotionally Focused Talk
  - Positive Nonverbal
- Length of Visit

Effect Size Range: -0.6 to 0.6
Women use more “emotionally focused” talk.

Women receive higher ratings in humanism.

Women use more non-verbal behaviors (which are perceived as empathic).

No difference in emotional opportunities created or in naming of emotions.
Gender & Time

Average length of visit:

21 minutes for men
23 minutes for women
2 minutes “extra” per patient for women

× 20 patients per clinic day

× 4 days per week

× 45 weeks per year

≈ 15 clinic days difference between men & women in primary care
Patients of female physicians often reach more diabetes care targets:

- **HbA1c < 6.5%**  [OR 1.14 (1.05-1.24), p=0.002]
- **LDL < 100mg/dL** [OR 1.16 (1.06-1.27), p=0.002]
- **SBP < 130mmHg**  [OR 1.11 (1.02-1.11), p=0.018]
- **Receive ACEIs**  [OR 1.17 (1.09-1.25), p<0.0001]
Patients of female physicians often receive more preventive care:

- Gender-specific screening (female patients)
- Gender-specific counseling (female patients)
- Health-habits counseling (male & female patients)
- Sensitive-topics counseling (male & female patients)
Gender & Coping

**Instrumental**
- Experience is cognitive & physical.
- Expressed cognitively or behaviorally.
- Cope by thinking & doing.
- “Head griever”

**Intuitive**
- Experience is primarily affective.
- Expressed through mirrored feelings.
- Cope by exploration of feelings.
- “Heart griever”

Conclusions

- Gender-based styles of communication are learned early.
- Differences continue into adulthood through non-verbal communication, small talk, & problem-solving.
- Women & men actively choose ways of communicating at work to accomplish specific ends.
- Studies show these differences are mirrored in how we communicate as physicians.
- There may be implications for the actual health outcomes of our patients.
Implications for Practice

1. **Know** your own (predominant) style.
2. **Cultivate** your “opposite” style.
3. **Observe** the style of those around you.
5. **Adapt** to the style of those around you.


