

**How is Gender Bias Perceived by Women Receiving Medical Care within the Modern-Day  
Healthcare System?**

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## **How is Gender Bias Perceived by Women Receiving Medical Care within the Modern-Day Healthcare System?**

In today's media, a new discussion has taken the spotlight in healthcare. Some podcasts are now focusing on the debate on the history of gender bias and discrimination within healthcare. From the time of Greek medicine until the 19<sup>th</sup> century, women have accounted of being mistreated and stereotyped. Phrases like "medical gaslighting" describe women's experiences receiving medical care. Medical gaslighting has been described by the media as psychological and emotional abuse at the hands of healthcare professionals. The abuse is consciously or unconsciously displayed against female patients. Reform is needed in the healthcare system to eliminate gender bias. Understanding the history of gender bias in the healthcare setting will assist professionals in increasing their awareness of this topic and developing a way to eliminate the problem from healthcare practices.

### **What is Gender Bias**

Disparities are present in healthcare. Some disparities are based on social, and economic status, race, and sexual orientation. In some cases, some disparities are attributed to gender, which overall affects an individual's health outcomes. The term "sex" refers to the biological aspect of an individual that includes the variables of reproductive organs and chromosomal assignment. Gender, on the other hand, refers to the roles, relationships, and in some cases the positional power of an individual based on social constructs and norms (Maestre et al., 2021). Gender norms express expectations of how men and women behave. Current norms regard male values as superior to female values. For example, hegemonic masculinity is defined as dominance that expresses strength, endurance and being stoic. Hegemonic masculinity is the opposite of feminine attributes that expresses sensitivity to discomfort or pain. The thought of

losing masculinity is equal in some social norms to losing power (Samulowitz et al., 2018).

According to Lyszcza (2017), women are experiencing unequal treatment and discrimination in healthcare due to this thought process. Prejudice in the form of implicit and unconscious bias results in a lesser degree of treatment for women. Research has shown a lack of adherence to standards of care by healthcare professionals toward women (Alspach, 2017).

### **This History of Gender Bias**

One may ask why there is gender bias. Where did this ideology come from? From the time of the rise of Greek philosophy to the Middle Ages, the medical community has viewed women as physiologically and anatomically inferior to men. According to scholars at the time, many medical doctors asserted that women were "the failed man" (Tasca et al., 2012). In science, femininity is unjustly associated with irrationality and childishness (Sebring, 2021).

Unfortunately, the viewpoint of women in medicine wasn't only based on assumptions but also on the lack of inclusion in medical research. For example, historically, clinical trials have centered on male physiology. Research indicates how gender determines morbidity, mortality, and treatment response (Maestre et al., 2021).

### **Gender Basis in Modern Day Healthcare**

Stereotypes of women and men have hindered patients from getting proper medical attention. Men and women have been treated differently for the same diseases (Samulowitz et al., 2018). According to Maestre et al. (2021), women experience symptoms differently than men, and many physicians are unaware of this. As a result, they will misdiagnose women's symptoms as having emotional causes rather than actual physical conditions. In addition, women are often judged by their appearance (e.g., they look too good to be sick or they don't look good enough to

be considered a reliable source). Some clinicians have even gone of far as blaming the woman for her pain or labeling her as the one responsible for being unhealthy (Samulowitz et al., 2018).

Stereotypes of women in healthcare include the following:

1. Women have a higher tolerance to internal pain due to their exposure to menstrual pain and childbirth
2. Women in pain are often perceived as complaining, hysterical, malingers, and fabricators of their pain.
3. Women are mistrusted and psychologized due to their female emotional attributes (Samulowitz et al., 2018).

Stereotypes are not only reported for woman. Surprisingly, there are false perceptions of men within healthcare services. Based on a report, men with chronic pain are perceived as less masculine (Samulowitz et al., 2018). In pediatrics, girls are underrepresented in growth hormone and cancer treatment based on similar stereotypes about women (Simon et al., 2021).

### **Medical Data on Women: The Facts**

According to Maestre et al. (2021), there are sex and gender biases in diagnostic and therapeutic effects. There is a delay in diagnosis and treatment based on gender. Women diagnosed with myocardial ischemia symptoms are misdiagnosed with the condition of emotional distress. Women are less likely to be diagnosed with COPD (Raheison-Semjen, et al. 2021). Women are also experiencing gender bias in musculoskeletal pain management (Wilford, 2021). More women are prescribed antidepressant drugs for psychiatric disorders in comparison to men. Healthcare professionals avoid prescribing women oral anticoagulation (e.g., 9%-33% less likely to be prescribed to women than men). Oral anticoagulation can cause high thromboembolic risks as most

clinicians think women are too fragile for the treatment (Maestre, et al. 2021). Women are recommended less invasive procedures for coronary angiography and coronary revascularization than men. As a result, women's cardiovascular disease remains undertreated and underdiagnosed. In addition, women diagnosed with myocardial infarction who have emergency visits have higher mortality rates when treated by male physicians than by female physicians (Maestre, et al.2021).

### **Medical Gaslighting**

What is gaslighting? This social phenomenon has been around for quite some time. According to Sweet (2019), gaslighting is the engagement of one using abusive mental manipulation rooted in social inequalities and is executed in the most intimate relationships. Gaslighting has also been explained as being defined as one's attempt to drive others "crazy" and make them unsure of their reality. Gaslighting is also called "intimate terrorism" involving "gendered cultural dynamics." The gaslighting perpetrator is usually male, and the victim is usually female. The power behind gaslighting tactics is the stereotypes about women.

Unfortunately, medical science continues to reflect the views of inequality between gender by tolerating medical gaslighting. Medical gaslighting has become a popular topic as women are reporting experiences within the healthcare system that would relate to gaslighting. When women come in for checkups with concerns, their providers consider the medical complaints illegitimate (Fraser, 2021). Women are also experiencing inadequate care, feeling invalidation, and dismissal (Sebring, 2021). The women who experienced invalidation also felt shame and distress and developed a mistrust toward healthcare clinicians. Unfortunately, medical gaslighting practices are not restricted to patients but are also shared by women in the healthcare field (Maestre, et al.2021).

## **Interventions for Gender Bias Practices within the Healthcare Field**

Implicit bias training helps bring awareness and eliminate gender bias. Training in diversity, equity, and inclusion (DEI) has been proven to be valuable in teaching clinicians how to improve clinical care and research. The healthcare field should also prioritize support systems for patients and female clinicians who experience gender bias. Some healthcare organizations have implemented a checklist and prompt system to ensure clinicians adhere to evidence-based guidelines, not implicit bias (Simon et al., 2021). Training in the theory of intersectionality is another intervention used to understand further how interactions and social determinants contribute to health disparity and gender bias (Ogungbe, et al. 2019). One way to help providers control gender bias is to increase the awareness of professionals' vulnerability to prejudice. Healthcare organizations are using the Implicit Association Test (TAT) to accomplish change in healthcare practices. Other interventions being researched include peer discussions and focus groups that focus on countering stereotypical responses among healthcare professionals (Alspach, 2017). Patients are encouraged to be involved in self-advocacy. For example, suppose patients request a specific evaluation, and the physician refuses. In that case, the patient can be asked for the physician to record the refusal in the medical chart for documentation purposes (Sebring, 2021). As medicine is considered a ruling authority in power relationships, practices should be willing to hear the patient and disturb practice as usual (Sebring, 2021). In addition, to assist in eliminating gender bias, organizations should empower women to pursue leadership positions in healthcare and for women to pursue research opportunities (Maestre, et al., 2021).

## **Conclusion**

As of 2017, the women in the United States comprise of 156.5 million women who received healthcare (Alspach, 2017). Gender inequality continues to limit women from receiving

proper care. The word andronormativity insists that masculinity is dominant in the healthcare system (Samulowitz et al., 2018). Every aspect of healthcare historically has been set up for the white male and not for other groups (Sebring, 2021). Healthcare must change from this focus. Healthcare organizations should focus on ensuring that empathetic healthcare providers provide ethical and unbiased care to all, especially women (Wilford et al., 2022). There is still hope for changes as professionals become more aware of their implicit biases (Alspach, 2017). Newly developed strategies are improving gender-specific diagnosis (Raheison-Semjen et al., 2021), and theories like intersectionality are coming to the forefront of healthcare discussions (Ogungbe, et al. 2019).

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