

# The be ethical campaign: Ending healthcare gender workforce disparity

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## ABSTRACT

In November 2018 the Harvard Medical School “Career Advancement and Leadership Skills for Women in Healthcare” Continuing Medical Education (CME) will invest in the #BeEthical strategic initiative with the aim of ending workforce disparities as an ethical imperative. The 2002 Institute of Medicine Report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare,” was a ground-breaking research study identifying undeniable disparity in care provided to patients based on race and ethnicity. This report recommended increasing the proportion of underrepresented minorities in the healthcare workforce as a strategy to improve health outcomes for diverse patients. In 2011 the American Hospital Association (AHA) took this recommendation a step further with the Equity of Care campaign, enlisting

healthcare organizations to pledge to act to improve care provided to diverse patients and increasing diversity in the healthcare executive suite leadership. The Institute for Diversity in Health Management commissioned the AHA’s Health Research and Educational Trust to conduct a national survey of U.S. hospitals to quantify the measures they have taken. The results of “Diversity and Disparities: A Benchmarking Study of U.S. Hospitals” have been disappointing. Results demonstrated a decrease in minorities in executive healthcare leadership to 11% in 2015, which was down from the 12% reported in 2013 and 2011. For decades the healthcare executive suite has remained 86% white male. Therefore, it is important to take a new approach and call for leaders to make workforce gender equity an ethical imperative by promoting accomplished women and minorities to the executive suite.

**Key Words:** *Healthcare workforce; Gender equity; Disparity; Leadership; Healthcare management*

## INTRODUCTION

America is officially a diverse nation with the 2014 census data confirming more than 50% of children under the age of five as minority or mixed race [1-3]. With this ever-growing diversity it is predicted that our nation will be 56% diverse by 2060 with the largest group being White Hispanic at 22% and African Americans being the 2nd largest group at 15% [3]. Why is this important to healthcare leaders? Previous research has proven there is racial and ethnic discrimination in healthcare provided throughout our nation. Despite recommendations from the Institute of Medicine (IOM), there is continued racial, ethnic and gender workforce disparity where it counts the most, leadership.

### Ethical imperative

The AHA has a strong ethical code, listing “good health” first to be of the utmost importance to our nation [4]. While an ethical sense of public accountability is seventh on the list, it still calls for the U.S. hospitals to be ethical and reflect fairness, honesty, and impartiality in all activities and relationships. Moreover, these guidelines on ethical conduct emphasize the importance of the relationship with community and being consistent with ethical commitments therein

### Discrimination

Similarly, the American College of Physicians Ethics Manual states: Discrimination violates the principles of professionalism and of the College. The American Nurses Association has a non-negotiable ethical standard set by the ethical obligations and duties outlined in their code of ethics. And the American College of Healthcare Executives has a code of ethics outlining its responsibilities to the profession, patients, healthcare organizations, employees, community and society. With the intersectionality of numerous codes of ethics, how is it possible to still have inequity in pay and promotional opportunities for women in medicine and healthcare leadership? And why should a nurse care? [5]. The leadership team in the executive suite are the decision makers for the healthcare organization. In most communities this team is majority white male. Typically, you would expect there to be at least one woman included in this group. Unfortunately, this is not always the case. Research shows that when the hiring official is a white male and there is a white male candidate, they are more likely to choose the white male [2].

### Lack of gender equity in pay

#### Inequity in nursing pay

According to the 2016 Data USA report, there 3.15 million nurses, with the female workforce at 2.82 million and male workforce at 338,271 thousand [6]. The average salary for nurses is at \$62,53. Despite the small number of males in nursing, there is still a gap in pay equity with male nurse salary averaging \$73,897 and the female salary average at \$61, 173 [6]. This is shocking when you consider nursing has been a female dominated profession. This is a workforce in which one would not expect to find the gender pay gap, but it exists. There is also a gap in the number of racial and ethnically diverse nurses in the American workforce. White nurses are represented at 76.3%, Black nurses are at 10.8%, and Asians are at 5.9%, and the other groups are represented at less than 2% [6]. Considering the imminent nursing shortage, this should be a call to recruiters to target diverse high schools ensuring American youth are aware of the opportunity to pursue a career in nursing.

#### Inequity in physician pay

The gender equity gap is as alarming for female physicians and surgeons as it is for nurses. According to data USA, there are 877,509 physicians and surgeons in the workforce. The average salary is \$227,381 with male salary averages at \$256,224 and female average salary at \$177,936. This means most women in medicine are not even making the average salary for the profession. Hospitals are the largest employers of physicians and surgeons while pharmaceutical and medicine manufacturing industries are the highest payers with salaries extending over \$400,000 overall [6]. Unfortunately, physicians and surgeons serving in the uniformed services, Army and U.S. Air Force are among the lowest paid. Male physicians and surgeons outnumber the females at 554,214 (63.2%) and 323,295 (36.8%) respectively [6]. The American Medical Association (AMA) reports the number of women in medicine to be higher at 376,500 (AMA, 2018). Fortunately, there has been steady growth of female physicians of more than 40% in the past decade with more than 42,000 women enrolled in U.S. medical schools today [7]. Critics have proposed women earn less due to specialty, hours worked, experience, and practice. There is research showing women earn substantially less than men even after adjustments for these factors [8]. This is one of many research studies aimed at addressing this misperception. More importantly, since the Equal Pay Act of 1963, the practice of unequal pay for equal work is illegal [9]. White physicians and surgeons represent 68.2% of the physician

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workforce, Asians have the second highest representation at 22.6%, and Black physicians are third at 17.7% [6]. When it comes to leadership, only 3% of women physicians hold the executive suite title of Chief Medical Officer (CMO) and 4% the title of Chief Executive Officer [7]. While data USA included nursing administration in their data collection, there was not a breakdown of nurses in the executive suite. It can be difficult to accurately determine how many nurses are currently in the executive suite, partly because nurses will sometimes transition to non-nursing administrative roles as they advance to progressive levels of leadership.

**New strategy to end gender workforce disparities**

In order for there to be real change in healthcare leadership, there need to be strong nurse leaders representing women in the executive suite advocating for women nurses and women in medicine. The research clearly indicates women are not treated equitably in organizations who have the noble mission to care and improve the health of their community. It is time for a call to action. Ending gender workforce disparities is an ethical imperative and there needs to be a new approach to addressing this disparity.

First, healthcare leaders need to make workforce gender equity an ethical imperative. Healthcare professional organizations have a code of ethics that directly conflict with allowing unfair and inequitable treatment of members of the profession and the patients cared for. If healthcare leaders are being ethical in their responsibility to their employees, then why is there evidence of pay inequity? And why are leaders not acting to correct it immediately? The financial impact to women and their families will last throughout the trajectory of their career. Secondly, leaders must prioritize gender equity and properly fund closing the gender equity gap. Considering the cost of the potential loss of highly skilled nurses, physicians and surgeons should be the business case for making the financial commitment. The time it would take to invest in the training to replace the loss of the skills of these talented women nurses, physicians and surgeons easily escalates to hundreds of thousands of dollars for each organization. Especially when considering some talent cannot be taught. It's a special ability that's a compilation of life experience. Third, leaders should be mindful not to defer to the critical thinking errors which led to the current state. Perpetuating the myths of not having qualified women in the pipeline, erroneously assuming women will abandon their career for their family life, or even the false presumption that women lack the emotional intelligence to lead a healthcare organization. Fourth, leaders need to use a 6-step process with identified metrics to correct the disparities [10].

Steps process systematic process to address inequity

The first step is to examine the data for your healthcare organization. Specifically review your organizations mission, vision, values and ethical code of conduct. The second step is to report the results impartially and publicly to ensure the results are factual and clear. Thirdly, it's important to investigate the causes of any disparity revealed in the results. Based on that investigation, the next step would be to implement strategies to address the inequity. The fifth step is to track the outcomes of the strategies. Finally, it is crucial to report and publish the outcomes to maintain the integrity of the process.

**Action plan**

The time for action is now. Women around the country and throughout the world are exercising their right to stand for what they believe. Women

are bravely and publicly campaigning for change. Be Ethical is a worthy campaign. Women in nursing and women in medicine must come together to demand equity in pay and equity in leadership. Nursing is the most trusted profession in healthcare. If nurses take a stand for equity in pay, their voice will be heard. If nurses take a stand for representation in the executive suite, their voice will be heard. Every nurse has the opportunity to make a difference in this campaign by sharing this article on social media, writing their own article, or even demanding to have a fair and equitable wage at their healthcare organization. Volunteering to assist the organization in examining gender data and taking the steps necessary to address disparity is important work. Imagine the positive impact on the women who will be paid a fair wage. Measures to focus on are: compensation, hiring, promotions, and leadership representation. Strategies to consider are, conducting salary surveys internally and externally (locally), leadership development programs, training opportunities, mentoring and executive sponsorship.

**Commitment to improve diversity and equity**

For organizations who commit to improving diversity and equity, developing a Task Force has been shown to be most effective when compared to voluntary training programs, cross-training, targeted recruitment, mentoring and diversity managers. Research has shown engaging in diversity valuing behaviors often leads to criticism, lower performance ratings, and even punishment [2]. Therefore, it is important that this effort is supported and sponsored by an executive sponsor in the executive suite. Most nurses have experienced gender bias at some point in their career. The data shows that most women in nursing are not being paid an equitable wage compared to their male counterparts. Now that this information has been revealed, who willing to continue to work for less than your male counterparts? It is time to call on healthcare leaders to be ethical and end the pay equity gap.

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