Male Clinicians Miss Microaggressions Their Female Peers Notice

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Men underestimate how often women experience microaggressions in clinic and hospital settings, according to a study published online in Academic Medicine.

Study participants viewed videos depicting situations in which microaggressions — "subtle verbal or nonverbal everyday behaviors that arise from unconscious bias, covert prejudice, or hostility" — did and did not occur.

"[W]hen watching videos of microaggressions, men think they happen less frequently than do women," Arghavan Salles, MD, PhD, a scholar in residence at Stanford University School of Medicine, California, told Medscape Medical News.

"In other words, men may not notice all the ways in which women's work and authority are undermined in everyday interactions," continued Salles, who was not involved in this study but has published on implicit bias among healthcare professionals.

For the current study, Vyjeyanthi S. Periyakoil, MD, associate professor of medicine and director of the Stanford Aging and Ethnogeriatrics Center at Stanford University School of Medicine, California, and colleagues collected "real-life anecdotes" about microaggressions from women faculty in medicine. They identified 34 unique experiences from the anecdotes, scripted them, and had professional actors reenact those experiences in 68 videos — 34 that depicted the microaggressions and 34 corresponding fictional videos of the same situations without the microaggressions (control videos).

They then recruited 124 faculty members (79 women, 45 men) from four academic medical centers to view the videos in random order and say how commonly think similar events are at their own institution. Participants were racially and ethnically diverse, and of various age groups and academic ranks. Both women and men had been employed in medicine for a median of 15 years.

For 33 of the 34 videos that depicted microaggressions, women reported "much higher frequencies of the microaggressions depicted" compared with men, the authors explain.

"In stark contrast, men reported these microaggressions to be uncommon," write Rao and colleagues. The researchers found no such differences between women and men when participants watched the control videos.

Key demographic factors — including age, race/ethnicity, academic rank, and number of years in medicine — had no significant effects on the study findings.

The researchers grouped the most common microaggressions into six themes; of the 21 microaggressions identified by women, the most common was encountering sexism, which occurred in six videos. The next most common microaggression was encountering pregnancy and childcare-related bias (five videos), followed by having abilities underestimated (four videos), encountering sexually inappropriate comments (three videos), being relegated to mundane tasks (two videos), and feeling excluded/marginalized (one video).

Salles said she wonders why the researchers asked participants how often these microaggressions happen in general and not specifically to women, when women were their target population. "This could be part of why men perceived these events to occur less frequently than did women," Salles explained, adding that it is possible that men's responses may have been different if they had been asked how frequently such microaggressions happen to women specifically.

When Microaggressions Do Occur

Salles said that when these incidents occur, safety is the first concern. The individual may or may not be safe where they are, and it may or may not be safe for the individual to say something at that time.

Power dynamics between the individual and the perpetrator, whether the relationship is "a one-time interaction or a long-term relationship," and the nature of the microagression are all important factors to consider. If the individual does decide to say something, he or she needs to decide when to speak up. "Sometimes it's best to take the person aside and address it at a different time," Salles explained.

Bystanders have a great deal of power and may be "in a stronger position to respond," she added. They may wish to support the individual at the time of the incident or later, or they may decide to confront the perpetrator when the incident happens or after the fact.
If an individual does decide to speak up, Salles recommends "trying to understand where the person is coming from and framing the problem with 'I' statements such as, 'I feel x when you say y.' But having this conversation requires trust, and that isn't always present."

People are sometimes reluctant to get involved in a situation in which they are not the target, Salles pointed out. "This attitude, while commonplace, contributes to negative work environments. If, for example, I am the target of a microaggression and no one around me says anything about it, that indicates that they are ok with it. In the long run, that is damaging and leads the target to feel like they don't belong."

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