

# *Industrial & Labor Relations Review*

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*Volume 63, Issue 1*

2009

*Article 11*

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## The Changing Face of Medicine: Women Doctors and the Evolution of Health Care in America

Forrest Briscoe\*

\*Penn State University, [fbriscoe@psu.edu](mailto:fbriscoe@psu.edu)

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and Habermas, it remains a work stronger in its theory than in its practical recommendations.

Scheuerman concludes by discussing the ideas of Habermas and others relating to transnational government. They advocate strengthening the European Union, the United Nations, and, perhaps, other transnational enforcers of “human rights.”

Scheuerman writes, “Grassroots activists are legitimately demanding participation by NGOs and labor groups in the halls of the WTO and IMF and many other powerful interstate organizations that play significant roles in overseeing the global political economy” (p. 150). He believes such reforms are preferable to their more extreme alternatives on the left and on the right. “They may, in short, help us steer a path between the Charybdis of conservative political resignation and Scylla of unrealistic radicalism that has plagued too much recent Frankfurt School critical theory work on globalization” (p. 151). When, as in this case, Scheuerman dares to state his own ideas and not merely defer to those of other political philosophers, he actually provides an opening for the kind of pragmatic critical theory that is so needed on the world stage today.

Jerome Braun

Independent Scholar  
Chicago

### Human Resources, Management, and Personnel

*The Changing Face of Medicine: Women Doctors and the Evolution of Health Care in America.* By Ann K. Boulis and Jerry A. Jacobs. Ithaca, N.Y.: ILR Press (an imprint of Cornell University Press), 2008. 280 pp. ISBN 978-0-8014-4446-3, \$35.00 (cloth).

In 2009, half of all newly minted physicians will be female; in 1969 that figure was fewer than one in ten. In their detailed, data-driven portrait of the dramatic rise of women in medicine, Ann Boulis and Jerry Jacobs do an excellent job of explaining both the reasons for the trend toward numerical equality among physicians and its key consequences. They argue that women entered medicine primarily because broad barriers were lifted—not, as others have suggested, because women were more willing than men to accept (or contributed to) occupational status decline. In addition, as practicing physicians, women differ little from men in their overall patterns of care, and as future leaders of the profession they are unlikely to exhibit much difference in leadership style.

In the nine chapters of *The Changing Face of*

*Medicine*, Boulis and Jacobs take on a large and formidably complex topic. What makes their task all the more daunting—and their achievement therefore all the more impressive—is that during the same Nixon-to-Obama time span marking women’s entrance to the profession, medicine and health care as a whole *also* changed dramatically. Thus, their story has more moving parts than most. To handle this complexity, Boulis and Jacobs analyze data from a range of available sources, including general population surveys and specialized surveys of physicians. They also summarize relevant studies from a diverse range of academic communities, including the social science disciplines, applied health policy and management fields, and medical research proper. Finally, they use selected quotes from *MomMD*, a popular online forum, and a collection of their own interviews and focus groups, to illustrate points and inject the ever-articulate and often lively voices of physicians themselves into the narrative. This research is all brought together in a manner that is organized and quite accessible, and that I suspect will make the book valuable to a broad swath of scholars, policy-makers, and practitioners. Despite having a bookcase full of biographies of famous women physicians, and a smaller number of historical and ethnographic works on women in medicine (such as Lorber’s *Women in Medicine* and More’s *Restoring the Balance*), I know of no other text that marshals the evidence as *The Changing Face of Medicine* does. Readers will surely appreciate Boulis and Jacobs’s even-handed treatment, which acknowledges support for competing explanations when they find it.

The first three chapters focus on the question of why women’s numbers grew in the ranks of medical school graduates starting in the 1970s. Drawing on historical data, the authors observe that male applications declined only slightly, and that the real action was a massive surge in female applications and admittances. This increase reflected contemporaneous rising trends in girls’ education and interest in science. By triangulating across multiple data sources, Boulis and Jacobs argue that the best explanation for women entering medicine lies with the broader advance of women in schooling, the work force, and society (and not a competing hypothesis that the profession of medicine began declining in attractiveness, leading men to shun it and sparking a downward spiral of feminization and further devaluation).

Chapters 4–6 shift gears and grapple with the experiences of women once they enter medicine: how different are they from men in their choice of medical specialty, their entrance to occupational niches such as research, academia, and leadership,

and their overall incomes and status attainment? Reviewing the evidence, the authors note marked differences across all of those dimensions. Many of the basic findings will be familiar to scholars in this area as well as practitioners (for example, women physicians earn less partly because they tend not to own their own practices, and they tend to be clustered in medical specialties with controllable schedules). One insight that Boulis and Jacobs draw out in some detail is how gender bias experienced during training may shape these outcomes by exerting a less visible impact on individual preferences or choices. They review evidence of bias ranging from overt sexual harassment to more subtle differences in social support experienced by women in training programs. Chapter 6 focuses on the personal experiences of women physicians at home, including the great many who can be found in dual-physician families. The gist of these chapters is that while differences exist, there is a “drift toward equality” that Boulis and Jacobs find encouraging and expect to continue.

In Chapters 7–9, the authors turn to questions about how women are changing the practice of medicine itself and how they are influencing medicine as an institution in society. To my mind, these chapters cover some of the most interesting and least well-understood implications of women’s entry into medicine. Does the care that women physicians provide to patients differ from that provided by male physicians? In Chapter 7, Boulis and Jacobs say no—except for sexually sensitive types of patient care. They also downplay differences in patient communication skills (“bedside manners”) and any gendered propensity for nurturing of patients. One of the few relevant research results I find unmentioned here is the smaller rate of malpractice lawsuits filed against female physicians than against male physicians (a finding often attributed to communication styles; see, for example, Hickson and colleagues’ article in the June 12, 2002, issue of the *Journal of the American Medical Association*, or Bhat’s *Medical Malpractice*, 2001).

One of the most important questions for women entering medicine (and paid work in general) is how to achieve success in both work and family life. It would be hard to over-state the tension experienced by physicians attempting to devote themselves to the needs both of their patients and of their families. Boulis and Jacobs tackle this issue in Chapter 8 (“Medicine as a Family Friendly Profession?”). Some observers think women entering medicine should lead to the creation of more family-friendly options for physicians. But the reality, Boulis and Jacobs counter, is that while many changes in physicians’ organizational contexts and career patterns have occurred in

recent decades, these changes have mostly been driven by the shift to managed care—and not at all by the concerns of physicians about their own work or home lives. The authors review related evidence on the effects of managed care as well as the rise in physician paperwork, changes in illness patterns (for example, chronic diseases), and more demanding patients. One trend to watch going forward is the continued expansion of larger, more sophisticated medical practices: how will they enable or constrain physicians’ ability to balance work and family life?

Boulis and Jacobs end Chapter 8 asking whether “a critical mass of women physicians will be able to take medicine in a new direction.” Readers of the *ILR Review* may in fact wonder about one avenue in particular for collective action, which I spotted elsewhere in the text: the area in which women physicians are advancing into leadership most rapidly is physician unions (p. 79). There are in fact a few signs of physician collective action on workplace and work-life issues, such as the move to control resident work hours (see Katherine Kellogg’s forthcoming article on this topic in the *American Journal of Sociology*).

Title notwithstanding, *The Changing Face of Medicine* downplays gender itself as causal agent in the story of medicine’s evolution. For example, although female physicians currently choose medical specialties different from those of their male counterparts and less often pursue the research track, Boulis and Jacobs argue persuasively that biased experiences during training and socialization are an important cause of this sorting. This approach to explaining outcome differences between men and women squares easily with the choice-within-constraints sociology that characterizes much of Jacobs’s influential earlier work on gender, work, and family. It also leads to a relatively upbeat prognosis for the future, in which more incremental changes are likely to further integrate women into the ongoing course of the profession. That said, Boulis and Jacobs are wise to point out the difficulties in predicting the future in health care. Their book comes at a time when efforts are again under way to radically change the health delivery system. Physician gender is itself unlikely to be a theme in reform efforts. But women physicians do have a seat at the table this time, represented by the second-ever female president of the American Medical Association (the other 161 were male)!

Forrest Briscoe

Assistant Professor of  
Management and Organization  
Smeal College of Business  
The Pennsylvania State University