

Men with moustaches outnumber women in medical leadership

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Men with moustaches significantly outnumber women in academic medical leadership positions in the top medical schools across the US, finds a study published in *The BMJ* Christmas issue this week.

The [number](#) of women in medicine has risen significantly in recent times. Almost 50% of US medical students are women, but the proportion of women in academic medicine is still low with only 21% full professors being women.

The lack of women in leadership positions is a problem because of the 'strong ethical argument for equality' and also because "in business having more women leaders has been linked with better performance," say the US team of researchers who conducted the study.

So they wanted to increase the representation of women in academic medical leadership by drawing attention to sex disparities that exist.

They carried out a study that looked at the number of women compared to the number of men with moustaches in academic medical leadership positions at the top medical schools funded by the National Institutes of Health.

They looked at moustaches because these are rare, and wanted to see if women were even rarer, and measured the proportion of women and men with moustaches across institutions and specialties.

Overall, they analysed 1018 medical department leaders by searching the institutional websites of the selected medical schools to identify leaders, such as the chair, chief or head of each specialty.

For each department leader, they collected their medical specialty, institution and gender. Furthermore, they recorded the presence of moustache in men, defined as the presence of hair on the upper lip.

These included both stand alone moustaches such as the Copstach Standard, Pencil, Handlebar and Supermario, as well as moustaches in combination with other facial hair such as the Van Dyke, The Balbo and Napoleon III Imperial (see below image for types of moustache included).

Results showed that women accounted for 13% of department leader positions, while moustachioed men accounted for 19% of department leader positions.

Furthermore, the proportion of women department leaders ranged from 0% to 26% across institutions, and 0% to 36% across specialties.

Meanwhile, the proportion of moustachioed men department leaders by institution ranged from 0% to 37%, and medical specialty ranged from 2% to 31%.

Only five specialties had more than 20% women department leaders, and these were obstetrics and gynecology (36%), pediatrics (31%), dermatology (23%), family medicine (21%), and emergency medicine (21%).

Ten specialties had more than 20% moustachioed department leaders, with the thickest moustache density found in psychiatry (31%), pathology (30%), and anesthesiology (26%).

They calculated the 'Moustache Index' as the proportion of women compared with the proportion of moustaches, and found that the overall moustache index of all academic medical departments studied was 0.72.

All departments should strive to reach a moustache index of more than 1, they say, and explain there are two ways to address this either "by increasing the number of women in leadership positions or by asking [men](#) in leadership positions to shave their moustaches."

However, they note that the latter choice is 'discriminatory' and could have "detrimental effect on workplace satisfaction and emotional well-being."

So they suggest employers should adopt policies against discrimination and sexual harassment, introduce family benefits, offer paid parental leave, mentorship, and tenure clock extensions.

Furthermore, they suggest predefining hiring criteria for the recruitment of women, and allowing women flexibility in scheduling their work, including job sharing and shiftwork.

"We hope that these solutions will help increase moustache indices across all specialties by raising the number of [women](#) leaders while maintaining sufficient facial hair in our workplaces," they conclude.

More information: Plenty of moustaches but not enough women: cross sectional study of medical leaders, The *BMJ*, www.bmj.com/cgi/doi/10.1136/bmj.h6311

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