Gender Differences in Income

Dear Editor:

We read with great interest the article on gender differences in ophthalmologists’ annual income.1 The authors reported an income disparity of $55 000 (20%) between male and female ophthalmologists after accounting for work effort, provider characteristics, and practice characteristics. They also acknowledged that their study had certain limitations in the assessment of reasons behind this disparity, with respect to whether the respondent has a primarily surgical or medical practice, clinicians’ level of satisfaction in their practices, and translation of their results to nonwhite ophthalmologists. We can offer some perspective on this, as we conducted a cross-sectional study addressing professional and personal issues of ophthalmologists in Australia and New Zealand.2

A 43-part confidential survey was sent to all female ophthalmologists and to randomly selected age-matched male ophthalmologists registered with the Royal Australian and New Zealand College of Ophthalmologists in 2005. We found that the average income for women was $37 913 (95% confidence interval [CI], $25 600–$50 226) less than that for men (P<0.0001). This difference was only slightly reduced, to $35 583 (95% CI, $23 695–$47 470), when adjusted for the number of hours worked (analysis of covariance, P<0.0001). Respondents subspecializing in surgical retina, anterior segment, cornea, cataract, refractive surgery, and oculoplastics were grouped together on the assumption that they have a larger surgical workload. However, no interaction was found between gender, surgical subspecialty, and income (P = 0.58).

Other main findings were that females preferentially practice in areas with a population of >100 000 (89.6% vs. 76.1%; P<0.001), and a larger proportion (57.5%) of female ophthalmologists had worked part-time at some point in their career than their male colleagues (13.6%) (P<0.001). Forty-five percent of males in this subset indicated lifestyle factors (other than family) as their main motivation for undertaking part-time work, compared with 18% of females (P = 0.32). In comparison, 72% of females identified family responsibilities as their main reason for this choice, compared with 4.1% of males (P = 0.018). Interestingly, personal profiles also statistically differed, with female respondents less likely to be in a stable relationship and less likely to have children than their male colleagues.

Overall career satisfaction and opinions on statements regarding aspects of work/family balance were also assessed using an adjective-anchored 5-point linear scale. There was no difference in career satisfaction between genders. This is in concordance with other studies,3,4 but notable differences were identified in opinions related to balancing career and family commitments, with women expressing more frustration as to “trying to do it all.” However, it has been established that female ophthalmologists are more likely to be satisfied in the balance between career and personal commitments than their female colleagues in obstetrics and general surgery.5

Weeks and Wallace pointed out that additional effort should be made to determine if female physicians have different preferences regarding practice characteristics within specialties that might warrant lower incomes. Our study suggests that personal preference regarding practice characteristics does come into play and that female ophthalmologists try to find the balance between personal and professional commitments by working fewer hours and for less pay. There is no doubt that women have the unique task of balancing greater family commitments and career, and these responsibilities may underlie their personal and/or career choices.

Dear Editor:

Drs Deva and Danesh-Meyer found that female ophthalmologists working in Australia and New Zealand have substantially lower incomes than age-matched male ophthalmologists.1 The statistically significant $35 583 annual disparity—after adjusting for work effort—appears to be similar in percentage terms to the 20% disparity that we found in the United States.2 Although they conclude that female ophthalmologists find balance in their personal and professional lives by working fewer hours for less pay but are as satisfied with their jobs, overall, as males, results from their study suggest that female ophthalmologists were more likely than male ophthalmologists to be frustrated with career demands (P = 0.033), to identify career and family as a dichotomous choice (P<0.001), to have children later in their careers (P<0.05) (but wish they had had children at a different point in their career [P<0.001]), to believe that female ophthalmologists do not have the same advancement opportunities as male ophthalmologists (P<0.01), and to feel like they are treated unequally by peers (P<0.001).

Lower pay for the same work, more career frustration, more personal sacrifice, less opportunity, and inequitable treatment are all features of gender disparity, not gender equity. In time and money, female ophthalmologists make the same educational investment as male ophthalmologists—perhaps a greater one, if delaying childrearing is a cost that is incurred as part of the educational process for women. Females must work as hard during medical school and ophthalmology residency as their male counterparts—in the U.S., at least, ophthalmology is a competitive specialty


References


Author reply

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Letters to the Editor