

“Doctor” badge promotes accurate role identification and reduces gender-based aggressions in female resident physicians

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Background:

- Female resident physicians experience greater rates of role misidentification compared to male residents
- Incorrect role identification has negative consequences for both patient care and physician well-being
- We utilized a pre-post survey to determine if a “doctor” badge promotes accurate role identification in resident physicians and sought to understand whether it improves residents’ workplace experiences

Methods:

- QI initiative for residents at Harvard South Shore / Boston VA
- Residents offered a “doctor” badge to hang beneath hospital identification
- Voluntary, anonymous pre-survey and post-survey to report experiences with role identification in the preceding two months

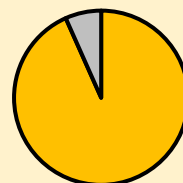
Results:

Survey Results	Pre-Intervention Respondents	Post-Intervention Respondents (With Badge)
Response Rate	27/33 residents (82%)	21/33 residents (64%)
Gender	15 females (56%) 12 males (44%)	13 females (62%) 8 males (38%)
Median Age	26-30 years	26-30 years
Residents who experienced role misidentification (Table 1)	All: 18/27 (67%) Female: 14/15 (93%) Male: 4/12 (33%)	All: 6/21 (29%) Female: 5/13 (38%) Male: 1/8 (13%)
Residents who experienced gender-based aggressions	All: 15/27 (56%) Female: 14/15 (93%) (Graph 1a) Male: 1/12 (8%)	All: 4/21 (19%) Female: 2/13 (15%) (Graph 1b) Male: 2/8 (25%)

Pre-Survey Results:

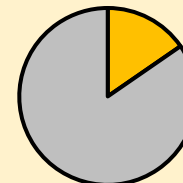
- Females were significantly more likely than males to report role misidentification $\chi^2(1)=10.8, p<0.01$
- Group that most frequently misidentified residents= Patients (Table 2)
- Female residents were significantly more likely to experience gender-based microaggressions or macroaggressions occasionally, frequently, or very frequently compared to male residents $\chi^2(1)=19.5, p<0.01$

Graph 1a- Female Pre-Intervention Gender-based Aggressions: n=15



■ Yes Gender-based Aggressions=14
 ■ No Gender-based Aggressions=1

Graph 1b- Female Post-Intervention Gender-based Aggressions: n=13



■ Yes Gender-based Aggressions=2
 ■ No Gender-based Aggressions=11

Post-Survey Results:

- Compared to the pre-intervention, females who wore the badge were significantly less likely to be misidentified $\chi^2(1)=9.6, p<0.01$. There was no statistical significance when comparing males who were misidentified pre- to post-intervention $\chi^2(1)=1.1, p=0.294$ (Table 1)
- Compared to pre-intervention, females who wore the badge were significantly less likely to experience gender-based aggressions $\chi^2(1)=17.3, p<0.01$ (Graph 1). Compared to the pre-intervention, there was no significant change in gender-based aggressions for males who wore the badge $\chi^2(1)=1.05, p=0.306$
- Among those who wore the badge, 81% felt it improved patient care and communication, and 86% felt it improved day-to-day work experience

Table 1- Residents Who Were Misidentified Pre- and Post-Intervention

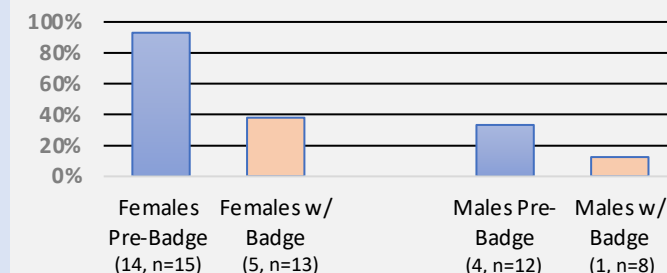
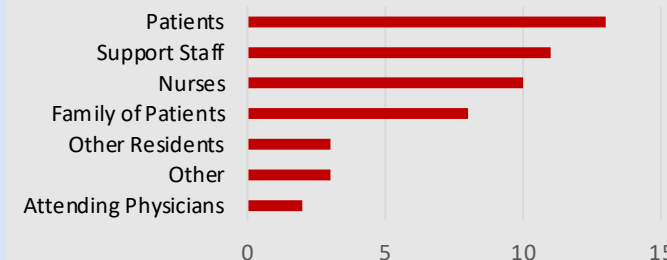


Table 2- Pre-survey: Residents (n=27) Reporting Misidentification By Group



Conclusion:

- Female residents were more likely than male residents to report role misidentification
- Usage of the “doctor” badge resulted in improved role identification and a reduction in gender-based microaggressions and macroaggressions for females, but not males
- Badges are a promising tool that can improve role identification, gender-based aggressions, the day-to-day workplace experience, and patient communication and care

Citations:

