Glass Ceilings, Implicit Bias, Imposter Syndrome and the Matilda Effect

By Janet Pope, MD, MPH, FRCPC

The theme of this issue of the *Journal of the Canadian Rheumatology Association* is an important one: equity, diversity, and inclusion. Over the course of my career, I have witnessed subtle differences in the "treatment" of colleagues and patients who are perhaps thought to be a minority based on various characteristics (sex, gender identification, ethnicity, different beliefs, etc.). Often the differences are subtle—not including or recognizing an individual solely on their merit, or the "glass ceiling" where in academia and elsewhere, fewer women are top leaders relative to their representation in institutions such as hospitals and universities. The reasons for attrition are subtle, but lack of mentoring and other biases may self-select that women don't apply for these positions.

In science, there is a phenomenon called the Matilda effect. It is a bias against acknowledging the achievements of women whose work is attributed to their male colleagues, named after Matilda Gage who was a suffragist and wrote about men taking the credit for female peers' work or, I would also add, unequal credit between the sexes for equal achievements, with men receiving more "kudos" than women. This can lead to uncertainty regarding a successful woman's talents and less productivity/recognition over time. Women more than male counterparts can also experience the imposter syndrome which consists of doubting your abilities and feeling like a fraud. It disproportionately affects high-achieving people, who find it difficult to accept their accomplishments. Valerie Young divided the imposter syndrome into different categories such as perfectionist, superwoman/man, natural genius, soloist, and expert. You may identify yourself in one of these types.

We do need to be aware that we all have biases. There are obvious (overt) biases that we are aware of, but more insidious are the unconscious biases which we all have, such as believing stereotypes about certain groups of people that individuals hold but are unaware of. This leads to unintentional discrimination and fewer points of view, reducing options or squelching ideas. In general, more points of view expand possibilities and innovation. Biases are held by men and women. For example, there is a riddle about a child who comes with his father to the emergency room in a rural center, after a car accident, and both are unconscious, and then the child is operated on by his parent. We want to solve the problem saying that the father is a surgeon and woke up and treated his child as no other surgeons were available. But there is another solution. (The surgeon is his mother, if I have to tell you the answer). Both men and women including physicians are equally likely to have this unconscious bias. There are implicit bias tests that I urge all of us to take. It helps to "know thyself."

So, in late 2021 and onward, what do we as a rheumatology community and as individuals need to do? Take the implicit bias tests. They are free and validated and remind you of your blindspots. Be aware of decisions you make and deliberately include diversity in your clinic staff, research teams, etc. Help patients who are marginalized get the care they need through advocacy, access to other professionals (social work, nursing staff, allied health professionals, case workers); practice giving positive but critical feedback and acknowledging accolades of people around you. It will make us better healthcare providers and people.

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Suggested readings:

Glass Ceilings. Wikipedia. Available at *https://en.wikipedia.org/wiki/Glass_ceiling.* Updated August 2021. Accessed August 2021.

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Unconscious Bias. Vanderbilt.edu. Available at *https://www.vanderbilt.edu/diversity/unconscious-bias/.* Accessed August 2021.

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