

# Women in Health Care Everyday Life

The oath of Hippocrates states, among other things, that the doctor must not administer any lethal drugs, that he must not make any distinctions in dealing with the sick, neither between freemen and slaves nor between men and women. With the diversity-driven values of recent years, medicine now seems to have reached the point of gender equality where the ancient world wanted doctors to be as a profession. Too much emphasis on genderism or successful diversity in the environment of health care professionals would still seem too exaggerated, however.

>> The current philosophy of medicine proudly points to the progress made in recent decades: guideline-oriented therapy, which assumed that the benefits of therapy could be transferred 1:1 to the population as a whole on the basis of studies, has been replaced by a constantly personalising medicine: relatively homogeneous groups of patients do not react in nearly the same way to therapeutic measures. Equivalent treatment, but not necessarily the same course of therapy in certain patient groups.

explains why heart disease, rheumatic diseases, depression, osteoporosis, etc. can develop differently in men and women. In addition, it takes into account information about how lifestyle, stress and the environment affect biological processes in different genders. However, gender medicine in the true sense is hardly ever taught. In a 2016 survey, half of the 32 participating medical schools could not answer exactly in which courses the aspects of gender medicine are taught to future doctors (Deutsches Ärzteblatt: Ludwig et al., 2016). Irrespective of this, however, the health system is becoming more and more female (Fig. 1). The nursing sector has already been

The nursing sector is dominated by women in the tenths and would not be able to exist without women in the profession. For years, poor pay, overtime, overwork and the various types of absenteeism associated with it have had an impact on the worsening nursing crisis, which is largely female, as men have so far been difficult to motivate for this profession. But the medical profession is also becoming more female: in the meantime, the proportion of female doctors has grown to 49.9% (2021) - and the trend is rising. Serious differences still exist in individual specialties as well as in management levels of hospitals. One would think that a - The ongoing feminisation of the

health care professions should also have an impact on treatment and communication behaviour in everyday work. In fact, however, the implementation of gender medicine in the daily routine of doctors, which is sometimes chaotic and mostly driven by efficiency, is a great challenge. This is because a more diversity-driven way of ~~trig~~ results in an orientation towards social diversity and thus a constantly developing individualisation. Taking into account the "diverse" variety of options, therapy decisions also become more difficult, possible therapy steps and action patterns become more individualised and the everyday complexity of doctors increases. Routine behaviour becomes rarer when individual variables are constantly being weighed up and, according to Daniel Kahneman, the necessary simplification of everyday life through autopilot is then less easy to achieve.

## Current gender communication in everyday medical practice

Doctor-patient communication is usually gender ~~is~~ the focus of the patient's concern and the means of communication to express this concern are different for women and men. The self-assignments and external assignments of gender roles can influence the experience of one and the same illness. co-determination.

## Women in the Health Care Segment

Gender medicine even goes beyond these approaches: it

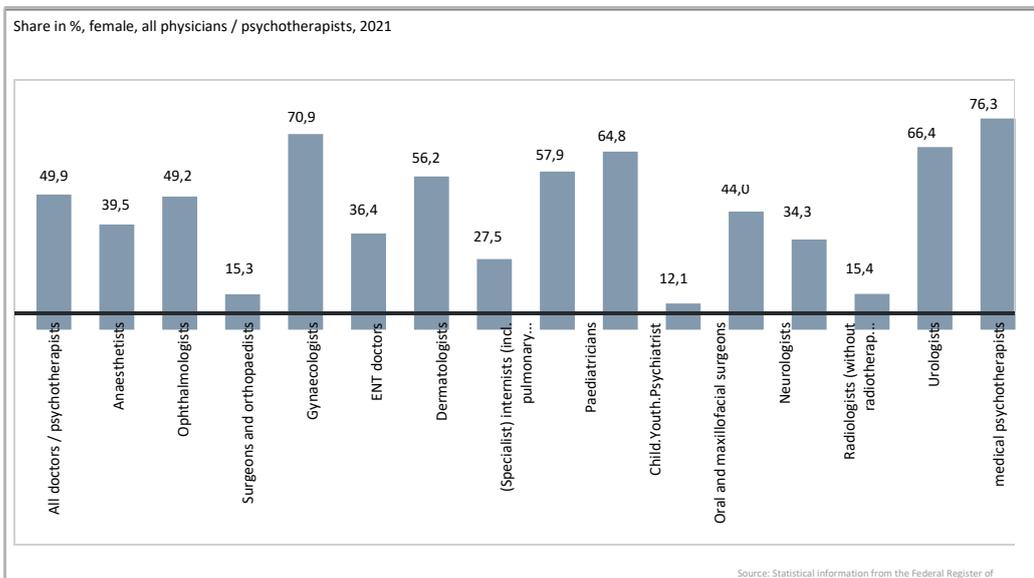


Figure 1: Proportion of female physicians and psychotherapists participating in SHI-accredited medical care

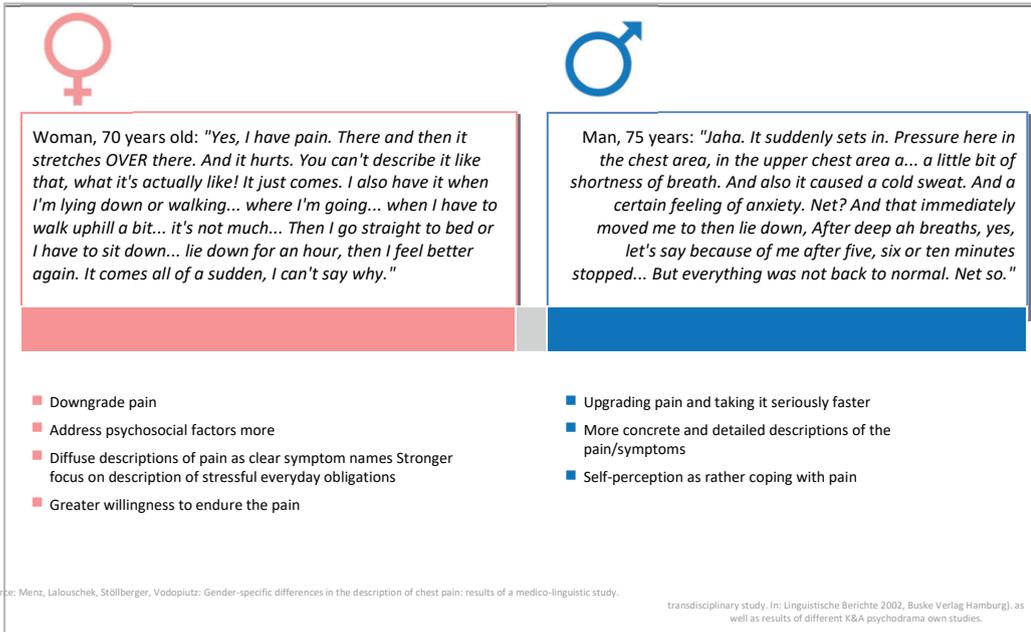


Figure 2: Gender-specific symptom communication for chest pain

The description of breast pain as an important diagnostic tool for subsequent treatment illustrates how gender makes the identification of problems more difficult and influences the initiation of therapy. Women tend to describe their own symptoms in a cautious and vague way, to classify the pain, to look for emotional explanations for difficulties and to emphasise their own everyday obligations, which do not allow a longer period of self-attention for practical reasons. Men tend to look for quick solutions to their complaints, which lead to quick effects via more direct symptom communication to the doctor, via eye-level discussion of the possible solution (fig. 2). Doctors need a clear symptomatic description of pain in the narrow time window of the doctor-patient conversation. The majority of cardiologists are still male and are much better at recognising the specific symptomatology in the description of men.

The interaction of these Factors still leads today

This means that coronary causes are more often overlooked in female patients and therapy is initiated later. Female doctors tend to pay more attention to the specific CHD symptoms of women, take a closer look at the more unclear descriptions and are more willing to initiate a further examination. This leads to a faster diagnosis and, especially in the field of cardiology, to saving human lives.

### Various Health Care Communication

In the meantime, women are gaining the upper hand in most health care professions. Women react more sensitively in the communicative environment, perceive the advertising stimulus as a whole and process more detailed information and emotional stimuli.

Differences between the different groups are also well known and documented with regard to the communicative effect: Caring-related, Story-telling and Aesthetic design features

The male image is often more attractive to women than to men - whereby the contextual environment must always be taken into account. This is also likely to have an impact on advertising that is directed either directly at health care professionals or indirectly by addressing it with a predominantly female focus. Health care marketing strategies today are more challenged to be gender attentive.

The aim of the project is to provide a communicatively packaged appreciation of the differentiated thinking of practitioners in the target group. Gender-specific data on drug benefits and side effect profiles can additionally support the informative level. An additional brownie point of a communicative approach from the point of view of behavioural science could be if contextual anchor points are conveyed to the doctor via signal terms or contexts, which efficiently offer him an orientation suitable for everyday use in the context of his gender-specific therapy decision. At K&A BrandResearch, we have been working for almost 40 years on with methods of behavioural sciences and behavioural economics. On the use of methods of psychodrama research, the research, we can work out mechanisms of action in the practice and decision-making environment, which key stimuli, signal codes or stimulus words have a noticeable and behaviour-changing effect on prescribers, and which do not. And also when a gender or diversity address works and triggers the intended prescriptive behaviour, and when diversity or other purposeful communication is redundant.

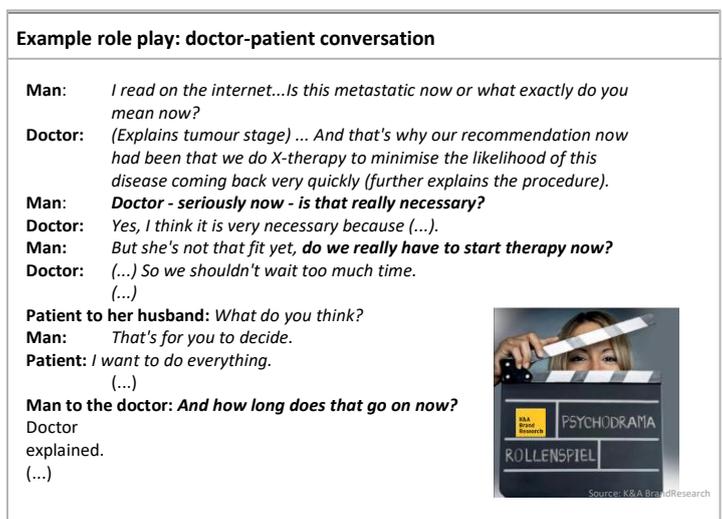


Figure 3: Prototypical psychodrama role play of a doctor-patient meeting on a malignant gynaecological disease

In psychodramatic K&A studies on malignant gynaecological diseases, it was found that patients generally arouse the protective instinct of the (often also female) gynaecologist. In many cases, affected patients need protection from their own relatives. In psychodramatic role plays with health care professionals, it was repeatedly observed how in situations experimentally simulated by doctors, the male partner of the respective patient took over the conversation and the patient herself became increasingly silent (Fig. 3).

In the recorded extreme case the conversation focused on restoring the woman's ability to function. This is an everyday reality that the specialists have to struggle with and thus an emotional facet that can influence the treatment context.

## Outlook

In democratic societies, diversity has become part of the New

It has become normal. Diversity of needs, different habits and effects of therapies, as well as the effects of diversity in everyday life and in everyday language do not make the therapy decisions of health care professionals easier, but much more complex. If femininity, LBGTQ, migration, etc. play an important role in everyday decisions as additional facets of everyday life that need to be taken into account, they must also comply with the rules of behavioural economics: Everything that can be integrated easily and naturally into life and work also finds the necessary mental anchoring and a way into the behavioural routines of our autopilot. Anything else increases complexity, may lead to incomprehension and will have a hard time establishing itself as a simple solution.

How doctors deal with advertis-

The new "diverse" groups that are highlighted less positively, such as smokers (who are strongly declining in numbers), overweight people (who are in the majority), strictly religio-

The way we deal with groups of people who live differently, lovers of meat and fast food, teachers with double names, etc. in our day-to-day work in the clinic or practice is what determines the "true" diversity.

Commitment in everyday life. It will certainly be exciting to see how this can be implemented in future health care communication in a way that is both promising and inclusive. <<

### Author:inside

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