WOMEN IN MEDICINE

SETTING THE AGENDA FOR CHANGE

KORN FERRY

AMWA

American Medical Women's Association

Table of Contents

- *Introduction and Partnership*
- *Women in Medicine: From Medical School to Medical Practice*
- *The Legacy of COVID-19: Lessons for Women in Medicine*
- *The Power of a Single Physician*
- *Burnout: A Crisis for All Physicians - Especially Women*
- *Breaking the Stigma on Mental Health*
- *Women Physicians Grapple with Challenges of Childcare and Eldercare*
- *Fertility: An Ongoing Challenge for Women Physicians*
- *Be a Voice for Change*
- *Acknowledgements*
- *Resources*

Introduction and Partnership

The American Medical Women's Association (AMWA) and Korn Ferry have joined forces to explore the challenges that confront women in medicine and the work that is still needed to close the gender gap in healthcare leadership.

COVID-19 has taken a significant toll on women in medicine. Yet many of the issues being faced are not new but have been magnified through the pandemic, including:

- Burnout, driven by overrun hospitals and health systems, staffing shortfalls, personal protective equipment (PPE) challenges, and inadequate management support.
- Mental health crises ranging from anxiety and depression to post-traumatic stress disorder (PTSD), and suicide.
- Caregiving conflicts as women juggle their professional and personal lives.
- Heightened fertility concerns among women trainees and practicing physicians.
- Underrepresentation of women in leadership roles and the slow progress in driving change in this regard.

Women physicians face work and life challenges that influence every aspect of their lives — from physical and mental health, explicit and implicit bias, well-being, and work-life integration to professional performance, creativity, and innovation.

Subsequent reports in this series will explore issues of universal concern to women physicians in all career stages: compensation, clinical and academic productivity, harassment, gender equity, pay disparities, discrimination and bias, and leadership representation.

Problem analysis alone is not our ultimate objective; therefore, we will recommend solutions and policy shifts that reach across healthcare and medicine — from the actions of individual physicians and healthcare employers to new roles for universities, medical schools, training programs, professional organizations, and society at large.

AMWA and Korn Ferry are committed to a single shared goal: Broadening opportunities for women physicians in all areas of healthcare and medicine — from academia, research, and public health to venture capital, start-ups, and technology.

The shared AMWA / Korn Ferry vision: Increasing women's leadership will bring influence and innovation across the spectrum of healthcare and medicine, serving patients, practitioners, insurers, associations, institutions, government, and industry.

Eliza Lo Chin, MD, MPH
Executive Director, American Medical Women's Association

Liz Bickley
Chief Operating Officer, Korn Ferry Health

Women in Medicine: From Medical School to Medical Practice

Medicine, like other areas of society, is changing because of the significant efforts that women and their allies have put forth to effect change. This has allowed greater opportunities for women in medicine, but inherent biases remain, both in medicine and society at large, that continue to impede the careers of women and limit their abilities to fulfill their potential.

> *"While the pipeline of women entering medicine is encouraging, more effort is still needed to reach women and girls from historically marginalized groups," says Dr. Eliza Lo Chin, Executive Director, American Medical Women's Association.*

More women are becoming physicians, according to the Association of American Medical Colleges (AAMC). The news is welcome as the physician shortage is worsening and a growing number of U.S. physicians hit retirement age, opt for early retirement, or launch second and third careers. This loss of physicians, especially women, has been exacerbated during the pandemic. But the representation of women in leadership roles remains limited, particularly for women of color.

Challenge: How can universities and medical schools, hospitals, private practices, and other practice settings create environments that promote respect, fairness, equity, and work-life integration? How can this be translated into the work environment of women in all areas of medicine?

Women's progress in medicine has been dramatic and far reaching. In 1990, less than 17 percent of U.S. physicians were women. By 2020, more than 36 percent of the physician workforce was comprised of women, a tribute to the effect of Title IX, which opened the doors for women to universities and medical schools.

By 2019, the majority of medical students in the U.S. — 50.5 percent — were women. They are now represented within every field of medicine, some more than others. Currently, 64.3 percent of pediatricians and 58.9 percent of obstetricians and gynecologists are women. In orthopedic surgery, however, only 5.8 percent of physicians are women. Issues faced by women in entering fields such as orthopedic surgery include lack of early career mentoring and the perception of a male-dominated culture.

Challenge: How can the stakeholders of medicine remove roadblocks that could lead women to choose some medical and surgical specialties over others?

Women who once struggled to make tough either-or choices and find work-life integration could find opportunities in growing specialties like cancer immunology,

lifestyle medicine, and clinical informatics. However, it is important that areas of medicine that are more challenged in providing this type of integration look at their culture and find ways to make their specialty more accommodating for everyone, especially women, so that talent is not lost and those who are interested can fulfill their potential.

Are women closer to “having it all?” Medical schools, residency programs, and healthcare employers have begun to overturn deep-seated attitudes, values, and beliefs about pregnancy, childbirth, and motherhood and are beginning to address the system-level issues that have historically made career advancement challenging for women in medicine and healthcare. Yet much more work is still to be done.

Challenge: How can the stakeholders of medicine create environments where all physicians can find fulfillment and reach their full potential in work and life?

Women physicians and their colleagues value home and family and seek work environments where they can thrive as parents, partners, and medical professionals. Yet they face multiple challenges — from compensation inequities, discrimination, and gender bias to inadequate sponsorship, workplace harassment, and lack of work-life integration.

Collaboration is essential to moving the needle on the following actionable agenda:

- **Start with inclusive leaders**: Leaders who can connect emotionally with their teams. Who are culturally agile. Who are curious. Who can bring together the diversity of their organizations’ talent to make better decisions.
- **Promote equity**: Ensure that all physicians receive equitable compensation in the form of salary, benefits, staff support, resource allocation, and organizational roles and responsibilities.

> *“We need to support the well-being of women physicians through equal compensation and professional opportunities,” says Dr. Theresa Rohr-Kirchgraber, President, American Medical Women's Association. “Doing so will curtail burnout, improve clinical performance, and facilitate career satisfaction and retention.”*

- **Facilitate flexibility**: Develop work arrangements that allow women physicians to thrive throughout their education and career. Accommodate variations in interests and lifestyle.
- **Monitor and measure**: Compare physician compensation and work environment by gender internally and across comparable healthcare organizations.

- **Deliver on family flexibility**: Champion career-long paid family and medical leave for all physicians and normalize the use of this leave. Support caregiving of children, spouses, partners, parents, and grandparents.
- **Build knowledge and insight**: Offer women physicians education and training in leadership, decision making, conflict resolution, negotiation, and career and life management.
- **Address bias, discrimination, and harassment by creating real consequences for these behaviors**: Organizations must go beyond delivering education and training that counters harassment, bias, discrimination, and intimidation.

> *"Women physicians can stop harassment by transforming workplace culture," says Dr. Reshma Jagsi, Director, Center for Bioethics and Social Sciences in Medicine, University of Michigan. "We need to call out harassment as it happens and support colleagues as they report their experiences."*

- **Ensure seats at the table**: Invite women physicians to take on leadership roles and serve on or lead working groups, committees, task forces, councils, and boards and ensure that they have the support to succeed in these roles.
- **Provide resources**: Offer training on how to mentor, coach, sponsor, and lead women physician colleagues. Share tools and resources that expand knowledge, skill, experience, and leadership in management.
- **Offer flexible career paths**: Build career paths that extend across academic medical centers, hospitals, health systems, industry, medical groups, and virtual care environments. Offer innovative pathways to engagement and advancement.
- **Advance and utilize data**: Encourage research that focuses on gender-based differences in compensation and career advancement. Champion initiatives that close these gaps across medicine.
- **Increase representation of women physicians in government**: Electing women physicians to Congress and state legislatures will transform policies, legislation, and regulations. Appointments to government leadership posts will drive programs that elevate the priorities of women physicians. Educate allies in elected office about the issues faced by women and encourage them to champion needed changes.

The Legacy of COVID-19: Lessons for Women in Medicine

The COVID-19 pandemic has changed healthcare and medicine forever. Women, who make up three-quarters of the healthcare workforce, often shoulder a heavy burden. Many are caregivers at work and at home and do not have the support needed to balance professional and personal responsibilities.

Some healthcare workers, including women physicians, scaled back on professional duties to prioritize family responsibilities and caregiving roles during the pandemic. Others resigned their positions, transitioned to part-time work, or put their medical careers on pause. This was particularly felt in academia, with women facing even less time to participate in the research and leadership opportunities needed to advance in medicine. This loss of opportunities for promotion or for women to remain in medicine in general not only impacts their careers but results in fewer women available to serve as role models or to mentor the next generation of women physicians.

Challenge: How can we help women sustain medical careers despite the demands of fertility, pregnancy, childbirth, childcare, and family responsibilities?

For many women, the pandemic has emerged as an unprecedented variation of a recession known as the “Shecession.” In the first eight months of the pandemic, women lost 5.4 million jobs, one million more than men.

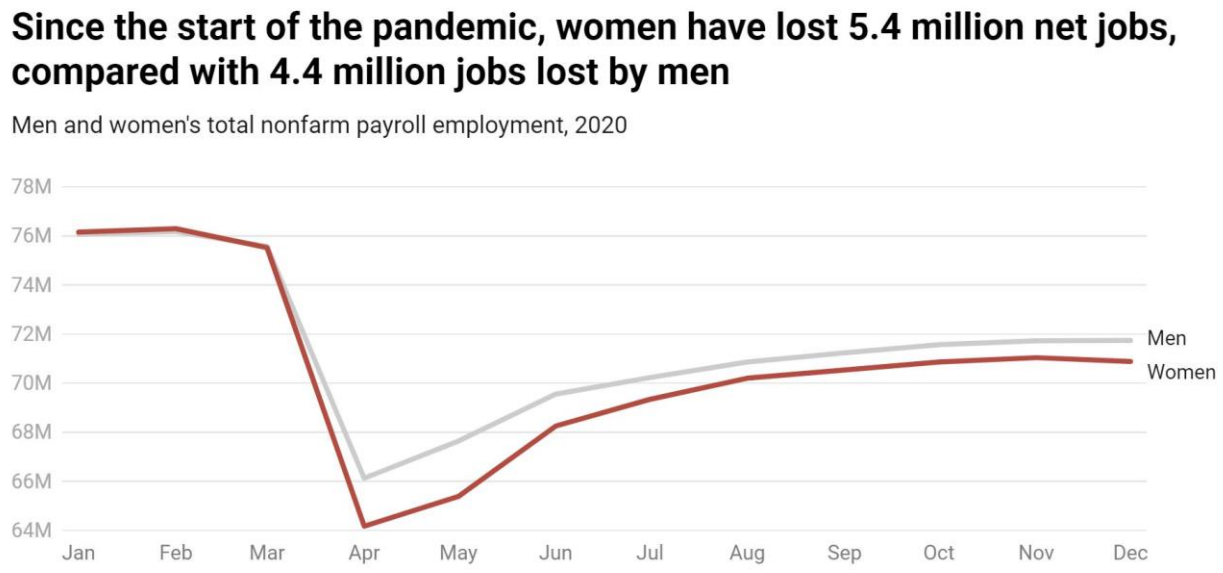

Image reproduced with permission from Center for American Progress (http://www.americanprogress.org), **Boesch D, Phadke S,** When Women Lose All the Jobs: Essential Actions for a Gender-Equitable Recovery, 2021 February 1, available at: https://www.americanprogress.org/article/women-lose-jobs-essential-actions-gender-equitable-recovery/.

Women of color face additional challenges: Many shoulder the triple burden of work, childcare, and household responsibilities, compounded by issues of racial or ethnic discrimination and microaggressions. Gender disparities persist across all income levels and across the professional spectrum. Prior to the pandemic, women were found to be more likely than men to fill in gaps when planned childcare falls through. This was exacerbated during the pandemic, when a third of employed mothers shouldered childcare responsibilities, compared to just 7 percent of fathers.

The new reality: Healthcare is not “recession-proof.” Factors included the postponements of elective procedures, which slashed revenues and resulted in lost jobs.

In April 2020, Healthcare lost 1.4 million jobs, the result of service restrictions, lockdowns, and closures of medical practices and ambulatory care centers.

Challenge: How can women physicians become a force for growth and innovation?

The good news: Women in medicine have made dramatic gains over the past few decades. They make up more than half of graduating medical students in the U.S. and account for 36.3 percent of practicing physicians, compared to just 7.6 percent in 1970.

Yet during the pandemic, the careers of women physicians suffered. Overall, women in academia lost contract or non-tenure track positions and faced a reduction in both clinical and academic productivity.

Confronted with the demands of childcare and home-based education, many women physicians deferred their plans to conduct research, publish, and participate in conferences, as evidenced by the decline of women as first authors of publications in the medical and scientific literature. This was in addition to the issues already faced by mid- and late-career women. At this point in their careers, women have the experience and accomplishments to be flourishing and to be in positions of leadership. Yet too often, they become invisible to many in academic medicine.

Translation: The pandemic will likely result in long-term consequences for women whose career momentum hinges on clinical performance, publishing, leadership, and service.

> *“Women want equal opportunities for career growth and professional development,” says Liz Bickley, COO, Korn Ferry Health. “Organizations can respond with programs in coaching, mentoring, sponsorship, and leadership development.”*

Women in academic medicine aren’t alone in their concerns. 46 percent of women medical students are concerned about the impact of COVID-19 on their careers, compared to just 36 percent of men.

Facing daily microaggressions, overt biases, lack of promotion, and inadequate support for societal gendered expectations outside of the workplace can make women feel as though they are not seen, heard, or valued or that they do not belong in their institution or in medicine. All of these can lead to issues with burnout, anxiety, depression, and suicidal ideation.

Addressing the pandemic's impact on the careers of women physicians calls for strategies and action steps like the following:

- Provide resources to support physicians in their roles as caregivers.
- Allow opportunities for modified work arrangements, including remote and hybrid work, condensed workweeks, part-time work, and job sharing.
- Offer flexibility and support to sustain academic performance in teaching, research, publishing, and clinical care.
- Provide professional support in the form of mentors, coaches, sponsors, and networks.
- Create programs to accelerate opportunities for women physicians in research and in leadership positions on committees or boards.
- Ensure that women are included on invited panels of speakers at meetings.

- Further explore and address issues that detract women from entering some fields of medicine.
- Require that women and underrepresented groups in medicine are among those considered and interviewed for leadership positions in medicine.
- Expand the horizons of women physicians through programs in emerging areas of medicine: predictive analytics, virtual reality, artificial intelligence, and robotics.
- Invite women physicians to explore models of care in nontraditional settings like hospital at home, virtual care centers, retail locations, fitness centers, or residential locations.
- Develop systems to address long-standing pandemic stresses, including extended work hours, shifting public health guidelines, and crisis standards of care.
- Reform medical licensure and hospital credentialing language so that they no longer ask intrusive questions that discourage physicians from seeking appropriate mental health care.
- Normalize and encourage physician self-care and well-being.
- Change the culture of medicine so that seeking help for health conditions is supported and not stigmatized.

No single individual or group can design, implement, track, and evaluate these solutions. Each requires the engagement of every healthcare stakeholder — from medical schools, academic medical centers, and health systems to associations, government agencies, industry, and media.

Moving through and beyond COVID-19 calls for collaboration and joint strategic thinking to craft a proper vision and mission and to achieve these goals.

The Power of a Single Physician

Women physicians at every stage of their career can take the lead, whether as individuals or as part of a larger group. Some possible actions include:

- **Take a stand**: Champion family leave for caregivers, equitable hiring and promotion policies, gender parity on search committees, and fair compensation for service on committees, task forces, and complex care delivery.
- **Be proactive**: Support women physician colleagues via nominations, recommendations, public recognition, and sharing of ideas. Celebrate colleagues with special events, awards, and media profiles.

> *"Women and men must amplify the voices of their women and underrepresented in medicine colleagues and be intentional about whom they mentor and sponsor," says Dr. Nancy Spector, Executive Director, Hedwig van Ameringen Executive Leadership in Academic Medicine® program. "By boosting diverse voices and supporting diverse talent, we will create a more innovative and effective healthcare system that is reflective of our patients and communities."*

- **Mobilize supporters**: Build alliances with clinical professionals, managers, executives, board members, and community leaders. Share insights on issues that confront women physicians.
- **Partner with existing DEI programs**: Diversity, equity, and inclusion (DEI) initiatives offer a framework for support and elevation of marginalized and excluded physicians — and their communities: Hispanic/Latinx, Black, Native American, LGBTQIA+, Asian/Asian American and Pacific Islander, and disabled people. Implement and advance DEI principles and guidelines on task forces, committees, councils, and boards.
- **Step up and build community**: Become a coach, mentor, or sponsor to medical students, residents, fellows, or physician colleagues. Make a difference by opening the door to new opportunities, resources, and shared knowledge, skills, and experience. Invite women physician leaders to share their insights and strategies on countering bias and discrimination and promoting gender equity.
- **Uphold best practices**: Advocate for policies and practices that promote gender equity and eliminate bias and harassment. Counter gender bias in recruitment, hiring, performance appraisal, compensation, promotions, and appointments. Measure gender gaps and insist on accountability.

- **Provide compensation for non-traditional but essential work**: Equity work and other volunteer committee work is often uncompensated and might not provide academic value when going up for promotion. Compensate for this type of work both by allowing it to contribute to professional advancement and providing remuneration.

Burnout: A Crisis for All Physicians - Especially Women

Burnout is defined by a three-dimensional model - “overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.” Burnout extends beyond job-related stress and frustration. Burnout is persistent and often goes unrecognized and unresolved. The results are debilitating — from fatigue and exhaustion, to bitterness, malaise, and disengagement/attrition from the profession of medicine. Burnout can also increase the risk of developing mental health and substance misuse issues and impact relationships at work and at home.

Burnout among physicians, especially women, was recognized long before the pandemic. However, the COVID-19 pandemic has taken a toll on the well-being of physicians, with women physicians hit especially hard, according to Medscape’s Physician Burnout & Depression Report 2022: Stress, Anxiety and Anger. Physicians with the highest rates of burnout include emergency medicine, critical care, and obstetrics/gynecology.

Overall burnout rates are reported at 47 percent (up from 42 percent in 2021). Burnout rates among women physicians are reported at 56 percent as compared to 41 percent among male physicians. This could reflect differences in how burnout is expressed, with women more likely to be affected by emotional exhaustion, which is easier to identify.

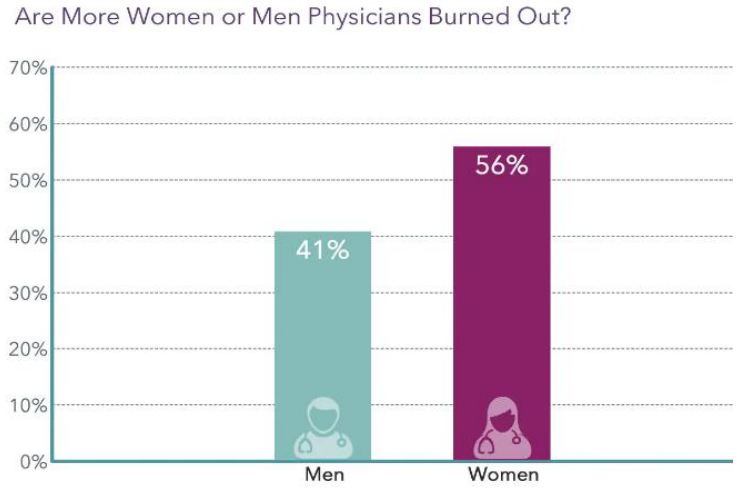

Image reproduced with permission from Medscape (https://www.medscape.com/), **Kane L**, Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger, 2022 January 21, available at: https://www.medscape.com/slideshow/2022-lifestyle-burnout-6014664.

Physicians pointed to two major sources of burnout: (1) the bureaucracy of healthcare organizations, manifested by issues with electronic health records (EHRs) and lack of flexibility in running their practices, and (2) lack of respect from administrators/ employers, colleagues, or staff. Moreover, women face the additional stress of gendered responsibilities at home that might not be accommodated in the workplace. Work-life integration is a core concern for everyone. 39 percent of physicians say that

more sensible, manageable schedules would help alleviate burnout. This is especially true for women.

The following solutions invite participation and collaboration from all stakeholders:

- **Research the level and degree of burnout among women physicians**: Most studies indicate that the rates of burnout are higher among women than men. However, this could reflect the tools used, as emotional exhaustion is more common among women than men and is easier to identify than other markers of burnout, such as depersonalization. Even if rates of burnout are similar, many of the drivers are different. The causes of burnout are complex — from microaggressions, which include hostile, derogatory or negative comments or attitudes, to additional, burdensome administrative tasks, toxic work cultures, and lack of support for family roles. Examine burnout in terms of drivers, impact, implications, strategies, and workable solutions.
- **Focus on the work-life integration of women physicians**: According to a recent study cited in a January 2022 *Harvard Business Review* article titled "Why so Many Women Physicians are Quitting," female physicians surveyed had lower scores than male physicians on all four areas of decompression — “enjoying personal time without worrying about work, freeing their mind from work while away, disconnecting from work communications, and rarely losing sleep over work issues.” Solutions identified for women would likely be of benefit to male physicians, as well.
- **Normalize wellbeing**: Encourage physicians to engage in activities to improve their wellbeing, such as eating, sleeping, and recharging via relaxation, exercise, meditation, reading, or listening to music — and provide the time to ensure that they have the ability to engage in these activities. While burnout is a systemic issue that requires a systemic response, wellness activities can help while those changes are under way.
- **Build support networks**: Encourage women physicians to utilize social support networks comprised of therapists, coaches, mentors, sponsors, colleagues, family members, and friends.
- **Zero in on the underlying causes of burnout among women physicians**: Provide flexibility and foster a culture that values team building, collaboration, engagement, resilience, and innovation.
- **Liberate physicians from tedious administrative tasks**: Streamline functions like documentation and data entry and re-engineer dysfunctional information systems to accelerate access to evidence-based information and insights. Provide women with the administrative support that they need and refrain from assigning administrative tasks to women physicians that could be done by others (‘minority tax’).
- **Integrate women physicians into tech decision-making**: Open the door to system and device selection based on criteria like ease, convenience, simplicity,

and speed. Offer education, training, and coaching to smooth the transition to new or upgraded systems and devices, including the use of artificial intelligence (AI) applications in medicine and mobile sensing technologies in digital health. The participation of women physicians will help identify and reduce gender bias in AI algorithms and in use of EHRs.

- **Offer physicians staff support**: Prioritize clinical tasks, delegate non-clinical responsibilities, tap medical assistants for follow-ups, and mobilize scribes for cumbersome tasks like data entry.

- **Watch for signs and symptoms of burnout among physicians**: Look for changes in patient outcomes, errors, conflicts, and the moral distress of caring for patients amid staff, equipment, and bed shortages.

- **Encourage physicians to seek help**: Provide physicians with readily accessible, confidential behavioral health and peer support programs that quickly respond to their needs and offer ongoing follow-up. The culture of medicine needs to change to remove the stigma of seeking needed help. Offer resource lists of therapists, psychiatrists, or psychologists who deliver individual or group therapy. Work with state licensing boards, hospital credentialing committees, insurance carriers, and others to remove stigmatizing language regarding help-seeking from standard forms.

Burnout has been a chronic concern for medical professionals, although the pandemic has intensified its dangers, risks, and impact. And yet, burnout is far from an equal opportunity challenge. Burnout is more pervasive among women physicians who typically take charge of child rearing, household management, and other family responsibilities. Burnout also disproportionately burdens our colleagues from marginalized groups and colleagues of color, especially considering current sociopolitical events.

The pandemic offers an opportunity for healthcare and medicine to rethink how to better support physicians and prevent, diagnose, and address professional burnout. The stakes are high, requiring urgent interventions, and returning to the pre-pandemic *status quo* is not sufficient.

> *"The causes of burnout among physicians can be different between women and men, meaning that systemic solutions also need to be different," says Dr. Kim Templeton, Professor and Vice-Chair for Diversity, Equity and Inclusion, Department of Orthopaedic Surgery, University of Kansas Medical Center. "To address burnout, talk with physicians about what would help them. That can help them feel valued and validated, while also identifying tailored solutions that can lead to real change."*

Breaking the Stigma on Mental Health

Not everyone who experiences burnout is at risk of developing a mental health condition, and not everyone with a mental health condition suffers from burnout. This makes the approaches to mental health issues different than those for burnout. However, we need to address mental health conditions among physicians, as the statistics are staggering. More than half of physicians know a physician who has considered or attempted suicide during their medical career, according to the Physician Foundation's 2021 *Survey of America's Physicians, COVID-19 Impact Edition: A Year Later*. And yet, just 14 percent of physicians sought treatment for mental health symptoms.

Women physicians are more likely than male physicians to experience depression, sometimes as early as their internship year, according to the National Academy of Medicine (nam.edu). Compared to the general female population, women physicians are 2.27 times more likely to die by suicide, and compared to the general male population, male physicians are 1.41 times more likely to die by suicide.

These trends could escalate as women physicians experience the impact of an extended pandemic punctuated by surges in infections, hospitalizations, and deaths. The bottom line: Women have experienced higher rates of depression, anxiety, and stress. Like their male colleagues, they postpone or avoid treatment due to the stigma of mental illness and possible loss of a medical license, credential, or job.

The price women pay is captured in the life and death of Lorna Breen, MD. An emergency department director at the New York-Presbyterian Allen Hospital, Dr. Breen died by suicide in 2020 during the height of the COVID-19 pandemic in New York City. Her death illustrates how the pandemic continues to hit frontline healthcare workers, including women physicians.

Now is the time for collaboration between healthcare practitioners, healthcare institutions, medical schools, associations, and governmental agencies. Consider these strategies and actions:

- **Establish a self-assessment process**: Give women physicians the tools they need to access the best, most appropriate resources to prevent, diagnose, and treat mental and emotional distress.
- **Train physicians to recognize signs of mental health stress**: Medical colleagues can become a first line of defense against mental and emotional trauma, detecting the earliest symptoms of depression and anxiety and the need for outside support.
- **Look under the radar**: Many individuals suffer in silence. Only 37 percent of those who suffer from anxiety get treatment, according to the Anxiety and Depression Association of America.

- **Share stories of mental wellness**: Break through the stigma of treatment by orchestrating an anti-stigma campaign that showcases the experiences of women physicians who have sought care and have continued to thrive.
- **Promote diversity, equity, and inclusion in mental healthcare**: Offer readily available, confidential in-person and virtual treatment options and tools and ensure that physicians who seek help have the appropriate time to utilize these resources.
- **Track investments in mental health**: Think in terms of business and clinical outcomes, including the financial impact of mental health support on disability claims, healthcare costs, absenteeism, and retention of women physicians.

- **Invest in mental health reimbursement**: Boost coverage of mental health visits so women physicians are clear on how and where they can get care and how many visits are covered.
- **Reframe mental health questions on licensure and credentialing applications**: Fear of losing one's license or institutional / hospital privileges often deters physicians from seeking the help that they need. It is important to address the language regarding mental or physical health issues on your state medical licensure application or renewal forms and on hospital credentialing materials.
- **Get involved in advocacy**: The Dr. Lorna Breen Heroes Foundation pushed passage of the Dr. Lorna Breen Health Care Provider Protection Act in the U.S. Senate. Backed by more than 70 healthcare organizations, including the American Medical Association, the American Hospital Association, the American Medical Women's Association, the American College of Physicians, and the American College of Emergency Physicians, the legislation funds programs that prevent physician burnout, depression, anxiety, suicide, and substance use disorders.

Women Physicians Grapple with Challenges of Childcare and Eldercare

Parenting and caring for other family members are front burner issues for physicians. 35 percent of physicians report being conflicted or very conflicted in attempting to balance medical practice with parenting, according to Medscape research. But while men might share responsibilities for children, women often still function as C-suite executives of the home.

During COVID-19, women physicians confronted multiple concerns — from contagion, household help, and family care, to sheltering in place, home schooling, and community lockdowns. The bottom line: COVID-19 exacerbated the strain on women physicians who are also mothers or caring for the ill or elderly in their families.

One reason for discrepancies between genders might be the unequal distribution of childcare responsibilities. 76 percent of women physicians report being somewhat to highly conflicted as parents due to high work demands compared to just 61 percent of men in medicine report similar levels of conflict over parenting, according to Medscape's 2022 Physician Lifestyle and Happiness Report.

Parenting and other family responsibilities, combined with other pandemic-related stressors, hit women physicians hard. Consequences include pauses in appointments and tenure tracks as well as declines in networking, collaboration, publishing, and attrition from medicine.

The implications are serious. If medicine fails to address these issues and provide flexible solutions, women could be left with severely constricted career opportunities and loss of income. And the U.S. faces a worsening physician shortage crisis as these women choose to leave their medical careers.

> *"The past few years have created a syndemic that is disproportionately affecting women in medicine, causing some to reduce their work hours or leave healthcare altogether," says Dr. Julie Silver, Associate Professor and Associate Chair, Department of Physical Medicine and Rehabilitation, Harvard Medical School (Invest in Her Report, 2022).*

Challenge: How can healthcare and medicine provide women with ongoing access to research, appointments, networks, promotions, and professional development and keep women in medicine?

Women physicians are also more likely to give up on medicine after completing residency training for multiple reasons — from lack of childcare and pay inequity, to burnout and bias.

But why? Much of medicine was developed by and is grounded in a patriarchal leadership hierarchy that impacts all career stages. Women, who now comprise a majority of medical students, often graduate into residencies and careers structured around tradition and the lives of male physicians. Male physicians are much less likely than women physicians to have an employed professional as a partner, leading to different expectations in terms of family responsibilities.

The smaller number of women in leadership roles confirms a bias toward men. It also reveals a reluctance to accommodate the needs of women who are also mothers or have other responsibilities outside of the workplace.

The result: COVID-19 has caused women physicians to question if medicine will ever support their needs for childcare, eldercare, paid family leave, flexible work, education, and leadership.

The evidence shows up in career momentum. Female physicians are more likely to pursue careers in academic medicine than their male counterparts but they're less likely to transition into senior faculty and leadership positions. In 35 years, there has been minimal progress in advancing women to senior academic leadership positions, where 21.1% of department Chairs and 19% of Medical School Deans are women.

Women physicians are 23 percent less likely to earn promotions to full professorships in medicine, and 54 percent less likely to move into positions as chairs of departments of medicine.

The reasons for this are complex and include gender discrimination or stereotype bias. One reason is the false perception that women physicians might not be as capable of carrying out complex tasks of leadership while juggling caregiving responsibilities. Others might truly believe that women are not interested in leadership positions, contrary to research that indicates that women are as likely as men to be interested in and willing to take on the responsibilities of leadership positions.

Challenge: How can healthcare and medicine provide physicians with more flexibility in the form of remote work, work-life harmony, and paid family and medical leave?

The jury is still out on how the pandemic will reshape medicine, but one thing is clear: COVID-19 led many women physicians to downshift their medical careers or take a break from medicine.

The reasons are easy to understand. Women physicians were left with no schools to educate their children, and daycare and household help disappeared. Feeling abandoned by the system, some women physicians pulled back from medicine, knowing that it might be difficult to change course and return. Depending on the time off from clinical medicine, some could face issues with re-entry and regaining an active license to practice.

Challenge: How can organizations offer women physicians childcare support in the form of childcare or eldercare referral services, subsidies, or on-site childcare facilities?

If healthcare and medicine minimize or ignore childcare as a pivotal issue, the lack of action could derail the careers of women physicians.

The effects could reverberate throughout the culture as the population ages and more people need intensive medical, nursing, or home care.

The contributions of women physicians are invaluable. Data suggests that patients of women physicians might have better outcomes. Many patients also continue to prefer a physician of the same gender.

Challenge: How can healthcare and medicine ensure the ongoing involvement and engagement of women physicians?

Taking action on childcare and family leave policies will demand participation from multiple levels and investment in solutions. The following are recommended actions:

- Re-examine physician benefits with a focus on paid leave, childcare, family care, education, and home life.
- Evaluate the advantages, risks, and return on investment (ROI) of funding or discounting childcare services.
- Provide women physicians with back-up childcare services. Investigate the benefits of developing on-site childcare services.
- Arrange for reduced or flexible work hours and work-from-home days.
- Share resources and access to services that support parenting, childcare, and education.
- Host forums and groups that invite women physicians to share concerns about parenting, home management, and education.
- Discuss physician re-entry earlier in physicians' careers, ideally during training and early career.
- Support physician re-entry programs so that women physicians who have taken time off can return to clinical practice.

Fertility: An Ongoing Challenge for Women Physicians

The medical profession challenges women physicians in their peak childbearing years. Work hours are long. The work environment is stressful, and sleep can be erratic. These burdens could be carried for 10 to 12 years through medical school, residency, fellowship, and the early years of medical practice. All of these factors contribute to the disruption of reproductive cycles and decisions to delay family planning.

Those who become pregnant during residency often must work 18- to 24-hour shifts when on-call. Data has shown that pregnant residents have increased risk of complications like high blood pressure, pregnancy loss, and low birth weight babies.

Some women defer pregnancy until they reach their early or mid-30s, when they have completed training or have achieved some level of financial security. At this time, they might face challenges in becoming pregnant.

Studies have shown that nearly 1 in 4 women physicians have experienced infertility, a rate that is twice that of the general population.

Though many women do conceive through in-vitro fertilization or other reproductive technologies, the journey can be long and difficult, and the added financial burden often compounds the debt incurred from medical education.

> *"Medical training is a challenging time, especially for women. The profession gains so much from having women physicians and should support their success, including decisions related to family planning." says Dr. Susan Hingle, Associate Dean, Center for Human and Organizational Potential, Southern Illinois University School of Medicine.*

Moving forward on fertility issues demands engagement from every stakeholder — healthcare practitioners, educators, payers, suppliers, consumers, associations, and government. The following are several strategies:

- Provide fertility and adoption benefits that are inclusive of all physicians and trainees, regardless of marital status or sexual orientation.
- Invite physicians and trainees to engage in conversations on fertility, pregnancy, and adoption. Share information about resources, options, experiences, and coverage.
- Develop support groups for those who want to share infertility and pregnancy concerns. Expand coverage to include fertility education, counseling, assessment, and treatment. Align fertility programs with mental health support.

- Offer flexible work schedules so couples and partners can adjust hours to pursue fertility treatment.
- Improve education surrounding fertility and reproduction so that physicians can make informed decisions about how and when to begin family planning.
- Start these conversations early. Encourage all medical students and residents, regardless of gender, to consider/develop a reproductive life plan.

Be a Voice for Change

Join AMWA and Korn Ferry as we explore these issues and advocate for change. By establishing more equitable policies and investing in solutions that can address the challenges faced by women in medicine, we can help close the gender gap in healthcare leadership and transform the culture of medicine to be more inclusive for all.

Acknowledgements

Eliza Lo Chin, MD, MPH
Executive Director, American Medical Women's Association

Liz Bickley
Chief Operating Officer, Korn Ferry Health

Korn Ferry Editorial Team
Liz Bickley
Melissa Bacon
Skylar Clements
Sarah Conway
Jeanne Farrell
Kelly Kraus
Toni Lam

American Medical Women's Association Editorial Team
Eliza Lo Chin, MD, MPH
Eileen Barrett, MD, MPH
Wendy Bernstein, MD, MBA
Elizabeth Garner, MD, MPH
Susan Hingle, MD
Reshma Jagsi, MD, DPhil
Shikha Jain, MD
Mollie Marr, PhD
Padmini Murthy, MD, MPH
Connie Newman, MD
Torie Comeaux Plowden, MD, MPH
Vidhya Prakash, MD
Theresa Rohr-Kirchgraber, MD
Nicole P. Sandhu, MD, PhD
Khawaja Shams
Jennifer Talbott, MD, MPH
Kimberly Templeton, MD
Tina Schade Willis, MD

Resources

Unless otherwise noted, all resources were accessed and confirmed on September 23, 2022.

Women in Medicine: From Medical School to Medical Practice

2020 Physician Specialty Data Report
https://www.aamc.org/data-reports/workforce/report/physician-specialty-data-report

American Medical Association Physician Masterfile
https://www.ama-assn.org/about/masterfile

Her Time Is Now: A Call to Healthcare Leaders
https://sheleadshealthcare.com/wp-content/uploads/2020/09/HerTimeIsNow_Report.pdf

Majority of U.S. Medical Students Are Women, New Data Show
https://www.aamc.org/news-insights/press-releases/majority-us-medical-students-are-women-new-data-show

Nation's Physician Workforce Evolves: More Women, a Bit Older, and toward Different Specialties
https://www.aamc.org/news-insights/nation-s-physician-workforce-evolves-more-women-bit-older-and-toward-different-specialties

The Legacy of COVID-19: Lessons for Women in Medicine

2019 Fall Applicant, Matriculant and Enrollment Data Tables (American Association of Medical Colleges)
https://www.aamc.org/system/files/2019-12/2019%20AAMC%20Fall%20Applicant%2C%20Matriculant%2C%20and%20Enrollment%20Data%2

Academic Productivity Differences by Gender and Child Age in Science, Technology, Engineering, Mathematics, and Medicine Faculty During the COVID-19 Pandemic
https://www.liebertpub.com/doi/10.1089/jwh.2020.8710

American Women Lost More Than 5 Million Jobs in 2020
https://www.forbes.com/sites/maggiemcgrath/2021/01/12/american-women-lost-more-than-5-million-jobs-in-2020/?sh=47b064e12857

Center for American Progress (http://www.americanprogress.org), Boesch D, Phadke S, When Women Lose All the Jobs: Essential Actions for a Gender-Equitable Recovery, 2021 February 1, available at:
https://www.americanprogress.org/article/women-lose-jobs-essential-actions-gender-equitable-recovery/

Collateral Damage: How COVID-19 Is Adversely Impacting Women Physicians
https://www.journalofhospitalmedicine.com/jhospmed/article/225381/hospital-medicine/collateral-damage-how-COVID-19-adversely-impacting-women

COVID-19 and the Slide Backward for Women in Academic Medicine
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770726

Employment Situation Summary—Bureau of Labor Statistics
https://www.bls.gov/news.release/empsit.nr0.htm

Healthcare Employment Falls for the First Time Since Last April
https://www.healthcarefinancenews.com/news/healthcare-employment-falls-first-time-last-april

Healthcare loses 1.4 million jobs in April as unemployment rate hits 14.7%
https://www.modernhealthcare.com/finance/healthcare-loses-14-million-jobs-april-unemployment-rate-hits-147

Hiring Is Rebounding in the U.S. But the Shecession Persists
https://www.theguardian.com/us-news/2021/apr/24/us-hiring-jobs-women-shecession

How COVID-19 Threatens the Careers of Women in Medicine
https://www.aamc.org/news-insights/how-COVID-19-threatens-careers-women-medicine

How the Shecession Will Cause Long-Term, Harm for Women in the U.S.
https://www.theguardian.com/business/2021/jan/04/shecession-women-economy-c-nicole-mason-interview

Meta-Research: COVID-19 Medical Papers Have Fewer Women First Authors Than Expected
https://elifesciences.org/articles/5880

Burnout: A Crisis for All Physicians - Especially Women

Burnout Among Women Physicians: A Call to Action
https://pubmed.ncbi.nlm.nih.gov/32472336/

Gender-Based Differences in Burnout: Issues Faced by Women Physicians
https://nam.edu/gender-based-differences-in-burnout-issues-faced-by-women-physicians/

Medscape (https://www.medscape.com/), Kane L, Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger, 2022 January 21
https://www.medscape.com/slideshow/2022-lifestyle-burnout-6014664

Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger
https://www.medscape.com/slideshow/2022-lifestyle-burnout-6014664

Physician Burnout: Strategies to Promote Resilience Among Physicians (National Institute for Healthcare Management)
https://nihcm.org/news/physician-burnout-strategies-to-promote-resilience-among-physicians

Understanding the burnout experience: recent research and its implications for psychiatry
10.1002/wps.20311
https://onlinelibrary.wiley.com/doi/10.1002/wps.20311

Why So Many Women Physicians Are Quitting
https://hbr.org/2022/01/why-so-many-women-physicians-are-quitting

Breaking the Stigma on Mental Health

2021-Survey-Of-Americas-Physicians-Covid-19-Impact-Edition-A-Year-Later
https://physiciansfoundation.org/wp-content/uploads/2021/08/2021-Survey-Of-Americas-Physicians-Covid-19-Impact-Edition-A-Year-Later.pdf

Anxiety and Depression Association of America: Facts and Statistics
https://adaa.org/understanding-anxiety/facts-statistics

Depression, Anxiety, Stress Levels of Physicians and Associated Factors in COVID-19 Pandemics
https://www.sciencedirect.com/science/article/abs/pii/S0165178120312038?via%3Dihub

Envision Healthcare Shares Resources to Support Clinician Mental Health
https://www.businesswire.com/news/home/20210917005389/en/Envision-Healthcare-Shares-Resources-to-Support-Clinician-Mental-Health

Five Ways Employers Can Support Women's Mental Health
https://hbr.org/2021/06/5-ways-employers-can-support-womens-mental-health

Humans before Heroes (American Medical Women's Association)
https://www.amwa-doc.org/our-work/initiatives/physician-mental-health/

I Couldn't Do Anything: The Virus and the ER Doctor's Suicide
https://www.nytimes.com/2020/07/11/nyregion/lorna-breen-suicide-coronavirus.html

"I would never want to have a mental health diagnosis on my record": A Survey of Female Physicians on Mental Health Diagnosis, Treatment, and Reporting
https://www.sciencedirect.com/science/article/abs/pii/S0163834316301281

Occupational and Personal Consequences of the COVID-19 Pandemic on US Oncologist Burnout and Well-Being: A Study from the ASCO Clinician Well-Being Task Force
https://ascopubs.org/doi/10.1200/OP.21.00147?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&

Overcoming Stigma: Three Strategies toward Better Mental Health in the Workplace
https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/overcoming-stigma-three-strategies-toward-better-mental-health-in-the-workplace

Male and Female Physician Suicidality--A Systematic Review and Meta-analysis
https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2762468

Mental Health Maturity Index
https://go.bighealth.com/mental-health-blueprint

Mental Health Treatment for Front-Line Clinicians During and After the Coronavirus Disease 2019 (COVID-19) Pandemic: A Plea to the Medical Community
https://www.acpjournals.org/doi/full/10.7326/M20-2440?journalCode=aim

Self-Reported Depression and Suicide Attempts among U.S. Women Physicians
https://ajp.psychiatryonline.org/doi/10.1176/ajp.156.12.1887?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&

Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis)
https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.161.12.2295

The Physicians Foundation 2021 Physician Survey: COVID-19 Impact Edition: A Year Later
https://physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2021-physician-survey/?utm_source=news&utm_medium=press-release&utm_campaign=PF_Survey_2021&utm_content=PR

Top ER Doctor Who Treated Virus Patients Dies by Suicide
https://www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html

Work-Family Conflict and the Sex Difference in Depression Among Training Physicians
https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2659558

Women Physicians Grapple with Challenges of Childcare and Eldercare

Childcare Is a Business Issue
https://hbr.org/2021/04/childcare-is-a-business-issue

Childcare Obligations Will Constrain Many Workers When Re-opening the Economy
https://bfi.uchicago.edu/wp-content/uploads/BFI_WP_202046.pdf

Female Physicians Spend More Time with Patients but Earn Less Money
https://www.npr.org/sections/health-shots/2020/10/28/925855852/female-doctors-spend-more-time-with-patients-but-earn-less-money-than-men

Gender Differences in Time Spent on Parenting and Domestic Responsibilities by High-Achieving Young Physician-Researchers
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4131769/

Invest In Her Campaign report
https://sheleadshealthcare.com/

Medscape 2022 Physician Lifestyle and Happiness Report
https://www.medscape.com/slideshow/2022-lifestyle-happiness-6014665

Objective Data Reveals Gender Preference for Patients' Primary Care Physician
https://journals.sagepub.com/doi/full/10.1177/2150132720967221

Patients Cared for by Women Physicians Fared Better Than Men
https://www.npr.org/sections/health-shots/2016/12/19/506144346/patients-cared-for-by-female-doctors-fare-better-than-those-treated-by-men

The Importance of Childcare in Reopening the Economy
https://econofact.org/the-importance-of-childcare-in-reopening-the-economy

When the Surgeon Is a Mom
https://www.nytimes.com/2019/12/20/science/doctors-surgery-motherhood-medical-school.html

Why Women Leave Medicine
https://www.aamc.org/news-insights/why-women-leave-medicine

Why Do Women Leave Medicine: A Look at My Pregnancy During Residency
https://www.roshreview.com/blog/why-do-women-leave-medicine-a-look-at-pregnancy-during-residency/

Women in Healthcare Are at the Breaking Point—and They're Leaving
https://www.modernhealthcare.com/labor/women-healthcare-are-breaking-point-and-theyre-leaving

Women Physicians and Promotion in Academic Medicine
https://www.nejm.org/doi/full/10.1056/NEJMsa1916935

Women Really Are Better Doctors, Study Suggests
https://www.washingtonpost.com/news/wonk/wp/2016/12/19/women-really-are-better-doctors-study-suggests/

Fertility: An Ongoing Challenge for Women Physicians

2021 Fertility IQ Workplace Index
https://www.fertilityiq.com/topics/fertilityiq-data-and-notes/fertilityiq-workplace-index

A Medical Career at a Cost: Infertility
https://www.nytimes.com/2021/09/13/health/women-doctors-infertility.html

Fertility and Reproductive Health in Women Physicians
https://pubmed.ncbi.nlm.nih.gov/33465005/

Fertility Benefits Providers Can Do Better
https://www.forbes.com/sites/forbestechcouncil/2021/08/24/fertility-benefits-providers-can-do-better/?sh=5e7cdeb71544

Fertility Services Distinguish Employers as Family Friendly
https://www.willistowerswatson.com/en-US/Insights/2018/01/infographic-growing-number-of-employers-are-offering-fertility-benefits-to-support-retain-talent

How to Compare Fertility Treatment Options
https://money.usnews.com/money/personal-finance/family-finance/articles/how-to-compare-fertility-treatment-options

Infographic: A Growing Number of Employers Are Offering Fertility Benefits to Employees
https://www.willistowerswatson.com/en-US/Insights/2018/01/infographic-growing-number-of-employers-are-offering-fertility-benefits-to-support-retain-talent

National Fertility Awareness Week (American Medical Women's Association)
https://www.amwa-doc.org/event/national-infertility-awareness-week/

New Survey Finds Employers Adding Fertility Benefits to Promote DEI
https://www.mercer.us/our-thinking/healthcare/new-survey-finds-employers-adding-fertility-benefits-to-promote-dei.html

New Study Shows Companies Can Offer Competitive Fertility Benefits without Increase in Cost
https://resolve.org/about-us/news-and-press-releases/new-study-shows-companies-can-offer-competitive-fertility-benefits-without-increase-in-cost/

One in Four — The Importance of Comprehensive Fertility Benefits for the Medical Workforce
https://www.nejm.org/doi/full/10.1056/NEJMp1915331

Physician Fertility: A Call to Action
https://journals.lww.com/academicmedicine/fulltext/2020/05000/physician_fertility__a_call_to_action.13.aspx

Physician Fertility Summit: American Medical Women's Association
https://www.amwa-doc.org/our-work/initiatives/physician-infertility/phycian-fertility-summit/

About Korn Ferry

Enabling people and organizations to exceed their potential today and transform tomorrow's healthcare ecosystem. Korn Ferry is a global organizational consulting firm. We work with our clients to design optimal organization structures, roles, and responsibilities. We help them hire the right people and advise them on how to reward and motivate their workforce while developing professionals as they navigate and advance their careers. Our 10,000 experts in more than 50 countries deliver on five core areas: Organization Strategy, Assessment & Succession, Talent Acquisition, Leadership & Professional Development, and Total Rewards.

Learn more at *www.kornferry.com*

American Medical Women's Association

About AMWA

The American Medical Women's Association is the oldest multi-specialty organization for women in medicine. Our mission is to advance women in medicine, advocate for equity, and ensure excellence in health care. We achieve this by providing and developing programs in advocacy, leadership, education, and mentoring — and through strategic alliances. For more than a century, we have represented the vision and voice of women in medicine.

Learn more at *www.amwa-doc.org*

Note: While this publication focuses on women physicians, we recognize that these issues are relevant to all physicians, regardless of gender. When possible, we have attempted to use inclusive language to underscore that fact.