

Personalized Wellness for Women Physicians

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“Ginger Rogers did everything Fred Astaire did, except backwards and in high heels.”

—Bob Thaves, 1982, *Frank and Ernest* (cartoon)

Personalized medicine aims to tailor care to diverse patient populations by implementing decisions, practices, and interventions that are customized to the specific needs and preferences of each patient to achieve a positive outcome. Personalized wellness should aim, like personalized medicine, to treat physician subpopulations, using interventions that are adapted to clinical specialty, local culture, or other characteristics.

Recent approaches in optimizing physician wellness implement interventions for individual clinicians, but newer approaches are also a part of more comprehensive interventions that address external factors contributing to burnout, many of which are organizational and systemic in nature. One major subpopulation primed for personalized wellness interventions is women physicians. Cultural and policy changes towards increased inclusivity are achievable because much is already known about gender-related differences in the occupational experience of medicine for women physicians.

The Disproportionate Burden of Burnout among Women Physicians

Women make up 46% of U.S. physicians in training, and more than half of practicing physicians in specialties like pediatrics and obstetrics/gynecology.¹ As a historically male-dominated profession, these numbers indicate cultural shifts in the demographics of medicine, both

in the United States and abroad. However, women physicians remain disproportionately affected when achieving wellness.

Female physicians are twice as likely to experience burnout compared to their male counterparts.² The incidence of physician suicide is higher than the general population, and depression and suicide are up to four times higher in women physicians compared to the general population.³ These statistics are both alarming and distressing. Women physicians also experience greater barriers to academic and professional advancement, more difficulty achieving professional satisfaction at all life stages, and a persistent lack of pay parity.

Women physicians may be more likely to experience nonlinear career paths and have less access to role models, resources, and leadership positions. In the United States, women make up only 38% of faculty, 21% of full professors, and 16% of deans.⁴ Although the number of women at all levels of academic medicine has increased,⁵ maintaining an academic career and raising a family is hard work, particularly for female physician scientists and researchers.⁶ Also, along the pipeline, women tend to negotiate less aggressively and with less confidence than men, which has significant financial implications over the course of their career.⁷ Women overall are estimated to achieve equal pay in

2059; however, for black and Hispanic women to achieve pay equality is impossible within one working lifetime.⁸ Among physicians, men are paid more than women by an average 16% more in primary care specialties and 37% more in other medical specialties.¹

Traditional gender roles may reduce time available for building a career. Women physicians still bear a disproportionate expectation of family and caregiving responsibilities, while also fulfilling professional responsibilities. A study of dual-physician marriages reported that 87% of women and 59% of men arrange their work schedule to accommodate child care.⁹ Outside of dual-physician marriages, mothers are more likely to interrupt their careers to attend to family needs. Working mothers with children under 18 years devote more time to child care (10.7 hours v. 7.2 hours per week) and household needs (14.2 hours v. 8.6 hours per week) than do fathers.¹⁰ Maintaining well-being and sustaining self-care are challenging when competing responsibilities vie for finite time and energy.

Additionally, women physicians perceive work as less family-friendly, even discriminatory towards working mothers,¹¹ and compared with men, women experience a lower sense of belonging in the workplace, less self-efficacy regarding advancement, and perceived less alignment between in-

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dividual and organizational values.¹² Women may be hired based on merit and past performance rather than potential as is more typical of men in professional work;¹³ when promoted, they may find themselves facing “sticky floor” (stuck in a middle management position) or “glass cliff” situations (thrust into a leadership role during a chaotic time, expected to lead through a crisis with diminished chance for success and less likelihood of being given a second chance if failure occurs).¹⁴ Burnout often begins first with emotional exhaustion for women, and ends with a progressive reduced sense of accomplishment, whereas men experience depersonalization first with a preserved sense of accomplishment, regardless of burnout status.¹⁵

Finally, sexual harassment and sexism also add to the burden of unwellness for women physicians. Sexual harassment is defined as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.”¹⁶ Approximately 30% of surveyed women clinician-researchers reported having experienced sexual harassment during their careers, and that it negatively affected their confidence and career advancement.¹⁷ The innocuous assumption that women are not competent physicians is also demoralizing. Recent high-profile anecdotes of women physicians barred from or even punished for

being good samaritans in emergency situations highlight this persistent false belief.¹⁸

Despite these challenges, such findings highlight important opportunities to improve women physicians’ wellness on a system level. Also, women physicians appear to be a great return on the investment. Patient outcomes, such as hospital readmission and 30-day mortality, appear to be better for patients receiving care from a female physician.¹⁹ Women physicians differ in practice style, for example, they are more likely to attend to the psychosocial needs of their patients²⁰⁻²³ and are more likely to practice communication styles that improve health outcomes for their patients.^{24,25} Women as leaders also excel in general leadership competencies, such as taking initiative and driving for results, embodying more than solely the “nurturing” competencies, such as developing others.²⁶

Call to Action: A Personalized Wellness Plan for Women Physicians

Personalized wellness for women physicians is achievable by acting on what we already know. These insights have tremendous potential to improve women physicians’ wellness, potentially shifting work culture towards positive and synergistic win-win solutions. Here, we recommend five initial steps for healthcare leaders of any gender to design and im-

plement personalized wellness plans for women physicians at all professional and life stages.

1. Design scheduling policies that are flexible for family care.

Offering work scheduling flexibility offers both a supportive work culture and directly promotes wellness,²⁷ especially for women, because of the ability to better balance time spent providing patient care versus child or elder care. The most highly ranked need, a flexible work environment and destigmatization of reliance on flexibility in timing and location of work can help improve the well-being and career success of women physicians.^{28,29}

2. Adopt best practices to support the hiring, recruitment and advancement of women physicians.

Two major women emergency medicine physician organizations issued recommendations in 2016 to encourage health organizations’ adoption of gender-equitable recruitment and advancement policies.³⁰ For example, policies from (1) may already exist in an organization but are insufficiently advertised to hirees, which can be an attractive feature of a recruitment opportunity for women. Considering the improved patient outcomes and

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patient experience associated with care provided by women physicians, what is there to lose?

3. Encourage men to engage in these conversations and in equitable mentoring. Both men and women are majorities among physicians, and successful efforts to reduce gender-related disparities in the profession necessarily involve both subgroups. Being open to long-term as well as spot mentoring,³¹ leaders can develop at all stages for physicians of all genders. In addition to supporting professional growth and satisfaction, developing supportive, empathic communities can also promote women physicians' wellness. More specific training methods to develop such communities could involve role playing or even virtual reality to battle implicit stereotypes.³²

4. Collaborate within and with broad communities of influence and thought leadership. Human and social connection benefits physicians' wellness, especially women. This can be technology-based, like the

Physician Moms Group that started as a Facebook group initially in 2014, or even sub-communities within larger organizations, like SGIM and the American College of Physicians. Alternatively, an in-person community like the Women In Medicine group at Southern Illinois University's Department of Medicine, can create a community of women physicians to achieve a "seat at the table."³³ Group advocacy can powerfully and collectively advance important agendas such as promoting women physicians' wellness.

5. Create safe and open cultures for dialogue. Decreasing subconscious gender bias and stereotyping among all genders is a necessary step towards challenging learned beliefs and values that support implicit gender stereotypes.^{31,34} Directly confronting the discomfort and even fear of having these difficult conversations is needed to build lasting policy and cultural changes. Tackling gender bias and inequality requires gender intelligence³⁵ and providing

opportunities where stories can be shared openly and without judgment is crucial to improving wellness.³⁶ This increases access to resources that build confidence, sharpen negotiation and emotional intelligence skills, develop leadership traits early, and provide continuing support and mentorship.

Systemic and cultural changes are initial steps towards multi-faceted solutions to personalize wellness for women physicians. While the focus here is on women physicians' wellness, we understand that physicians who are men or who have alternative gender identities and orientations may also experience unique gender-related wellness challenges. As we advance our knowledge collectively of these challenges, personalized wellness for every physician will become feasible. We welcome SGIM members to share their personalized wellness success stories with us and the SGIM community.

The full reference list of this article may be found here: <https://tinyurl.com/y7sccfen>.

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