

a VITAL WorkLife article

# How the Rise of Women Physicians Impacts your Healthcare Organization

By: Penelope Hsu, MD



## Coming up in the article:

- What Medical Women Want

Of all the changes that have impacted American medicine in the last few years—from the corporatization of healthcare to the COVID-19 crisis, to the encroachment of divisive politics upon medical issues—there's one that has received less attention but is every bit as significant:

***Medicine is becoming female.***

In 2017, for the first time in American history, more women than men were enrolled in the first year of medical school. In 2019, according to the Association of American Medical Colleges (AAMC), women made up the majority of med students.<sup>1</sup> On the horizon: a medical profession in which women outnumber men.

This very significant gender shift requires some major changes in policies, attitudes and procedures—because women in medicine today face daunting challenges and disadvantages, ranging from compensation to treatment by colleagues to family-centered issues and beyond. Addressing their well-being and satisfaction with the profession will be one of the most important responsibilities of healthcare leadership in the years ahead.

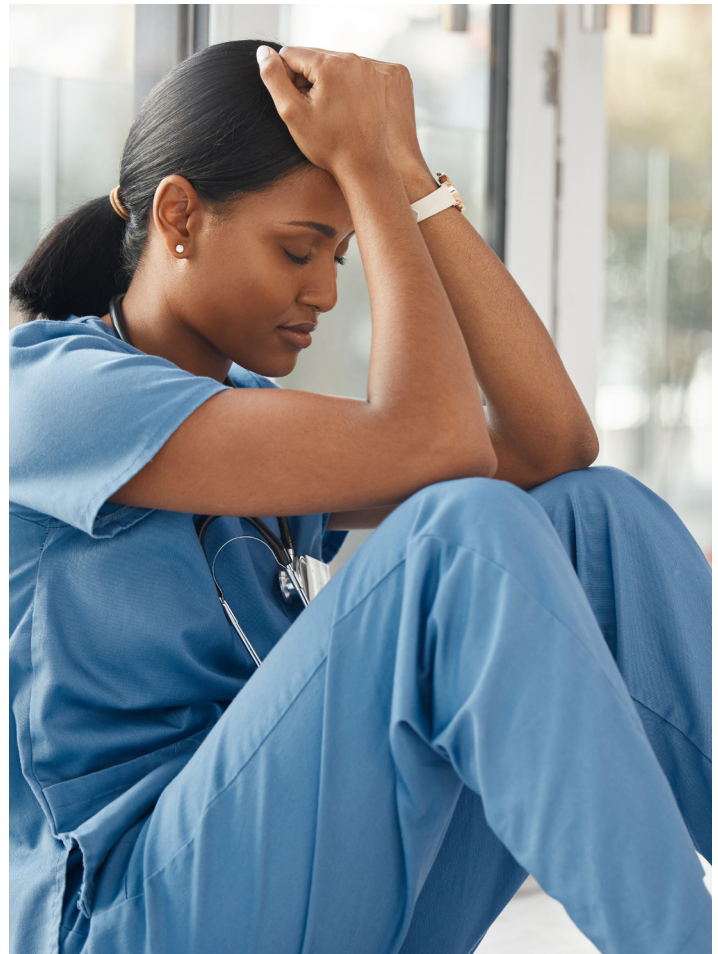
## What Medical Women Want

One of the most important responses to the AAMC's 2019 findings about med school enrollment was a survey made the following year by Medscape, "Women Physicians 2020: The Issues They Care About."<sup>2</sup> The researchers discovered that the 3,003 practitioners surveyed were most concerned about:

- work-life balance
- compensation
- combining parenthood and work
- gender equity
- career development
- relationships with colleagues and staff

With age discrimination and sexual harassment appearing lower on the list.

These are concerns that can serve as guideposts for supporting female physicians moving forward. When I think about my own career and those of the female physicians among my coaching clients, these issues come alive for me.



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## Work-Life Balance, Parenthood and Career Development

Not all female physicians have children, of course. And whether or not they're parents, physicians have a wide range of needs, pursuits and responsibilities outside of medicine. But those female physicians who are raising children in heteronormative families usually still have more responsibility for childcare than their male partners, despite the progress we've made in this area. And even when male partners do more of the heavy lifting—chauffeuring the kids to their after-school activities, for example—the female usually bears more of the mental burden: scheduling medical and dental appointments, remembering which child is going to which school function or team practice or music lesson and when.

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Given the challenges posed by finding the time to do all of these tasks, many female physicians feel the solution is to work part-time. Though I'm not a parent, I am a career coach as well as a pediatrician, and I am in the clinic part-time. Despite my full dedication to my patients when I'm in the clinic, I have been told by leaders in more than one organization I've worked in that there was no advancement into a leadership role for someone in my position, given the reduced hours I'm in the clinic.

An organization does have the right to ask its leaders to be present for a specific amount of time. However, the number of hours on your schedule doesn't equal the amount of commitment or dedication you have to your patients. I've worked in pediatrics for 20 years, and it seems odd to me that someone with that amount of experience would not be considered worthy of an administrative role, like medical director or program director, simply because they work 24 or 28 hours instead of 32. Yet this is the situation many women are in, working part time for whatever reason, and it stunts their career development.



## Compensation

While being part-time does impact compensation, it is only one part of the pay problem affecting female physicians. Pay equity across the board is a major issue we face and organizations that wish to build a healthy culture need to equalize compensation between male and female practitioners.

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A scenario I’ve experienced and that other female physicians I have spoken with have as well is this: you’re offered a set salary when being presented an offer for employment, being told that the number is set for all physicians in that role and is non-negotiable, you automatically accept it, only to find that months later, you learn male colleagues who joined when you did are making more than you, by a significant amount—not by \$5,000, but by 20 or 30 thousand.

How did this happen? Well, the men successfully negotiated a higher salary, even when told there was no room for negotiation.

In fact, one organization leader revealed that in 13 years of working in HR, he had seen only one female physician negotiate for a higher salary during the hiring process, whereas every male physician had negotiated for a higher salary during the same time period.



The women didn’t challenge their initial offers—and I wish I knew the answer as to why. Yet, I do know if there’s going to be gender equity in compensation, leaders need to rethink hiring practices as truly equitable and transparent, as well as promote the ability to negotiate.



## Bias In the Workplace

Only one percent of the respondents to the Medscape survey considered sexual harassment to be a major concern, and I'm happy to say I don't often hear about it in its worst forms from my female coaching clients. Yes, there are those who make unwelcome remarks—"Wow, you look so fantastic in those scrub pants"—but the gender-based microaggressions I hear about most often have more to do with females' abilities or commitment. They include comments to the effect that women are better suited for certain specialties, like pediatrics or OB, as opposed to orthopedics or general surgery. When female practitioners take parental leave, their commitment to the work may be questioned by colleagues who have to cover their schedule for extended periods of time.

And then there is the question of how women physicians are addressed. In a 2017 study of video records of introductions made during internal medicine grand rounds in two academic medical centers, females introducing males used formal titles 95 percent of the time. Male introducers of females, on the other hand, used titles only half the time.<sup>3</sup> Being referred to by a first name rather than as "Doctor A----" in contexts where the title is called for is a familiar, and unwelcome, experience for many women practicing medicine.

Organizations need to help and support female practitioners who are future leaders by putting commitments and policies in place that discourage this kind of stereotyping and disrespect. And they need to make sure that everyone, from the top on down, follows through.



## Policies That Drive Burnout

The problems that women in medicine face are institutional as well as interpersonal. The time charting in the EMR is a good example.

A recent study demonstrated that women physicians spend 20 percent more time charting on the EMR than their male colleagues. Why? One answer may have to do with comfort and confidence. The researchers found that when it came to seeking advice and guidance, patients and staff members reported feeling more comfortable asking a female physician than a male.<sup>4</sup>

This may be because women are generally seen as being more approachable and having a higher emotional intelligence quotient than men. They are also good at looking at the whole picture and at multitasking. A 2017 paper in JAMA Internal Medicine cites studies indicating that female physicians "provide preventive care more often, use more patient-centered communication...and provide more psychosocial counseling to their patients than do their male peers."<sup>5</sup> This kind of whole-picture approach can engender a nice rapport; our patients feel really connected to us, which can lead them to ask more questions, to send more emails.

Dealing with more questions translates to more time responding—and charting. Yet this extra burden of care and record-keeping is generally not reflected in patient-facing hours or administrative time. So women physicians end up doing more charting in the same time frame and, often, for less pay than their male colleagues.

When you couple these stressors with those that affect everyone in medicine—including productivity demands, aging patients with multiple conditions, overwork and understaffing, you can see why burnout rates are even higher among female physicians than among their male colleagues. According to Medscape's 2023 Physician Burnout & Depression report, 63 percent of women physicians reported being burnt out in 2022, compared with 46 percent of men.<sup>6</sup>

## How Well-Being Initiatives Can Help

It's very clear to me that robust well-being initiatives that take account of female physicians' particular needs are extremely important. Not only for heading off burnout, with its many downsides for patient safety and satisfaction, but for recruiting and retaining the best talent in the coming female-dominated medical marketplace.

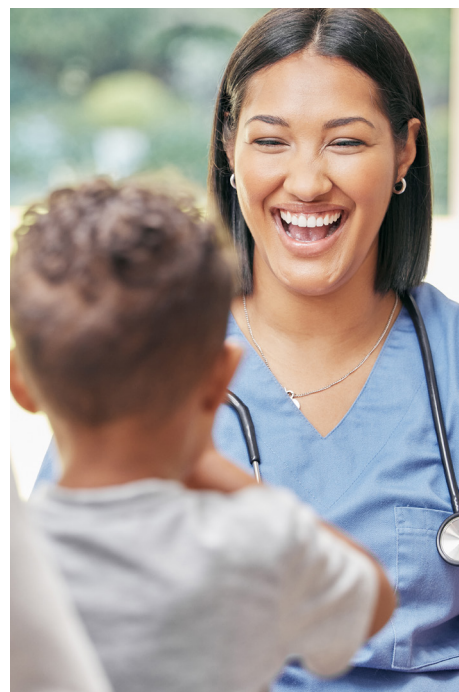
Allowing for social engagement, mentorship and peer coaching opportunities, like those made available by VITAL WorkLife, are particularly important. There's something very, very powerful about talking to another female physician who has been through what you are going through and who can model work-life balance so you don't have to figure it all out on your own.

But the best initiatives will consider the enormous time pressure that affects all physicians. Mentoring sessions, peer coaching, get-togethers of colleagues for mutual support and the like are important, but having them on protected time would certainly increase engagement and interest.

To work from nine to six and then to be told you have to go to a work dinner from six to eight makes for a very long day. And you're cutting into precious personal time.

Wellness days, professional development days and leadership retreats can be enjoyable, effective initiatives if they're offsite, not in the cafeteria or a conference room. And if attendees aren't penalized for not seeing patients for those hours, they'll be much more likely to show up. Making wellness a priority, not just an afterthought, creates a culture where all members of an organization are aligned in this important mission.

The pressures that female practitioners labor under are manifold. But with few females in leading roles, there are few experienced voices at the top to advocate for women. Having female physicians in positions of leadership will create opportunities for different perspectives to be heard and a wide range of ideas that have not previously been considered—and that will help everyone.



## Reasons for Hope

It's no secret the medical profession is in turmoil today and the mental and emotional well-being of physicians of all genders is at risk—it's a challenging time to be in healthcare. But there are definite bright spots. Some technology, in particular telehealth, can make things a little easier by giving physicians the option of not being in the office for the full day, providing greater work and life integration.

Gender inequities are slowly being addressed. And in the last couple of years, everyone has become more aware of burnout and more comfortable talking about it, especially when they're struggling. One of the silver linings of COVID was that it created an atmosphere in which we couldn't ignore our mental health anymore. Now, conversations about burnout, well-being and resilience are more common than ever. Women, soon to be in the majority in medicine, need to be granted full equality and to be empowered to help aid initiatives for change in the healthcare industry.



**Contact us** to learn more about how to foster a culture of well-being and launch a well-being program for your organization.



Contact us by phone at 877.731.3949, or online at [VITALWorkLife.com/contact-us](https://www.vitalworklife.com/contact-us)



Scan the QR Code to  
schedule a free consultation.

## ABOUT VITAL WORKLIFE

VITAL WorkLife is the leading mental health and well-being expert for healthcare organizations and their workforce. We've focused on healthcare since 2007, and today our innovative solutions are leading the way in helping physicians, nurses and entire care teams address professional burnout, life challenges and barriers to seeking help.



### PENELOPE HSU, MD

Penelope Hsu has been a VITAL WorkLife Peer Coach since 2019. She is a board certified, practicing pediatrician. She is also a certified professional coach and professional actor. Her current practice includes clinical pediatric care as well as a cultivated list of private coaching and organizational clients. She teaches physicians how to find work-life balance and medical teams how to build a supportive work culture. Her particular interest is in bringing practical strategies and tools to the medical and Asian American communities so that they can prevent burnout, thrive in their lives, and enjoy longevity, happiness and success in their careers.

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