



Expert forum: Making work better for female doctors

By Olivia Rybolt | October 20, 2017

Is healthcare hospitable to female doctors?

By several measures, female doctors seem to be struggling more than their male counterparts, research from athenahealth shows:

- Fifty-four percent of female physicians age 45 or younger report experiencing symptoms of burnout, according to a recent survey of more than 1,000 practicing physicians.
- Female physicians are less likely than males to report feeling capable in their jobs, that same survey found – where capability is defined as having the tools, resources, information, and latitude to provide high-quality care to patients.
- Just 37 percent of female doctors age 45 or younger have made partner in their organization, compared to 60 percent of males in the same age range.

- Some 84 percent of female physicians – compared to 78 percent of men – are not fully engaged with their work, a separate survey from 2016 found, and
- Some 14.4 percent of female doctors aged 55 to 64 perform clinical-encounter documentation tasks after hours, compared to 9.9 percent of males the same age, according to data collected from the athena network from January through June 2017.

What's going on? Why are female physicians lagging in so many key indicators? athenaInsight took the pulse of several young female doctors who spoke candidly about the factors contributing to their frustration – and opined on what healthcare organizations, and doctors themselves, can do to make medicine more accommodating of female physicians.

Here are edited excerpts from their observations; add yours to the comment section below, or tweet us your thoughts @athenahealth.

On resources, burnout and balance:



Alisha Liggett, M.D., is the director of pediatrics and special projects in quality oversight at the Harlem United Community Health Center, a federally qualified health center in New York City.

Liggett: Sometimes I feel that I don't have the capability to serve my patients as best I can. In the current healthcare climate, resources are hard to come by. There are huge time restraints for patient care, as well as pressure to see more patients. Chronic personnel shortages among physicians and support staff also exacerbate this problem. The burden often falls on the provider, because we're the ones that patients count on to assist them with their needs.

Kisha Davis, M.D., is a family physician at Casey Health Institute in Gaithersburg, Md. a former White House Fellow, and a former board member for the American Academy of Family Physicians and president of the Maryland Academy of Family Physicians.



Davis: You look at practices where bonuses are set on productivity and partner is based on how many patients you see and how much you bill. For women, especially those who come home to the

job of caring for a family, it's very difficult to move up the ladder. I am up at night charting, but I also know that I have a balance.

When I think of burnout, I think of it as ready to give up medicine. I've never been ready to give up medicine, and I think what grounds me in that is the patients. Every time I've taken a break from medicine, it feels right when I go back.

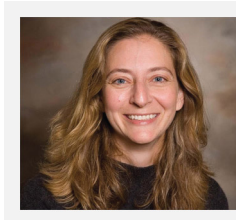
Liggett: I don't know a single physician who isn't experiencing burnout, and it is definitely

something I experience. It's difficult to show vulnerability and seek help when experiencing burnout because physicians are expected to be strong, stereotypical doctors. I go through it in waves. At this point, I'm not sure I can be happy in this job as a physician for the rest of my career.

Davis: I have never worked clinically full-time. The most I have done is four days a week, and I think that helps me stay sane. It allows me to do the other leadership activities I enjoy, see patients, and do mommy duties for my three kids. I find that one feeds the other; I'm not completely happy if I'm just doing clinical work, and if I'm completely in a leadership role and detached from patients, I'm not happy either.

I can't imagine not having that balance. When I look at providers in our office who are 40-hours per week of straight patient care, I'm amazed. Balance is what makes my job feel doable.

On the male-female divide in medicine:



Deb Edberg, M.D., is director of the Teaching Health Center residency program at the Northwestern University Feinberg School of Medicine and a family medicine

doctor at Erie Family Health Center in Chicago. She researches gender bias in medicine.

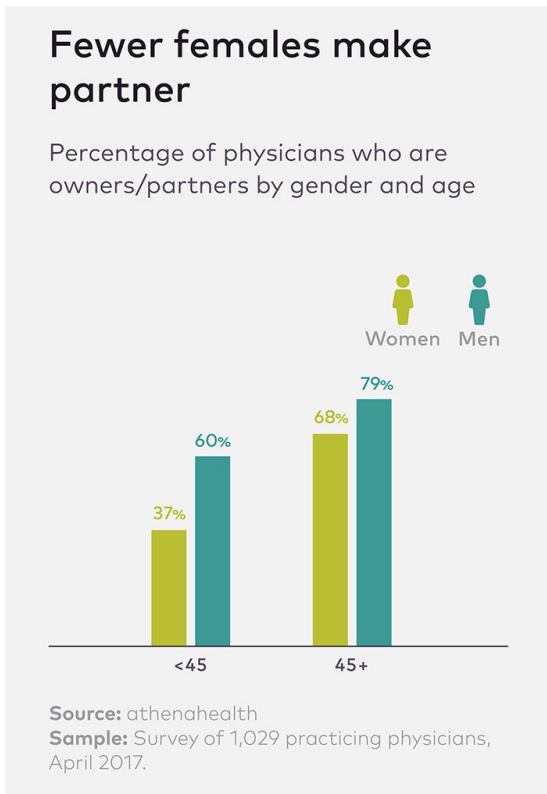
Edberg: In the underserved patient community, and in family medicine, there are a lot of female physicians, but as you work your way up in the leadership positions, it tends to drop off pretty significantly. Sometimes in these male-dominated spheres, a conversation will happen or I'll get treated in a certain way, and it feels that it has something to do with my gender.

Liggett: While there may be advancement opportunities for young women physicians, I think whether they're open to me or not is another question. As a young woman seeking positions of

power, there's always going to be the question in people's minds of if I'm capable of doing the job.

I've had several examples over my career where I've been completely able to handle the job at hand – I have exceeded some of my colleagues in terms of publishing, my record of teaching, productivity, public speaking, community engagement, and activism.

My resume speaks for itself, but I always have to prove myself before I get a raise. Male colleagues who don't really have the experience are promoted to positions over me, and they're allowed to learn on the spot. I don't feel that women are often afforded that same opportunity to learn as they go.



Davis: I wish someone would have told me how to negotiate what I need in job interviews. You have to let employers know up front what's important to you, that way you can strike a balance in your life between the things you want to do. When I was applying for my first job, I was pregnant, and I [wanted] to work part-time. It's not easy to advocate for yourself, but it's a gamble that you have to be willing to take when you recognize you're worth it.

I have an issue with the rhetoric that "women need to change"; I think it's the system that needs to change. Hospital systems and physician groups can do a better job of looking at how they're using their female physician volunteers. A lot of women take part in volunteer leadership roles, and that saves systems money, but the whole healthcare system could benefit if men had that role, too.

I also think hospital systems can do a better job of looking into things like pay gaps. Sometimes they don't realize they're paying female executives less, and bringing the issue to the forefront can make all the difference.

On solutions and affecting change:

Edberg: A more diverse organization is important. We incorporate ideas from Stanford and University of Michigan, who take extra care in recruitment processes and resume reviewing to avoid bias.

Liggett: Diversity inclusion programs work. Bringing in a diverse executive staff with an intentional focus on bringing in more women, people of color, and people with different experiences will inherently make an organization better and better prepared to face challenges in the healthcare system.

Edberg: Being a mentor to residents allows me to make space for the women that are coming behind me. I make sure to encourage them, put them in the right positions, give them credit, and make sure they have the tools they need to fill that space. This includes giving experiential wisdom, especially to the women residents, about things like having a family and maintaining a full-time career.

I find that if I have a voice that goes beyond my office, then being in my office means something more to me, and then I don't feel as burned out.

Our residency program shows students how to find meaning in medical advocacy work, and they always come back from lobbying experiences in

Washington D.C. feeling really energized by the work that they do.

Expanding the work I do to what I'm passionate about is how I address burnout.

*Olivia Rybolt is a regular contributor to athenaInsight.
Interviews were edited and condensed.*



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