



Is healthcare ready to be led by women?

By Olivia Rybolt | August 16, 2018

In 2017, for the first time ever, more women than men applied to medical school in the U.S. What's more, 61 percent of physicians under age 35 are women, as are 52 percent of physicians between 35 and 44 years of age.

The gender imbalance in medicine is flipping.

Although the numerical rise in female doctors is good for the diversity of the industry, the trend may not close persistent gender disparities in the careers of physicians.

And data on burnout rates, according to a 2017 athenahealth survey of more than 1,000 practicing physicians, show that women practicing medicine experience higher rates of burnout symptoms – emotional exhaustion, depersonalization, and a low sense of personal accomplishment – than their male counterparts. Younger female respondents, those under age 45, had the highest rates of all, coming in at 54 percent compared to 31 percent of their male counterparts.

That disparity, viewed against the prospect of a majority-female field, poses a unique challenge. Despite being well on their way to a majority in patient care, will women providers burn out before they're able to rise into healthcare leadership roles?

We asked four women in leadership at large healthcare organizations to consider this quandary. They share their expectations, experience, and wisdom here. Please add your thoughts to the comment section below, or tweet us your thoughts @athenahealth.

What could be driving higher rates of burnout among younger female physicians?

Katy Caldwell is chief executive officer of Legacy Community Health Services in Houston:

A lot of women in the under-45 age bracket are in "the sandwich generation," where they've got an elderly parent

or loved one to care for as well as children. As much as we all like to think that childcare is shared between parents, I still believe personally that women take on the largest caregiving roles when it comes to children.

Nancy Bernstein, M.D., is president and chief operating officer of Women's Health USA, headquartered in Connecticut:

Work-life balance may be one source of burnout, but given that this is discussed widely by physicians of every generation, it may have more to do with the sense that being a physician is not respected. Physicians universally seem to feel under attack, especially by the health system – hospitals, EHRs, insurance companies, paperwork, at times even patients.



What are obstacles women encounter throughout their careers in healthcare?

Caldwell: Even though it is not as pronounced as it was 40 years ago, I think there's subtle unspoken discrimination in the workplace towards women. Women are expected to follow a career path that's based on men's lives, such as the 24-hour shifts in residency programs that are not family-friendly, especially for women in their prime childbearing years. The realities of life get involved, and I think there are still expectations around women that are different than they are around men. It's just as true in medicine as it is in any other field.

Andrea Klemes, D.O., is chief medical officer of MDVIP in Florida:

Whether in healthcare or any other profession, women are often juggling multiple life responsibilities on top of their careers. They're working, they're traveling, trying to do charity work, all while also being a caretaker.



We try to be superwomen, but we may not be able to do it all at full throttle.

The obstacle for many women is simply recognizing that yes, we can excel at everything. But maybe just not all at the same time.

Jenny Englerth is chief executive officer of Pennsylvania-based Family First Health, a federally qualified health center with a workforce and leadership team that's more than 90 percent female:

One of my greatest pet peeves, and disappointments, of having worked in healthcare my whole career is that I saw female-dominated workforces that were traditionally led by white men.



And there is a disconnect in what the workforce wants and needs as caregivers across healthcare because of that gender disparity at the leadership level.

What enabled your path to leadership?

Caldwell: What helped me more than anything else was being involved in some peer group organizations. It taught me a lot about different leadership styles and the industry as a whole, and it gave me resources that I wouldn't have had otherwise. I had a lot of very good mentors, too. I had someone I wasn't embarrassed to ask questions of.

Klemes: Saying yes to opportunities, even unconventional opportunities, has been a catalyst for me. I've diversified my career by working for a pharmaceutical company as well as in clinical practice. I joined industry associations, took on leadership roles, and gave lectures to establish my expertise. This also helped me make a lot of connections. When you approach your career path with an open mind, doors open, including opportunities for advancement.

What's your advice for female physicians seeking leadership roles?

Caldwell: As women, we know the experience of sitting at a table in a meeting and bringing up a comment that's

ignored, and then some man brings it up a bit differently and everybody thinks it's the most brilliant idea. You just have to keep going, make sure you're at the table, and be a bit of a self-promoter.

Klemes: It's important to know your end goal. It's okay to want to be a CEO, it's okay to want to be in clinical practice, and it's okay to want to work part-time so you can pick up your kids from school every day. It's also okay to change your mind and alter your path as your life changes.

On a more practical note, keep in mind that someone in your network could hold the key to your dream role. Make your mark so that people remember you. Share that idea you've been thinking about. Send them a thank-you note.

Caldwell: Don't be afraid to hire people who are smarter than you. I wouldn't be here if I hadn't hired people who I hired to my weaknesses, meaning if I'm weak in an area, I hire somebody who's really good in that area. That will help you.

How should organizations recruit and retain the next generation of female providers?

Caldwell: In my organization, we have a lot of women drawn to the nonsurgical, outpatient specialties so they can work a regular eight-to-five job. We also have loan repayment here, which is a big recruiting tool for physicians who come out of medical school with significant debt. Both are big draws for young female physicians, especially those with a family in mind.

Englerth: Schedule flexibility has become one of the cornerstones to engagement, particularly in a workforce like ours that's 90 percent female. Not in any way to disparage a male's engagement in their family life, but we have a lot of societal norms and pressures that continue to be in place that propel women into that primary caretaker role in their personal lives.

At Family First Health, we find engagement increases when there is the clear understanding and appropriate acknowledgement of that reality, then policies and procedures can be put in place to support all sides of a physician's life and accommodate the nontraditional work week in a clinical care setting.

Klemes: Medical school doesn't teach about the business of medicine. Women need to be educated on the demands of the fields they go into, and whether they will have the work-life balance they want. Organizations need to support and offer alternative paths that women are seeking, whether it's a smaller practice, part-time work, and so on.

Organizations need to foster a culture where women are comfortable going to leadership and saying, "Hey, look, this is where I am in my life, and it's not working with my current role. I'm struggling. What can we do to help me?"

Bernstein: Finding ways to engage the next generation of physicians – men or women – will be of the utmost importance as the baby boomers age and retire. None of us want to go to a physician who is disengaged, let alone depressed, so it's incumbent upon us to listen to younger voices.

The business of medicine has become complex, and while it may be tempting to practice "shift medicine" and become employed, I suspect that people who feel some sense of control have a higher degree of job satisfaction and engagement.

Englerth: Particularly with our female-dominated workforce, we really work intentionally at building skills in self-awareness, security, and certainly the technical aspects of their job, because people are most comfortable when they feel comfortable in their role and the skills they bring to the table.

We want to retain individuals in our workforce. And so, at different points in their lives, they're going to have different needs. So we have created an environment where it's all right to come forward and say, "I need this break," or "I'm ready to ramp up."

We want to extend the same basic care strategies to our employees as we do to our patients: This is a marathon, not a sprint.

Olivia Rybolt is a contributing writer for athenaInsight.

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