Introduction: Women in Medicine

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The percentage of women physicians in the United States is increasing, as women currently make up 35% of the active physician workforce but nearly half of all US medical school graduates. Although progress has been made in increasing the number of women in medicine, equity issues remain, as women physicians report having less control over day-to-day aspects of their work, are often compensated at a lower rate, experience more challenges in the balance between work and home life, and are more likely to report burnout than their male counterparts. Furthermore, women physicians with multiple identities that have been historically marginalized and excluded, including those who identify as Black, Indigenous, and/or people of color (BIPOC), experience additional disparities in terms of pay and discrimination. Rooted in organizational and societal culture, these disparities cause stress and burnout among women. Working to create gender equity in health care can help ameliorate this additional stress and burnout, resulting in increased wellness among women physicians. Furthermore, as the next generation of health care leaders, there is also a need to empower women with skills in leadership and equity. Developing and promoting these skills can help accelerate changes in a medical culture that currently disadvantages women.

In 2018, the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), American Psychiatric Association (APA), and American Hospital Association (AHA) formed a partnership to develop the Women’s Wellness through Equity and Leadership project (WEL). Collectively, these 6 organizations were committed to addressing issues of equity and leadership for women physicians by fostering needed and sustained changes. Funded by the Physicians Foundation, this project convened a diverse group of early- and mid-career women physicians (the WEL “cohort”) who engaged in networking and training around wellness, equity, and leadership over the course of an 18-month curriculum. Expert national faculty from these organizations addressed intersectionality throughout their presentations and discussions. Seeking “to describe how race, class, gender, and other individual characteristics ‘intersect’ with one another and overlap,” intersectionality offers “a lens through which you can see where power comes and collides, where it interlocks and intersects.” This interdisciplinary supplement was created to highlight the issues faced by women in medicine and disseminate the portfolio of learnings that resulted from the WEL curriculum.

As a final contextual point of background, it is essential to recognize the challenges facing our world at the time of this writing (Fall 2020/Winter 2021). Over the past several months as the coronavirus...
disease 2019 (COVID-19) pandemic has unfolded, the need for support for physicians has grown significantly. The pandemic has rapidly impacted communities, physicians and other health care professionals, and health care systems. Numerous accounts have documented the acute and long-term stress that physicians are experiencing associated with the pandemic, both professionally and personally.

However, like the trajectory of COVID-19 itself, certain groups of physicians have faced even greater threats to their well-being during the pandemic. Women physicians with children are one such group. Past research has found that childcare responsibilities typically fall on women, even women who work outside the home. Many women physicians with children have therefore faced additional challenges as they attempt to continue work during the pandemic, either because of a need to separate from their children to avoid exposing them to COVID-19 or because of pandemic-related barriers to childcare and/or managing their children’s remote learning. Another group facing increased threats to their well-being includes BIPOC physicians. The COVID-19 pandemic has exacerbated the significant inequities existing in the US, making the negative effects of racism and discrimination even more evident, often with devastating and fatal outcomes. Furthermore, the racial disparities in COVID-19 positivity and death rates have been compounded by the most recent rampant and egregious examples of racism in the US with accompanying calls for addressing racial injustice. These events have only heightened the need for individual level support and training, and organizational and systemic change, to promote wellness among the diverse group of physicians who are women.

INTRODUCTION TO THE SUPPLEMENT

The purpose of this interdisciplinary supplement is to offer a compilation of best practice strategies for supporting diverse groups of women in medicine. Manuscript authors include national experts who served as WEL faculty and members of the inaugural WEL cohort. The 8 articles included in this volume address many of the current challenges to improving gender equity and explore strategies for advancing women in medicine. These articles also represent the breadth of the WEL curriculum, with some explicitly focused on wellness, equity, and leadership, and others on topics that span all 3. All articles weave in elements of intersectionality, acknowledging the particular challenges faced by specific groups of women.

State of Women in Medicine: History, Challenges, and the Benefits of a Diverse Workforce offers a historical perspective on women in medicine and demonstrates the importance of a diverse healthcare workforce.

Advancing Women to Leadership Positions Through Individual Actions and Institutional Reform presents a case-based guide to assist women physicians to navigate common scenarios that may impact career transitions.

Building Inclusive Work Environments discusses the need to dismantle exclusionary systems and policies and create environments grounded in diversity and equity.

Promoting Culture Change Within Organizations identifies and addresses the need for culture change in medicine with representative cases.

The Path Forward: Using Metrics to Promote Equitable Work Environments discusses how metrics can promote accountability when coupled with transparent reporting.

Innovative Wellness Models to Support Advancement and Retention Among Women Physicians presents three wellness-oriented proposals to promote the professional fulfillment and well-being of women physicians.

Women’s Wellness Through Equity and Leadership (WEL): A Program Evaluation presents drivers of success and areas for improvement from the WEL evaluation findings.

Finally, the supplement closes with a Women in Medicine: Call to Action from the Chief Executive Officers of the 6 inaugural WEL partner organizations AAP, AAFP, ACP, ACOG, AHA, and APA. This call to action outlines several needed strategies that must become part of the fabric of medicine to truly create equitable work environments.

ABBREVIATIONS

AAFP: American Academy of Family Physicians
AAP: American Academy of Pediatrics
ACOG: American College of Obstetricians and Gynecologists
ACP: American College of Physicians
AHA: American Hospital Association
APA: American Psychiatric Association
BIPOC: Black, Indigenous, and/or people of color
COVID-19: coronavirus disease 2019
WEL: Women’s Wellness through Equity and Leadership project
REFERENCES


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