Harvard
Business
Review

Diversity And Inclusion

Why So Many Women Physicians Are Quitting

by Jessica Dudley, Sarah McLaughlin, and Thomas H. Lee

January 19, 2022

HBR Staff/MoMo Productions/Asya_mix/Getty Images

Summary. Huge numbers of women physicians are cutting back or quitting and taking jobs that offer them more flexibility in terms of hours and the ability to work from home. This withdrawal is creating a crisis for health care organizations — one that promises to... **more**

Women make up more than one-third of all physicians in the United States and are the growing majority among medical students. However, a large amount of anecdotal evidence and one small-sample study indicate that a significant proportion of female physicians either no longer work full-time or are considering cutting back. This problem existed before the

pandemic, but add it into the mix and it's no wonder why their withdrawal from the workforce is creating crises for health care providers trying to staff operations.

Listen to this article

To hear more, download Noa app for iPhone or Android.

Beyond the immediate short-term challenges from the pandemic, leaders of health care organizations (hospitals, systems, and physician groups) have their own version of "long Covid": They simply cannot sustain operations unless they can recruit and retain women in these high-stakes roles. As a result, executives are stepping back and asking, "Are we a good place for women physicians to work?"

The imperative to improve working life for women physicians has particular strategic importance as health care organizations institute changes to address clinical and non-clinical staff turnover. Nursing shortages are the immediate crisis at many hospitals, but the health care system is much more than hospitals and ICUs. In office-based medicine — as well as the rest of health care — physicians are central, and the percentage of physicians who are women has been steadily increasing.

Health care organizations cannot afford a mass exodus of women physicians. To stem that tide, leaders must understand the forces causing them to look for the door and apply three basic strategies for helping them thrive. But first, let's look at the root causes of the problem.

The Challenges

At the beginning of their internships, male and female physicians have similar rates of depression (which resemble those of the general population), but then the curves start to separate. Both

female and male physicians experience large increases in depressive symptoms during internship, and the increase is statistically greater for women.

Why does practicing medicine take a greater toll on women?

One reason seems to be that, on average, women physicians take more time per patient and then spend more time documenting the case in electronic medical records. Their hard work pays off for patients: Some quality metrics for patient outcomes indicate that the performance of women physicians is slightly higher. For instance, some studies show that older hospitalized patients treated by female internists have lower mortality and readmission rates.

But while they are staying up later at night documenting and charting, women in many households are also shouldering a disproportionate role in non-professional responsibilities. The differences between genders are often astounding. One recent study reports that, during the pandemic, women physicians were more likely than male physicians to be responsible for childcare or schooling (25% versus 1%) and household tasks (31% percent versus 7%).

The result?

Women physicians have higher rates of burnout, lower rates of professional fulfillment, and higher rates of depression. According to unpublished data from more than 200,000 responses to Press Ganey physician engagement surveys of physicians primarily in the United States conducted in 2018, 2019, and 2020, women and men find similar amounts of meaning in their work. The nuance is women have less ability to leave the work behind and give themselves a chance to recover.

These findings also demonstrate ominous differences between male and female physicians in:

- **Alignment:** the relationship and shared values physicians have with organizational leadership
- **Resilience:** the ability to find meaning in work and the ability to re-charge when away from work
- **Intent to stay:** the likelihood to remain with the organization three years from now

On a Likert-type scale where 1 = Strongly Disagree, 3 = Neutral, and 5 = Strongly Agree, women physicians gave lower ratings for staff support, time for patient care, involvement in decision-making, and job stress. Women physicians often rate support and the adequacy of time worse than male physicians because female physicians often care for more female patients and female patients tend to take more time because of preventive care needs. For example, breast or pelvic examinations take several minutes and require additional time to enlist the help of other personnel. This leads to additional time stressors and job pressures.

A gender gap was particularly apparent when physicians were surveyed on their ability to decompress when they returned home from work. Female physicians had lower scores than male physicians on all four areas of decompression, including enjoying personal time without worrying about work (females: 3.39; males: 3.61), freeing their mind from work while away (females: 3.22; males: 3.43), disconnecting from work communications (females: 3.20; males: 3.41), and rarely losing sleep over work issues (females: 3.31; males: 3.51). Because this gap persisted across all female physicians ages 30 through 65, the difference cannot be explained as time-limited challenges of child-rearing responsibilities.

Lastly, women physicians view how their workplace handles diversity, equity, and inclusion (DEI) differently than their male counterparts. A 2019-2020 Press Ganey diversity study of over 2,800 physicians found that Black and Hispanic female

physicians are less likely to report that their organization values diversity and demonstrates a commitment to diversity than their male counterparts of the same racial or ethnic background.

In response to a statement that their organization values employees from different backgrounds, Black female physicians' responses were 0.42 of a point lower (using the 5-point Likert scale) than Black male physicians, and Hispanic female physicians viewed organizational commitment to diversity 0.48 of a point lower than Hispanic male physicians. When reacting to a statement that their organization demonstrated a commitment to workplace diversity Black and Hispanic female physicians' scores were 0.45 and 0.54 of a point, respectively, below those of their male counterparts. And when presented with a statement that all employees have an equal opportunity for promotion regardless of their background, Black and Hispanic female physicians' scores were 0.34 and 0.26 of a point, respectively, lower than those of their male counterparts.

Based upon these findings, three strategic areas organizations should focus on are: flexibility, respect, and advancement. Many health care organizations have adopted or are considering adopting at least some of the measures we recommend below.

Flexibility

Operational leaders often see complexity as an enemy, but flexibility in how jobs are structured is critical for women physicians who can feel that meeting the demands of both their professional and personal lives is close to impossible. Many organizations have grudgingly granted flexibility on a case-by-case basis in the past, but this progress vastly accelerated during the pandemic. When facilities shut down routine ambulatory care and elective procedures, telehealth became the go-to solution for seeing patients. Being able to conduct appointments from one's own home was a huge advantage for physicians (and patients) — especially those with children adapting to school closures.

Like so many others in the workforce, women physicians discovered the advantages of working from home. Many are evaluating their options or have either insisted that they be able to continue to work from home or have quit and taken jobs that do not require them to be in the office every workday.

Organizations that want to retain female physicians must give them flexibility in terms of clinical schedules, job-sharing opportunities, working remotely part of the time, and parental leave policies. Other well-received practices include providing resources to streamline access to backup childcare, covering the enrollment fees for online childcare-arrangement programs, or ensuring that lactation rooms are readily available.

Respect

As we mentioned, many female physicians believe they are not involved in decision-making that affects their work — a finding that suggests women perceive a lack of respect. This perception is often compounded when women are not called upon in meetings or when their comments are interrupted or only taken seriously when repeated by a male. These dynamics are routinely experienced by women in all walks of life, and physicians are no exception.

Respect can be developed through many different approaches, most notably by increasing diversity in management and on all types of health care teams. In patient care settings, many organizations now include job titles (e.g., “Doctor”) on their identification badges, thus decreasing the chance that patients and families will assume women are not their physicians.

An important practice that leaders can put into action immediately is to demonstrate to women and minorities that their culture is inclusive. Intentionally encouraging those who have not historically been invited to join in conversation and privately coaching those that talk too much to speak less are techniques that can be implemented right away. Additional approaches include informal group discussion about unconscious

bias, individual self-evaluation, and formal training programs. Prioritizing these efforts can address unconscious bias and lead to more respect in the workforce.

Equitable Advancement Opportunities and Pay

Like every other demographic in health care other than white males, women are minorities in the C-suite. Boards and CEOs should be working relentlessly to increase diversity at all levels of the organization, including the senior management ranks. Evidence from a variety of industries indicates that the reward will be better organizational performance (e.g., profits, share price, and social responsibility).

Many leadership positions are filled without a formal job posting process. That must change. Organizations should rigorously and transparently try to find good candidates among women and other minorities by posting job openings and conducting formal searches — and not just rely on a "who you know" approach. In addition, organizations should invest in formal coaching, mentorship and sponsorship programs that support junior female physicians so that they are adequately prepared to step up into a leadership position.

Organizations should also review compensation to ensure that current practices are equitable. Developing new payment models that take into account the greater time that female physicians spend with female patients is critical. For example, risk-adjusted panel payments can include adjustments for patient age, gender, comorbidities, and social determinants of health.

Health care leaders should make flexibility, respect, and advancement major themes of their culture in general, but especially for women physicians. These approaches are especially needed by the younger female physicians who are graduating medical school and starting their families at the same time.

We know the issues. We have the data. And while many organizations are making the changes, it's time to accelerate efforts. The pandemic has underlined the urgency. Health care organizations cannot afford to lose more women physicians.

Jessica Dudley, MD, is chief clinical officer at Press Ganey and an assistant professor of medicine at Harvard Medical School.

Sarah McLaughlin is a data scientist at Press Ganey Associates who focuses on employee and physician engagement and analyzes health care trends. She serves as a strategic advisor to health care executives across the United States.

Thomas H. Lee, MD, is the chief medical officer of Press Ganey. He is a practicing internist and a professor (part time) of medicine at Harvard Medical School and a professor of health policy and management at the Harvard T.H. Chan School of Public Health.

Recommended For You

What's Holding Women in Medicine Back from Leadership

How Discrimination Against Female Doctors Hurts Patients

Four Lessons From the Best Bosses I Ever Had

PODCAST

A Time for Women Leaders to Shine