VIEWPOINT

Women Physicians and the COVID-19 Pandemic

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Despite the complexity and challenges inherent in the US health care system and the unprecedented demands in and disruptions of clinical practice created by the coronavirus disease 2019 (COVID-19) pandemic, it remains a privilege to be a physician. This privilege comes with many responsibilities, including a responsibility to reflect on the profession and address the entrenched dysfunctional ways of the work involved in medicine. The medical profession has missed opportunities to establish reasonable demands and expectations for physicians. Instead, physicians are often asked to do more that moves them away from the deep thinking that is needed for patient care. This has led to a loss of professional fulfillment and a moral crisis for an increasing number of physicians.[1,2]

Even before the COVID-19 pandemic, physicians have been affected by systemic issues that foster unhealthful work environments, with expectations of 24/7 availability and a persistent life-work imbalance.[3] While some younger physicians are making intentional changes to their personal and professional lives, far too few physicians have effectively prioritized commitments to the personal roles they value. These preferences and other human factors that each physician brings to their vocation in medicine are framed by their personal experiences. This mix of personal attributes and professional skills can keep physicians healthy and thriving.

> The COVID-19 pandemic has also highlighted systemic assumptions about women physicians that may cause unintentional disadvantage.

Before the magnifying glass of the COVID-19 pandemic caused physicians to look more closely at many aspects of their profession, there was awareness of the general culture of overwork that affect all physicians and the expectation by some that women physicians would make adjustments in their professional roles to accommodate their personal roles. These professional adjustments were made, including part-time status, despite the known limitations on professional progression, career advancement, and economic potential. These adjustments further propagate gender inequities and the persistent compensation gap women physicians experience.[4]

Women physicians have diverse personal characteristics. There is no appropriate stereotype for a woman physician. Some are just starting their professional careers. Some are older, nearing retirement. Some are partnered, others are solo. Some are childless, others are parents. Family care responsibilities vary with some caring for their children, their aging parents, or both. Practice parameters and settings vary, including business owners, health care executives, academic physicians, and employees of hospitals and group practices. For partnered women physicians, a small number are the principal source of income with a partner assuming the primary role for home and family care. The increasing number of women physicians is accompanied by a rise in the number of dual physician households. This diversity of personal situations highlights the reason to avoid broad assumptions when considering the life-work preferences or professional work adjustments related to the COVID-19 epidemic for individuals or groups of physicians, by gender.

The COVID-19 pandemic has also highlighted systemic assumptions about women physicians that may cause unintentional disadvantage. Since their entry into medicine, women physicians have often been held to different standards and judged by different metrics than their male peers. Some of this was conscious, while much was likely the effects of gender stereotyping and existing cultural norms. It was not that long ago that there might have been only one woman in a medical school class. These remarkable first women in medicine were careful to do and be more, often at significant personal sacrifice. They were careful to do all that was necessary to meet and generally exceed the stringent metrics in place at the time. As the number of women physicians increased, conversations about professional work demands led to opportunities for physicians to work fewer hours or preferentially select specialties associated with fewer time demands. These opportunities were offered to provide more compatibility with personal roles, based on gender role assumptions. A common assumption is that all women physicians have a natural predilection for family life and all male physicians have a general fitness for work; this belief was applied to all women physicians, even those without children.

The manifestations of the life-work imbalance solution differ substantially by gender, most often women physicians make more accommodations and take the risk of being seen as less than fully committed (either personally or professionally). Historically, more women physicians selected (or were encouraged to select) modifying career progress or reducing professional work hours so that the proportion of women physicians who have reduced professional work hours exceeds that of their male peers. This phenomenon is now well-entrenched in modern medicine. When faced with serious overwork, allowing physicians to reduce hours or limiting leadership opportunities may be seen as helpful lifelines. The COVID-19 pandemic has more physicians reaching for these lifelines to balance the increasing personal responsibilities. However, when these adjustments are disproportionately represented in women physicians, these actions stigmatize women physicians and derail career progression.

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Academic physicians have additional challenges and opportunities related to the COVID-19 pandemic, with restrictions on research activities and voluminous, new research opportunities, including availability of significant new research funding. Although tenure clocks have the ability to "pause" to allow time for personal commitments, disproportionate adjustments made in work hours by women physicians may result in fewer women physicians accessing the COVID-19–related research opportunities that can facilitate career progression.

The COVID-19 pandemic has increased awareness of health system strengths and weaknesses and the central role of physicians. The images of physicians responding to the COVID-19 pandemic serve as a reminder that dedicated physicians come in all genders, all races, and all ethnic groups. Much has been written about the benefits of diversity and inclusion.[5] Despite the persistent "glass ceilings and sticky floors" that women physicians still experience, the proportion of women physicians continues to increase.[6] Even today, well-meaning individuals (both women and men) make decisions with the intention of "protecting" a woman physician. For example, consider the situation of a high-achieving, ambitious physician who has just added a third child to the family. Rather than asking whether a physician desires to take on an available leadership role, the physician may be passed over because of the perception that the individual has a "lot on their plate." Would this consideration be expected to be raised equally to women and men? Unlikely. Women physicians are more commonly disadvantaged following these conversations based on inappropriate assumptions. With the additional challenges the COVID-19 pandemic brings, these conversations will likely become even more common.

As a group, women physicians spend proportionately more time on home and family care activities.[7] The COVID-19 pandemic has disrupted common activities, such as meal planning and preparation, family and social activities, exercise or sport, spiritual practices, shopping, and leisure. Many of these changes disproportionately affect women, who often are leading efforts to find an acceptable new normal. Families must find new ways to express love and provide (distanced) care for aging family members. For physician parents, school closings may require efforts to educate their children at home or form groups for home-schooling, if they have found online instruction inadequate. Providing meals is more challenging, with safety concerns at grocery stores, reduced availability of take-out food, and restaurant closures. Even for physicians who relax by cooking, the expectation of preparing 3 meals each day, every day for months on end can be daunting. The COVID-19 pandemic has taken away the simple act of enjoying a prepared meal at a favorite restaurant, reducing an often-used opportunity for physician respite and renewal.

The COVID-19 pandemic has raised the level of personal sacrifice as many physicians have experienced an increase in the duration and intensity of their work. Physicians across the nation have shared their stories of unprecedented changes in work hours (too much and too little) or type of work (pulled from usual role to assist in the emergency department or intensive care unit). The recently publicized suicide of emergency physician Lorna Breen, MD, following her intense work during the pandemic in New York should cause every physician to reflect on their culture in medicine. Without a doubt, many other physicians also are experiencing horrific professional, personal, and psychological effects of the pandemic.[8] COVID-19–associated traumatic experiences will have lasting adverse effects on many physicians. Being called a "health care hero" is not a sufficient remedy for this distress, regardless of physician gender.

Now more than ever, physicians are stretched in their personal and professional lives. This may be even more true for women physicians. The dogmatic status quo remains in place: long (and perhaps even longer) work hours are necessary, and physicians will need to make personal sacrifices and compromises to meet these demands. The COVID-19 pandemic has made it easier to see this flawed narrative of life-work balance for medicine. Women physicians do not have trouble balancing competing demands any more than men physicians do. It is simply a more common expectation that women physicians will adjust their professional lives. The COVID-19 pandemic is requiring additional adjustments to the professional lives of physicians. Many of these adjustments will be made disproportionately by women physicians.

The profession of medicine can support all physicians, women and men alike, and can create work environments that reject the expectation of unhealthful personal sacrifice. For women physicians to achieve workplace equity with their male colleagues, it is time to avoid assumptions that stigmatize women or derail their career progression.[9] Working toward a more appropriate life-work balance for all physicians will improve opportunities for physicians to reach their full human potential in their personal roles while growing professionally to care for patients and each other. Women and men physicians should be able to share the joy and the work of their lives equally. The COVID-19 pandemic may just be the catalyst needed to achieve that goal.

ARTICLE INFORMATION

Published Online: July 31, 2020. doi:10.1001/jama.2020.14797

Conflict of Interest Disclosures: Dr Brubaker reported that she is editor in chief of *Female Pelvic Medicine and Reconstructive Surgery*.

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