



# Survey of Women Physicians

Key Findings  
November, 2008



# AMA Women Physicians Congress: Who We Are...

- AMA member women physicians/medical students, and supportive male colleagues who, under the umbrella of the WPC, join together on issues affecting women in the medical profession and women patients
- Objectives: Policy development and advocacy on --
  - professional advancement /satisfaction for women physicians
  - building awareness and advocacy on gender-based health differences and related women's health issues
- Initiatives and programs:
  - Physician Mentor Recognition Program
  - Scholarship programs
  - AMA Annual and Interim Meeting events
  - WPC liaisons from state and specialty societies
  - Work/life balance resources
  -



# Primary Goals of this research:

- Assist the AMA Women Physicians Congress by conducting a comprehensive survey of members
- Better understand issues and challenges to help the Women Physicians Congress develop programs and policies that meet the needs of women physician members
- Survey topics:
  - Problems and concerns – role of the AMA in addressing them
  - Awareness of WPC
  - Perceived value of WPC objectives/programs
  - Desired member involvement in WPC activities
  - Role of WPC in shaping AMA policy

# Research Design

- Beginning in the middle of May 2008 the AMA surveyed women physicians who are AMA members
- An email message with a link to the survey was sent to a random sample of 4,992 physicians
- As of June 6, there were 763 completed interviews and 60 partial interviews
- The survey was sent a second time in late July, 2008 to a random sample of 596 physicians in Epocrates' database, and was in the field until a quota of 150 physicians was reached (approximately 4 days)
  - 121 women physicians responded to the survey; 27 women residents responded and were analyzed separately; all are AMA members
  - Two open-ended questions relating to sexual harassment were added for the second launch

A Separate Survey Analysis provides an Opportunity to Compare Responses by Gender...

# Responses Often Differed Between Women and Men

- Earlier in 2008, a physician's preference survey was conducted and some key differences between female and male respondents were observed
- 288 respondents reported their gender; 225 men and 63 women completed the survey
- Most notably...
  - Significantly fewer female respondents reported making business decisions for the practice (73%), compared to 89% of male respondents
  - Is there a gender bias in practice responsibilities?
    - It may be a condition of experience (there are more female respondents under the age of 35 than men, fewer female respondents over the age of 54 than men)
  - Or is it personal preference when considering practice positions?

# Considerable Differences in Specialty Between Genders were also Found

- Significantly more female respondents practice internal medicine and general practice (48%), than male respondents (32%)
- Significantly fewer female respondents (3%) practice general surgery, than male respondents (16%)
- There were over twice as many female pediatrician respondents (10%) as male respondents (4%)
  - What motivates women to select particular specialties over others?
  - Does this difference in specialty influence physician experiences and attitudes?

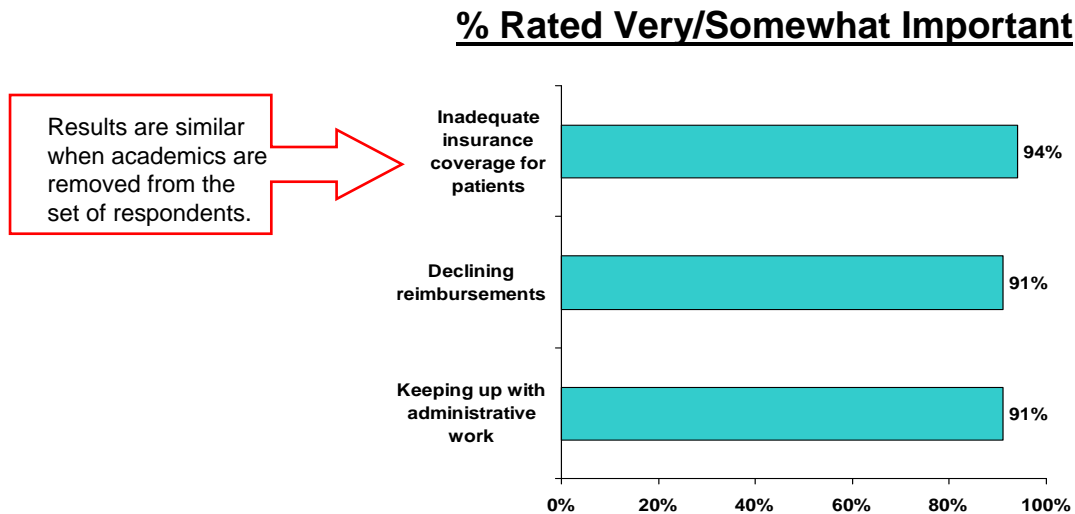
# Results from the Survey of Women Physicians Give us a Deeper Explanation...

# WPC Survey-Summary of Findings

- According to WPC Survey results, Respondents' chief health care concern is inadequate insurance coverage for patients
- Achieving a work/life balance, and earning respect from colleagues as well as patients are respondents' main career concerns
- Many respondents believe there are pay inequities between genders; medical academics and older physicians are more likely to believe that pay disparities exist in medicine
- Interestingly, the majority of respondents have not worked part-time, and a respondent's age and specialty are factors
- Sexual harassment is also cited as a career concern, though respondents interpret sexual harassment in many ways
- Awareness of WPC is low. Nonetheless, when informed, respondents believe it is vital to garner AMA's support of advocacy and education on women's professional and health issues
- Respondents are interested in becoming active in AMA WPC activities, including participation in CME events and voting on AMA WPC issues



# The Most Important Problem in Health Care Is Inadequate Insurance Coverage for Patients



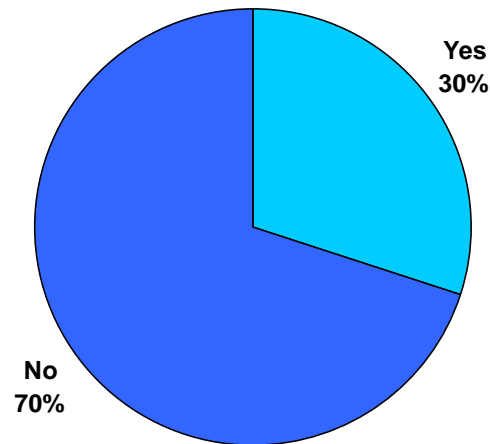
Q1. Please rate the importance of the following problems to you in your practice today.  
Base: n=813

- Owner/partners and employees both rated this issue as the most important, suggesting that patient care, rather than reimbursement is the main factor in citing inadequate insurance as the top issue

# Ideas about Women Physicians and Part-Time Work are Challenged...

# Contrary to “Conventional Wisdom,” the Majority of Women Physicians Have Not Worked Part-Time

Percentage of Respondents who Have Worked Part-Time



Q6. Are you now, or have you ever worked part-time as a physician? Base: n=763

Q6a. For how many years did you or do you plan on working part-time? Base: n=243

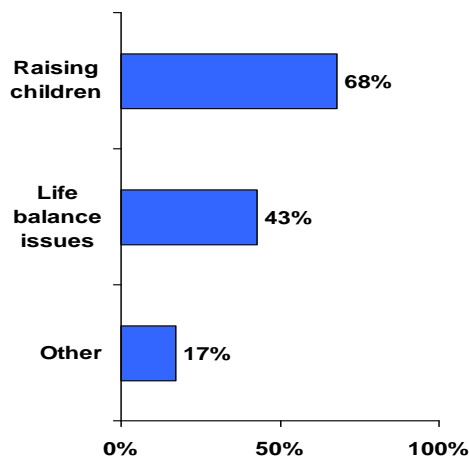
- The average number of years spent working part-time is 8.3

# Contrary to Views about Young Women Physicians, Most Haven't Worked Part-Time

- Older respondents (between 45-54 and 65 and over) are the most likely to work or have worked part-time (32% and 61% respectively)
- Younger respondents (34 and under) are the least likely to work or have worked part-time (14%)
- The data discredits the idea that the majority of younger women physicians reduce hours to make time for family responsibilities (source: Arnst, Catherine. "Are There too Many Women Doctors?", *BusinessWeek*, April 17<sup>th</sup>, 2008)

# For the Minority Who Have Worked Part-Time, Raising Children is the Top Reason

**Top Reasons for Working Part-Time\***



\*Almost half work(ed) part-time for fewer than 5 years

Q6b. Why did you/are you working part-time? (6 choices + Other, check all that apply)  
Base: n=247

- Top barriers preventing part-time work include loss of benefits (61% of respondents rated it a very significant barrier), lack of opportunities for working part-time (61%) and loss of income (58%)

# Lower-Paying Specialties May Provide More Part-Time Opportunities for Women

- The 4 lowest paying specialties\* have been highlighted in blue
- These specialties make up 53% of women physicians\*\* and tend to have the highest percentages of respondents working part-time

Q6. Are you now, or have you ever worked part-time as a physician?

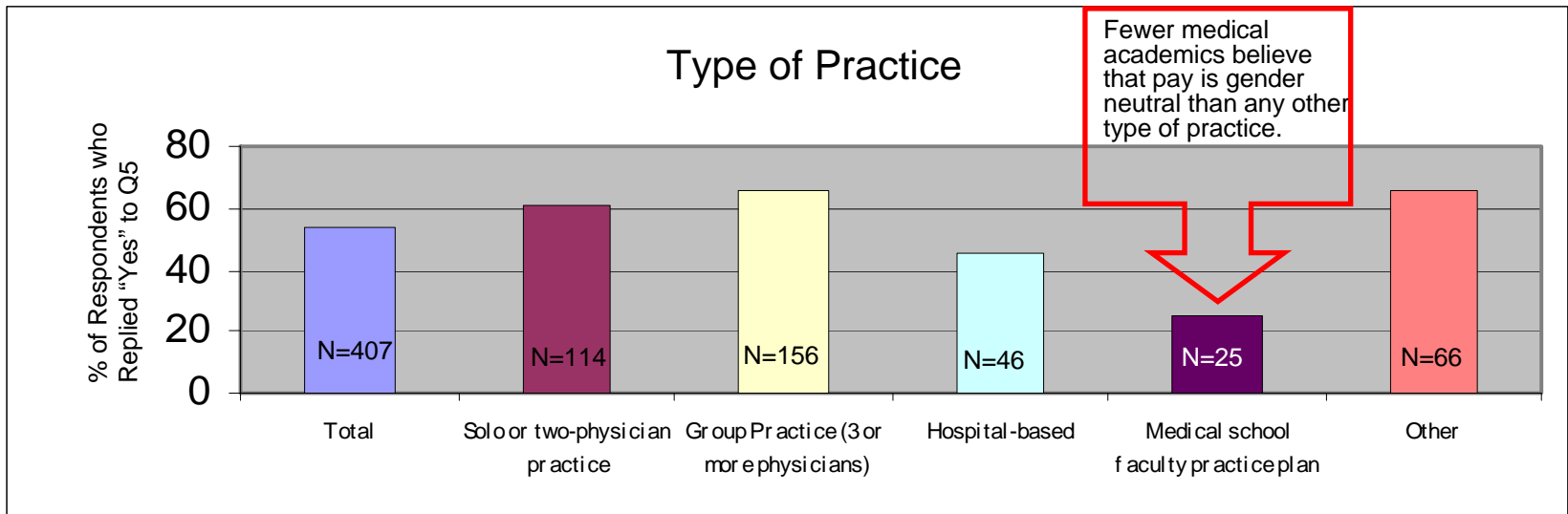
Q18. Specialty	Yes	No
Anesthesiologist	23%	77%
Family Physician	38%	62%
General Surgeon	16%	84%
Internist/General Practitioner	33%	67%
Obstetrician/gynecologist	22%	78%
Pediatrician	38%	62%
Psychiatrist	42%	58%
Radiologist	36%	64%
Other Specialist	28%	72%
Total	30%	70%

\*Source: 1989-99 Socioeconomic Monitoring System Surveys and 2001 Patient Care Physician Survey

\*\*Source: Female Physicians by Self-designated Specialty and Activity, 2005. From Physicians Characteristics and Distribution in the US, 2007 Edition



# Many Feel There are Pay Disparities in Medicine



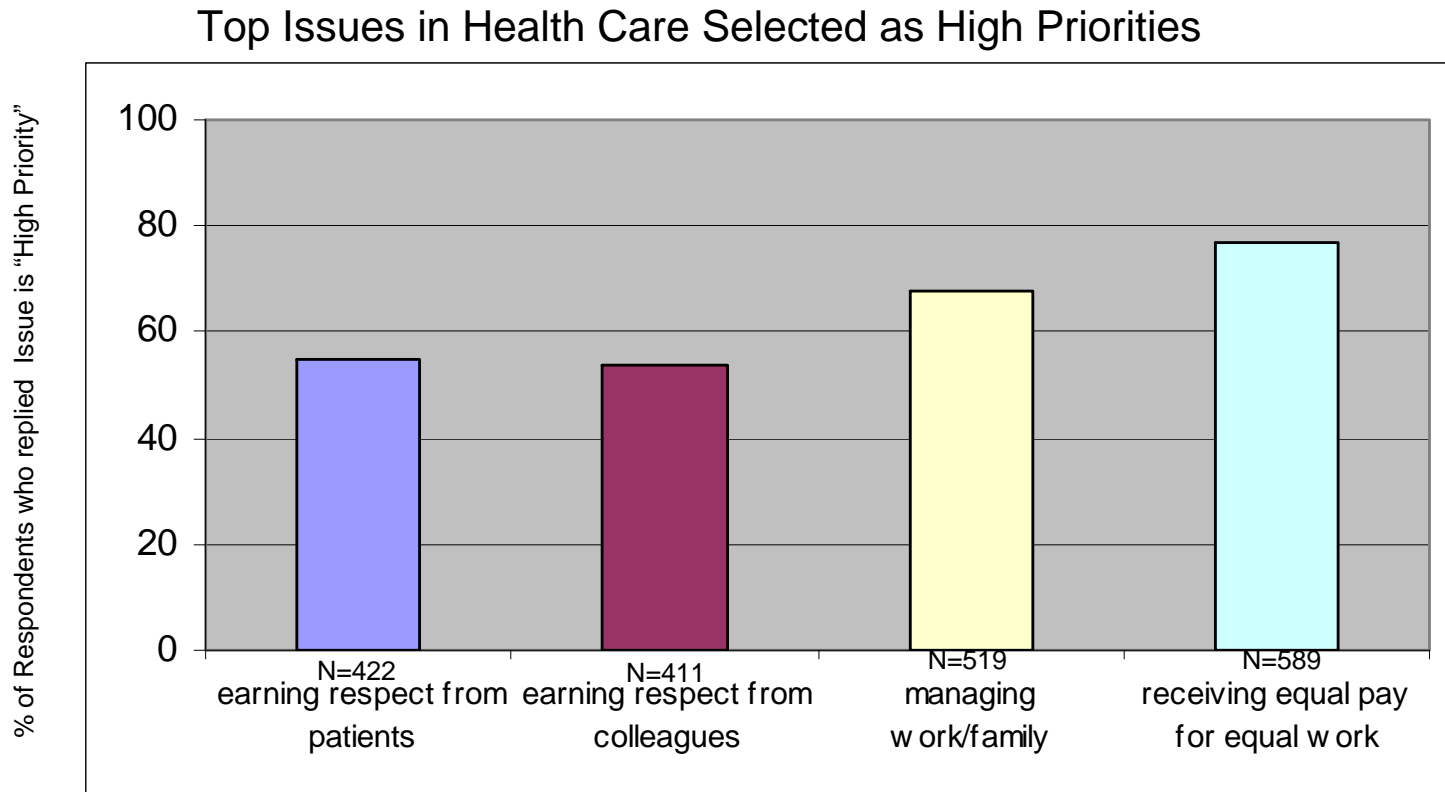
Q20. What is your primary type-of-practice? (Base: n=763)

Q5. Do you feel that pay levels are neutral at your practice? (Base: n=763)

- Approximately half of the respondents feel that pay is gender neutral across different types of practices.
- Fewer respondents aged 65 and over feel that pay is gender neutral.

# Furthermore, The Majority Feel Pay Disparities Should be a High Priority for the AMA

- Receiving equal pay for equal work was most often selected as a high priority (77%)



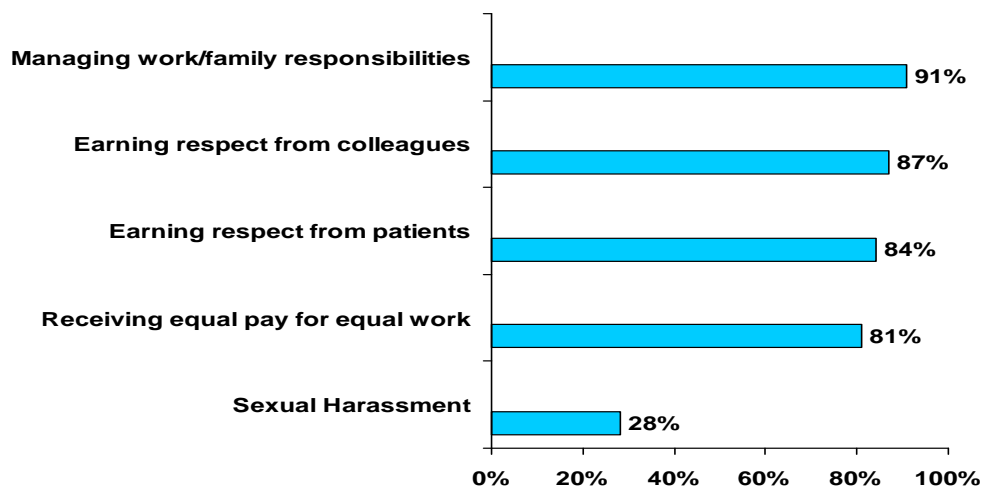
# This is Not Just a Perception...

- According to a 2004 US Census Bureau report, **women physicians earn 63 cents per every dollar** that men physicians earn
- According to the same report, **“no other profession in the United States exhibits greater salary disparities by sex”**

Source: “Gender Disparities Persist in Doctor’s Pay, Professional Advancement”, *Reuters Health Medical News*, August 2<sup>nd</sup>, 2004

# While “Equal Pay” is an Important Health Care Issue, “Work/life Balance” is the Most Significant Professional Concern

## % Rated a Somewhat or Very Significant Concern



Q4a. How significant is each of the following concerns to you? Base: n=807

- Respondents who selected ‘Managing work/family responsibilities’ were very likely to also select the other concerns in the graph, indicating that women physicians’ concerns are numerous and complex. **The relationship is statistically significant.**
- Older respondents generally found most of the concerns to be less important than younger physicians with two exceptions...

# Older Respondents Worry about Opportunities to Return to Full-Time Schedules

- 59% of respondents aged 65 and over rated finding part-time work to be a somewhat/very significant concern (overall rating is 51%)
- 39% of respondents aged 65 and over rated finding re-entry opportunities after time away from work to be a somewhat/very significant concern (overall rating is 31%)
- In verbatim responses, those aged 65 and over often reported age discrimination as the reason for lack of opportunities

Sexual Harassment and Discrimination  
are also Challenges Facing Women  
Physicians...

# Women Physicians are Well Aware of Sexual Harassment and Gender Bias in the Work Place

- 28% of respondents are somewhat or very concerned about sexual harassment
- Respondents were asked to define sexual harassment in their own terms:
  - "It includes but is not limited to: any inappropriate discussion about gender, any inappropriate advances by another person, or any implication that there is a job benefit to be had from gender/sexual acts"
  - "Any sort of event/policy/behavior that makes me self-conscious about my sexuality and/or gender so that it affects the way I practice medicine"
  - "Sexual harassment is any inappropriate or denigrating (as defined by the recipient) action, statement or behavior directed toward an individual in the workplace"
  - "Differing standards for training, behavior, interpersonal interactions, and merit pay between genders"
  - "Being discriminated against for being a woman; someone making sexual innuendos or sexual advancements in the workplace"
  - "Using stereotypes about gender to demean or intimidate; to create a power differential that otherwise might not exist"
- Quotes suggest that discrimination may be another factor affecting pay disparities

# Many Have Even Experienced Sexual Harassment in the Work Environment

•When asked if they could think of a personal experience with sexual harassment, respondents recalled instances (from a similar AMA survey):

- “Being spoken down to due to my gender”
- “At a previous job I had a boss that would use demanding and derogatory language. It Intimidated me and made for a hostile work environment”
- “Certain male individuals in positions of power who have inappropriately touched me on the back or shoulder in the workplace”
- “I was told by a male colleague that I was not going to fit in because I am female”
- “When I was a resident, a senior male attending constantly brought attention to my looks”
- “I actually have made an official complaint to senior management at the hospital where I practice regarding an older male physician in authority who made unwelcome sexual advances toward me”
- “Attendings and senior residents making overt sexual advances with promises of reward for cooperation, and sexist jokes in the workplace; more recently those disparaging Hillary Clinton”

# They Look to the AMA to Address Sexual Harassment and Discrimination

- When asked what the AMA could do to assist respondents in their practice or career, respondents suggested the following:
  - “Increase awareness of the subtle sexual innuendos that are inflicted on women physicians from the lowest to the highest levels. Sensitivity training for men would be helpful”
  - “Encourage thoughtfulness about the need for women to be present for their children. Being a good mother is an important duty and should not be seen as a weakness”
  - “Address clear gender differences in reimbursement. My husband and I are surgeons in same institution and although it is denied, our combined income is taken into consideration when we are up for annual review and raises. I have actually been told "we gave your husband a big increase so your combined income into the household is doing well this year". Amazing, but yes, this is still happening in 2008”
  - “Continue to fight the inherent sexism STILL very present”
  - “Fight not only the glass ceiling but the ‘glass-box’ women often find themselves in....and if I get called ‘honey’, ‘dear’ or some other diminutive one more time...”

# Survey Data Tells the Story...

- Achieving a work/life balance is a key issue; women physicians feel it is difficult to maintain obligations with their families as well as patients
- Some women physicians work part-time to help attain this balance
- Popular notions about the frequency of part-time work for women physicians are not supported by the data. In fact, most women physicians do not work-part time, including younger women physicians
- Women may choose lower-paying specialties that more likely accommodate part-time physicians, possibly causing them to sacrifice advancement opportunities in the process; pay disparities result
- Sex discrimination may also account for pay disparities. Women physicians believe they are not paid the same as men, and cite specific examples
- Discrimination is often defined in terms of sexual harassment. Women physicians often do not feel like they get fair treatment and the respect they deserve in terms of equal pay or inappropriate behavior in the workplace

