COVID-19’s impact on women physicians’ work life in academia

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The pandemic threatens to cause a backslide of progress that has been made with gender equity and success in academic medicine.

Even prior to the COVID-19 pandemic, women in academic medicine were underrepresented in senior leadership positions. While women make up 41% of all full-time academic medical school faculty, they only account for 18% of academic chairs, 18% of deans and 25% of full professors.

Now the pandemic threatens to make those pronounced gender inequities even worse, according to the authors of a study published in JAMA Network Open.

The study, "Academic Medicine Faculty Perceptions of Work-Life Balance Before and Since the COVID-19 Pandemic," was written by AMA member Susan A. Matulevicius, MD, Kimberly A. Kho, MD, Joan Reisch, PhD, and Helen Yin, PhD, from the University of Texas Southwestern, Dallas. Using an anonymous online survey of medical, graduate and health-professions school faculty at the University of Texas, researchers inquired about faculty perceptions of the effects of the COVID-19 pandemic on their careers, particularly focusing on work-life balance issues.

Between Sept. 1 and Sept. 25, 2020, the University of Texas Southwestern in Dallas emailed an anonymous survey through their university-assigned email addresses to 3,088 faculty members. More than half of women respondents reported an intent to leave or reduce their employment to part time. On top of that, 57% of women reported that they turned down leadership opportunities since the pandemic began. Of those who responded, 72% were responsible for assisting their children with virtual learning either personally or in conjunction with their spouse. This was in addition to their own professional roles.

Every September, the AMA celebrates women physicians, residents and medical students during Women in Medicine Month. The pandemic posed another set of challenges for women physicians to surmount. That is why the AMA thanks the women physicians who are tirelessly advancing equity and...
building on change. This September, the AMA is recognizing the endurance and strength demonstrated by women in medicine through the challenges of the past year while being an advocate and ally.

**Working parents struggled**

The COVID-19 pandemic has been a major stressor for most faculty. In fact, working parents—regardless of gender—were more likely to encounter work-life integration issues both before and during the pandemic. Work-life integration is defined as blending both work and personal life into one entity while work-life balance aims to create an ideal state where work and life coexist and thrive separately.

Women were more likely than men to report being affected by COVID-19 and work-life balance stressors. Women with children 18 or younger reported the greatest impact, though.

"Faculty women with children were the group most likely to report work-life balance stress even before the pandemic, and the pandemic heightened this further," the study says. "This association of both gender and parenting with increased perceived stress may disproportionately decrease the long-term retention and promotion of junior and midcareer women faculty."

**Increased intent to leave**

Respondents who were mothers were more likely to consider leaving, already had reduced their hours or were thinking about reducing their work hours. This was compared with women without children, which further highlights the universal stress of caregiving independent of the pandemic, the study says.

"Expressing an intention to leave is highly associated with burnout," wrote researchers, noting that "in academic settings, burnout is linked to decreased academic productivity, loss of midcareer mentorship and economic loss associated with physician turnover and loss of patient-doctor relationship continuity."

Discover five things organizations can do to advance women in medicine.

**More likely to turn down leadership**

"Work-life conflict and role strain are significantly associated with decreased leadership-seeking
behaviors for academic women and contribute to the gender inequities we see in academic promotion and leadership,” says the study.

In fact, women spend more time on departmental or institutional service activities, while men by contrast spend more time on national service activities such as editorial boards and professional societies. This, in turn, enhances the national reputation and career advancement of male faculty and strains women’s ability to accept additional leadership opportunities.

Read about three ways women physicians can become leaders in medicine.

**Part-time increases gender gap**

Women were three times more likely than men to consider—or already be employed—part time. In fact, prior research cited in the study found that for those who turned to part-time work, there was a perception that they performed more unpaid work, had fewer research opportunities and slower career trajectory and were less likely to take on leadership roles.

"Without true change in the culture of medicine to support work-life integration and family-friendly work policies, further disillusionment in academic careers may occur and threaten the future of academic medicine as an institution,” the study says.

The AMA recognizes that gender inequity in medicine is a complex issue that requires a multilayered approach. Promoting gender equity in medicine requires an acknowledgement of the underlying causes of gender-based disparities, creation of policies and resources that will promote gender equity and collaboration to improve the environment for women and the profession overall.

Additionally, the AMA has policy to work with interested stakeholders to investigate solutions for innovative child care policies as well as flexible working environments for all health professionals, particularly medical students and physician trainees.