For office-based physicians, gender inequity pops up in the EHR

MAY 31, 2022

Sara Berg, MS
Senior News Writer

EHRs have dramatically transformed physicians’ daily lives, and there’s one distressing reality they have not changed: When it comes to clinical documentation, women do more of the unpaid work.

That is one of the findings of a fascinating cross-sectional study published in JAMA Network Open that goes some way toward helping to explain why women physicians are more likely to experience doctor burnout.

The study, “Gender Differences in Time Spent on Documentation and the Electronic Health Record in a Large Ambulatory Network,” reports that women physicians spent 41 more minutes on overall EHR time each day. This includes 10 more minutes spent doing work during nonscheduled hours—or “pajama time”—and 31 more minutes writing notes.

Researchers looked at 2018–2019 EHR data for 318 physicians in a New England ambulatory practice network—194 physicians were men and 124 were women. The women physicians were often younger, more represented in primary care specialties and cared for fewer patients per hour and month, says the study, whose lead author is AMA member Lisa Rotenstein, MD, an internist at Brigham and Women’s Hospital. Christine A. Sinsky, MD, vice president of professional satisfaction at the AMA, is a study co-author.

Committed to making physician burnout a thing of the past, the AMA has studied and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face.

By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.
The difference is documentation

“Across ambulatory specialties, we demonstrated that female physicians spend more time on the EHR overall, after hours and on EHR-based documentation than male physicians,” the researchers noted. “These differences persisted after accounting for hours worked, physician specialty, and other characteristics, despite female physicians caring for slightly fewer patients on average.”

These differences in EHR work time matter because the extra hours are unpaid. This is uncompensated labor “that is not captured in the already sizeable wage gap,” according to a corresponding *JAMA Network Open* editorial on gender differences in EHR work. The work after work is “yet another contributor to the pay-time differential between women and men physicians,” says the editorial.

Additionally, the extra time spent on EHR documentation is a likely contributor to the “higher rates of burnout among women physicians who already bear disproportionate domestic responsibilities,” which threatens their departure from the workforce altogether, says the editorial, whose lead author is Ishani Ganguli, MD, MPH, of Brigham and Women’s.

Learn with the AMA about how to tackle burnout among women physicians.

Set time for portal messages?

These findings “provide a potential source for the gender gap in burnout,” the researchers wrote, adding that this gender gap in physician burnout “has implications for workforce mental health and doctor retention.”

Researchers suggested that women physicians may benefit from workflows and technologies that reduce documentation burden such as the inclusion of scribes, team documentation and artificial intelligence-powered solutions.

For example, the *JAMA Network Open* editorial suggests that because “some of this EHR time is valuable asynchronous care that patients have increasingly come to expect, clinical practice leaders might formally incorporate this work into clinician workflows,” which can be done “by designating the first 30 minutes of clinic sessions for responding to patient messages.”

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


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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.