

Shifting Gender Balance: Physician Shortfall Necessitates Changes in Healthcare Recruiting

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According to the most recent numbers from the Association of American Medical Colleges (AAMC), the U.S. could face a shortfall of as many as 100,000 physicians by the year 2030. As healthcare organizations find it harder and harder to find good talent, they will need to change the ways they recruit, hire, and engage new physicians—especially when it comes to females.

The AAMC also reports that the number of females entering medical school since 2015 has grown by 9.6%. By comparison, the number of males entering medical school has actually declined by 2.3%. For the first time ever, more women than men are attending medical school.

This shift in demographics is unprecedented, as physician roles have historically been filled by men (save for a few specialties, such as pediatricians and obstetricians/gynecologists). Currently, only about a third of all physicians are female; but when the current classes of students finish residency in a few years, the balance will shift and the majority of newly-minted physicians applying for jobs across the board will be female.



A Focus on Female Physicians is Imperative—And Urgent

Unfortunately, many healthcare facilities will not be ready to recruit, hire, engage, and retain this growing number of women physicians. Numerous studies have documented that, currently, this population is not being accommodated: Women in medicine have a higher rate of doctor burnout, are paid less, and are less engaged at work. If these trends persist, the industry will continue to lose talented people, and the physician shortfall will only become increasingly dire.

This quote from a CNN Money article from March 2018 highlights this reality: “I’ve seen this shift happening with my friends,” says Dr. Fatima Stanford, who specializes in obesity medicine and nutrition at the Massachusetts General Hospital and is on faculty at Harvard Medical School. “They are leaving medicine for the pharmaceutical industry, business, and other industries where they feel they are better respected and compensated. At a time when we have a looming doctor shortage in America, we really don’t want it to get worse.”

Creating better work environments for women does not happen overnight, and it needs to start with hiring policies—including an honest look at pay, benefits, and recruiting practices.

Organizations need to start now if they want to have women-friendly policies in place when the current class of female medical students finishes their residencies.

Causes of Gender Discrepancies in the Healthcare Industry

There have been many theories proposed as to why there are such gender differences in burnout, pay, engagement, and related quality-of-life measures. Some of these include:

- Lack of transparency when it comes to salaries and salary negotiation
- Unequal distribution of domestic labor (for example, parenting)
- Women physicians getting less professional respect, despite providing better outcomes
- Women physicians getting passed over for promotions and leadership roles
- Long work hours and rigid or unpredictable schedules



The research is still in its early stages, but the most likely conclusion will be that all of these factors are contributing to worse workplace situations for women. Thus, smart healthcare organizations are making moves on all fronts in order to quickly evolve in preparation for the changing demographics of the physician pool.

What Healthcare Organizations Can Do

Innovative organizations are already improving the environment for female physicians; below are a few best practices.

1. **(MORE) LEADERSHIP AND GROWTH OPPORTUNITIES.** Women often want to advance their careers and expand their knowledge, even while juggling the responsibilities of family despite common perceptions to the contrary. Moreover, women in leadership positions will be better able to mentor younger women physicians and draw attention to corrosive workplace discrimination.
2. **UTILIZING NON-PHYSICIANS.** Larger teams with many non-physicians, including physician assistants, certified nursing assistants, and medical assistants are smart and cost-effective ways to distribute work. Effective hires can relieve doctors of the busywork that jams up their day, create more flexible scheduling, and make everyone more productive.

- 3. COMMITMENT TO SALARY TRANSPARENCY AND LESS PAY DISPARITY.** When companies are more transparent about pay, pay gaps tend to shrink. This not only helps women financially, but may help highlight areas where an unconscious bias might exist. Like so many other areas, having clear data can lead to insights that drive beneficial company policies and serve to attract new talent.
- 4. SUPPORTIVE PROFESSIONAL COMMUNITIES.** A key part of any retention strategy is to provide both residents and new doctors with access to professional organizations. This gives them extra support from both peers and mentors, and provides opportunities for women to connect with others for ideas, solutions, and inspiration. Groups specifically addressing the job concerns of women have worked remarkably well in traditionally male-dominated specialties such as cardiology.
- 5. INCREASED FLEXIBILITY IN SCHEDULING.** Medicine is notorious for its demands on physicians' time, from long work weeks to being "on call" at all hours. A survey of 500 practicing female physicians, conducted by the American Medical Association, found (among other things) that eight in ten female physicians "struggle to find work-life balance." Providing flexible schedules and alternative work arrangements can help. One option is to introduce physician "job sharing:" When creating your medical staff development plan, consider hiring two or three part-time physicians to fill the role of a full-time position. This allows the part-time staff more flexibility while covering the same job functions.
- 6. BETTER MATERNITY LEAVE POLICIES AND FLEXIBLE CHILDCARE OPTIONS.** Better maternity leave policies—for both mothers and fathers—can help physicians with families achieve much needed work-life balance. After maternity leave, there need to be reasonable options for childcare as well. There is a strong case to be made for providing on-site daycare for residents and even beyond residency.



Final Thoughts: With Demographic Shift, Operational and Cultural Shifts Are Also Needed.

The gender balance of the job applicant pool for physicians is set to tip in a few years, and healthcare organizations that do not start planning, preparing, and budgeting for core operational shifts will find themselves at a severe disadvantage when it comes to attracting top talent. There's no doubt that doing this might uncover some uncomfortable truths. No organization wants to become the next case study for gender pay imbalance, or the next poster child for physician burnout. But, just as a doctor needs to look at all the information available to make a diagnosis and recommend a proper course of treatment, leadership needs to look at all the information available to diagnose potential gender disparities and recommend proper policies and physician benefits. The cultural shift needed here is not insubstantial: big changes need to be made, and made soon. When they are made, healthcare organizations will finally be able to effectively attract, recruit, engage, and retain female physicians, and by doing so, improve quality of care and address the growing shortfall of physicians.



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