

WiNei Toolkit for Gender Equity

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**Women in Neonatology
(WiNei)**

Authors

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Target audience

- Primary: Leaders of divisions, departments, and non-university-based practices
- Secondary: Individual physicians

Primary Aim

- Provide tools for leaders to assess and address gender inequities in their group
- Offer resources for leaders to advocate for gender equity with their institutional leadership

Secondary Aims

- Promote gender equity education for physicians and trainees
- Complement recruiting and retention strategies, both for leaders to demonstrate their commitment to gender equity and for physicians to use as a rubric



Introduction

Gender inequities in medicine are long-standing, pervasive, have broad roots in cultural and societal bias, and limit women physicians' contributions in medicine. Optimally and sustainably correcting them will not happen immediately or without deliberate action, but leaders have the power to change the system and support women physicians reach their full potential. This guide can raise awareness by giving leaders tools to assess their group. Leaders can use these assessments and the other toolkit resources to address and advocate to reduce gender inequities.

Format

Each section of this toolkit follows the same format:

- **Awareness:** Brief statement of the issue
- **Assessment:** Key questions for leaders to ask themselves to assess their division or group
- **Actions:** Top actions leaders can implement to address inequities
- **Additional Resources:** Resources to support the path to equity

Disclaimer

This toolkit uses the term “women” throughout. It is intended to be broadly inclusive of all that identify as women or whose non-cis-male gender has contributed to discrimination and inequities in their careers.

Table of Contents

General Concepts of Gender Equity 1

Career Development and Promotion 6

Leadership and Recognition 11

Scholarly Activity 16

Compensation 21

Benefits 25

Wellness 31

Special Focus 39

Physician-Scientists 39

Non-University-based Practice 43

COVID-19 Disruptions 47

General Concepts: *Awareness*



- Gender-based inequities are well documented in many professional domains of medicine, such as, but not limited to, leadership roles, promotions, and compensation. (1-5)
- These inequities persist in Pediatrics and Neonatal-Perinatal Medicine, despite women comprising >60% of pediatric physicians and >70% of trainees. (6)

General Concepts: *Assessment*

- What is the gender distribution of your faculty/practice?
- Does your institution or group have a benchmark for gender equity in salary and leadership promotion?
- What is your institution's culture around gender equity in the workplace?
 - Does your institution have a written statement on workforce gender equity, diversity, and inclusion?
 - Do individuals feel comfortable approaching you or other leaders regarding concerns over gender inequities?
 - Are male and female physicians treated differently in clinical or scholarly settings (such as being called or introduced by first name vs. formal title)?
- Does your institution have a Women in Medicine affinity group or forum?
 - Does your institution or group have a leader or champion specifically addressing gender equity concerns?
- Does your institution provide an annual conference or lecture to educate and update the department/institution on this topic and annual benchmarks?
 - Does your institution support individuals to attend conferences or training on gender equity?
- Does your institution mandate sexual harassment and implicit bias training?
- Does your institution have a reporting system for harassment and bias?

General Concepts: *Actions*

1 **Develop Benchmark**

Develop a benchmark for gender equity at your institution or group.

3 **Advocate**

Advocate for the need for initiatives for improving gender inequities with your Department Chair and institutional leadership.

2 **Form Affinity Group**

Help form a Women in Medicine affinity group at your institution to lead this work, provide education on this topic, support women physicians, and advocate for change.

- Many institutions have excellent models as examples, such as:
 - [*University of Chicago*](#)
 - [*Northwestern University*](#)
- Create a role with protected time for a champion/leader of this work.



4

Promote Transparency

Promote transparency with your faculty, group physicians, and staff.

- Announce at a group meeting that eliminating gender inequities is a priority and describe the steps being taken to assess and address it.
- Consider an anonymous survey of your group to learn what gender-based inequities they may experience or witness.

6

Identify a Leader

Identify a person to lead or support leading you in these gender equity efforts.



5

Provide Data and Resources

Provide gender inequity, implicit bias, and sexual harassment data, training, and education to teams.

- Invite a speaker on this topic. WiNei has many expert presenters and can recommend speakers.
- Utilize existing online education, such as the [*ONTPD Online With Experts \(September 07, 2022\)*](#).
- Support a faculty member to attend a conference on this topic, such as the [*Women In Medicine Summit*](#).
- Review what educational options your department or institution may already provide.
- [*This report from AAMC*](#) describes prevalence and experiences of sexual harassment in medicine, and offers preventative strategies that institutions can adopt and includes a recorded webinar from the AAMC.

General Concepts: *Additional Resources*



- *Penn Focus Program*
- *Medical College of Wisconsin I Will Campaign*
- *University of Minnesota Center for Women in Medicine and Science Program*
- *AAMC Statement on Gender Equity*
- *Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians*, Position Paper Annals of Internal Medicine 15 May 2018
- *Career Moves: Ways to bridge the gender gap in medical science*, Patrick Boyle, July 27, 2021 AAMC.org
- Other References: 2, 7-13, 61-62

Career Development and Promotion: *Awareness*



- Women remain underrepresented in leadership positions, awards, and lectureships, as well as conference speakers, moderators, federal grant recipients, and journal authors and editors.
- Women attain promotion to Associate and full Professor more slowly and less frequently.
- Career development mentoring is essential for young physicians; however, women may be less likely to seek out mentors with the intention of career-building than men. (1-5, 14)

Career Development and Promotion: *Assessment*

- What is the career level distribution by gender of your faculty?
- When eligible, what percentage apply for promotion at each rank by gender?
- What percentage of faculty successfully achieved promotion for each gender over the last 5 years?
- What is the median time to promotion to each faculty rank for each gender?
- Do you routinely meet with all physicians in your group to discuss and set goals for career development and promotion?
- Do all your group members have a mentor? Is this different by gender?



Career Development and Promotion: *Actions*

1 Negotiation

Provide negotiation training and opportunities.

- Provide negotiation workshops for women physicians at your institution.
- Support women physicians to attend negotiation workshops - virtually, locally, or at a national meeting (e.g., Pediatric Academic Societies Annual Meeting or AAP's National Conference and Exhibition (NCE)).
- For longitudinal physicians that don't benefit from new contracts periodically, review their contract with them every three years to ensure it is equitable, meets their needs, and provides the opportunity to renegotiate as appropriate.
- Reward longitudinal commitment (ideas include protected time, a leadership role, compensation, or an award).

2 Strong Mentorship

Ensure all physicians have strong mentorship.

- Ensure all incoming physicians have a mentor by three months into a new role.
- For existing physicians, annually review to ensure all have mentors and are regularly meeting with them.



3 Diverse Mentorship

Consider suggesting a multiple-mentors model (career, academic, and leadership mentors).

- Utilize mentorship families within your division or institution.
- Help physicians find one mentor external to your institution, such as through a professional organization such as the [*AAP*](#) or [*Children's Hospitals Neonatal Consortium \(CHNC\)*](#). This also may facilitate building a national reputation.



4

Leverage Resources

Leverage resources to support physicians career development.

- Understand local Faculty Affairs Offices' and Med Staff Offices' supports and resources, including broader organizations within the medical school or university (beyond Pediatrics).
- Build an Associate Division Head or group leader role focused on faculty development.
- Encourage participation in professional organizations (AAP, CHNC, and Vermont Oxford Network) to leverage resources, build multicenter networks, and build national reputation.
- Support attendance at workshops, conferences, and sessions at national meetings focused on career development.
- Provide appropriate CME funds for physicians to attend conferences for education, promotion of their scholarly work, networking.
- Provide protected time to participate in CME and leadership activities.
- Develop leadership book clubs.

5

Promote Promotion

- Ensure all physicians are fully aware of the promotion criteria.
- Conduct annual review with each physician to ensure they are on track for promotion, develop a timeline and plan for promotion application, and address any gaps or changes needed to achieve promotion.
- Provide flexibility in structuring career paths to ensure equal opportunities.
 - Find alternative "paths to promotion" to value unique contributions of women that may not have a defined value attached.
- Refer physicians to promotion coaching and peer support groups and workshops, or develop them.
- Assist junior physicians in developing a national reputation through inclusion/invitations to participate in national organizations, invited speakerships, and research collaborations.
- Track promotion timelines.
 - Review by gender; share findings transparently.
- Advocate for diversity on promotion committees.

- Advocate for broader criteria for promotion, including but not limited to:
 - Institutional service
 - Educational efforts, quality improvement work, DEI work
 - Advocacy
- Account for disparate Covid-19 pandemic impacts on women.



Career Development and Promotion: *Additional Resources*



- *Medical University of South Carolina's Advancement, Recruitment, and Retention Of Women (ARROW) Program*
- Negotiation Workshop, MedEd Portal. (15)_
- Podcast: Simply Worth It: Physician Negotiations.
 - Dr. Linda Street is a board-certified MFM and negotiation coach.
- *Academic Pediatric Association (APA) Programs*
- Other References: 16 -18

Leadership and Recognition: *Awareness*



- Despite women making up most of the practicing neonatology and pediatric workforce, they are a minority in top leadership positions, such as Division Head, Medical Director, Chief of Clinical Operations, Research Institute Chair, and Department Chair.
- Meaningful and deserved recognition at every career stage and consideration of women for leadership positions is crucial for achieving equity.
- It is also critical that leadership reflects the workforce and that targeted initiatives foster leadership among women physicians. (3, 5, 19)

Leadership and Recognition: *Assessment*

- Within your division or group, how many leadership positions do you have and what is the gender distribution for those positions?
- Is due consideration given to seeking out candidates of all genders for an upcoming leadership position beyond the most likely candidate?
- Can this be intentionally balanced over time?
- What is the gender distribution of senior leadership at your institution?
- Does your institution or group have leadership training available for women (either locally or nationally) and sufficient funds to support this effort?
- For the last 5 years, what was the gender physicians in your group who have received internal recognition/awards?



Leadership and Recognition: *Actions*

1 **Implement Tracking**

Track gender breakdown of leadership roles, invited speakerships, & awards annually.

- Share transparently with your group.

2 **Create a Plan**

Determine a plan to balance gender distribution of leadership positions to reflect the makeup of your organization.

- Discuss strategic initiatives to increase the number of women in the leadership structure, with a timeline for achieving specific milestones. Measure the outcomes of such initiatives and disseminate them. Critically evaluate the results and develop remediation measures to improve future metrics.
- Implement term limits and succession planning to facilitate opportunities and career growth for physicians and fresh ideas for groups.
- Ask for interest in and encourage and foster women for leadership positions.
- Ensure physicians have mentorship, coaching, and resources to be successful in leadership positions, especially junior physicians taking on these roles.

3 **Provide Training**

Train women in new leadership skills including strategic planning, finances, business acumen, negotiation, & conflict management.

4 **Recognize Achievements**

Recognize achievements big and small among all group members through newsletters, emails, and in-person/virtual meetings.

5 **Provide Sponsorship**

Offer and sponsor women to attend professional development programs focused on leadership.

6

Nominate Women for Awards and Leadership Positions

Develop list of local, regional, and national awards, and encourage all appropriate physicians to apply, especially with reflective gender composition.

- Increase nomination of women for these awards.
- Encourage physicians to apply for leadership roles in external organizations, such as AAP and CHNC.



7

Increase Opportunities

Advocate for shared leadership roles, such as Associate or Co-Chair, to increase opportunities and prepare the next generation of leaders.

8

Develop Speaker Bureau

Develop a speaker bureau of all faculty to list their topics of expertise.

- Draw from this for Grand Rounds and other local presentations.
- Promote to colleagues at other institutions looking for invited speakers.

Leadership and Recognition:

Additional Resources

- *ELAM (Executive Leadership in Academic Medicine) program for women*
- *Association of American Medical Colleges (AAMC)*
- *Organizational Leadership in Academic Medicine for New Associate Deans and Chairs*
- *Minority Faculty Leadership Development Seminar*
- *Early Career Women Faculty Professional Development Seminar*
- *Mid-career Women Faculty Professional Development Seminar*
- *American Association of Physician Leadership (AAPL)*
- *Harvard School of Public Health Executive and Continuing Professional Education*
- *Program for Chairs of Clinical Services*
- *Leadership Development for Physicians*
- *Academic Pediatric Association – Advancing Pediatric Leaders Program*
- *American Council on Education (ACE)*
- *Alpha Omega Alpha*
- Other References: 20

Scholarly Activity: *Awareness*



- Advancement in academic medicine is closely tied to academic productivity. Scholarly productivity is required in all domains, including:
 - Clinical and basic science research
 - QI/Safety
 - Medical education
 - Advocacy
- Concerns about women physicians lagging in scholarly productivity are widely prevalent in many medical subspecialties. ([21](#)) Women continue to lag in publication record and their impact. ([22](#), [59-60](#))

Scholarly Activity: *Assessment*

- Which scholarly activities are tracked on your annual merit evaluation of faculty of all tracks?
- Are the opportunities for these activities equally distributed among faculty members of all genders?
- In the last 5 years, track your faculty's publications and grants (submissions and recipients) and the gender distribution of first authors, senior authors, and co-authors.
 - Is there gender equity in all categories?
- Do all women in your group have a defined plan for scholarly activity, even those not on tenure track?
- Is the median startup package for research faculty equitable for both men and women in your group?



Scholarly Activity: *Actions*

1 **Ensure Zero Discrimination**

Ensure zero discrimination from implicit bias in startup funds and scholarly resources.

2 **Establish Resources**

Establish grant-writing resources and manuscript-drafting resources for all faculty.

3 **Encourage Mentorship**

Encourage and reward mentorship from senior faculty members who include and mentor women in scholarly publications.

4 **Support Pilot Data Collection**

Maintain a library of non-NIH early-career grants to allow for pilot data collection.



5 **Recognize Productivity**

Recognize and acknowledge scholarly productivity publicly and sponsor academic work for future opportunities.

6 Foster Collaboration

Create and foster collaborative research and writing groups and provide them with the necessary resources to produce scholarly work products.

8 Allow a Safe Space for Discussion

Allow a safe space for discussion about flexibility in expectations in scholarly productivity due to family commitments.



7 Check in with Faculty

Check in periodically with research track faculty to address any problems or roadblocks in their research progress.

9 Schedule Activities in a Family-Friendly Way

Schedule networking and scholarly activities in a family-friendly manner to enable all faculty to attend.

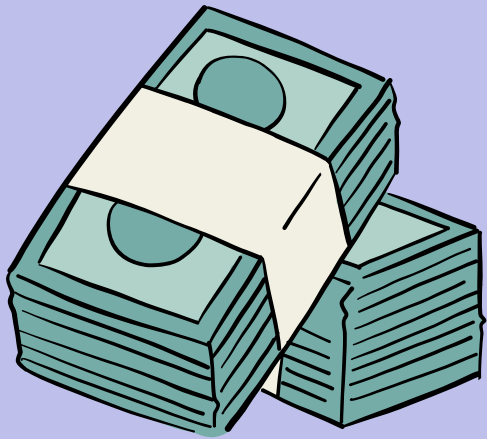


Scholarly Activity: *Additional Resources*

- *Getting More Done: Strategies to increase scholarly productivity*
- *AAMC: Fostering Scholarship in Medical Education: Resources for Authors and Reviewers*

Compensation: *Awareness*

The gender disparities in compensation begin with lower starting salaries, persist throughout women's careers, and are compounded by lost investment potential, fewer leadership roles, and delays in time to promotion.



- In Neonatology, Catenaccio et al. found that the starting salary difference between men and women was about \$30,000 and persisted for ten years at \$15,000. ([23](#))
- The Annual Doximity Physician Compensation Report from 2021 demonstrated a 28.2% difference in salaries across all specialties, which accounted for \$122,000 annually.
- Composite data from 2014-2019 brought the total career difference between men's and women's compensation to \$2 million. ([24](#))
 - In Neonatology, Horowitz et al. determined this difference to be \$3.5 million less for women over a lifetime. ([19](#))

Compensation: *Assessment*

- Is there a compensation difference between men and women at the same academic rank/job description?
- Is the initial contract/job offers equitable between men and women? Who reviews the offers for parity?
- Are there ways to compensate for work/contributions not accounted for by service/call/RVU or research?
- Is there transparency around how salary offers are calculated?
- Is there a reporting/tracking system to ensure parity in initial offers and ongoing parity longitudinally?



Compensation: *Actions*

1 **Define Variables**

Define variables that influence compensation in your group

- e.g., advanced degrees, grants, leadership roles, length of service/appointment.
- Transparently share factors that structure compensation models with your group.
- Specifically review compensation areas such as raises and bonuses that may have more variable influence.

2 **Assess Yearly**

Conduct a yearly assessment of compensation of physicians at the same level of experience, academic rank, & responsibilities, & ensure compensation is equal.

- Include all areas: base salary, call pay, bonuses, incentives, and other financial benefits such as CME funds.
- Share results with your group. This does not mean sharing specific salary amounts, but rather sharing any variance from targeted salary based on gender such as using Z-scores.

3 **Raise Salaries Accordingly**

Raise the salaries of those who are not being fairly compensated as soon as possible and provide a reason for the salary adjustment.

4 **Provide a Reporting System**

Provide a reporting system to ensure these equitable compensation goals are being met.

5 **Diversify Committees**

Diversify interview/compensation committees to include women in proportion to your organizations make-up.

6 **Ensure Future Compensation Offers Are Equal**

Ensure all future employment compensation offers are equal between men and women for physicians at equal rank or job descriptions.



Compensation:

Additional Resources

- *AAMC Faculty Salary Equity Report*
- *UC Davis Compensation Plan Toolkit for Health Science Faculty*
- *Gender Pay Gap from the Commonwealth Fund*
- *HBR: How to Close the Gender Pay Gap in US Medicine*
- Other References: 25, 26

Benefits: *Awareness*



- Women in medicine encounter inadequate support for pregnancy, postpartum return to work, lactation, maternity leave, dependent care (both child and elder), and part-time work.
- Currently, women who take leave from work experience delayed career development, academic promotion, and board eligibility status, miss opportunities for RVU-based bonuses, and face lower peer evaluation scores.
- Transparent and supportive benefit policies for women in the workplace promote career growth, wellness, self-worth, and equal opportunity and ensure a fair playing field for promotion and compensation. ([27](#), [28](#), [31](#), [32](#))

Benefits: *Assessment*

Dependent Care

- Does your institution provide resources for physicians with dependent care needs?
- Does your institution provide childcare facilities at or near your hospital?
 - Is the average waitlist reasonable to allow physicians to enroll when a change in childcare is needed?
 - Are the hours long enough to support a physician's work hours? (i.e., 6 am – 6 pm)
- Does your institution offer emergency dependent care?
- Does your institution offer dependent care support to help eliminate barriers for physicians with dependent care duties to be able to attend conferences?

Pregnancy and Lactation Care

- Does your institution provide infertility support? (29)
 - Do you offer education to trainees and early career physicians to raise awareness on this topic?
 - Do you have a policy to address infertility needs?
 - Do you offer tangible support for infertility care?
- Does your institution provide options to adjust the clinical time during pregnancy if needed (i.e., bedrest)?
- Does your institution provide adequate time and space for lactation support?

Leave

- Does your institution have clear and transparent leave policies and definitions (parental, other family leave, personal, or medical leave)?
- At your institution, is there a penalty for taking leave? Does your culture support physicians taking leave when needed?
- How much time do birth and non-birth parents receive for leave?
- How much leave time is paid?
- When are physicians eligible to receive leave benefits (i.e., immediately upon start date, after 12 months of employment)?
- Can you advocate for increased parental leave with your institutional leadership?
- Does your institution offer and promote flexible workplace policies such as part-time work?
- Does your institution have an alternative coverage process or plan in the event of staffing shortages, for both acute short-term needs (e.g., illness, family emergency) and longer term needs (e.g., leave, attrition)?
 - Are physicians responsible for finding their own replacement, or is there a system to support finding coverage?
 - Are physicians who take leave expected to make up clinical time?
 - If other physicians have to pick up the time, how are they compensated?

Benefits: *Actions*

1

Offer Flexible Staffing Policies

- Offer flexible workplace policies and create an alternative plan for staffing shortages.
- Offer part-time options to physicians without penalty.
- Advocate for a culture that allows physicians to alter the amount of clinical time to accommodate life changes such as a job-share.
- Create a backup staffing model in the event of staffing shortages such as per diem, *locum tenens* physicians, change in the staffing model.
- Create a competitive compensation model for existing staff to work uncovered shifts.
- Ensure existing staff still receive adequate time off during staffing shortage.

2

Design Leave Policies Without Penalty (28)

- Ensure leave policies are transparent to all group members.
- Clearly define types of leave, including birth parental, non-birth parental, sick time, vacation, and medical leave of absence.
- Ensure eligibility to receive leave is available immediately upon the start date.
- Advocate for a minimum of 12 weeks paid parental leave for both parents with additional time allowed if needed.
- Advocate for equitable leave policies for nonbirth parents.
 - Leave for non-birth parents may promote bonding with their infant, allows their partner to return to health and re-engage in their work sooner, and increases understanding and levels the “career playing field” with those who need to take leave for pregnancy/birth

- Advocate for parental leave to exist as a separate entity that does not include sick time or vacation.
- Advocate for a culture that supports taking time for leaves when needed.
- Ensure leave does not impact career advancement or other opportunities.
- Share any options for initially returning to academic time or lower acuity clinical work.



3

Provide adequate dependent care support

- Advocate for childcare facilities at or near your hospital with hospital leadership.
- Provide a list of local childcare facilities or childcare providers.
- Advocate for creating a 24-hour on-site childcare center for emergency childcare needs.
- Work with your hospital leadership to provide a reasonable waitlist time for onsite childcare when a change in childcare is needed.
- Ensure local childcare facility supports physician work hours.
- Early-career physicians especially may benefit from national conference participation to network & disseminate their scholarly work. Provide a Faculty Travel Award Program to support physicians with dependent care to attend conferences. [\(30\)](#)

4

Provide policies to support pregnancy and lactation

- Design flexible scheduling options to allow for less strenuous clinical time for pregnant physicians and step-wise return to work.
- Create a clear policy regarding compensation and time off for unexpected pregnancy complications without penalty.
- Provide lactation sites and available equipment at all work locations with adequate protected time for pumping.

5

Provide support for infertility

- Acknowledge that physicians are more likely to encounter infertility issues.
- Provide education to trainees and early-career physicians to raise awareness surrounding infertility issues, including same-sex partnerships. [\(29\)](#)
- Create an institutional policy to address infertility needs, including adequate time off.
- Ensure institutional transparency regarding infertility support to promote equal access to insurance coverage for reproductive needs.



Benefits: *Additional Resources*

- *AAP Federal Support for Breastfeeding*
- *AAMC Toolkit: From Pregnancy to Parenting*
- *AAP Statement Parental Leave*
- *NPR Paid Parental Leave*
- *ABMS Progressive Leave Policy*
- *Institute for Women's Policy Research: Paid Parental Leave in US*
- Other References: 18, 27-32

Wellness: *Awareness*



- Physician health and wellness, including discussion of burnout, is a complex topic relevant to all pediatric physicians and trainees.
- As women face higher rates of burnout, there is a need to approach and analyze physician burnout by gender, including potential differences in prevalence, manifestation, driving factors, and mitigation strategies. ([33](#), [34](#)) It is essential to recognize that burnout is primarily the result of healthcare systems exploiting healthy individuals' altruism and not due to insufficient personal resilience.
- Evidence and tactics are available to address the problem, and interventions work. ([35](#))

Wellness: *Assessment*

- Does your organization assess physician health and wellness annually?
 - Are results analyzed by gender?
 - Are results and action steps shared transparently?
- Review the number of the physicians in your group that in the last year:
 - Left the group for reasons other than leadership opportunity
 - Reduced or looking to reduce clinical effort
 - Actively searching for outside employment
- Does your organization assess and address topics including the following:
 - Workload: too much work, not enough resources
 - Control: micromanagement, lack of influence, accountability without power
 - Reward: not enough pay, acknowledgment, or satisfaction
 - Community: isolation, conflict, disrespect
 - Fairness: discrimination, favoritism
 - Values: ethical conflicts, meaningless tasks
- Do the majority of well-being resources within your organization focus more on improving the processes and system or the individual?
- Does your organization have a process by which physicians can escalate concerns without fearing retaliation?
- Does your institution have a leader or champion specifically addressing physician health and wellness concerns?
- Does your institution support individuals to attend conferences, training, and resources focused on physician wellness?



Wellness: Assessment Tools



- National Academy of Medicine
 - *Clinician Wellbeing Knowledge Hub: Tools*
 - *Wellness Culture and Environment Scale*
 - *National Plan for Healthcare Well-being*
 - *Organizational Evidenced Based and Promising Practices for Improving Clinician Well-being*
- *Life Stress Test*
- *Professional Quality of Life Scale (ProQol)*
- Center for Disease Control
 - *NIOSH Worker Well-Being Questionnaire (WELLBQ)*
- AHRQ
 - *Survey on Patient Safety Culture Database SOPS Survey*

Wellness: *Actions*

1 Remove Waste

Empower physicians to choose one waste from their work and support them in removing it

- Team Improvement Idea
- De-implementation Checklist
- Getting Rid of Stupid Stuff (G.R.O.S.S.)
- Debunking Regulatory Myths

4 Assess Value Alignment

Assess values-alignment between physicians and organizational leaders

- Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout
- AMA Steps Forward
 - Saving Time Playbook
 - Cultivating Leadership
 - Lean Health Care Eliminate Waste and Spend More Time with Patients

2 Evaluate Recurring Meetings

- Is this meeting necessary?
- If yes, consider asking: does it have to be in-person or on video, is it longer than it needs to be, and which attendees are essential?
- Identify one meeting that could be shortened from 60 to 45 minutes or eliminated.
- [*HBR Do You Really Need to Hold that Meeting*](#)

3 Conduct a Workplace Assessment

Conduct a workplace assessment using the tool from above or another to measure the current state

- Analyze by gender, race, and ethnicity for any disparities.
- Review scores for professional fulfillment versus burnout of the division, department, or organization relative to benchmarks.

5 Assess Rewards

Ask the physicians in your group how they could be better rewarded for their work:

- Where do you need more autonomy?
- Are there opportunities to improve fairness and transparency?
- How can we change what is considered a reasonable workload?
- How can we promote a better sense of community?
- What do you need to remain authentic and true to yourself?



Topics to be Addressed by a Well-Being Taskforce

- Define the current state of the organization.
- Establish why well-being is important to the organization.
- Determine the impact of well-being on the organization.
- Explain the need for a systems-based approach to address well-being.
- Determine whom to get buy-in from within the organization's leadership (e.g., chief executive officer, chief medical officer, key department chairs).
- Determine the appropriate scope and objectives for well-being efforts.
- Define future leadership for these efforts.
- Determine necessary resources.
- Define performance metrics that will be used to assess organizational progress.
- AMA Steps Forward: Establishing a Chief Wellness Officer Position: Create the Organizational Groundwork for Professional Well-Being

Key Talking Points to Engage Leadership in Care Team Well-Being

Burnout is prevalent among health care professionals.

The well-being of health care professionals impacts patient care.

Burnout costs organizations financially.

Greater personal resilience is not the answer.

Different occupations and disciplines have different needs.

Evidence and tactics are available to address the problem.

Interventions work.

Organizational Level Metrics

- Professional fulfillment versus burnout of the organization relative to benchmarks
- Number of departments with high levels of burnout, or professional fulfillment relative to benchmarks
- Employee turnover rates
- Number of physicians reducing clinical effort
- Satisfaction with the Electronic Health Record system
- Assessment of values alignment between physicians and organizational leaders
- Leadership scores of first-line leaders across the organization
- Recognition within the AMA Joy in Medicine Recognition Program



Wellness: Additional Resources

- [Mayo Clinic Strategies To Reduce Burnout: 12 Actions to Create the Ideal Workplace](#)
- [Physician and Nurse Well-Being: Seven Things Hospital Boards Should Know](#)
- [A Blueprint for Organizational Strategies To Promote the Well-being of Health Care Professionals](#)
- [IHI Guide to Promoting Health Care Workforce Well-being During and After the COVID-19 Pandemic](#)
- [Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians](#)
- [The Well-Being and Mental Health of Male and Female Hospital Doctors in Germany](#)
- [Vital Work Life Training and Education](#)
- [Vital Work Life Physician Well Being Resources](#)
- [An Integrated Career Coaching and Time-Banking System Promoting Flexibility, Wellness, and Success: A Pilot Program at Stanford University School of Medicine](#)
- [HBR How to Help Your Team with Burnout When You're Burned Out Yourself](#)
- [HBR Your Burnout Is Unique, Your Recovery Will Be Too](#)
- [HBR Help Your Team Manage Stress, Anxiety, and Burnout](#)

Physician Scientists: *Awareness*

- The number of physician-scientists is aging and declining, and only a quarter of physician-scientists are women. (37) Gender disparity in research funded by the National Institutes of Health (NIH) exists. Women apply for NIH grants less often than men, but when white women apply, their funding success is comparable with that of men, though Asian and black women are less likely to receive funding. (38, 39)
- Interventions may span from completion of training through entry into and retention in the biomedical workforce. (40) For this reason, the NIH addresses four challenges: the science of workforce diversity; evidence-based approaches to recruitment, training and retention; barriers of psychosocial factors in individuals and institutions; and the need to develop a national strategy to sustain workforce diversity in academia and beyond. (41) Institutions are encouraged to align with the NIH requirements and contribute to a supportive workplace environment and culture, including support for extracurricular work-life integration challenges.

Physician Scientists: *Assessment*

- How many female physician-scientists do you have in your division?
- What is the gender breakdown of your trainees on the physician-scientist track?
- Are there programs/grant initiatives specifically for female physician-scientists in training or faculty at your institution?
- Is there specific mentoring in your division/department/institution for female trainees/faculty on the physician-scientist track ?
- Are your physician-scientists encouraged and allowed to use the NIH-provided child care stipends?



Physician Scientists: *Actions*

1 **Culture of Inclusion**

Create a culture of inclusion for women physician-scientists and their needs for career advancement.

2 **Mentorship and Funding**

Provide mentoring and funding for women physician-scientists at all stages of their career, especially those seeking to obtain independent funding.

3 **Loan Forgiveness**

Connect female physician-scientists with institutional and national loan forgiveness and funding programs.

4 **Childcare Options**

Provide childcare options in your institution for women physician-scientists and utilize childcare stipends as part of NIH grants.

5 **Mentoring Students**

Mentor & train female students & trainees in your institution in science.





Physician Scientists: *Additional Resources*

- "Disparities in Gender and Race Among Physician-Scientists: A Call to Action and Strategic Recommendations"
- NIH Working Group on Women in Biomedical Careers
- Other references: 42, 43

Non-University-based Practice: *Awareness*



- Women are disproportionately overstretched at work and home while being under-recognized for their work in both arenas.
- Women in the workplace are more likely to take on the burden of unpaid administrative duties (“office housework”) and be assigned to non-clinical work that is undervalued and unrewarded, such as mentoring projects that advance the institution without individual recognition, advancement, or compensation.

Non-University-based Practice: *Assessment*

- What is the gender distribution of your practice?
 - Does your practice's gender disposition reflect the current gender demographics in neonatal-perinatal medicine?
- What is the gender distribution of leadership and positions of influence?
 - Does leadership in your group represent the gender disposition of neonatal-perinatal medicine in its current state?
- What are the non-clinical responsibilities by gender distribution?
 - What are the administrative expectations for each member?
 - What educational responsibilities are expected of each member?
 - How are these responsibilities distributed?
 - How is an unbalanced assignment of non-clinical duties addressed?
- Is salary equitable by gender and level of experience?
 - How is salary determined in your group?



Non-University-based Practice: *Actions*

1 **Compensation**

Compensate for indirect, non-clinical work.

2 **Distribution of Work**

Review distribution of “office housework” and other administrative duties by gender.

3 **Outside Obligations**

Honor blocked-off times for those disproportionately overstretched with outside obligations, such as mothers and other caregivers.

4 **Acknowledgement**

Appreciate all voices equally, regardless of gender, acknowledging the unconscious bias that allows women’s opinions to go unrecognized. Attribute ideas accurately to these under-recognized voices.

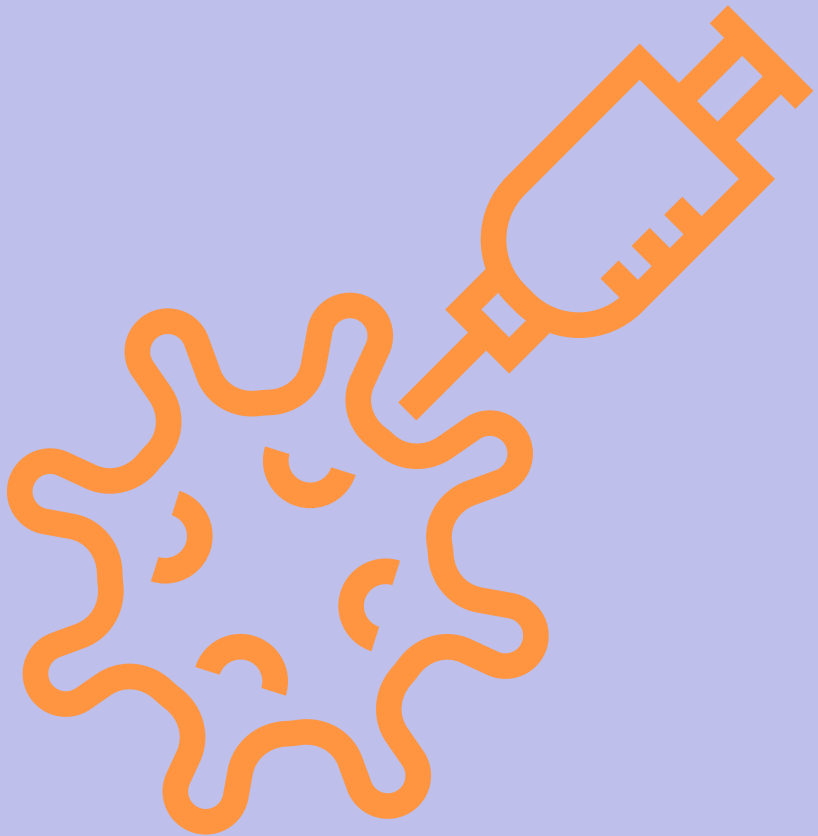


Non-University-based Practice: Additional Resources

- *3 Ways to Combat Bias in the Workplace*
- *Lean In: 50 Ways to Fight Gender Bias*
- *"What I Think You Think About Family and Work: Pluralistic Ignorance and the Ideal Worker Norm"*
- *Robert W. Drago, Striking a Balance: Work, Family, Life (Boston: Dollars & Sense, 2007).*
- *Sticking Women with the Office Housework*
- *"'You Can Stand on Your Head and Still End Up with Lower Pay': Gliding Segregation and Gendered Work Practices in Danish 'Family-friendly' Workplaces"*
- *Williams JC, Dempsey R. "What Works for Women at Work: Four Patterns Working Women Need to Know." 2014*
- *"Gender inequalities in the workplace: the effects of organizational structures, processes, practices, and decision makers' sexism"*
- Other References: 19, 44

COVID-19 Pandemic Disruptions:

Awareness



- The COVID-19 pandemic caused severe disruption to the professional and personal lives of all physicians, though these burdens were disparate and worse among those who were early career, parents of younger and school-age children, and women. ([27](#), [45-54](#))
- The effects of the COVID-19 pandemic particularly impacted younger women physicians with the increased burden of domestic duties.
- Many women physicians are still dealing with career setbacks due to COVID-19.

COVID-19 Pandemic Disruptions: *Assessment*

- Has your group, division, or department offered tangible support to the disruption of academic productivity?
- Does your promotions process acknowledge and address the impact of COVID-19 on career advancement?
- Does your division continue to support remote work for meetings and academic work?
- Does your institution provide backup or emergency childcare support?



COVID-19 Pandemic Disruptions: *Actions*

1

Provide Funding

Provide funding; consider grant extensions for internal grants. Consider supplemental awards to make up for research losses.

2

Advocate for Promotions

Advocate with your promotions committee to develop guidelines in application review that account for the disparate impact of COVID-19 on the careers of women.

3

Support Remote Work

Continue to support remote work & job flexibility, as possible. Many physicians had to make new arrangements for school/childcare that are now embedded in their daily lives or still face disrupted childcare. ([29](#)).

4

Manuscript Support

Augment statistical or manuscript support, especially for those projects and faculty who faced data collection delays or loss of statisticians due to labor disruptions.

5

Acknowledge COVID-19

Encourage faculty to acknowledge COVID-19 impacts in promotion applications. (See reference 55, [Shika Jain's CV template](#))





COVID-19 Pandemic Disruptions: *Additional Resources*

- [National Academy of Sciences, Engineering, and Medicine: Impact of COVID-19](#)
- [Stanford's Report on Gendered COVID-19 Faculty Experiences](#)
- [Northwestern University's Pandemic Impact Response](#)
- [Virginia Tech COVID-19 Reset Program](#)
- ["Pandemic-related barriers to the success of women in research: a framework for action"](#)
- Other References: [56-58](#)

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