



OCT 13-14  

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2023

5th Annual

# LEAD 2023

Enriching Experiences for Women in Hematology & Oncology

# Promoting and Practicing Wellness in Medicine

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# Disclosures

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No financial relationships to disclose.

# Outline

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- What is “wellness”?
- What are barriers to wellness for women physicians?
- Consequences of “unwellness” in medicine
  - Burnout
  - Work-Life Integration
  - Job Attrition
- Are there ways to overcome these barriers?

# Personal Wellness Journey: Intro



2015



2020



2021

# What Didn't (Can't) I Show?

Attending Zoom meetings while on a Mg drip (and getting praised for it)

Being hundreds of miles from nearest family support

Getting asked “you’re a new mother, are you sure you want to take on a big leadership position right now?”

Giving up most committee roles because meetings occurred after 6PM

Sharp decline in academic productivity

Existential Crisis

# What is “Wellness?”

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- No one perfect definition
- Often conceptualized as overall health
  - Physical health
  - Mental health
  - Can add in: financial health, social health, etc
- I conceptualize it as similar to “life satisfaction”
  - Satisfaction with job/career (work)
  - Satisfaction with relationships
  - Satisfaction with personal and professional growth
  - Satisfaction with yourself as a person

# Some other Terminology

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- Wellbeing: Often a synonym for wellness
- Burnout: Occupational syndrome → chronic workplace stress not successfully managed
  - Emotional exhaustion
  - Depersonalization (increased mental distance from job)
  - Reduced professional efficacy
- Work-Life Integration: How you integrate the work and the non-work components of your life
  - “My work schedule leaves me enough time for my personal/family life”
  - Different (although related to) “work-life balance”
- Mental Health



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# The Barriers to Wellness in Medicine (focusing on women in medicine)

# Things that Challenge our Wellness as Women Physicians

- Bias (implicit and explicit)
- Slower Career Development
- Fewer Leadership Opportunities
- Lower Pay
- Unequal Domestic Labor
- Motherhood Stereotype Threat
- The “Mental Load”
- Sexual Harassment/Assault

# Gender Bias

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## ■ Medical School

- Attending: “Hey girlie, you need to move over so I have room” [then physically picks up medical student and places in different location]
- (Male) patient (upon witnessing student walk away from Code): “You’re way too pretty to be getting messed up with all that”

## ■ Residency/Fellowship

- (Male) patient: “Hey, looking good in those scrubs. Can you turn around and let me get the full view?”
- Patients of both sex: “Hey Nurse! Can you bring me XXXX?”

## ■ Faculty

- Attending states “Hi, I’m Dr. [last name] → patient looks at ID badge and says “Hello [first name]” but calls remainder of otherwise all-male team “Dr. [last name]”
- (Male) patient: “How much do you weigh? It can’t be more than 95 pounds. No seriously, please let me know!”

# Slower Career Development

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- General grants of all types → women have reduced success rates/\$\$ amount
  - Men more likely to apply to NIH (awards higher dollar amounts)
  - For K08/K23 awardees moving on to R01s, sex was an independent predictor of R01 attainment (controlling for K type, year of award, funding institute, institution, specialty)
- Reduced Representation
  - Journal Editorial Boards
  - Speaking Opportunities
- Lack of Mentorship/Sponsorship

Amrein et al, Gend Med 2011; 8(6): 378-87  
Jagsi et al, Ann Intern Med, 2009; 151(11): 804-11  
Oliveira et al, JAMA 2019; 321(9): 898-900  
Waisbren et al, J Womens Health, 2008; 17(2): 207-14

# Gendered Letters of Recommendation

## Faculty Appointments

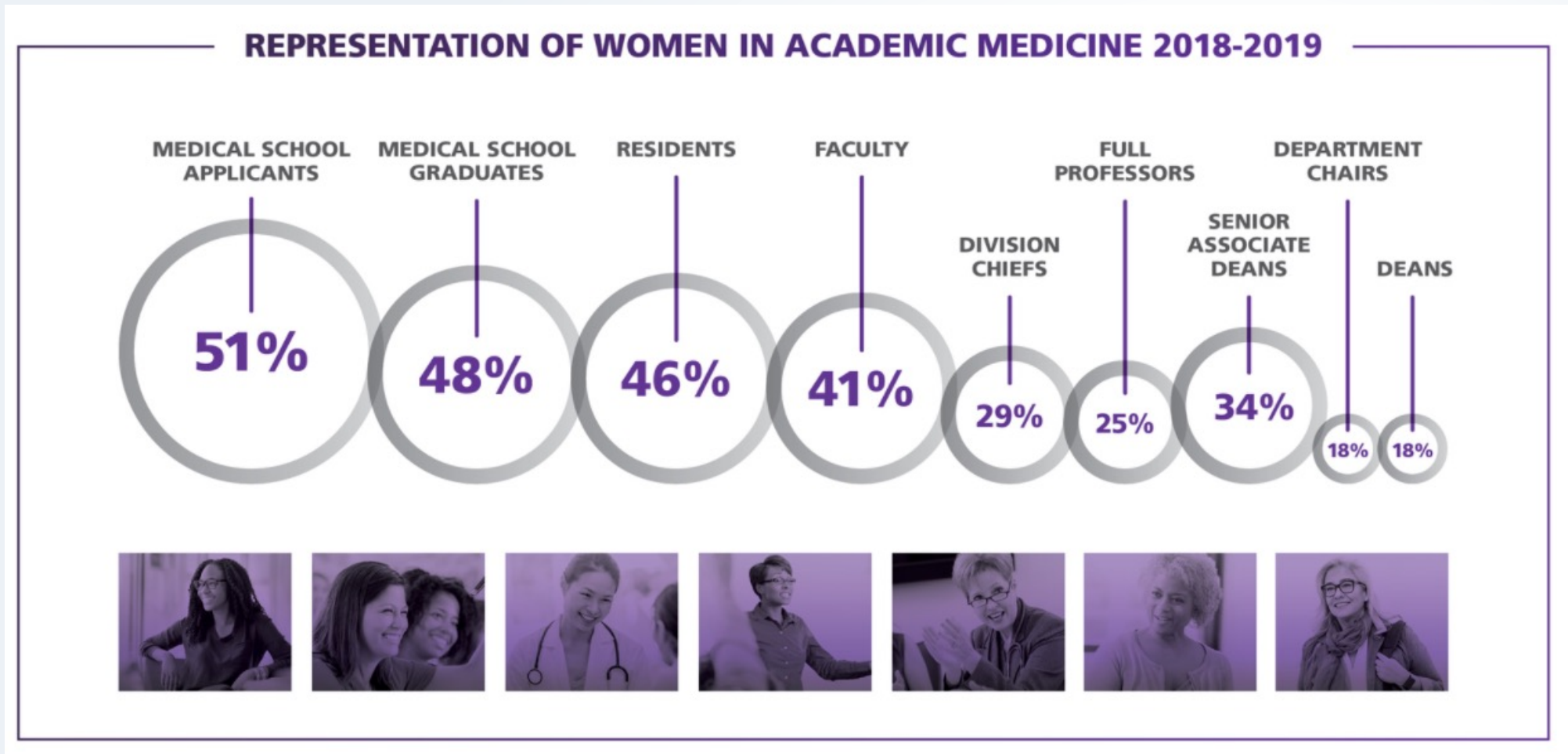
Women commonly referenced to in association with teaching and men with research

Women described as more communal and less agentic → also evidence that communal characteristics may have negative relationship with hiring decisions in academia

Agentic	Communal	Grindstone	Ability	Standout
Assertive	Agreeable*	Dedicate*	Ability	Amazing
Compet*	Caring	Diligen*	Adept*	Exceptional
Confident	Considerate	Effort*	Brilliant*	Outstanding
Independent	Helpful	Hardworking	Capable	Remarkable
Outspoken	Interpersonal*	Organiz*	Intell*	Superb
Strength	Warm	Persist*	Proficient*	Unique

Tris et al, *Discourse and Society* 2003  
 Madera et al, *J Appl Psychol* 2009; 94(6): 1591-99

# Lack of Leadership Opportunities



AAMC, 2018, <https://www.aamc.org/sites/default/files/aa-data-reports-state-of-women-executive-summary-2018-2019.jpg>

# Lower Pay

Many studies (mostly in academics) show gender pay gap

- Not fully explained by specialty, academic rank, hours worked, spousal employment
- Gap around \$20,000-30,000 depending on study
- Gap appears to be highest in highest-paying specialties/highest seniorities



Ash et al, Ann Intern Med, 2004; 141(3): 205-12  
Desai et al, Postgrad Med J, 2016; 92(1092): 571-75  
Jagsi et al, Acad Med, 2013; 88(11): 1689-99  
Marshall et al, Am J Med 2021; 134(2): 285-91

# Unequal Division of Domestic Labor

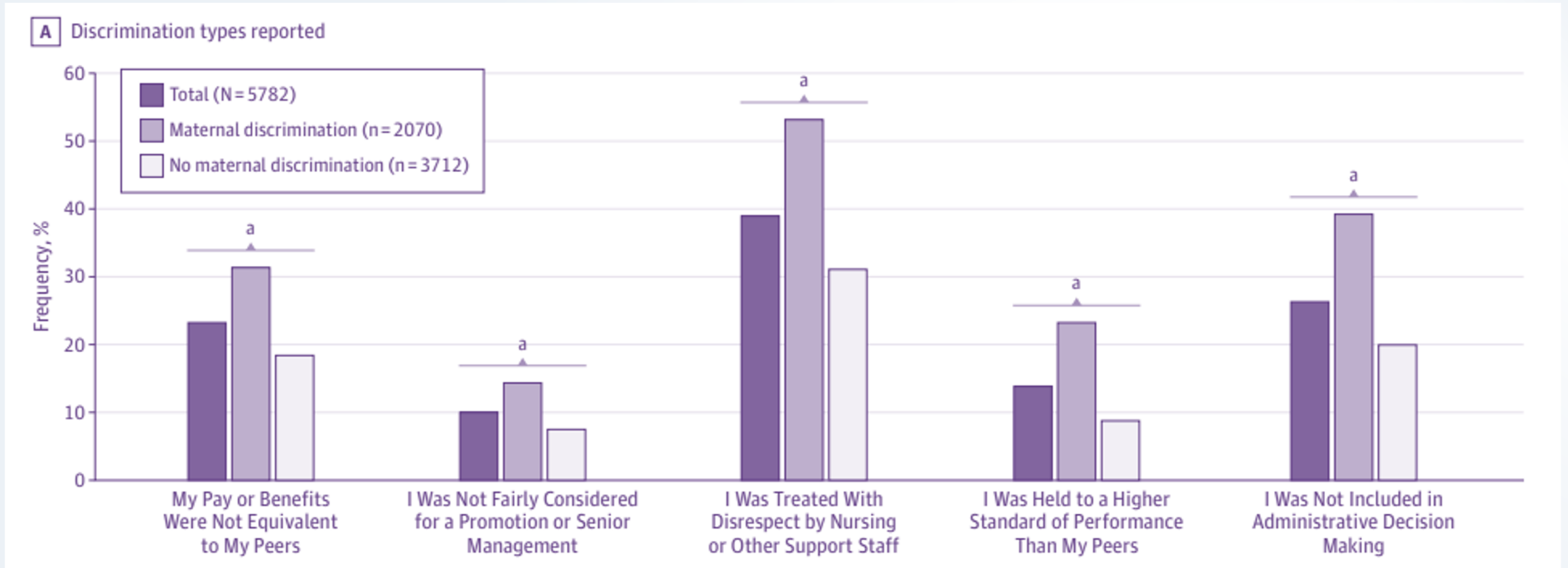
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- Female sex independently associated with increased work-home conflict
  - Work-home conflict strongly associated with burnout and depression
- Women physician-researchers spend 8.5 hours per week more on domestic activities
- Women report doing 2 hours of additional work per day after birth of a child (vs men who reported additional 40 min)
- Women also assume responsibilities for elder care in many situations

Dyrbye et al, J Gen Intern Med, 2014; 29(1): 155-61  
Jolly et al, Ann Intern Med, 2014; 160(5): 344-53  
Strong et al, J Gen Intern Med, 2013; 28(12): 1596-603  
Yank et al, JAMA Intern Med, 2019; 179(4): 571-74  
Yavorsky JE et al, J Marriage Fam 2015; 77(3): 662-79



# Maternal Discrimination/Stereotype Threat

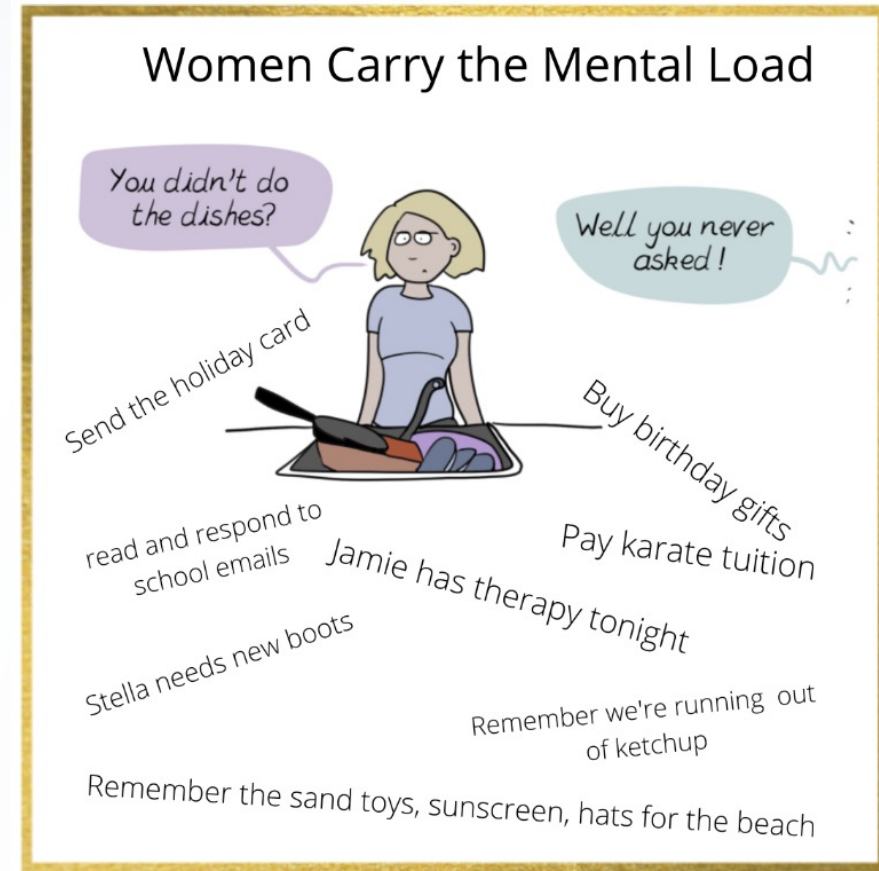


Adesoye et al, JAMA Intern Med, 2017; 177(7): 1033-36

# The “Mental Load” on Women

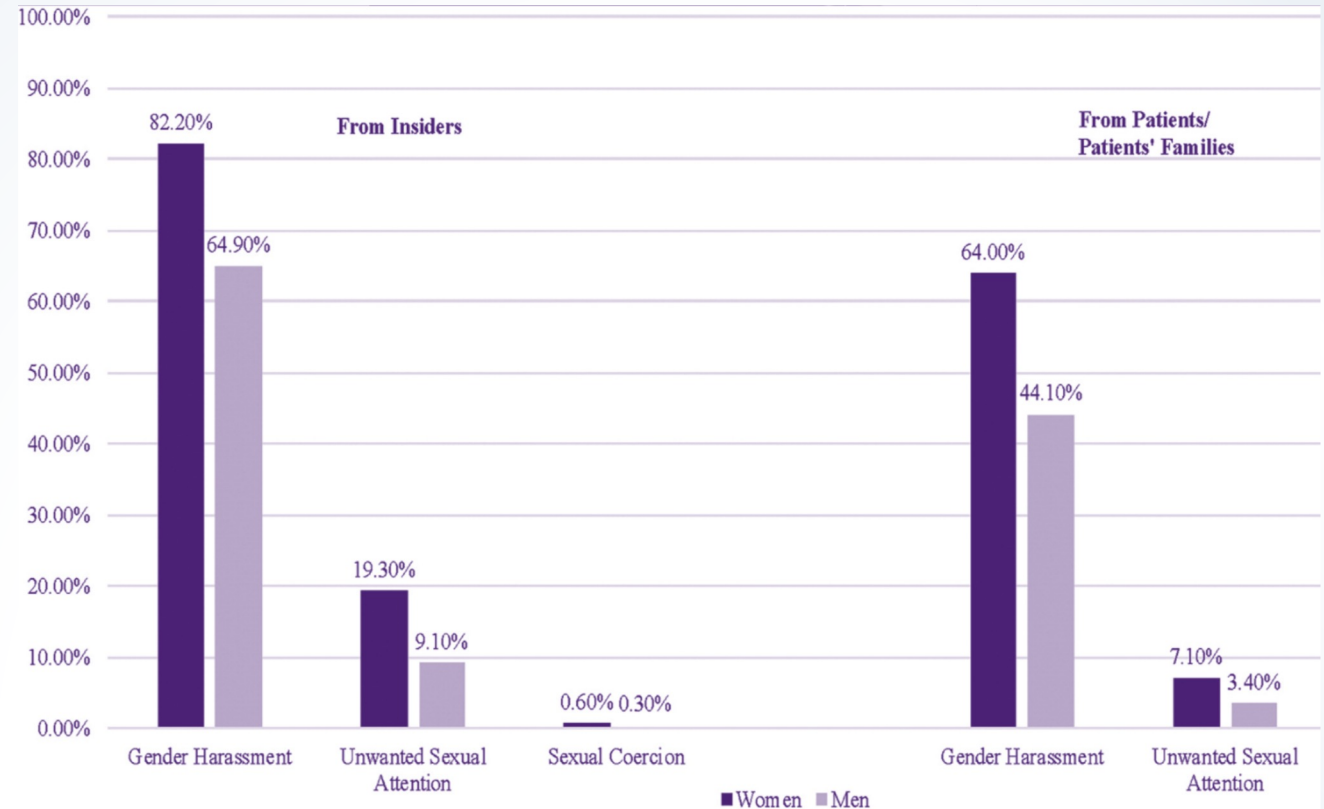


New Yorker Cartoon by Suerynn Lee



# Sexual Harassment and Assault

- >1000 new faculty report experiences:
  - Gender bias: 66% of women, 10% of men (p<0.001)
  - Sexual harassment: 30% of women, 4% of men (p<0.001)
  - 59% → less confidence in themselves as professionals
  - 47% → negatively affected career advancement
- Sexual harassment independently associated with lower mental health, job satisfaction, and sense of safety at work
- Sexual harassment strongly predict EE and DP elements of burnout



Jagsi et al, JAMA, 2016; 315(19): 2120-21  
Linos E et al, J Womens Health (Larchmt), 2022; 31(7): 932-40  
Mathews et al, Ochsner J, 2019; 19(4): 329-39  
Vargas et al, J Womens Health (Larchmt), 2020; 29(1): 13-20

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# Consequences of “Unwellness” in Medicine

# Burnout and Women in Medicine

**TABLE 3. Multivariate Models Among Practicing Physicians in 2017<sup>a</sup>**

Outcome	Predictor	OR (95% CI)	P value
Burned out <sup>b</sup>	Age ≥65 y (vs age <35 y)	0.435 (0.320-0.591)	<.001
	Female (vs male)	1.329 (1.156-1.528)	<.001
	Married (vs single)	0.719 (0.593-0.872)	<.001
	Hours worked per week (for each additional hour)	1.021 (1.017-1.026)	<.001

**Table 1 Gender differences in rates of high burnout symptoms amongst physicians in selected international studies (results reported as odds ratios with 95% confidence intervals for rates amongst women versus men)**

Study	Population	Rate of high emotional exhaustion	Rate of high depersonalization	Rate of overall burnout
McMurray <i>et al.</i> , 2000 [18]	US nonsurgical physicians	NR	NR	1.60 (95% CI NR, <i>P</i> < 0.05)
Toyry <i>et al.</i> , 2004 [110]	Physicians in Finland with children	1.74 (1.45–2.09)	0.63 (0.52–0.76)	NR
West <i>et al.</i> , 2011 [33]	US internal medicine residents	1.31 (1.20–1.42)	1.10 (1.00–1.21)	1.22 (1.12–1.33)
Shanafelt <i>et al.</i> , 2012 [105]	US surgeons	NR	NR	1.41 (1.17–1.71)
Wang <i>et al.</i> , 2014 [112]	Chinese physicians in Shanghai	NR	NR	1.09 (0.72–1.62)
Shanafelt <i>et al.</i> , 2015 [37]	US physicians	NR	NR	1.29 (1.14–1.46)

Shanafelt *et al.*, Mayo Clin Proc, 2019; 94(9): 1681-94

West *et al.*, J Intern Med, 2018; 283(6): 516-29

# Poor Work-Life Integration (WLI)

National study of practicing physicians: “My work schedule leaves me enough time for my personal/family life”

**TABLE 3. Multivariate Models Among Practicing Physicians in 2017<sup>a</sup>**

Satisfied with WLI <sup>b</sup>	Age 35-44 y (vs age <35 y)	0.630 (0.475-0.835)	.001
	Age 45-54 y (vs age <35 y)	0.648 (0.488-0.860)	.003
	Age 55-64 y (vs age <35 y)	0.643 (0.486-0.851)	.002
	Female (vs male)	0.512 (0.444-0.592)	<.001
	Hours worked per week (for each additional hour)	0.944 (0.939-0.948)	<.001

Recent study of women and men in Private Practice (PP) and Academic Practice (AP)

- Women and men in AP both less likely to report burnout than men in PP (no differences between women vs men in PP)
- Women in both AP and PP less likely to be satisfied with WLI than men/women in PP (no differences between women vs men in PP)

Shanafelt et al, Mayo Clin Proc, 2019; 94(9): 1681-94  
 Marshall et al, Acad Med, 2020, 95(9): 1435-43.

# Job Attrition and Reduced Retention

- Gender parity for medical school matriculants
- Women physicians more likely to partially/fully exit work force

**Table 2. Current Work Hours by Gender and Years Since Training**

Years Since Completing Residency Training	No./Total No. (%)		Odds Ratio (95% CI)
	Male (n = 167)	Female (n = 177)	
<b>Currently Working Full-time</b>			
1	24/27 (88.9)	23/29 (79.3)	2.09 (0.47-9.35)
2	45/47 (95.7)	35/40 (87.5)	3.21 (0.59-17.57)
3	36/36 (100)	23/26 (88.5)	10.87 (4.20-28.15)
4	23/23 (100)	21/29 (72.4)	18.85 (7.40-46.66)
5	12/12 (100)	16/22 (72.7)	9.85 (3.85-25.18)
6	21/21 (100)	19/31 (61.3)	27.56 (11.04-68.60)
<b>Currently Working Full-time but Considering Part-time</b>			
1	5/24 (21.7)	14/22 (63.6)	6.65 (1.79-24.73)
2	10/44 (22.7)	22/35 (62.9)	5.75 (2.15-15.38)
3	7/34 (20.6)	14/23 (60.9)	6.00 (1.84-19.53)
4	4/22 (18.2)	15/20 (75.0)	13.50 (3.07-59.46)
5	3/12 (25.0)	9/16 (56.3)	3.86 (0.75-19.84)
6	4/20 (20.0)	13/19 (68.4)	8.67 (2.01-37.38)

Frank et al, JAMA Netw Open, 2019; 2(8): e198340

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# Improving Wellness in Medicine



# Interventions to Improve Wellness

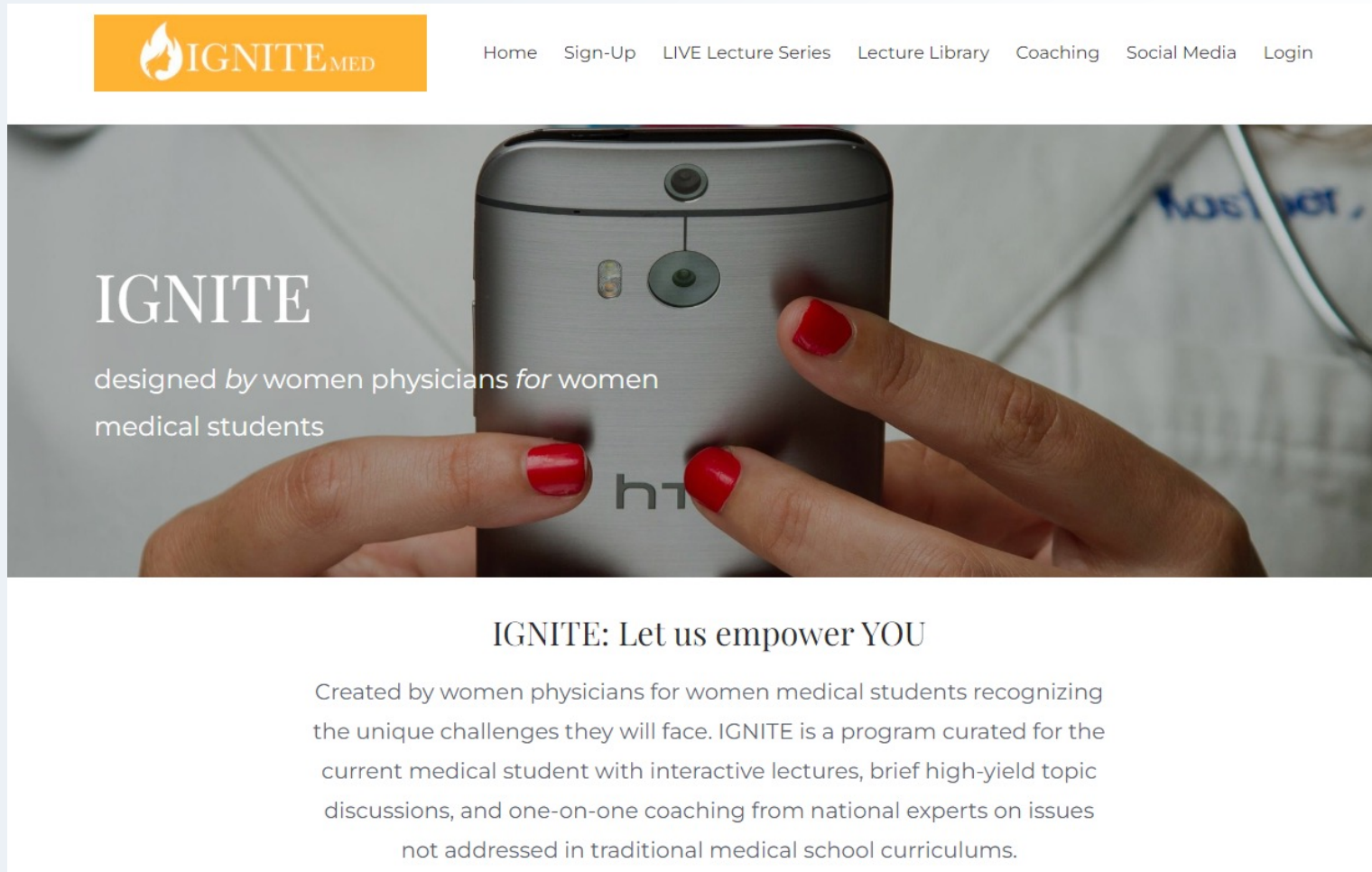
## Individual

- Early Education
- Career Development programs
- Saying “no”
- Prioritizing passions
- Sometimes...a job is a job

## Systemic

- National Initiatives
- Institutional Initiatives
- Pay Equity
- No tolerance for sexual harassment
- Innovative approaches to work-life integration
- Rethinking promotions and career advancement
- FLEXIBILITY

# Early Education



**IGNITE**  
designed *by* women physicians *for* women  
medical students

## IGNITE: Let us empower YOU

Created by women physicians for women medical students recognizing the unique challenges they will face. IGNITE is a program curated for the current medical student with interactive lectures, brief high-yield topic discussions, and one-on-one coaching from national experts on issues not addressed in traditional medical school curriculums.

# Women-Specific Career Development Programs

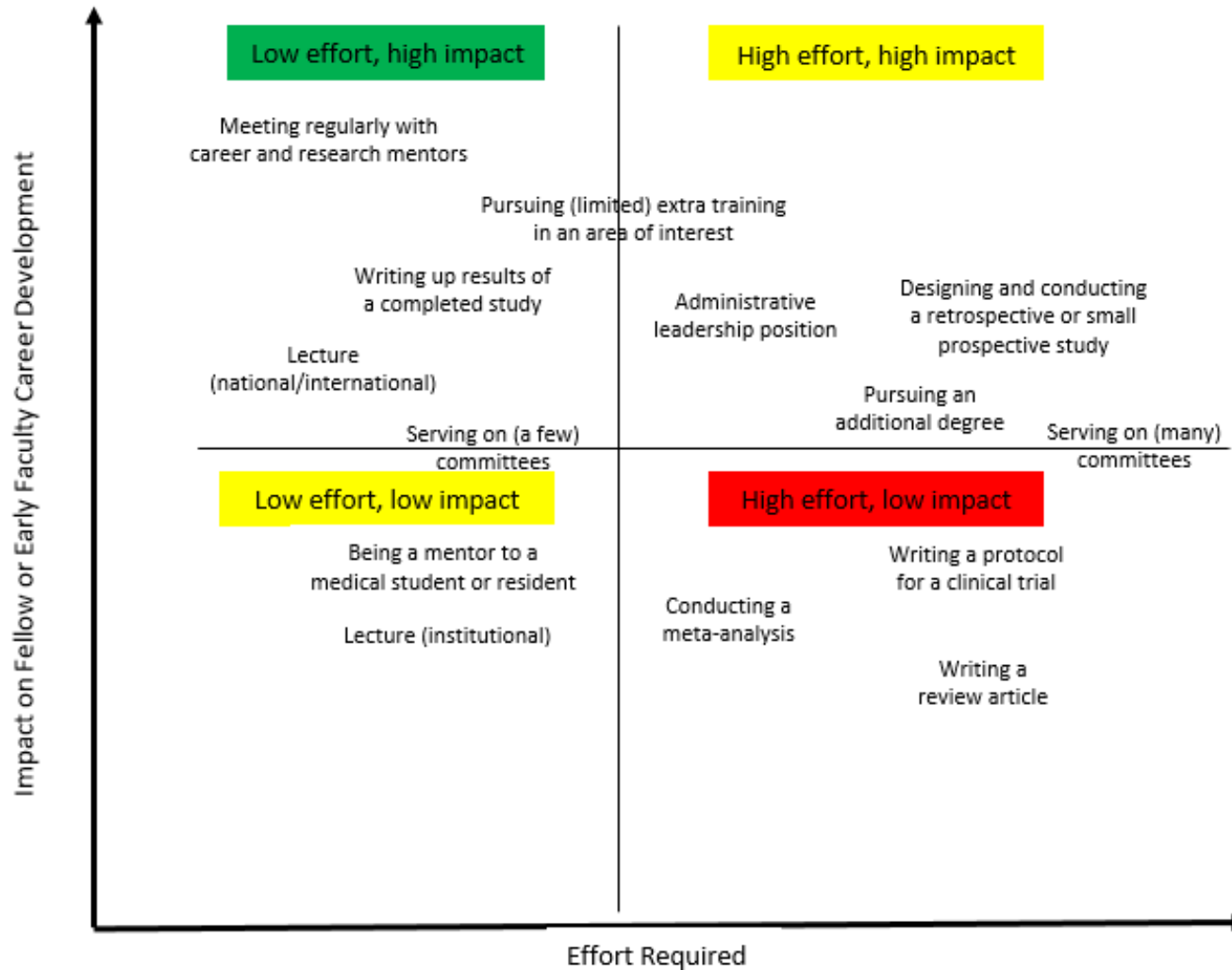
## Career Advancement and Leadership Skills for Women in Healthcare

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# Saying “No:” Build your Matrix



## Focusing on Passions

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**“You know that the antidote to exhaustion is not necessarily rest?”**

**The antidote to exhaustion is  
wholeheartedness”**

- David Whyte

## Sometimes, a job is...a job

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**“A true vocation calls us out beyond ourselves; breaks our heart in the process and then humbles, simplifies and enlightens us about the hidden, core nature of the work that enticed us in the first place.”**

- David Whyte

**“Fix the System, not the Women”**

# National Initiatives

*TIME'S UP Healthcare*



We're here to heal a broken system.

SHE-LEADS-HEALTHCARE

**#BeEthical**

A Call to Healthcare Leaders:

*Ending Gender Workforce Disparities is an Ethical Imperative*



**#HerTimeIsNow**

A Call to Healthcare Leaders:

*Now is the Time to Focus on Ending Workforce Gender Disparities*



**#NeedHerScience**



# Institutional Awareness

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- Review “what is seen and discussed”
- Training for all faculty and staff
- Create a culture where leaders feel personally responsible for change
- Create organizational accountability for change



Haggins, Acad Med, 2020; 95(10): 1507-10

Kang et al, Lancet 2019; 393: 579-86.

# Support for Work-Life Integration (WLI)

- Flexible work schedules and part-time employment
  
- Improved family and medical leave
  - Few top US medical schools offer the currently recommended 12 weeks of paid family leave
  - It's not just “maternal” leave – it's “parental” leave!
  
- Schedule all work tasks within work hours
  - When's your next Zoom meeting?

Karakash et al, Clin Obstet Gynecol 2019; 62(3): 455-65

Riano et al, JAMA 2018; 319(6): 611-14

# Support for Work-Life Integration (WLI)

- “Time-Banking” System
  - Used at Stanford University School of Medicine
  - Physicians accumulate credits for working additional shifts, committee participation, teaching, filling in for colleagues
  - Can apply credits toward offloading domestic tasks (meal delivery, house cleaning, dry cleaning) or career support (grant writing, manuscript editing, coaching, etc)
  
- Strategies to support re-entry after time off

# Rethink Promotion/Career Advancement

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- View alternative schema as an opportunity for innovation
- Capture excellence in community involvement and mentorship
- Social media as a tool for advancement
  - Available 24/7 (can accommodate schedules)
  - Specific topic areas (specialty networking, Physician Moms, etc)
  - Allows new format for education and communication about research
  - Networking → can lead to speaker invitations, mentorship/sponsorship

Cawcutt et al, J Womens Health 2019; 28(6): 849-62

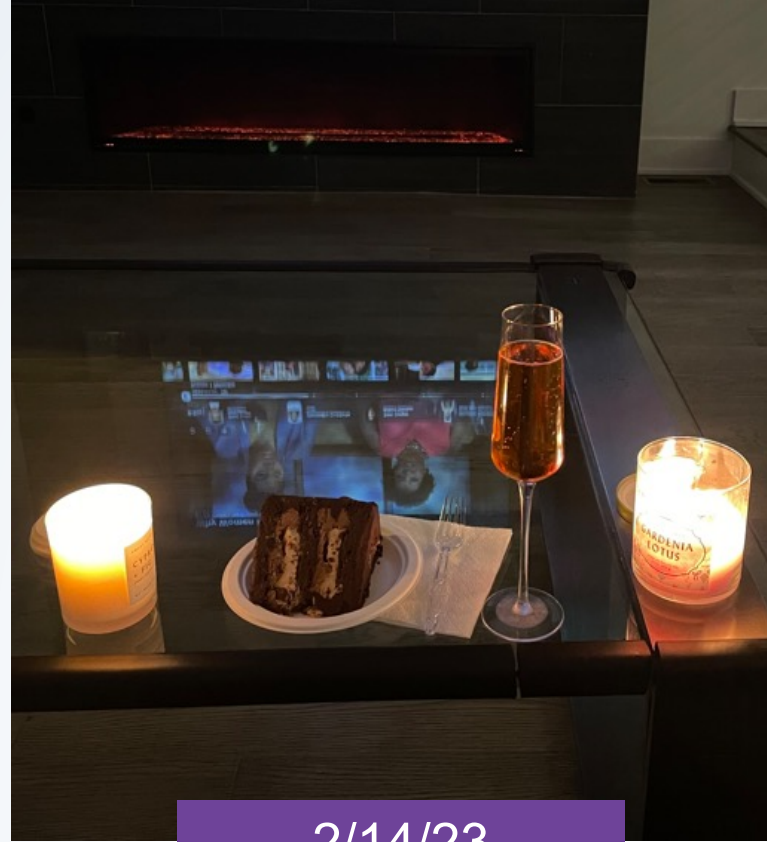
Haggins, Acad Med, 2020 [Online ahead of print]

Shillcutt et al, N Engl J Med, 2018; 378(24): 2342-45.

# Personal Wellness Journey: Follow-Up



2021



2/14/23



10/2/23

# What Didn't (Can't) I Show?

Discussion after discussion about how to balance career ambition, family

Rejection from job applications

Impostor Syndrome

Wondering about my worth on a daily basis

SECOND  
existential crisis

A lot of soul searching

# Sharing my journey with others

## A PIECE OF MY MIND

**Ariela L. Marshall, MD**  
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and Transplantation  
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Minneapolis.

## Escaping the Siren Song—Transitioning to Part-Time Work

**2015: "That will never be me."**

**2023: "That is me."**

Eight years into my career—less than a decade but what feels like a lifetime—I made the difficult decision to transition to part-time clinical practice. When I finished my hematology fellowship in 2015, I never even remotely contemplated the possibility that I would make this choice. I envisioned that my own career would follow the model that I had accepted as "the ideal" based on mentors with successful careers and pictured that my own career would similarly be spent in full-time academic practice seeing patients, teaching, speaking internationally, and writing on nights and weekends. I believed that the sacrifice of personal time and time with loved ones was a prerequisite to achieving success. In 2015, I was willing to pay that price.

As my career progressed, I came to recognize that personal economics are different for each individual and that my personal economics no longer allowed me to justify this price for an external definition of success. There are many factors that contributed to this conclusion. Foremost, after my yearslong battle with infertility, I was blessed to give birth to a healthy son (via in vitro fertilization and at the cost of many tears, dollars, and my own blood pressure, insulin tolerance, and kidney function).

all hours of the day and night, would I too be doomed to see my child only for an occasional meal in the hospital cafeteria or be questioned about why I was even at home? These may be extreme examples, but the life I would need to live to be the full-time academic physician I thought I wanted to be was no longer concordant with my overall view of having a happy and fulfilling personal life.

Lest readers think that I'm "just another woman physician who goes part-time to spend more time with her family"—although I would not be offended by that perception—there are certainly other factors that shaped my decision. I realized that although I liked the *type* of medicine I was practicing (thrombosis and hemostasis), I did not like all of the *ways* I was practicing it. I had always had an affinity for inpatient medicine. My favorite aspect of hematology was the inpatient consult service. Patients presented with fascinating and complex challenges, for which there was often "no right answer." Although complex scenarios can be a source of frustration to some trainees and colleagues, for me they were a source of ongoing intellectual challenge and an excellent way to engage in patient-centered care. For example, 2 patients may have the same condition but when faced with the same critical decision point may make vastly different choices based on

Marshall AL, [JAMA](#), 2023

# Conclusions and Take-Home Points

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- Wellness is a very personal topic
  - Your definition of it
  - Your lived experience of it
- Significant overlap with concept of “balance”
- Scale may tip different directions at different points
- No one can define wellness for you
- No one will promote or shape your wellness as well as you



Promoting and Practicing Wellness for Healthcare Providers

# Questions and Discussion