NEWS

Medicine changing as women make up more of physician workforce

■ Cite as: *CMAJ* 2018 April 3;190:E404-5. doi: 10.1503/cmaj.109-5577

Posted on cmajnews.com on Mar. 8, 2018.

Dr. Sarah Newbery moved to Marathon, Ontario to work in a new group of family doctors in 1996. The group included three women and four men. Until this group was set up, there had never been a full-time female doctor in the community. Newbery has since seen the same shift occur in surrounding communities. A decade ago, there was a "frontier mentality" culture in northern medicine — it was a man's world. Today, says Newbery, in many of the communities around her, more than half of the doctors are women.

The gender shift is especially prominent in family medicine, but it's happening in all specialties. In 2008, 28% of Canada's physicians were women. Today, that figure is 41%.

What has this change meant for patient care and for the culture of medicine? While it can be hard to tease out cause and effect, research suggests that women practise differently, and patients appear to be benefitting. Female physicians are also challenging the profession's unrealistic demands on their time.

When Newbery first arrived in Marathon, "there were people who didn't want to see us because we were women," she remembers. Female patients, however, were grateful to have a woman for discussions about sexual health issues. Today, even men sometimes tell her they prefer to see a female physician for problems related to mental and sexual health. "That has surprised me," she says. "They say it's easier to talk to a woman."

Some research suggests that female doctors spend more time with patients, which could be associated with better health outcomes.

A 2007 Quebec report documented that women spend more time with patients. Dr. Nadia Alam, a family physician and the incoming president of the Ontario Medical Association, says, "Women spend more time educating patients, and trying to build self-efficacy in their patients."

That time differential could explain the outcome differences observed in care provided by female and male doctors. "There's a small, but growing, body of evidence that women may be providing care that leads to better patient outcomes — that's been looked at in inpatient care, surgical care and primary care," says Dr. Danielle Martin, vice president of medical affairs and health system solutions at Women's College Hospital in Toronto.

Care by female physicians has been associated with lower readmission and mortality rates after hospital stays, lower post-surgery mortality rates and more patient-centred communication.

The studies are few, the differences have been somewhat small, and the conclusions haven't yet been reproduced. But Martin thinks the ways in which female physicians practise differently from men should be studied more. "If it was another attribute, like geographical location, that was leading to different outcomes, we would be trying to understand why," she says.

The biggest changes in patient care will be seen when there's gender equality in

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leadership, says Dr. Sarita Verma, vice president of education at the Association of Faculties of Medicine of Canada. She thinks that women are more likely to be "disruptors" as leaders, and that disruption is precisely what the profession needs.

"We've been hearing the same things for the last two decades — that we need to do better on geriatrics and mental health and marginalized populations, and that basic science and bench research funding is at risk," she says. "These themes need out-of-the-box, collaborative thinking," she says, adding that she thinks women in leadership are more likely to bring "bold ideas" to the table because they're bringing perspectives that haven't been represented historically.

Although women aren't yet entering top leadership positions near to the extent of men, they are leading the charge on finding more flexible ways of working. "There are huge challenges for women, especially in the sandwich generation, taking care of kids and aging parents," says Newbery. "Women are finding ways to address that because it is a daily struggle."

In Newbery's practice, for instance, seven family doctors split a government funding package designed for six physicians, to give them more time for their families. "I think women have opened some space to have a more realistic conversation about work–life balance," she says.

That conversation will benefit both women and men, says Dr. Susan Phillips, professor in Family Medicine and Public Health Sciences at Queen's University. She noticed that in this year's family medicine residency applications, male candidates frequently mentioned work–life balance in their letters, while it wasn't mentioned by female candidates. "Women worry they will be seen as putting medicine second, whereas if men talk about work–life balance, they're seen as sensitive, thoughtful men," she says.

Martin thinks that as more women enter leadership positions, more organizations will accommodate caregiving needs, and benefits and parental leaves will become more important in bargaining negotiations. At Women's College Hospital, where the majority of leaders are women, it's common for frontline medical staff, as well as medical chiefs, to take parental leaves of several months. Also, meetings are frequently rearranged to accommodate caregiving needs.

"I don't want to suggest that these are people who are punching the clock. They are extraordinary, productive, accomplished people," says Martin. "The reality is that women continue to do the majority of caregiving work, and organizations can no longer be hostile to that work."

Part one of a series on women in medicine

Wendy Glauser, Toronto, Ont.