

SHARE:



[Join Our Email List](#)



August 23, 2021



HOMERuN COVID-19 Collaborative: Impact of COVID-19 on Women Providers

The Hospital Medicine Reengineering Network (HOMERuN) is a national network of Hospital Medicine investigators at 12 academic medical centers (AMCs) and 50 affiliated sites. During the COVID-19 pandemic, HOMERuN leadership formed the “COVID-19 Collaborative” as a mechanism to share information and practices regarding pandemic responses across participating institutions.



Organizers and Facilitators: Johanna Busch, Read Pierce, Marisha Burden, Gopi Astik, Shradha Kulkarni, Anne Linker, Kirsten Kangelaris, Luci Leykum, Kirsten Nieto, Andrew Auerbach

Background: Women traditionally have faced unique challenges in academic medicine, such as gender bias, a persistent pay gap, a disproportionate burden of caregiving and domestic duties, and limited representation at levels of leadership. Initial data suggest that the COVID-19 pandemic has exacerbated these challenges and inequities. Here we summarize some of the major themes that emerged from our focus groups in response to the questions below.

In what ways did the pandemic impact women physicians uniquely?

- **Childcare/eldercare/domestic duties:** Participants noted that women often shoulder a disproportionate burden of childcare and eldercare, and the pandemic highlighted and exacerbated this.

- Support systems: Female physicians with less robust support systems were most impacted. These support systems are highly variable and often are not discussed or known in the workplace. For example, trainees with children were noted to have been significantly impacted given they typically had fewer financial and familial resources at their disposal than attendings. Female physicians without children also may have had less support due to social distancing.
- Career advancement/research: Concern was raised that women may have been further stymied in their career advancement.
- Participants noted that women physicians often seem to be involved in more clinical/administrative projects, and less involved in more highly visible and traditionally publishable research projects.
- Observations were made that research conducted by women notably declined during the pandemic, as noted by decreased number of publications as well as anecdotal experiences.
- Participants noted that women typically already have smaller networking circles. The pandemic may have decreased the ability to network in a meaningful way, although it was also posited that Zoom made it easier to cast a wider net and increase accessibility to more events.

Our next meeting will be on October 8, 2021.

What issues need to be addressed to better support women in medicine in the future?

- There was a discussion about what role institutions should play vs. society as a whole in providing services that would help decrease some of the challenges that female physicians face.
- Institutional buy-in to increase resources for caregiving to help even out inequities.
- Explore back-up/emergency childcare/eldercare or onsite childcare.
- Encourage friendlier and more equitable parental leave policies (provide both maternity and paternity leave). Consider an external workforce to provide coverage during leave to help remove the inherent tension of leave or otherwise decrease the culture of chaos/stigma around leave.
- Provide educational modules to address issues such as implicit gender bias.
- Implement women's leadership initiatives and mentorship programs: these have been applied in some institutions pre-pandemic, but may need to be reframed and reinvigorated post-pandemic.
- Consider an option to pause the clock for academic appointments without penalty. Make this more readily universally accessible, not just for women, but for example, if a family member is sick.
- Find ways to value clinical work rather than just research or academics. Revamp description of success/criteria for hospital medicine leadership or promotion with more of a balance toward clinical contributions.
- Provide transparency about salaries and protected research time to dispel inequities that may fall along gender lines.
- Schedule predictability, but also schedule flexibility.

Key Takeaways

1. The pandemic exacerbated existing inequities that women physicians face and also resulted in new challenges for female physicians.
2. Proactive interventions are needed to prevent the gender gap from widening further.
3. Women were likely specifically affected in areas of career advancement and research endeavors; this needs to be considered and incorporated into frameworks of academic promotion.
4. The disproportionate burden on women as caregivers can be ameliorated by providing equitable leave and providing benefits such as back-up childcare/eldercare.

5. Encourage institutional transparency regarding salary and protected research time in order to promote equity.

Check out the [HOMERuN COVID-19 Knowledge Base](#) for more details.
If you would like to join the HOMERuN Collaborative calls, please reach out to Tiffany.Lee@ucsf.edu.