



THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News

Project aims to support female physicians in wellness, equity, leadership

by Trisha Koriath, Staff Writer

If you are a female pediatrician, you are part of a diverse and growing workforce that makes up more than half of the profession. But the unequal representation of women in leadership may affect children's health, according to a trio of female pediatricians selected to represent the AAP in a new multiorganizational collaborative.

The AAP and five other major health care organizations are working together on the Women's Wellness through Equity and Leadership project to support the next wave of female physician leaders. Their goals are to nurture a cohort of early- to mid-career female physicians in wellness, leadership and equity initiatives; develop principles for equitable and productive work environments; and develop a sustainable cross-society data collection plan.

The project supports the Health and Wellness plank of the AAP Strategic Priorities.

The AAP received grant funding for the project from the Physicians Foundation. Other participating organizations include the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Psychiatric Association and the American Hospital Association.

Each organization selected three female physicians for the cohort. The 18 women are working through an 18-month curriculum to cultivate their leadership skills. They will receive mentoring through in-person and virtual meetings.

AAP representatives are Kajal Khanna, M.D., J.D., FAAP, of Palo Alto, Calif.; Bridgette Jones, M.D., FAAP, of Kansas City, Mo.; and Sarah M. Webber, M.D., FAAP, of Madison, Wis.

In selecting the three women, the AAP adopted a broad definition of diversity, which included personal characteristics (e.g., age, cultural and ethnic diversity, parenting status, military status) and workplace characteristics (e.g., primary care/subspecialist, practitioner/academic, work in urban/rural settings).

"This is a dynamic, passionate, exciting group of women," said Fan Tait, M.D., FAAP, AAP chief medical officer. "We are bringing leaders together to further their capabilities in the arenas of wellness, equity and leadership and to inform us about the needs in those areas for the rest of our membership."

Female physicians face salary inequities, work-life imbalance and discrimination, prompting the six major medical associations to seek change in the culture of medicine for women.

For Dr. Jones, career inequality gradually has become apparent over the past five years. After realizing that her hospital did not have initiatives to increase racial and gender diversity among faculty, she started a committee to address the void. She has learned that the culture can change only when the highest level of leadership becomes more diverse.

"When you think about women leaders being in environments or having the ability to affect environments for corporate America that are friendly to mothers, that allow adequate maternal leave ... and to breastfeeding, those have direct relationships to child health," she said.

Hearing other cohort members' stories, Dr. Jones noticed that female physicians from all types of career settings struggled with equity and wellness despite their success.

"For many of us, it appears on the surface we're doing really well. But we're still struggling day-to-day with barriers that frankly men and those who are not of an under-represented racial/ethnic group aren't having to deal



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with," she said.

According to an AAP Pediatrician Life and Career Experience Study, female pediatricians are more likely than male pediatricians to report struggles with work-life balance and less likely to report career satisfaction (<http://bit.ly/AAPplaces2016>). Another survey found that more women physicians (48%) report burnout than men (38%) across all medical fields.

Career burnout among women stretches beyond the medical field, which Dr. Webber said is exacerbated by their perceived societal role as caregivers. Through personal experience with burnout, Dr. Webber realized she was not alone, but nobody was talking about it.

"In realizing how pervasive an issue this is and how real the experience is for many women, I felt motivated to use my voice to share my own experience and try to make a difference," she said.

As the cohort moves through the curriculum, working with mentors and one another, the organizations will gather and share data to inform change and develop programs and tools for the broader medical community.

Dr. Khanna hopes the positive mentoring environment will assist cohort members as they build a better future for female leaders.

"Women who advance don't often reach down and bring those below them ahead and tend to be more antagonistic than supportive," she said. "With this group we have the chance to change the face of women who are advancing leadership ideas and advancing equity and wellness."