

A Call for Action. A Call for Solidarity: The Impact of COVID 19 on Female Anesthesiologists

To Whom It May Concern:

This is an open letter written on behalf of female Physician Anesthesiologists advocating for the assessment of and proactive intervention in response to the ongoing and anticipated personal and professional challenges that have emerged as a result of the COVID-19 pandemic. It has been vetted and endorsed by multiple committee chairs of the American Society of Anesthesiologists (ASA), including the Committee on Critical Care, the Committee on Neuroanesthesia, the Committee on Physician Well-being, the Committee on Professional Diversity, the Committee on Women in Anesthesia, and the Committee on Young Physicians.

First, we wish to acknowledge the tremendous burden COVID-19 has created for health care workers across all specialties and profession lines. These challenges are certainly not unique to anesthesiologists, nor to physicians in general, and they are not limited to women. We recognize that many men working in our field function as primary caregivers at home and are impacted in the same ways we describe below. Nevertheless, a strong evidence base continues to demonstrate a gendered division of domestic work, and indicates that, in most families with male-female partnerships, including the families of female physicians, the burden of childcare responsibilities still falls disproportionately on the female partner.^{1,2,3}

Further, approximately 30% of American families are single parent families, with 80% of these led by women. An analysis of the Household Pulse Survey conducted by the Center for American Progress reveals that during the COVID-19 pandemic, Millennial mothers have been three times more likely to be unable to work due to childcare-related concerns than Millennial fathers.⁴ It is this dynamic, combined with the myriad stressors created by an evolving global pandemic, that create a perfect storm with the potential to dramatically and negatively impact the career paths of many female physicians for decades to come.

In recent years, medicine in general, and anesthesiology specifically, has seen a significant increase in the clinical and scientific contributions from female physicians. These advances have been hard-fought and are of tremendous benefit to our

field and our patients. Numerous studies demonstrate the advantages of a diverse workforce, and specifically, an emerging body of evidence identifies concrete benefits that women physicians create for their patients and colleagues.^{5,6,7} Although traditional domestic gender roles have shifted during this time, the achievements of female physicians have largely been accomplished while multitasking in their roles as spouses, mothers, daughters, and household managers.

Female anesthesiologists often carry many responsibilities in addition to their professional commitments, including arranging childcare and caring for aging family members. During the COVID-19 era, this has very frequently meant balancing dwindling childcare and schooling options with increasing financial and psychological burdens, both at home and at work. At the same time, professional responsibilities have also changed, with many anesthesiologists seeing a decrease in protected academic time to compensate for increasing clinical demand. Many physicians have been asked to work in new clinical settings, potentially with increased exposure to COVID-19. Many have experienced cuts in compensation, and some have been involuntarily furloughed. Female anesthesiologists are not infrequently the primary wage earners in their families, especially if a significant other has incurred a job loss during the pandemic, and this only compounds the stress. Indeed, in the labor force as a whole, women are the primary breadwinners in 41% of families and contribute greater than 25% of their family's combined income in an additional 23%.⁸

Mothers of young children have experienced the most significant reduction in labor force participation of any group during the COVID-19 pandemic.⁹ So much so, that some have begun to refer to the economic recession associated with the pandemic as a “shecession.”¹⁰ The UN Secretary-General Antonio Guterres recently acknowledged that we are seeing “devastating social and economic consequences for women and girls” as a result of the COVID-19 pandemic, and female physicians are no different from their non-medical counterparts.¹¹

“We believe the COVID-19 pandemic is an opportunity to rethink the way we support women, and working parents in general, in anesthesiology and its subspecialties, and to create a more sustainable model for personal and professional balance among our workforce.”

Over the last several months, women in medicine have often experienced tremendous strain as their professional and personal responsibilities become less compatible and their usual support systems collapse. This has forced many to scale back their professional pursuits while they prioritize the needs of their families, much as women in non-medical fields are doing. A recent article in *Scientific American* highlights the expected result: during the COVID-19 pandemic, both the academic and clinical productivity of female physicians has been negatively impacted.^{12,13} There is reason to believe these developments may have long-lasting ramifications.^{14,15} We are also seeing other ripple effects of this pandemic among the medical workforce. Dramatic increases in burnout are reported by frontline workers in several recent surveys.¹⁶ Sick leave, resignations, unpaid leaves of absence, reduced work hours, and early retirements have all become more commonplace. The psychological and physical toll of the COVID-19 pandemic on family units is profound, and the ability of women to fulfill their clinical, administrative, educational, and research duties is undoubtedly compromised as a result.

We believe the COVID-19 pandemic is an opportunity to rethink the way we support women, and working parents in general, in anesthesiology and its subspecialties, and to create a more sustainable model for personal and professional balance among our workforce.

To do so, we must ask ourselves:

- What are the key elements required to ensure the retention and continued advancement of female anesthesiologists both in academia and in private practice?
- What measures can leadership take to continue to promote balance and diversity in our workforce?
- How can we best set an example for future physicians of all gender orientations, ages, and racial and ethnic backgrounds?

We believe there is an urgent need for unified strategies to prevent female anesthesiologists from losing ground in our specialty. Awareness and buy-in from ASA leadership, academic, institutional, employer-based, and private practice leadership, as well as a unified approach for support, will be needed in the coming weeks and months. Some specific ideas and principles for addressing these issues include, but are not limited to:

- Creative and adaptive childcare and schooling options, including consideration of on-site emergency childcare whenever possible
- Short-term scheduling flexibility, potentially including alternative schedules for working parents with children attending school from home (e.g., evening or weekend shifts) and/or job-sharing options
- Long-term job security, with thoughtful allowances for necessary leave without penalty or impact on academic, leadership, and/or partnership promotion

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- Consideration for adjusted benefits to better enable working parents to cope with new challenges at home
- Training for managers to better support team members dealing with rapidly evolving workplace and personal challenges
- Support for workplace re-entry programs after necessary periods of absence
- A collaborative approach at creating peer support networks and resource sharing within and between institutions

We call on ASA leadership to prioritize these issues by creating recommendations for employers, hospitals, academic and other institutions, and to provide a support system for physicians struggling with these challenges.

We invite all readers who share our passion for this issue to sign our petition on Change.Org (<http://chnng.it/swdk4ht-FG6>).

Thank you for your consideration.

Sincerely,

Ad-hoc group of concerned ASA Members and Committee Chairs

Stephanie Byerly, MD
 Kristina Goff, MD
 Linda B. Hertzberg, MD, FASA
 Ebony J. Hilton, MD
 Elizabeth Malinzak, MD, FASA
 Dorothea Rosenberger, MD, PhD
 Steven L. Shafer, MD
 Shahla Siddiqui, MBBA, DABA, MSc, FCCM
 Amy E. Vinson, MD
 George W. Williams, MD, FCCM, FCCP, FASA
 Crystal Wright, MD, FASA

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