

Why can't a man be more like a woman?

John J. Frey, III, MD
Medical Editor, Wisconsin Medical Journal

When I graduated from medical school in 1970, I had 9 women classmates out of 145. However, for over a decade, women have been the majority of medical students in the United States, joining many other countries where women have been the majority of doctors. Two-thirds of all medical students in the United Kingdom are women.¹

When one examines physician work life, the most profound effect on everything from workforce choice and distribution to the shape of curriculum, academic career pathways, and research has been affected by this shift in demographics. However, much of the discussion of the role of women in medicine has come about because of the inequalities that have appeared in situations like leadership of academic institutions or income disparities between men and women rather than examining the different way that women are approaching careers, the practice of medicine, and professional life in general. When women's experiences and view of the profession become the majority view, as they are now, all those in practice, education, and research must pay close attention.²

A decade of research on physician work life by Linzer and his colleagues, originating in the Career Satisfaction Study Group from the Society of General Internal Medicine has shined a light on many aspects of work life for generalists in the US health system. What they have found

does not portend well for the future of primary care in this country but requires significant changes in the career structure for not only generalists, but also for all physicians. Generalists, particularly those who work in situations with high levels of patient complexity, more chronic disease as a percentage of their workload, and low levels of autonomy, are more prone to career burnout.³ A subanalysis showed women generalists to be even more prone to job dissatisfaction than their men colleagues.⁴ While a male/female difference in burnout persisted in a comparative study with generalists in the Netherlands, the culture, health system, and working conditions in the Netherlands minimized these differences compared to the system in the United States. Ironically, pediatric generalists have a higher level of satisfaction, compared to their sub-specialty colleagues, which might lead one to believe that seeing generally healthy children is a morale booster.⁵

While physician dissatisfaction may not be foremost on the minds of the public who see physicians as among the highest paid professionals in our society, dissatisfaction in generalists often leads to discouragement, which may lead to leaving the profession or choosing a more limited specialty.⁶ But other studies suggest that while dissatisfaction may be increasing in physicians in general it is not a major predictor of early departure from the profession.⁷ One could question if a profession com-

posed of members who feel trapped is a risk for the public, but overall, a less inspired profession is one that risks its important role in leading change, whether in science or clinical work.

This issue of the *Journal* contains 3 articles that look at the future, with a particular eye toward women in the profession. Workforce distribution has been a chronic and vexing issue for this country for as far back as one chooses to look. In the late 1960s, Family Medicine was developed as a specialty in part to find ways of addressing the attrition of doctors from generalist practice but also as an attempt to repopulate the increasingly physician-short rural communities in this country. Almost 40 years later, repopulation continues to be a challenge. Kimball and Crouse (Perspectives of female physicians practicing in rural Wisconsin. *WMJ*. 2007;106(5):256) interviewed women in rural practice and found reasons to be concerned as well as cause for optimism. Women physicians have historically chosen rural practice at a significantly lower rate than have men, but the women who are in rural practice, in this sample at least, find the pleasures of connecting with community and the positive experiences of their families and children to be a counterbalance to the time demands and worry about specialty availability that they feel.

Schrager, Kolan and Dotl (Is that your pager or mine: a survey of women academic family physicians in dual physician families. *WMJ*.

2007;106(5):251) highlight some of the aspects of dual physician marriages that add a layer of complexity to the professional lives of both women and men. A majority of women physicians are members of dual career families. While their sample is from academic physicians from a single specialty, Schragger and her colleagues outline some of the issues that must be considered as the academic world adjusts to the career patterns and personal needs of women faculty members.

Finally, Serrano's (Women residents, women physicians and medicine's future. *WMJ*. 2007;106(5):260) thoughtful participant observer view from medical education covers a variety of changes that must be considered if physician preparation is to reflect the rapidly changing demographic landscape of medicine. The era of faculty and older physicians singing "Why Can't a Woman be More like a Man?" as a method of training should be rapidly coming to a close. Whether we are in that era of educational change is open to question. If medical school and residency training were to be designed from scratch today, would the content, process, and structure of education look like it does now? Not likely.

While education has to change, the final test is how medical practice changes. Wisconsin is unusual for its history of large medical groups dominating the practice landscape. The organization of how we practice here is substantially different from almost any other state. A recent RAND study discusses group and individual level satisfaction in large groups, both single specialty and multispecialty.⁸ The authors found that organizational culture dramatically affects physician satisfaction with significant male/female and age-related differences. If we are preparing for the future of medical practice where women will be the majority of physicians, then, according to Zazzali and colleagues, we should be structuring groups to be non-hi-

erarchical, participative, and flexible. That would seem like a good idea for men as well.

References

1. The Chief Medical Officer's Annual Report 2006 On the State of Public Health in the U.K, Available at: www.dh.gov.uk/cmo. Accessed July 31, 2007.
2. Candib L. Ways of knowing in family medicine: contributions from a feminist perspective. *Fam Med*. 1988;20(2):133-136.
3. Linzer M, Konrad TR, Douglass J, et al. Managed care, time pressure, and physician job satisfaction: results from the physician work life study. *J Gen Intern Med*. 2000;15(7):441-450.
4. Frank E, McMurray JE, Linzer M, et al. Career satisfaction of US women physicians: results from the Women Physicians' Health Study. Society of General Internal Medicine Career Satisfaction Study Group. *Arch Intern Med*. 1999;159(13):1333-1338.
5. Shugerman R, Linzer M, Nelson K, et al. Pediatric generalists and subspecialists: determinants of career satisfaction. *Pediatrics*. 2001;108(3):E40.
6. Pathman DE, Konrad TR, Williams ES, et al. Physician job satisfaction, dissatisfaction, and turnover. *J Fam Pract*. 2002;51(7):593.
7. Rittenhouse DR, Mertz E, Keane D, et al. No exit: an evaluation of measures of physician attrition. *Health Serv Res*. 2004;39(5):1251-1255.
8. Zazzali JL, Alexander JA, Shortell SM, Burns LR. Organizational culture and physician satisfaction with dimensions of group practice. *Health Serv Res*. 2007;42(3 Pt 1):1150-1176.

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