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The "Third Shift": A Path Forward to Recognizing and Funding Gender Equity Efforts

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We sat around the table in a circle, shifting nervously. "So, who wants to volunteer to chair the subcommittee?" Silence. Each woman's inner monologue vacillated between wanting to contribute to meaningful work and remembering her already limited bandwidth to take on new projects.

The assembled women physicians represented a diverse group, each with several important roles and identities. Physician. Researcher. Mother. Wife. Friend. Daughter. Educator. And, on top of it all, advocates for gender equity. Defender from microaggressions. Writer of opinion pieces. Organizer of the office social. Keeper of the birthday calendar. Mentor to medical students.

Unfortunately, promotions and career advancement continue to be determined by clinical revenue and grants. The value of mentorship volunteering, and advocacy work do not equate to monetary value, and are overlooked when career advancement and promotions are being considered. This issue is particularly salient given the known gender disparities in leadership roles in academic medicine, with women being nearly equally represented in medical school and training, but not at the highest levels, such as dean and full professor, as reported recently by the Association of American Medical Colleges.[1] But women physicians continue to invest significant time equity on "passion projects" determined to make an impact and fix the systemic gender inequities that are pervasive in the health care system. These projects take on a significant amount of time and are primarily completed by women. The justification many women give when sacrificing personal time, time with family, and self-care is that this is a passion, a mission, a calling. There also exists the feelings of obligation that if health care wants to fix the system and not the women in it, women must lead, another way in which it is the obligation of women to take care of the community we serve. These sacrifices manifest in many forms, the most frustrating of which is watching male colleagues continue to advance, unencumbered by these invisible burdens. National women physician leaders who dedicate a significant portion of their time and effort into gender equity work consistently share that their work is not funded, and is often completed in the evenings at home and on weekends as the work is also not allocated any protected time.

Years ago, corporations and academic health centers realized the existence of a major diversity problem. To combat bad publicity and begin to address this issue, these organizations hired chief diversity officers. These positions are now widespread and very well accepted around America.[2] Still, the idea of the "minority tax"[3] or more recently, posited as the "majority subsidy,"[4] has been invoked to describe the burden on diversity, equity, and inclusion (DEI) initiatives that often fall largely on the shoulders of faculty and trainees that come from under-represented backgrounds in medicine.

Despite research that describes improved patient outcomes when the treating physician is a woman,[5] and increased time spent on patient notes and responding to patient messages by women physicians, especially on nights and weekends,[6] women's work is not valued equitably to their male counterparts, and the salary gap between women and men physicians persists in every specialty.[7] In addition to the mental load[8] already carried by women, and the second shift[9] of childcare responsibilities already worked by women, diversity and equity work is a required "third shift" for women physicians, and it is magnified even more so for women physicians with intersectionality such as women of color and women who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ).

Many potential solutions exist to close the gender gap in health care and fix the system. A chief gender officer could be an innovative way to start. Pay transparency is essential and necessary, as men and women's work should be valued equitably. DEI and gender equity work should be a part of medical education and training, and an essential component of the careers of everyone in health care, not only women or people of color. The burden to solve this problem should not fall only on those who are affected by these inequities.

Women leaders across academic medicine issue a call for the creation of paid positions to advocate for and implement gender equity initiatives in medical centers throughout the country. These efforts will improve satisfaction and retention of women faculty and show women that this type of

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work should not be only relegated to nights and weekends, but is intrinsically valuable and critical to the missions of our hospitals.

We hope that this call will spur innovation from across the country and creation of creative initiatives to improve gender equity among women physicians. Together we shall rise.

Authors' Contributions

All authors contributed to this article. Specifically, contributions are as follows: article conception and writing by L.S. and B.P.K.; writing by S.J.

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