

EDUCATION

Two for the price of one: The benefits of job sharing to increase women representation in surgical specialties

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Abstract

Background: Women represent over 50% of medical school classes in Canada, yet only 36.8% of surgical residency applicants identified as female from 1995-2019. One potential explanation for this discrepancy is the lack of work-life balance. Job sharing is an alternative work schedule in which two employees share the responsibilities of one full-time job. Although job sharing is not common in medicine, it may provide a solution to this issue. This paper proposes the implementation of job sharing to increase women representation in surgical specialties and discusses the benefits it would provide to patients, physicians, and the healthcare system.

Methods: The authors developed a pitch for job sharing in medicine after conducting a review of the literature as part of their participation in the Cutting Edge Womxn in Surgery Hackathon at Dalhousie University.

Results: Job sharing has been successfully implemented in other industries and could have numerous benefits in medicine, such as preventing burnout and increasing women representation in surgical specialties. Physicians who practice job sharing report feeling supported while having improved work-life balance.

Conclusion: Job sharing is a promising solution to increase women representation in surgical specialties and prevent burnout among physicians. The implementation of job sharing would benefit patients, physicians, and administration. By targeting excessive workload and promoting work-life balance, physicians can feel more satisfied in their roles and provide higher quality care to their patients. Job sharing warrants further exploration as a potential solution to the underrepresentation of women in surgical specialties and the burnout epidemic in the medical profession.

The Gap in Our System

Today, women account for more than 50% of Canadian medical school classes; yet, not all medical specialties are seeing this increase in female representation. When looking at Canadian medical graduate R-1 entry match applicants from 1995-2019, Lorello and colleagues found that as little as 36.8% of surgical specialty applicants identified as female¹. While this number has increased in recent years, the majority of surgical subspecialties continue to see less than 50% of their applicants identifying as female¹. There are many hypotheses to explain this discrepancy, including female-identifying students being discouraged by the lack of work-life balance in surgical specialties².

As a potential solution to this issue, we propose the implementation of job sharing to increase the representation of women in surgical specialties. Job sharing is a term used to describe an “alternative work schedule in which two employees voluntarily share the responsibilities of one full time job”³. However, more innovative arrangements exist, such as a family practice in Ontario, where seven physicians share a funding package initially designed for six full time positions⁴. Despite its uncommon use in medicine, job sharing has been successfully used in other industries such as retail, finance, government, and education⁵. In this paper we will dis-

cuss how this unique arrangement would benefit patients, physicians, and administration alike.

Preventing Burnout in Surgery

Burnout, a work-related syndrome involving emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment, is all too common amongst physicians today^{6,7}. The profession of medicine is built in such a way that it can be difficult for physicians to avoid burnout, albeit engaging in self-care and wellness. The long hours and constant demand for compassion and empathy, while inherent to the nature of this profession, can leave physicians feeling defeated. These overwhelming negative emotions make it easy for physicians to forget what drew them to this career. When caring for others is at the cost of their own happiness, the once rewarding aspects of healthcare can become what physicians resent most. Moreover, given the compassionate nature of physicians and the emotional demands of their profession, they often carry the emotional burdens of their work back home with them. When faced with these feelings on a constant basis, it should come as no surprise that burnout has been linked to higher rates of depression, alcohol and drug dependence, divorce, and suicide in physicians^{6,7}.

Not only does burnout take a toll on physicians' health and wellbeing, but when physicians are emotionally and physically exhausted, it compromises patient care and the healthcare system as a whole. Physicians have reported feeling less productive and underappreciated for their efforts⁷. This explains why physician burnout has been linked to lower quality care, higher rates of medical errors, longer recovery times, and poor patient satisfaction⁶. It is no secret that access to healthcare is a growing problem in Nova Scotia with incredibly long wait times for most services and 14.3% of Nova Scotians currently seeking a primary care provider⁸. Physician burnout may be a modifiable factor in addressing this public health crisis. From a systems perspective, burnout can reduce physician productivity while increasing physician turnover⁶. Additionally, from a financial standpoint, burnout is costly on the healthcare system. It has been shown to increase the rate of referrals and resource utilization. US data measure the cost of burnout-related turnover to exceed 5,000-10,000USD per physician per year⁶.

There are certainly aspects of medicine that strongly contribute to burnout yet are difficult to modify, such as the inherent need for compassion and empathy previously mentioned. However, by targeting this issue from a different angle, we can mitigate the emotional exhaustion associated with these integral aspects of healthcare. We believe this change starts with targeting the excessive workload that inevitably contributes to the burnout epidemic. The long hours and frequent call shifts are a common complaint amongst surgeons. One study assessing the causes of burnout in 7905 surgeons in America identified long work hours to be a large contributor⁷. The number of hours worked showed a strong relationship with the prevalence of burnout amongst those surgeons such that there was a 30%, 44%, and 50% prevalence for those working 60, 60-80, and 80+ hours per week, respectively⁷. Interestingly, these rates were highest when their spouse was also a surgeon⁷. These numbers clearly outline an opportunity for change. This is where the concept of job sharing will play a pivotal role.

Despite being foreign to the field of medicine, and increasingly less common in surgical specialties, job sharing is not a new concept⁵. Allowing two physicians to share the role, responsibilities, and salary of one position has countless benefits for the physicians, the system, and the patients. Having a second physician involved in a medical practice provides the many advantages of collaborative leadership. While job sharing certainly allows for "collective intelligence"³, it also serves to mitigate the many aspects of medicine which contribute to physician burnout. Physicians practicing job sharing have reported their experience as keeping

them feeling "fresh and creative" in their roles³. Additionally, it allows them to truly immerse themselves in their personal lives, while knowing their patients are in safe hands while being cared for by their job sharing partner(s). From the perspective of emotional support, physicians practicing job sharing express feeling supported by seeking mentorship in each other, which improves morale and overall wellbeing³. Apart from the support this endeavor requires from an administrative standpoint, the key to job sharing amongst physicians seems to lie within the trust, communication, and shared beliefs between partners. Physicians express the importance of meeting regularly and communicating important updates, despite one partner being off work. Additionally, trust in your job sharing partner is vital to feel secure in how your partner cares for your shared patients and represents you on your behalf³. Further benefits of job sharing include having an "automatic backup" for holiday vacations, parental leave, or unforeseen absences³. Not only does this provide women physicians the career flexibility needed to promote wellness, but also the reassurance that their patients will continue to have reliable care in their absence.

While job sharing holds immense potential for success in surgical specialties, it is not without its challenges. The unique nature of surgical specialties may give rise to certain obstacles when implementing job sharing. For instance, if surgeons are sharing patients, each patient may undergo treatment from different surgeons for the same complaint, potentially leading to complexities in determining cohesive treatment plans. Moreover, surgeons may understandably feel uncomfortable dealing with complications arising from another surgeon's operation. Additionally, one must carefully consider the handling of liability issues in such cases. Thus, it becomes evident that the concept of job sharing in surgical practice is not without its complexities. However, it is essential to recognize that these potential challenges can be overcome and represent minor obstacles in the broader context. To address these issues effectively, potential solutions include fostering effective communication, establishing standardized protocols, implementing structured handover processes, and creating transparent liability agreements.

Investing in the Healthcare System

Nova Scotia is currently struggling to reliably meet national surgical wait-time benchmarks, with over 22,000 cases in the surgical backlog⁹. While this backlog is due to a variety of systemic factors, including the COVID-19 pandemic, lack of available beds, and staffing challenges⁹, it further highlights existing surgical access issues for patients. Currently, if a surgeon would like to take time off of work, for whatever reason or pe-

riod of time, they are required to find a locum to cover their practice, as well as cover the hiring costs if that is not included in their current contract. Additionally, they are responsible for referring their patients to their colleagues for continuation of care, or require their patients wait until they return to practice. While this can be manageable for short term absences, extended periods of leave can cause uncertainty for both the physician and their patients. A recent study in JAMA found that the need to return to clinical responsibilities was the second most cited factor impacting the duration of maternity leave, second only to financial constraints¹⁰. Further, they report that many physician mothers felt pressured to return to work sooner than planned to reduce the workloads on their colleagues and ensure care for their patients¹⁰. Job sharing would allow for further flexibility and reduced uncertainty for surgeons wishing to take a leave of absence, without the additional barriers of ensuring uninterrupted patient care. In turn, this could improve access to care for Nova Scotians.

A common objection to the concept of job sharing is that healthcare systems might struggle to support the training of a less than full-time (LTFT) physician. Nevertheless, we firmly assert that job sharing not only serves as an investment in the healthcare system, but also in the wellbeing of physicians, leading to substantial long-term financial and mental health benefits. By addressing administration-related issues and offering potential long-term cost savings, job sharing can prove to be a valuable solution for the healthcare system. As of January 2023, Nova Scotia Health had job postings for over 200 physician positions, including vacancies in surgical specialties¹¹. This physician shortage is being seen across the country¹². As such, recruitment and retention of physicians is a key interest. In a survey conducted by Branine, National Health Service (NHS) managers listed retention of experienced and skilled workers as the second highest advantage of using job sharing in their organization⁵. Managers were even quoted saying that some employees “would have left the service if a job sharing policy was not made available”⁵. This was certainly the case for Dr. Bob Henderson, who was considering retiring from his practice. However, through collaboration with another senior colleague, he utilized a job sharing agreement to continue providing service to his community¹³. By extending their careers, these two physicians reduced the need for administration to find replacements and pay other associated hiring costs such as recruitment incentives, or relocation reimbursements. Therefore, job sharing can serve a dual purpose as a recruitment tool to employ more surgeons in Nova Scotia, or any province for that matter, as well as to facilitate retention by allowing surgeons to work longer careers with

more flexible work hours.

Conclusion

While we recognize that increasing women representation in surgical specialties is a multifaceted issue requiring a variety of strategies, we firmly believe that job sharing is an innovative, wellness-oriented solution. By decreasing burnout and increasing the flexibility of surgical work hours, job sharing would attract a wider variety of medical students who value work-life balance in their career¹⁴. Moreover, this flexibility has the potential to improve recruitment and retention by attracting more women surgeons to work in Nova Scotia while promoting job longevity. In addition to the benefits job sharing provides for medical students, surgeons, and the healthcare system, patients would also benefit, as there would be more consistent access to surgical services with minimized time-off disruptions. For these reasons, we believe job sharing carries immense potential to promote women in surgery while filling various gaps in the healthcare system.

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