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THE FEMINIZATION OF THE PHYSICIAN WORKFORCE: IMPLICATIONS FOR HEALTH HUMAN RESOURCES PLANNING

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Objectives:
The primary objective of this research synthesis is to investigate the impact of the increasing proportion of women in the physician workforce on levels service delivery. Specific questions focus on the differences between male and female physicians in terms of quantity of work (full- vs. part-time, quantity of work, and time spent working); the patient population; the basket of services delivered; and patterns of care delivery.

Methods:
A systematic scan of the peer-reviewed and grey literature was conducted, covering literature published in English between January 1990 and January 2013, using variations on the terms “physician”, “workforce” and “women”. Peer-reviewed literature was selected from Medline, EMBASE, and Web of Science. Grey literature was identified using the Canadian Health Research Library, ProQuest Dissertations and Theses, the Canadian Health Human Resources Network Library, individual site searches from relevant organizations, governments, associations, and professional bodies, and Google site searches. Forward and reverse citation searches of were also completed. Included studies were coded according to their fit within three broad outcome areas: workload and activity (encompassing hours worked, activity etc.); patient or service mix; and workforce trends. Information on each study was collected using an abstraction tool, and the quality of included research was also qualitatively examined.

Results:
The literature focused largely on differences in the amount of work completed by male versus female physicians. Studies examining differences in practice style, patient mix, service mix, and broader workforce trends were much less common. Female compared to male physicians are more likely to have engaged in part-time work at some point during their career compared to their male counterparts. They work fewer hours per week, with difference in hours worked peaking during childbearing years. Similarly, women tend to see fewer patients and deliver fewer services than their male counterparts. Male and female physicians practice medicine differently; they see different cohorts of patients with different problems, and they provide different services. Females are less likely to work in rural practice, and are more likely work in partnership or group-based practice rather than solo. They see a higher proportion of female patients and a lower proportion of elderly ones compared to males. They are also more likely to see patients with complex psychosocial problems. The proportion of women practice medicine is rising; however, it is not rising uniformly across all specialties. Thus, specialities with very low rates of female participation may eventually experience shortages.

Conclusions:
The literature in this area focuses almost entirely on differences in the amount of work done by female compared to male physicians. More research examining differences in-patient and service mix, and broader workforce trends is warranted. Robust measures of physician supply must account for sex differences in volume, and but also on the implications of the differences in patient/service mix and practice style. Issues of fair work-life balance for physicians, regardless of sex, warrant attention and research.