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Needs Assessment: Current and Future Women Physicians of the Lehigh Valley Health Network

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Goals

Intrinsic gender bias has given way to gender disparities and nationally-recognized unmet needs in the women physician population. By addressing these needs, this populations' talents and perspectives can be utilized to further advance the profession of medicine. This study was performed to identify the unmet needs of the current and future women physician population at the Lehigh Valley Health Network (LVHN). In addition, the survey was also used for pinpointing the potential resources to meet those needs.

Methods

A 45-question, voluntary and confidential survey was created in paper and electronic formats. Current and future women physicians were sampled, i.e. attending physicians, residents and medical students, with the assistance of the Women Physicians' Affinity Group (WPAG) at LVHN. The outcomes were to identify aspects (health, relationships with partners and families, leadership, research and preferred WPAG programming) of the participants' personal and professional lives that were important to them, barriers to achieving their goals, their unmet needs and how LVHN could better support them and their community.

Results

Participants' Titles:
 Attending Physicians – 58%, Residents
 – 16%, Medical Students – 22%, No

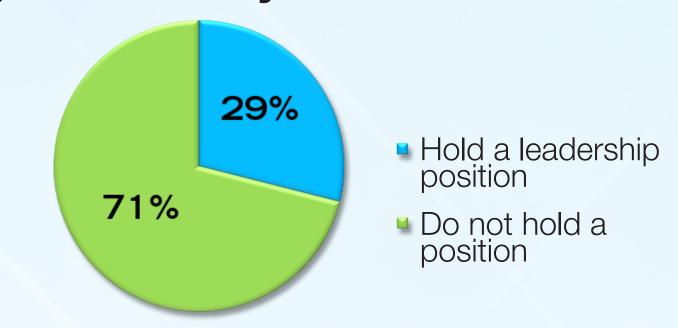
Response – 4%.

Rating of	ating of Personal Health. 1(poor) - 5 (excellent)				
	Physical Health	Emotional Health			
Mean	4.02	3.89			
SD	0.87	0.89			

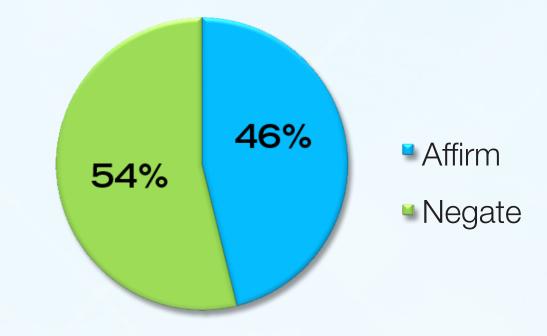
		Rating of Personal Health. 1(poor) - 5 (excellent)					
		Attending Physician Health		Resident Health		Medical Student Health	
		Physical	Emotional	Physical	Emotional	Physical	Emotional
	Mean	4.24	4.09	3.63	3.88	3.73	3.36
ĺ	SD	0.80	0.74	0.92	1.13	0.90	0.92

Barriers to Spending Time with Partner or Family. 1 (no barriers) - 5 (many barriers)				
	Partner	Family		
Mean	3.3	2.7		
SD	1.3	1.0		

Leadership Positions Held by Women Physicians



Barriers to Leadership: Gender-Specific?



- 40% were involved in research (Attendings-76%, Residents-14%, Medical Students-10%).
- Strengths of LVHN: 1) state of the art clinical practice, 2) teaching hospital, 3) collegial support.
- WPAG preferred programming:
 1) informal/formal networking,
 2) guest speakers, 3) "how-to" leadership skill-acquiring sessions.

Discussion

Time was noted as the main barrier to accomplishing goals. Potential resources were also identified in all areas:

- Health: Women's clinic open during evening hours; Inhospital gym; emotional health resources
- Partners, Family: Sick child day care, Babysitting service, LGBT support
- Leadership: Easily-identifiable avenues, formal mentoring program
- Research: Departmental mentors, Network statistician

Conclusions

Current and future LVHN women physicians identified many unmet needs and potential resources in all areas. Further investigation of this population's unmet needs and barriers is warranted. Moreover, providing resources should be explored as it may alleviate health maintenance barriers and improve their participation in leadership and research.

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