The Challenges Women Physicians Face

What’s Needed to Shift from Striving to Thriving

BY DIANE W. SHANNON MD • MPH • ACC
Women make up more than 50 percent of medical school classes and have been shown in some studies to achieve better patient outcomes than their male colleagues. \(^1\) \(^2\) And yet medicine as a profession is not working for many women. They hold fewer top academic and leadership positions and have higher rates of professional burnout. \(^3\) \(^5\) They spend more time with patients (2 minutes per patient on average) and yet are consistently paid less. \(^6\) Within seven years of completing residency, 40 percent have cut back or left medicine entirely. \(^7\) Why?

The answers to this question are critical to the health and well-being of women physicians, their families, their patients, the organizations in which they work, and society in general. Only by understanding the unique challenges that women physicians face can we begin to mitigate them and provide the individual and group support they need to not only survive but thrive.
As a physician who left practice less than four years after finishing my training, I knew from personal experience many of the reasons why women physicians are often overburdened, stretched thin, and burned out. But I wanted to understand in greater depth the top challenges facing women physicians, beyond what I knew from personal experience and my work in the area of physician burnout prevention in order to better serve and educate this community.

GOALS

To investigate the challenges, goals, and barriers to advancement that women physicians face in the US today, from their perspective*

To shed light on the shared life experience of women physicians

To better understand the barriers that prevent women in medicine from thriving

To identify key leverage points for effectively mitigating these barriers

To understand how I can best support women physicians as a professional coach and mentor so that more women physicians thrive in their roles and lives

*I use the term “women physicians” in this report to be inclusive of all women, regardless of gender identity; also, to ensure confidentiality, I have excluded any identifying details.
I began with a plan to interview a few women physicians. However, I was so intrigued by their stories and their wisdom that I expanded my scope ten-fold and completed 30 interviews. I learned so much from these women physicians, who despite their very busy schedules, generously dedicated 30 minutes (and often much more) to speaking with me and answering my questions. Personal stories are powerful. While there was much commonality reported by these women, each had an individual and important story to tell. My understanding of the general—and the specific—challenges they face today was broadened by our conversations, as was my understanding of the range of interventions and solutions that could better support these strong, smart, powerful professionals in their quest to thrive at work and at home. While I endeavored to capture a range of individual experiences, I am aware of the limitations imposed by time and lack of staff resources. I plan to capture a wider breadth of experience in the survey that I will be launching in the coming months.

Process

This research project used semi-structured interviews to gain detailed insight about the challenges facing women physicians today. Participants represent a range of specialties, at different phases of their careers, varying leadership responsibilities, and different regions of the country. A convenience sample of interviewees was initially identified through the author’s professional network. The snowball method was then used to identify and invite more women physicians into the study. Thirty (30) women physicians were interviewed via phone by the author, an experienced interviewer, and asked a set of questions about challenges, needs, desires, and potential solutions to challenges. Interviews were conducted between July and December, 2020. Responses were transcribed verbatim into a spreadsheet, and color coding was used to identify common themes. Interviewees also completed a 9-item survey that covered demographic information, as well as information on practice duration, site, and specialty. (See the Appendix for demographic results.)
The Challenges

The women physicians interviewed identified a number of challenges that they and their colleagues are experiencing. These included challenges that relate to work-life balance or integration, internal struggles, sexism, factors related to the health care system, and other societal factors. These challenges vary to some extent based on the physician’s personal experience and stage in life and career. For example, early-career physician mothers cited childcare as a substantial issue, while women further along in their career listed unequal respect and curtailed career advancement as very important challenges.

Work-life balance
The most commonly cited challenge, which most interviewees mentioned, was work-life balance. In fact, every participant with caregiving responsibilities (children or elderly parents) mentioned work-life balance as a top challenge. They described the struggle they experience in trying to meet responsibilities in their home and family life while meeting their work responsibilities and providing high quality care to their patients. As one woman said, “There’s always a shortcoming somewhere.” Another said, “I’m barely keeping my head above water.” Several mentioned the notion that women physicians take home the emotional aspects of patient care more than men—leaving them to feel they are letting patients down when not at work, to experience more guilt about leaving work, and to have less time truly “off.” Perhaps there is a connection with women physicians spending more time with patients, which may result in additional stress when trying to meet volume quotas.

ISSUES

Women are often responsible for more than 50 percent of tasks at home (“Taking care of everything...we’re so good at it. Men look like they’re living in a different world.”)

Self-care often has low priority due to other responsibilities (“We don’t have hobbies.”)

Setting boundaries and saying no (“How to say no to patients while feeling you are being kind to patients...where to draw the line and make sure you have personal time.”)
Internal struggles
While participants often focused on external challenges, such as the documentation burden and societal expectations, they also identified internal struggles that they experience as women in medicine. Many of these seem primed to increase stress and foster a sense of overwhelm.

Imposter syndrome and self-doubt ("A lot of women physicians feel alone and like they are failing." “Self-doubt can be a double-edged sword. Always striving to do better is a bit of a catalyst.”)

Lack of comfort with advocating for oneself and with negotiating, possibly due to the socialization of women in our society

Guilt and anxiety ("Medical training selects for a population that is very hard on themselves and has a lot of guilt.")

High personal standards ("Women physicians struggle with not feeling they can be truly excellent in what they try to do.")

Asking for help—feeling it’s not okay to seek help, feeling judged on their parenting

Assuming that the difficulty with practicing and the lack of career advancement are due to a personal flaw rather than larger factors

Feeling powerless to make changes

Societal and institutional
While women physicians can control internal struggles and some aspects of work-life balance, there are a number of challenges that participants described that relate to external factors over which they likely have little direct control, such as societal and institutional sexism. Some participants had a general awareness of these issues, while others had experienced direct forms of sexism on the job. Challenges participants described include:

Sexual harassment, intimidation, and assault

Societal expectations about women’s role in domestic tasks and caring for children and elderly adults (“Women seem to have more family obligations or participate in family time more; men can devote time to work or that extra project.”)

Lack of equality in pay, recognition, respect, promotions, and project opportunities

Lack of appreciation for the leadership style of women (“More collaborative was seen as not getting things done.”)

Lack of supportive policies to proactively retain women (onsite childcare, sick childcare, maternity leave policies, lactation support beyond a room in the basement)

The structure of careers has not caught up with where we are. We need more respect for options like parental leave, childcare, and part-time opportunities and not feeling like you are letting everyone down if you’re part-time.”
Issues of cost, reliability, and flexibility of childcare, in part due to inflexible work hours in most clinical settings and now heightened due to Covid-19

Lack of inclusion (“I see manels, or all male-panels, all the time” “Why did the meeting planners not notice that all 12 physicians on the agenda were male?”)

Health care system
Another external challenge identified by participants comprises issues related to the health care system. Unlike the internal challenges participants described, EHR-related workload, practice inefficiencies, lack of a supportive organizational culture, and similar issues are often less controlled by the individual physician. These challenges include:

High workload due to EHR and documentation, higher chronic disease burden, increased patient expectations about access via email, phone

Productivity pressure and constrained time with patients; inability to design their practice to provide highest quality care and ongoing relationships with patients

Lack of slack or enough resources in the system (“If you take maternity leave, you need to make up for all the call you missed when you return.”)

A few mentioned the notion that internal strategies might mitigate the effects of these external factors on their daily life experience.

Other societal issues
A final category of challenges includes other societal issues that affected one or more of the participants. They described these issues as increasing their stress, constraining their choices, and directly impacting their personal and professional roles.

Individual and systemic racism

Uncertain visa status for immigrant physicians, leading to their withholding complaints about working conditions due to fear of losing their jobs

Lack of sufficient support for parents of children who have disabilities

Lack of support and resources for women throughout childbearing including those who are experiencing infertility.
Success in Addressing Challenges

When asked about the degree of success achieved in addressing the challenges cited, many interviewees stated that women physicians are generally not able to address the root causes of these problems. However, they described various workarounds or creative solutions they had tried or observed their colleagues trying. These include:

- **Leaving one** organization for another (and relocating across the country), because of gender bias in promotions
- **Being very efficient** at work (“make EMR more efficient, use dictation service, get more ancillary help”)
- **Trying to get work done** during the day to prevent or reduce work at home
- **Sticking it out** through the first five years in practice, after which the steep learning curve flattens and often children are older and require less intense care
- **Using denial** (“I just put my head down and kept working.”)
- **Finding more** flexible childcare
- **Acquiring more hired help** for housekeeping, meal preparation, childcare
- **Working with a coach**
- **Starting a learning group** for women physicians focused on how women can advance in leadership

Participants’ descriptions of the workarounds and solutions they used to address the challenges they face displayed no lack of creativity and resilience. These actions generally did not address the root of the systemic problem but often allowed the physician to keep working, even if the solution placed a greater logistical or time burden on the physician or slowed her professional advancement.
When asked to respond to the question, “What do women physicians most want?” many interviewees paused initially. They then replied with answers that reflected many of the themes previously identified in an earlier question on challenges. Key desires include:

**To be able to provide high quality care** and experience joy and meaning in their work

**Equal opportunities and equal pay**, respect, recognition, to be listened to, and fair opportunities for leadership positions

**Flexibility** in hours, time, schedule, and ability to design practice

**Balance**, knowing when (and how) to refuel themselves

**More support**, work-provided childcare and sick childcare

**Less pressure** and intensity in workday

**Transformational change** to better support the wellbeing and confidence of women throughout training and practice

**Options for sabbaticals or flexible time** to explore interests outside of medicine (“We are not allowed to take more than two weeks off at a time due to regulations. I want time to dive deeper into my interests or practice internationally.”)

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**Barriers to Getting What they Want**

When asked about the barriers to getting what they most want, interviewees’ responses reflected themes that had emerged in previous questions. These include:

**RELATED TO THEMSELVES:**

**To be competent** and have purpose, to have connection, and to receive compensation to support their family at an income level that feels accomplished

**To have time** to spend with children and time for career—and “to feel you’re doing it right,” relief from guilt about their parenting and their work

**To feel good** about themselves and feel joy in work (“So I’m not on a hamster wheel and feeling bad everywhere.”)

**To succeed and advance** in career and feel balance at home, and to do so without guilt, “My whole life revolves around getting myself to work on time.”

**To experience less imposter syndrome**, self-doubt
women physicians are tired of trying and getting knocked down

when asked

RELATED TO THE HEALTH CARE SYSTEM:

- **More balance**, slower pace, lower workload, smaller patient panel
- **Fairness** and professionalism at work
- **Access to resources** related to childbearing and childrearing (e.g., lactation room and time during day to pump)
- **Removal of gender bias** and systemic sexism, equal pay, respect, and opportunities for projects and advancement
- **Changes to the health care system**, lower expectations about productivity, not feeling “like a cog in a wheel”
- **Replacement of care providers who have left**, to avoid higher patient panels and less time per patient

Several participants expressed a degree of resignation about the challenges and barriers they face. They expressed feelings of defeat and fatigue when thinking about instigating change. One explained, “What gets in the way most? Exhaustion. Being tired of trying and getting knocked down.” Another related, “Sometimes women just criticize the health care system and develop a hopeless-helpless feeling. They may not do things they could do to help themselves.” Most focused more on the systemic and social challenges than on internal ones where they often have more agency. Very few mentioned individual-level supports such as self-reflection, formal peer support, and coaching.
All 30 interviewees were invited to participate in providing feedback on a preliminary result of the findings from the interviews. Twenty-five agreed to review the results with me and were asked a few follow-up questions in a brief telephone call. When asked if any of the results surprised them, all 25 replied in the negative. In fact, most spontaneously shared that they found great comfort in the validation of their experience.

Their responses reflect a commonality of experience, the isolation that women physicians often face in their busy lives, and the positive effects of validation: knowing that others share emotions and experiences that you thought were yours alone. These observations suggest that many women physicians are stretched to a breaking point—working in environments that are not proactively seeking to support and retain them and challenged in the very real struggle to navigate the responsibilities they carry and thrive personally and professionally.

So often our response is, “I’m fine. If men can do it, I can too. I’ll just pony up and not complain.”

These are patterns we suffer through.”

No surprise. I felt all those things.”

What’s surprising is to remember that you’re not alone in feeling this way.”
Health care organizations, policymakers, and our larger society must make systemic changes to health care a priority. The current system is not working for most physicians, and women physicians face unique challenges that make remaining in full-time practice unsustainable for many. These are dedicated, smart, highly-trained professionals who often face the harsh choice of cutting back or leaving medicine entirely.

Health care organizations need to proactively catalyze changes, such as opportunities for shared and part-time work, paid time for pumping for lactating physicians, and onsite childcare, that allow women to thrive rather than just survive, or go under. Clearly, for women physicians (and their male colleagues) to thrive, we must address system problems. Solutions that have traction include:

**Practice redesign** with optimized team-based care, pre-visit labs, and co-location of physician–medical assistant or physician–nurse dyads

**Investing** in float pools to cover for physicians’ absences due to illness, recovery from surgery, death in the family, maternity and paternity leave, and other expected absences

**Offering flex/shared positions,** which can be especially helpful in supporting physicians with young children

**Better IT support** for dealing with the inefficiencies of electronic health records (i.e., technicians who observe physician at work and create shortcuts to improve efficiency)

**Leadership** development to improve organizational culture and better support career advancement for women

**Inviting top leaders** to shadow a clinician for an entire shift, to gain a more accurate picture of the daily experience of physicians and to identify gaps and resource needs

Some of these initiatives are simple and would be time-limited; others are more complex and time- or money-intensive. When making budgetary decisions, leaders must consider the overall return-on-investment of retaining dedicated, highly trained professionals over the long haul rather than looking no further than the next quarter’s profit margins.

While we must all advocate for transformation in these areas, women physicians can take steps to reduce the impact of these system issues on their everyday lives. Even if the system issues comprise 90 percent of the problems, addressing the remaining 10 percent can make a powerful difference in women physicians’ energy level and the joy and meaning they experience in their professional and personal roles. In addition, physicians whose personal lives are in better balance have more capacity and bandwidth to work toward positive changes in their health care organizations.

**Knowing** where to put one’s focus can itself be a challenge. As one project participant commented, “When faced with the question of ‘How do we fix the health care system?’ and you feel despair, perhaps that’s the time to ask instead, ‘How do I help me?’ And conversely, if you feel despair from that question, maybe that’s the time to look outward for sources of stress, like doing 80 percent of the housework and struggling with documentation burdens. Sometimes what we focus on is not the most important thing to address at that particular time.”
As a professional coach, I was interested in the perspective of interviewees about coaching support. Participants provided several recommendations about how a coach might be most helpful to women physicians. They suggested a coach could help women physicians:

- **Improve** whole life satisfaction
- **Find** balance and protect time and energy for themselves
- **Learn** to say no and set boundaries at work and at home and “not be earmarked as the ones who more is always asked of,” and do so “without feeling cranky or bitchy”
- **Prioritize** what they want and what they most want to change
- **Select** new habits and practice them
- **Address** imposter syndrome, self-doubt, and perfectionism
- **Plan** their career for the different life phases over time
- **Identify** the elements of their job they like and maximize them

In addition, a coach could:

- **Provide** a sounding board and connection to a peer
- **Validate** their feelings and affirming their worth and value (“It is okay to ask for help and okay to have doubts.”)
- **Support** their professional development, including advancing in leadership, and in some cases help them identify options outside their current organization

These responses reflect a fair level of awareness of participants about the role that professional coaches can play and the type of help coaching can provide.

Generally, most seemed to be more aware of coaching for acquisition of specific skills, such as communicating with team members, than with development coaching, which affords greater internal awareness, clarity, and changes in self-talk to advance coachees toward personal and professional goals.

The Role of Health Care Organizations

**The wellbeing** of the physician workforce has profound implications for health care organizations. Burned out physicians leave their organization within the subsequent two years at twice the rate of their colleagues without burnout. Even when physicians with burnout continue to practice, there are direct effects on revenue from reduced clinical hours and lower productivity.

Leaders of health care organizations would be wise to acknowledge the direct financial and productivity effects of physician burnout, because replacing physicians is estimated to cost $500,000 or more per physician. It is projected that the current physician shortage will grow over the coming decades, making it that much more important to sustain and retain this valuable human resource.

Data are accumulating on the effectiveness of professional coaching for physicians. Two randomized trials of short-term 1:1 coaching demonstrated improvements that included reduced burnout, turnover intentions, and job stress, as well as increased job satisfaction, job self-efficacy, and resiliency scores. These data, along with qualitative studies, substantiate the value of professional coaching for physicians.
Organizational leaders who understand the cost benefit of retaining seasoned physicians, rather than perpetually replacing those who have burned out, cut back, or left the organization, must take active steps to improve the wellbeing and professional advancement of women physicians. Critical steps include addressing system issues, such as practice redesign and investing in float pools, and providing individual-level support.

This support includes 1:1 coaching, group coaching, mindfulness training, and formalized peer support programs to help physicians after an emotionally stressful event, such as a medical error or unexpected patient death.

**MOVING FORWARD**

Potential Solutions and How I Want to Help

**With increased** awareness and specific skills, physicians can see where they have agency to change the character and course of their lives, allowing them to show up as their best selves at work and at home. They can make changes that will substantially reduce the impact of the system-related drivers of burnout and decrease their risk of burnout. They can have the bandwidth to learn about and advocate for practice and system changes that will benefit all clinicians and their patients.

With support, physicians can rein in the misery of self-doubt and imposter syndrome. They can navigate to a satisfying, more balanced life where they can thrive, taking care of their patients, their families, and themselves in ways that feel doable and rejuvenating rather than frustrating and draining. They can rediscover their love of medicine.

I am a coach because I believe in the awesome power of coaching to change lives. I chose to train in Gestalt coaching because it so closely aligns with my personal values of compassion, deep authentic connection, and humility. In brief, the Gestalt approach is based on the notion that everyone is doing the best they can at the moment and that real change occurs when we embrace our current, unwanted experience with deep compassion rather than trying to force ourselves to become different or disowning parts of ourselves in the effort to change. I apply “just-in-time coaching” with the Gestalt approach to a client-tailored roadmap to create lasting change and transformation. Pairing this fully-in-the-present approach with an overall roadmap based on the coachee’s specific needs and goals creates fertile ground for transformational change.

Through our work together, women physicians can leave behind overwhelm, guilt, and self-doubt, releasing their full potential as physicians, mothers, spouses, and human beings. They can find their personal power and craft lives that are meaningful and absolutely doable. My approach is “more power, less kryptonite.”

Based on the needs identified in this project, I plan to continue 1:1 coaching and to develop group coaching and off-site retreat opportunities for women physicians, all of which will be informed by these data on the challenges they most commonly face. I believe the lives of women physicians (and those they touch) can be transformed through coaching that is specifically tailored to address these challenges.
Interviewing women physicians about the challenges they face has been an informative and personally meaningful experience. The 30 interviewees I met with represent different specialties, practice settings, racial and ethnic groups, and locations across the country. Key takeaways from the interviews include:

Top challenges vary to some extent based on a woman physician’s work role and phase of life and career, yet many commonalities exist. In particular, work-life balance was a common issue for most women. In fact, every woman physician with caregiving responsibilities mentioned lack of work-life balance as a top challenge.

Many also mentioned imposter syndrome, feelings of guilt, and time management as significant challenges.

And, participants who were queried about their response to a preliminary draft of the findings were surprised not by the results but only by the degree of commonality of experience that they share with their peers.

Of the key drivers of physician burnout, several are amenable to control by individual physicians. For women physicians who recognize their personal experience in this report, I suggest focusing their attention on these areas to help mitigate the systemic stressors that currently exist.

WORK-LIFE BALANCE/INTEGRATION
CLARIFY what you can control, let go of the rest; read and consider the Serenity Prayer.
HIRE as many household services as you can afford: meal preparation, grocery delivery, child care, laundry service, landscaping, etc.

MEANING IN WORK
REMEMBER yourself of your greater purpose: Write a personal mission statement and reread thank you notes—post some where you can see them regularly.
ACTIVELY practice gratitude: see the research by Bryan Sexton’s team at Duke and try the related 3 Good Things app.

SOCIAL SUPPORT AND COMMUNITY AT WORK
COMMIT to time with friends and family (schedule time in your calendar, even if only a 5-minute call on way home from work)
CONNECT (via social media or otherwise) with colleagues, e.g., Physicians Moms Group on Facebook; join or start a narrative medicine group
WOMEN PHYSICIANS can access additional support by signing up to receive my biweekly newsletter, in which I share tips, interviews, and resources. For those ready for a deeper transformation, I offer a 30-minute complimentary Lift Off session (see details below).
To expand on the understanding of the challenges that women physicians face, I plan to collect quantitative data from a larger group. And because it is imperative that organizational decision makers, policy makers, individual physicians, and others gain a better understanding of the challenges that women physicians face, I plan to distribute communications about these findings widely, via social media, articles and other written formats, presentations, podcast interviews, and one-day professorships.

Going forward, my plans are to:

Develop a survey based on the themes uncovered in the interviews
Distribute the survey widely enough to obtain at least 200 responses
Analyze results, develop a research report, and create an article for publication
Continue writing and speaking on the importance of addressing the system factors that drive burnout, physician distress and dissatisfaction, and attrition from clinical positions

Looking Ahead

While the responses of participants reflect a belief that a large bulk of the issues women face are systemic, I believe that there are steps women can take, skills they can acquire, and changes in focus and prioritization that can help minimize the effects of these systemic factors. As a coach, my role is to support these steps, skills, and changes. I believe that ultimately a healthier physician workforce will be better situated to advocate for the systemic changes that our health care system sorely needs.

I still hear, ‘Oh my God, a woman surgeon.’

Every year at a professional conference I attend, there’s a session on work-life balance for women. The same not-helpful conversation over and over, while the male physicians are learning how to advance in their careers. It’s irritating…”


Appendix: Demographic Data

**Age of Participants**

- 30 or less: 2
- 31-40: 14
- 41-50: 12
- 51-60: 4
- 61-70: 2
- 70 or more: 0

**Race/Ethnicity**

- White/Caucasian: 10
- Black/African American: 4
- Hispanic/Latinx: 6
- Asian/Asian American: 2
- American Indian/Alaska Native: 0
- Native Hawaiian/other Pacific Island: 0
- Prefer not to define: 1

**Specialty/Field**

- Primary care: 8
- General surgery: 4
- Medicine subspecialty: 6
- OB/GYN: 2
- Surgical subspecialty: 0
- Palliative care/pain medicine: 0
- Anesthesiology/critical care: 0
- Internal medicine, not primary care: 0
- Radiology: 0
- Psychiatry: 0
- Emergency medicine: 0

**Practice Setting**

- Private practice: 8
- Clinic, small physician group, or independent hospital: 4
- Health system or large physician group: 6
- Safety net hospital or FQHC: 2
- Non-clinical position in health care: 0
- Retired, taking time away, or position outside health care: 0
- Locums or contract position: 2
- Did not respond: 0

**Years Post-Training**

- 5 or less: 8
- 6 to 10: 2
- 11 to 15: 12
- 16 to 20: 10
- 21 to 25: 14
- 26 or more: 18

**Average Number of Hours Worked Per Week**

- 20 or less: 5
- 21 to 30: 4
- 31 to 40: 10
- 41 to 50: 14
- 51 to 60: 6
- 61 to 70: 0
- 71 or more: 0

*Current position or most recent if retired or between positions; includes all charting and communication and any work done after hours*
Appendix: Demographic Data

Caregiving Responsibilities

- **8** None
- **5** Children, at least one less than 3 years old
- **2** Both children and parent
- **5** Elderly parent
- **10** Children, all 3 or more years old

Position Designated Part-Time*

- **NO** 12
- **YES** 18

*Current position or most recent if retired or between positions

Region of Residence

- **Northwest**: 12
- **Mid-Atlantic**: 10
- **Southeast**: 8
- **Midwest**: 6
- **Southwest**: 6
- **West**: 0

Northwest | Mid-Atlantic | Southeast | Midwest | Southwest | West
Diane W. Shannon MD, MPH, ACC

As a physician who left practice less than four years after finishing her training in Internal Medicine, Dr. Shannon knows the toll that burnout—and other forms of not thriving—take on an individual. After retiring her white coat, she completed a degree in Public Health and became a professional writer, focusing on the health system as a whole. Because of her personal experience, she was drawn to understanding why physicians are often overburdened, stretched thin, and burned out, and she partnered with another physician to learn more. After dozens of interviews, they concluded that professional burnout is a system problem, a reflection of an energy-draining workplace. Together, they co-authored *Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine*, which was published in 2016 and updated in 2020.

Dr. Shannon decided to take her passion for helping physicians to the next level and completed training as professional coach. She is certified in Gestalt coaching, which builds on strengths and aligns with her personal values of authentic connection, compassion, and the thrill of growth and improvement. She chose to focus on helping women physicians because she knows the often-rocky journey that many navigate every day to do their best at home and at work. Dr. Shannon is passionate about helping busy women physicians. Through 1:1 and group coaching she helps them harness their superpowers and navigate their way to a life that works so they can truly thrive.

I am indebted to all the women physicians who shared their valuable time, insights, and personal stories with me. A big heart-felt thanks to all of you!

Dr. Shannon continues to advocate for system and practice level changes through writing and speaking. Please connect with her at [diane@dianeshannon.com](mailto:diane@dianeshannon.com) [dianeshannon.com](http://dianeshannon.com) [linkedin.com/in/dianewshannon/](http://linkedin.com/in/dianewshannon/)

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