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Leadership, Mentorship, and Professional Well-being in Pulmonary Hypertension: Insights From the Women's PHorum Survey

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BACKGROUND

- Pulmonary hypertension (PH) care depends on a highly specialized workforce to sustain excellence in clinical care, research, and advocacy
- Mentorship to prepare future PH leaders is critical to advancing the field and maintaining career fulfillment and longevity
- Understanding professional experiences is essential to building a strong and enduring workforce of PH clinicians

OBJECTIVE

- Assess the impact of professional experiences on leadership attainment and quality of life among PH clinicians and identify strategies to enhance equity, well-being, and workforce sustainability

METHODS

- An anonymous 44-item survey containing both closed- and open-ended questions was distributed to PH physicians through the Pulmonary Hypertension Association (PHA) professional network listserv
- Survey domains included demographics, leadership roles, research engagement, mentorship, institutional support, work-life balance, career satisfaction, and perceived barriers to advancement
- Quantitative items used multiple-choice and Likert-scale formats. Descriptive statistics and Chi-square or Fisher's exact tests were used, as appropriate.
- Two composite scores were created:
  - Leadership & Advancement (1 point each; total score: 0-5): institutional leadership; published research; NIH / other federal funding; invited speaker; and mentors females in PH
  - PH Quality of Life/Burden (1 point each; total score: 0-5): work-life balance; career satisfaction; family–career strain; gender-related barriers to advancement; and protected time
- Open-ended questions captured qualitative responses describing personal experiences. Two investigators independently identified workplace challenge-associated themes.
- Based on identified themes, potential solutions were formulated by the authors to promote gender equity, well-being, and sustainability within the PH workforce

RESULTS

- 88 of 780 (11.3%) physicians in the PHA listserv completed the survey

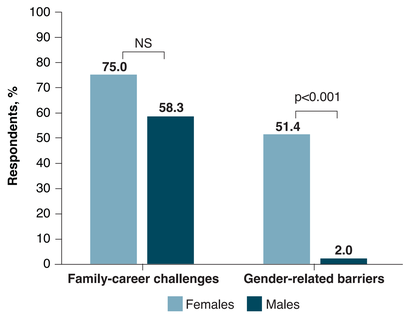
Demographic and Professional Characteristics

- Responders were 35-64 years of age (86%), worked in academic medical centers (85%), of which most were PHA-accredited (67%), and had ≥11 years of PH experience (73%)
- Responders were clinically very active, with 73% seeing ≥26 patients with PH per month
- Respondent characteristics were similar between females and males

Quantitative Analysis

- **Composite Leadership & Advancement**
  - Overall, 82% of respondents published PH-related research; 79% held institutional PH leadership roles, 72% were invited speakers, 72% mentored other PAH clinicians, and 32% received research funding
  - Scores were similar for females (mean: 3.3; median: 4) and males (mean: 3.4; median: 4); a high score (4-5) was observed for 54% of females and 61% of males
  - In contrast to males, no female respondent was a division chief or department chair, and fewer females received tenure (5% vs 20%, p=NS), or applied for (20% vs 35%, p=NS) or received (26% vs 38%, p=NS) government research funding
- **Composite PH Quality of Life/Burden**
  - Overall, 80% of respondents were happy or generally satisfied with their careers and 66% described their work as fulfilling
  - However, scores were lower for females (mean: 2.6; median: 3) than males (mean: 3.6; median: 4), reflecting substantially lower quality of life and higher burden
  - Females more frequently reported family-career challenges (p=NS) and gender-related barriers (p<0.001) (**Figure 1**)
- **Figure 2** shows the lack of parity between professional advancement and lived experience for female PH physicians

Figure 1. Professional burden by gender of PH physicians[a]

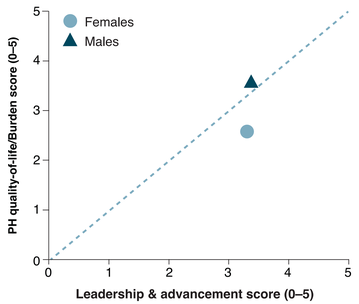


[a]Two respondents reported gender as "None of the above"; data for these respondents were not included to avoid identification. NS, not statistically significant; PH, pulmonary hypertension.

Qualitative Analysis: Identified Themes

- Clinical and administrative burden due to complexity of PH care and workforce scarcity
- Poor infrastructure to support professional growth and leadership advancement
- Challenges with work–life integration

Figure 2. Leadership and quality of life as competing outcomes by gender[a]



[a]Two respondents reported gender as "None of the above"; data for these respondents were not included to avoid identification. PH, pulmonary hypertension.

Mean composite Leadership & Advancement scores (0–5) are plotted against mean PH Quality-of-Life/Burden scores (0–5) for female and male PH physicians. The dashed line represents the relationship between the two parameters. While leadership scores were similar across genders, females demonstrated substantially lower quality-of-life scores relative to leadership attainment, highlighting a divergence between professional advancement and lived experience.

Qualitative Analysis: Expanded Themes and Potential Solutions

Theme #1: Lack of institutional infrastructure creates excessive burden for the PH clinician. Unique challenges and complexities in treating patients with PH are not recognized.

Potential solutions

- Consider adoption of evaluation models for rare disease care. Relative value unit frameworks are poorly matched to PH practice, where care coordination, inbox load, education, and advocacy are substantial and often invisible.
- Establish a schedule for dedicated PH clinical and academic time. Provide nursing, pharmacy, coordinator, and social work support to alleviate some of the burden.
- Provide regional cross-coverage and community-center support models for solo or small PH programs

> "I am held to the same productivity standards as providers caring for less complex patient populations."

Theme #2: Despite strong mentorship and a supportive PH community, respondents seek greater access to introductions, visibility, leadership opportunities, and program-building guidance.

Potential solution

- Pair early-career physicians with senior leaders who can facilitate committee work, speaker invitations, introductions, and program building. Advancing this recommendation depends on addressing Theme #1.

> "It's tough to be a leader nationally without mentorship and contacts at that level."

Theme #3: The experiences of female clinicians reflect subtle but consequential barriers, including challenges with credibility, and relational, communication, recognition, and work-life burdens. Overwhelmingly, respondents reported a lack of work-life balance.

Potential solutions

- Structure sponsorship and mentorship programs to strengthen visibility and pofessional career support to faciliate advancement for female PH clinicians
- Develop training and accountability measures to reduce bias and improve equitable recognition, communication, and evaluation across clinical and academic settings
- Establish transparent promotion and leadership selection processes to ensure expertise and contributions are consistently recognized and rewarded

> "As a younger female physician I have to work a bit harder to earn my patients' trust and also, to a smaller extent, my colleagues' respect."

NEXT STEPS

The authors encourage you to share your experience!

Scan the QR code (left) to complete a brief follow-up survey to describe challenges you have encountered as a PH clinician and associated solutions for success.

Thank you! Your input will advance this research and inform future publications.

KEY TAKEAWAYS

- Sustainable workforce growth in PH will require investment in infrastructure, sponsorship, and policies that reduce invisible professional burdens
- Leadership parity does not translate to lived-experience parity in PH medicine
- Female PH clinicians reported fewer leadership and advancement milestones, greater career burden, and lower quality of life

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Information on the Women's PHorum