

Supporting Our Women Colleagues

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ABSTRACT

Burnout is a challenge for all of us. Many of us experience burnout and know the toll it can take on our health and well-being. This editorial focuses on the experiences of women physicians and learners by highlighting the lived experience of one woman physician, briefly examining the extensive research into women physicians' practice, and identifying solutions that all genders can leverage to support women physicians and learners.

A LIVED EXPERIENCE—VALERIE GILCHRIST

I worry, I get frustrated, and I get angry when I witness younger colleagues experiencing similar challenges as I did over 40 years ago. I am sure we have all seen this, and I think we can do better.

As I sit down to talk to a resident, she looks away, her jaw tightens, her eyes start to fill with tears, as her lips press together, and her voice starts to tremble:

“I feel like I can’t do this anymore. I feel like crying all the time.”

“Maybe I should quit or transfer to radiology.”

“I want to spend more time with my baby. They told me there is no good time to get pregnant. What does that mean—never? Will I always give my baby to someone else to cuddle?”

“I love my patients I feel torn all the time.”

“I can’t do this anymore.”

As I sit at a meeting watching frustration build for a younger colleague, I hear:

“Damn—I didn’t get to half of my inbasket last night.”

“Another EPIC update, and I can’t find the right template.”

“I have to prepare a lecture, and forgot I am on call the day of the kid’s soccer tournament. I said I would bring the cookies!”

“I feel like I am always saying, ‘No not now, I have to get this work done’ to my children, to my partner, to myself.”

My colleague is a superb physician, and I can see her work feels relentless and overwhelming. Fatigue is a constant companion, and anger or tears are often not far behind her frustration. Her words echo the residents’ words:

“I just don’t know how much longer I can do this work.”

I know these women. They are smart, resilient, committed to their patients, and to family medicine. We need them. They are among our best clinicians and teachers, and they are drowning. We must pay attention to their struggles and offer support.

WHAT DO WE KNOW ABOUT THE PRACTICES OF WOMEN PHYSICIANS?

Although burnout is experienced individually, the causes are largely systemic. A brief review of the literature identifies challenges faced by women physicians and learners that can contribute to burnout.

The number of women physicians has increased, especially in primary care, yet compensation lags behind men physicians.¹ Gender bias in medicine creates pay disparities and obstacles to promotion and recognition.^{2,3} There are fewer women physicians in academic medicine leadership positions.⁴ Women publish less as first authors and are less likely to have research mentors.^{5,6} Women physicians are also evaluated differently than their men physician peers.⁷ These gendered expectations contribute to women physicians’ experiences of burnout.⁸

Women physicians have different practice patterns than men. They spend more time in the electronic medical record

(EMR), which may be attributable not only to longer visit times but also to more time answering portal messages from patients and staff.^{2,9} Although women physicians provide more preventive care and counseling¹⁰ and have improved hospital outcomes,¹¹ these practices take a toll on them. This is especially true of women physicians who are also parents. Women physicians spend more time providing childcare and home care than their men colleagues.¹² A recent survey in the United Kingdom found 93% of women physicians struggled with childcare because of long and irregular hours.¹³

Women physicians also experience sexual harassment and discrimination in the workplace from both patients and colleagues.¹⁴ Further, minoritized women physicians experience discrimination more intensely and in ways that nonminoritized women physicians do not.^{2,15} Gender discrimination and a reliance on gender roles in medicine creates a situation in which women work harder—often without recognition, advancement, increased pay, or any regard for the double bind created by balancing increased patient care responsibilities with home care responsibilities.^{2,8} This continued negligence leads women physicians to experience higher levels of depression, suicide, and burnout.^{2,16}

STRATEGIES WE INVITE ALL TO USE TO SUPPORT OUR WOMEN COLLEAGUES

1. Recognize when people are exhibiting symptoms of burnout. Provide a safe space to discuss options, share insights, and provide support.
2. Engage in deliberative dialogue. Validate the challenges of primary care, the challenges of being a woman physician, and the tendency to deny their own needs. Discussion can decrease isolation and give name to their experiences. It is important to understand burnout as a reflection of systemic forces, including injustice affecting our patients, and causing clinicians moral injury.
3. Embed discussions of bias, sexism, and racism within the curriculum. Do not treat gender discussions as an add-on wellness topic. Provide resources and meaningful support, such as childcare resources and counseling. Teach others how to help women as well as teaching women how to advocate for themselves.
4. Be a personal advocate. Provide mentoring, coaching, and sponsorship. Be intentional about creating meaningful collaborations and opportunities for advancement rather than ones that are time consuming yet devoid of benefit.
5. Engage in reflective practice. Think about how your personal beliefs impact your understanding of gender roles or imposter syndrome and how you can challenge not only your implicit biases, but the biases of colleagues. Ask yourself: is this the work environment in which your mother, your sister, or your daughter could thrive? How are you contributing to, or challenging, problematic environments?
6. Practice difficult conversations. Provide personal examples, and practice with women colleagues how to have

difficult conversations about their needs and challenges.

7. Be solution oriented. Offer help by sharing EMR templates or giving advice for controlling electronic messages and setting patient expectations. Engage all genders to catalyze everyone's well-being. Solutions are personal, local, and multiple.
8. Encourage flexibility. Everyone's balance is different and changes throughout their career. Support schedules that help every woman attain the balance that works for her.
9. Advocate for institutional changes. Senior physicians and department leaders can support policies known to decrease burnout for all. More specifically, they can advocate for on-site emergency sick childcare or extended-hour daycare provisions. They can support policies for extended parental leave and part-time residency and faculty positions. They can champion transparency, accountability, and equitable compensation measures.
10. Research for the future. Explore the ways in which discrimination and inequity impact both your practice and your surrounding community. Examine intended and unintended consequences of institutional policies. Work to identify solutions.

FOOTNOTE

In this editorial, we refer to women physicians and use the pronouns she, her, and hers, but this review also applies to those who identify as transgender or nonbinary and the many men who are allies and take on “women’s” work.

DISCLAIMER

The opinions and assertions expressed herein are those of the author(s) and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the United States Department of Defense, or the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

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