Why do women resident physicians report more burnout? Listen up

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Women physicians during residency training—and in medicine as a whole—are more prone to showing signs of burnout than their men counterparts. A recently published study explores why that is the case, drawing sharp insights from women PGY-3s who have just completed the second year of residency, a time when burnout typically peaks.

“At times, groups or institutions come up with plans to prevent or address burnout without talking to those impacted,” said AMA member Kim Templeton, MD, senior author of the study and professor and vice-chair of orthopaedic surgery at the University of Kansas School of Medicine and Health System. “Unless you engage those impacted, it’s difficult to know the root cause of the problem and whether interventions are going to work.”

The paper, published in the Kansas Journal of Medicine, outlines some interventions that could help prevent or ameliorate burnout among women as they navigate residency training. Here are some key takeaways.

Pressure to be “superwoman”

The study drew from focus groups conducted with PGY-3s at the University of Kansas Medical Center (KU). Third-year residents were a valuable sounding board, Dr. Templeton said, because previous internal data at KU had found that burnout among women peaked during the second year of residency training. That data was the first to look at burnout from the perspective of the intersection of gender with year in training.

In drawing from focus-group insight as well as her own experiences as a resident and now a faculty member, Dr. Templeton has had a front-row seat to the challenges women face during residency training and how those can potentially contribute to symptoms of burnout.

URL: https://www.ama-assn.org/medical-residents/medical-resident-wellness/why-do-women-resident-physicians-report-more-burnout
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Women in the focus group noted that medicine remains a male-dominated profession and that they often felt pressure to be “superwoman,” while men had permission to compartmentalize things.

“Women can fall into the trap of thinking they actually have to do it all in whatever role they are fulfilling, especially if they don’t have mentors to show them how to navigate all of their roles and responsibilities,” Dr. Templeton said.

In addition, as a woman resident, Dr. Templeton added that “you don't necessarily have control of your time at home or, at least early in training, have the opportunity to be in charge of your time while fulfilling your duties as a resident. Having some flexibility and control over schedules can help to decrease risks of burnout. In addition, being part of a training program and institution that acknowledges and helps to accommodate responsibilities outside of work can help women feel that they are supported, seen, heard, and valued, which can also improve well-being,” Dr. Templeton said.

Hello, nurse. Where’s the doctor?

Several focus-group participants commented on instances in which they were confused for other types of health care professionals, such as nurses.

One contributor to burnout among women residents, Dr. Templeton argued, is “feeling like you don't belong or are not valued in the training program and in the workplace—so you constantly try to prove that you belong. For example, other physicians or patients may assume that you are not a physician and not respect your level of education and training or your opinions.”

Dr. Templeton noted that the experience is exhausting for women residents.

“There's only so much energy you can expend trying to remind people who you are and what your level of training and experiences,” she said.

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Add mentorship
In considering strategies residency programs should pursue to help women residents in particular, mentorship from female faculty was a common theme. Cultivating mentor relationships in a more formal fashion at the programmatic level could be one way to do that, the PGY-3s in the focus group said.

“There is the perception that to be a mentor for a resident that you have to be in the same field,” Dr. Templeton said. “If you're training in a specialty such as orthopaedic surgery, in which 6% of us are women, you may not find a mentor in the same field, let alone at the same institution. Broadening the view of mentoring relationships to understand that women faculty in just about any field can mentor a woman resident in another field would be beneficial.”

Stop microaggressions

To address the gender biases that women experience in residency, Dr. Templeton advocated expansive training of all residents and faculty to address biases and microaggressions.

“Prior studies have shown that women faculty understand what gendered microaggressions look like, while men on faculty are less likely to be able to identify these behaviors as problematic,” she said. “Programmatically, the best course is making everyone in health care—especially men faculty and those in leadership positions—aware of microaggressions and the need to address them.”

That means, Dr. Templeton added, that residents and faculty should know what such behaviors “look like, the impact they can have on well-being, and what they can do to try to step in, to correct the situation and support women physicians at all levels.”

Learn more about the AMA sections that advocate on behalf of women physicians as well as resident and fellow physicians.