How to tackle burnout among women physicians

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While some factors that contribute to physician burnout among female physicians are similar to their male colleagues, it is important to identify and understand the gender-based differences, according to a National Academy of Medicine discussion paper. Focusing on the challenges women physicians face can lead to four high-level strategies to mitigate burnout and improve well-being.

Authors of the discussion paper published on the National Academy of Medicine website, “Gender-Based Differences in Burnout: Issues Faced by Women Physicians,” identified four high-level strategies for addressing issues associated with female physician burnout.

Use standardized measures in research

As determined by the authors of the discussion paper, the research community should develop a consensus definition of burnout. Once developed, standardized measures should be promoted and physician demographics should also be used consistently in assessments of well-being.

“Consistent use of standardized terms and assessments, including those used to identify the population being evaluated, will promote optimal research outcomes. The risk of developing burnout is multifactorial and is affected by the physician’s gender, as well as their age, race, ethnicity or sexual minority status,” says the paper.

The impact of interventions that are designed to improve well-being and reduce burnout should also be assessed in terms of gender-based physician satisfaction and retention. Appropriately designed studies will help provide a better understanding of the relationship between gender and burnout while assisting in developing mitigation strategies.

Address personal and institutional factors
For health care organizations, it is important to develop interventions that focus on both personal and institutional factors. Institutions should delve into organizational factors that are most important in their learning and practice environments. One barrier to fully equalizing roles and responsibilities for women and men is the societal expectation that females are responsible for caregiver duties at home.

“Until these expectations change, health care organizations must acknowledge these societal demands and provide resources and flexibility in the work environment that can enable women’s success,” says the paper.

Interventions can include flexible work hours and family leave options, which would allow for the care of dependent children, parents and other family members without negative career consequences. Health care institutions should also allocate resources to help enhance the success of women physicians, including career development, mentoring and peer support.

**Prioritize physical and mental health**

Include broad-based programs championed and supported by organizational leadership to improve well-being and reduce physician burnout. These programs should cover both physical and mental health, and, when appropriate, gender-specific interventions should also be a component of these interventions.

Programs that are designed to ensure physicians—especially women who have multiple responsibilities outside of work—have time to participate should be employed where possible. It is also important to work to eliminate the stigma that is commonly associated with mental health issues, including burnout and depression.

While additional work is needed to identify optimal initiatives to address physician burnout, it is important to engage women in the development and implementation. This will help to ensure these well-being programs are practical and meaningful. Support for women in medicine should be career-long.

**Change the culture of medicine**

To make a change in burnout among female physicians, there needs to be a shift in the culture of medicine. Organizations should look at how to eliminate biases and harassment. This can help to “level the playing field,” while also promoting women’s careers in medicine.
Making a change in the culture can also help to eliminate a significant source of stress for women physicians. And it emphasizes to women that their goals as physicians are aligned with that of their health care institution.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

This September, the AMA is marking Women in Medicine Month by celebrating trailblazers, advocates and leaders. Learn more about recent AMA efforts to promote gender equity in medicine.