

The burden of burnout for women in medicine with Vineet Arora, MD

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Vineet Arora, MD, dean for medical education of the Biological Sciences Division at University of Chicago Medicine, who shares insights on why #WomenInMedicine face a disproportionate amount of burnout and how the medical profession can better support them.

Learn more about Illinois Medical Professionals Action Collaborative Team (IMPACT).

Speaker

- Vineet Arora, MD, dean for medical education, UChicago Medicine

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today I'm joined by Dr. Vineet Arora. She's the dean for medical education of the biological sciences division at University of Chicago Medicine. She's going to talk about why we're seeing so many women physicians leaving medicine.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Arora, it's great to have you back. In January, Harvard Business Review published an article called Why So Many Physicians Are Quitting, and in that article, it reported that large numbers of women physicians are either cutting back or quitting and taking jobs that offer them more flexibility in terms of hours and the ability to work from

home.

Let's start. We're going to reflect on this article and what you know from your own colleagues. What do you think about this trend and what are you seeing?

Dr. Arora: Yeah. No, thanks, Todd. It's great to be here from the Pritzker School of Medicine. Yeah, I remember seeing that article and it was tragic because it was true. I think many people think women physicians are insulated from all of the she-cession that we've heard about with the pandemic and women and job losses, for example.

Unfortunately, it's not true and women physicians just like women everywhere are subject to the same challenges that women face, particularly around disproportionate caregiving, and what happens when caregiving is upended like in the pandemic but also burnout. A lot of us are facing burnout in health care all the way from the frontline to leaders.

We are seeing women physicians leaving in many different ways. Some of that is early retirement and some of that is younger women choosing to leave jobs that they feel that are not aligned with their work life balance. This gives us a lot of pause to think about, particularly in academic medicine.

Unger: I mean, it would be a concern for any profession to see women leaving. Why is this particularly a concern to see women leaving medicine?

Dr. Arora: Yeah, no, that's a great question and I would say that there's so much data on the importance of diverse teams performing better and particularly women add a lot to the table in terms of leadership style, in terms of equity and equity lens and being role models. I mean, I'm here at the Pritzker School of Medicine where we've got, in medical school, we do have gender equity in terms of entry into medical education.

What about when our female medical students reach the wards and what do they see in the surgery operating room? What do they see when their leaders are giving lectures or sending out emails? Do they see people that look like them and model that remind them of who they are?

I think that's a really important thing to keep in mind that, in academic medicine especially where we still have under representation of women in medicine at the professor level and the chairs and deans level that we have not seen, despite equity at the entry level for many years, we have not seen that translate into the leadership level. I also think there's some great data that shows that women physicians actually have better outcomes, slightly better outcomes, in terms of readmission and mortality than their male counterparts.

Certainly, while that could be hotly debated, you certainly don't have any worse outcomes and really do highlighting that, that it's important to think about why having diverse leadership styles is at the

table and particularly women are well known for a team approach, collaboration. This is across all sectors, including in the political sector where we do see that there are very big differences in the way that men and women lead teams.

Unger: I'm curious if this follows that pattern that we've heard so much, which is trouble before the pandemic and then exacerbated by it. Is this something that was happening before we ran into the pandemic days or not?

Dr. Arora: Yeah, no, that's a great question. Certainly, we talk about how the pandemic has unmasked equity, inequity I should say, everywhere. Certainly, this is the same issue here where I would say that many careers, including being a leader in medicine, have not been compatible with being a woman or a caregiver in medicine. We are seeing that the pandemic has exacerbated this issue, particularly for women and others, intersectional identities, those that have caregiving responsibilities that's become really urgent.

When your childcare closes or you lose your childcare because they're sick, you really expose how challenging it is that we don't have really good solid foundations of childcare, paid family leave, other FMLA type leave that many people can take, but especially women tend to benefit from.

Those are all issues that are important, particularly not just at the leadership level but also at the ... medicine is a very long runway and with these long, long training times. They overlap with reproductive timelines. You end up having family building that's happening at the time that you're thinking about your first job. You're not well established in your career and then you're very vulnerable and you don't have a lot of control over your life. Those can be very, very jarring, especially for women just entering the workforce.

Unger: Absolutely. The article also suggested that practicing medicine tends to take a greater toll on women, which leads to higher rates of burnout, something you mentioned, lower rates of professional fulfillment and higher rates of depression. This disparity can be seen as far back as residency, which is something you point out in that spectrum of training and education, long process. I mean, do you find this to be true in your own experience? If so, what do you think is the case here?

Dr. Arora: I definitely think that women, there is data to show women do face disproportionate rates of burnout and particularly in medicine. I think when we think about why a lot of it does go back to women shouldering disproportionate share of family caregiving at home. Working that third shift, if you will, so there's so many other things that are happening and then they're also balancing a lot of stuff at home.

How does that relate to a woman's psyche, especially when she's trying to deal with the front lines in the pandemic? I think there's also one of the ... But I would be remiss if I didn't point out it's not just a work-life balance thing. I think there's, back to residency, our research has shown that in residency, as

early as residency, women physicians face disparities in the way they're evaluated.

When women are taking leadership roles, even in the residency setting to help improve patient care, they are judged unfairly compared to their male counterparts. That can also lead to burnout. Mistreatment also leads to burnout. Anytime you have a marginalized identity, you really do risk that person being at risk for burnout.

Not just because of the disproportionate things that are happening to them in the home outside of the workplace but what's happening to them at the workplace. Is the workplace set up for women and other minoritized individuals to thrive? That really needs to be a question that all of us are answering with a yes. I'm not sure that we're ready to be there, but that's really, really something that's really, really important for us to address.

Unger: I know and this is something you mentioned earlier when you think about women in leadership positions that we tend to see fewer women in leadership positions within medicine. Is this one of those drivers of women leaving the profession, and if so, how do we create more opportunities for advancement?

Dr. Arora: Yeah, no, I definitely get this question asked a lot and I would say that there are fewer women in leadership positions but there are not fewer women, right? That's something that we need to really think about. There's been a lot of work that's been done by Dr. Julie Silver and others, Dr. Reshma Jagsi, to point out that there are women and they're hidden and they need to be brought to the forefront.

There are women that are contributing and they are leaders but maybe they're not being really held up to that ideal vision of being a leader. There's also this concern that medicine because it is a very long horizon of your career, that if you are facing bias or inequity earlier in your career and you're held back from a pay standpoint or a promotion standpoint, then you're not going to be ready to be a leader, right.

You're not going to be the person that when your CV is approached to for a leadership position, they're like, "Well, you didn't get the promotion before." If you've been facing inequities before in your career, of course you're not going to break the glass ceiling all of a sudden, right, because that's why it's there.

I think there's also what we're starting to find out is a little bit more about this glass cliff that a lot of times institutions and organizations when they need a shakeup. When they know that they need somebody new, they put in a woman or they put in a person of color, and then that person faces a lot of challenges because the institution needed a shakeup. There were things that weren't going well.

Then for whatever reason, maybe they're not coached. Maybe the organizational culture is actually not set up for that person to succeed. They don't succeed and then they fall off the glass cliff. Then they're told, "Well, we went with a woman last time and look what happened." We really need to guard against those types of inherent biases in our system.

I definitely think that there needs to be a concerted effort to get women into leadership positions. One idea that comes up a lot in addition to coaching and mentorship and sponsorship, all of those things are important, we've written about that, are the idea of allies and term limits.

Is there a moment when, because when you always compare, if you always compare two CVs, right, you're always going to be comparing a senior man to maybe a more mid-career woman, right? The question might come, when do you take a chance, right? We've got to have people that are courageous, take chances and really put people into leadership positions so that they can thrive.

I've seen people in search committees take chances on men but we're somehow less reluctant, I think, to take chances on women or on people of color and I think that's got to change. I think one way that could change is that we value diversity, equity and inclusion as part of leadership. So, being a good leader is not that you know this is something on the side. It's that you are thinking about these things. You are able to connect with people.

I would say I am a better leader because I have small children and I understand the needs of faculty with small children and our residents and our students, so that I can highlight and role model that this can be something that you can do.

Instead of thinking of myself as being a sort of a negative, how can that be viewed as an asset, something that I bring to the table? If we start rethinking the way we evaluate leadership, we could actually definitely make a lot of forward progress.

Unger: One of the things that we talked about earlier in this conversation is this issue of flexibility. Which is so important, not just in medicine but we're finding it these days affecting nearly every profession. But in your estimation, how important is for health care organizations to rethink this concept of flexibility and why has it been so difficult for medicine?

Dr. Arora: Yeah. I would say the system was built around, I was seeing something on Twitter, the nuclear family, right. Somebody else wrote, well, the nuclear family is a heteronormative white male who's got somebody at home taking care of them, right. I still see that today. When I go to, there's a leadership retreat meeting that somebody, the organization I'm part of, has and it's half day events, right, for three days with the idea that you would bring your family and your family would enjoy the locale.

At times, I do bring my family and at times that's able to happen but on a random month, I'm not pulling my kids out of school or my husband away from work to do that, right. We do have these sort of rituals, if you will, that are codified in terms of thinking about what a leader is and what they need that don't really work sometimes when you're not in that position of being in the majority.

I do think that flexibility comes in many different ways. That's something the pandemic has shown us is we need to be flexible and we need to account for the fact that caregiving is happening, right. As I'm talking to you, the caregiving is occurring, right. I've got a team at home. When I was at home, when schools were closed, caregiving was happening, right. Even though I'm here with you, caregiving is still happening, right.

How do we highlight that I don't need to be on my email over the weekend and if I am on my email over the weekend, you don't need to be on your email over the weekend, right. There are times that I do need to work over the weekend, it's medicine but there are times because of that that I might not work during the week, right. We need to really normalize stable work hours and a healthy workforce because we have not, right.

I think about residency training, the history of residency training, was very long hours. You're forbidden from marriage. You live at the hospital, that's why you're called a resident. It was developed by people who were abusing drugs, right, stimulants to keep them awake. We have to look deep inside and highlight, was that the system that really produces healthy stable doctors, right?

I would argue that this whole crisis that we have in burnout is because it's not the system that produces those healthy, stable doctors. We need to really lead the way to produce healthy, stable doctors, and we can if we are just willing to change.

Unger: Yeah. I think the pandemic is obviously forcing everybody to rethink.

Dr. Arora: Yeah.

Unger: What constitutes flexibility? As you point out, some of these assumptions about what people can and can't do, and about the care machine that sits beside so many people to allow them to work, it's really a delicate balance. It always has been and made worse by this.

We talked about in a previous episode with you that you were one of the founders of an organization called IMPACT, which is essentially a grassroots network that's helped to amplify the voices of frontline health care workers, their patients, their families and their communities. Do organizations like this help women physicians feel more connected and help them find additional support?

Dr. Arora: Yes, and I would say that that's so interesting that you bring up IMPACT because it really grew out of Physician Mommies Chicago, which is a local Facebook group that's led by a friend of

mine, Dr. Laura Zimmermann. Really this, right early in the pandemic, this paralysis of how can we do something? How can we get our voices heard so that people could understand that things were really bad in health care? They were really bad in the hospitals and we needed to partner with the public to educate them.

That's really how IMPACT was born, the Illinois Medical Professionals Action Collaborative Team. It was born by physician women, right, who wanted to make a difference. We've expanded to include a lot of other people, including health care workers in all different spaces, nurses, pharmacy, a variety of other spaces, and as well as many students.

But I think that identity of being a physician mother is still very important. I've seen that in other organizations as well. A lot of women led organizations do very well, and I think that's partly because of this idea that we work better in a team. We all understand that somebody can't be on first all the time. You have to share the load, right? By working as a team, we can do better and some weeks I'm doing well and other weeks I'm not doing so well, and we can all share that burden.

I think of that a lot in team science and advancement in academia as well, women physicians and scientists tend to work better in teams, be supported in teams. But one challenge is that team science often hasn't been rewarded at the level of promotion and tenure as it could be. Similarly, activities like advocacy and community engagement and educating the community and media haven't been also rewarded at that level of promotion and tenure.

One of the things that IMPACT really taught me is the value of really working in a team of like-minded, mission driven, mostly women who really, really care and volunteering their time but also we can lift each other up. I'm really excited to report, I believe it's made me a better leader. I know that for some of these colleagues of mine that are in IMPACT who are now starting new jobs, many in leadership positions, it's made them a better leader as well.

I definitely think that working with other women is a really important way to lift each other up. I've seen this also at the University of Chicago with the Women's Committee. Our Women's Committee and departmental and institutional women's committees do great work, really trying to work with the system to amplify that voice and advocate for women, and really everyone because childcare is not just a woman's issue, it's everybody's issue.

Whether it's advocating for childcare subsidies or helping around bridge funding or promotion and tenure, these are issues that matter to everybody. As my husband likes to say, if I'm facing pay inequity, it only hurts him too. So, it's really these are issues that do affect everyone. I think these are really important and I'm looking forward to a time when such efforts like those community engaged efforts, the team science, are rewarded as much as the solo discovery that's made in an academic center. I think those are when we know we've equalized the playing field.



Unger: Well, Dr. Arora, thank you so much for being here. It's so great to hear your perspective. That's it for today's Moving Medicine video and podcast. We'll be back with another episode soon. In the meantime, make sure you don't miss another terrific episode. Click subscribe on our YouTube channel and check out ama-assn.org/podcasts to get a view of all the great videos and podcasts that we do here. Thanks for joining us and please take care.

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