

Early-career female physicians experience obstacles to professional and academic success

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Individual and systemic challenges specific to female family physicians in their first five years of practice create obstacles that can result in disproportionate rates of burnout and negative impacts on career trajectories, according to a new paper co-authored by Dr. Tali Bogler of St. Michael's Hospital's Academic Family Health Team.

The article, to be published on August 14, 2019 in *Canadian Family Physician*, is authored by three female family physicians nearing the end of their first five years of practice and outlines practical strategies to achieve [gender equity](#) and work-life integration.

The paper highlights systemic challenges including implicit and overt bias, a shortage of women in leadership positions, a lack of supportive and comprehensive leave policies, and gender-based pay inequities. Individual challenges include imposter syndrome, balancing personal and professional responsibilities, and restrictive gender norms.

"The 2017 Canadian Medical Association National Physician Health Survey demonstrated that that female physicians and early career physicians reported the highest levels of burnout," says Dr. Bogler.

"What we didn't know was why. This paper aimed to explore that from a [first-person perspective](#) and provide practical strategies to specifically support female family physicians."

The paper calls for implicit bias and sexual harassment training for physicians of all career stages, more flexibility in scheduling to respect work-life responsibilities, and a review of which payment models widen or lessen the gender-pay gap. Female family physicians typically spend longer with patients and give more attention to psychosocial issues, putting them at an earning disadvantage compared to their male counterparts, who typically see a larger volume of patients for shorter visits, the paper states. The authors advocate for remuneration systems that adequately compensate family physicians for time spent with patients and complexity of care.

The authors also called for the development of comprehensive family, caregiving, and medical leave policies, citing that a lack of these policies disproportionately affects women and those in early career.

There are solutions that female family physicians can individually initiate, including exploring peer-to-peer support groups, mentorship and by setting boundaries. The paper notes that the development of electronic medical records have created an expectation of 24-7 availability for physicians.

The paper also recounts the authors' personal moments of gender bias and disparity, including a time in which Dr. Bogler and her husband, also a [physician](#), were standing side by side both wearing stethoscopes. A stranger referred to her husband as a doctor and to Dr. Bogler as a nurse.

While the paper largely explores the challenges for early-career female [family](#) physicians, Dr. Bogler notes that these challenges may be amplified for women with intersecting forms of social positions such as race and sexual orientation.

Provided by St. Michael's Hospital

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