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Battling Burnout & Bias with Locum Tenens

Announcer:

You're Listening to *Spotlight On Locum Tenens* on ReachMD in partnership with Locumstory.com. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

Welcome to *Spotlight on Locum Tenens* on ReachMD. I'm your host, Dr. Jennifer Caudle, and joining me today to discuss how we can prevent burnout in female physicians is Infectious Disease Specialist, Dr. Roni Devlin. Dr. Devlin, thanks so much for being here today.

Dr. Devlin:

And thanks so much for having me.

Dr. Caudle:

So, Dr. Devlin, we all know that burnout is becoming increasingly common in the healthcare field. But can you share some factors that might be contributing to the rising rates among female physicians in particular?

Dr. Devlin:

Sure. I think it's probably no surprise to anyone that female physicians may encounter burnout symptoms faster and more readily and more often than their male counterparts. And that's because of several things. One of which is that they're still the primary caretakers whether it's for their children, their significant others, their elderly parents, women still have most of the burden for caretaking beyond their expectations at work. So, they have more stressors, both at work and at home that can lead to symptoms of burnout.

They're also still the primary household management team. Even with partners who share some of the duties of finances, and scheduling, and cleaning, and cooking, women still do most of that work. And that is on top of their caregiving tasks that they're responsible for, and that they commit to. So at home women have more work to do that impinges upon their both mental and physical capabilities at work.

But at work, too, they have inequalities that they have to deal with. They're paid less, there are pregnancy and childcare biases, women still suffer from sexism and microaggressions. And when women are asked how they feel at work, they often say that they are more likely to feel that they are deemed unworthy of their work than their male counterparts.

Dr. Caudle:

Thank you so much for that. That's very helpful. And in some ways, I have to say, as a woman, tough to hear. But very insightful, of course. And, you know, based on your own experiences, how and why did you become interested in locum tenens work?

Dr. Devlin:

Well, I think truthfully, burnout played a big part in my decision to transition to locum tenens. I had been practicing for just about 15 years at Community Academic Institutions in the Midwest, and all of the positions I was in were with very small teams, despite the fact that over the years, the responsibilities became increasingly more, and larger and more burdensome.

So I think I was just reaching a point where I was experiencing all of those stressors that I mentioned earlier in the previous question, but also recognizing that my work was becoming more burdensome than I, as one person, could handle. So, as I was getting more and more fatigued, and all of the accumulative stressors from the 15 years of practice, and the work-life balance and sexism and microaggressions in the workplace were adding up, I just became tired and, to be honest, angry. I used to joke and call it my pager rage actually because I would feel angry when my pager went off, as just another interruption and distraction in my day that was already

more stressful than I could handle. And that fatigue and anger seem to play out beyond my workday. And I realized I just couldn't, I couldn't keep up that peace and that unhappiness.

I found locum tenens to be a nice transition for me because it allowed me to have more control over my work schedule. It allowed me to define what the workload would be, and to cater assignments to my skills and expertise rather than focusing on work that either wasn't what I was interested in, in the world of infectious disease, or I had no expertise for in my specialty. It also allowed me respite between assignments so that I could recover from whatever burdens or stressors the job may have brought on. And it also gave me the chance to travel and experience medical work in other environments, which I think is helpful for gaining skills and knowledge beyond just one point of practice.

Dr. Caudle:

Excellent. And it's very helpful, and really appreciate you sharing your story, because I think there's many physicians that will relate to your experiences. As a quick follow-up to that, Dr. Devlin, what was that transition to locum tenens like? And how did it impact your feelings of burnout?

Dr. Devlin:

Yeah, the transition was sort of interesting. I was required at my permanent position to give her three-months' notice before I would be officially done with my work there. So what I did was I gave notice and then also during my time off I was on a one week on, one week off schedule. On my weeks off, I actually tried my first assignments in locums work. So I was doing both at the same time. I was winding down my permanent position and then gearing up my locums work to make sure that I had made a choice that made sense. And that was started in December of 2019. So by the time my three-months' notice came to into play, the pandemic was here.

So, all of my initial locums work was leading up to pandemic work actually, which I think was a both good and bad. The pandemic was exceedingly stressful on all medical providers. And it was difficult to travel and do locums work in the midst of all of the pandemic difficulties.

But at the same time, when I think back to how I was feeling and what prompted me to make that career shift I'm glad I made it because I think if I had had the additional stress of the pandemic on top of the burnout I was already experiencing I just don't know what I would look like today.

Dr. Caudle:

For those of you who are just tuning in, you're listening to *Spotlight on Locum Tenens* on ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Roni Devlin, about burnout in female physicians.

So, Dr. Devlin, I'd like to switch gears a bit and focus on other ways, besides locum tenens work, that we can better protect women providers from burnout. Starting with medical systems, what can medical systems do to help combat this issue?

Dr. Devlin:

Yeah, I think there's actually a lot we could do within the medical systems. And the question is, and how quickly. We've known for a very long time that we need equitable pay for women. And we need equitable research funding on the science and scholarly side if women are to be respected and deemed worthy and feel worthy of the work they're doing and to feel appropriately compensated and valued for the work they do.

I think we need better access to childcare and eldercare. I think a greater number of women physicians are providing and caretaking for their parents or older siblings or other family and friends, in addition to those who are taking care of their children.

we also I think, need assistance for emergency situations that come into play with childcare and eldercare. And right now, the world of medicine does not allow much room for flexibility when it comes to that. Flexibility in general with regard to scheduling is important. I think probably better parental and family leave benefits are necessary.

And then when it comes to the sexism and harassment and microaggressions that I think play a bigger part in women's burnout than we understand sometimes. Medical systems need to have education regarding what these problems are. They need a reporting system for people who feel burdened by some of these issues, and then they need to respond really promptly to issues with a zero tolerance policy.

Dr. Caudle:

Excellent. No, those are very succinct. And they make a lot of sense. I think it's helpful that you're talking about this issue as sort of a comprehensive issue. You know, it's also the medical systems. And that makes a lot of sense. And on the educational level, what training or courses can we offer clinicians?

Dr. Devlin:

Yeah, I think it's becoming clear that both men and women need to understand what sexism, sexual harassment, and microaggressions look like. And what's the proper way to respond and report to issues with regard to those troubles. Probably all clinicians need unconscious bias training. And I know that's becoming now mandatory in some CME situations for state licensing. And then, of course making sure that on the job, that women and men both know how to recognize and respond immediately when situations are happening in front of them.

And even beyond the medical systems, I think partners and significant others need to understand the stressors that women providers go through, and what can lead to their burnout. They need to commit to increased engagement and participation and caretaking and household management. And women need to be willing to ask for help themselves, I think too.

Dr. Caudle:

Those are excellent points. Unfortunately, we're almost out of time for today Dr. Devlin. So before we close, I'd like to know, do you have any pieces of advice for your female colleagues who may be suffering from burnout?

Dr. Devlin:

Sure, well, certainly as someone who has experienced it myself there is no shame in admitting that things have become unhappy and worrisome from that standpoint in the medical profession, and in the job that we're trying to do as female providers. Recognizing that the symptoms can vary. For me, it was fatigue and anger. But, other people may have different symptoms. And then, like I mentioned, to seek help and to consider change so that you can move forward and hopefully stay on the job so that we can mentor younger women coming up through the world of medicine as well.

Dr. Caudle:

Well, with those pieces of advice in mind, I'd like to thank my guest, Dr. Roni Devlin, for joining us to share her experiences. Dr. Devlin, it was great speaking with you today.

Dr. Devlin:

Thank you so much for having me.

Announcer:

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