



## Editorial

Burnout of the female dermatologist: How traditional burnout reduction strategies have failed women <sup>☆</sup>Kelley L. Sharp, RN <sup>a</sup>, Diane Whitaker-Worth, MD <sup>b,\*</sup><sup>a</sup>University of Hartford, West Hartford, CT, United States<sup>b</sup>University of Connecticut Health Center, Dermatology Department, Farmington, CT, United States

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## ABSTRACT

Dermatology is known as specialty that traditionally exhibits high levels of professional satisfaction, largely attributed to regular clinic hours and a lack of in-house call. Yet, the 2018 Medscape Dermatologist Lifestyle Survey showed that nearly one-third of dermatologists either currently experience or have experienced burnout during their careers. Although male and female dermatologists report similar burnout rates, 36% of female dermatologists reportedly work part-time compared with 14% of male dermatologists. The fact that female and male dermatologists experience similar rates of burnout even though women are more likely to work part-time suggests that female dermatologists might have additional or unique reasons for experiencing burnout compared with their male counterparts. Women in dermatology likely experience burnout, at least in part, as a result of stress from the demands of life outside of work. However, despite increasing interest in the development of burnout prevention strategies, efforts to reduce burnout have so far failed to acknowledge or address the unique reasons why female dermatologists may experience burnout. This article aims to better characterize causes of burnout that may disproportionately contribute to female burnout and to provide actionable steps to address burnout in female dermatologists.

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## Introduction

Dermatologists are known for exhibiting high levels of professional satisfaction, largely attributed to their regular clinic hours and lack of in-house call. Yet, the 2018 Medscape Dermatologist Lifestyle Survey cited that nearly one-third of dermatologists either currently experience burnout or have experienced burnout during their careers (Grisham, 2018). These findings are supported by those from a similar study published in Mayo Clinical Proceedings (Shanafelt et al., 2019). Although male and female dermatologists report similar burnout rates, 36% of female dermatologists reportedly work part-time compared with 14% of male dermatologists (Grisham, 2017).

Part-time physicians experience less burnout than full-time physicians; thus, the similar rates of burnout between male and female dermatologists despite women more frequently working part-time suggests that female dermatologists may have additional or unique reasons for experiencing burnout (Mechaber et al.,

2008). Women in dermatology likely experience burnout, at least in part, as a result of stress from the demands of life outside of work. However, despite increasing interest in the development of burnout prevention strategies, efforts to reduce burnout have so far failed to acknowledge or address the unique reasons why female dermatologists may experience burnout. This article aims to better characterize factors that disproportionately contribute to female burnout.

One of the primary reasons for experiencing burnout that female dermatologists report is that they more frequently assume the role of primary caregiver and housekeeper while simultaneously working. Although it must be recognized that traditional relationships and gender roles are changing, the current lack of information in this arena makes expanding the present discussion to include these less traditional scenarios impossible. According to the McKinsey & Company survey, Women in the Workplace 2017, 43% of working women continue to perform the majority of housework in the home, compared with 12% of working men who fulfill the primary domestic role (McKinsey & Company, 2017).

The impact that maintaining household responsibilities while simultaneously working has on working women is addressed by Hochschild and Machung in *The Second Shift: Working Parents and*

<sup>☆</sup> No human subjects were included in this study. No animals were used in this study.

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*the Revolution at Home* (2003). The authors explain that the burden of household responsibilities that many women encounter on a daily basis, which they define as the second shift, represents an additional full-time commitment that comes with its own set of stressors. These stressors have the propensity to create burnout even in the absence of work-related dissatisfaction (Hochschild and Machung, 2003). Therefore, unsurprisingly, this second shift may prevent many female dermatologists from receiving the respite they need to cope with the stressors of work when returning home.

The idea that the second shift can interfere with female physicians' ability to successfully cope with the stressors of work was addressed by Dr. Catherine Humikowski in 2018. In her article *Beyond Burnout*, Dr. Humikowski, an intensivist, chronicles her personal experience of severe burnout triggered, not by professional stress, but rather by her emotionally draining personal life (Humikowski, 2018). She explains that each day, her energy is drained before a single patient is seen because she is unable to recharge upon leaving work due to the significant stress she experiences from her personal life. Addressing her role-strain, she proclaims, "I want to be a doctor still, but I also want to be a mother and a partner and a sister and a daughter to my dying dad" (Humikowski, 2018).

Dr. Humikowski's article illustrates a common plight that many women face as they assume the role of caregiver not only for their children, but also for their aging parents. The sheer impact that one's personal life can have on the ability to cope with work-related stressors helps explain why approaches to burnout that rely on a healthy home life as a space to recharge prior to returning to work fail for many individuals. This type of approach is especially ineffective for managing burnout among female dermatologists because it ignores the fact that many female dermatologists are not rejuvenated by returning home, but rather experience a significant degree of burnout from the stressors created by returning home. Regardless of whether it is societal expectations or self-imposed pressure that causes female dermatologists to assume primary household duties while working, the impact that assuming both roles has on female dermatologists is undeniable.

In addition to being disproportionately burdened by household duties, women also experience home-related burnout from stressors related to childbearing. Childbearing is an especially important contributor to burnout in female dermatologists because residency, one of the most demanding portions of a dermatologist's career, corresponds with childbearing years for many female residents. In fact, in an original study by Mattessich et al. (2017), 51% of female residents chose to have children during residency training. Furthermore, the national average for maternity leave is 12 weeks, but 25% of residents took <4 weeks of leave (Mattessich et al., 2017).

The fact that a substantial number of female dermatologists take such a short maternity leave highlights the heavy burden these residents face in balancing the stress of falling behind in residency with taking sufficient time to rest, recuperate, and bond with a newborn after childbirth (Grant-Kels, 2015). Without an adequate recuperation period after childbirth, female residents may be returning to their programs exhausted, overwhelmed, and vulnerable to both professional and personal burnout. This

burden is amplified when women are in training programs that are less hospitable toward women who become pregnant or that are less sensitive to the unique needs of new mothers (e.g., time for breastfeeding). Creating an environment where female residents are actively supported when they choose to have children is essential to help prevent burnout among female residents.

It must be acknowledged that not all women in dermatology experience burnout from the stressors of this second shift or the stressors of childbearing, the effect of personal stressors related to the unique burdens that women bear on professional performance cannot be ignored. Specific strategies for managing second-shift-mediated burnout include raising awareness that home stressors contribute to burnout and creating avenues and support for physicians to step away from the clinical arena during times when second-shift-related burdens affect their ability to provide patient care.

Women are often disproportionately disadvantaged by time and energy restraints placed upon them in their home lives when striving for professional equality. Steps must be taken to increase awareness about the unique stressors that female dermatologists face and to equip female physicians with the tools to identify early signs of burnout and to manage burnout.

### Conflict of Interest

No conflict of interest.

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None.

### Study Approval

The authors confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.

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