Working as a female rural doctor- transitions and resilience

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Today's workshop

- WWPWFM and WWPRP
- What the literature tells us about women doctors at times of transition and about women rural doctors
- What women rural doctors say
- Group work

What are the issues at times of transitions for rural doctors?

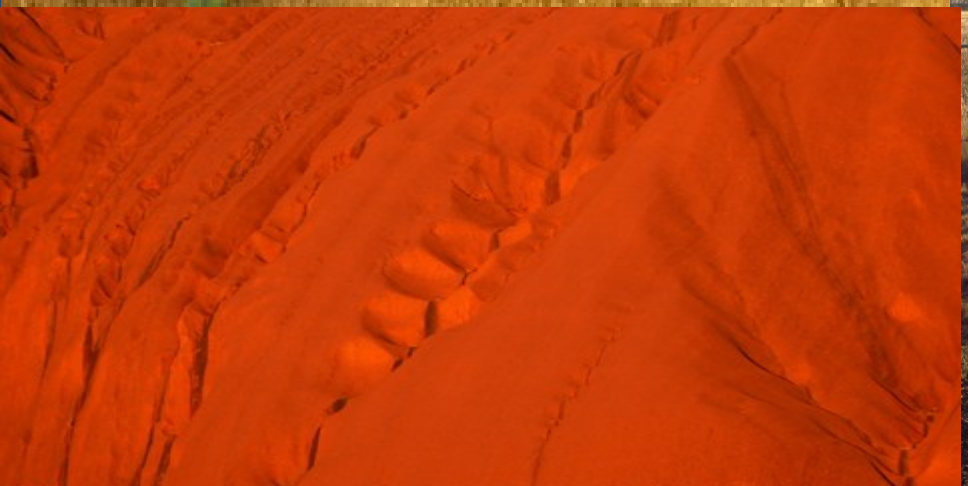
What are our strengths and resiliencies- how do we foster these?

- Summary and conclusions/ recommendations

WHY?

- Increasing number of women in family medicine worldwide
- Variety of work settings, experiences, skills and roles in many countries
- Universally they face societal, cultural and institutional barriers to their full professional development
- Women doctors' special contributions critical for the health systems of most countries, and for the health of many of the worlds people

Australian Context



Aims of WWPWFM

- To promote women family doctors in WONCA,
- To highlight their special contributions
- To reduce the barriers facing them

THEREBY enabling them to reach their full potential and enhance the contribution n of all family physicians/GPs around the world to clinical care, women's health, education research and leadership

The WWPWFM Party takes a leadership role in advocating for the concerns raised by women doctors and women's health in family medicine/general practice.

Achievements

Major achievements have been the

- HER statement and adoption by WONCA Council and 10 steps to Gender Equity in Health
- Changing Wonca by laws to reflect equity and establish an Organizational Equity Committee;
- Endorsement of Gender Equity Standards for scientific meetings;
- Women's track activities at WONCA conferences;
- Active list serv and email discussion forum;
- Publication of key literature review.

The HER statement -**THE HAMILTON EQUITY RECOMMENDATIONS**

1. Enshrine the principle of gender equity within Wonca governance by amending the Wonca Bylaws and Regulations, as proposed by the WWPWFM.
2. Implement gender equity in all activities of Wonca, in particular the scientific programs of its triennial, regional, and rural meetings.
3. Promulgate the pivotal role of gender as a key determinant of health.
4. Promote the equitable inclusion and advancement of women general practitioners/family physicians in Wonca.

Ten steps to gender equity in health -

1. Strive for gender equity in access to health services;
2. Work in all Wonca initiatives toward the elimination of gender-based violence;
3. Uphold the right of women to reproductive choice and safe motherhood;
4. Assert the right of women to safe sex and sexual choice;
5. Advocate for women's active participation in decision-making and equitable distribution of resources (health services, income, education, housing, etc);
6. Integrate gender perspectives into medical curricula and education, residency training, professional development and patient care
7. Promote the integration and understanding of healthy human sexuality in medical curricula and education, residency training, professional development and patient care throughout the life cycle;
8. Promote and support research on the impact of gender on health;
9. Encourage those individuals and groups in Wonca with special interests in issues such as tobacco cessation, and alcohol and drug misuse, to incorporate a gender perspective;
10. Recognize that women's empowerment is a key factor in HIV/AIDS and take concrete action toward addressing this worldwide catastrophe.

Issues for women- What does the literature tell us?

- Drs Cheryl Levitt, Lucy Candib and Barb Lent – 2008 - **Women Physicians and Family Medicine Monograph/Literature Review**
- http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/wwpwfm/monograph%202008.pdf
- Most literature is from North America, UK, Australia, but some from Iran, Philippine Mexico, South Africa, Israel, Egypt and some countries in Central and Eastern Europe former Soviet Union

Issues for women- What does the literature tell us?

- Women in Training – gender bias, choice of career, marriage and parenting during training, cultural and class issues
- Women in Practice – sexual stereotypes, attitudes, policies and practices, marriage and parenting, rural medicine
- Women in academic medicine – research vs teaching
- Women in organizational medicine - under representation, development of women's groups and projects
- Women family doctors caring for themselves and their families- physical and mental health, occupational stress, satisfactions

Women in Rural Practice

- Shortage of rural doctors- even fewer women rural doctors
- Broader scope of practice than urban – additional training may present issues
- Different challenges

Work – burden of unmet need, especially preventative care and women's health; Longer hours

Attitudes of rural communities

Personal -Opportunities for spouse employment and education for children; social isolation

Transitions

Career and Location Choice

- Additional training
- Spouse occupation

Marriage and Parenting

- Women shoulder double responsibility for home, children, and professional work; Women married to other doctors work fewer professional hours
- Part-time work issues - exclusion from decision-making , financially penalized
- Maternity leave options are helpful but cause special challenges: loss of income, interruption of careers, locums, etc

Elder care

What women rural doctors say

Work and practice

- On-call 24/24
- “Tears and smears” scope of practice – traditional roles
- Income inequality– less $
- Safety - Travel on call; Living by self; Taking call by self
- Difficulty taking leadership roles
- Some communities – if not a male doctor not a real doctor; if part ime not “pulling your weight”
- Maternity leave – pressure to return to work
- Living standards less – little incentive

Personal

- Balancing family and work
- Lack of access to extended family and their support
- Juggling family – childcare access
- Less domestic support – being the carer
- Accommodation families on rotations
- Education for children
- Job opportunities for partners

But- we love what we do!

- Studies have shown that women physicians have relatively high life and work satisfaction.
- The “Paradox of the contented worker”
- Several studies show that marital and parental status has either no effect or a positive effect on mental health, career, and life satisfaction

- So how do we do it ?

Resilience

- From the literature women describe strategies in marriage and childrearing. Some examples include negotiating with their spouses regarding the division of labour in domestic duties and increasing networking among women physicians
- Systemic solutions -work equity policies, parental leave policies, flexible hours and mentoring programs, effective on-call sharing and workshops on assertiveness training and leadership skills

Group work

What are the issues at times of transitions for rural doctors? – career choice and location/marriage/childbirth and child rearing/elder care

What are our strengths and resiliencies- how do we foster these?

WONCA Working Party for Women in Family Medicine