

# Inequity, Bias, Racism, and Physician Burnout: Staying Connected to Purpose and Identity as an Antidote

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*“Where are you really from?”*

*When I tell patients I am from Casper, Wyoming—where I have lived the majority of my life—it’s met with disbelief. The subtext: YOU can’t be from THERE.*

*I didn’t used to think much of comments like this, but as I have continued to hear them, I find myself feeling tired—tired of explaining myself, tired of being treated differently than my colleagues, and tired of justifying myself. My experiences as a woman of color sadly are not uncommon in medicine.*

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Racial bias and racism are steeped in the culture of medicine—from the medical school admissions process<sup>1,2</sup> to the medical training itself.<sup>3</sup> More than half of medical students who identify as underrepresented in medicine (UIM) experience microaggressions.<sup>4</sup> Experiencing racism and sexism in the learning environment can lead to burnout, and microaggressions promote feelings of self-doubt and isolation. Medical students who experience microaggressions are more likely to report

feelings of burnout and impaired learning.<sup>4</sup> These experiences can leave one feeling as if “You do not belong” and “You are unworthy of being in this position.”

Addressing physician burnout already is complex, and addressing burnout caused by inequity, bias, and racism is even more so. In an ideal world, we would eliminate inequity, bias, and racism in medicine through institutional and individual actions. There has been movement to do so. For example, the Accreditation Council for Graduate Medical Education (ACGME), which oversees standards for US resident and fellow training, launched ACGME Equity Matters (<https://www.acgme.org/what-we-do/diversity-equity-and-inclusion/ACGME-Equity-Matters/>), an initiative aimed to improve diversity, equity, and antiracism practices within graduate medical education. However, we know that education alone isn’t enough to fix this monumental problem. Traditional diversity training as we have known it has never been demonstrated to contribute to lasting changes in behavior; it takes much more extensive and complex interventions to meaningfully reduce bias.<sup>5</sup> In the meantime, we need action. As a medical community, we need to be better about not turning the other way when we see these things happening in our classrooms and in our hospitals. As individuals, we must self-reflect on the role that we

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each play in contributing to or combatting injustices and seek out bystander training to empower us to speak out against acts of bias such as sexism or racism. Whether it is supporting a fellow colleague or speaking out against an inappropriate interaction, we can all do our part. A very brief list of actions and resources to support our UIM students and colleagues are listed in the Table; those interested in more in-depth resources are encouraged to explore the Association of American Medical Colleges Diversity and Inclusion Toolkit (<https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit/resources>).

We can't change the culture of medicine quickly or even in our lifetime. In the meantime, those who are UIM will continue to experience these events that erode our well-being. They will continue to need support. Discussing mental health has long been stigmatized, and physicians are no exception. Many physicians are hesitant to discuss mental health issues out of fear of judgement and perceived or even real repercussions on their careers.<sup>10</sup> However, times are changing and evolving with the current generation of medical students. It's no secret that medicine is stressful. Most medical schools provide free counseling services, which lowers the barrier for discussions of mental health from the beginning. Making talk about mental health just as normal as talking about other aspects of health takes away the fear that "something is wrong with me" if someone seeks out counseling and mental health services. Faculty should actively check in and maintain open lines of communication, which can be invaluable for UIM students and their training experience. Creating an environment where trainees can be real and honest about the struggles they face in and out of the classroom can make everyone feel like they are not alone.

Addressing burnout in medicine is going to require an all-hands-on-deck approach. At an institutional level, there is a lot of room for improvement—improving systems for physicians so they are able to operate at their highest level (eg, addressing the burdens of prior authorizations and the electronic medical record), setting reasonable expectations around productivity, and creating work structures that respect work-life balance.<sup>11</sup> But what can we do for ourselves? We believe that one of the most important ways to protect ourselves from burnout is to remember *why*. As a medical student, there is enormous pressure—pressure to learn an enormous volume of information, pass examinations, get involved in extracurricular activities, make connections, and seek research opportunities, while also cooking healthy food, grocery shopping, maintaining relationships with loved ones, and generally taking care of oneself. At times it can feel as if our lives outside of medical school are not important enough or valuable enough to make time

## Suggested Actions and Resources to Support UIM Students and Physicians

Provide mentorship of UIM students<sup>5</sup>

Provide targeted professional development for UIM students<sup>6</sup>

Learn how to respond to witnessed microaggressions<sup>7,8</sup>

Read *Just Work: How to Root out Bias, Prejudice, and Bullying to Build a Kick-Ass Culture of Inclusivity*<sup>9</sup>

Abbreviation: UIM, underrepresented in medicine.

for, but the pieces of our identity outside of medicine are what shape us into who we are today and are the roots of our purpose in medicine. Sometimes you can feel the most motivated, valued, and supported when you make time to have dinner with friends, call a family member, or simply spend time alone in the outdoors. Who you are and how you got to this point in your life are your identity. Reminding yourself of that can help when experiencing microaggressions or when that voice tries to tell you that you are not worthy. As you progress further in your career, maintaining that relationship with who you are outside of medicine can be your armor against burnout.

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