
Confessions of a female radiologist



In a report on the importance of **diversity**, a **female junior radiologist** faculty member examines the predominant themes that may affect the professional lives of many women in medicine and radiology. The report published in [JACR](#), provides an eye-opening look into the obstacles and problems women come up against during the pursuit of their career in medicine and radiology.

Self-compassion is how we recover.

—Sheryl Sandberg, Facebook Chief Operating Officer

The author explains how they have encountered many work-related discussions among junior female radiology faculty members. "These discussions centre predominantly on two themes: **guilt** and **imposter syndrome**. These sentiments may affect the professional lives of many female physicians. These phenomena may contribute to many female radiologists choosing to practice part-time and to female radiologists holding only 15% of leadership roles in our profession," states the report. The study goes on to explain certain features and considerations to keep in mind concerning the two phenomena.

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The report puts into perspective the underlying issues faced by women in healthcare and radiology especially. Guilt, states the author, is a common emotion among many **female physicians, not just radiologists, resulting from feeling that they are not adequately** meeting the needs and expectations of home or family, dubbed "**mommy guilt**" in medicine. Both men and women harbour gender-based assumptions, biases, and stereotypes, but many female radiologists may assume an extra burden:

We expect to be excellent radiologists, amazing wives, and exceptional mothers all at once. Oprah Winfrey once said, "You can have it all, just not all at once." This mantra may be encouraging for young female radiologists embarking on careers in academic radiology while starting families. Female physicians may already **feel the guilt when pregnant because of increased work burdens** on their colleagues who cover for them. Several female physicians have experienced criticism and disapproval from their male colleagues. "I recall being 3 weeks' postpartum, in a new city, writing abstracts at my kitchen counter, being sure not to fall behind in my academic work, all while feeding and changing my brand-new baby and pumping milk! Certainly many other women (and men) have conquered more and have felt the same sense of guilt that I did."

Young female academic radiologists would be wise to acknowledge that we cannot do everything or have everything all at once; self-compassion is key. Indeed, child-rearing may actually improve one's focus, efficiency, resolve, and motivation in the workplace and beyond.

The catch-22 in which many female faculty members find themselves is that we feel guilty when we are at work, not spending time with our families and children, but when we are at home, we feel guilty for not working on that exhibit, manuscript, or grant. Compartmentalising and doing tasks in time blocks is useful to help focus. When one is at work, there is nothing one can do about the baby at home. Focusing at the task at hand makes us more efficient, so we can actually go home sooner and spend more quality time with our families. By the same token, when we are home playing with children, we may sense distraction, and it is better to make the moments count with undivided attention.

Junior academic radiologists should credit themselves with working hard so that they can provide for their children and give them better opportunities. Whether your children are male or female, **being a good female role model helps diminish gender bias in the next generation**. Our daughters will in turn work hard and see that they too can break glass ceilings; our sons will in turn respect women and see men and women as equals.

Recent research has shown that the best method with the highest impact in improving female medical students' interest in radiology is through visibility and active publicity of female radiologists. Junior faculty members in particular have been found to be more successful in offering mentorship because female medical students see them as more approachable. **Female radiologists are influential as role models and mentors and have the ability to change the radiology landscape one female medical student at the time.**

I have found that **asking "Is this reasonable?" is a good method to curb guilt**. For example, how late should one stay at work, or how many extra tasks should one undertake to advance in the department? Finding someone to give objective advice may be helpful in learning if what you are doing is reasonable; if it is, then there is no need to feel guilty.

Although women feel guilt regarding being a mother and a doctor throughout all stages of their careers, men also feel regret for not spending enough time with family. One study in Canada showed that **male physicians depend on their spouses for the day-to-day functioning of the**

household, and those with younger children were concerned about “finding time to give [their] spouse a break,” and those with older children were concerned about “preparing for [their children’s] postsecondary education.” Some solutions proposed here for female physicians may also be helpful for male physicians, even though the reasons for feeling guilt and regret may be different.

The **imposter phenomenon** was first described in 1978 by [Clance and Imes](#), who found that **many high-achieving women**, despite outstanding academic and professional accomplishments, had persistent feelings that they were not good enough and that anyone who thought otherwise of them had been fooled. This feeling may be prevalent among junior faculty members. **Of course, the achievements and successes of junior female faculty members are not coincidences, flukes, or fallacious.** Everything junior female faculty members have achieved has been through hard work, determination, and perseverance; nothing is ever handed to anyone in medicine. The impacts of imposter syndrome are best illustrated by Koven in her article “[Letter to a Young Female Physician](#),” published in the New England Journal of Medicine, in which she identified correctly that “**not only do [women] tend to persevere over our inadequacies, we also denigrate our strengths**” and that we are not frauds, just flawed and unique human beings whose humanity will serve our patients. Acknowledging this imposter syndrome can help counteract this thought; recognising that we have risen to every challenge previously to get to this career stage can help us rise again and again.

A recent study by [Badawy et al](#) demonstrated that **imposter syndrome also affects men**, who may have more severe reactions and higher anxiety than women. Furthermore, **when held accountable and/or given negative feedback, men decreased their efforts and performed worse than women, who increased their efforts and performed better than their male counterparts.** This is a very complex issue, and gender-specific issues should be explored with the generation of gender-appropriate solutions.

“Many junior female faculty members will feel these sentiments at some time or another in our working lives, including myself. We have achieved so much to reach this stage in our careers and lives. Remember self-compassion and to give yourself accolades even if they are not forthcoming from others. The value of female radiologists supporting one another should not be underestimated: be kind to yourself and kinder to one another, reach out, and together we can make it through.”

Source: [Journal of the American College of Radiology](#)

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