



WOMEN IN CRITICAL CARE

QUALITY + COMPASSION + BENEVOLENCE

2022 Post-Women in Medicine Month SURVEY RESULTS

During the summer of 2022, SOCCA asked its members questions about being a female intensivist. These were their answers.

Being a Woman in Critical Care Means...

- Being a leader and a mentor.
- First and foremost, I'm a doctor who specializes in caring for critically ill patients. I'm also a woman and an under-represented minority hoping to open doors and inspire other women and minorities to follow their dreams and fully live their potential.
- An interest in not only the medicine but also the family and social structures surrounding a particular patient, impacting his or her illness journey.
- Being better at this job. Working in and leading the care in an ICU has so many nuances, and I think being a woman gives me an advantage to succeed. By my nature I take care of people...the patients, their families, the ICU team, the nurses. I can multitask. I can make quick decisions. I can be gentle, but I can be firm. Being a woman is why I'm amazing at this job.
- Being superwoman!
- Being a part of a minority physician population - small but powerful!
- Being a woman in critical care means being the best I can be and aspiring to show up with my whole self every time I clinically practice. It is important for trainees, patients, family members, and other colleagues to see a strong, confident, thoughtful, and insightful critical care practitioner and leader who also happens to be a woman.
- Caring & communicating with patients and families

Greatest Satisfaction in Critical Care...

- Patient and family centered clinical care drives me: every single day.
- Being able to help a patient and their family through some of the toughest times in their lives.
- Taking care of my patients and their families during extremely stressful illnesses. Supporting my team so they can continue to make a difference in patients' lives.
- Helping families be at peace with the death experience their loved ones so often go through in the ICU.
- Working as a team to make patients better. When you are able to work together to figure out the hemodynamics, make a diagnosis and then improve/save a patient. That is the best.
- Being able to save a life and share a family's grief.
- Taking care of my patients.
- Connecting deeply with families as they are navigating difficult decision-making and the challenges of having a critically ill loved one and teaching trainees to do the same.
- Exciting, quick thinking and actions, fast pace.

Greatest Challenge as a Woman in Critical Care...

- Remembering that my insight and knowledge is as valuable as that of colleagues.
- Balancing the hours of a critical care career with the needs of my small children, particularly relating to breastfeeding and pumping time.
- It can be emotionally draining. I have a high level of empathy and a desire to take care of everyone in the unit, not just the patient. The days/weeks are exhausting physically, mentally and emotionally. And occasionally you have another physician who still treats you differently because you are a woman...
- Proving myself constantly.
- Getting male surgeons to listen to me.
- It is still not uncommon for family members of critically ill patients to unconsciously (and sometimes consciously) presume that, because of my gender, I am not the attending intensivist and to show more deference to a male in the room, even though he may be junior to me.
- Not being listened to because of my gender. Challenged by nurses on daily basis. It's never been easy to me as a female physician with an accent

Improvements For Women Since Entering Medicine...

- More appreciation for the different roles women play at work and home.
- More conversation about gender equity.
- I was the only woman on my ICU team for 8 years. We now have 6 women on a team of 20!
- There is a much greater acceptance of part time work and more flexible schedules, to the benefit of both men and women, particularly parents
- There are more women everywhere. The blatant sexism that occurred when I started clinicals in 2002 has greatly improved.
- Being treated as an entity and gaining trust and respect.
- More opportunities for advancement.
- Although there is still a paucity of women in critical care leadership in both academic professional societies and hospital and departmental structures, there are incrementally more women in leadership now than there were two decades ago. Moreover, the 2016 uproar over no women amongst the authors for the 2016 Sepsis Definitions Task Force also brought much needed attention to the all-too-frequent negation of inclusion of women in key critical care panels, speaking bureaus, and leadership...although there is still much room for improvement moving forward.
- Not sure. We still have pay gap, micro-aggression toward minorities female physicians

What Has Clearly Changed for Women Since You Entered Medicine?

- Women giving each other more grace and support. Diminishing the culture of 'in my day'.
- At the departmental and institutional level, women are more represented in positions of leadership at my institution.
- ACGME policy on maternity leave will help trainees a great deal.
- Women can do anything in medicine and that much is clear now. With slowly improving support with maternity leave and unique job and staffing models, there isn't much holding women back from choosing any field.
- More allowances for female needs.
- Perhaps patients are now more accustomed to seeing a female physician.
- I am grateful that there is more advocacy for and amongst women to rise into leadership and to be more prominent in different specialties, particularly those that traditionally have lacked women. It is now more supported that women celebrate each other and focus on potentiating each other into leadership and prominence in many specialties.