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**Considerations for Achieving Meaningful Work Life Integration in Medicine**

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Work life integration (WLI) is interesting because it operates under the framework that work and life are separate entities at odds with each other and we have to intentionally bridge the two. I agree with this framework of thinking because I understand how consuming medical work can be and how intentional we have to be to make space for other entities in our life, but I have to acknowledge that my work is inevitably a huge part of my life – I wouldn’t be committed to medicine otherwise. My medical career will never become my whole life. While it will be integral to my life’s meaning and purpose, I will always care about having my own family in the future. To me, WLI is about intentionally creating space for my life outside of medicine and nding a way to ensure that my work as a physician enriches my life outside of medicine and vice versa.

While I approach these ideas, I grapple with my present reality as a medical student and my future as a woman physician. Currently, as a medical student, my primary ‘work’ involves studying, attending classes, and preparing for exams. This is undeniably demanding, yet I nd joy in the process of learning. My life outside of school involves volunteering at free clinics, exercising and exploring hobbies such as pottery, squash and watercoloring. While the demands of medical school often limit my free time, I have learned that intentionality in time management is key to maintaining balance.

 Looking ahead to my future career as a physician, I recognize that the demands will be amplied. The care I provide to my patients will be my primary professional responsibility, and it will undoubtedly be a signicant part of my life. However, I rmly believe that my career should not come at the expense of my personal well-being or relationships. Achieving this balance is particularly challenging for women physicians, who face unique societal pressures and professional barriers.

One of the most signicant challenges I anticipate is nding time to have children. Given the demanding nature of a medical career, taking leave for childbirth and early parenthood will feel like an impossible task. This reality is daunting, especially when my male peers do not face the pressures to plan their careers around family-building timelines to the same extent. Furthermore, hospital policies can make it dicult for women to prioritize family commitments without facing professional repercussions.

Another challenge to WLI for women physicians is the persistent gender inequities in medicine. Women in medicine are more likely to take on caregiving responsibilities at home while also facing implicit biases at work. These biases can manifest in various ways, such as being passed over for leadership roles or being expected to take on additional emotional labor in patient care. I’ve personally experienced a glimpse of this in my journey through computer science, where I am often one of the few women in teaching assistant roles. These environments have given me rsthand insight into navigating male-dominated spaces and the added pressure to prove my competence. I imagine that the intersection of computer science and medicine—particularly in elds like health informatics or ophthalmic technology—will be similarly male-dominated. These experiences have made me more aware of the challenges women face in gaining recognition and have inspired me to volunteer at middle schools with Girls Who Code.

 Furthermore, I do not want my future family life to hold me back from potential professional successes. If I am unable to come into work at all hours due to family commitments, I fear that I will be seen as less successful or committed. The expectation for physicians to work long hours and be available is incompatible with the realities of raising a family and pursuing personal passions. Women physicians often feel unequal pressure to conform to this ideal, as they are frequently tasked with family-raising responsibilities, leading to additional and unfair burnout and dissatisfaction.

 To overcome these challenges, I plan to employ several strategies that I am beginning to develop during medical school. First, I intend to set clear boundaries around my work hours to ensure that I have dedicated time for personal activities and relationships. Second, I will prioritize self-compassion and exibility. By recognizing that balance is not static and embracing the ebb and ow of priorities, I hope to maintain long-term well-being. Third, I will seek out mentors who embody successful WLI. Having worked with Dr. Nicole Lanza, I can see how it is possible to thrive in professional and personal realms. I also hope to advocate for systemic changes within medical institutions to support WLI, such as promoting policies that allow for parental leave, exible work schedules, and support for mental health.

In addition to these strategies, I plan to continue practicing mindfulness through meditation and yoga, which has been an integral part of my life for years. Mindfulness helps me stay present, manage stress, and maintain perspective when faced with competing demands. I have explored various forms of meditation, including loving-kindness meditation, body scans, and anapanasati (breath-following) meditation. These practices help me remain grounded and resilient in the face of challenges, and I believe they will be invaluable as I navigate the complexities of my future career.

Ultimately, WLI is about making conscious choices to ensure that both work and life are meaningful and fullling. I hope to integrate my career into my life in a way that brings me joy, purpose, and a sense of contribution to the world. Dr. Linda Brodsky’s vision of helping women physicians “get the jobs they want, the pay they deserve, and not become prisoners of their careers” resonates deeply with me. Her words serve as a reminder that a fullling career in medicine should not feel like a trap but rather a path to self-actualization and meaningful contribution. By striving for WLI, I aim to honor her legacy and ensure that my work as a physician enhances both my own well-being and the lives of those I serve.

**Biography**



Preeti Nagalamadaka is a first-year M.D. candidate at Warren Alpert Medical School of Brown University. She is passionate about reducing health disparities and has conducted research on the geographical disparities of blindness and making women’s health more accessible through online screening tools. Preeti helped found a Girls Who Code chapter at Brown University and mentors middle school girls in computer science. She volunteers at Clinica Esperanza, a free clinic in Rhode Island, where she helps provide care to underserved communities. Beyond her academic pursuits, she is committed to promoting mindfulness practices and cultural inclusivity in medicine. She is actively involved in the South Asian Medical Students Association and Med^2. She is excited to join the AMWA Gender and Equity Task Force. Preeti is currently exploring a future in ophthalmology and enjoys practicing yoga, meditation, and painting in her free time.