

Evaluation of the Breastfeeding Status of Physician Moms in Türkiye and the Problems They Experience at Work

Türkiye'deki Hekim Annelerin Emzirme Durumları ve İşyerinde Yaşadığı Sorunların Değerlendirilmesi

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ABSTRACT

Medicine; considering the difficulty of the education received, it's the most sacred and difficult profession. Unfortunately, the group that cannot spare time for breastfeeding and is most exposed to mobbing at work is physician mothers. In our study, physician mothers working in different provinces of Türkiye were reached, and data were collected through an online survey. A total of 250 physicians from 43 cities participated in the study. Of these, 38% of the moms had to start working when their baby was between 3-6 months of age, and 34.8% of the moms were able to breastfeed their baby for less than 6 months. This rate of physicians who knew the importance of breast milk and encouraged mothers to breastfeed was quite striking. When physician mothers were asked what difficulties their managers caused them due to pregnancy/birth, 8 main themes emerged. Writing more weekend shifts, increasing working hours and giving more workload, extending the residency, working lower seniority in undesirable departments, psychological intimidation, not giving breastfeeding permission, penalty of not attending academic trainings, penalty of failing the specialty exam. The fact that physicians are frequently exposed to negative mobbing by their supervisors negatively affects the mother-baby relationship and breastfeeding duration. The postpartum working conditions of physicians should be legally regulated. It's expected that this arrangement will positively affect the quality of life of physicians, their productivity at work, and the psychological and physiological development of their babies. More importantly, our babies will be healthier and happier with breast milk and love.

ÖZ

Tıp; alınan eğitimin zorluğu göz önüne alındığında en kutsal ve zor meslektir. Ne yazık ki emzirme için vakit ayıramayan, işyerinde mobbinge en çok maruz kalan grup hekim annelerdir. Çalışmamızda Türkiye'nin farklı illerinde görev yapan hekim annelere ulaşılmış, veriler çevrimiçi anket yoluyla toplanmıştır. Çalışmaya 43 ilden 250 hekim katıldı. Hekim annelerin %38'i, bebekleri 3-6 ay arasındayken çalışmaya başlamak zorunda kalmıştı. Hekim annelerin 34.8'i, bebeklerini 6 aydan daha kısa süre emzirebilmişti. Anne sütünün önemini bilen ve tüm anneleri emzirmeye teşvik eden hekimlerin bu oranı oldukça dikkat çekiciydi. Hekim annelere, yöneticilerinin gebelik/doğum nedeniyle kendilerine ne gibi zorluklar yaşattığı sorulduğunda 8 ana tema ortaya çıktı. Hafta sonları fazla mesai yazmak, çalışma saatlerinin artırılması ve daha fazla iş yükü verilmesi, asistanlık süresinin uzatılması, istenmeyen bölümlerde daha düşük kıdemle çalıştırmak, psikolojik korkutma, emzirme izni verilmemesi, akademik eğitimlere katılmama cezası, uzmanlık sınavında başarısız olma cezası. Amirleri tarafından olumsuz mobbinge maruz kalmaları anne-bebek ilişkisini, emzirme süresini olumsuz etkilemektedir. Çalışmamızda hekim annelere problemlerin çözümüne yönelik önerileri soruldu. Hekimlerin doğum sonrası çalışma koşulları bu öneriler doğrultusunda yasal olarak düzenlenmelidir. Bu düzenlemenin hekimlerin yaşam kalitesini, işteki verimliliklerini ve bebeklerinin psikolojik ve fizyolojik gelişimlerini olumlu yönde etkilemesi beklenmektedir. Daha da önemlisi geleceğimiz olan bebeklerimiz anne sütü ve sevgiyle daha sağlıklı ve mutlu olacaktır.

Keywords: Breastfeeding, mobbing, physician moms

Anahtar Kelimeler: Emzirme, mobbing, hekim anneler

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Introduction

Medicine; considering the difficulty of the education received, the weight of the working conditions, the difficulty of the shifts, and the excess of sacrifices made, it is one of the most sacred and most difficult professions among the professions. Women make up half of recent medical school graduates (Rangel 2018), and an estimated 80% of these women have been and/or will be mothers (Stentz 2016). It is highly likely that the difficulties that physician women may experience when the identity of motherhood is added, and they need support in baby care at work and in their private lives. Unfortunately, although it is not discussed, working mothers are exposed to physical and/or psychological mobbing in the workplace (Garza 2017; Carty 2002; Sandler 2016; Holliday 2015). Physician mothers are the group that has the most problems in terms of breastfeeding and baby care due to their high workload and is most exposed to mobbing. In our study, physician mothers working in different provinces of Türkiye were reached. It was planned to determine their demographic information, departments, baby care and effective breastfeeding periods, working conditions and problems they experienced through an online survey and to evaluate them under certain headings.

Methods

This is an online, cross-sectional study. Personal information forms and other scales were sent via the internet to 250 physician mothers working in all branches in Türkiye in December 2022.

Participants were asked to fill out a form containing sociodemographic data, working conditions, child care, and breastfeeding status. Physician mothers were asked to suggest solutions for the problems they experienced. To gain a deeper understanding of the participants' perspectives, open-ended questions were included. Online informed consent was obtained from all the individual participants included in the study.

Results

A total of 250 physician mothers participated in the study and met the inclusion criteria. A total of 219 people (63.1%) answered open-ended questions. There was no significant difference between those who answered the open-ended questions and those who did not, in terms of demographic information, units of work, or status.

They were working in 43 different cities in Turkey. The highest participation was from Ankara with 42.8%. In addition, 46.4% of the physician moms were working as resident physicians during breastfeeding and 39.2% as specialist physicians. The mean age of the physician moms was 37.0 ± 6.9 years. The number of children had 1 child in 48.4%, 2 children in 42.4%, and 3 or more children in 9.2%. Mothers from 33 different branches, mostly from paediatrics (19.2%) and biochemistry (11.2%), participated in the study (Table 1).

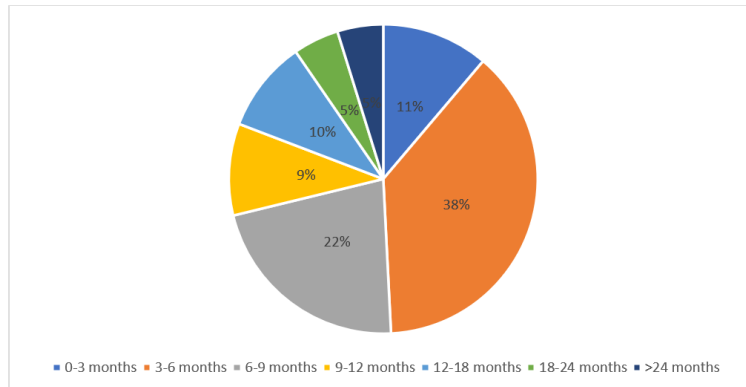


Figure 1. Ages of children whose mothers started working

38% of physician moms had to start working when their baby was between 3 and 6 months. The group that started working when the baby was in the first 3 months of age was quite high with 11.2%. The rate of mothers who started working after their baby was 2 years old was only 4.8% (Figure 1).

When asked about the weekly working hours after starting work after giving birth, 18.8% of mothers stated that they worked 35-40 hours with the highest rate. It was observed that they worked between 40 and 45 hours with the second highest rate (18.4%). A very high rate of 14.4% stated that mothers worked for 45 h or more even though they were in the breastfeeding period (Figure 2).

Physician moms were asked about the factors that affect their initiation to work during breastfeeding. Financial concerns (52.4%), work supervisors' request/mobbing anxiety (33.2%), co-workers' request/mobbing anxiety (10.4%), expiry of leave (4.4%) and

Table 1. Demographic characteristics of the study responders

Characteristics	N 250 (%)
Age (year)	37.0±6.9
Number of children	
1	121 (48.4%)
2	106 (42.4%)
3 or more	23 (9.2%)
Working Status	
Resident	116 (46.4%)
Dentist	4 (1.6%)
Lecturer physician	6 (2.4%)
General practitioner	26 (10.4%)
Specialist physician	98 (39.2%)
Department of Study	
Emergency medicine	10 (4.0%)
Forensic Medicine	2 (0.8%)
Family medicine	14 (5.6%)
Anatomy	1 (0.4%)
Anaesthesia	11 (4.4%)
Biochemistry	28 (11.2%)
Paediatric surgery	18 (7.2%)
Internal medicine	16 (6.4%)
Internal Medicine-Minor	5 (2.0%)
Dermatology	6 (2.4%)
Dentist	8 (3.2%)
Infectious Diseases	4 (1.6%)
Pharmacology	2 (0.8%)
Physiology	1 (0.4%)
Physical medicine and rehabilitation	4 (1.6%)
General surgery	4 (1.6%)
Pulmonary medicine	4 (1.6%)
Ophthalmology	1 (0.4%)
Public health	2 (0.8%)
Histology and Embryology	1 (0.4%)
Obstetrics	15 (6.0%)
Cardiovascular surgery	1 (0.4%)
Cardiology	2 (0.8%)
ENT	3 (1.2%)
Microbiology	3 (1.2%)
neurology	4 (1.6%)
Nuclear medicine	1 (0.4%)
Paediatrics	48 (19.2%)
Paediatric subspecialty	4 (1.6%)
Plastic surgery	3 (1.2%)
General practitioner	14 (5.6%)
Psychiatry	6 (2.4%)
Radiology	4 (1.6%)

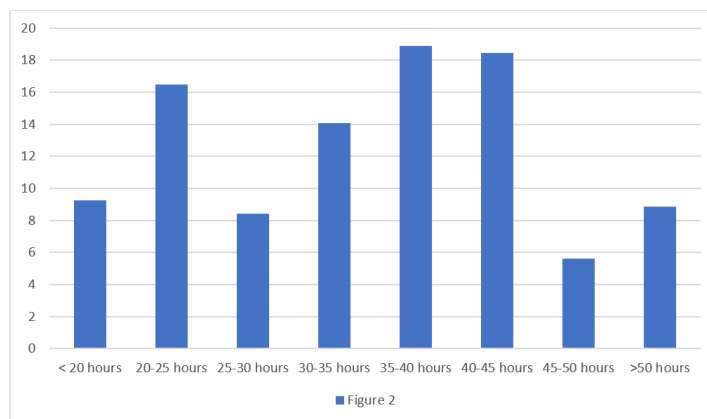


Figure 2. Weekly working time after starting work after childbirth

other reasons. (5.6%) were the factors that were effective in the physician moms’ starting to work. Only 32.8% of the physician mothers returned to work voluntarily (Figure 3).

The physician mothers who participated in the study were asked to evaluate their working/living conditions during the breastfeeding period. To the question “How were your pregnancy and delivery received by your supervisors?” 27.2% of the participants

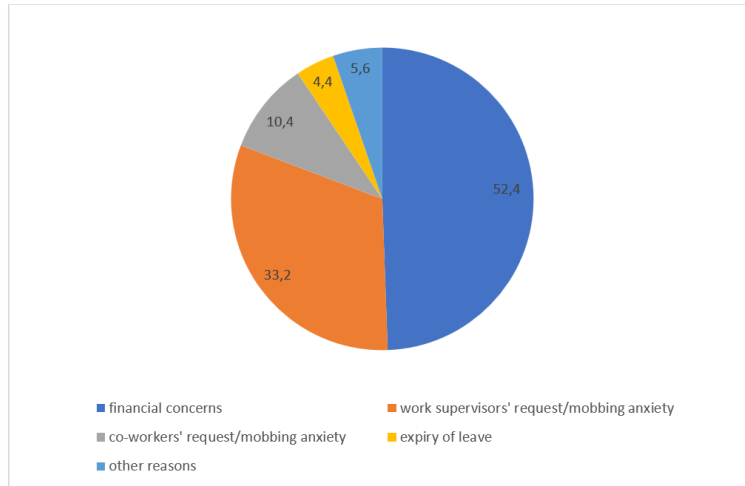


Figure 3. Factors that are effective in starting work after birth

answered negatively or rather negatively. To the question “How were your pregnancy and birth received by your colleagues”, 25.6% of the participants gave a negative/quite negative answer.

During the postpartum breastfeeding period, when they started working, they were asked how many hours a week they worked. During breastfeeding, 32.8% of physician moms stated that they worked more than 40 hours a week. 34% of physician moms could not use maternity leave.

Only 26.8% of the participants were facilitated by their supervisors due to pregnancy/birth. In addition, 33.6% of the participants were made difficult/mobbing by their superiors due to pregnancy/birth. Furthermore, 29.2% of physicians considered resigning when the mother returned to work after giving birth due to the difficulties she experienced.

86.4% of the physicians stated that they could not spend enough time with their child due to the working conditions and intensity, and that they could not give enough care and attention. 58.8% of the participants answered no to the question “Would you like to be a physician again if you had the chance to choose again?” 50.4% of the participants answered “yes” to the question “Would you like to work in another branch of medicine if you had the chance to choose again?”

Only 26% of the physician moms could care for their baby in the first 3 months and 28.4% in the first 6 months. The number of mothers who could care for their babies and did not start working until their baby was 24 months old was 3.2%.

The number of physician moms who could breastfeed their babies for 24 months was only 49 (19.4%). On the other hand, 34.8% of the physician moms could breastfeed their baby for less than 6 months. This rate of physicians who knew the importance of breast milk and encouraged all mothers to breastfeed was quite striking (Figure 4).

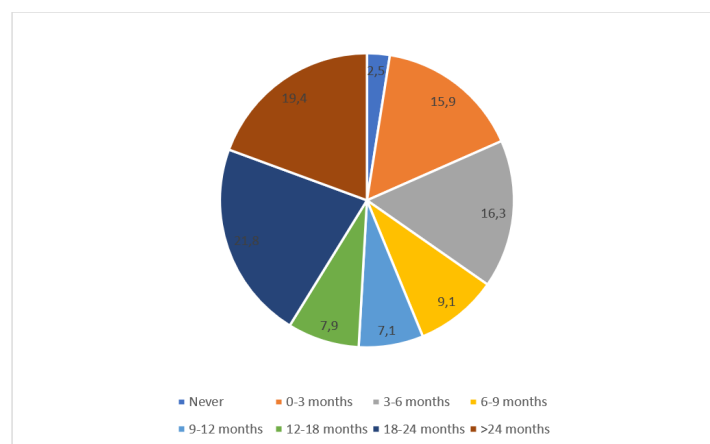


Figure 4. Physician moms' duration of breastfeeding their babies

When the physician moms started to work, the grandparents took care of the baby in 46.0% of the participants and the caregivers in 46.4% of the participants. In addition, 3.2% of the participants had to give their baby to the nursery.

Negative behaviours started to be observed in the babies of 41.6% of the participants after they started working (Table 2).

Table 2. General responses to the work/living conditions questions

How were your pregnancy and birth received by your supervisors?	
1 Quite negative	38 (15.2%)
2	30(12.0%)
3	84 (33.6%)
4	37 (14.8%)
5 Quite positive	61 (24.4%)
How were your pregnancy and birth received by your colleagues?	
1 Quite negative	29 (11.6%)
2	35 (14.0%)
3	61 (24.4%)
4	49 (19.6%)
5 Quite positive	76 (30.4%)
How many hours a week did you work when you started postpartum work?	
20 h or less	24 (9.6%)
20-25 hours	41 (16.4%)
25-30 hours	21 (8.4%)
30-35 hours	35 (14.0%)
35-40 hours	47 (18.8%)
40-45 hours	46 (18.4%)
45-50 hours	14 (5.6%)
50 h or more	22 (8.8%)
Were you able to use milk leave?	
Yes	165 (66.0%)
No	85 (34.0%)
Has any facilitation been made by your superiors due to pregnancy/birth?	
Yes	67 (26.8%)
No	183 (73.2%)
Have you had any difficulties/mobbing made by your superiors due to pregnancy/birth?	
Yes	84 (33.6%)
No	166 (66.4%)
Have you ever considering resigning when you started working after giving birth?	
Yes	73 (29.2%)
No	177 (70.8%)
Do you think that you cannot spend enough time with your child due to your working conditions and intensity, and that you cannot provide enough care and attention?	
Yes	216 (86.4%)
No	34 (13.6%)

In the open-ended question directed to physician mothers, they were asked what difficulties were made by their superiors/teachers due to pregnancy/birth. Qualitative content analysis revealed 8 main themes that characterise these negative experiences of physician mothers.

Theme 1: Writing more weekend shifts

Theme 2: Increasing the number of night shifts and starting the night shifts early

Theme 3: Increasing working hours and/or increasing workload

Theme 4: Extension of residency

Theme 5: Employed in undesirable departments at lower seniority

Theme 6: Practising psychological mobbing, not allowing breastfeeding and breastfeeding leave

Theme 7: Penalties for not being able to operate/exclusion from academic studies/not attending trainings

Theme 8: Penalty for failing the specialty exam

Physician mothers were asked to indicate if there were solutions for the problems they experienced. Qualitative content analysis revealed 8 main themes that characterise the negative experiences of the physician moms during the work, care of their infants and breastfeeding, and their suggestions for solutions.

Table 2. Continued

If you had the chance to choose again, would you want to become a doctor again?	
Yes	103 (41.2%)
No	147 (58.8%)
If you had the chance to choose again, would you want to work in another medical field?	
Yes	126 (50.4%)
No	124 (49.6%)
How long do you care for your child?	
0-3 months	65 (26.0%)
3-6 months	71 (28.4%)
6-9 months	40 (16.0%)
9-12 months	32 (12.8%)
12-18 months	14 (5.6%)
18-24 months	20 (8.0%)
24 months and above	8 (3.2%)
Active breastfeeding period of your baby? (without formula)	
0-3 months	40 (16.0%)
3-6 months	41 (16.4%)
6-9 months	23 (9.2%)
9-12 months	18 (7.2%)
12-18 months	20 (8.0%)
18-24 months	53 (21.2%)
24 months and above	49 (19.6%)
None	6 (2.4%)
Who(s) helped care for your baby while you were working?	
Relative	4 (1.6%)
Father	7 (2.8%)
Caregiver/assistant	116 (46.4%)
Grandparents	115 (46.0%)
Kindergarten/school	8 (3.2%)
Did your child start negative behaviours after you started working?	
Yes	104 (41.6%)
No	146 (58.4%)

Theme 1: Extension of maternity and maternity leave, providing longer paid leave

Theme 2: Giving the opportunity to work without shifts

Theme 3: Providing flexible working hours and not writing weekend shifts

Theme 4: Providing nursery/nursery facilities in hospitals for the children of healthcare professionals

Theme 5: Changing the mobbing approaches of managers, supervisors and colleagues

Theme 6: Providing opportunities and time for milking and storing milk

Theme 7: Ensuring the legal regulation and implementation of maternity rights

Theme 8: Providing financial and psychosocial support for baby care

Discussion

There are few studies done on this subject. Polan R.M. et al. (2022), in their study, stated that specialist training for a woman graduating from medical schools would coincide with her peak childbearing years. Physician mothers, especially those in surgical specialties, are at increased risk of major pregnancy complications and postpartum depression. In addition, it has been shown that the rate of breastfeeding their babies is very low due to early start to work and intense work schedules. Polan R.M. et al. (2022), in their study, only 7% of the physician moms included in the study were able to feed their babies with breast milk for 1 year. In our study, the rate of those who could breastfeed their babies for 1 year was 19.6%. Although the importance of breast milk is persistently discussed in medical schools, these rates are too low for healthy babies to develop.

In a survey study conducted by Linos E. et al. (2018) with physician mothers, they found that physician mothers were exposed to negative discrimination at work due to pregnancy, maternity leave, breastfeeding and subsequent parenting responsibilities, were offered more limited opportunities for career advancement, and had less financial earnings than their male counterparts. It was stated that they could receive a similar salary with a higher workload or that their colleagues and superiors referred to maternity leave, which is the most natural right of mothers, as "vacation" and pressured them to give up the leave they were entitled to. Linos E. et al. also examined the relationship between physical harassment and burnout at work in another study they conducted with physician mothers. Two-thirds of those surveyed reported being physically abused. Physical abuse by patients and colleagues was

associated with high emotional exhaustion. As seen in our study, physician mothers in our country are also subjected to similar harassment and mobbing.

Weaver J.S. et al (2023) conducted a 36-item survey of resident physicians to evaluate surgical residents' perceptions of maternity leave during training. A total of 581 people became mothers and only 83 of them were able to use maternity leave. Furthermore, many of these individuals reported feeling unsupported by their faculty and fellow residents in taking parental leave. It was stated that necessary policies should be created and mothers should be supported.

In their national survey study conducted on 219 surgical assistants, Rangel E.L et al. (2018) , similar to our study, found that participants wanted to change jobs at the end of pregnancy due to health concerns and short maternity leave, were concerned about pregnancy-related stigma in education, and needed more breastfeeding and child care support. They explained that they desired mentoring regarding work-life integration and that they needed a more supportive approach from their supervisors and friends at work.

Allison M.B. et al. (2019) stated that parental leave policies during medical education lack standardisation, are ill-defined, and inadequate. Stigma, financial concerns, labour and duty hours difficulties, and the difficulty of medical education were among the main barriers. Irregular working hours and poor sleep quality in medical education also caused emotional exhaustion and reduced work efficiency. Tangül S.U. et al. (2020), in their study on 181 doctors, found that the total scores of emotional exhaustion, depersonalisation and burnout were statistically significantly higher in doctors who worked night shifts and had no sleep patterns. He suggested that burnout levels can be reduced and work efficiency can be increased by making adjustments to employees' working hours and sleep quality. Similarly, in our study, most of the physicians' mothers had long and irregular working hours, and the mothers stated that they were tired and exhausted in their answers to open-ended questions.

The motherhood penalty, on the other hand, is a term coined to describe the discrimination mothers experience in the workplace relative to women without children and to men with or without children. Motherhood is associated with decreased pay, lower perceived competence and less commitment to one's career. Despite the negative connotations associated with working mothers, numerous studies indicate that they are more productive than peers who do not have children and that working mothers bring unique skills to leadership roles (DeRisi Joseph 1996; Beccaria 2017; Wang 2020).

In 2016, a survey was posted to the Physician Moms Group, an online community with physician members who self-identify as mothers, asking about perceived workplace discrimination and desired workplace changes. Of all the respondents, 36% reported maternal discrimination: 90% reported discrimination based on pregnancy or maternity leave, and 48% reported discrimination based on breastfeeding. Issues of work-life balance, lack of role models for combining career and family, and an insufficiently supportive environment were key factors in the decision to leave an institution, leave the practise of medicine, or work part-time (Allison M.B. 2019). In this context, parental leave and childcare are critical to both addressing the discrimination faced by mothers and enabling women to have successful careers.

Solution

The inadequacy of contemporary parental leave policies and shared childcare arrangements is particularly evident among physicians. The fact that physician mothers are frequently exposed to negative mobbing by their supervisors negatively affects the mother-baby relationship and breastfeeding duration, as well as negatively affecting the productivity of female physicians at work. In our study, the suggestions of physician mothers for problem solving were titled under 8 themes. The postpartum working conditions of female physicians should be legally regulated in accordance with these 8 themes. It is expected that this arrangement will positively affect the quality of life of physicians, their productivity at work, and the psychological and physiological development of their babies. More importantly, our babies, who are our future, will be healthier and happier with breast milk and love.

Limitations: The limitations of this study are that it is a cross-sectional screening study, it uses self-report scales, the number of participants is relatively small, and there is no objective evaluation method for the evaluation of breastfeeding and infant care. In addition, investigation of the relationships between working conditions, breastfeeding, and infant care of mothers working in other professions may be useful in terms of revealing the differences between professions.

Ethics Committee Approval: This study was approved by the Bozok University Medical Faculty Practise and Research Hospital Clinical Research Ethics Committee (approval number: 2017-KAEK-189_2022.12.15_04) and the 1964 Helsinki declaration and its subsequent amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from the participants.

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