



## AMERICAN CONFERENCE ON PHYSICIAN HEALTH



# Do Gendered Experiences of Physician Burnout Require Tailored Interventions for Female Physicians?

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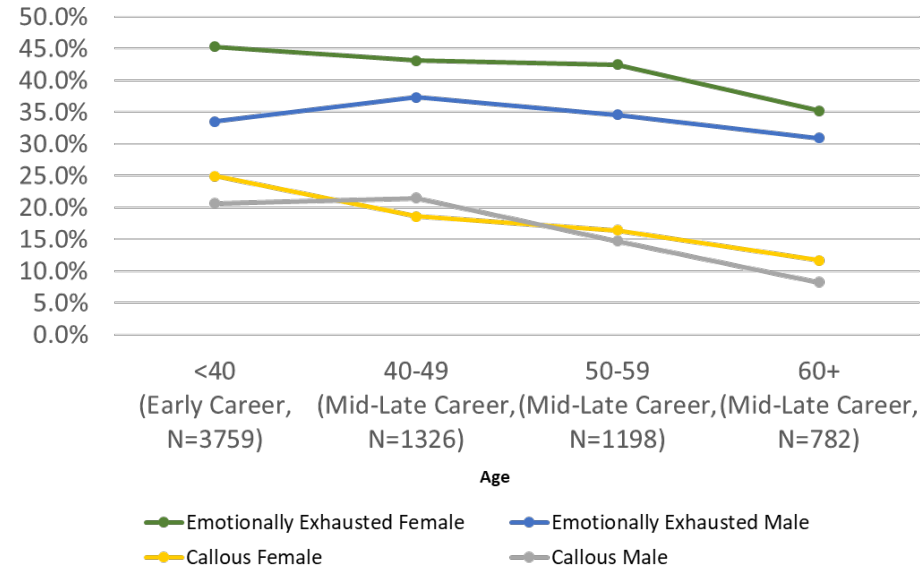
# Disclosures

- We have received funding from the ABFM Foundation to study burnout in family physicians. Some of this work is presented in this workshop.



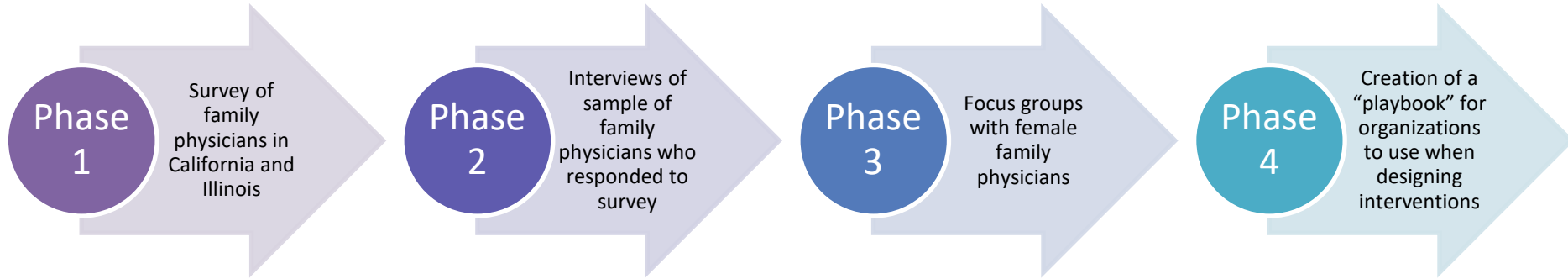
# What do we know about burnout in females?

- Higher rates of burnout (in all specialties)<sup>1</sup>
- Differences in contributing factors<sup>1</sup>
  - Family responsibilities
  - Workplace discrimination
- Differences in interventions?<sup>2-4</sup>
  - Mentoring
  - Not deferring life decisions



Templeton, K, et al 2019. Gender-based differences in burnout: Issues faced by women physicians. *NAM Perspectives*. Discussion Paper  
[Laver et al., "A Systematic Review of Interventions to Support the Careers of Women in Academic Medicine and Other Disciplines."](#)  
[Gyórfy, Dweik, and Girasek, "Reproductive Health and Burn-out among Female Physicians."](#)  
[Ellinas, Fouad, and Byars-Winston, "Women and the Decision to Leave, Linger, or Lean In."](#)

# Sustaining Women in Medicine (SWIM)



## Preliminary Survey Results:

- 2,176 respondents (58% female; 42% male)
- 55% females burned out; 50% males burned out

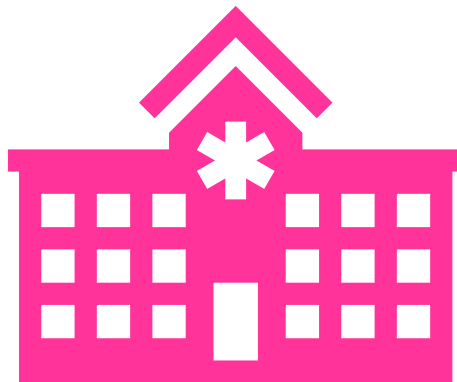
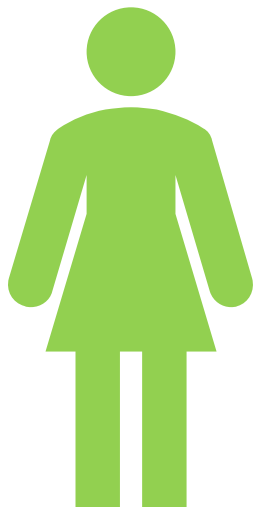


**Table 2. Personal steps taken to address burnout by gender**

Personal steps taken	Female (N=1252)		Male (N=899)		False Discovery Rate P-value
	n	%	n	%	
Started/maintained a regular exercise or mindfulness regimen	666	53.2%	487	54.2%	0.9016
Reduced my overall work hours or went part time	538	43.0%	276	30.7%	<.0001
Employed a housekeeper and/or nanny/babysitter	437	34.9%	137	15.2%	<.0001
Reduced my clinical work hours specifically	374	29.9%	252	28.0%	0.5898
Spent more time on hobbies	367	29.3%	328	36.5%	0.0028
Talked to a professional therapist/counselor	285	22.8%	127	14.1%	<.0001
Took time off/leave of absence	262	20.9%	193	21.5%	0.9016
Delegated job responsibilities	243	19.4%	201	22.4%	0.2620
Gave up job responsibilities	223	17.8%	199	22.1%	0.0531
Took on significant new job responsibilities which I enjoy	221	17.7%	158	17.6%	0.9633
Participated in formal wellness program	134	10.7%	79	8.8%	0.3237
None	87	6.9%	75	8.3%	0.4054
Joined a support group	59	4.7%	24	2.7%	0.0545

**Table 3. Organizational supports provided to support worker well-being, by gender**

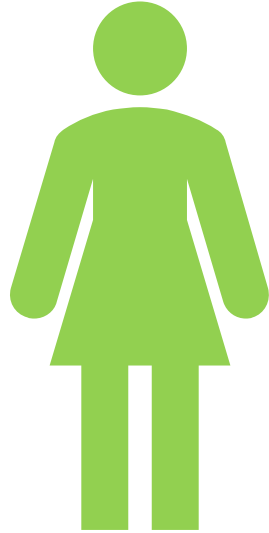
Organizational Support	Female (N=1130)		Male (N=810)		False Discovery Rate P-value
	n	%	n	%	
Appropriate ratio of physicians to nurses/MAs	405	35.8%	295	36.4%	0.9016
Access to behavioral health services	392	34.7%	259	32.0%	0.4054
Flexible work hours	266	23.5%	192	23.7%	0.9633
Protected time to complete non-clinical tasks	242	21.4%	179	22.1%	0.9016
Formal wellness program	242	21.4%	178	22.0%	0.9016
None (No support for worker well-being)	235	20.8%	160	19.8%	0.8962
Flexible paid time off	225	19.9%	186	23.0%	0.2620
Lactation room	134	11.9%	63	7.8%	<b>0.0167</b>
Exercise room	96	8.5%	88	10.9%	0.2472
Scribe	78	6.9%	68	8.4%	0.4054



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# Individual Level— Childcare

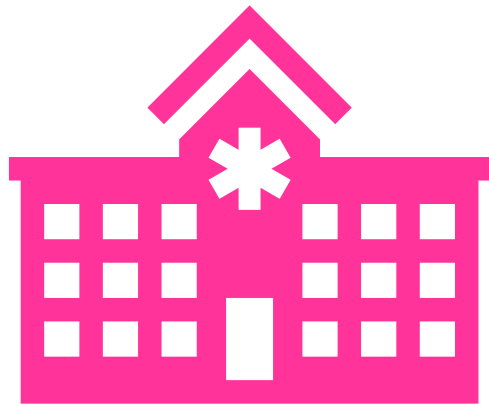
An individual hires a  
nanny or babysitter



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# Organizational Level— Childcare



Your office has a childcare facility onsite, or has arranged childcare at a center close to your workplace



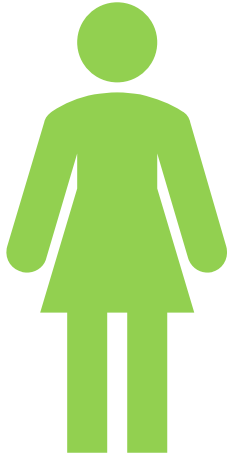


# Policy Level— Childcare

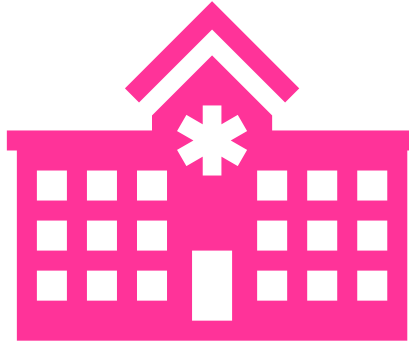
There are local, state, or federal programs for childcare, or there are tax credits to significantly reduce the cost of childcare



# Interventions



**Individual level:**  
What have you, or someone you know, done to prevent or reduce burnout?



**Organizational level:**  
What has your organization, or one that you know, done to prevent or reduce burnout?



**Policy level:**  
What has your local, state or federal government done to prevent or reduce burnout?

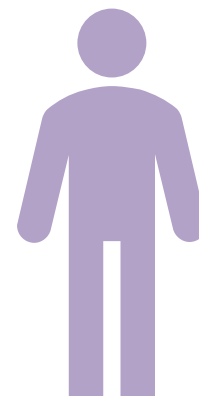
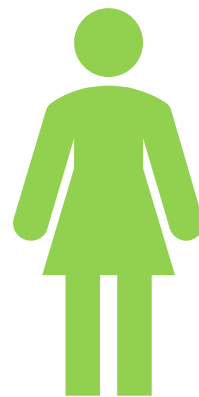
# Small Group Discussion

- Briefly discuss your ideas and experiences
- Choose 2-3 **best** and 2-3 **worst** interventions/ideas for your table (i.e., most effective/ineffective)
- What differences, if any, do you notice for males vs. females
- Discuss WHY certain interventions are more effective than others



# Report Out

- Top 2 interventions & why
- Bottom 2 interventions & why
- Describe any gender differences



# What's missing?

Consider:

- What would your ideal intervention look like?
  - How do we engage stakeholders?
    - Who should be involved?
    - What research is needed?



# Wrap-up

Thank you!

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**Table1. Demographic and Practice Characteristics of Family Physician Survey Participants (N=2169)**

<b>Demographic and Personal Characteristics</b>	<b>n (%)</b>	<b>Practice Characteristics</b>	<b>n (%)</b>
Gender (n = 2169)		Practice Site (n = 1941)	
Female	1257 (58.0%)	Hospital/health system-owned medical practice	477 (24.6%)
Male	912 (42.0%)	Independently-owned medical practice	352 (18.1%)
Age (n = 2146)		Managed care / HMO practice	328 (16.9%)
Under 40	459 (21.4%)	Academic health center / faculty practice	176 (9.1%)
40 - 49	681 (31.7%)	Government	435 (22.4%)
50 - 59	567 (26.4%)	Workplace clinic	18 (0.9%)
60 or Older	439 (20.5%)	Other	155 (8.0%)
Degree Type (n = 2169)		Practice Size (n = 1930)	
DO	216 (10.0%)	Solo practice	132 (6.8%)
MD	1953 (90.0%)	2-5 providers	449 (23.3%)
Race (n = 1930)		6-20 providers	555 (28.8%)
American Indian or Alaska Native	8 (0.4%)	>20 providers	794 (41.1%)
Asian	463 (24.0%)	Practice Setting (n = 1935)	
Black or African American	84 (4.4%)	Urban (250,000+ population)	985 (50.9%)
Native Hawaiian or Other Pacific Islander	22 (1.1%)	Micropolitan (20,000-250,000 population)	681 (35.2%)
White	1195 (61.9%)	Large Rural (2,500-19,999 population)	221 (11.4%)
Other	158 (8.2%)	Small Rural/Remote (<2,500 population)	48 (2.5%)
Ethnicity (n = 1910)		Practice Ownership (n = 1932)	
Hispanic or Latino	237 (12.4%)	No official ownership stake	1197 (62.0%)
Non-Hispanic	1673 (87.6%)	Self-employed as a contractor	82 (4.2%)
Burnout (n = 2115)		Partial owner or shareholder	449 (23.2%)
Yes	1124 (53.1%)	Sole owner	133 (6.9%)
No	991 (46.9%)	Other	71 (3.7%)