Objective: To explore burnout interventions at the individual, organizational, and healthcare system level to determine their effectiveness.

Participants: Female family physicians who screened positive for burnout were identified via a survey distributed to California and Illinois Academy of Family Physician membership.

Methods: We conducted 4 state-specific virtual focus groups with between 6-7 participants each (13 from CA, 14 from IL) in November 2020.

We used Google Jamboard (a digital interactive whiteboard) to facilitate discussion. Participants:

- Shared their exposure to and experiences with burnout interventions.
- Categorized interventions into individual, organizational, and healthcare systems level.
- Discussed their experiences with and effectiveness of the interventions.

• Participants identified a variety of interventions they had been exposed to or tried (Figure), with a great deal of overlap between focus groups.

• Many interventions discussed were at the individual level (i.e., yoga, exercise, meditation, reducing FTE) and while some are effective, almost none are sustainable.

• Most believed that institutional and healthcare system level interventions are more likely to be effective in reducing or eliminating burnout, yet most these interventions have not been implemented.

• No one-size-fits-all approach to combating burnout for female physicians

• Individual-focused interventions can cause more burden

• Targeted institutional and healthcare system level structural, process, and policy change would be most effective in preventing and addressing burnout over the long-term

• Systems level change to reduce burnout may move the needle toward gender equity in the physician workforce

• Limitations: