

Ask her what she wants: Female physicians' views on burnout interventions

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Background

- Female physicians are facing burnout, often experienced as moral injury, at higher rates than men in nearly all specialties.
- In family medicine, which has an increasingly female workforce, over 60% of physicians report burnout and burnout is more common in female physicians.
- Burnout not only leads to detrimental outcomes for the individual physician, but also contributes to workforce issues by leading to higher rates of physician turnover, exacerbating gender inequities in the physician workforce.
- Although many organizations have developed interventions to help prevent the detrimental effects of burnout, few have targeted their interventions to women, addressed institutional contributors, or made tangible policy changes, nor have they explored the effectiveness of these interventions once implemented.

Research Objective & Methods

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.



Results

Participant Characteristics		
Demographic	N=27	%
State		
California	13	48%
Illinois	14	52%
Residency Graduation Year		
	Range: 1987-2018	
Race/Ethnicity		
American Indian/Alaskan Native	2	7%
Asian	6	22%
Black/African American	5	19%
Latina	3	11%
White	11	41%
Practice Setting		
Academic Health Center	4	15%
FQHC or other Federal/State	8	30%
Hospital/health system-owned medical practice	5	19%
Independently-owned medical practice	4	15%
Other (e.g., urgent care, telemedicine, etc.)	6	22%

- 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.

Perceived Effective Interventions	
Institutional-level	Healthcare System-level
Allow flexibility/control over schedule	Improve EMR interoperability
Provide protected time for charting, CME, etc.	Address payer-related administrative burden (e.g., universal health insurance)
Provide adequate administrative support	Implement robust paid family leave
Provide formal mentorship or coaching programs	Payment structure change (e.g., move away from fee-for-service)

Conclusions

- No one-size-fits-all approach to combatting 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:



References

Figure. Sample JamBoard results from CA focus group. Green: intervention worked; Orange: intervention did not work; Blue: intervention never experienced