

Sustaining Women in Medicine (SWIM) Study Preliminary Results

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The SWIM Team:



**American Board
of Family Medicine**



Learning Objectives

- Identify factors that are associated with increased rates of burnout among family physicians
- Describe differences and similarities in burnout between female and male family physicians
- Explain the ways in which family physicians and their organizations address burnout



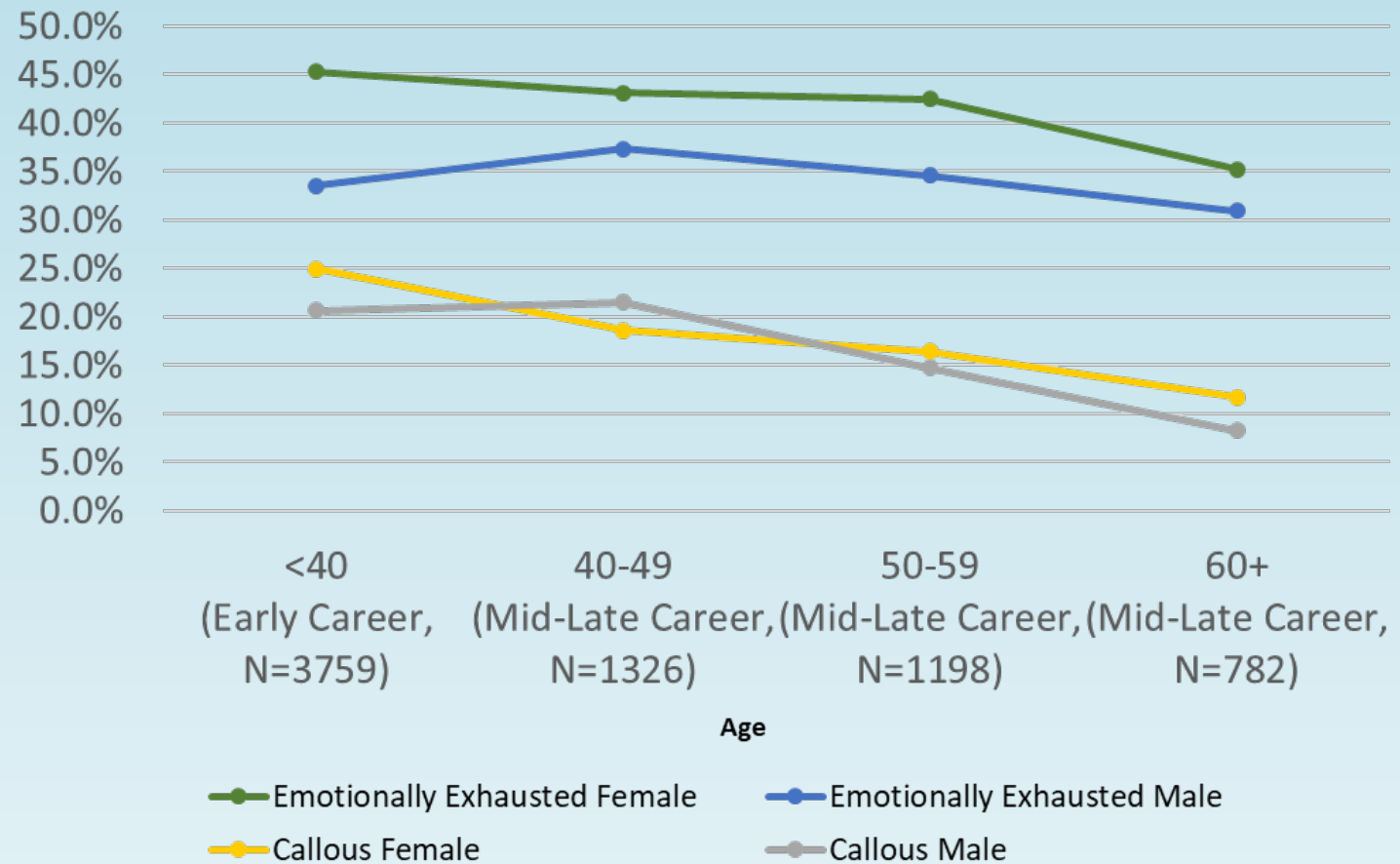
Background

The Quadruple Aim



What Do We Know? Gender Differences in Burnout

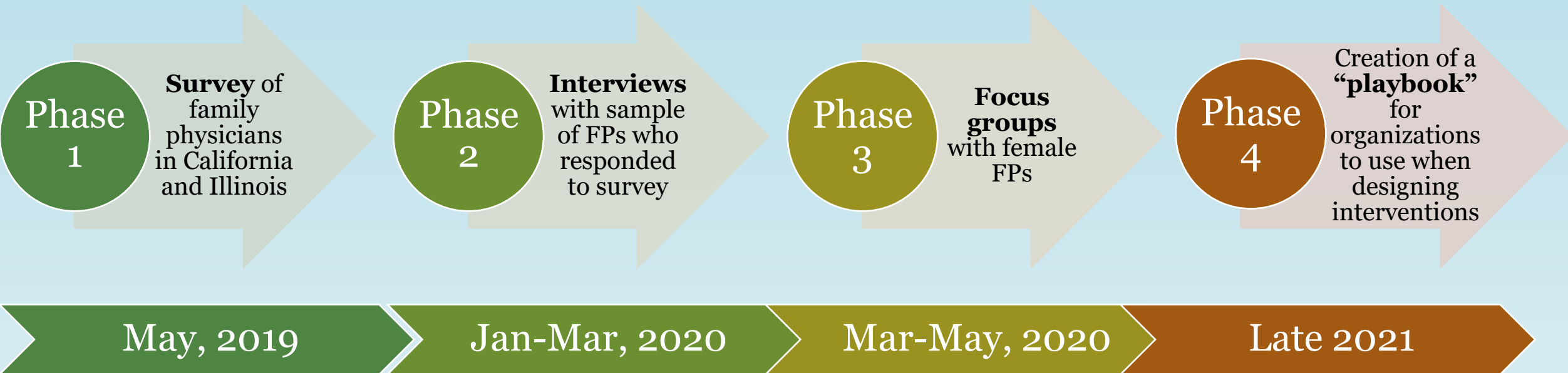
- Female family physicians report higher rates of burnout
- Differences in contributing factors
 - Family responsibilities
 - Workplace discrimination
- Differences in interventions?
 - Mentoring
 - Not deferring life decisions
 - Support groups





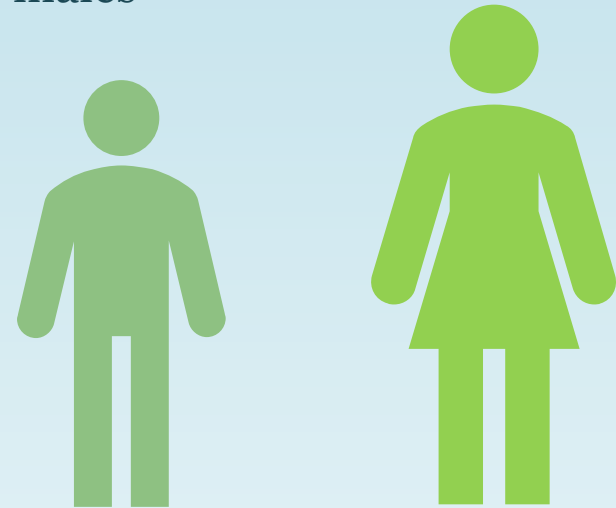
The SWIM Study

SWIM Project Design

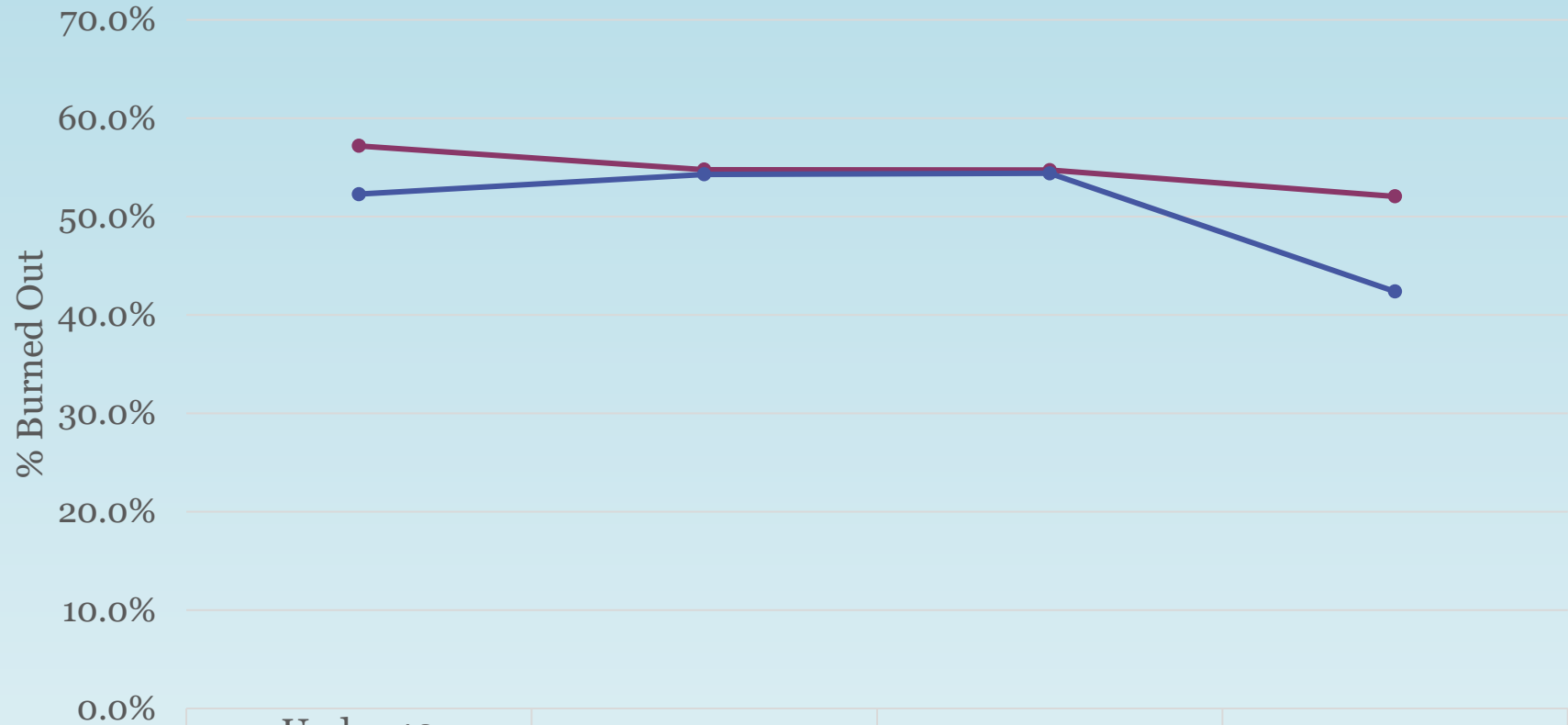


Preliminary Survey Results

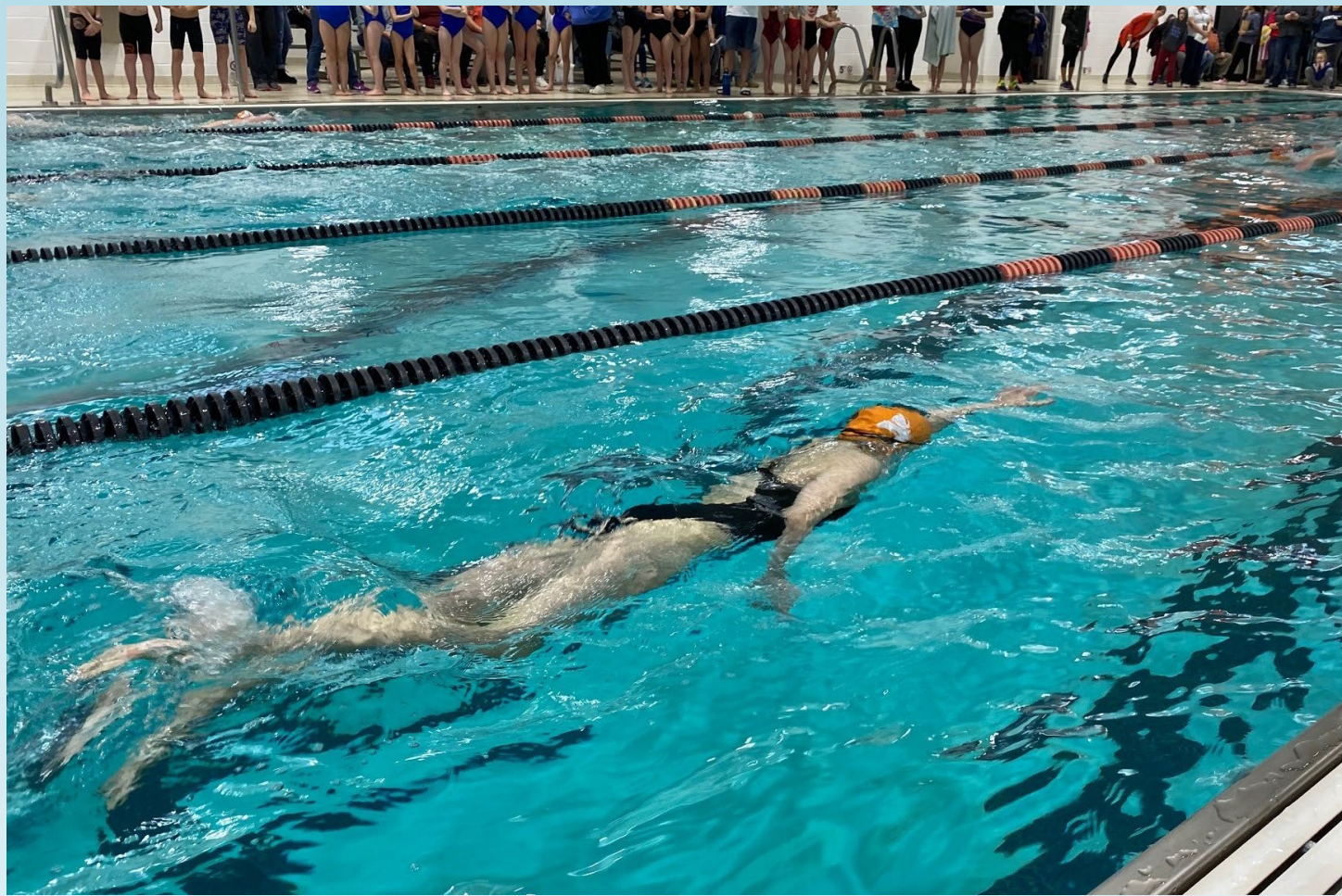
- Total of 2,183 respondents
- Gender:
 - 58% (1,260) female
 - 42% (913) male
 - 0.3% (7) non-binary
- State:
 - 76% (1,659) from California
 - 24% (524) from Illinois
- Just over half burned out (53%)
 - 55% of females
 - 50% of males



Burnout by Gender & Age



	Under 40 (n=452)	40-49 (n=672)	50-59 (n=546)	60+ (n=422)
Female (n=1229)	57.2%	54.8%	54.7%	52.1%
Male (n=886)	52.3%	54.3%	54.4%	42.4%



Findings: Associations with Burnout

Mental & Physical Health and Burnout



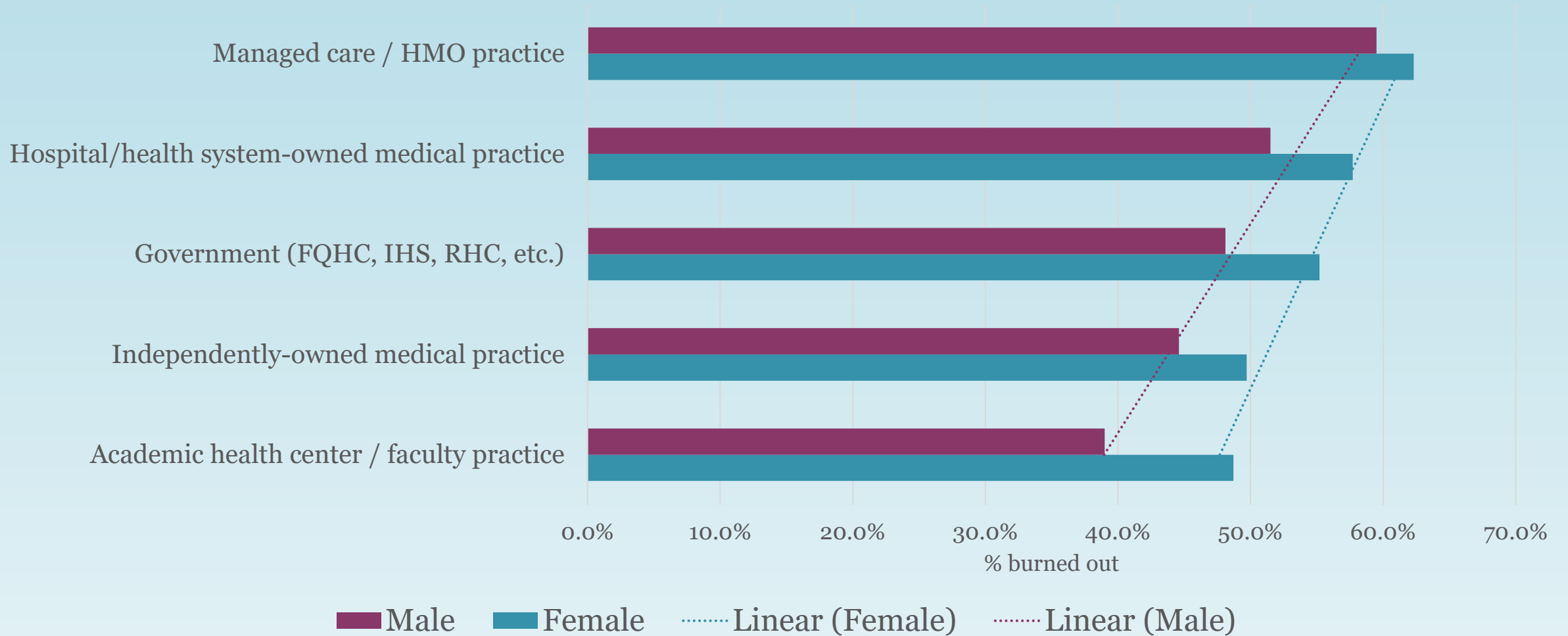
Household Responsibilities and Burnout

	Female	Male
Primarily responsible for managing <i>child-related activities</i>:		
Of those with children, % <i>with primary responsibility</i>	77%	16%
Of those with primary responsibility, % <i>burned out</i>	54%	61%
Primarily responsible for managing <i>domestic duties</i>:		
% <i>with primary responsibility</i>	79%	38%
Of those with primary responsibility, % <i>burned out</i>	56%	54%

Work-life balance and Burnout

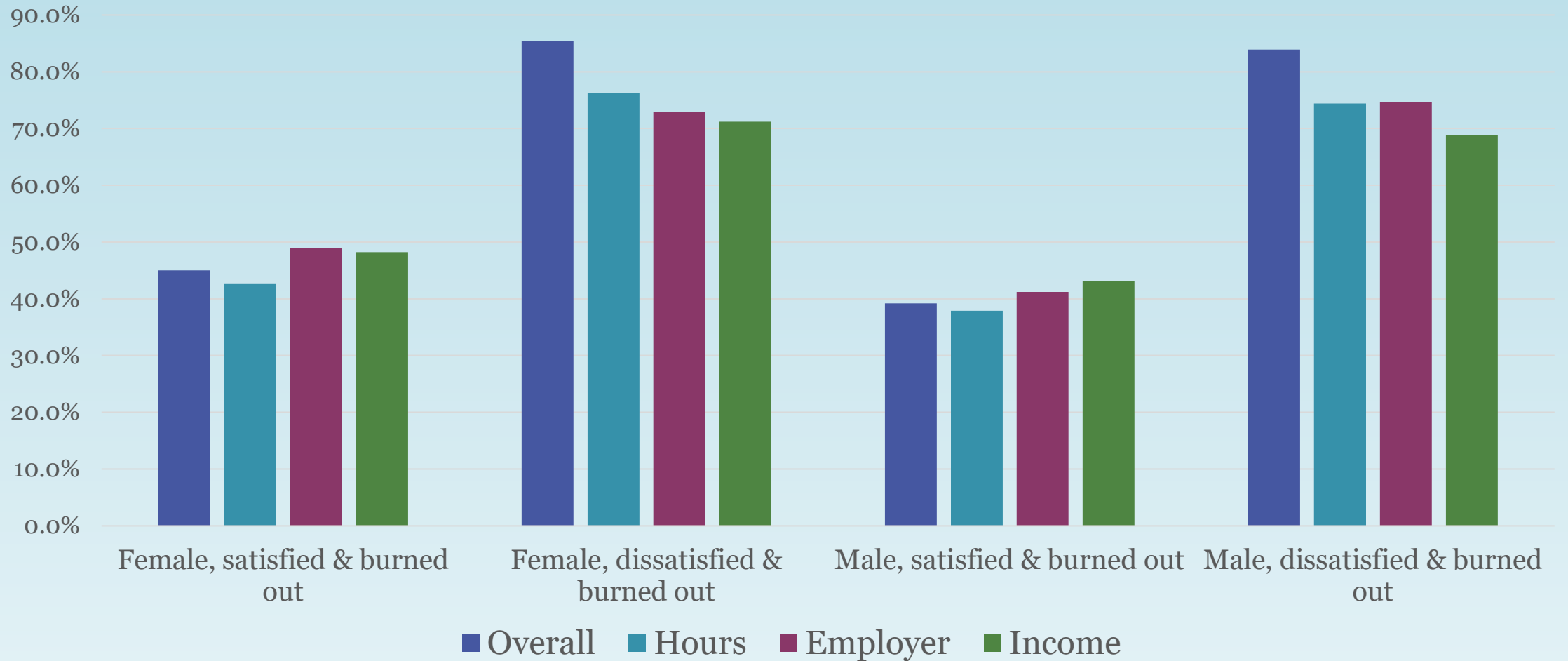
I have a good work-life balance.	Female	Male
Disagree (<i>% do NOT have a good work-life balance</i>)	46%	38%
Of those who disagree, <i>% burned out</i>	76%	74%
Agree (<i>% DO have a good work-life balance</i>)	54%	62%
Of those who agree, <i>% burned out</i>	39%	36%

Practice Site and Burnout

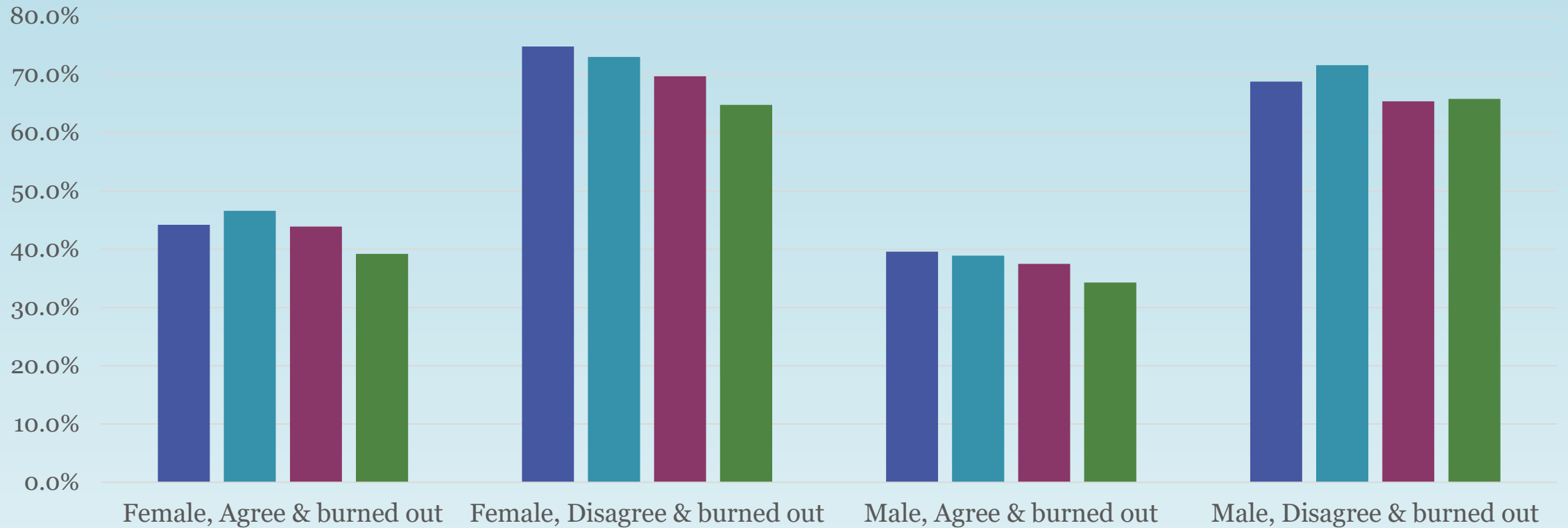


Work Environment and Burnout

Satisfaction with Practice



Organizational Factors and Burnout

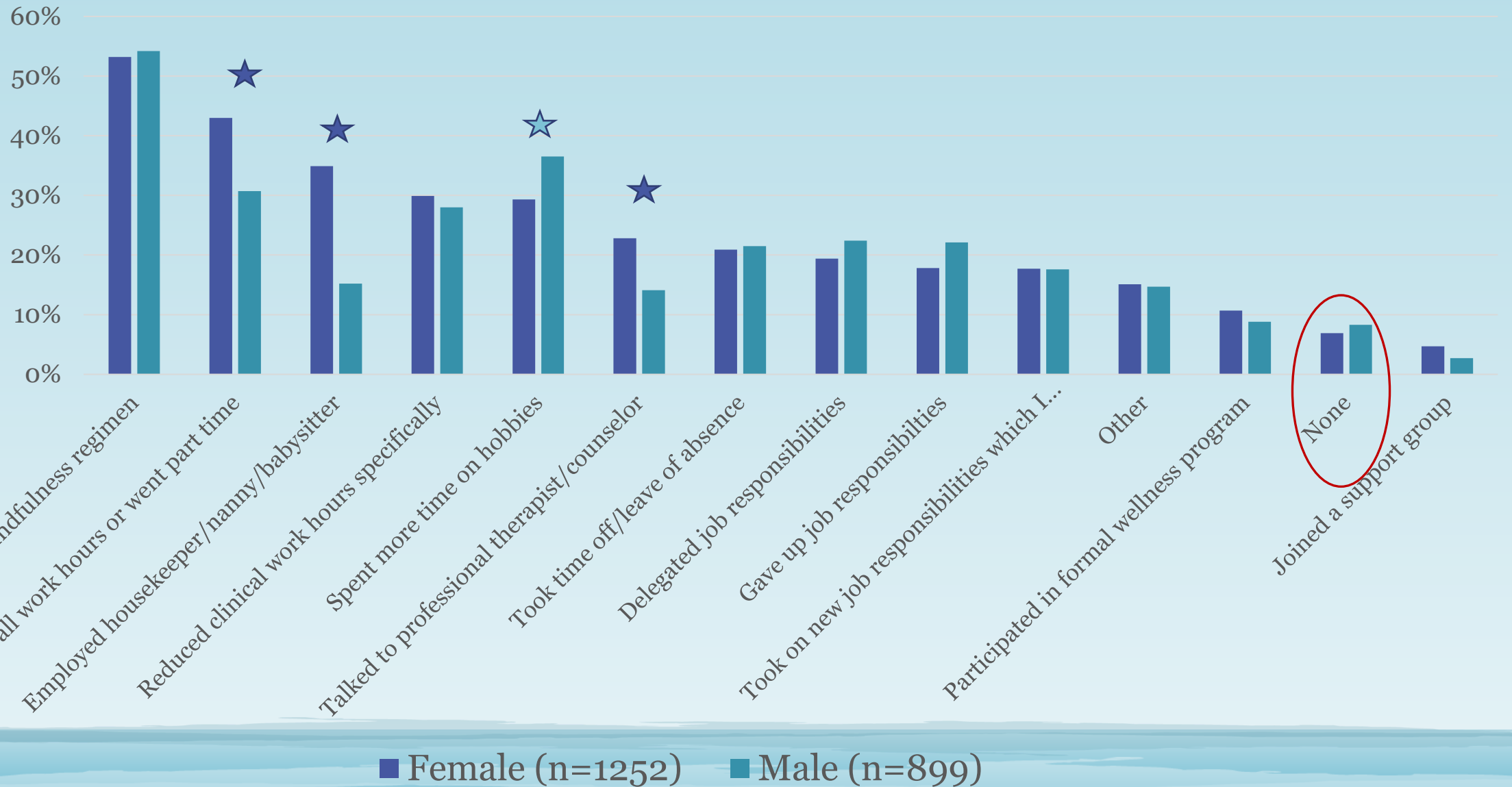


- I have autonomy to do my job the way I think it should be done.
- My professional values are well aligned with those of my department leaders.
- My organization really cares about my well-being.
- I have an adequate allotment of time with each patient.

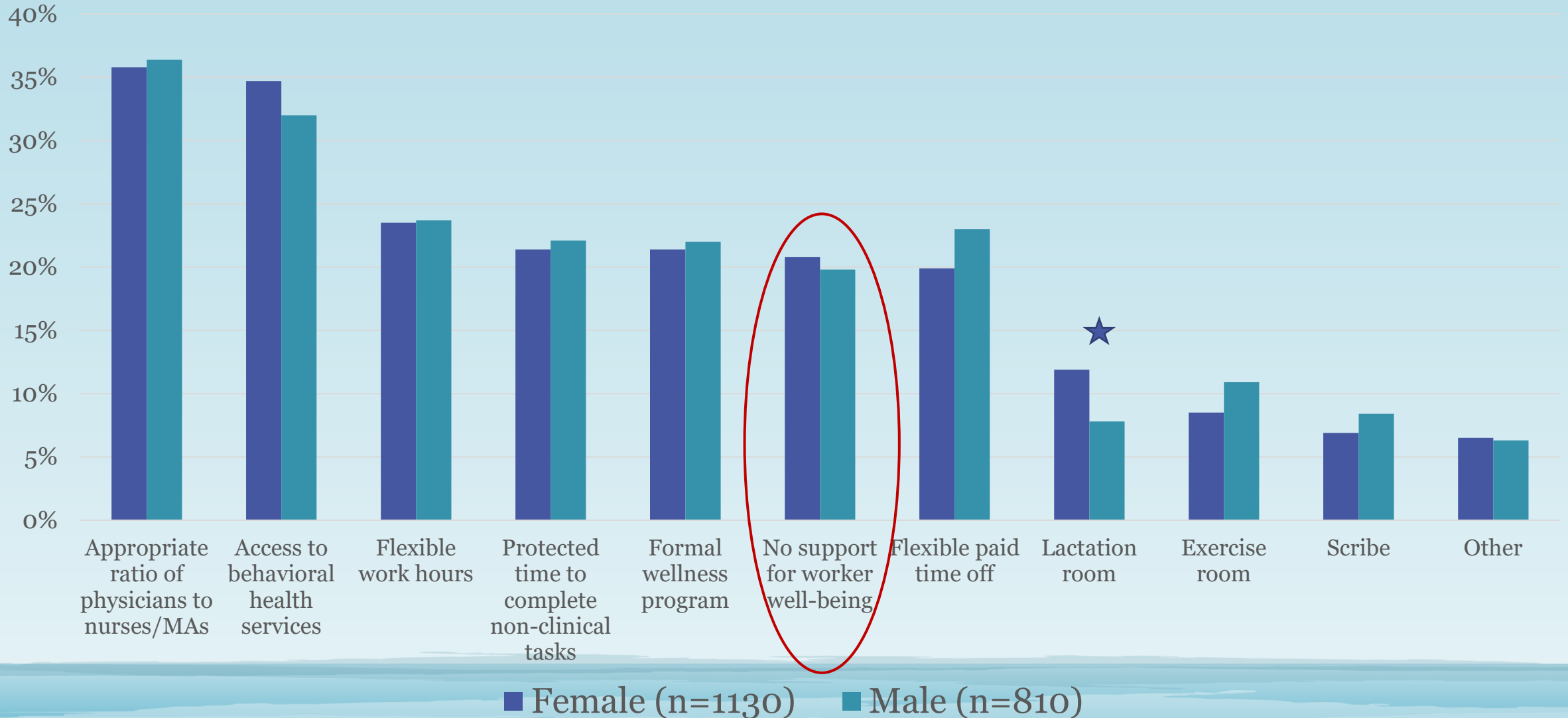


Addressing Burnout

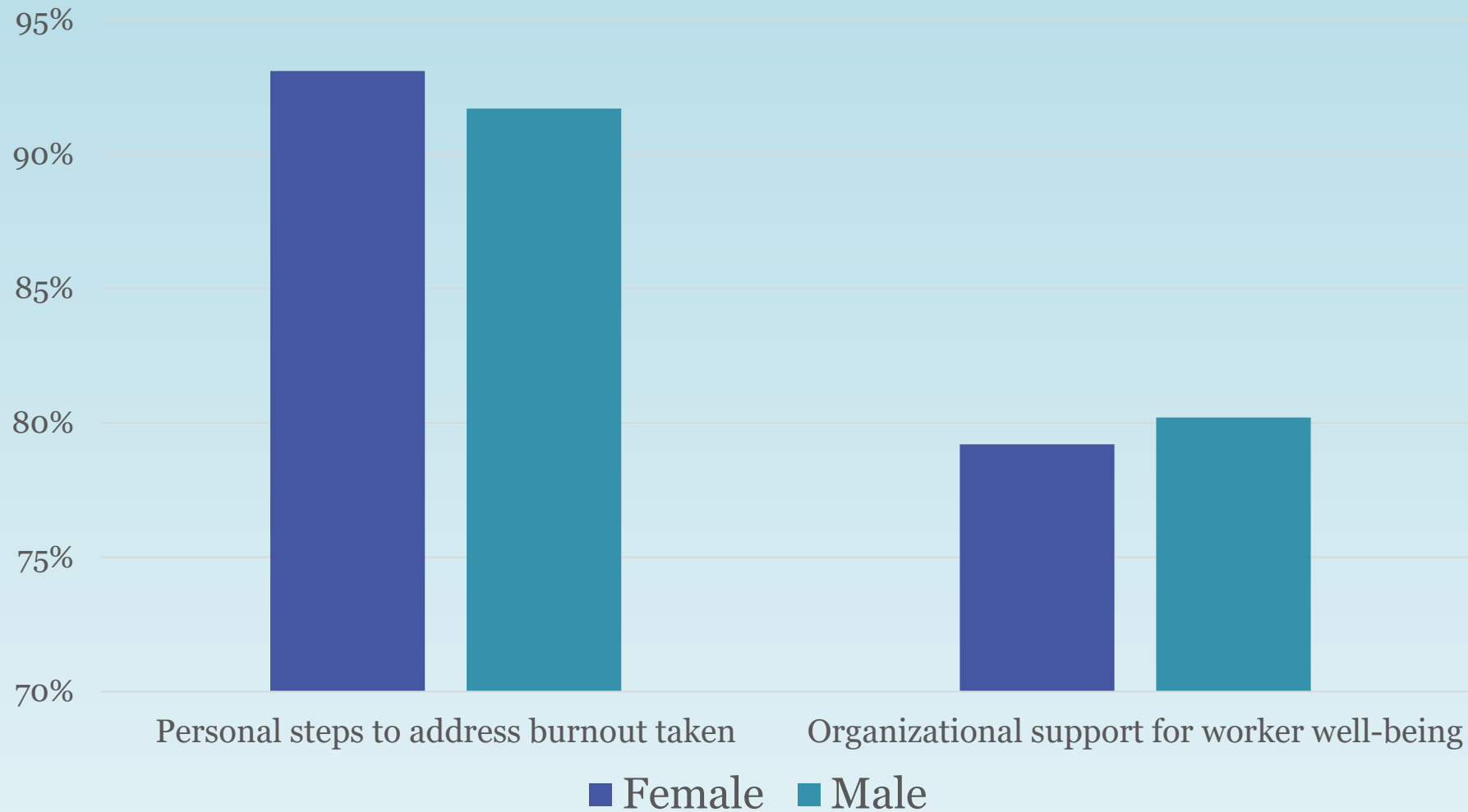
Personal Steps Taken to Address Burnout



Organizational Support for Physician Wellbeing



Personal Steps vs. Organizational Support





In their words

“When medicine went corporate we physicians lost our autonomy and the patients became the company’s not ours. Hence the satisfaction with our profession decreased and the burdens of documentation increased.”

–*Male, 60-69*

“The amount of EHR documentation has more than anything reduced the joy of medical practice and has markedly infringed on my personal life unless one can accept mediocre work which I refuse to do. Also not being in control of the time I can spend with patients is a major problem”–*Male, 60-69*

“We need to stop focusing on what physicians can do themselves about burnout and focus on changing the system in which we practice. It’s not sustainable to be forced to increase “productivity” by increasing the number of patient visits in a day. We all know our complex patient visits last well over 15 minutes.” –*Male, 30-39*



“My greatest stress comes from wanting desperately to go down to part time to spend time with my young children, and [be] more involved in their lives.”

–Female, 30-39

“It changes throughout your career. When I was a new doctor with young kids, the stress was about taking care of kids, managing my marriage and establishing myself as a physician. Now my kids are grown and although you still worry about your kids, I find it is the environment of medicine that is the challenge.”

–Female, 50-59



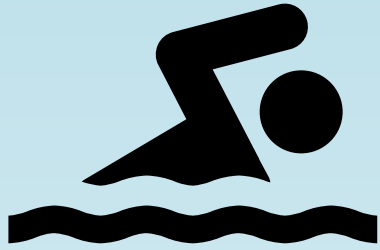
Created by Delwar Hossain
from Noun Project

“The system needs to value our time outside of the 15-20 min visits, the unpaid hours of work is demeaning and adds to the feeling of no value on our work especially with the complex patients. [We] need health care systems to see the benefit of paying for well trained MAs and nurses to do a lot of the busy work MDs so that could be delegated.” –Female, 40-49

Interviews & Focus Groups

- Interviews in progress
 - 32 interviewed so far
 - 45 – 75 minutes each
 - Goal: up to 80 interviews with both male & female, burned out and non-burned out, physicians
 - To learn about what contributes to burnout for them and what they and their organizations do to reduce/prevent burnout
- Focus group planning complete
 - Illinois: March 2020
 - California: May 2020
 - Goal: up to 4 focus groups with 5-9 female physicians each
 - To learn about the most effective ways to reduce burnout

Questions?



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

Demographic and Personal Characteristics	n (%)	Practice Characteristics	n (%)
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%)