The SWIM Team:
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**

**Phase 1**
Survey of family physicians in California and Illinois

**Phase 2**
Interviews with sample of FPs who responded to survey

**Phase 3**
Focus groups with female FPs

**Phase 4**
 Creation of a “playbook” for organizations to use when designing interventions

- **May, 2019**
- **Jan-Mar, 2020**
- **Mar-May, 2020**
- **Late 2021**
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

<table>
<thead>
<tr>
<th></th>
<th>Under 40 (n=452)</th>
<th>40-49 (n=672)</th>
<th>50-59 (n=546)</th>
<th>60+ (n=422)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (n=1229)</td>
<td>57.2%</td>
<td>54.8%</td>
<td>54.7%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Male (n=886)</td>
<td>52.3%</td>
<td>54.3%</td>
<td>54.4%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>
Findings: Associations with Burnout
## Mental & Physical Health and Burnout

The following bar charts depict the percentage of burnout among different mental and physical health categories, split by gender.

### Mental Health
- **Very good**: Female 30%, Male 20%
- **Good**: Female 40%, Male 30%
- **Poor/Fair**: Female 50%, Male 40%

### Physical Health
- **Very good**: Female 20%, Male 10%
- **Good**: Female 30%, Male 20%
- **Poor/Fair**: Female 40%, Male 30%
# Household Responsibilities and Burnout

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primarily responsible for managing child-related activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of those with children, % <em>with primary responsibility</em></td>
<td>77%</td>
<td>16%</td>
</tr>
<tr>
<td>Of those with primary responsibility, % <em>burned out</em></td>
<td>54%</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Primarily responsible for managing domestic duties:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% <em>with primary responsibility</em></td>
<td>79%</td>
<td>38%</td>
</tr>
<tr>
<td>Of those with primary responsibility, % <em>burned out</em></td>
<td>56%</td>
<td>54%</td>
</tr>
</tbody>
</table>
## Work-life balance and Burnout

<table>
<thead>
<tr>
<th>I have a good work-life balance.</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree (% <em>do NOT have a good work-life balance</em>)</td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>Of those who disagree, % <em>burned out</em></td>
<td>76%</td>
<td>74%</td>
</tr>
<tr>
<td>Agree (% <em>DO have a good work-life balance</em>)</td>
<td>54%</td>
<td>62%</td>
</tr>
<tr>
<td>Of those who agree, % <em>burned out</em></td>
<td>39%</td>
<td>36%</td>
</tr>
</tbody>
</table>
Practice Site and Burnout

Managed care / HMO practice
Hospital/health system-owned medical practice
Government (FQHC, IHS, RHC, etc.)
Independently-owned medical practice
Academic health center / faculty practice

% burned out
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0%

Male
Female
Linear (Female)
Linear (Male)
Work Environment and Burnout

Satisfaction with Practice

- Female, satisfied & burned out
- Female, dissatisfied & burned out
- Male, satisfied & burned out
- Male, dissatisfied & burned out

Legend:
- Overall
- Hours
- Employer
- Income
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

- Started exercise or mindfulness regimen
- Reduced overall work hours or went part time
- Reduced clinical work hours specifically
- Talked to professional therapist/counselor
- Took time off/leave of absence
- Delegated job responsibilities
- Gave up job responsibilities
- Took on new job responsibilities
- Participated in formal wellness program
- Other
- Joined a support group

Female (n=1252)  Male (n=899)
Organizational Support for Physician Wellbeing

- Appropriate ratio of physicians to nurses/MAs: 35%
- Access to behavioral health services: 30%
- Flexible work hours: 25%
- Protected time to complete non-clinical tasks: 20%
- Formal wellness program: 15%
- No support for worker well-being: 10%
- Flexible paid time off: 5%
- Lactation room: 5%
- Exercise room: 5%
- Scribe: 5%
- Other: 5%

Female (n=1130) - Male (n=810)
Personal Steps vs. Organizational Support

- Personal steps to address burnout taken: 95%
- Organizational support for worker well-being:
  - Female: 90%
  - Male: 80%
In their words
“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

“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
“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

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