BURNOUT AMONG WOMEN PHYSICIANS

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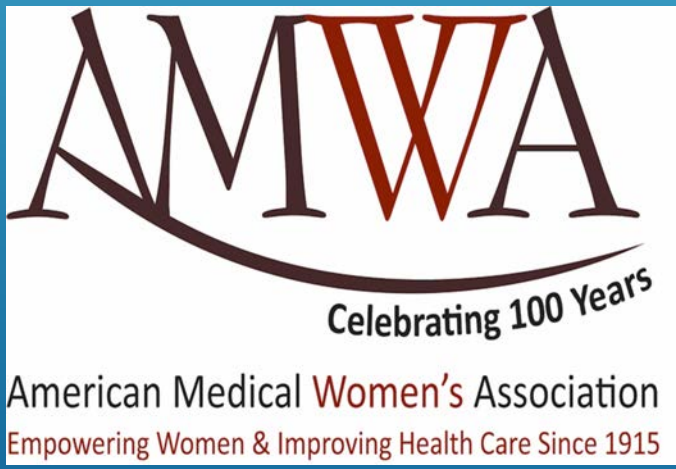


BURNOUT AMONG WOMEN PHYSICIANS

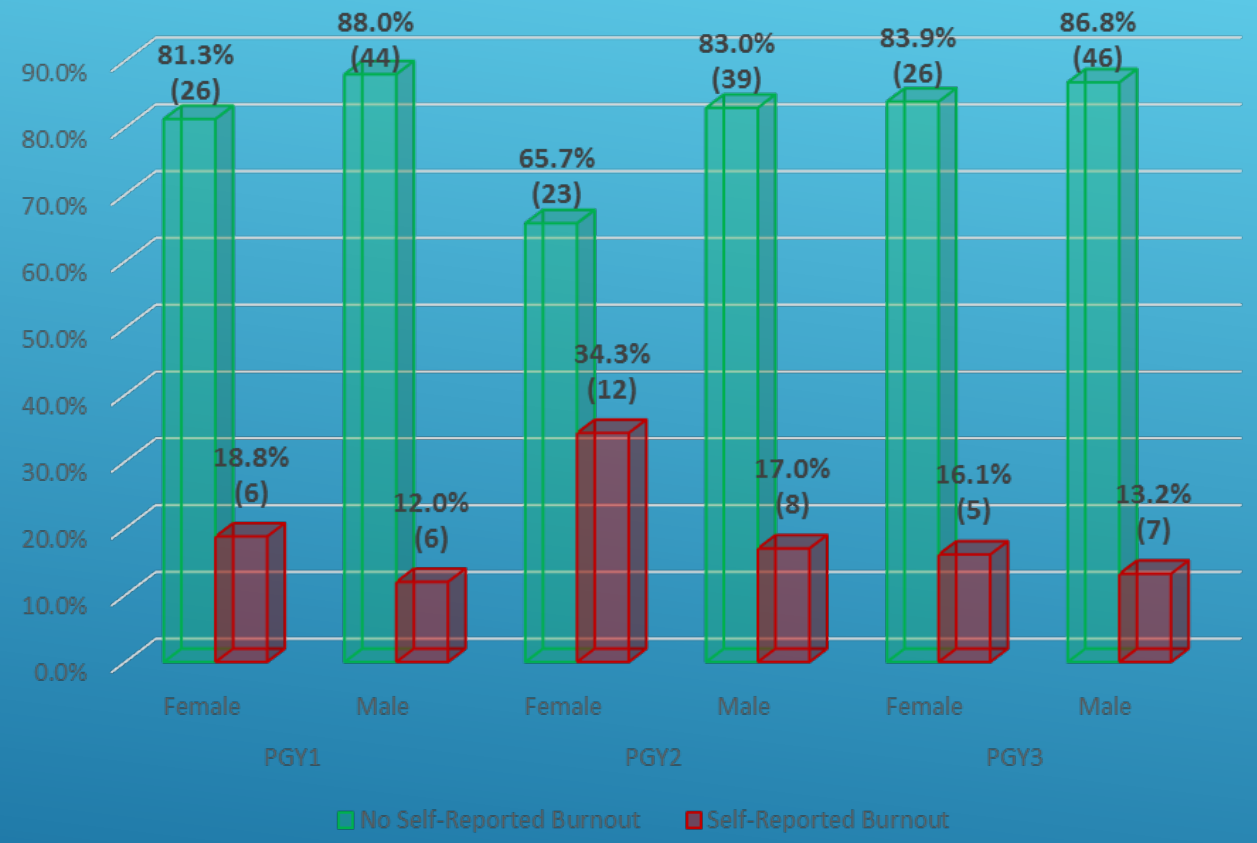
- Not all studies of burnout evaluate based on gender
- Exhaustion and emotional exhaustion tend to be higher among women
- Does this make it easier to identify burnout?
- Is it more socially acceptable for women to complain of burnout?
- Gender differences in incidence of burnout need additional study

- Study of 1 academic medical center and its community affiliate
- 100 men and 98 women
- Incoming PGY-1 and PGY-1-4 IM residents
- 30% of women, 15% of men met criteria for burnout
- Women were more likely to demonstrate emotional exhaustion (22% vs 9%)

Spataro et al 2016

IS THERE A DIFFERENCE?

- Though not quite statistically significant, burnout is higher among PGY2 residents, especially females (p=0.076, chi-square test)



UNIVERSITY OF KANSAS DATA BURNOUT, PGY1-3, AND GENDER

ISSUES THAT MAY BE TIED TO WOMEN PHYSICIANS AND BURNOUT

- Communication styles/interpersonal interactions
- Imposter syndrome/stereotype perception
- Gendered expectations/external demands
- Sexual harassment/(un)conscious gender bias

- Problem solver, peacemaker, kind
- Difficulties delegating, fixer, caretaker
- Nurturing
- Self abnegating

Does this lead to women spending more time with patients? Expending more emotional energy? Difficulty delegating patient care or family responsibilities?

“Motherly approach to patient care is likely to be best for the patient, but perhaps could be personally ‘draining’ to female (surgeons) over time” (Dahlke et al 2018)

THE “MOTHER” TRANSFERENCE

COMPASSION FATIGUE IN FEMALE SURGEONS

- Physical/emotional distress caused by repeatedly caring for those experiencing trauma
- Use the Pro QOL
- Distributed by newsletter to the American College of Surgeons
- 178 Surgeons completed survey
- Female surgeons from all specialties exhibited significantly higher levels of burnout and compassion fatigue compared to male surgeons
  - Wu, et.al, The American Surgeon, 2017

IMPOSTER SYNDROME

- First described among women but found in both women and men
- Those suffering from imposter syndrome believe themselves less intelligent or competent that perceived by others
- Fear that they are intellectual frauds, despite excellent evaluations and test scores
- Personality characteristic? A result of training? Part of professional identity development?
- May be more motivated to perform, but…
- Also more likely to suffer from distress, depression, anxiety

IMPOSTER SYNDROME

- Survey of 181 family medicine residents
- 90% thought that they were receiving adequate training
- 41% of women vs 24% of men scored as imposters
- 60% of women(43% of men) worried about their ability to practice after residency
- Those with high scores on the Imposter Scale were more likely to be depressed, anxious, and had lower self-esteem

Oriel et al 2004

- Web-based survey of 138 medical students
- Women were significantly more likely to suffer from IS
- Higher incidence among 4th year students
- Those with IS were significantly more likely to demonstrate emotional exhaustion, cynicism, and depersonalization
- Women managed IS by working harder, men by avoiding areas of vulnerability
- Increase risks for burnout among women?

Villwock et al 2016

DO RESIDENTS START TRAINING WITH IS?

IMPOSTER SYNDROME QUESTIONS

- May reflect developmental process during times of changing or changing roles/responsibilities
- Does this resolve with time?
- Which comes first, anxiety/depression or IS?
- What is the impact on burnout?

STEREOTYPE PERCEPTION/THREAT

- Fear of confirming a negative stereotype because you belong to a group (e.g., female), even if the stereotype is not accurate
- Survey of 384 (189 female) residents within a single medical center
- All residents (male and female) thought that the public and faculty believed men were better physicians
- Women higher in stereotype perception had worse psychologic health
- Stereotype perceptions did not impact the health of men

Salles et al 2016

- “Feel like (they) don’t know anything but are responsible for… patients”
- “They have to look like they know everything when they don’t”
- Didn’t know how to maintain credibility with a patient
- “The (woman) resident is held responsible for everything, from the emotions of everybody to the brightness of the room”
- “When things aren’t done correctly, no matter whose fault it is, women take it more personally”
- “Women are more likely to take criticism to heart”
- “We feel we have to be ‘superwoman’”
- “Many deal with imposter syndrome”
- Internal or external pressures?

IMPOSTER SYNDROME/STEREOTYPE PERCEPTION WOMEN RESIDENTS

- Women are held to higher standards by themselves and others
- No matter where they were (earlier in their careers) they were expected to be somewhere else (e.g., work vs home)
- Felt (and continue to feel) guilty about not doing what other mothers did (e.g., picking up kids from school, baking cookies)
- Women physicians are not allowed to show emotions (“can’t cry in the office”)
- “Women should stand up for themselves and their work”

IMPOSTER SYNDROME/STEREOTYPE PERCEPTION
SENIOR WOMEN PHYSICIANS

HARASSMENT/DISCRIMINATION

- Systematic review and meta-analysis
- 177 articles reviewed (1987-2011)
- 6 countries, including the US and Canada
- Higher prevalence of harassment and gender discrimination among female physicians
- Gender discrimination most common form of abuse among residents (prevalence 66.6%), followed by verbal abuse (58%), and sexual harassment (36%)
- Most common perpetrators were senior physicians
- Increases risks for depression and anxiety
- More “in-group”/”out-group”, rather than gender-based

Fnais et al 2014

GENDER-BASED DISCRIMINATION

- Survey through Assn of Women Surgeons
- Most experienced or observed gender-based discrimination
- 60% from men, 40% from women
- Superiors, peers, support staff, patients
- Women less likely to speak up
- Decreased career satisfaction

Bruce et al 2015

DATA OUTSIDE OF MEDICINE…

- National samples on the impact of perceived discrimination (PD) in the workplace, based on race, sex, age, family obligation, and sexual orientation
- PD corresponded with less engagement and more burnout
- This psychologic withdrawal indirectly resulted in physical withdrawal (i.e., lateness, absenteeism, and intent to quit)

Volpone et al 2013

GENDER BIAS-
WOMEN RESIDENTS

- “It’s still a ‘man’s world’, and women have to work harder to prove themselves”
- “Staff assume that the male is the more senior resident”
- “It’s often pointed out to female residents if they are the only one in their program-not negative but shouldn’t make a difference”
- Recognized as unconscious behavior, BUT
- “It’s the little things that really add up to create stress”

HARASSMENT
WOMEN RESIDENTS

- Utilized questions from the AAMA graduation survey to survey residents
- Low incidence of be subjected to humiliation, offensive comments, embarrassment
- Statistically significant relationship to symptoms of burnout among those who had negative experiences
- No significant differences between men and women

GENDER BIAS-SENIOR PHYSICIANS

- “Bullied”, harassed early in their careers
- “You just get over it”
- Unclear if/how this impacts development of burnout

IMPACT OF WORK-LIFE INTEGRATION

- Study of hospitalists and outpatient general internists
- 40-50%noted work-home conflict in the preceding 3 weeks
- Resolved in favor or work 30%
- Resolved in favor of home 10-12%
- 50-60% met both needs

Results not stratified by physician gender

Roberts et al 2014

WORK HOME CONFLICT (WHC)

- Survey of physicians and their employed partners
- WHC within the previous 3 weeks were experienced by
  - physicians 44.3%
  - their employed partners 55.7 %
- 50% of physicians did not think that work left sufficient time for personal/family life
- Incidence of burnout
  - Physicians 47.1 % with recent WHC vs. 26.6 % without
  - Partners 42.4% with and 23.8% without recent WHC

Dyrbye et al 2013

IMPACT OF SUPPORT

- 25 rural female family physicians
- Identified strategies for work-life balance
- Supportive relationships with partners, parents, members of the community
- Maintained clear boundaries around their work life to provide sufficient time for parenting, recreation, etc.
- The issue is not the presence of significant other but whether that person, or others, provide support

Phillips et al 2016

IMPACT OF PARENTHOOD

- On-line survey of physician mom group
- 5782 total respondents (at all stages of their careers)
- 66.3% reported gender discrimination, and 35.8% reported maternal discrimination
- Of those reporting maternal discrimination, 89.6% reported discrimination based on pregnancy or maternity leave, and 48.4% reported discrimination based on breastfeeding-most common, disrespectful comments from support staff
- Maternal discrimination was associated with higher self-reported burnout (45.9% burnout in those with maternal discrimination vs 33.9% burnout in those without)

Adesoye et al 2017

IMPACT OF PARENTHOOD

- Survey of physicians in Germany found that women physicians with children were more likely to suffer emotional exhaustion
- HOWEVER, relationship to colleagues and support from those more senior (“superior”) had an even greater impact on emotional exhaustion risk (for both males and females)

Richter et al 2014

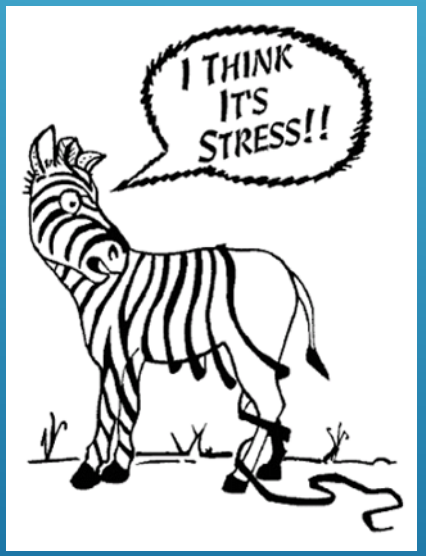
- Supportive family eases tension and improves job satisfaction
- Having children is problematic for IMGs, if they have no family in the US to assist with childcare
- Difficult choices to raise children and have a career
- May need to sacrifice progression at work for better quality of life
- This may or may not improve as children become older
- There needs to be flexibility in family care/leave structure to address issues with aging parents, spouses/partners, extended family, etc.

WORK/HOME INTERACTION SENIOR PHYSICIANS

COPING STRATEGIES

- Survey of residents
- No gender-based differences in acceptance, taking action, or positive reframing
- Giving up, denial, and substance use low for both genders
- Women more likely to use emotional support (positive) and self-blame (negative)
- Self blame may be the primary driver- cause or result of burnout? Due to perceived expectations? Due to less confidence?

Spataro 2016



- “Don’t set an unattainable high bar for yourself and then beat yourself up for not meeting it”
- “Don’t strive for perfection”
- Find time for yourself, exercise, self-care

COPING-
SENIOR PHYSICIANS

ROLE OF MENTORS

- Lack of female mentors, especially in male-dominated fields (e.g., surgery)
- Leaves physicians without like-sexed advocates
- May make female trainees less certain about how to advocate for themselves, achieve work-life integration, choose a career path, etc.

Dahlke et al 2018

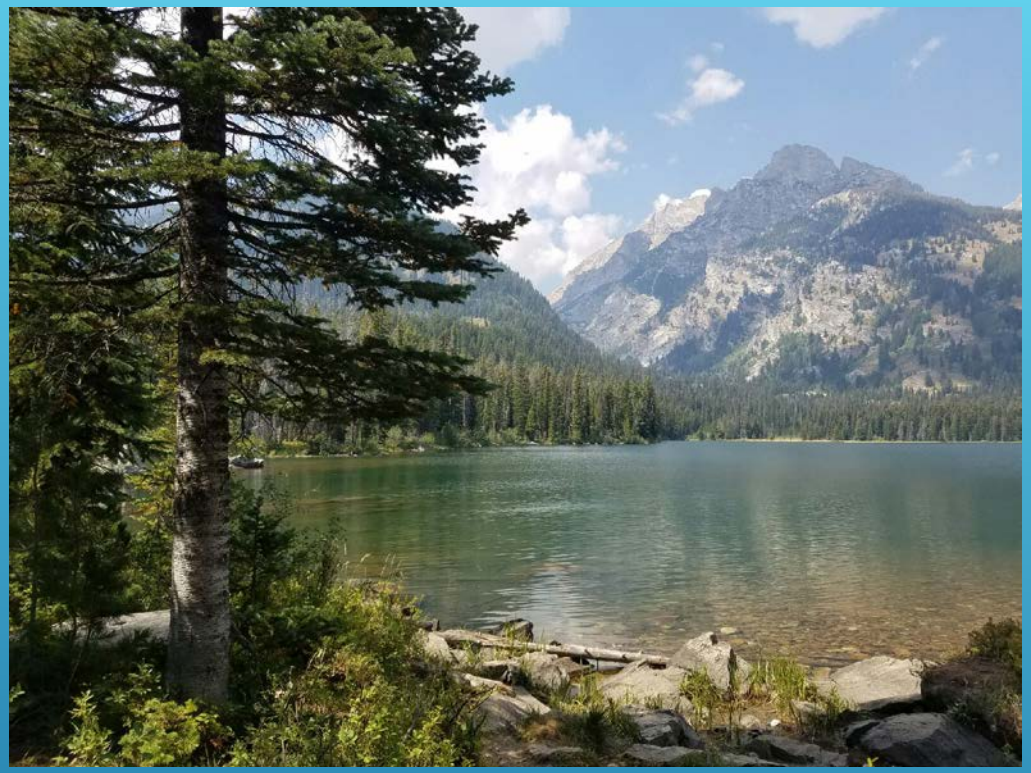
- National survey of US surgery residents
- Lower levels of burnout among those with a structured mentoring program
- Prevention or early identification of burnout?

Elmore et al 2016

SOCIAL SUPPORT

SOCIAL SUPPORT/MENTORING-WOMEN RESIDENTS

- Need “good” department culture that provides support
- Mentors/advisors or having a structured mentoring program to provide a support system-especially women to discuss work-life integration; may be difficult in specialties/programs with few women
- “Encourage women to voice how they feel and what they need- not just what we think they should feel or need”
- Getting to know other female residents, who understand and support them through “events for women that are cross-program and goal-oriented” or to “blow off steam”
- Opportunities to “know what life will be like after residency”
- May help to decrease stress during professional identity development, confront imposter syndrome/stereotype perception, discuss work/home interaction, provide leadership development opportunities



THANK YOU!