

THE WELL-BEING OF WOMEN PHYSICIANS OF COLOR

Burnout, Career Satisfaction and Mental Health

OBJECTIVES

- To assess prevalence and contributing factors to burnout, career dissatisfaction and mental health concerns in women physicians**
- To recruit and retain women physicians of color through the development and implementation of effective strategies in health care organizations** which reduce burnout, improve career satisfaction, bolster mental health, establish equity and retain women physicians of color in the medical profession

METHODS

- Women physicians, licensed by the Medical Board of California, were invited to participate in an online survey and focus group discussions.
- 1. Online anonymous survey** (September 2018, N= 829)
 - 2. Focus Groups throughout the state of California**
Discussions to achieve a deeper understanding of the work and life experiences of women physicians of color as they related to burnout, career satisfaction and mental health (November 2018, N=42 in 4 different geographic areas)

This will be duplicated in 2022 to evaluate changes since 2018.

RESULTS

ONLINE SURVEY - Risk Factors for Burnout and Career Choice Regret

- More than half-day on EMR
- > 20 patients per day
- > 60 hours of work/week
- Weekly call
- Dependent family members
- Lack of satisfaction with life-work integration
- Low perceived professional fulfillment
- Low perceived value at work
- Experiences of discrimination
- Low perceived diversity and inclusion
- Low perceived sense of community at work
- Questions of competence by colleagues, patients

ONLINE SURVEY – Protective Factors

Social Support - Feeling of Meaningfulness – Availability of Resources – Psychological Safety – Leadership Role

ONLINE SURVEY – Mental Health Outcomes

Suicidal ideation was significantly more prevalent among women physicians of color who reported overall burnout.

FOCUS GROUPS – Common Concerning Themes

- High prevalence of microaggressions and macroaggressions
- Exclusion from leadership opportunities and vertical career growth
- Questions about competency, leading to disengagement and feelings of isolation

RECOMMENDATIONS TO HEALTH CARE ORGANIZATIONS AND EXECUTIVE LEADERSHIP

- 1 Acknowledge and Assess the Problem**
 - Commitment from leadership to address issues of diversity, equity and inclusion
 - Review of policies and procedures to assess impact on equity and well-being with revisions as necessary
 - Oversight of hiring practices
 - Anonymous surveys – climate, well-being, career satisfaction, leadership evaluations
 - Leaders' listening sessions – town halls, advisory councils
 - Reporting mechanisms without fear of retaliation and exit interviews
 - Reliable, timely data collection and sharing – pay, academic rank, leadership roles, attrition
- 2 Develop and Implement Targeted Interventions**
 - Policies, practices, programs to promote equity and well-being
 - Dedicated team to improve efficiency – EMR, staff support
- 3 Educate and Enforce**
 - Education on microaggressions, implicit bias, discrimination, harassment, professionalism, communication
 - Enforcement of policies

- 4 Harness the Power of Leadership**
 - Accountability of leadership at all levels to address equity and well-being
 - Mechanisms to address discrimination, harassment, and disparities in pay, benefits, promotions, opportunities, and resources
 - Leaders from diverse backgrounds
 - Professional development and leadership training opportunities for women physicians of color
- 5 Cultivate Community at Work**
 - Formal and informal support structure in the workplace
 - Mentorship, coaching and peer support
 - Central areas to build sense of community and camaraderie at work (physician lounge)
- 6 Align Values and Strengthen Culture**
 - Accountability and transparency
 - Well-being and DEI Offices with adequate staff and resources
- 7 Promote Flexibility and Work-Life Integration**
 - Policies, practices, programs to promote equity and support work-life integration
 - Greater control by employees over schedules with flexibility
- 8 Provide Resources and Encourage Utilization**
 - Wellbeing and mental health resources that are easily accessible, without stigma
 - Confidence in confidentiality

CONTINUED WORK

Through a grant received in September 2021 from The Physicians Foundation, work is under way to understand the impact of the COVID-19 pandemic on the prevalence and drivers of burnout, career dissatisfaction and mental health concerns in women physicians. An online survey and focus groups are scheduled for the spring and summer of 2022 with comparison of results to pre-pandemic data. Results will be used to revise recommendations for programs and policies since the working environment and landscape have dramatically changed since 2018. Findings will be presented at the annual Network of Ethnic Physician Organizations (NEPO) Summit on October 6, 2022 and a white paper will be released with guidance on how to optimally support women physicians of color.

Abstract Title: The Well-Being of Women Physicians of Color: Burnout, Career Satisfaction and Mental Health

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Topic Category: Diversity, Equity & Inclusion; Wellbeing

Background: Endeavors to sustain the workforce of women physicians of color are crucial to the care of patients, especially those from marginalized populations. Numerous studies have linked racial and ethnic concordance between patients and their physicians to greater satisfaction of care. Furthermore, research suggests that physicians of color may be more likely to pursue careers in primary care and to practice in underserved communities. Despite their integral role within the physician workforce, research suggests that women physicians of color may be disproportionately impacted by burnout, which may adversely affect their career satisfaction and mental health, while increasing the risk for attrition.

In 2018, a collaboration was initiated among the California Medical Association Foundation (now known as Physicians for a Healthy California [PHC]), the Network of Ethnic Physician Organizations (NEPO), University of California Health (UC Health), and the WellMD Center at Stanford University School of Medicine. This group gathered data to inform the development of effective interventions to support women physicians of color with regards to work experience, career satisfaction and mental health outcomes.

Objectives:

1. To identify the prevalence and predictors of burnout among women physicians of color.
2. To develop intervention programs and policy recommendations for health care organizations, with a focus on reducing burnout, improving career satisfaction, bolstering mental health, and establishing equity for women physicians of color.

Methods: In 2018, an online anonymous survey was administered to women physicians on file with the California Medical Association and the Network of Ethnic Physician Organizations, which was approximately 15,000 individuals. Survey participants were asked about their demographic characteristics, symptoms and drivers of burnout, as well as exploratory questions about their work experiences, home lives and mental health. There were also focus group discussions to achieve a deeper understanding of the work and life experiences of women physicians of color as they related to burnout, career satisfaction, and mental health. In the spring and summer of 2022, another quantitative survey will be administered and focus groups will be conducted. Comparisons will be made between the pre-pandemic 2018 data versus the 2022 data.

Results: For all women physicians, regardless of race, the identified risk factors for burnout were the following: weekly on-call responsibilities, low professional fulfillment, dependent family members, dissatisfaction with work-life integration, primary care specialty, private practice and low perceived workplace diversity and inclusion. For women physicians of color, these were additional risk factors: experiences of discrimination, low perceived value at work, and competency being questioned by colleagues and patients.

The narratives that emerged from the focus groups shed light on the high prevalence of microaggressions and macroaggressions toward women physicians of color. Whether it was unconscious bias manifesting through mistaking a physician for a support staff member, or outright discrimination by patients and colleagues, the experiences were universal. The participants also described being excluded from leadership opportunities and vertical career growth, as well as having their competence questioned by both patients and colleagues, sometimes leading to disengagement and feelings of isolation.

Discussion/Implications: Recommendations were provided in a white paper based on 2018 data. After analysis of the 2022 data, another white paper will be released. This study takes a crucial step toward shedding light on organizational changes that could improve burnout, career satisfaction, and mental health outcomes among women physicians of color. The findings point to the need for greater investment in developing programmatic and policy solutions that effectively drive system changes encompassing both physician well-being and equity. Regular monitoring, tracking, and accountability on the part of health care organization leaders are required to produce meaningful change for this valued group.