

Work-Life Balance Issues in GI

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Financial Interest Disclosure

(over the past 24 months)

No relevant financial relationships with
any commercial interests

CanMEDS Roles Covered

	Medical Expert (as <i>Medical Experts</i> , physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. <i>Medical Expert</i> is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.)
X	Communicator (as <i>Communicators</i> , physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
X	Collaborator (as <i>Collaborators</i> , physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
X	Leader (as <i>Leaders</i> , physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
	Health Advocate (as <i>Health Advocates</i> , physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
	Scholar (as <i>Scholars</i> , physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
X	Professional (as <i>Professionals</i> , physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

Learning Objectives

- At the end of this workshop participants will be able to:
 - Identify work life balance issues present in the practice of Gastroenterology/Medicine
 - Describe features of physician burnout
 - Identify issues within the healthcare system that contribute to work-life imbalance
 - Describe resources/strategies available to decrease burnout and improve balance and resilience

Our credentials



Our credentials



SPECIAL ARTICLE

Do Gender Disparities Persist in Gastroenterology After 10 Years of Practice?

Aparajita Singh, M.D., M.P.H.,¹ Carol A. Burke, M.D., F.A.C.P., F.A.C.G.,¹ Brett Larive, M.S.,¹ and Suriya V. Sastri, M.D., F.A.C.G.² (For the Women in Gastroenterology Committee of the American College of Gastroenterology)

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²*Department of Medicine, Division of Gastroenterology, Well Group Health Partners, Chicago Heights, IL*

BACKGROUND: Cross-sectional studies confirm gender disparity in many aspects of the practice of medicine and surgery. Some data suggest the disparities diminish after 10 yr of practice. This study aims to examine gender discrepancies in income, social, and professional status of gastroenterologists after 10 yr of practice.

METHODS: Prospective, observational, cohort study of gastroenterologists incepted upon graduation from a U.S. GI fellowship program in 1993 and 1995. A 36-item questionnaire was sent to the cohort at 3, 5, and 10 yr after graduation from GI fellowship training. The following are the results of the final, 10th year survey.

RESULTS: A total of 168 men and 25 women (mean age 45.5 yr) responded. Men and women were equally likely to be board certified and married, however, women had fewer children. Men earned a mean annual gross income of \$375,000 versus \$245,000 for women ($P = 0.001$). After adjusting for practice setting, work hours, practice-ownership, free endoscopy center practice, and vacation time, female gastroenterologists earned \$82,000 (22%) less per year than their male colleagues (95% CI \$34,000–130,000, $P = 0.001$). Women were more frequently in academic practice (38% vs 17%), but were less likely to hold the most advanced academic positions.

CONCLUSIONS: After 10 yr of practice, significant economic, professional, and social disparities persist between male and female gastroenterologists in this cohort. Women were more likely to practice in a setting with flexible work hours, a family leave provision, and in a practice with other women. Initiatives to equalize pay and ensure opportunities for professional advancement for women may diminish the significant practice disparities incurred by women in gastroenterology.

(Am J Gastroenterol 2008;103:1589-1595)

Rationale for Survey

- Last survey of this issue took place in 1996

GASTROENTEROLOGY 1997;113:669-674

SPECIAL REPORTS AND REVIEWS

The Professional Lives of Women in Gastroenterology: A Canadian Comparison Study With Men

JENNY HEATHCOTE,* KAREN CAUCH-DUDEK,* and DARLA RHYNE[†]

*Department of Medicine, University of Toronto, [†]and Institute for Social Research, York University, Toronto, Ontario, Canada



- *“It is interesting to note that issues that were considered exclusively “female” are becoming more universal...”¹*
- *“Equal numbers of men and women in practice reported difficulty balancing work and family life”²*



¹Edgar Achkar AJG 2008

²Gerson et al. Gastro 2007



CAG Equity & Gender in GI Needs Assessment Survey

2014 CAG Membership

● Sent to 1155 Members

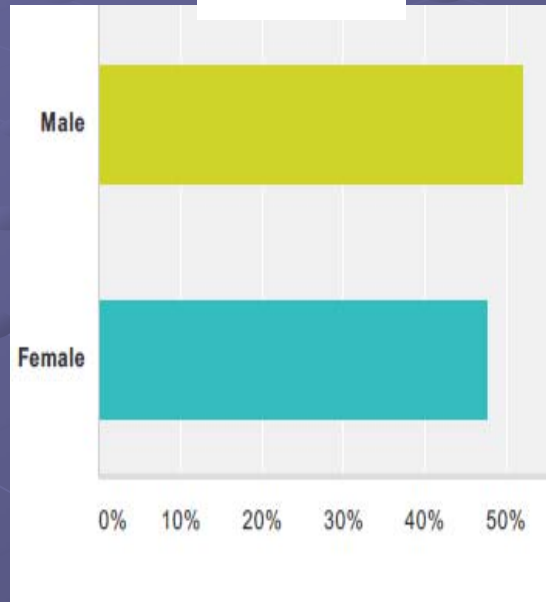
- 114 Responded
- Response rate \approx 10%

● CAG Membership

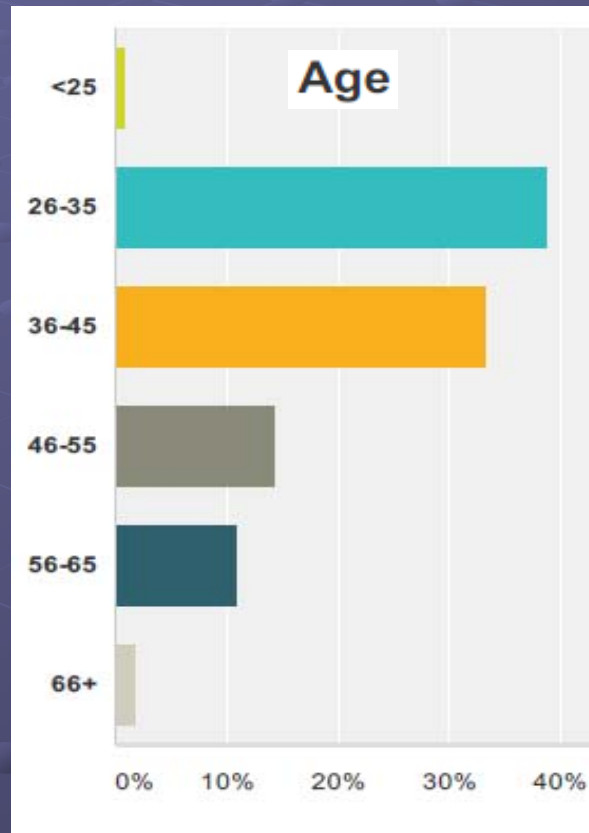
- 61% Male, 39% Female
- 48% Trainee Members (Resident, Fellow, Student)
- 52% Regular Members
 - 84% Clinical, 14% Research, 2% Nurses

Demographics

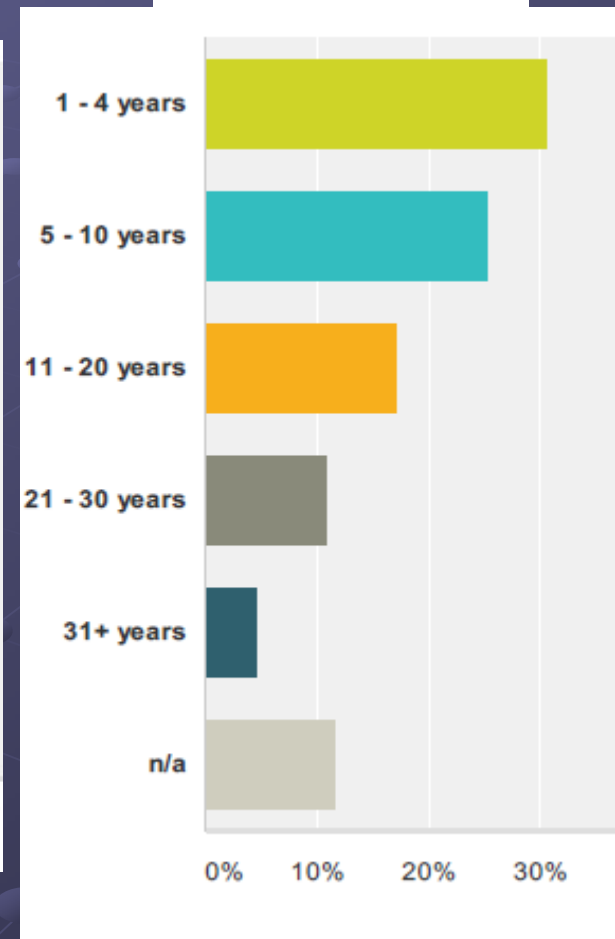
Gender



Age

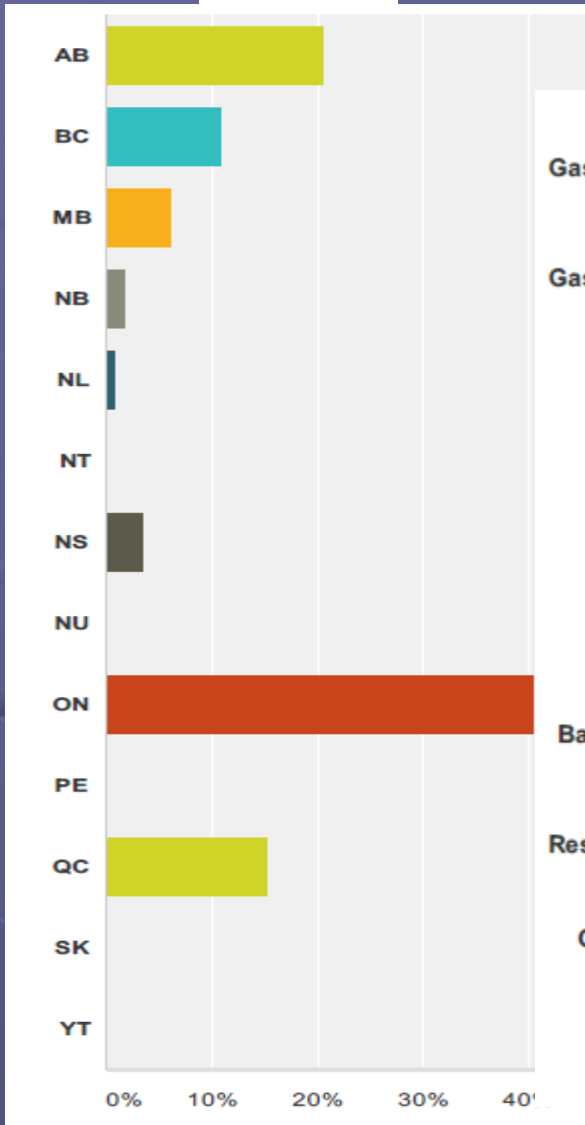


Years in Practice

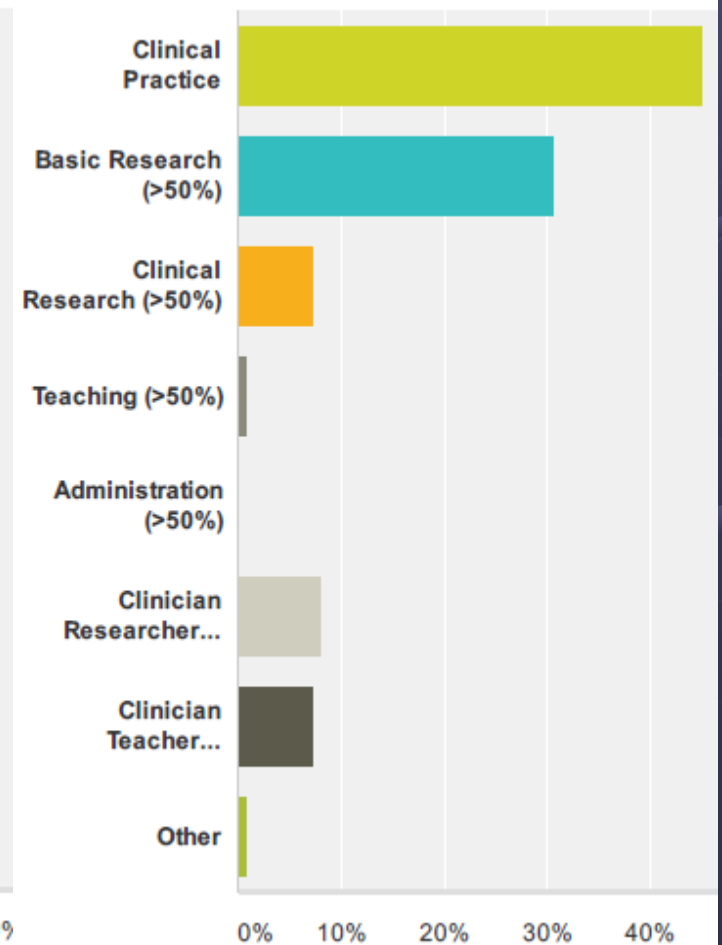
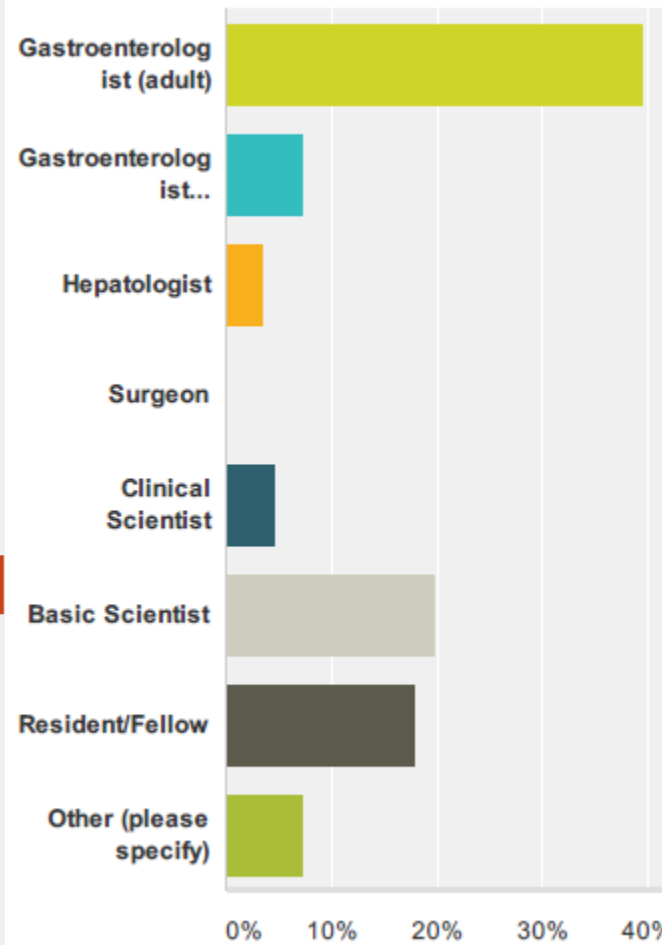


Demographics

Location



Field of Practice



1) Career Satisfaction: *“To what extent are you satisfied with the way your career path has turned out or is evolving?”*

70% Satisfied or Very Satisfied

2) Career Satisfaction: *“Would you make any career decisions differently?”*

55% Would Not

I will try to spend more time home than in the hospital

Maybe - but not sure what yet

Yes, I would have chosen a different site for my fellowship to a center with more academic research

I am leaving academia after finishing my PhD to go into veterinary medicine. More stability and more opportunities for women. Knowing what I know now, I would not have entered into basic science.

Yes different research focus

Likely wouldn't have pursued medicine.

Avoid graduate school.

Career Opportunities in GI

Yes- I would have gone into family medicine because the job market has been so tough as a new GI. This has affected my family life by having to move away from supports, friends, my husband had to find a new job. Also, having a young child without a family network nearby has been challenging.

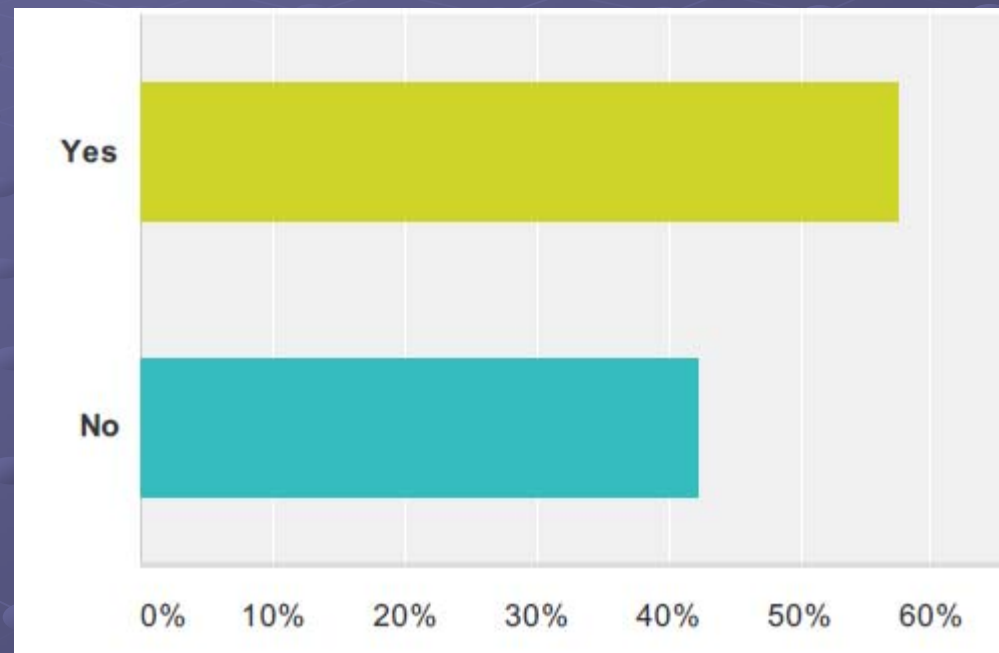
Funding for fellowship programs is scarce. I would have thought twice about doing a fellowship and maybe would have chosen to skip the academic practice for a community practice, because of funding issues principally.

need more job openings for GI residents graduating

Having said that, there is likely room for at least one more person in this practice:

I would work in a larger group so I could work fewer hours per week and fewer weeks per year (I work 48 weeks per year, 1 in 2 call)

Equity in GI: *“Do you feel that equity (race, age etc.) and gender issues exist within GI?”*



One quarter of respondents felt career advancement was affected by age, ethnicity, gender or marital status

Work

Life



- 80% Have spouse or partner who is employed outside of the home
- 52% Have children less than 18 years of age
- 45% Care for aging relative or have another significant non-work related responsibility
- 33% Feel they have not been able to balance home/personal life & work life without hindering career progression

Work

Life

I love GI and that is what I was meant to do. However, the multiple responsibilities that I have at work on top of clinical work significantly eat into my personal life time. It's a big problem.

would have worked less if i could have while children were young, but was just starting career as only woman in group and did not feel that was an option

Without family responsibilities, I would have done a post-doc fellowship in another geographic location.

At this time in my career/life I would like more flexibility and option of fewer hours. Now i have children who are growing rapidly --I wish for more time with them . The culture in academic medicine (esp in department of medicine) is that you can't be a legitimate academic physician in parttime practice.

Mentorship

- 67% Report having had a career mentor(s)
- *“Although mentoring sounds like the right idea the mentor may lack the knowledge and instincts to suitably include or work with the unique cultural, methodological and personal traits of the one to be mentored. I don't see a plan to train the mentor- this may help bring down barriers. I will suggest the reason we have gender & equity issues is due to the leadership, in any domain.”*
- *“I think that mentoring has to be ongoing and face to face therefore needs to be done at an institutional level.”*
- *Mentorship is lacking - I feel sad that I don't have someone to go to vent, for guidance, for assistance in career development but such is life.”*

Areas of Focus Going Forward

- Mentorship
 - Both during training & career
 - Equipping mentors for the role & linking mentees with mentors
- Career Planning
 - Program level – Implications for training positions
 - Trainee level – Guidance & assistance in career options
- Work Life Balance

“I am not clear on why GENDER affairs is the term - these issues pertain to all genders, all ages, all GI docs... I am a bit uncomfortable with isolating women vs. men...”

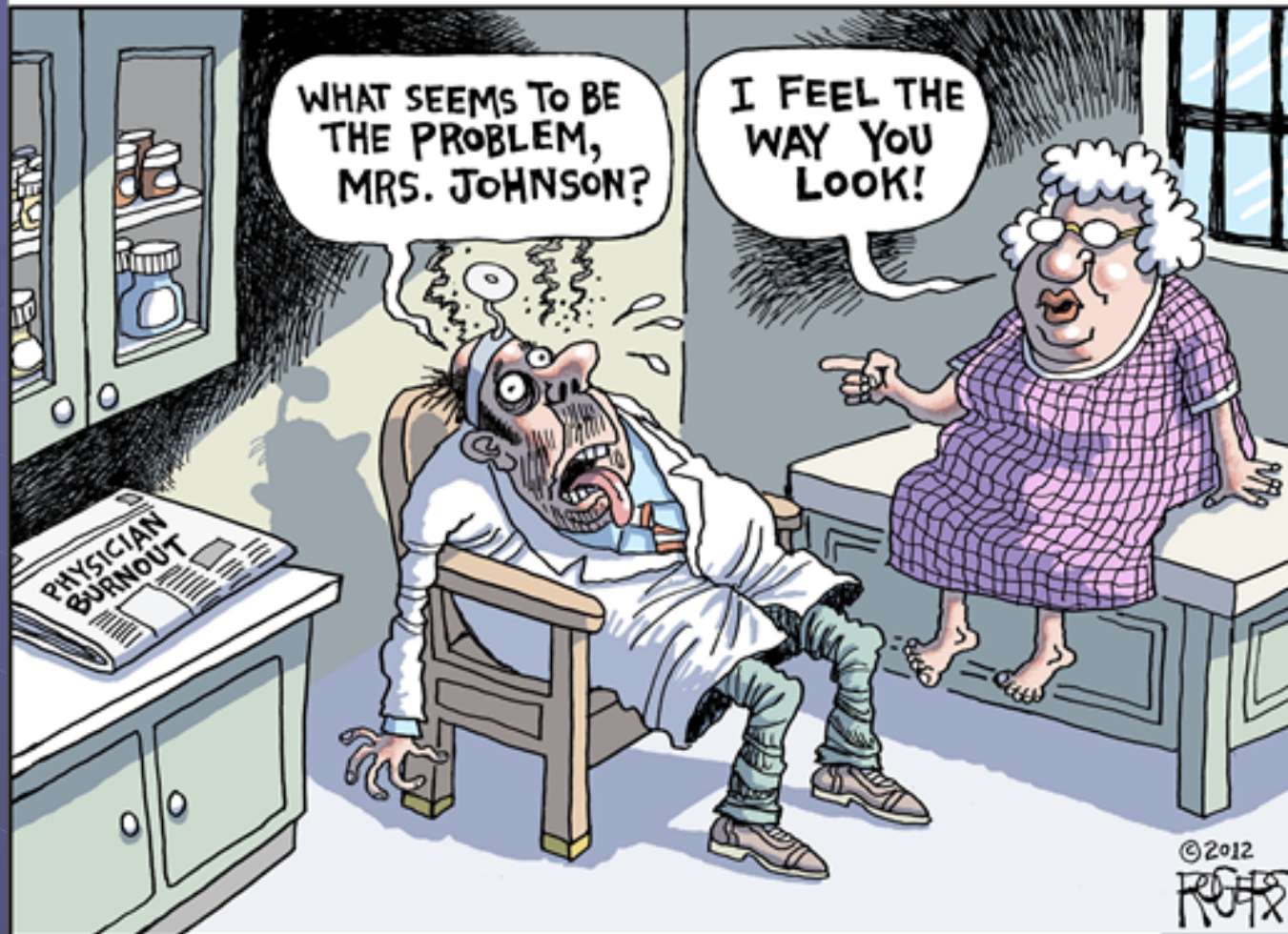
Pursuit

Each thing I do I rush through so I can do something else. In such a way do the days pass—a blend of stock cars racing and the never ending building of a gothic cathedral.

Through the windows of my speeding car I see all that I love falling away: books unread, jokes untold, landscapes unvisited. And why? What treasure do I expect in my future?

SECOND OPINION

BY ROB ROGERS



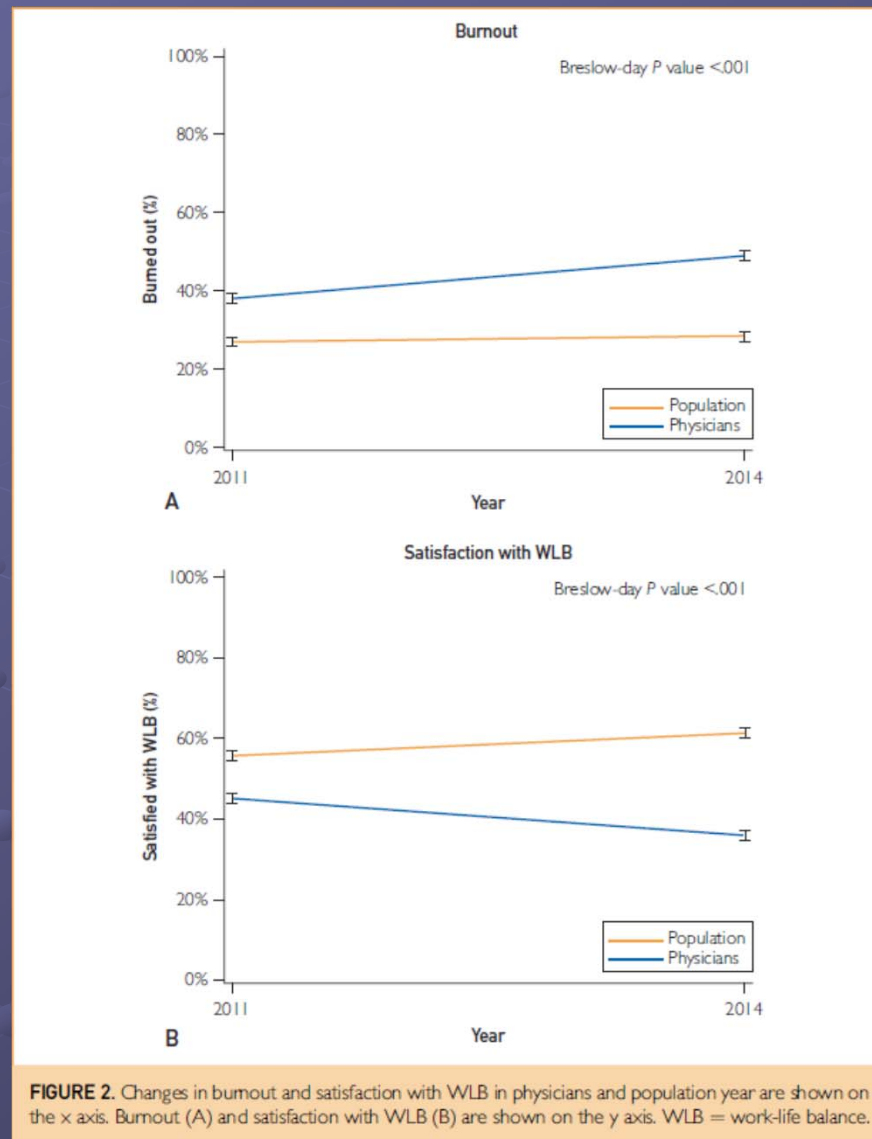
Case Study

- 36 yr old male GI in 4th year of practice
- Well regarded by peers
- 6 months low mood, low energy, hard to get out of bed
- Call 1:4
- Spouse is a surgeon - recent return to work after mat leave
- Loss of focus - forgot DVT prophylaxis in recent IBD inpt
- Recognizes he is stressed, but “no worse than anyone else”
- Can’t take time off as it would increase call for partners
- What are his symptoms of burnout?
- Risk factors for burnout?

Burnout

- Emotional exhaustion
- Loss of meaning in work
- Feelings of ineffectiveness
- Depersonalization
- Maslach Burnout Inventory

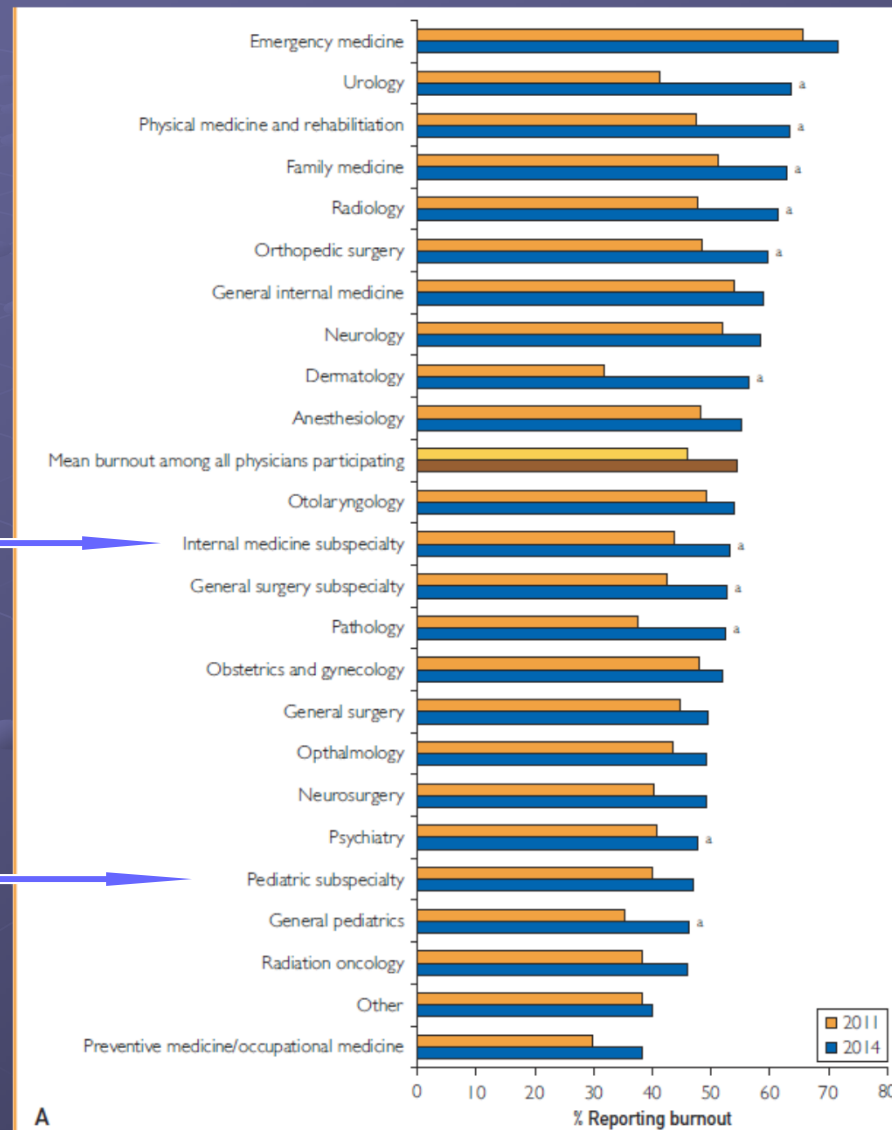
Physician Burnout Is Increasing



Burnout 45%

Work life balance 41%

Burnout Varies by Specialty



Risk Factors for Burnout

- Longer work hours, nights on call
 - 30% in 60hr week, 44% 60-80hr week, 50% >80hr week (Balch *J Am Coll Surg* 2010)
- Career stage?
 - Higher in first 3 yrs of practice (Keswani *Am J Gastro* 2011)
 - Work-home conflicts, career choice, depersonalization
 - Higher in mid-career (Dyrbye *Mayo Clin Proc* 2013)
 - More hours, more call, low satisfaction, high emotional exhaustion and burnout
 - Most likely group to leave medicine (12.5%)
 - Seen in men and women, across specialties

Risk Factors for Burnout

- Lack of control
- Organizational
 - Time constraints for work
 - Many changes made quickly
 - Lack of resources
- Personality traits
 - Perfectionistic, self-critical
 - Empathetic, idealistic

Risk Factors for Burnout: GI

- Therapeutic endoscopy
 - Young, male, foreign born, fewer leisure hours
- High risk procedures
- Having a complication
- Pressure to work faster
- Procedure related stress
 - Fear of missing a malignancy, inability to cannulate bile duct, misinterpreting images

Work-Home Conflict

- Recent work home conflict OR 2.47 for burnout
(Dyrbye *Mayo Clin Proc* 2010)
 - Conflict resolved in favour of personal responsibility OR 1.29
 - Conflict resolved in favour of work OR 2.13
- Depends on spousal employment (Dyrbye *J Am Coll Surg* 2012)
 - Work-home conflict in last 3 weeks
 - Stay at home partner 49%
 - Working non-MD 48%
 - MD partner 62%
 - Surgeon-surgeon partnership 69%

Consequences of Burnout

- Leaving medicine as a career
- Substance abuse
- Depression
- Suicide
- Lower patient satisfaction
- Medical errors
- Disruptive physician behavior

Strategies to combat burnout

- Back to our case: What could help the MD manage symptoms of burnout?
- Personal
- Organizational

Coping strategies

- Problem focused coping strategies
 - Active steps to alter source of stress
 - Planning, seeking social support
 - Positive reframing, acceptance
 - More likely to be used by female GI's
 - Decreased burnout
- Emotion focused coping strategies
 - Manage emotional distress associated with stressor
 - Venting, self-distraction, denial, disengagement, humour
 - Substance use, turning to religion
 - More likely to be used by male GI's or those with a physician parent

Personal strategies

- Balance personal and professional goals
 - Mismatch?
 - Scheduling:
 - part time, flexible work hours
 - back up systems for emergencies
 - day off post-call
 - Decreased adenoma detection if called back after midnight
(Benson *Am J Gastro* 2014)
 - schedule personal time
- Shape your career and identify stressors
- Wellness strategies

Wellness Strategies

- Relationships
- Self-care
 - Sleeping, eating, exercise, primary care physician
- Nurture personal interests
- Mindfulness meditation
 - “non-judgmental awareness of one’s moment-to-moment experience”
 - Promotes insight and relaxation

Mindfulness Meditation

- 10 week course reduced burnout in 302 medical students vs control course (Resenzweig *Teach Learn Med* 2003)
- 8 week course reduced burnout scores, with maintenance for 10 month follow up in 70 family docs (Krasner *JAMA* 2009)
- American Medical Association Stepsforward Program
 - <https://www.stepsforward.org/modules/improving-physician-resilience>
 - Online module to enhance resilience (ability to “bounce back” from stress)

Organizational Strategies

- Adequate staffing
 - Time off, call
- Reduce prolonged stress
 - Scheduling, pace of work, orientation, mentoring
- Sense of control
 - Teamwork, transparency, involvement in decision making
- Monitor burnout
 - Zero Burnout Program survey
<https://www.stepsforward.org/modules/physician-burnout-survey>
 - Confidential support groups

Organizational strategies

- Prolonged probationary period for academic faculty
- Option for part time work?
 - May be a predictor of leaving academic medicine (*Speck J Womens Health* 2012)
- Flexible hours, job sharing
- Onsite childcare
- Mentoring