

Negative Experiences Due to Gender and/or Race: a Component of Burnout in Women Providers Within a Safety-Net Hospital



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INTRODUCTION

The Office of Professional Worklife (OPW) at Hennepin Healthcare System (HHS) has been measuring burnout and overseeing its prevention across approximately 700 providers (doctors and advanced practice providers, including nurse practitioners and physician assistants) for over 5 years. Current attention to disparities and discrimination in medicine motivated OPW to consider negative experiences due to gender and race as potential contributors to burnout.^{1, 2} The study objective was to use a new survey item to assess frequency of negative experiences and determine associations with burnout, teamwork, and values alignment.

METHODS

The validated ten-item Mini-Z quantifies satisfaction, burnout, and their workplace contributors including work control, chaotic workplaces, electronic medical record stress, teamwork, and values alignment.^{3, 4} The new, 5-point Likert scale item requests frequency of negative experiences due to gender and/or race, reading, “How often do you encounter negative experiences at work due to your gender and/or race? (e.g., being denied work opportunities, being isolated or treated as if you were not competent, experiencing repeated, small slights at work, or other forms of discrimination).” It was based on Pew Research’s comprehensive national 2017 STEM Survey on workplace experiences in science, technology, engineering, and math (STEM).⁵ The item is unable to differentiate between negative experiences due to gender versus race.

In October 2018, we surveyed providers who were at or over 0.5FTE and had been working at HHS for 6 months or more. All 679 eligible providers received the

survey via email and 461 (68%) responded. Reminder emails were sent out weekly for three weeks and providers were encouraged to participate by colleagues and department leaders. Participants answered demographic questions, including gender and race, along with the ten Mini-Z questions.

Since very few participants identified “other” as their gender versus “man” or “woman,” we only included those identifying as men or women. Survey data was aggregated, stratified by gender, and analyzed to determine the frequency of negative experiences due to gender and/or race. Logistic regression models assessed relationships between negative experiences, kept on a five-point scale, and binary outcomes of burnout, teamwork, and values alignment. Count and percentages of results for select demographic and relevant Mini-Z questions can be seen in Table 1.

RESULTS

Over one in ten women (13%) reported negative experiences due to gender and/or race “fairly often” or “frequently” (the two highest choices for frequency), compared with 3.2% of men. Only 35% of women reported *never* encountering negative experiences due to gender nor race, compared with 70% of men (Cochran–Armitage test, $p < 0.001$) (Fig. 1). In regression analyses adjusted for gender, negative experiences due to gender and/or race were significantly associated with burnout, teamwork, and values alignment. Every one-unit Likert scale increase in frequency of negative experiences was associated with an 83% increase in odds of burnout (OR 1.83, $p < 0.001$, 95% CI [1.48, 2.26]), a 52% increase in odds of experiencing low teamwork (OR 1.52, $p < 0.001$, 95% CI [1.21, 1.92]), and a 93% increase in odds of experiencing low values alignment with leadership (OR 1.93, $p < 0.001$, 95% CI [1.54, 2.44]).

DISCUSSION

In this preliminary investigation of a novel gender and race item and its relationship with burnout and organizational

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Table 1 Participant Characteristics

N (%)	
N	461
Gender ⁸	
Female	286 (63.1)
Male	164 (36.2)
Other	3 (0.7)
Race ²¹	
White	370 (84.1)
Black/African American	21 (4.8)
Latino(a)	5 (1.1)
Asian	21 (4.8)
Native American/Alaska Native	2 (0.5)
Other	21 (4.8)
Role	
Physician	237 (51.4)
Nurse practitioner	82 (17.8)
Physician assistant	55 (11.9)
Nurse anesthetist	22 (4.8)
Psychologist	24 (5.2)
Other	41 (8.9)
Discrimination frequency ¹⁸	
Frequently	11 (2.5)
Fairly often	32 (7.2)
Infrequent	75 (16.9)
Rarely	113 (25.5)
Never	212 (47.9)
Burned-out ¹²	183 (40.8)
Good values alignment ¹⁸	350 (79.0)
High teamwork ¹⁸	368 (83.1)
Satisfied with job ¹²	361 (80.4)
High job-related stress ¹²	251 (55.9)

Superscripts represent the number missing for each question

culture within a representative sample of providers at a safety-net hospital, women experience gender and/or race-related discrimination more frequently than men, and it is linked to burnout, experiences of poor teamwork, and poor values alignment with leadership. This demonstrates that negative gender and/or race-related experiences may be a predictor or component of burnout in women providers and highlights gender disparities in wellness. A limitation is that the item cannot differentiate between negative experiences due to gender versus race. Additionally, selection bias may have resulted in burned-out providers being more likely to participate in the survey. Future studies will track negative experiences due to gender and race separately, and will investigate impact of gender equity interventions.

CONCLUSION

Negative experiences due to gender and/or race significantly correspond with burnout, teamwork, and values alignment. Like burnout, negative experiences due to gender are potentially a systemic issue. These experiences may comprise appropriate targets for institutional change, such as implicit bias training, pursuing pay equity, improving family and medical leave, and career development training.²

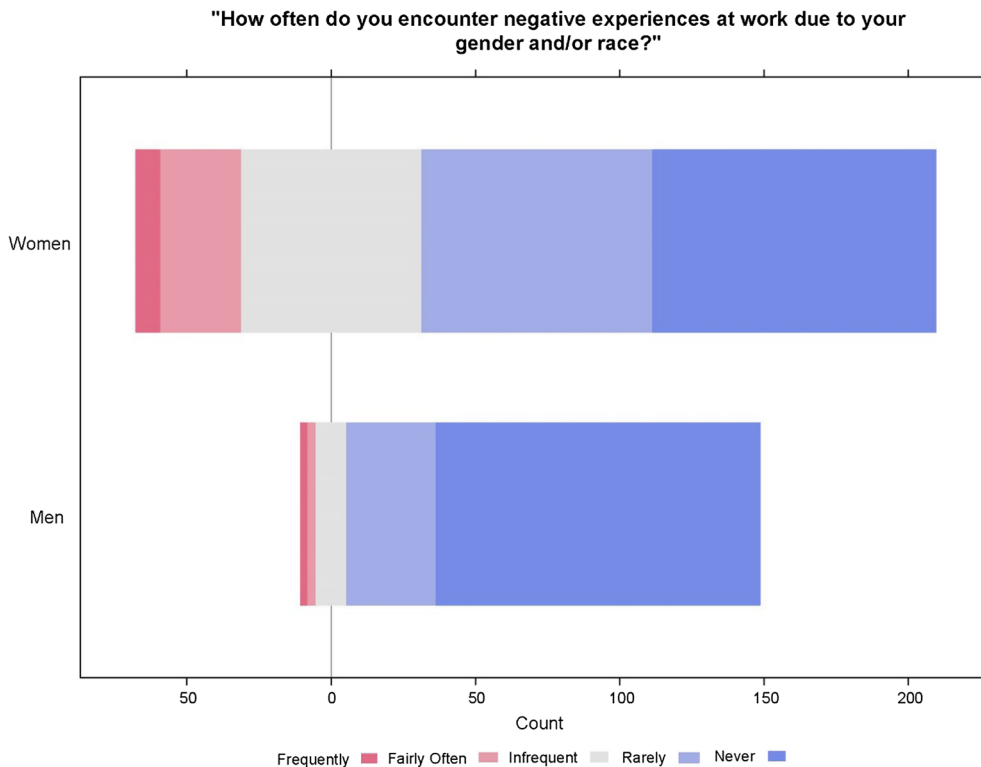


Figure 1 Frequency of negative experiences due to gender in a sample of 461 clinicians at a safety-net hospital using a novel gender question. Women were significantly more likely to report negative experiences due to gender “frequently” or “fairly often,” at 13%, than men, at 3.2%. Only 35% of women reported *never* encountering negative experiences due to gender, compared with 70% of men (Cochran–Armitage test, $p < 0.001$).

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