

Wellness in family physicians: Are there gender differences?

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Introduction

There has been a paucity of literature to address physician wellness, whether during medical school training, residency, or in practice. The term “wellness” itself has not been strictly defined.¹

If well-being is defined by having a balance of work and personal life, this would be difficult for help-serving professions such as physicians. Physicians are often considered workaholics or perfectionists putting patients before themselves, and subsequently struggling with work-life balance.²

Objective

To explore if there are gender differences regarding physician wellness, as demonstrated by responses on two questionnaires (the Positive State of Mind Scale and Cohen Perceived Stress Scale).

Methods

Our research was part of a larger omnibus survey conducted by the Council of Academic Family Medicine (CAFM) Educational Research Alliance (CERA). The survey was conducted using an internet based survey instrument (Survey Monkey) and included general demographic items and several pages of questions submitted by researchers. The request to participate was sent by e-mail to the general members of the Society of Teacher of Family Medicine in January 2016.

The survey asked for demographic information - gender, age, ethnicity, rank, degree, primary role in employment, and years in practice. Our questions included 6 items from the validated Positive State of Mind Scale (PSOMS) and 10 items from the validated Cohen Perceived Stress Scale (CPSS).

Assessment:

Positive States of Mind Scale (PSOMS)

These next questions are about the kind of satisfying states of mind that you may have experienced in the past week. Please think about how much trouble, if any, you've had in having this state of mind.

- Focused Attention:** Feeling able to attend to a task you want or need to, without many distractions from within yourself.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3
- Productivity:** Feeling of being able to stay at work until a task is finished, do something new to solve problems, or express yourself creatively.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3
- Responsible Caretaking:** Feeling that you are doing what you should do to take care of yourself or someone else.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3
- Restful Relaxation:** Feeling relaxed, without distractions or excessive tension.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3
- Sensuous/Nonsexual Pleasure:** Being able to enjoy bodily senses, enjoyable intellectual activity, doing things you ordinarily like, such as listening to music, enjoying the outdoors, basking in a hot bath.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3
- Sharing:** Being able to commune with others in an empathetic, close way as in talking, walking, going out, or just being together.
 - Unable to Have It 0
 - A Lot of Trouble Having It 1
 - Some Trouble Having It 2
 - Have It Easily 3

Methods (cont'd)

COHEN PERCEIVED STRESS

The following questions ask about your feelings and thoughts during THE PAST MONTH. In each question, you will be asked HOW OFTEN you felt or thought a certain way. Although some of the questions are similar, there are small differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the exact number of times you felt a particular way, but tell me the answer that in general seems the best.

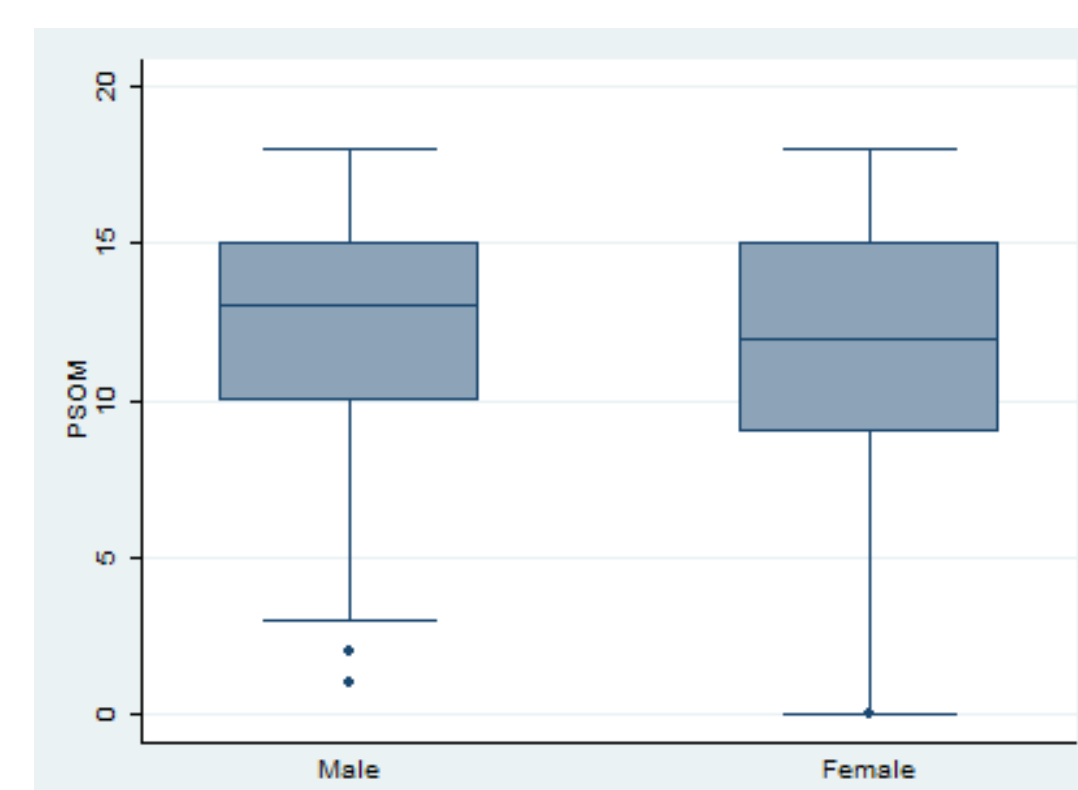
For each statement, please tell me if you have had these thoughts or feelings: never, almost never, sometimes, fairly often, or very often. (Read all answer choices each time)

	Never	Almost Never	Sometimes	Fairly Often	Very Often
B.1. In the past month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
B.2. In the past month, how often have you felt unable to control the important things in your life?	0	1	2	3	4
B.3. In the past month, how often have you felt nervous or stressed?	0	1	2	3	4
B.4. In the past month, how often have you felt confident about your ability to handle personal problems?	0	1	2	3	4
B.5. In the past month, how often have you felt that things were going your way?	0	1	2	3	4
B.6. In the past month, how often have you found that you could not get going with all the things you had to do?	0	1	2	3	4
B.7. In the past month, how often have you been able to control irritations in your life?	0	1	2	3	4
B.8. In the past month, how often have you felt that you were on top of things?	0	1	2	3	4
B.9. In the past month, how often have you been angry because of things that happened that were outside of your control?	0	1	2	3	4
B.10. In the past month, how often have you felt that difficulties were piling up on high that you could not overcome them?	0	1	2	3	4

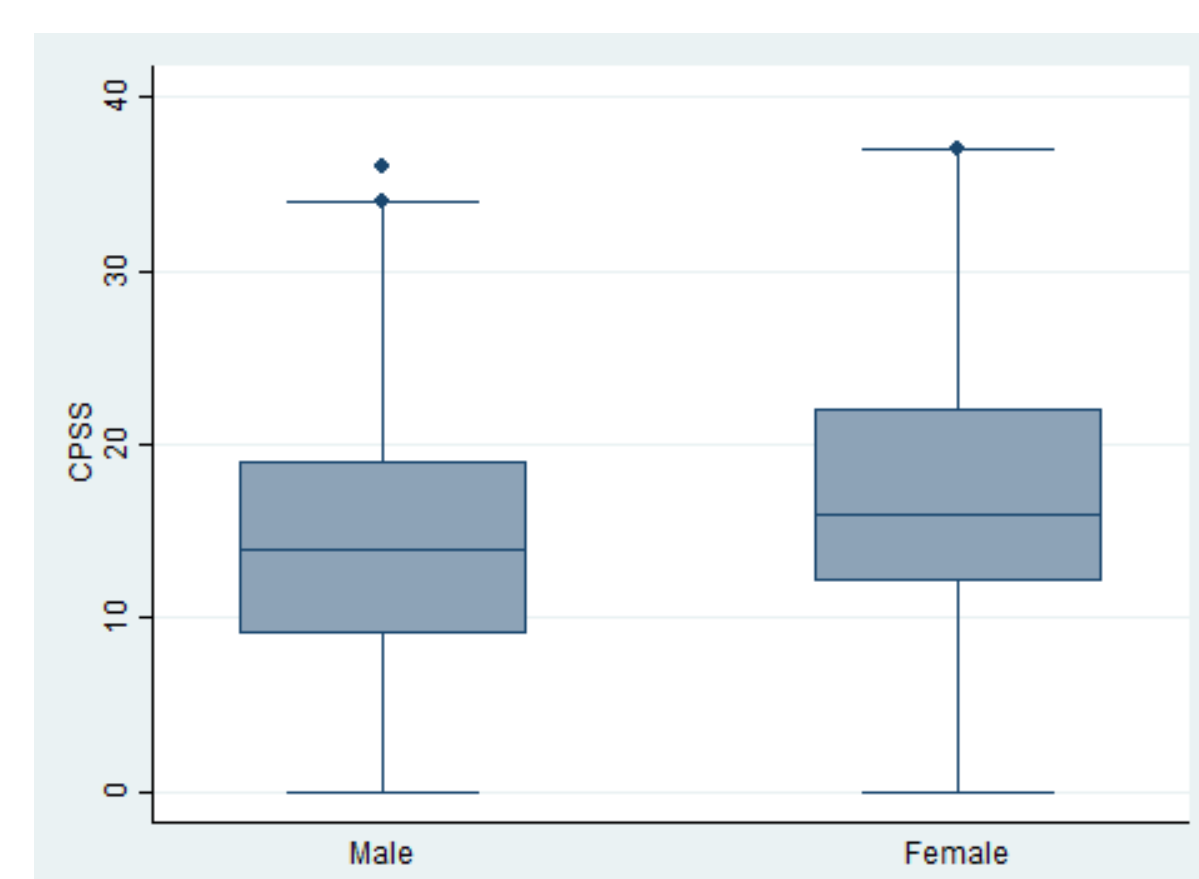
Results

There were a total of 1026 academic family physicians who completed the demographics and our survey questions; 514 men and 512 women. All data was analyzed using STATA IC 14.

There was a statistically significant difference between men and women for mean score on PSOMS, 12.5 and 11.7 respectively (t-test P=0.0004).

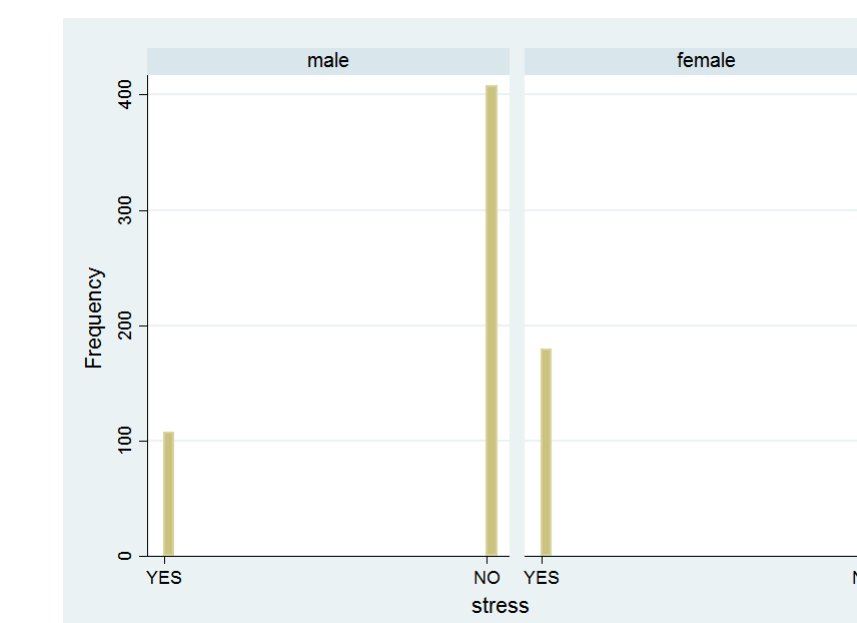


There was a statistically significant difference between men and women for mean score on CPSS, 14.1 and 16.6 respectively (t-test P<0.0001).

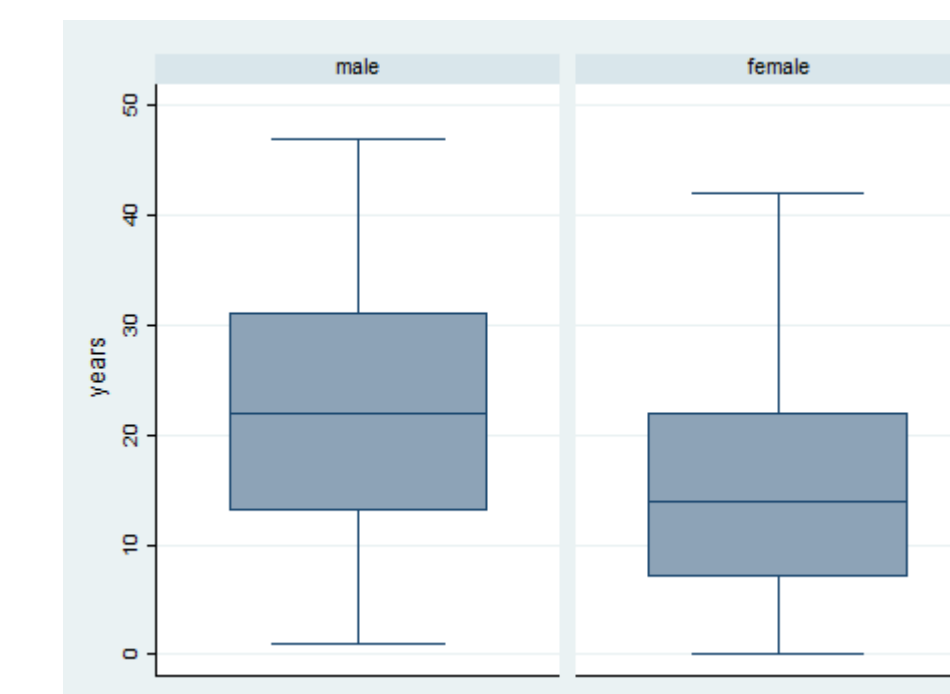


Results (cont'd)

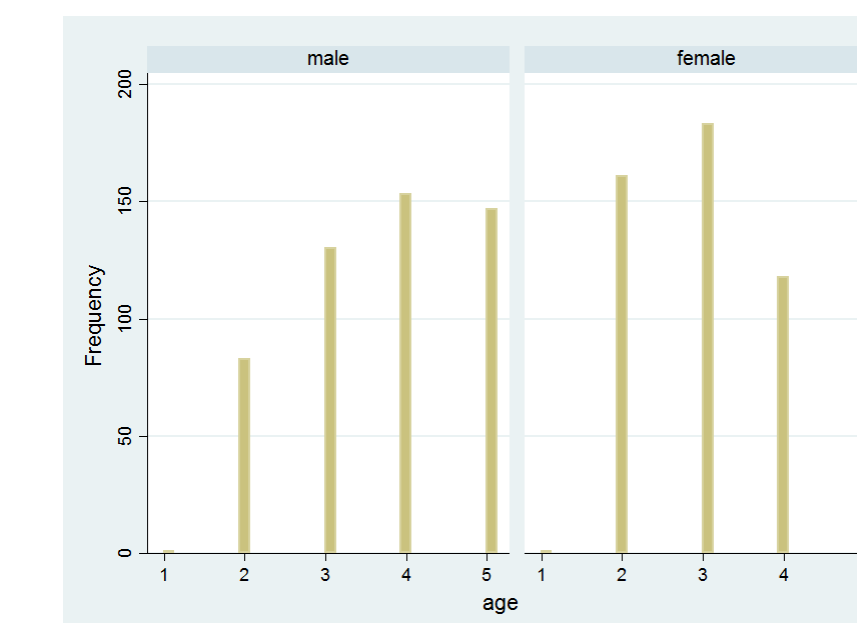
There was a statistically significant difference between men and women for those with high stress (score>20 on CPSS) ($X^2=25.52$, $P<0.0001$).



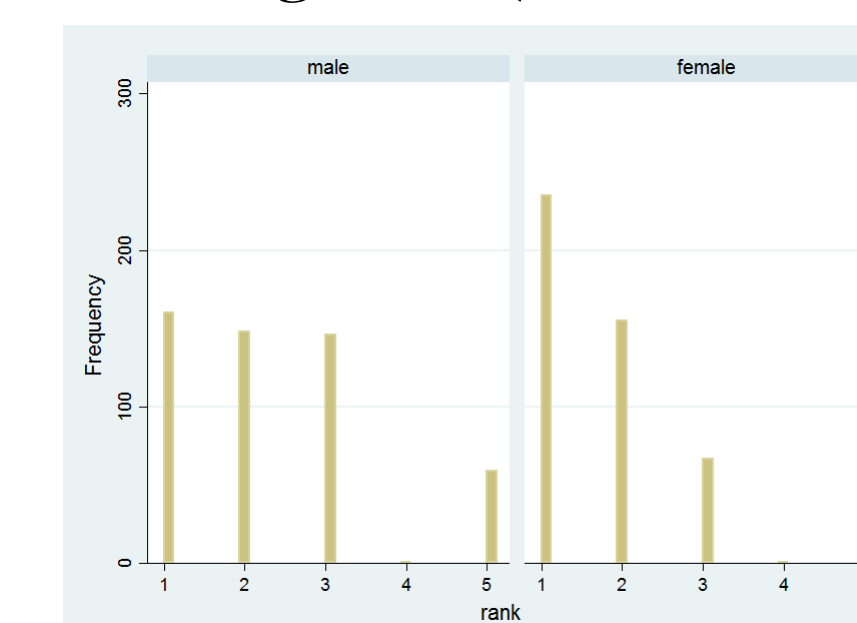
There was a statistically significant difference between men and women for mean years in practice, 21.5 and 15.1 respectively (t-test, $P<0.0001$).



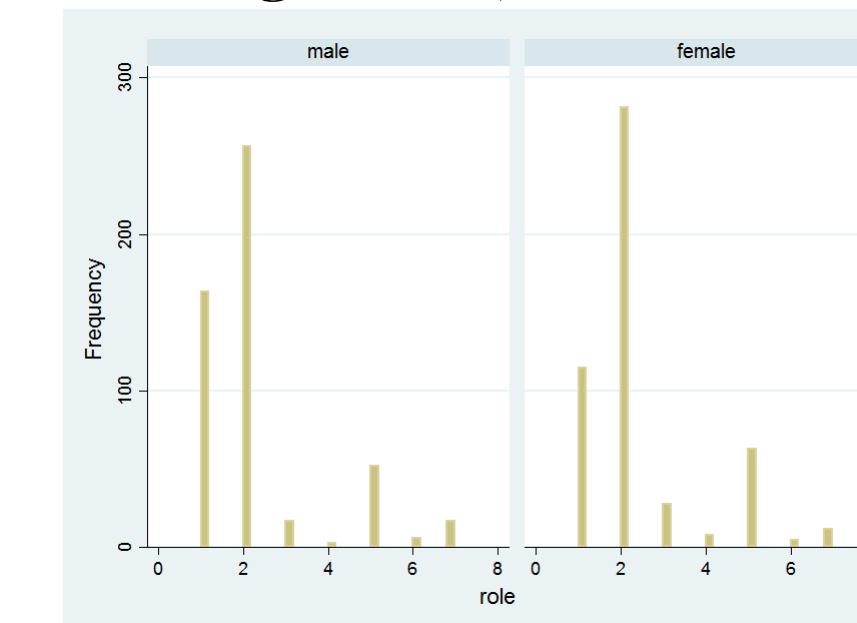
There were statistically significant differences between gender and age categories ($X^2 = 87.4$, $P<0.001$).



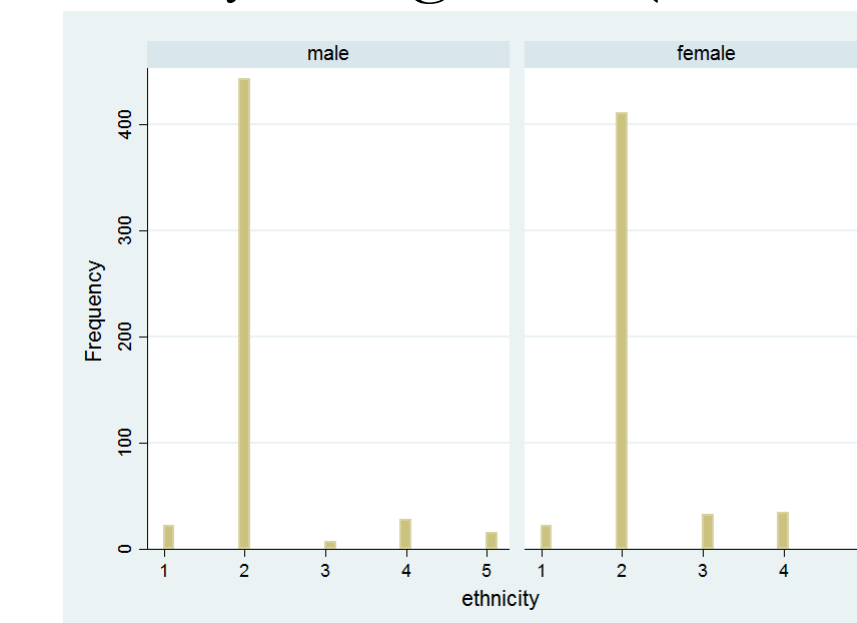
gender and rank categories ($X^2 = 87.4$, $P<0.001$).



gender and role categories ($X^2 = 16.4$, $P=0.012$).



gender and ethnicity categories ($X^2 = 17.8$, $P=0.001$).



but not for gender and degree ($X^2 = 0.0089$, $P=0.93$).

Conclusions

While there were similar number of male and female responders to our survey questions, there are several noteworthy gender differences.

Women have lower PSOMS and higher CPSS. This may be due to better self assessment for female gender or inaccuracy/underreporting for male reporting. Further this may be an indication of the stress females experience in a male dominated career.

Age and years in practice were higher for the male gender. Medicine has been male dominated for many years and this reflects in our findings in this survey, along with rank and role of the physicians also.

We have an equal number of DO and MD providers by gender and did not see any difference between gender and type of degree.

This an initial study to look at these measures in family physicians. The measures were validated for this sample with Cronbach's alpha of 0.87 for PSOMS and 0.80 for CPSS.

Limitations

This is a survey of academic family medicine and may not represent the entire specialty. Recruitment was limited to those who were on the listserve for STFM general membership.

There may be moderating variables in this population that impacted their responses, but were not evaluated in the survey questions.

There are other measures used for burnout. In the future comparing these measures to other questionnaires like ours would be beneficial.

References

- Eckleberry-Hunt J, et al. Changing the conversation from burnout to wellness: Physician well-being in residency training programs. *JGME*. 2009.
- Drummond D. Physician Burnout: Its origins, symptoms and five main causes. *FPM*. 2015.

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