

POLICY BRIEF

Gender Differences in Reported Weekly Work Hours Among Family Physicians

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While women are entering family medicine at higher rates than men, little is known about the present differences in practice patterns between male and female family physicians (FPs). We used 2017 and 2018 American Board of Family Medicine Family Medicine Certification Examination practice demographic questionnaires to assess average weekly total hours and direct patient care hours by age and gender reported by FPs. We found a gender gap between both overall hours worked and direct patient care hours, with female FPs reporting fewer hours across age groups. (J Am Board Fam Med 2020;33:653–654.)

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As female physicians' role in the family medicine workforce expands, systematic assessment is needed on the extant data on gender-specific family physician practice patterns, including work hours. It has been well established in the literature that, across all specialties, male physicians have higher average weekly work hours than female physicians and have lower rates of part-time work.^{1,2} A 1999 study of US women family physicians (FPs) reported that the median clinical hours per week for women were 35.9 hours.³ A 2019 Medscape survey found that male FPs reported 39 hours and female FPs reported 35 hours per week spent seeing patients.⁴ However, to the authors' knowledge, work hours have not been examined across age and gender in the FP workforce.

This study compares hours worked by gender for FPs, considering age and hours in direct patient care. The sample consists of 2017 and 2018 survey data from the American Board of Family Medicine

(ABFM) Family Medicine Certification practice demographic questionnaires. ABFM diplomates are required to complete an examination every 10 years to maintain board certification and are required to complete the questionnaire during examination registration 3 to 4 months before the examination date (yielding a 100% response rate). The sample does not include FPs certifying for the first time.

Diplomates self identified their gender as male or female. They were asked to estimate weekly hours worked in the categories of direct patient care, administrative activities, telephone patient care, e-visits, teaching/precepting, and other. Total weekly hours worked were calculated as the sum of these categories. We restricted the sample to physicians reporting work hours and without missing age and gender. Direct patient care hours encompass the time FPs spent in patient care visits. We categorized age using 5-year cohorts. We conducted simple *t*-tests comparing the average reported weekly hours worked by gender for each age group for direct patient care hours and for total hours.

The survey sample consisted of 8261 FPs: 4776 (57.81%) male and 3485 (42.19%) female. Respondent ages span from 28 to 84 years, and there was an average of 826 physicians per 5-year age group; the largest group were ages 45 to 49 years (*n* = 1887) and smallest group was age 75+ years (*n* = 37). Overall, female FPs reported an average of 49.22 weekly total hours and 33.53 weekly direct patient care hours, and male FPs

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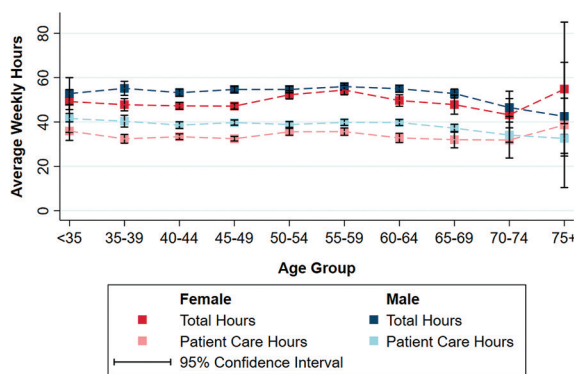
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Figure 1. 2017 and 2018 American Board of Family Medicine (ABFM) Family Medicine Certification Examination Practice Demographic Questionnaires



Source: 2017 and 2018 ABFM Family Medicine Certification Examination practice demographic questionnaires

reported an average of 54.32 weekly total hours and 39.09 weekly direct patient care hours (direct patient care male vs female $P < .001$, total male vs female $P < .001$). The average weekly reported hours in direct patient care were higher for male FPs in each age category from 35 to 39 years through 65 to 69 years ($P < .01$ for each) (Figure 1). Reported average weekly total hours were higher for male FPs than female FPs between ages 35 to 39 years through 55 to 59 years and 60 to 64 years through 65 to 69 years ($P < .05$ for each).

These findings indicate that gaps in overall and direct patient care hours between male and female FPs are widest between 35 through 49 years and 60 through 69 years, ages that align with childbearing and caretaking life stages.^{5,6} We found a modest reduction in the gap between male and female FPs in both total hours and direct patient care in the 50-to-59-year age range.

These findings are limited by recall bias and potential confounding differences by gender in reporting hours worked. The findings are also limited by small numbers of younger (< 35 years) and older (75 + years) physicians in the sample, resulting in wide margins of error for these categories.

As women comprised over 50% of first year medical students for the first time in 2017 to 2018, and over half of family medicine residents were female in 2018, these findings may have implications for the

FP workforce and patient access to primary care if female FPs see fewer patients in practice.^{7,8} The gender gap in direct patient care hours requires continued attention and consideration in workforce planning as patient demand continues to rise with an aging US population and an aging FP workforce.⁹

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To see this article online, please go to: <http://jabfm.org/content/33/5/653.full>.

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