VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women's Health Cyberseminar Series

Women Veterans' Healthcare Provider Experiences

Sponsored by the VA Women's Health Research Network

WHRN@va.gov

Today's Speakers

Kara Zivin, PhD, MS, MA, MFA
Research Career Scientist,
VA Ann Arbor, Center for Clinical Management Research,
Professor, Psychiatry, OBGYN, and Health Management, University of Michigan
Speaker

Tanya Olmos-Ochoa, PhD, MPH
Core Investigator, Health Services Researcher, VA Greater Los Angeles, Center for the study of Healthcare Innovation, Implementation and Policy
Speaker

Gender Differences in Workplace Experiences and Burnout Among VHA Mental Health Providers: A Mixed Methods Study

Women Veterans' Healthcare Provider Workforce Issues
Cyberseminar • July 8, 2024

Presenter: Kara Zivin, PhD, MS, MA, MFA

Contributors: Molly Harrod, PhD; Linda Takamine, PhD; Brittany Porath, MPH; Jennifer Burgess, MPH; Hyungin Myra Kim, ScD; Veronica Ortolan, BA; Kristen Abraham, PhD

Agenda

- **Study Overview**
  - Aims
  - Data Sources
  - Key Findings
  - Quoted Findings
- **Focused Gender Study**
  - Overview
  - Quantitative Findings
  - Qualitative Findings
- **VHA Employee Engagement and Workforce Stability Research Group (VEEWS)**

Study Overview*

- Provider burnout is a growing crisis, especially within VHA
- Mental health providers (MHPs) report 2nd highest level of burnout after primary care providers
- Multiple organizational factors contribute to provider burnout
    - Organizational climate
    - Workgroup perceptions
    - Supervisory behaviors
- Burnout negatively affects providers and patients, leading to organizational consequences
    - Provider engagement, satisfaction, and turnover
    - Patient access to, continuity of, and experience of care

*IIR 17-262: Caring for the caregiver: predictors and consequences of VA mental health provider burnout (2019-2024)

Study Overview: Aims

1. **Examine facility-level predictors and consequences of VHA MHP burnout**

2. **Understand VHA MHP leadership and front-line provider perspectives regarding factors that protect against or exacerbate burnout in facilities with differing levels of burnout**

3. **Identify context-sensitive strategies for facilities to successfully reduce VHA MHP burnout**

Study Overview: Data Sources

- Retrospective quantitative data from:
  - All Employee Survey (AES)
  - Mental Health Provider Survey (MHPS)
  - Strategic Analytics for Improvement and Learning Value, Mental Health Domain (MH-SAIL)
  - Mental Health Onboard Clinic (MHOC) staffing and productivity data

- Interviews (N=54) and focus groups/follow-up interviews (N=28) with MH leadership and MHPs
  - Staff were sampled across 9 Vas selected based on a combination of facility-level burnout score and staffing level stratification

- Modified e-Delphi panel to rate recommended strategies to reduce MHP burnout based on:
  1. Potential impact
  2. Acceptability to leadership and providers
  3. Feasibility of implementation

Study Overview: Key Findings

- **31.0%-38.0% of MHPs reported burnout in 2015-2018 and self-reported workload was the strongest predictor of burnout[1]**
- **The work-environment characteristics with the strongest associations with perceived reasonable workload were having:**
  - **Attainable performance goals**
  - **The ability the schedule patients as frequently as clinically indicated[2]**
- **Prior-year facility-level burnout had a negative effect on subjective, but not objective, quality measures of Veteran access to care[3]**

1. Zivin et al. Relationships between work-environment characteristics and behavioral health provider burnout in the Veterans Health Administration. *Health Services Research.* 2022.
2. Burgess et al. The Importance of Autonomy and Performance Goals in Perceived Workload Among Behavioral Health Providers. *Psychiatric Services.* 2024.
3. Zivin et al. Behavioral Health Provider Burnout and Mental Health Care in the Veterans Health Administration. *Journal of General Internal Medicine.* 2023.

Study Overview: Key Findings

- **Therapists reported less burnout and more job satisfaction when they perceived receiving institutional support for evidence-based psychotherapy and measurement-based care[4]**
- **During Covid, MHPs with non-autonomous decisions in workplace location had higher odds of burnout[5]**
- **During Covid, AES survey domains negatively associated with burnout and positively associated with reasonable workload were:**
  - **Feeling prepared, heard, protected, cared for, and honored**
  - **Having flexible policies[6]**

4. Sripada et al. Role of Institutional Support for Evidence-Based Psychotherapy in Satisfaction and Burnout Among Veterans Affairs Therapists. *Psychiatric Services*. 2024.
5. Kim et al. Autonomy in work location decision and burnout in behavioral health providers: Lessons learned from COVID-19. *Journal of Affective Disorders Reports*. 2023.
6. Burgess et al. Burnout and Perceived Workload Among Behavioral Health Providers During the COVID-19 Pandemic: Importance of Supervisory, Leadership, and Organizational Support. *American Journal of Health Promotion*. 2024.

Study Overview: Key Findings

- In our modified e-Delphi panel, experts reached consensus that the interventions with the potential for high impact and feasibility of implementation were:
  - Human Resources could help with time-to-hire
  - Flexibility regarding telework[7]

- In interviews, MHPs identified the following organizational factors as causes of burnout:
  - Staff shortages
  - An error-prone scheduling system
  - Inflexible work structure, including arbitrary local bans on telework
  - Performance measures focusing on numerical targets rather than quality care
  - Onerous documentation requirements that lack clinical usefulness;
  - Unresponsive or abusive leadership[8]

7. Manuscript submitted to *Psychological Services*
8. Takamine, L. "Shifting the Narrative: Addressing Healthcare Provider Burnout and Systems-Level Approaches for Prevention and Recovery." Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine., 2023.

Study Overview: Systemic Burnout (1)

- In our interviews, MHPs highlighted that burnout goes beyond individual attributes (e.g., attitudes, ability to cope); the degree to which their workplace is responsive to employee needs matters:

"[Burnout is] being in a system that you've asked many times for resources and maybe some things have been promised but there hasn't been as much delivered, so hope kind of starts to kind of drift away and you start to accept like, "Well this is kind of the system I've got and I don't have hope that certain things can change," so I just, I continue to like adapt but then there's a point where you start to feel like, "How much more can I adapt"."

VA CCMR

Study Overview: Systemic Burnout (2)

- When asked for suggestions on interventions for decreasing burnout, MHPs made suggestions that addressed burnout from a systems level and had critiques of efforts aimed at individuals (e.g., wellness, resilience training):

"Though some [wellness] programs can certainly help employees de-stress, I feel that placing an emphasis on these is, in essence, blaming the victims. I feel the real changes to be made to decrease burnout are systemic changes…Providing [wellness] programs can seem to say to providers, "It's your responsibility to prevent burnout, not ours (the system, administration, etc)." Again, while these can be helpful, they should not be seen as the solution to the exclusion of the other necessary changes. It's analogous to re-arranging furniture on a sinking ship."

VA CCMR

Study Overview: Impact on Patient Care

- When asked how burnout could affect patient care, all MHPs interviewed stated that they felt burnout could affect patient care, the most common being that MHPs admitted that they often were not fully present when conducting therapy sessions
- Many also stated that Veterans would often become frustrated with the amount of turnover among MHPs and would disengage from therapy, mentally or physically:

"…actually I've had a couple [patients], not mine personally, but leave because they're like, "I wanted more from this and I'm not getting it," so you do get some people that get angry and have had some valid points…"

Study Overview: Burnout and Power

- Many MHPs felt that their supervisor and other middle management leadership had no power and most interviewees seemed sympathetic and aware of this issue
- Several MHPs stated that their supervisor seemed just as burnt out as they were, if not more:

"…there's always this vibe of like, "Well I am powerless," and I've said that to my supervisor. I was like, she's like, "Well, what, what do you want, like what are you looking for?" and I was like, "I'm looking for you to fight for us, like it doesn't feel and again you might be doing it, I'm just not seeing it or not privy to that information," but it just feels like a lot of times you're like, "Oh, you wouldn't believe how little power I actually have," and it's like, "Do you actually have that power, or are you not utilizing the power of kind of fighting?""

VA CCMR

Focused Gender Study: Overview

- **Objective: To examine contextual circumstances affecting work-environment experiences and burnout among MHPs and how they differed by gender**

- **Data Sources: Quantitative (2022 AES)**
  - **Included 14,265 MHPs**
  - **Assessed 11 items related to workplace experiences, as well as burnout**

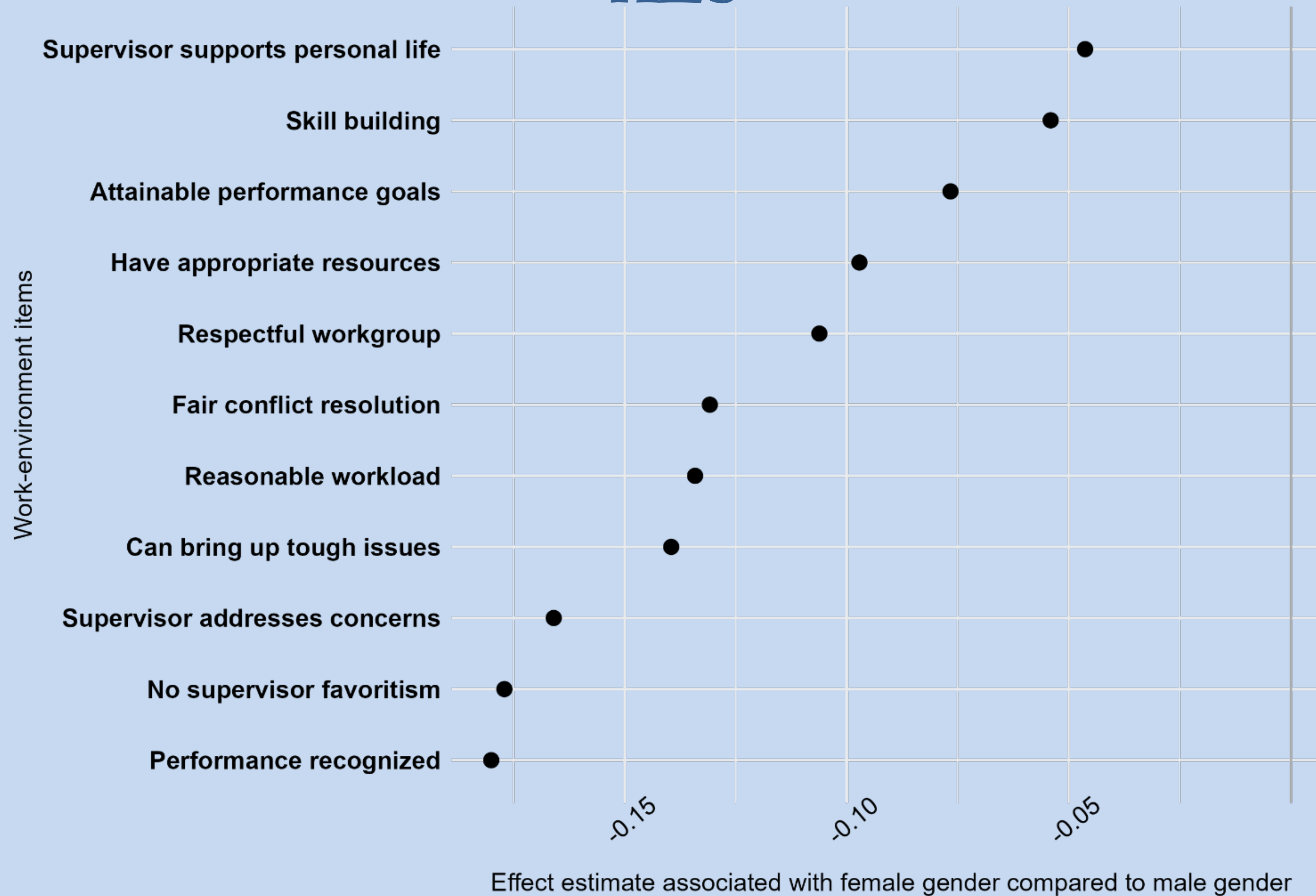
- **Data Sources: Qualitative (interviews with MHPs)**
  - **54 interviews completed between August 2021 and May 2022**
    - **3 mental health clinic leads, 12 psychiatrists, 20 psychologists, and 19 social workers**
    - **19 male, 35 female**

Quantitative Findings

- N = 10,290 (72.13%) female, 3,975 (27.87%) male
- Burnout was reported among a higher proportion of females than males (42.71% of females compared to 40.18% of males, p-value = 0.006)
- After adjusting for other demographic variables, females had 1.26 times the odds of reporting burnout compared to males (95% CI=1.16, 1.37, p-value <0.001)
- Females rated all 11 work-environment characteristics lower than males

Work-environment item means by gender, unadjusted, 2022 AES

Association between female gender and work-environment items, linear regression models, 2022 AES



Qualitative Findings: Nature of Burnout

- Males were more likely to describe burnout as situational and that it "comes and goes" whereas females were more likely to describe it as constant but with varying effects on themselves and their work

Male participant:

"One perseveres and then one occasionally gets good news, then one feels better and feels like you're accomplishing something. So, mostly I persevere with understanding that there are ups and downs and you know hopefully there will be some good news, some successes, recruitments on things where it really made a difference for a Veteran, where you kind of go, "Yeah, I'm actually accomplishing something.""

Qualitative Findings: Nature of Burnout

Female participant:

"For me, in the past, burnout would be a lot of anxiety about even going to work, like it would get me before I even got out the door, before I even got out of bed. Today, that was more when I worked for the [inpatient], that is really hard work, it's a very hard population. Today, burnout for me is a very honestly procrastinating my paperwork where because I see clients back to back to back to back to back, that 10 minutes between clients I'm, you know, trying to regroup versus spending that 10 minutes on my paperwork and then I find myself at the end of the day, you know needing to leave…"

Qualitative Findings: Boundaries

- Males were more comfortable setting “hard boundaries” regarding workload

Male participant:

“I don't anticipate leaving my current position I've spent eight years, essentially getting to the point where I'm pretty happy with it. I've been able to, and the nice thing is, you know if something comes along and they say, “We want you to do this,” and I can say, ‘Great, what do you want me to stop doing?” If it’s interesting and I'm doing another thing that I don't want to do it, I’m like, “Eh, we need to give it to somebody else because what are you going to have me stop doing?” I've got a lot of things that I do that nobody else does since the department is small enough.”

VA CCMR

“Great, what do you want me to stop doing?” – Male participant

Qualitative Findings: Boundaries

Female participant:

[Some of her colleagues, regarding TMS trainings, will say "Nope, firm boundaries. If I'm late, give me more time"] "Mostly, yeah. You know they'll take time, they'll bend for a while and then have firm boundaries, bend for a while, firm boundaries. For me, I'm working on those boundaries, I've always been bad at them with like saying no to professional things and so I'm getting better with that, that'll be a work in progress."

Qualitative Findings: Lack of Respect and Recognition

- Both male and female participants stated that there were issues with leadership not recognizing, understanding or valuing the work they do, not trusting or supporting them, lack of communication, and lack of resources
- However, for females, these issues were contextualized as a lack of respect and recognition:

"You're more likely to get called by your first name if you're a female doc than if you're a male, you're definitely more likely to get questioned more. I don't think some of the things that have happened to me, like that social worker pulling me aside in the stairwell and yelling at me would ever happen to a male, it just wouldn't, they just get more respect. ."

VA CCMR

Qualitative Findings: Lack of Respect and Recognition

Female participant:

"There's different treatment of female providers, physicians, nurse practitioners than there is of males, and I know that most of our leadership is male, so they don't see it and I've brought it up before and they say that it doesn't exist."

Female participant:

"I find that when I do any kind of feedback or ask for what I need, I have to anchor it with data, and so I feel a need to be much more prepared to show the evidence about why I'm asking for what I'm asking because I'm prepared for it to be invalidated or dismissed or minimized."

VA CCMR

“…it’s not just one rogue [incident], it’s the sexism, it’s the retaliation, it’s the, okay, yeah, it’s all of that sort of thing working together.” – Female participant

Qualitative Findings: Effect on Home Life

- Females were more likely than males to talk about how burnout affected their home lives

Female participant:

"At home, it could manifest with not enjoying my free time or being preoccupied with you know, that I don't want to go to work the next day, those kinds of things."

Female participant:

"I'd come home from work and just could not do anything, had no interest, did not want to talk to anybody, didn't have the energy to do any hobbies, go to any social gatherings because I'd be just overstimulated from work, demoralized, jetlag. I just had no power in my life at all, clinically I would be exhausted."

VA CCMR

Qualitative Findings: Effect on Home Life

Male participant:

"I try and I, probably the biggest thing I try and do is just compartmentalize work-life balance, trying to leave work at the door and so I guess I never have conversations about things that are going on but yeah, I really try to not let work life bleed into home life and I generally I think I live a pretty well-balanced life outside of work."

Qualitative Findings: Rejected Requests

- Both male and female participants stated that when they raised concerns, solutions or a need for additional resources to their supervisors, they often received no response
- However, females were more likely to have their requests for resources, such as more staff or clinic space, rejected without explanation:

"…the way that the lack of explanation came across to me was, "We don't care about your concerns, put your head down and do your work." It felt very much like you're an expendable cog in the machine."

VA CCMR

"I feel a need to be much more prepared to show the evidence about why I'm asking for what I'm asking because I'm prepared for it to be invalidated" – Female participant

Qualitative Findings: Discrimination

- Some female participants reported discrimination

Female participant:

"Well it's, it's, every facility is different, you know, in this facility particularly there was a lot of how should I put this, well, they didn't want women in position of leadership, they didn't want foreign women in position of leadership . . . they were deciding who is going to be the chief of the service and they didn't want this, they didn't want that, they ended up hiring somebody who was there for a very short time but he was an American older man who, yeah, was that.."

VA CCMR

“…they didn't want women in position of leadership, they didn’t want foreign women in position of leadership…” – Female Participant

Conclusions

- Female MHPs experience higher levels of burnout, less positive workplace experiences, and more challenges balancing competing demands at home and at work
- Effective interventions to mitigate burnout may need to consider gender to achieve desired results, including retention:

"Most of my peers in [previous VA] were men and the couple of women that were ahead of me had, were really, really burned out and sort of trapped…I feel like if at any place I sort of had systemic support for that kind of mentorship or peer support, that would have made a big difference for me…any little bit of power or any little bit of place where I could sort of feel support or mentorship from other female physicians in my field would be helpful and is what will ultimately drive me out of psychiatry if I leave to do anything else."

VA CCMR

VHA Employee Engagement and Workforce Stability Research Group (VEEWS)

- We formed VEEWS in 2020 to accelerate collaborative research development
- >30 members meet quarterly to discuss current and planned employee engagement research in VA
  - Including burnout and retention
- Past presentations
  - Opportunities for partnership, evaluation
  - Research and evaluation findings
  - Feedback on potential grant proposals

VEEWS co-leads: Kara Zivin, PhD (Ann Arbor) and Tanya Olmos-Ochoa, PhD (Greater LA)

Thank you!

Email:

Kara Zivin: kzivin@umich.edu

For VEEWS Requests, please contact: Jennifer.Burgess@va.gov

“The grass isn’t always greener on the other side”:
Clinician and non-clinician retention on Women’s Health Patient Aligned Care Teams (WH-PACTs)

Tanya T. Olmos-Ochoa, PhD, MPH

Center for the Study of Healthcare Innovation, Implementation & Policy (CSHIIP)
VA Greater Los Angeles Healthcare System

CSHIIP
Center for the Study of Healthcare Innovation, Implementation & Policy

VA | U.S. Department of Veterans Affairs
VA Greater Los Angeles Healthcare System

Acknowledgements

WH-PACT employees who participated in our interviews.

CSHIIP Team
Shay Cannedy, PhD
Matthew McCoy, PhD
Alicia Gable, MPH
Anneka Oishi, BA
Kristina Oishi, BA
Alison Hamilton, PhD
Ismelda Canelo, MPA

Funding
VA Office of Women's Health (XVA 65-128, XVA 65-113).

Disclaimers
The views expressed are those of the authors and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs.

Background:
Healthcare Workforce Turnover

Turnover

- % of employees who voluntarily or involuntarily transition to another role within or outside their current organization

Impacts[1-7]

- Negative impacts on patient experience of care
- Diminished morale and increased workload of remaining employees
- Loss of institutional knowledge and skills of departing employees
- Increased human resources costs to recruit and onboard new staff
- Reduced organizational commitment to evidence-based practices and engagement in quality improvement (QI)

Background: Healthcare Worker Retention

- Employee priorities evolve in response to internal and external workforce factors
  - e.g., preferences for telework, flexible work arrangements, employee-driven labor market

- To support retention, health organizations must adapt to evolving employee and system priorities
  - Need to understand employee work preferences and their decision-making about whether to stay or leave[8]
  - Need tools to continuously assess employee priorities

Background: Assessing Workplace Experiences

Common data collection strategies

- Pre-hire interviews
- Organizational surveys
- Periodic performance appraisals or reviews
- Exit interviews

Limitations for retention

- May occur too late to prevent turnover
- Could be perceived by employees as punitive
  - e.g., conducted by an authority figure
- May not provide accurate or reliable information
  - e.g., "don't want to burn bridges!"

Background: Stay Interviews[9-12]

- Management tool to assess the organizational- and individual-level factors influencing retention
- Conducted with employees who:
  - Have some prior tenure in the organization and their role
  - Are employed w/the org at the time of the interview
- Limited examples in the literature of their use in healthcare for quality improvement or research

Background: VA Women's Health Workforce

- WH Primary Care Providers (WH-PCPs) report being more burned out than general PCPs in VA[13]
- WH-PCPs with intentions to leave their role were more likely to endorse work-related reasons (e.g., workload)[13]
- ~20% annual turnover rate among WH-PCPs

WH Employee Retention

- Retaining talented WH employees is imperative to employee well-being and retention, and to providing high-quality, equitable, and continuous care to women Veterans

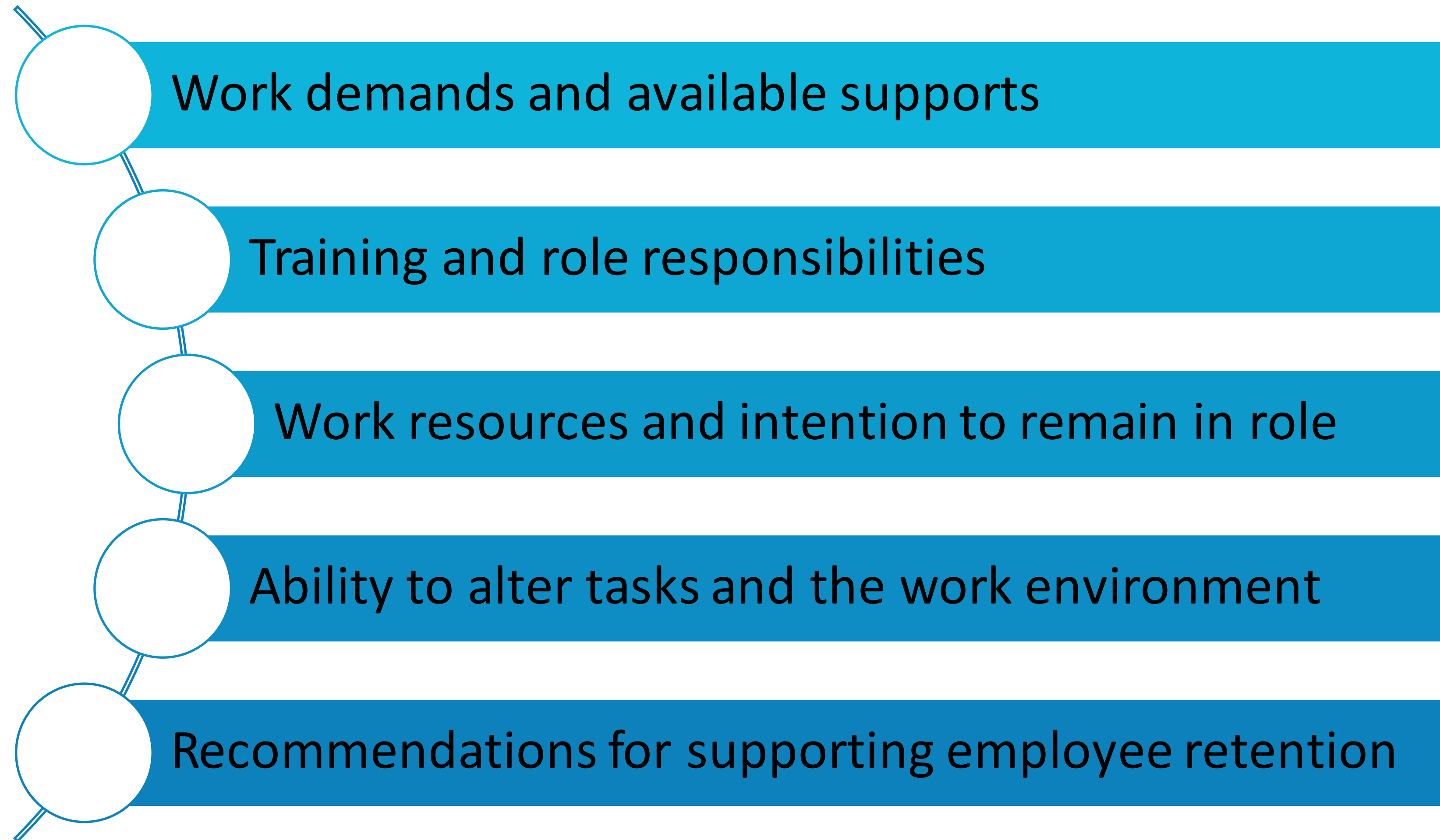
Methods:
VA Women's Health Workforce

60 interviews with WH-PACT employees

- **Clinicians (n=46)**
  - Primary care providers (PCPs)
  - Registered nurses (RNs)
  - Licensed practical/vocational nurses (LPNs/LVNs)
- **Non-Clinicians (n=14)**
  - Advanced/Medical support assistants (A/MSAs)

- Interviews conducted between Apr 2021—Sept 2022
- Used rapid-qualitative analysis methods to identify themes

Methods: Interview Topics



Methods: Interviewing Team

- 3 VA researchers trained in qualitative interviewing
- Familiar with WH primary care and WH-PACTs

- Insider knowledge vs learner role
- Not supervisors or in position of authority
- Respondents informed of interview goal; not a performance appraisal
- Individual responses not shared with team or supervisors

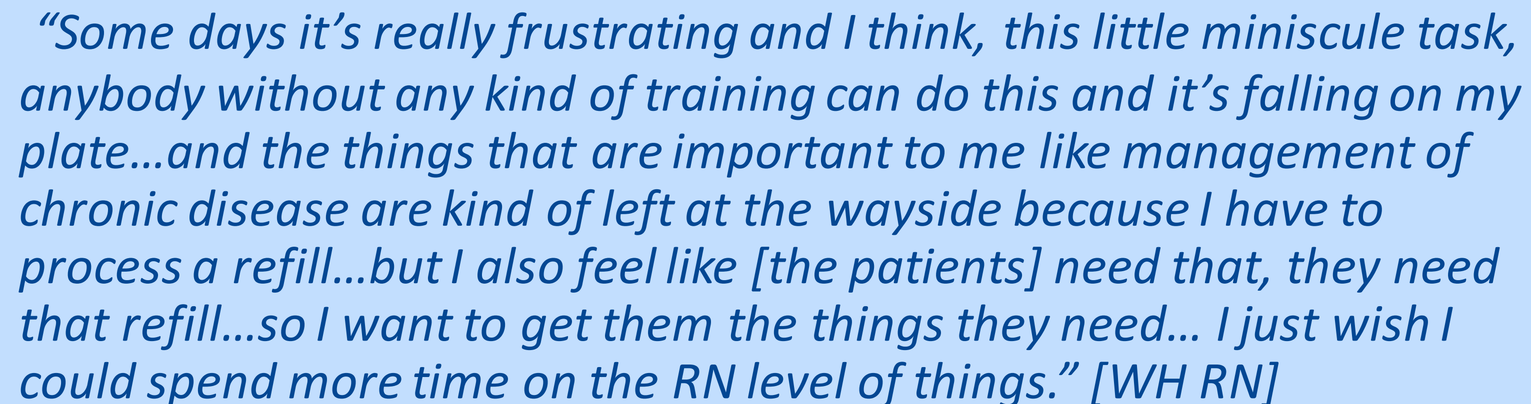
- Interviewers lacked authority to make changes to the work environment based on findings
- Some participants were unsure if we understood their experience

Findings: Main Themes

- Work challenges and burnout drivers
- Factors contributing to intention to leave
- Factors supporting retention in WH-PACT role
- Recommendations for new WH-PACT employees

Findings: Work Challenges

- Demanding workload with high administrative burden*
- Insufficient WH-PACT staffing*
- Challenging patient interactions; disruptive patient behavior
- Perception that WH is often "overlooked" by facility leadership, resulting in feeling unsupported in their work
- Underutilized skills and training, esp. clinical skills



* The 2021 Women's Health Innovation and Staff Enhancement (WHISE) initiative seeks to address many of these challenges

Findings: Intention to Leave

- WH-PACT turnover* and leaving colleagues
- Compared to positions outside VA, WH-PACT clinicians perform more add-on administrative duties
- Limited schedule flexibilities impacting work-life balance

"I do still want to say that it is still really heart wrenching for me to leave my staff and my patients. It has been a really tough decision for me to make, but it has gotten to the point where…the chronic short staffing is really the lynchpin, but it is still really hard. I could stay and still be happy here, I'm just not willing to do it anymore." [WH RN]

"…They do time off here, by seniority. That is not the way it's done in the private sector…and I hate to burst people's bubbles who've been here for 30 years…but that's not the way you retain people that are new coming in…When you're 30th in line for vacation and you're forced to pick five weeks of vacation a year and a half in advance… that's not realistic." [WH RN]

* The 2021 WHISE initiative seeks to address many of these challenges.

Findings: Supports and Resources

- Support from colleagues (e.g., for disruptive patients)
- Professional fulfillment (e.g., meeting Veterans' needs)
- Personal resilience activities (e.g., taking walks, family time)
- More competitive compensation and career advancement
- Belief that working conditions may not be better elsewhere

"All of the staff here. The front office people here. All of us, we are in the trenches together. Nothing bonds you like going through a lot of challenges with people and it makes you really close to your coworkers… I have the best coworkers in the world, and they deserve better working conditions." [WH RN]

"You know, the grass isn't always greener on the other side. I don't want to leave people that I love working with to possibly work with someone that I don't enjoy working with. And really, some of the patients. I'm not ready to [leave] my consistent patients." [WH AMSA]

Findings: Recommendations for new WH-PACT employees

- Build trust with and be kind to patients
- Create and maintain good relationships with colleagues
- Be open to learning and receptive to criticism
  - Ask questions and provide feedback
  - Have “thick skin” and develop coping skills
- Know your job
  - Understand VA processes (“bureaucracy”)
  - Gather tools and resources you need to do your job well
- Define your work-life balance; set expectations

Conclusions

- Despite facing numerous challenges, WH-PACT clinicians and non-clinicians found ways to cope and to fulfill their duties
- Their colleagues and the Veteran patients they serve were the primary retention drivers for WH-PACT employees
- Contemplating leaving their role was often extremely difficult and occurred over many years, suggesting that some WH-PACT turnover is not spontaneous and there is time to intervene to retain these employees

"Honestly, for my own therapeutic level, I have a standing letter of resignation that I save on my computer and when I get frustrated… then I just add it to my letter so that someday if I… decide to resign, I have everything from the start of my career until that day in the letter and I hope it will benefit someone." [WH LPN]

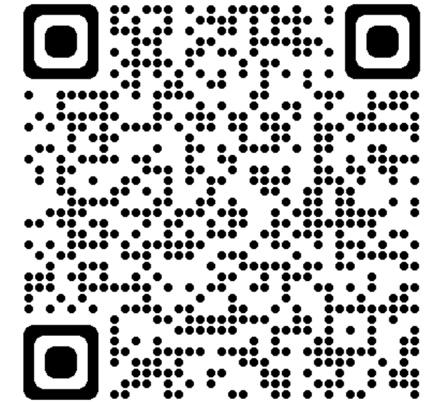
Implications for Policy and Practice

- Understanding the nuanced factors that contribute to clinician and non-clinician work experiences can support broader workforce well-being
- Continuous check-ins with employees, such as through stay interviews, can help identify appropriate levels of intervention to support retention
  - e.g., at the individual/role, team/work unit, clinic/facility

References

1. Baron, A.N., et al., Effects of Practice Turnover on Primary Care Quality Improvement Implementation. Am J Med Qual, 2020. 35(1): p. 16-22.
2. Beidas, R.S., et al., A Prospective Examination of Clinician and Supervisor Turnover Within the Context of Implementation of Evidence-Based Practices in a Publicly Funded Mental Health System. Adm Policy Ment Health, 2016. 43(5): p. 640-649.
3. Garrett, C., The effect of nurse staffing patterns on medical errors and nurse burnout. AORN J, 2008. 87(6): p. 1191-204.
4. Humphries, N., et al., Quality of care and health professional burnout: narrative literature review. Int J Health Care Qual Assur, 2014. 27(4): p. 293-307.
5. Reddy, A., et al., The Effect of Primary Care Provider Turnover on Patient Experience of Care and Ambulatory Quality of Care. JAMA Intern Med, 2015. 175(7): p. 1157-62.
6. Waldman, J.D., et al., The shocking cost of turnover in health care. Health Care Manage Rev, 2010. 35(3): p. 206-11.
7. Tawfik, D.S., et al., Evidence Relating Health Care Provider Burnout and Quality of Care: A Systematic Review and Meta-analysis. Ann Intern Med, 2019. 171(8): p. 555-567.
8. Allen DG, Bryant PC, Vardaman JM. Retaining Talent: Replacing Misconceptions With Evidence-Based Strategies. Acad Manag Perspect. 2010;24(2):48-64. doi:10.5465/amp.24.2.48
9. Finnegan RP. How to conduct stay interviews. Adv Manag J. 2015;80(2):49-54.
10. Robeano K. “Stay interviews” to improve retention: Nurs Manag Springhouse. 2017;48(9):7-8. doi:10.1097/01.NUMA.0000522179.30887.38
11. Vignesh AP, Babu MS. Stay interviews: a missing facet of employee retention strategy. Indian J Res. 3(1):121-125.
12. McCoy M, Cannedy SL, Oishi K, Canelo I, Hamilton AB, Olmos-Ochoa TT. Stay Interviews: Innovative Tool to Assess Retention in Primary Care. Under review.
13. Apaydin, E.A., et al., Differences in burnout and intent to leave between women’s health and general primary care providers in the Veterans Health Administration. J Gen Int Med, 2021. 37: p. 2282-2389.

Get Involved!



- ✓ **Subscribe to the VA WHRN Consortium Group Email:** https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=CDFTRTNJK79PF4YE
- ✓ **Contact:** Jessica Friedman, PhD, Jessica.Friedman@va.gov or whrn@va.gov with ideas for future cyberseminars focused on women's health.

VA WOMEN'S HEALTH RESEARCH NETWORK
Supporting Practice and Research Collaboration