



# ObGyn salaries jumped in the last year

↘ A full 10% rise in income and 16% rise in starting salary were seen in 2015 over 2014. What is the gender picture and work satisfaction in these salary numbers and practice settings?

**Deborah Reale, Managing Editor, and Kathy Christie, Senior Editor**

The mean income for ObGyns rose by 10% in 2015 over 2014 (\$277,000 compared with \$249,000), according to a recent report from Medscape.<sup>1</sup> This jump follows a gradual increase over the last few years (\$243,000 in 2013; \$242,000 in 2012; \$220,000 in 2011).<sup>1-3</sup> The report included responses from 19,183 physicians across 26 specialties, 5% (nearly 1,000) of whom were ObGyns.<sup>1</sup>

The highest earners among all physician specialties were orthopedists (\$443,000), cardiologists, and dermatologists. The lowest earners were pediatricians (\$204,000), endocrinologists, and family physicians. The highest ObGyn earners lived in the South-west (\$307,000), the North Central region, and the West.<sup>1</sup>

Merritt Hawkins & Associates, a national physician search and consulting firm, recently evaluated the annual starting salaries and year-over-year increases of 3,342 of its physician and advanced practitioner recruiting assignments. They found that ObGyns had the second greatest increase in starting salaries among specialties, at 16%. They also found obstetrics and gynecology to be among the top 5 specialties most in demand.<sup>4</sup>

## The gender picture

As in past years, male ObGyns reported higher earnings than their female counterparts: full-time male ObGyns earned

\$304,000 while full-time female ObGyns earned \$256,000.<sup>1</sup>

According to a report published in the *British Medical Journal* in June 2016, there are drastic differences between the incomes of white and black male and female physicians in the United States.<sup>5</sup> White male physicians had an adjusted median annual income of \$253,042 (95% confidence interval [CI], \$248,670–\$257,413), compared with \$188,230 (\$170,844–\$205,616) for black male physicians, \$163,234 (95% CI, \$159,912–\$166,557) for white female physicians, and \$152,784 (95% CI, \$137,927–\$167,641) for black female physicians.

### How does employment status factor in?

Of the self-employed, men earn \$310,000 while women earn \$285,000. Men who are employed report earning \$293,000, with women reporting \$244,000.<sup>5</sup> (This includes full-time workers but does not control for the number of hours worked.) When Medscape evaluated full- versus part-time work (<40 hours per week), results indicated that, among primary care and most other specialties, more female physicians (25%) are part-timers than males (12%).<sup>6</sup> However, among ObGyns, 13% of women report part-time employment versus 16% of men.<sup>1</sup>

**Time with patients.** Medscape reports that, among all physicians, 41% of men spent 17 minutes or more with their patients, compared with 49% of women. For office-based ObGyns, 31% of men and 39% of

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### ObGyn burnout: ACOG takes aim

Lucia DiVenere, MA



**The good news:** More women have access to coverage for health care than ever before—better insurance coverage for pregnancy, contraceptives, and well-woman care.

**The bad news:** America faces a shortage of ObGyns to provide that care, a shortage not likely to go away soon.

One of the imperatives of this dynamic is that we need to help every practicing ObGyn perform at his or her very best: your highest level of quality care, your best productivity, and your best ability to survive and thrive in an always changing and often challenging work environment.

This imperative is undermined when ObGyns are so stressed, overworked, overworried, and undersupported that you experience the very real effects of physician burnout.

Studies show that:

- ObGyns experience high rates of burnout
- rates of burnout are increasing over time
- women, the majority gender in obstetrics and gynecology, experience higher rates of burnout than their male counterparts.

Between 2011 and 2014, rates of physician burnout increased from 45.5% to 54.4%.<sup>1</sup> Fifty-one percent of ObGyns reported experiencing burnout in 2015, with women reporting 55% compared to 46% for men.<sup>2</sup>

This insert is a quick look at this important issue, which can seriously erode an ObGyn's ability to provide high-quality care and continue enjoying practice. It can

take a real toll on your personal health and well-being, too. In an upcoming issue of OBG MANAGEMENT, I will take a deeper dive, previewing the American College of Obstetricians and Gynecologists (ACOG) and American Medical Association resources to help you avoid burnout, plus highlighting ObGyns who provide insight and inspiration. I also will interview ACOG President Tom Gellhaus, MD, who is dedicating his presidency to providing you with opportunities to experience new and meaningful aspects of the ObGyn specialty. I will discuss ACOG's programs to help you combat burnout, as well as how you can:

- help underserved women around the globe through medical missions
- bring your leadership and passion for women's health to your state and national capitals
- explore your artistic side.

ObGyn burnout amounts to a public health challenge in women's health care. ACOG takes your well-being seriously, so that you can continue to ensure the well-being of women.

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#### COMING SOON!

ACOG focuses efforts on recalibrating ObGyns' work/life balance

women spent 17 minutes or more with patients.<sup>1</sup>

#### Can disparity in leadership positions explain gender-related salary discrepancy?

In 2015, 48% of all medical students were female.<sup>7</sup> In residency, the ratio of men to women is similar: For 2013–2014, the Association of American Medical Colleges (AAMC) reported that 46% of all residents were female.<sup>8</sup> For ObGyn residency, however, the AMA's FREIDA Online specialty training search (detailing 2014 general program information) indicates that, of the 5,018 active residents and fellows in ObGyn, 81.4% are female.<sup>9</sup>

Although the ObGyn field is becoming female-dominated, leadership within the specialty remains male dominated, points out Laura E. Baecher-Lind, MD, MPH, Director of the Division of General Obstetrics & Gynecology at Tufts Medical Center, Boston, Massachusetts. Dr. Baecher-Lind authored a study in 2012 in which she explored whether the proportions of ObGyn leadership positions held by women reflect the proportion of women who entered the field at the same time as current leaders.<sup>10</sup> She found that very few academic department chair positions in ObGyn are held by women, although that number is gradually increasing.<sup>10</sup> In addition, her study results indicated that women should hold 71 of the total of 194 ObGyn

leadership positions. In actuality, 41 of the leadership positions were held by women (21.1%,  $P < .001$ ) when based on the proportion of women entering residency programs. When considering only leaders who graduated during the years in which residency matching data were available, she found that women should hold 28 of 74 leadership positions, but they actually held 20 (27.0%,  $P = .05$ ).<sup>10</sup>

Could the salary discrepancy disappear if more women held leadership positions? OBG MANAGEMENT posed this question to Dr. Baecher-Lind. “I suspect that the gender pay gap would persist,” she said. “Studies indicate that women hold implicit gender bias as strongly as men. This bias leads to devaluing women’s skills and accomplishments compared with men’s and is a strong contributor to the leadership and pay gaps in this country and in our specialty. We need to be mindful of this implicit bias and work against it with policies such as salary transparency and salary audits to encourage parity.”<sup>11</sup>

### What are ObGyns’ greatest practice concerns?

The Medicus Firm reported in its 2016 Physician Practice Preference and Relocation Survey that the top 3 major practice concerns for practicing physicians were compensation, work-life balance, and work-related burnout and stress.<sup>12</sup> They found that physicians in general were slightly more satisfied with their 2015 income than their 2014 income, but less optimistic about the future. Only 29% projected that their 2016 income would increase over their 2015 earnings.

With ObGyn salaries on the up in 2015, less than half (46%) of ObGyns reported to Medscape that they feel fairly compensated; these physicians made \$62,000 more than those who believed their pay was unfair.<sup>1</sup> Fifty-four percent of employed male ObGyns and 64% of employed female ObGyns reported feeling fairly compensated, compared with 43% and 32%, respectively, who were self-employed.

ObGyns indicated in the 2016 Medscape report that the prime causes of stress were bureaucratic tasks and spending too many hours at work. More than half (52%) of ObGyns spend 30 to 45 hours per week seeing patients, and 40% spend more time than that.<sup>1</sup> According to employment status, 56% of those who are self-employed and 58% of those who are employed spend 10 hours or more per week on administrative tasks.<sup>1</sup>

Lucia DiVenere, MA, Officer, Government and Political Affairs, at the American Congress of Obstetricians and Gynecologists (ACOG) in Washington, DC, offers a brief look, with an in-depth focus to come in an upcoming issue, at the growing concern of burnout among physicians and how it can affect both ObGyns and their patients. She outlines ACOG’s efforts to help ObGyns maintain work-life balance in “ObGyn burnout: ACOG takes aim,” on page 26.

### Effects of the ACA on ObGyns

As of February 2016, 12.7 million Americans selected plans through the Health Insurance Marketplace of the Affordable Care Act (ACA).<sup>1</sup> Physicians often have no choice in whether or not they participate in Health Insurance Exchanges; however, in 2016, 24% of ObGyns said they plan to participate in exchanges, 25% do not, and the rest are unsure.<sup>1</sup>

It is still unclear how the ACA affects physician income.<sup>1</sup> When ObGyns who participated in Health Insurance Exchanges in 2015 were asked whether their income was affected, approximately 60% reported no change, 30% reported a decrease, and 9% said it increased.<sup>1</sup>

Medicus reported that physicians’ approval of the ACA has declined since last year. In their 2016 report, 71% of respondents gave the ACA a passing grade (A, B, C, or D), compared with 83% in 2015 and 77% in 2014. Fewer than 3% of 2016 respondents gave the ACA an “A.”<sup>12</sup>

Medscape reported that 36% of ObGyns have seen an increase in the number



**The top 3 practice concerns were compensation, work-life balance, and work-related burnout and stress**

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## Do patients have a gender preference for their ObGyn?

Although multiple surveys have been published regarding patient gender preference when choosing an ObGyn, overall results have not been analyzed. To address this literature gap, Kyle J. Tobler, MD, and colleagues at the Womack Army Medical Center in Fort Bragg, North Carolina, and Uniformed Services University of the Health Sciences in Bethesda, Maryland, searched multiple sources to provide a conglomerate analysis of patients' gender preference when choosing an ObGyn. An abstract describing their study was published in *Obstetrics & Gynecology* in May 2016 and presented at the American College of Obstetricians and Gynecologists 2016 Annual Clinical and Scientific Meeting, May 14–17, in Washington, DC.<sup>1</sup>

### A personal impetus for studying gender preference

The impetus for this project truly was initiated for Dr. Tobler when he was a 4th-year medical student. "I was trying to decide if Obstetrics and Gynecology was the right field for me," he said. "I was discouraged by many people around me, who told me that men in ObGyn would not have a place, as female patients only wanted female ObGyns. And with the residency match at 60% to 70% women for ObGyn, it did seem that men would not have a place. Thus, I began searching the literature to verify if the question for gender preference for their ObGyn provider had been evaluated previously, and I found mixed results." After medical school Dr. Tobler pursued this current meta-analysis to address the conflicting results.

### Details of the study

Dr. Tobler and his colleagues explored PubMed, Embase, PsycINFO (American Psychological Association's medical literature database), Cumulative Index to Nursing and Allied Health Literature (EBSCO Health's database), Scopus (Elsevier's abstract and citation database of peer-reviewed literature), and references of relevant articles. Included were 4,822 electronically identified citations of English-language studies, including surveys administered

to patients that specifically asked for gender preference of their ObGyn provider.

The researchers found that 23 studies met their inclusion criteria, comprising 14,736 patients. Overall, 8.3% (95% confidence interval [CI], 0.08–0.09) of ObGyn patients reported a preference for a male provider, 50.2% (95% CI, 0.49–0.51) preferred a female provider, and 41.3% (95% CI, 0.40–0.42) reported no gender preference when choosing an ObGyn.<sup>1</sup>

### What about US patients?

A subanalysis of studies (n = 9,861) conducted in the United States from 1999 to 2008 (with the last search undertaken in April 2015) showed that 8.4% (95% CI, 0.08–0.09) preferred a male ObGyn, 53.2% (95% CI, 0.52–0.54) preferred a female ObGyn, and 38.5% (95% CI, 0.38–0.39) had no gender preference.<sup>1</sup>


"We were surprised by the numbers," comments Dr. Tobler. "The general trend demonstrated a mix between no preference or a preference for female providers, but not by a large margin."

"We considered analyzing for age," he said, "but most of the studies gave a mean or median age value and were widely distributed. We were able, however, to break our analysis down into regions where one would expect a very strong preference for female providers—the Middle East and Africa. But, in fact, results were not much different than for Western countries. Our results for this subanalysis of Middle Eastern countries and Nigeria (n = 1,951) demonstrated that 8.7% of women (95% CI, 4.1–13.3) preferred a male provider, 51.2% (95% CI, 17.2–85.1) preferred a female provider, and 46.9% (95% CI, 9.3–84.5) had no gender preference."<sup>1</sup>

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of patients due to the ACA.<sup>1</sup> A 2015 report from the Kaiser Family Foundation and The Commonwealth Fund assessing the experiences and attitudes of primary care providers after the first year of ACA coverage found no association with lower- and higher-quality care whether or not patient load had increased.<sup>13</sup> Among those in the Medscape report who said

that quality of care had worsened, 21% had a greater patient load; 18% reported no increase in patient load. Seventy-eight percent of physicians whose patient load increased said that quality had stayed the same or improved; 82% of those who experienced no increase in patient load reported that quality had stayed the same or improved.<sup>1</sup> 

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