Mississippi Burnout Part II: Satisfaction, Autonomy and Work/Family Balance

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ABSTRACT

Documented Mississippi physician shortages make evidence about factors shaping physicians' career choices especially important if Mississippi policymakers are to devise workable strategies to maximize the physician workforce. Work-life interactions influence physicians' choices about how they manage their careers and professional burnout is one documented cause of physicians' decisions to change work hours or to choose early retirement. We find that women and mid-career physicians are more likely than men or later career physicians to experience stress and burnout. Additionally, physicians who experience burnout are less likely to report being satisfied with nearly every aspect of their professional life and work-life balance indicating that burnout permeates several dimensions of physicians' lives. The associations in our findings are suggestive; however, to minimize deleterious effects of burnout on the Mississippi physician workforce, future research should examine the causal factors underlying stress and burnout.

INTRODUCTION

Physicians may enjoy the stature and respect accorded them to challenges of 21st century life—such as how to balance the often competing demands of work and personal life. Work-life balance across the professions has been an active area of research for some time, but the relationships between physicians' work and family experiences and how that may be associated with professional burnout have not received as much sustained attention. Yet "controllable lifestyles" are important for the career choices contemporary physicians make and the professional experiences they encounter.

For example, the capacity to control life and professional circumstances (such as hours worked) is more important to many professionals' career decisions than pay and prestige. More recently, researchers have found that newer cohorts of medical graduates prefer time off and a comfortable lifestyle to toiling more traditionally long hours in the name of medicine. This suggests a widening generational distinction between "new model" medicine pursued strictly as a profession and "traditional model" medicine pursued a vocation.

Documented Mississippi physician shortages make evidence about factors shaping physicians' career choices especially important if Mississippi policymakers and professional groups are to devise strategies to maximize the physician workforce. Work-life interactions influence physicians' choices about how they manage their careers and professional burnout is one documented cause of physicians' decisions to change work hours or to choose early retirement. Burnout processes operate throughout physician careers, from early practice experiences to mid-life career reorientations. For example, doctors who have been in practice longer than twenty years were trained when there were no limits to hours worked as residents. They subsequently worked long hours in private practice as well, often taking call and sometimes even making house calls to home-bound patients. Working these types of grueling hours (especially in the absence of compensating factors) can lead to early burnout and increase the potential for early retirement. In contrast, at the beginning of their careers, contemporary cohorts of physicians are trained under new guidelines that limit their work hours as residents. They frequently have innovative working arrangements, like the opportunity to work
with hospitalists or in new types of practice arrangements, minimizing the traditional burden of post-clinic work hours. Still, more recently trained doctors may experience burnout early in their careers, particularly if their tolerance for work-life imbalance is low. This occurs when physicians attempt, but fail, to balance their professional lives with expectations of the types of personal lives they desire. The focus of this manuscript is the impact of career satisfaction, autonomy and work-life balance—and their association with professional burnout. We use questions from the 2007/08 MSMD survey to assess relationships between burnout and physicians’ work-life balance.

**PHYSICIAN BURNOUT**

Burnout is higher among physicians than among other professionals, plaguing some physicians from the residency phase of their careers. Physician burnout is an occupational hazard, a syndrome that includes depersonalization (diminished capacity to relate to patients, family, and friends), emotional exhaustion, and a reduced sense of accomplishment. Stress and burnout present a challenge for maintaining an optimally healthy and effective physician workforce, particularly if the combination of patient needs and insufficient physician supply push some practitioners past reasonable practice limits. Nearly 25% of Mississippi physicians who responded to the 2007/08 MSMD survey reported occasional or persistent burnout, with an additional 55% saying that they experienced stress and lack of energy. Put another way, only 1 in 5 Mississippi physicians seem to practice in their very demanding practices relatively unscathed by the progressive symptoms of professional burnout.

Research on the profession links satisfaction and physician autonomy, both implicated in whether or not physicians experience stress or burnout. Career satisfaction reflects both the enjoyment and sense of accomplishment physicians experience in their daily practice of medicine and a holistic perspective on an entire career in their chosen medical specialty. Physician autonomy reflects the capacity for physicians to practice medicine as they prefer, consistent with medical training and professional ethics, free from third party interference. While individual characteristics and personality traits certainly matter, contextual circumstances also influence physicians’ sense of satisfaction and autonomy, their sense of having work and personal life in balance, and ultimately, the levels of stress they experience in their medical practices. When stress leads to burnout, it creates problems for individual physicians, for their patients, and for the physician workforce more generally. At the level of individual physicians, burnout may contribute to lower quality patient care. More broadly, burnout may shape size and efficiency of the physician workforce, since stress may push physicians to cut their hours or to leave the profession entirely.

The evolving delivery of modern health care has challenged physician autonomy as third party actors (such as insurance companies and government agencies) have increased power to intervene in medical decision-making. Such changes in power sharing arrangements associated with medical practice are doubtless stressors for at least some physicians, especially physicians in practice long enough to have experienced less interference in their clinical activities. Medical practice management and workload particulars also shape physician morale and satisfaction and the sense of fulfillment physicians derive from their work. Physicians who resent third party incursion into their medical practice are at high risk of burnout. So, too, may be physicians who find that recent trends in patient self-advocacy challenge their clinical judgment. Physicians may feel pressures bearing on their traditional professional autonomy both from above and below.

Similarly, physicians experiencing greater satisfaction from their medical careers likely have lower levels of stress compared to dissatisfied physicians, who may be at risk for higher levels of stress and burnout. Therefore, a clearer understanding of the relationships among autonomy, satisfaction, work-life balance and burnout is important. If burnout can be avoided, the indirect effects of burnout on physician supply can be reduced, ultimately safeguarding the state’s physician workforce supply and the continuity and quality of patient care.

**DATA AND METHODS**

**Study design and sample**

Data for this research are from an omnibus survey of issues important to Mississippi physicians, fielded in 2007/08. The survey covered Hurricane Katrina and malpractice experiences, the use of electronic medical records and series of questions focused on physician satisfaction with their career, family, work-life balance and community. All physicians with a unique email address and, licensed to practice in Mississippi, were invited to participate in the on-line survey. More than 1,000 physicians responded in the first six weeks. In the following months, the researchers worked to boost response rates, targeting under-represented demographic groups (women and minority physicians). The final response
were born outside of the United States and self-identified as Black, or respondents who indicated another racial category besides White or Black on the survey, were combined and coded as the “Other” race category. Too few physicians in each of the “Other” racial categories preclude analyses on groups beyond the three we identify (White, African American, and Other race).

**Gender.** Each respondent is categorized by gender based on their survey self-identification. If gender was missing in the survey data, it was derived from the Mississippi State Board of Medical Licensure Data administrative data to preserve cases for analysis.

**Age group.** A three-category measure is used to explore generational differences among Mississippi physicians. Physicians under age 40 represent those early in their careers. Physicians from age 40 to 59 represent mid-career professionals. Physicians aged 60 and older have the longest practice experience.

We analyzed data from the sample of actively practicing physicians who responded to the questions in the burnout section of the 2007/08 MSMD survey (classified into four distinctive groups based on the four category continuum of burnout responses) alongside items measuring different aspects of physicians’ career satisfaction, autonomy experiences, and work-life balance.

**Career Satisfaction.** For career satisfaction, physicians responded to a series of statements (ranging from strongly disagree to strongly agree) including: I find my present clinical work personally rewarding; In general, I love my specialty; It has met my expectations; My specialty no longer has the appeal to me it used to have; My specialty does not provide the security it once did; If I were to choose over again, I would not become a physician; I would recommend medicine to others as a career; My total compensation package is not adequate; and All things considered, I am satisfied with my career as a physician. Answers were scored on a scale from 1 to 5, with items recoded so that five indicates a high level of satisfaction, even if the question was asked in the reverse.

**Autonomy.** The second set of items assesses physicians’ levels of professional autonomy alongside their self-reports about their experiences burnout continuum. The items associated with autonomy (original responses ranged from strongly disagree to strongly agree) are: My practice has adequate resources for me to do my work; I am satisfied with the balance of time I spend on patient care versus administrative tasks; In my practice, I often feel like bureaucrats are second-guessing me; Paperwork required by payers is a burden to me; and, In my opinion, I am expected to take too much call. Items were recoded, as necessary, so that five indicates

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**Physicians selected the single item most closely representing how they felt:**

- I enjoy my work. I do not feel burned out.
- Occasionally I am under stress, and I don't always have as much energy as I once did. But, I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical or emotional exhaustion.
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need to make some changes or may need to seek some sort of help.

The two highest burnout scores (symptoms won’t go away and feeling completely burned out) were combined into a single measure of persistent burnout. Respondents were categorized by four burnout levels, ranging from (1) no burnout to (2) stressed [but no burnout], (3) occasional burnout, or (4) persistent burnout.

**Race.** Race is classified using self-reports from 2007/08 MSMD survey data. Physicians are coded White if they selected that race category on the survey. Physicians are classified as African American if on the survey they selected both Black AND born in the United States. Non-white 2007/08 MSMD respondents who were born outside of the United States and self-identified as Black, or respondents who indicated another racial category besides White or Black on the survey, were combined and coded as the “Other” race category.

Too few physicians in each of the “Other” racial categories preclude analyses on groups beyond the three we identify (White, African American, and Other race).
high levels of autonomy and one equals low levels of autonomy.

**Work-life Balance.** The final eight items assess physicians’ family and community life circumstances as those relate to physicians’ work—a set of work-life balance measures. They include: I feel a sense of belonging to the community where I practice; I feel respected by the community where I practice; I do not feel at home in the community where I practice; My family and I are strongly connected to the community where I work; My work schedule leaves me enough time for my family; My spouse/partner supports my career; The interruption of my personal life by work is a real problem; and, Work rarely encroaches on my personal time. Similar to the previous measures of career satisfaction and autonomy, physicians answered each of the work-life balance items on a scale from 1 to 5. Items were recoded so that five indicates a positive orientation or outcome on the measure, even if the item was stated in the reverse.

In the following section of the manuscript, a series of figures first depict levels of burnout by the key physician demographic characteristics of race, gender, and age. Following the figures is a series of tables that document the associations between career satisfaction, autonomy, and work-life balance on one hand, and burnout experiences on the other.

In the earlier installment of this pair of articles on burnout, we reported three levels of burnout to establish the extent of the Mississippi burnout problem using broad strokes, and for ease of interpretation. In contrast, in this article we present a more refined analysis of burnout, using four categories instead of three (ranking from least burned out to most), to support a more nuanced analysis.

**Findings**

Variations in levels of stress and burnout by demographic categories are presented in Figures 1-3. Figure 1 shows the distribution of stress and burnout by race. Regardless of race, most physicians report experiencing relatively high levels of stress, but the highest levels of burnout (occasional and persistent) are less common than high levels of stress. African American physicians are the group most likely to report no stress at all, while physicians of Other races report slightly higher levels of persistent burnout than either White or African American physicians. Only 3% of African American physicians in Mississippi reported persistent burnout, about half the rate as for White and Other race physicians having persistently high levels of burnout.

Figure 2 shows the distribution of different stress and burnout conditions along the burnout continuum by gender. Note that women report higher rates of stress and persistent burnout (so burned out I need help) than men. These differences are both statistically and substantively significant. Twice as many women physicians as men (9% versus 4%) reported that they experienced persistent burnout symptoms. In fact, 4% of women physicians (compared to none of the men respondents) said they were so burned out that they probably needed help dealing with it.

When examining age group differences in stress and burnout (Figure 3), it is clear that mid-career physicians (those 40-59) are the most beleaguered group. At every level of stress and burnout, mid-career physicians report more symptoms and experiences of burnout than physicians who are either younger or older. The intensity of mid-career practice seems to be expressed in the significantly lower percentage of physicians from 40-
The distinctive associations between gender and age and burnout underscore the importance of examining the relationships between career satisfaction, autonomy, and work-life balance. Demographic characteristics are associated in patterned ways with each of those three types of individual physician experiences. For example, women and men in their thirties have career and family experiences that are still formative, at least when compared to mid-career physicians who have been practicing for a decade or more longer (age 40-59). Older physicians (60 and older), in turn, have different family and practice experiences from either of the younger groups, as physicians whose children are grown and who have been in practice long enough to remember practice autonomy before managed care and routine third party interference. Men and women physicians, and physicians from different race/ethnic groups form distinctive patterns of relationships with patients and other professionals, which may bear on their career satisfaction and perceptions of autonomy. Women are normatively expected to assume most of the non-paid caring and kin-keeping activities within families, whether they pursue a profession like medicine or not, creating different sets of social expectations about how to balance work and family life. Therefore, we next examine the relationships between stress/burnout and career satisfaction, autonomy, and work-life balance.

Table 1 shows average scores on the career satisfaction items, distinguished by level of burnout. To interpret this table, recall that a five would indicate that all physicians in a particular category who were surveyed strongly agreed with the item presented. The numbers in the tables represent the mean or arithmetic average score for each item (with higher numbers indicating higher levels of satisfaction or positive outcomes associated with the item and lower numbers indicating lower levels of satisfaction or negative outcomes associated with the item) categorized by burnout level. Statistical significance is indicated by asterisks at the end of the item in the left column, and a symbol indicates whether the item was reverse coded (some items were reverse coded; a five always indicates higher levels of satisfaction).

Differences across all seven career satisfaction items by burnout level are statistically significant. This means that career satisfaction is directly and significantly correlated to the level of burnout 2007/08 MSMD respondents reported. On average, Mississippi physicians find their clinical work rewarding, but there is a significant difference in how satisfied physicians are when they are not burned out at all (4.4) compared to those who report persistent burnout (3.3). The same pattern holds for the other six items—less satisfaction is associated with more burnout. Burned out physicians are less likely to say their specialization met their expectations, more likely to say their specialty no longer has appeal or provide security, that they would not choose medicine again, recommend a career in medicine to others, and be satisfied with compensation. On the global measure of career satisfaction, physicians with no burnout symptoms report very high levels (4.49) compared to significantly lower levels among those who experience persistent burnout (2.89). Given the body of research that identifies predictable relationships between levels of physician satisfaction and the quality of patient care (among other things), physician burnout can represent a serious problem.

We next analyzed the relationship between stress and burnout and
items that assess aspects of physician autonomy (Table 2). On every measure, lower levels of autonomy for the items that assess that component of medical practice have a statistically significant relationship with burnout. Physicians with negative experiences or outcomes associate with the sufficiency of resources to do their jobs, the balance between patient care and administrative tasks, second-guessing by third parties, the paper­work burden, and the amount of call they are expected to take are more likely to experience occasional and persistent burnout compared to physicians who rate their autonomous capacities in practice more positively. Paperwork and bureaucrats are a particular thorn in the side of the most burned out physicians.

Average levels of work-life balance follow predictably similar patterns in terms of their association with burnout. All but one of the work-life balance items in Table 3 has a statistically significant association with levels of burnout. There is a linear, but not statistically significant, relationship between the physician’s reported connection to the community and burnout level. Otherwise, statistically significant relationships are noted with feeling a sense of belongingness, feeling respected by the community and feeling at home in the community—in every instance, physicians with lower levels of burnout are more satisfied with the community aspect of work-life balance. The measures for the family items in the work-life analysis also differ significantly across levels of burnout. Having more negative (lower) scores on items such as work leaving enough time for family, whether a spouse supports the respondent’s career, whether personal life is interrupted by work is associated with higher levels of stress and burnout.

**DISCUSSION AND CONCLUSION**

With a chronic need for new physicians and the average Mississippi physician approaching his or her mid-fifties, understanding the relationships between career satisfaction, autonomy, and work-life balance may provide important clues about how processes of stress and burnout that can shorten medical careers can be avoided. Exploring the factors associated with physician burnout is a first step for crafting appropriate policies to maximize physician retention and high quality patient care. Research documents the risk that burnout poses for physicians cutting work hours or leaving the profession/retiring early. These are considerable risks for an underserved state like Mississippi, where high demands on too few physicians grappling with what they regard as unreasonable levels of third party interference in their practices undoubtedly contributes to processes of stress and burnout. Repeated studies have shown that autonomy and career satisfaction are tightly linked, which suggests that addressing physician concerns about clinical control over their practices (including practices and policies to minimize the burden of paperwork and administrative tasks) and minimizing threats to autonomy can be a pathway to higher levels of satisfaction, and by extension, lower levels of burnout.

Although supportive commu-

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**Table 2. Average Autonomy Experiences by Burnout Level**

<table>
<thead>
<tr>
<th>Item</th>
<th>Not burned</th>
<th>Stressed</th>
<th>Occasional burnout</th>
<th>Persistent burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>My practice has adequate resources for me to do my work ***</td>
<td>4.06</td>
<td>3.85</td>
<td>3.56</td>
<td>2.97</td>
</tr>
<tr>
<td>I am satisfied with the balance of time I spend on patient care versus administrative tasks ***</td>
<td>3.91</td>
<td>3.53</td>
<td>3.16</td>
<td>2.86</td>
</tr>
<tr>
<td>In my practice, it often feels like bureaucrats are second-guessing me ***</td>
<td>3.05</td>
<td>2.57</td>
<td>2.01</td>
<td>1.80</td>
</tr>
<tr>
<td>Paperwork required by payers is a burden to me ***</td>
<td>2.33</td>
<td>1.98</td>
<td>1.65</td>
<td>1.71</td>
</tr>
<tr>
<td>In my opinion, I am expected to take too much call ***</td>
<td>3.71</td>
<td>3.31</td>
<td>2.86</td>
<td>3.07</td>
</tr>
</tbody>
</table>

† - Item is reverse coded
*** -- Statistically significant at the .001 level.
** -- Statistically Significant at the .01 level.
* -- Statistically Significant at the .05 level.

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**Table 3. Average Work-Life Balance Experiences by Burnout Level**

<table>
<thead>
<tr>
<th>Item</th>
<th>Not burned</th>
<th>Stressed</th>
<th>Occasional burnout</th>
<th>Persistent burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel a sense of belonging to the community where I practice</td>
<td>4.04</td>
<td>3.97</td>
<td>3.76</td>
<td>3.50</td>
</tr>
<tr>
<td>I feel respected by the community where I practice ***</td>
<td>4.19</td>
<td>4.08</td>
<td>3.87</td>
<td>3.42</td>
</tr>
<tr>
<td>I do not feel at home in the community where I practice ***</td>
<td>3.95</td>
<td>3.95</td>
<td>3.70</td>
<td>3.42</td>
</tr>
<tr>
<td>My family and I are strongly connected to the community where I work</td>
<td>3.89</td>
<td>3.83</td>
<td>3.61</td>
<td>3.46</td>
</tr>
<tr>
<td>My work schedule leaves me enough time for my family ***</td>
<td>3.76</td>
<td>3.02</td>
<td>2.40</td>
<td>2.44</td>
</tr>
<tr>
<td>My spouse (or partner) supports my career ***</td>
<td>4.51</td>
<td>4.35</td>
<td>4.16</td>
<td>3.97</td>
</tr>
<tr>
<td>The interruption of my personal life by work is a problem ***</td>
<td>3.59</td>
<td>2.97</td>
<td>2.42</td>
<td>2.17</td>
</tr>
<tr>
<td>Work rarely encroaches on my personal time ***</td>
<td>3.18</td>
<td>2.41</td>
<td>1.96</td>
<td>2.17</td>
</tr>
</tbody>
</table>

† - Item is reverse coded
*** -- Statistically significant at the .001 level.
** -- Statistically Significant at the .01 level.
* -- Statistically Significant at the .05 level.
nity and family environments may ameliorate some of career disappointments or threats to autonomy that physicians experience, policies obviously cannot dictate family or community support for physicians who feel like they are highly stressed or under siege. However, innovative policies and practices could help minimize the disruptions to personal/family life that stress practicing physicians, so that doctors have predictable periods off duty when they can focus on their families and non-work pathways to personal fulfillment.

A sense of community connection is associated with lower levels of physician burnout. Consequently, a crucial retention strategy may be to devise strategies targeted towards newly recruited physicians (especially those from out of state) to support their continuous integration into the communities they serve. Most challenging, no doubt, will be finding ways to compensate for feelings of occasional or persistent burnout that may influence mid-career physicians to consider limiting their hours of practice or retiring early. After all, most mid-career physicians are likely well-integrated into their communities, having established long-time practices. But a reality is that many of these mid-career practices are located in small town and rural areas in Mississippi, where the sheer volume of need and demands on physician time may be a relatively intractable problem, particularly unless a new supply of medical professionals can alleviate some of the pressures on these mid-to later-career practices. Devising strategies that foster connections to their communities may help early career professionals avoid feelings of burnout, suggesting that nurturing community connections can be an effective recruitment and retention strategy early in a physician’s practice. Strategies that are successful in this regard may also have important indirect effects on later career physicians if they enable recruitment and retention of “new blood” into communities currently served by one or two overworked mid-career physicians.

Interested readers can access more findings from the MSMD 2007/08 Mississippi Physician Workforce Survey in a series of four burnout research briefs online at the Northeast Mississippi AHEC website: http://www.nmsahec.msstate.edu/pubs.html.

REFERENCES
22. Jensen PM, Trollope-Kumar K, Waters H, Everson J. Build-


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