INTRODUCTION AND BACKGROUND

Work-life balance across the professions has been a rich area of scholarship (see, for example, Crompton, 2006), but physicians’ work-life balance and its relationship to professional burnout has been analyzed much less frequently (Keeton et al, 2007). Yet “controllable lifestyles” are important for the career choices contemporary physicians make. For example, being able to control life and professional circumstances, such as hours worked, was more important to many professionals’ career decisions than pay and prestige (Schwartz et al, 1989). More recently, research has 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 (Keeton et al, 2007).

Documented Mississippi physician shortages (e.g., Butts, Cossman and Welford, 2008) make evidence about factors shaping physicians’ career choices especially important if Mississippi policymakers are to devise the optimal 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 (see Rohland, Kruse and Rohrer, 2004, for example). Burnout processes operate throughout physician careers, from early practice experiences to mid-life career re-orientations. For example, doctors who have been in practice for longer than twenty years trained when there were no limits to hours worked as residents. They subsequently worked long hours in private practice as well (Schroeder, 2004), often taking call and sometimes even making house calls to home-bound patients (Watson, Slade, Buske, and Tepper, 2006). 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 hours work (Pham, 2005). 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 brief is the impact of family and community factors—work-life balance—and how that impacts professional burnout. We use questions from the 2007/08 MSMD survey to assess relationships between burnout and physicians’ family and community experiences.

DATA AND METHODS

A validated single measure of burnout (Rohland, Kruse and Rohrer, 2004) on the 2007/8 MSMD survey asked the physician respondents to:

“Please choose the single item that most closely represents how you feel: (1) I enjoy my work. I do not feel burned out. (2) 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. (3) I am definitely burning out and have one or more symptoms of burnout, such as physical or emotional exhaustion. (4) The symptoms of burnout that
I’m experiencing won’t go away. I think about frustrations at work a lot. Or (5) 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 then categorized by reported levels of burnout in their professional lives, ranging from (1) no burnout to (2) stressed [no burnout], (3) occasional burnout, or (4) persistent burnout.

Five items measuring family and work-life balance were analyzed by burnout level (described above). For each statement relating to family and work-life balance, physicians responded using a five-point Likert scale (ranging from strongly agree=5 to strongly disagree=1). Higher average scores for each item indicate greater agreement with the statement. The five family and work-life balance items we analyze are:

- My family and I are strongly connected to the community where I work.
- My work schedule leaves me enough time for my family.
- The interruption of my personal life by work is a problem.
- My spouse (or partner) supports my career.
- Work rarely encroaches on my personal time.

The statements associated with community connection factors were worded similarly and the response categories were identical. Three questions focus on the physician’s connection to her/his community:

- I feel a sense of belonging to the community where I practice.
- I do not feel at home in the community where I practice.
- I feel respected by the community where I practice.

Finally, we asked physicians to indicate their levels of agreement with three items associated with community infrastructure in the communities where they practice:

- Cost of living in a community is an important consideration for where I want to work.
- Local amenities, like parks, shopping, and cultural events, are important in deciding where I want to work and live.
- High quality schools are important in deciding where I want to work and live.

**Findings**

Figure 1 depicts the average level of agreement with the five family and work-life balance statements described above, for physicians reporting varying levels of burnout. Generally, physicians who report no burnout (the darkest bar for each item) are most satisfied with their family circumstances and work-life balance, and physicians with occasional and persistent burnout the least. The consistently lowest (most disagree) scores were associated with the statement “work rarely encroaches on my personal
time.” Clearly, regardless of burnout level, work encroachments on personal time are occupational hazards for physicians, stressed or not. Still, doctors categorized as experiencing occasional or persistent burnout were significantly more likely to note that work encroaches on their personal and family time than physicians who were less stressed. Physicians reporting lower levels of burnout (no burnout, stressed categories) were more likely to agree that their work schedule permits them to spend time with their family than physicians with higher levels of burnout (occasional, persistent). The highest levels of agreement with family and work-life balance statements and the least variation by burnout category were associated with spousal or partner career support, followed by feeling that they and their families are embedded in their communities. Although there is a systematic linear relationship between burnout level and perception of spousal/partnered support, regardless of burnout level, married (or partnered) physicians generally agreed that their partners were supportive of their careers and that they and their families were strongly connected to their communities.

<table>
<thead>
<tr>
<th>Burnout Category</th>
<th>Average Satisfaction with Community</th>
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<tbody>
<tr>
<td>Persistent Burnout</td>
<td>1.5</td>
</tr>
<tr>
<td>Occasional Burnout</td>
<td>3.5</td>
</tr>
<tr>
<td>Stressed</td>
<td>4.5</td>
</tr>
<tr>
<td>No Burnout</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 2 (below) shows average level of agreement with community connection and community infrastructure items, by levels of reported burnout. Doctors generally agree they are well respected in their communities. Those who report burn out (occasional or persistent) feel less accepted and were more likely to report that they did not feel at home in their community. Sense of belongingness was also lower among physicians reporting some level of burnout. Factors related to community infrastructure (quality of education, cost of living and local amenities) show relatively little variation across levels of physician burnout. While burnout is associated with perceived community connections, burnout is not strongly associated with the characteristics of community infrastructure we asked about on the survey.

**Implications**

With a persistent need for new physicians and the average Mississippi physician approaching his or her mid-fifties (Cossman, 2003), understanding the relationship between professional experiences that shape career choices (such as burnout) and work-life balance may be important for crafting appropriate policies to maximize recruitment and retention of physicians. Although supportive family environments are essential to career satisfaction and avoiding burnout, policies obviously cannot dictate family support. However, policies may be developed that could help minimize disruptions to personal life that stress practicing physicians, so that doctors have predictable periods off duty when they can focus on their families. Although community infrastructure is important during physician recruitment, it does not appear to play such a critical role in burnout processes. This is likely due to selection issues; only physicians who regard a community’s infrastructure as adequate, or who have devised strategies that compensate for any perceived infrastructure deficiencies, are likely to be recruited to work in such communities to begin with.

Our findings show that a sense of community connection minimizes physician burnout. Consequently, it may be a crucial retention strategy to devise strategies for 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 late-career practices. Devising strategies that foster connections to their communities may help early career professionals to 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.

REFERENCES


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The North East Mississippi Area Health Education Center (NE MS AHEC, www.nemsahec.msstate.edu) is hosted by the Social Science Research Center at Mississippi State University and is an affiliate of the Mississippi Area Health Education Center Program (MS AHEC) at the University of Mississippi Medical Center. The MS AHEC Program is partially funded by a grant from the Health Resources and Services Administration (HRSA). The Mississippi State Medical Association, the Mississippi Academy of Family Physicians, the American Academy of Family Physicians, and the Social Science Research Center at Mississippi State University provided resources for the Mississippi Workforce Study (2007/08 MSMD). The material in this brief reflects the authors’ perspective, but not necessarily those of affiliated organizations or funding agencies.