

Work–Life Balance: History, Costs, and Budgeting for Balance

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Abstract

The concept and difficulties of work–life balance are not unique to surgeons, but professional responsibilities make maintaining a work–life balance difficult. Consequences of being exclusively career focused include burn out, physical, and mental ailments. In addition, physician burn out may hinder optimal patient care and incur significant costs on health care in general. Assessing current uses of time, allocating goals catered to an individual surgeon, and continual self-assessment may help balance time, and ideally will help prevent burn out.

Keywords

- ▶ work–life balance
- ▶ physician burn out
- ▶ creation of goals

CME Objectives: On completion of this article, the reader should be aware that being exclusively career focused can have negative consequences to the individual physician, patients, and health care as a whole and should also be aware of a set of tools to help evaluate and assess and prioritize work and life activities.

Work–life balance is often discussed and difficult to achieve. There is significant data that our ability to continue as productive contributing surgeons may be affected by our work–life balance, and that costs of physician burn out are both personal and professional. Although achieving work–life balance is an individual task that cannot be standardized, tools for assessing work–life balance and evaluating priorities may be helpful in increasing awareness of imbalances.

History

The concept of work–life balance is not new to our generation or unique to our profession. The idea that one should limit the amount of time spent at work dates back to manufacturing laws of the late 1800s when the work hours of women and children were restricted. By 1938, the Fair Labor Standards Act established a 44-hour work week, although professionals such as doctors were assumed to be perennially “on call.”

The Women’s Liberation Movement of the 1980s brought work–life balance back to the forefront. To accommodate women in the work force, flexible working schedule and maternity leave were popularized. Initially, this concept was only for women, expected to both hold down careers and continue primary management of the family and home. Soon, these benefits and ideas were expanded to encompass professional men and women. The idea that people would want to have balance between their professional and personal lives, more flexibility in managing their schedule, and presumably increase satisfaction from work *and* life became a key concept in the late 20th century.

Today, work–life balance is also a multimillion dollar industry, and a deciding factor in choosing jobs as diverse as Wall Street bankers and physicians. A Google search for “work–life balance” brings up more than 296,000,000 results including links for tools for work–life balance, scientific articles, and consulting companies to help create work–life balance.

Work–life balance for surgeons is particularly complex. Most surgeons were raised by mentors who gave up much of their life to virtually live at the hospital as “residents” and continued on working long hours as staff surgeons. In the three “A’s of physician excellence”—able, affable, and available—available is often the easiest to perfect, at least early on. Of course, the acuity of patients and patient needs make it easy for surgeons to become and remain a “workaholic.”

Costs of Working Hard

The consequences of our jobs and the hours that we work have a greater toll on our ability to be good surgeons and to be good people than we may recognize. Work–life imbalance is associated with decreased job satisfaction, productivity, and eventual burn out. For physicians and surgeons with demanding clinical and academic schedules along with long training pathways, there are both personal and professional reasons to maintain work–life balance.

Data demonstrate that being a physician affects our mental health. Depression levels are reported to be markedly higher in physicians than in the general population. Several studies demonstrate that depression, substance abuse, and suicide levels among medical students and physicians are two to six times the national averages.^{1,2} Shanafelt et al found 30% of surgeons screened positive for depression and 40% met criteria for burn out in a survey of American College of Surgeons.³ They found that factors independently associated with burn out included younger age, having children, area of specialization, number of nights on call per week, hours worked per week, and having compensation determined entirely based on billing.

Working hard also affects our home life. Only 36% of surgeons felt their work schedule left enough time for personal and family life and only 51% would recommend their children pursue a career as a physician or surgeon. There is a significantly higher rate of divorce among surgeons compared with their internal medicine colleagues. In addition, in a study of 1,118 married physicians, surgeons were found to have a divorce rate of 33% even after 30 years of marriage, showing that this takes a significant long term and sustained toll on the family.⁴

Physicians also often sacrifice physical health as well. Multiple studies have demonstrated physical effects of long working hours, lack of access to health foods, and loss of sleep. A Canadian study demonstrated ketonuria, a marker for dehydration, in as many as 20% of residents' shifts.⁵ Access to food may be limited for busy surgeons; a study of hospital cafeterias found that most physicians thought hours were too restricted to allow for use of the cafeteria and were dissatisfied with the availability of healthy food options.⁶ Poor eating habits may then result in poorer work performance. A study correlated decreased glucose levels with poorer performance on cognitive testing.⁷

Even in their personal life, many physicians do not take time to ensure their own good health. Most residents do not access preventative health care regularly. One study showed that only 38% of resident physicians have a personal physician, 25% of physicians with chronic illnesses, and 40% of those using prescription medications still do not see a primary care physician (PCP) regularly.⁸

Physicians' poor personal mental and physical health may also have a negative impact on their patients. A study demonstrated that medical students with poor personal health profiles were less likely to recommend evidence-based screening to their patients or counsel for healthy lifestyle.^{9,10} A 2012 study demonstrated that normal body mass index

physicians were more likely than overweight or obese physicians to record a diagnosis of obesity in their patients, initiate a weight loss conversation, and counsel patients on exercise and diet.¹¹

Studies have demonstrated that physicians who work fewer hours have better efficiency than those who work full time.¹² Specifically, in a study of academic PCP practices, rates of patient satisfaction, compliance with screening guidelines, and resource utilization were similar for part-time PCPs compared with full-time PCPs. Productivity per clinical hour was markedly higher for part-time PCPs.

Physician burn out is expensive for the health care industry as a whole. Physicians who are highly dissatisfied with their jobs have an increased risk of changing jobs or leaving medicine altogether. A University of Ottawa study found 50% of physicians respondents thought about leaving academic medicine and 30% thought of leaving medicine altogether.¹³ The cost of hiring a new physician is believed to be \$113,000 to 250,000 at a minimum, with costs in some established subspecialties ranging as high as \$900,000.¹⁴ Costs of training physicians are even substantially higher.

Despite this body of evidence that suggests a marked detriment to physicians and surgeons from excessive work hours, few of us are aware of these data and even fewer feel empowered or understand how to break this destructive cycle.

Defining Work–Life Balance

One of the issues in perfecting work–life balance is that the understanding of work–life balance remains a bit evasive. Wikipedia defines it as “a concept including proper prioritizing between “work” (career and ambition) and “lifestyle” (health, pleasure, leisure, family, and spiritual development/mediation).¹⁵ For surgeons, work can encompass many different tasks: operating, clinic, paperwork, administrative duties, teaching responsibilities, committee work, grant and paper writing, presentations, traveling to conferences, and journal reading. Especially in this age of technology, these responsibilities are not relegated to the time spent “at work” but can spill over onto “life” time as well. Life is generally everything else. It should encompass physical needs such as exercise, nutrition, personal health, sleep. “Life” should also include activities that promote spiritual and emotional wellness, commitments to family, friends, religion, and community. Practically, it must also include activities of daily living such as laundry, paying bills, and performing household chores. When one lists the various elements that comprise “work” and “life” for an academic surgeon, it becomes immediately clear why this endeavor to find “work–life balance” is indeed a daunting challenge.

Although we may understand the components of work–life balance, it is even more challenging to define and achieve “proper prioritization.” First of all, what may consist of proper prioritization for one person may be unworkable for another. One surgeon may be comfortable working indefinitely 7 days and seeing his/her own patients, each and every day, while others might need to find a different balance. Second, the

surgeon's personal concept of prioritization may be very different from the priorities of those around the surgeon including the patient, administration, work colleagues, family, or friends. Each of these important people may have preexisting expectations for what the surgeon should commit to them. And each surgeon may have different ideas regarding which are these expectations are reasonable.

The truth is, there are few, if any, rules to guide the surgeon and help create an appropriate work–life balance. Although many of us were “raised” surgically in an era where the surgeon's life revolved around their hospital, new work hour rules, coverage schemes, and workflow data suggest that physicians may actually have an improved job performance when their time is split between work and nonwork tasks.

In researching and writing this article, it has become evident that there is no single standard for work–life balance. Therefore, success is only possible when one seeks his/her own personal work–life balance. It is also for this reason that the self-appointed work–life coaches or “gurus” can only help with tools to achieve balance in the various components of our work and life rather than find that balance for us.

A Budget for Work–Life Balance

The truth is that work–life balance for a surgeon is not a seesaw. Work and life will probably never be equal and that striving for this as a goal is probably not the recipe that will allow for job satisfaction or prevent burn out.

Instead, it may be more effective to think about a work–life budget. Just as a budget is made at the beginning of each year for the hospital, or the home, a budget should be made for work and life. And just as importantly, the budget for work–life balance needs to be individualized to best meet needs of the individual.

Most budget guidelines describe three necessary steps to creating a budget:

1. Identify how you are spending your time now.
2. Set goals to identify your long-term objectives.
3. Track your results to see how you are doing.

Identify How You Are Spending Your Time Now

While our administrators, families, and patients may track our time for their own needs, we often neglect this important step. In any budget process, it is important to determine where resources are currently allocated to create a practical and achievable budget going forward.

The first step in the process is to keep a log of your time for a week or more. Consider using an excel spreadsheet to monitor where and how you spend your time for a week. This is an extremely useful task to see a clear picture of how time is spent.

Once you have recorded a week of your time, separate out the time you spent into categories: direct patient care (clinic/operating/rounding), clerical tasks (paperwork/phone calls/emails), administrative tasks (hospital commit-

tees/staff meetings), academic work (research/grants/writing), educational (teaching/reading/lectures/continuing medical education [CME]), and societal activities (committees/conference calls). Look at how time is allocated during nonworking hours among family, friends, exercise, sleeping, and running errands. Also make sure to look at how much time “away” from work you are continuing to work: checking on patients by phone, email, or computer, doing academic or administrative work at home. It is essential that you be honest in your assessment of your time.

Once you have completed your day-to-day analysis, map out your time on an annual basis: how many days are allotted to clinic, operating, and administration. Do you use all of your vacation days, CME days? How are you using them?

Sometimes, it is enlightening just to realize where time is well spent or where time is squandered. Often a significant amount of time is being used in between activities and virtually unaccounted for. Being aware of this time and making it more useable may help improve your budget, even before implementing any changes.

Set Goals to Identify Your Long-Term Objectives

The chances of success in creating a plan without assessing personal and career goals are slim. Goals should be short term, mid-range, and long term. This exercise must take into account the expectations of administrators, partners, patients, family, and self.

The goals should help you allocate how much time you wish to spend in each aspect of your life. Initially when creating goals, the task should focus on what you would like to achieve. For instance, in the first step, you would create an ideal number of work relative value units for the upcoming year, or years. After creating that particular goal, time allocations should be placed on each activity. Be realistic. Not only do you need time for clinic and operating room but returning patient phone calls, reviewing data, preparing for surgery should be included during the time allocation.

Think broadly when creating your goals. Are you interested in getting more involved in hospital administration, societal activities, and academics? Create workable goals in terms of both what you want to achieve and how much time it will take to achieve that goal.

Do not neglect your personal life when creating these goals. If a goal is to make it to your child's Wednesday soccer games, make sure it is written into your schedule and then the time is allocated to get there. Make sure that you create goals that include personal health, exercise, spiritual health, and seeing your doctor and dentist.

While creating your goals, budget for the unexpected: just as in a household budget, there has to be some “reserve” time. Perhaps sick patients will require additional time at work, a grant proposal, or administrative task will require a change of plans. Just as possible is an unexpected illness, traffic jam, or “life” obstacle that can take you away from work. Some extra unaccounted for time can help make up for some of these short-term shortfalls.

Look at opportunities to multitask. Some things may be simple—instead of waiting for the elevator, get some exercise, and take the stairs. Having your administrator put together a list of return phone calls each day so that you can make calls on your commute home and get home faster.

Track Your Results to See How You Are Doing

Most of us are goal oriented. The more graphically we identify our successes and failures, the more inspired we are to perform. You need to track your results.

Stick to your budget. If you have committed to taking all of your vacation time, put in on the calendar, schedule the vacation time, and take it. Try to differentiate the time needed to spend extra hours at the hospital for patient emergencies versus “work creep,” staying late to do “one more thing,” finishing office notes remotely during family time. One of the difficulties of our era is that we are always accessible, by phone, pager, and computer. If you have allocated time for “nonwork” activities, let your partners/office know, and then try to get away.

Keeping a tally of how you are doing will help you keep on track. It will also help you determine what tasks to take on and what tasks to defer. When an opportunity to join a new committee comes up, you can determine what the time commitment might be, and how that fits into your plans. If it is a terrific opportunity, then it may be worth reallocating some time, but this way it becomes a thoughtful decision, rather than a scramble as to where this new task will fit into the “budget.”

Benchmarks for Success

To us, success is just to be happier and healthier as a person, a surgeon, a scientist, a spouse, a parent, a child, and as a friend. Whatever benchmarks for success that you choose for yourself is as valid as anyone else's goals. It is important to be comfortable setting and keeping your priorities. Studies show that when physicians identify the part of their work that they find meaningful and perform it at least 20% of the time, they are far less likely to burn out than those who do not do so.¹⁶ Just being aware of work–life balance can actually improve career satisfaction, a study of family medicine physicians demonstrated that performing simple work–life “mindfulness” activities helped improve burn out markers within 9 months.¹⁷

Unfortunately or fortunately, work–life balance is not static but rather dynamic. Rather than a single one time activity, determining the right course for you and assessing your goals is an ongoing process. The good news is that this can constantly be changed to accommodate new needs; the bad news is that maintaining your work–life balance is an ongoing

task, unlikely to disappear from your “to do” list anytime soon.

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