Avoiding Burnout:

Reclaiming Wellbeing Individually and Systemically

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Disclosure Information

- I have no financial relationships relevant to this presentation to disclose
- I will not discuss off-label use and/or investigational use in my presentation

Learning Objectives

Upon completion of the activity, participants should be able to:

1. Recognize that burnout is an occupational phenomenon and identify factors that contribute to physician burnout and poor physician work-life integration

2. Discuss specific challenges that women physicians face with regards to burnout and work-life integration

3. Understand individual and systemic strategies that may help reduce burnout and improve work-life integration

Burnout and Wellness in Medicine

Audience Poll

- Have you experienced burnout at any point in your career as a physician (medical school until present)?
  - Yes or no

- How would you rate your current work-life integration?
  - Poor
  - Fair
  - Good

What is “Wellness?” (“Wellbeing”)

- No one perfect definition

- Often conceptualized as overall health
  - Physical health
  - Mental health
  - Can also include: financial health, social health, etc

How do I personally define “Wellness”?

- Similar to “life satisfaction”
  - Satisfaction with job/career (work)
  - Satisfaction with relationships
  - Satisfaction with personal and professional growth
  - Satisfaction with oneself as a person

Burnout

- World Health Organization/ICD-11:
  - "Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed"
  - Three dimensions
    1. Feelings of energy depletion or exhaustion
    2. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
    3. Reduced professional efficacy
  - It is an occupational phenomenon and not a medical condition

Assessment: Maslach Burnout Inventory

1. Emotional exhaustion
2. Depersonalization
3. Reduced sense of personal accomplishment

TABLE 1
Subscales of the Maslach Burnout Inventory[a]

A. Emotional Exhaustion
- 1. I feel emotionally drained from my work.
- 2. I feel used up at the end of the workday.
- 3. I feel fatigued when I get up in the morning and have to face another day on the job.
- 6. Working with people all day is really a strain for me.
- 8. I feel burned out from my work.
- 13. I feel frustrated by my job.
- 14. I feel I'm working too hard on my job.
- 16. Working directly with people puts too much stress on me.
- 20. I feel like I'm at the end of my rope.

B. Depersonalization
- 5. I feel I treat some recipients as if they were impersonal "objects."
- 10. I've become more callous toward people since I took this job.
- 11. I worry that this job is hardening me emotionally.
- 15. I don't really care what happens to some recipients.
- 22. I feel recipients blame me for some of their problems.

C. Personal Accomplishment
- 4. I can easily understand how my recipients feel about things.
- 7. I deal very effectively with the problems of my recipients.
- 9. I feel I'm positively influencing other people's lives through my work.
- 12. I feel very energetic.
- 17. I can easily create a relaxed atmosphere with my recipients.
- 18. I feel exhilarated after working closely with my recipients.
- 19. I have accomplished many worthwhile things in this job.
- 21. In my work, I deal with emotional problems very calmly.

[a] Table from Maslach and Jackson (1979, pp. 22–23).
High degrees of burnout are reflected in high mean scores on A and B, and a low mean score on C.

Maslach C et al, Maslach Burnout Inventory Manual 1996

2-Question Equivalent

- 2-question score
  - “I feel burned out from my work”
  - “I have become more callous toward people since I took this job”

- Correlates well with full MBI tool

- Easier to use in research studies

Li-Sauerwine S et al, West J Emerg Med,2020

Single Question Burnout Scoring Scale

- Overall, based on your definition of burnout, how would you rate your level of burnout?
  1. I enjoy my work. I have no symptoms of burnout
  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 and emotional exhaustion
  4. The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
  5. I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
- Validated as a reliable substitute for full MBI

Dolan ED et al, J Gen Intern Med,2015

Prevalence of Burnout in Physicians

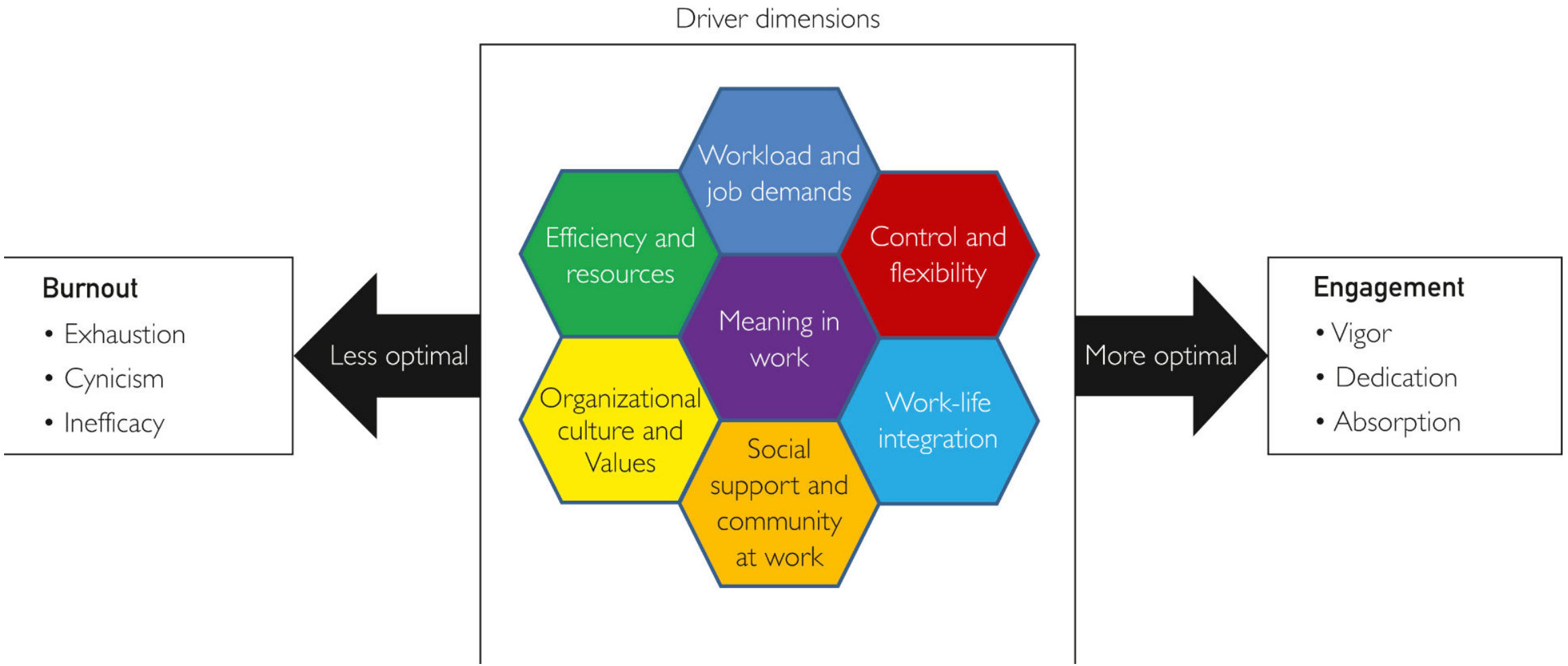
- One of the largest bodies of work: series of surveys of US physicians compared to sample of US working population

- Compared rates of burnout in 2020, 2017, 2011, and 2014

- Rates of burnout in physicians:
  - 38.2% in 2020, 43.9% (2017), 54.4% (2014) and 45.5% (2011)
  - Increased (MORE burnout) vs general population (OR 1.41, 95% CI 1.25-1.58, p<0.01)

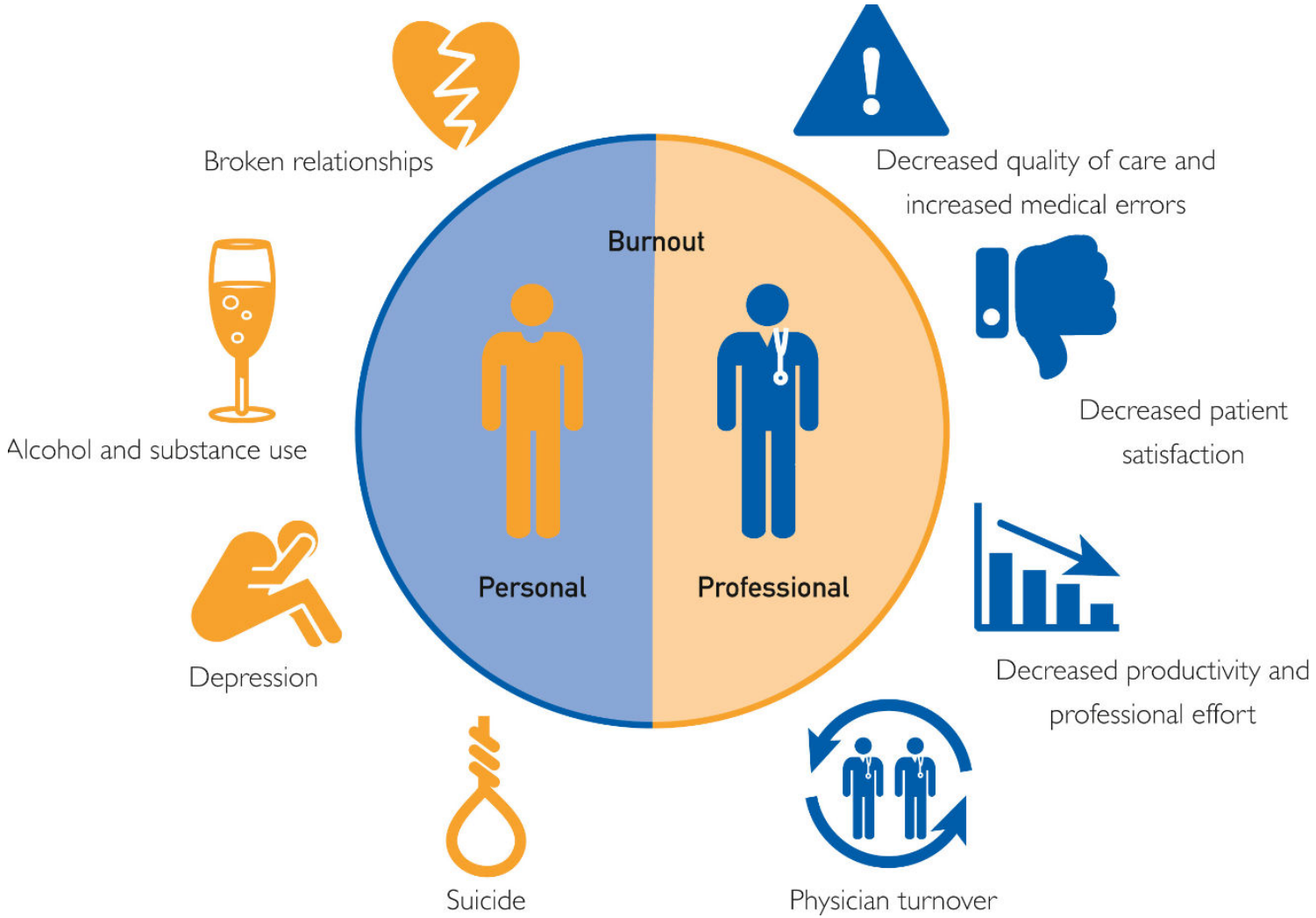
Shanafelt TD et al, Mayo Clin Proc 2019
Shanafelt TD et al, Mayo Clin Proc 2022

Drivers of Burnout



Shanafelt TD et al, Mayo Clin Proc, 2016

Consequences of Burnout



Shanafelt TD et al, Mayo Clin Proc, 2016

Work-Life Integration (WLI)

- How one integrates the work and the non-work components of their life
  - Not completely equivalent to “work-life balance”
  - “Balance” assumes competition between work and life
- WLI is one component of burnout
  - Poor WLI is a factor that can impact burnout as an outcome
- Factors influencing WLI are not all the same as those influencing burnout

Shanafelt TD et al, Mayo Clin Proc 2019

Work-Life Integration (WLI)

- Assessed via single question, “My work schedule leaves me enough time for my personal/family life”
  - 5-item scale from strongly agree to strongly disagree
  - Those reporting “strongly agree” or “agree” = satisfied with WLI

- Literature indicates <50% satisfaction with WLI among all physicians
  - Significantly lower than general US working population (~60%)
  - See further slides for some gender specifics!

Shanafelt TD et al, Mayo Clin Proc 2019

Gender Equity in Medicine:
Focus on Burnout and Work-Life Integration

Things that Challenge our Wellness as Women Physicians

- Bias (implicit and explicit)
- Slower Career Development (grants, mentorship/sponsorship)
- Fewer Leadership Opportunities (editorial boards, speaking)
- Lower Pay (gender gap ~$20-30,000/year)
- Unequal Domestic Labor (8+ more hours/week)
- Motherhood Stereotype Threat
- Sexual Harassment/Assault

Amrein et al, Gend Med2011; 8(6): 378-87
Jagsi et al, Ann Intern Med,2009; 151(11): 804-11
Oliveira et al, JAMA 2019; 321(9): 898-900
Waisbren et al, J Womens Health, 2008; 17(2): 207-14
Desai et al, Postgrad Med J, 2016; 92(1092): 571-75
Jagsi et al, Acad Med, 2013; 88(11): 1689-99
Marshall et al, Am J Med 2021; 134(2): 285-91
Dyrbye et al, J Gen Intern Med, 2014; 29(1): 155-61
Jolly et al, Ann Intern Med, 2014; 160(5): 344-53
Strong et al, J Gen Intern Med, 2013; 28(12): 1596-603
Yank et al, JAMA Intern Med, 2019; 179(4): 571-74
Yavorsky JE et al, J Marriage Fam 2015; 77(3): 662-79
Adesoye et al, JAMA Intern Med, 2017; 177(7): 1033-36
Jagsi et al, JAMA, 2016; 315(19): 2120-21
Linos E et al, J Womens Health (Larchmt), 2022; 31(7): 932-40
Mathews et al, Ochsner J, 2019; 19(4): 329-39
Vargas et al, J Womens Health (Larchmt), 2020; 29(1): 13-20

Burnout and Women in Medicine

TABLE 3. Multivariate Models Among Practicing Physicians in 2017[a]

Outcome	Predictor	OR (95% CI)	*P* value
Burned out[b]	Age ≥65 y (vs age <35 y)	0.435 (0.320-0.591)	<.001
	Female (vs male)	1.329 (1.156-1.528)	<.001
	Married (vs single)	0.719 (0.593-0.872)	<.001
	Hours worked per week (for each additional hour)	1.021 (1.017-1.026)	<.001

Table 1 *Gender differences in rates of high burnout symptoms amongst physicians in selected international studies (results reported as odds ratios with 95% confidence intervals for rates amongst women versus men)*

Study	Population	Rate of high emotional exhaustion	Rate of high depersonalization	Rate of overall burnout
McMurray *et al.*, 2000 [18]	US nonsurgical physicians	NR	NR	1.60 (95% CI NR, $P < 0.05$)
Toyry *et al.*, 2004 [110]	Physicians in Finland with children	1.74 (1.45–2.09)	0.63 (0.52–0.76)	NR
West *et al.*, 2011 [33]	US internal medicine residents	1.31 (1.20–1.42)	1.10 (1.00–1.21)	1.22 (1.12–1.33)
Shanafelt *et al.*, 2012 [105]	US surgeons	NR	NR	1.41 (1.17–1.71)
Wang *et al.*, 2014 [112]	Chinese physicians in Shanghai	NR	NR	1.09 (0.72–1.62)
Shanafelt *et al.*, 2015 [37]	US physicians	NR	NR	1.29 (1.14–1.46)

Shanafelt et al, Mayo Clin Proc, 2019; 94(9): 1681-94
West et al, J Intern Med, 2018; 283(6): 516-29

Poor Work-Life Integration (WLI)

- National study of practicing physicians: “My work schedule leaves me enough time for my personal/family life”

TABLE 3. Multivariate Models Among Practicing Physicians in 2017[a]

Satisfied with WLI[b]	Age 35-44 y (vs age <35 y)	0.630 (0.475-0.835)	.001
	Age 45-54 y (vs age <35 y)	0.648 (0.488-0.860)	.003
	Age 55-64 y (vs age <35 y)	0.643 (0.486-0.851)	.002
	Female (vs male)	0.512 (0.444-0.592)	<.001
	Hours worked per week (for each additional hour)	0.944 (0.939-0.948)	<.001

- Study of physicians comparing Private Practice (PP) and Academic Practice (AP)
  - Women and men in AP both less likely to report burnout than men in PP (no differences between women vs men in PP)
  - Women in both AP and PP less likely to be satisfied with WLI than men/women in PP (no differences between women vs men in PP)

Shanafelt et al, Mayo Clin Proc, 2019; 94(9): 1681-94
Marshall et al, Acad Med, 2020, 95(9): 1435-43.

Spousal Support and Burnout/WLI

- Cross-sectional multi-specialty survey study conducted in 2024
- Measured burnout (2 item), WLI, and spousal support (5 items)
- Studied associations between spousal support and gender with WLI and burnout
  - Adjusted for age, race, ethnicity, work hours, hours spent on household childcare duties

O'Sullivan CC, Jenkins S, Leep Hunderfund AN, Ruddy KJ, West CP, Marshall AL. *JAMA Netw Open*.

Spousal Support and Burnout/WLI

- 739 of 2103 physicians completed (response rate 35.1%)
- 89.4% currently married or partnered
- 91.7% of male and 92.6% of female partnered physicians reported frequent career support from spouse/partner

O'Sullivan CC, Jenkins S, Leep Hunderfund AN, Ruddy KJ, West CP, Marshall AL JAMA Netw Open, 2025

Spousal Support and Burnout/WLI

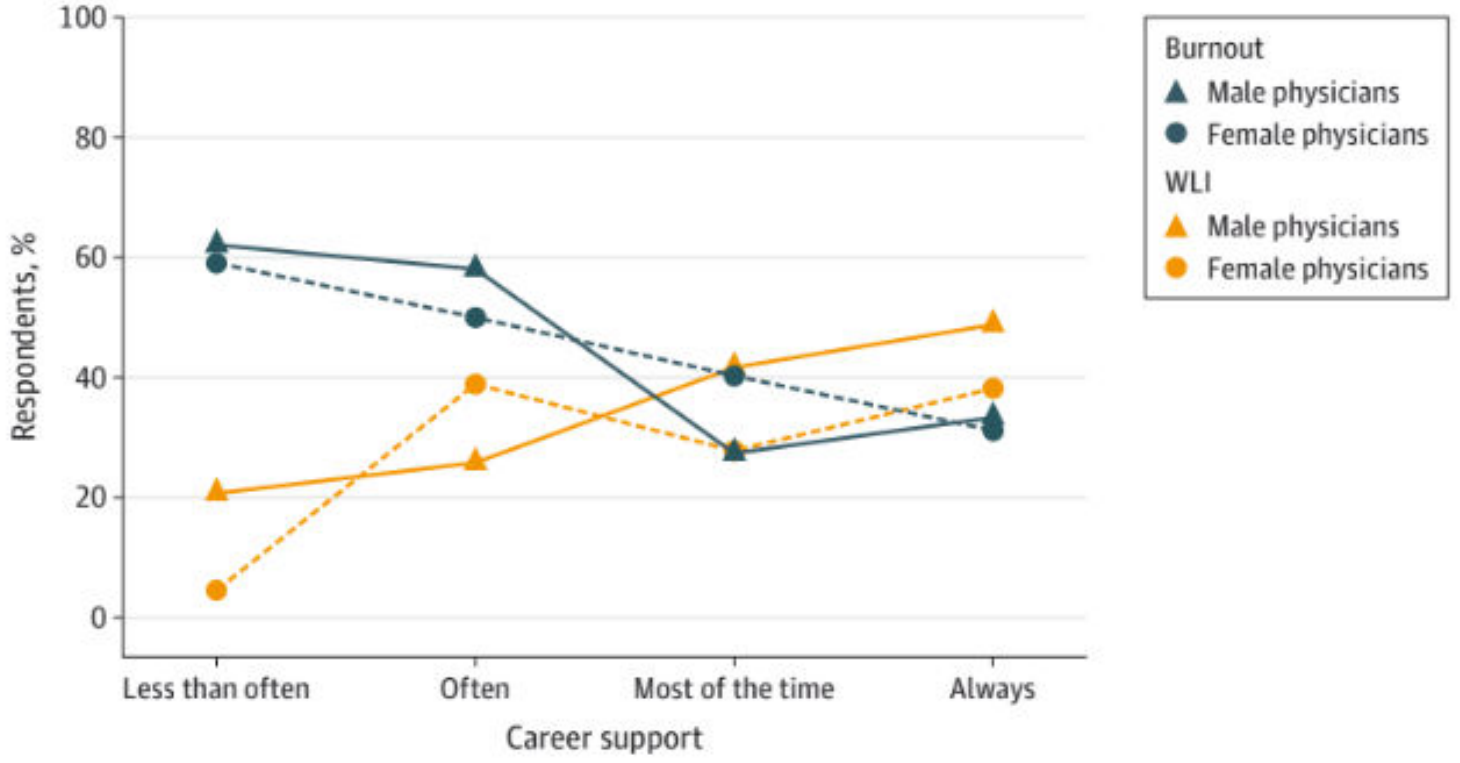
- Physicians reporting high levels of career support (from partner/spouse) had:
  - Higher odds of satisfaction with WLI (OR 1.49, 95% CI 1.21-1.85, $p<0.001$)
  - Lower odds of burnout (OR 0.72, 95% CI 0.60-0.86, $p<0.001$)

- Male physicians had higher odds of satisfaction with WLI than female physicians AFTER adjusting for spousal support (OR 2.00, 95% CI 1.35-2.98, $p<0.001$)

O'Sullivan CC, Jenkins S, Leep Hunderfund AN, Ruddy KJ, West CP, Marshall AL JAMA Netw Open, 2025

Spousal Support and Burnout/WLI

Figure. Work-Life Integration (WLI) and Burnout by Career Support and Gender



O'Sullivan CC, Jenkins S, Leep Hunderfund AN, Ruddy KJ, West CP, Marshall AL JAMA Netw Open, 2025

Job Attrition and Reduced Retention

- Gender parity for medical school matriculants
- Women physicians more likely to partially/fully exit work force

Table 2. Current Work Hours by Gender and Years Since Training

Years Since Completing Residency Training	No./Total No. (%)		Odds Ratio (95% CI)
	Male (n = 167)	Female (n = 177)	
Currently Working Full-time			
1	24/27 (88.9)	23/29 (79.3)	2.09 (0.47-9.35)
2	45/47 (95.7)	35/40 (87.5)	3.21 (0.59-17.57)
3	36/36 (100)	23/26 (88.5)	10.87 (4.20-28.15)
4	23/23 (100)	21/29 (72.4)	18.85 (7.40-46.66)
5	12/12 (100)	16/22 (72.7)	9.85 (3.85-25.18)
6	21/21 (100)	19/31 (61.3)	27.56 (11.04-68.60)
Currently Working Full-time but Considering Part-time			
1	5/24 (21.7)	14/22 (63.6)	6.65 (1.79-24.73)
2	10/44 (22.7)	22/35 (62.9)	5.75 (2.15-15.38)
3	7/34 (20.6)	14/23 (60.9)	6.00 (1.84-19.53)
4	4/22 (18.2)	15/20 (75.0)	13.50 (3.07-59.46)
5	3/12 (25.0)	9/16 (56.3)	3.86 (0.75-19.84)
6	4/20 (20.0)	13/19 (68.4)	8.67 (2.01-37.38)

Frank et al, JAMA Netw Open, 2019; 2(8): e198340

Part-Time Physician Work

- Positives
  - Associated in some studies with less burnout, higher job satisfaction and greater work control
- Negatives
  - Time to promotion can be longer
  - Disparities in financial compensation
  - Lower perceived opportunities for career growth

Mechaber HF et al, J Gen Intern Med 2008
Pollart SM et al, Acad Med 2015

UMN Faculty Survey

- Survey study sent to all physicians employed by UMMS
  - Both part time and full time for comparison purposes
- Sent to 874 faculty
  - 198 full-time and 41 part-time physicians completed
  - Response rate 27%
- Data collected
  - Demographics (gender, age, URiM status, relationship status, FTE, years of work, specialty, academic rank, promotion track)
  - Burnout, satisfaction with work-life integration, career satisfaction
  - Part-time only: how has working part time influenced above

UMN Faculty Survey

- Demographics
  - Female: 51.3% full time and 52.5% part time
  - Most married/partnered (>85%)
  - 77.8% full time and 90.2% part time have children
  - 42.9% full time and 53.7% part time assistant professors
  - 32.8% full time and 46.3% part time on clinical track
- No differences in individual job satisfaction elements between part time and full time faculty
- Part-time faculty more likely to be satisfied with WLI ($p = 0.02$)
- >80% of part time faculty report that transitioning to part time improved WLI

Interventions to Improve Wellness

Individual

- Early Education
- Career Development programs
- Mentorship
- Sponsorship

Systemic

- Institutional Initiatives
- National initiatives
- Zero tolerance policies
- Innovative approaches to work-life integration
- Rethink criteria for match, promotions, and career advancement

Support for Work-Life Integration (WLI)

- Flexible work schedules
  - Environment where part-time employees are NOT second class citizens
  - Allow for flexibility for those with pressing visa/legal needs
- Improved family and medical leave
  - Few top US medical schools offer 12 weeks of paid family leave
  - It's not just "maternal" leave – it's "parental" leave!
  - Leave to support other family members? (in home countries, etc)?
- Support for virtual/distance platforms
  - Virtual and hybrid formats if possible
  - Still maintain meeting schedules during work hours

Karakash et al, Clin Obstet Gynecol 2019
Riano et al, JAMA 2018; 319(6)

Support for Work-Life Integration (WLI)

- “Time-Banking” System
  - Used at Stanford University School of Medicine
  - Physicians accumulate credits for working additional shifts, committee participation, teaching, filling in for colleagues
  - Can apply credits toward offloading domestic tasks (meal delivery, house cleaning, dry cleaning) or career support (grant writing, manuscript editing, coaching, etc)

- Strategies to support re-entry after time off

West et al, J Intern Med 2018
Westring et al, Acad Med 2016

Rethink Promotion/Career Advancement

- View alternative schema as an opportunity for innovation

- Capture excellence in ways other than research productivity
  - Community involvement
  - Mentorship
  - Quality improvement

- Social media as a tool for advancement
  - Allows new format for education and communication about research
  - Networking → can lead to speaker invitations, mentorship/sponsorship

Cawcutt et al, J Womens Health 2019
Haggins, Acad Med, 2020
Shillcutt et al, N Engl J Med, 2018

Questions and Discussion