

# Work-life balance: Busting myths and telling truths

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## Insights

- Work-life balance is typically more difficult for surgeons to achieve compared to others.
- Work-life balance is often viewed from a dichotomous lens which associates personal life activities with greater enjoyment than professional life activities.
- Surgeons cannot expect to maintain the traditional approach to work-life balance given the many professional demands on their time.
- Instead of trying to allocate equal amounts of time to professional and personal life activities, surgeons should seek to allocate time for all aspects of life in their schedules.
- Depending on the phase of life, some aspects should receive more time than others – referred to as the counterbalancing of responsibilities.
- There is no set formula for work-life balance – instead, surgeons should strive to personalize strategies that work for them while attending to all aspects of life.
- Our tips for work-life **H.A.R.M.O.N.Y.** provide surgeons with some practical guidance to navigate their professional responsibilities while remaining present in their personal life.

“Too many people believe that to achieve great things we must make brutal sacrifices, that to succeed in work we must focus single-mindedly, at the expense of everything else in life. Even those who reject the idea of a zero-sum game fall prey to a kind of binary thinking revealed by the term we use to describe the ideal lifestyle: “work/life balance.” The idea that “work” competes with “life” ignores that “life” is actually the intersection and interaction of four major domains: work, home, community, and the private self.”

—— Friedman (2014) (1) ——

“Research shows that physicians work an average of 51.4 hours a week, with nearly 1 in 4 (23.5%) working 61–80 hours each week. After factoring in sleep, how easy is it to fit in this elusive “time outside of medicine?” Is work-life balance just hype?”

—— Aymes (2020) (2) ——

“Both male and female, junior and senior general surgeons described having made certain personal “sacrifices” to achieve their professional goals. Indeed, some senior general surgeons believed that achieving balance was not realistic as a general surgeon. For example, one seasoned participant stated, “There's no way there's a balance between work and nonwork as a general surgeon, there just isn't.” Sacrificing time spent with family, young children in particular, was viewed as a consequence of this imbalance.

—— Ahmed et al (2012) (3) ——

## Work-life balance: Is it even possible for surgeons?

Work-life balance is something many of us struggle with and some of us have mastered over the years. As we progress through life, our personal and professional life responsibilities typically increase – leaving us in the classic dilemma of how to fulfill these responsibilities while preserving our well-being. Being a clinician, and perhaps even more so, being a surgeon, situates an individual in an exceptionally difficult position – not only do they have many hours of service per week, but they are also often expected to serve during unconventional hours. The many competing demands on their time may force them to make decisions that are moral and make the most sense at the moment (e.g., choosing to perform an emergency surgery and missing a family event, yet again), but can significantly jeopardize the quality of their life in the long run. This is coupled with the challenge of viewing work and life from a dichotomous lens, which commonly implies that greater enjoyment is reaped from personal life activities compared to professional life activities. Beyond personal approaches to work-life balance that vary from one surgeon to the next, there are the ever-increasing system level challenges riddled with ineffective leadership, poor management of resources, budget cuts, and strict fiscal benchmarks – with one or more of these elements present in most settings. As a surgeon who is committed to doing the best for his/her patients and the profession as a whole while still maintaining a personal life that brings them much joy, trying to determine the perfect formula for work-life balance may seem overwhelming and perhaps impossible at times. However, surgeons are an integral component of our healthcare system and for them to take care of others, they must take care of themselves first. Dispelling the myths around work-life balance, as well as implementing individualized strategies that allow surgeons to succeed in their profession without compromising their personal life, can lead to a greater sense of fulfillment over time.

“Most millennial physicians are paying more importance to work-life balance after seeing the firsthand effect of burnout in their colleagues and among their family members. There is also a shift in the family dynamics of [the] millennial, as most families have both parents working and limited support from immediate family members. This has put additional pressure on their abilities to manage work-life balance.”

— Aymes (2020) (2) —

## Burnout: What do the stats say and why should we care?

Given the demanding nature of a clinician's job, it is not a surprise that many of them report feeling burned out. The World Health Organization recognizes physician burnout as a syndrome of chronic distress associated with their job (4). The three dimensions of this burnout are:

- Emotional exhaustion (which leads to irritability and downheartedness)
- Depersonalization (which replaces empathy with cynicism, negativity, and feeling emotionally numb)
- Decline in professional efficacy

Findings of a 2018 survey of physicians in America (n=8,774) show that 78% of them sometimes, often, or always feel burned out (5). Importantly, it is not just working physicians who are at risk of burnout – the risk of this experience is present all through medical education and training as well (see our OE Podcast “**Resident Burnout: Why are we still missing the mark?**”). Findings from a 2013 systematic review show that 45-71% of medical students feel burned out (6). Findings from a 2019 meta-analysis show that among medical and surgical residents, the prevalence of burnout was over 50% (6) (7). Specialties with the highest prevalence of burnout included radiology (77.16%, 95% CI: 5.99–99.45), neurology (71.93%, 95% CI: 65.78–77.39), and general surgery (58.39%, 95% CI: 45.72–70.04), whereas specialties with the lowest prevalence of burnout included psychiatry (42.05%, 95% CI: 33.09–51.58), oncology (38.36%, 95% CI: 32.69–44.37), and family medicine (35.97%, 95% CI: 13.89–66.18) (7). There is growing evidence that clinician burnout not only has a detrimental impact on their mental health, but also on the quality of care they provide and their patients' outcomes. Exhibit 1 summarizes the diverse consequences of physician burnout.

Exhibit 1: Impact of physician burnout (8, 9)

<b>Physician health</b>	<ul style="list-style-type: none"><li>● Exhaustion</li><li>● Fatigue</li><li>● Inattentiveness</li><li>● Irritability</li><li>● Increased risk for motor vehicle accidents</li><li>● Increased risk of stress, disruptive behavior, mood disorders, depression</li><li>● Increased risk of substance abuse, with increased alcohol abuse/dependence, particularly among surgeons</li><li>● Increased risk of suicide and suicidal ideation</li></ul>
<b>Patient care</b>	<ul style="list-style-type: none"><li>● Poorer interpersonal relationships</li><li>● Increased medical errors</li><li>● Increased risk of malpractice</li><li>● Reduced patient satisfaction</li><li>● Worse patient outcomes</li></ul>
<b>Health care cost</b>	<ul style="list-style-type: none"><li>● Departure from job which costs more money for healthcare system to recruit and train new physicians</li><li>● During this time, quality and amount of work completed is compromised</li></ul>



“Female plastic surgeons report significantly less favorably about the competing requirements of career and personal life.”

“We can only speculate why female compared with male plastic surgeons struggle more with a balance between work and personal responsibilities. This study, along with others, indicates that female surgeons assume more of the family responsibilities compared with their male colleagues. Female surgeons are more likely to report being their children's primary care provider. A striking finding is that three-fourths of the spouses of women plastic surgeons work full time whereas less than one-third of the spouses of male surgeons are employed full-time. This means that outside help for childcare is required in a far larger proportion of families in which the woman is a surgeon. The dual-career burden of work and home, and the perception that one cannot perform either as expertly as if both were not present, might negatively affect these surgeons' satisfaction with their ability to maintain balance in their lives.”

———— Rachel et al (2011) (10) ————

## Work-life balance is much harder for women

Women have been increasingly entering medicine – yet, many societal expectations regarding their domestic responsibilities still have not changed which place them at a significant disadvantage for achieving work-life balance (11). For example, findings from a 2018-2019 survey from the US show an increase in the number of female physicians, with 52% medical students and 46% residents being female (12). Nonetheless, female physicians continue to be vulnerable and more likely to uphold the traditional role of wife and mother and fulfill the majority of child-rearing responsibilities (10).

There is evidence indicating female medical trainees having to choose a specialty they felt would facilitate work-life balance such as general practice (13). Women who choose to pursue demanding specialties may have difficulty managing a personal life. For example, female plastic surgeons are more likely to be single or divorced, as well as more likely to delay child rearing and have fewer children compared to their male colleagues (10). While there is a lack of evidence on whether these gender differences occur as a result of personal preferences or the heightened barriers women face compared to men when developing their personal lives, the expectation to fulfill traditional gender responsibilities likely plays an important role. As highlighted during our OE Insights: World Tour session “**Women in Orthopaedics: 3 cultural perspectives**”, traditional family responsibilities make it challenging for women to maintain a busy career in orthopaedic surgery. In order for women to thrive in this specialty, Dr. Elena Samaila, an orthopaedic surgeon based in Italy, suggested that given the prevailing cultural stereotypes, there is need for greater infrastructure to help women take care of their career as well as their family. This can include having nurseries and daycare near work, as well as spaces where families can spend time together.

“The constant pursuit of work-life balance actually worsens rather than improves our quality of life by adding additional, often unrealistic, expectations to our already stressful lives. Uncountable websites and publications promote quick fixes for the “unbalanced” health care worker.”

“The root of the problem lies in the fundamental assumption that life is good and work is bad, which is the main reason why we need a work-life balance in the first place. This distinction also implies that life only occurs whenever we are not at work, demoting the importance of work in our lives and projecting unrealistic expectations onto our time-off-work.”

———— Schwingshackl (2014) (14) ————

“The idea of counterbalancing (different aspects of life) is that you never go so far that you cannot find your way back or stay so long that there is nothing waiting for you when you return.”

———— Gary Keller in his book The One Thing: The Surprisingly Simple Truth Behind Extraordinary Results ————

## Reconceptualizing work-life balance

Many of the earlier discussions on work-life balance focused on identifying the perfect formula for achieving balance between professional and personal life activities. The truth is there is no set formula that can achieve this balance as everyone's responsibilities and priorities are different, which also change as they progress through life. Furthermore, it is important to recognize that some professions are just not conducive to the traditional idea of work-life balance, which includes medicine. Clinicians, and more so surgeons, can never truly expect to have a generous amount of dispensable time available on a regular basis to spend with their loved ones or do their favourite activities. Furthermore, they also can not expect to spend the same amount of time on their professional and personal life activities. It is much more helpful for surgeons to take a realistic look

at all aspects of their life – including work, people in their personal life, and activities that bring meaning to their life (i.e., **the “20% list” – 20% of the things they do that bring 80% of their life satisfaction**) – and strive to allocate time to all these aspects. The concept of counterbalancing is useful here – different aspects of a surgeon's life should receive different amounts of time depending on the stage of life they are in (15). There are 168 hours in a week and the way these hours are spent can look different depending on whether surgeons are on their normal schedule, on vacation, or passing exceptionally busy periods such as grant application season. Exhibit 2 provides a sample breakdown of a work week for different scenarios – while recognizing this may need to be customized according to individual preferences. What is important to remember is not to completely abandon any aspect of life during any stage in life. For example, even though surgeons may not have a lot of time to spend with their family during grant application season, it is important to still reserve some time for their family and make up for the lost time at a different time. The **different aspects of life have been likened to rubber and glass balls**, where only work is the rubber ball – if you drop it, it will bounce back, whereas the other aspects of life will not. Keeping this in mind can help surgeons prioritize different activities in their professional and personal lives and spend time where it really matters.

**Exhibit 2:** Break down of a work week during different periods in life (15)

<p><b>Scenario 1: Normal schedule</b></p>	<ul style="list-style-type: none"> <li>● 60 hours for work</li> <li>● 70 hours for yourself</li> <li>● 38 hours for others</li> </ul>
<p><b>Scenario 2: Vacation</b></p>	<ul style="list-style-type: none"> <li>● 8 hours for work</li> <li>● 160 hours for yourself and others</li> </ul>
<p><b>Scenario 3: Hospital service/grant deadline</b></p>	<ul style="list-style-type: none"> <li>● 90 hours for work</li> <li>● 55 hours for yourself</li> <li>● 23 hours for others</li> </ul>

“A new and progressive term, work-life integration, may represent a more appropriate description for the modern-day surgical practice. The Hass School of Business at University of California Berkley describes work-life integration as creating synergy between all areas of life, including work, home, family, community, personal well-being, and health. This is particularly applicable to the trauma surgeon of today, in the era of electronic communication and social media, because many traditional work activities can be performed at home, and vice versa. Applying the results of our study, trauma surgeons can integrate factors that promote satisfying work-life balance (diet, exercise, hobbies, vacation) into their usual work routine and capitalize on the benefits of electronic communication to spend fewer hours at work and more hours prioritizing self, home, family, and community.”

————— Brown et al (2021) (8) —————

## Tips for work-life harmony

It is encouraging that many new terms and concepts have been introduced to help us re-envision work-life balance. With the advent of new technologies and a shift in thinking and priorities of today's surgeons, work-life balance can be operationalized in diverse ways. Moving away from a prescriptive notion of achieving work-life balance, we leave our OE community with some practical tips for achieving **H.A.R.M.O.N.Y.** between their professional and personal life activities, helping them gain a greater sense of fulfillment over time.

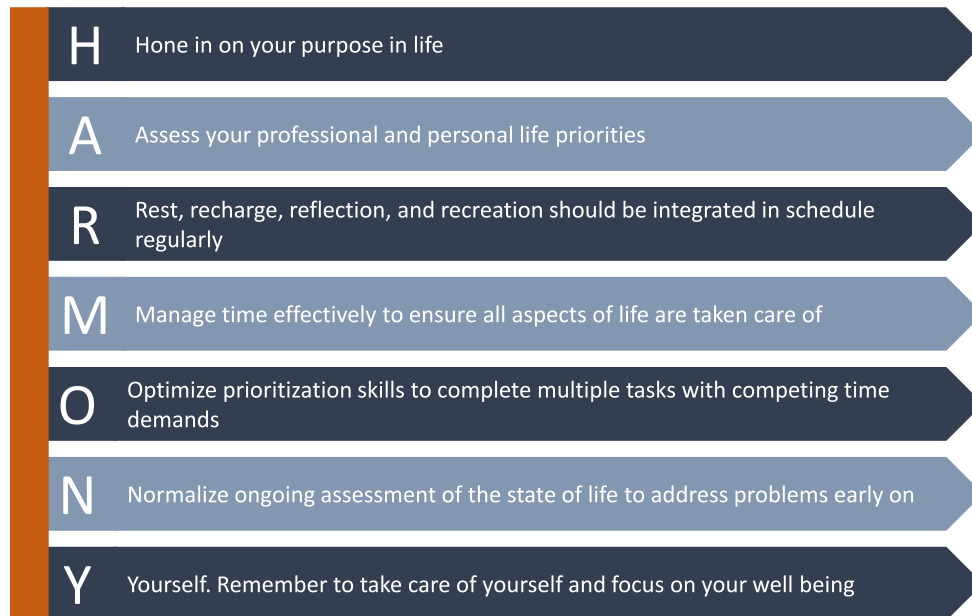


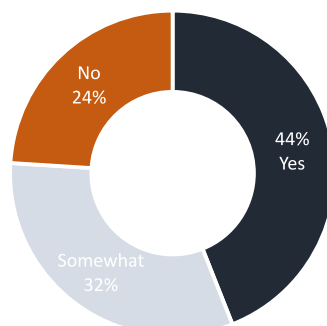
Exhibit 3: Tips for work-life harmony

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We asked our OE community regarding their work-life balance. Overall, 44% of the respondents indicated they have work-life balance on a regular basis, whereas 50% of the respondents indicated that COVID-19 impacted their work-life balance a lot.

### OE Community Response: Do you feel like you have work-life balance?



### How Has COVID-19 Impacted Your Work-Life Balance?

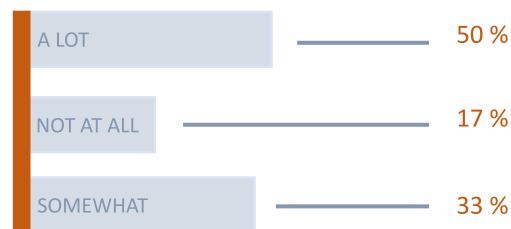


Exhibit 4: COVID-19 Impact on Work Life Balance. OrthoEvidence Random Sampling N41

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