

Alternative Careers in Medicine

Report to Participants

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Overview of the Study

Between May of 1997 and August of 1998, we interviewed 141 Boston-area reduced-hour physicians (116 women and 25 men) and their employed spouses in a study of the anticipated and unanticipated consequences of reduced-hours work on physicians, their spouses, and their employing organizations. Before the interview, participants received a mailed survey to complete. The interview and survey together comprised about 558 items covering various aspects of the reduced-hours work arrangement and a number of quality-of-life indicators. Our response rates compared favorably to those achieved in other studies of physicians.

Description of Participants

The majority of the physicians were white (90% White, 4% Hispanic, 3% Asian, and 1% Black; the remaining 2% checked "other"). On average, they were 42.1 years old and had been working their current reduced-hours schedules for about four years. On average, men worked 33.5 hours per week compared to 29.4 hours for women. Slightly over half of the physicians (54%) reported working their preferred number of hours; 38% reported working more and 8% reporting working fewer.

On average, respondents had been employed as physicians for 12.9 years. The majority (52%) had medical specialties, 37% were generalists, 8% were

surgeons, and 3% described their specialty as "other." With respect to employment setting, 18% worked in HMOs, 11% in practice partnerships, 11% in individual practices, 37% in hospitals, and 23% in "other" settings.

Couples had been married for 12.6 years on average. The majority (61%) of reduced-hour physicians were married to other physicians. Some 15% of the spouses were also working a reduced-hours schedule.

Most of the physicians (96%) had children. Of the parents, most (68%) had at least one school-aged child; 53% had at least one child under five years old. Only 12% of the physicians had at least one child over 18 years of age. (Percentages do not total 100% because some parents have children who fall into more than one of the three age categories.)

Selected Major Findings

Although number of work hours had some effects when it was combined with other variables, work hours by itself had only one effect: Those who worked longer hours took a smaller share of the household tasks as compared to their spouses. Specifically, they took a smaller share of a certain class of tasks characterized by low schedule control; i.e., tasks such as meal preparation that cannot be put off until a time that is convenient. Work hours had no effect on the division of high-schedule-control (i.e., discretionary) tasks. The lack of findings connecting work hours to outcomes underlines the limited utility of objective indicators as predictors.

We also pursued the linkages between three subjective indicators of reduced-hours work and quality-of-life outcomes: (1) fit; (2) difficulty of tradeoffs; and (3) rewards and concerns of working reduced hours. The scales we developed to measure these constructs have excellent psychometric properties and had strong relationships with many of the quality-of-life outcomes. Indeed, in every analysis, the subjective indicators were superior to number of hours worked in predicting study outcomes.

Fit

We estimated the relationship between number of hours worked and burnout, a syndrome including feelings of emotional exhaustion, lack of professional efficacy, and cynicism. We hypothesized that this relationship is mediated by a process called "fit,"

conceptualized as the extent to which both spouses' work arrangements meet family system needs. Results of structural equation modeling supported the mediation hypothesis. At any level of work hours, employees with poorer fit have higher levels of burnout at work. Thus, the relationship between hours worked and burnout depends upon the extent to which work schedules meet the needs of workers and their families.

We also performed additional analyses using the fit construct. Mainstream work-family research has overemphasized conflict between the domains of work and family. In contrast, the fit construct allows for a continuum from good to poor and therefore does not assume conflict. We compared the predictive power of fit and work-family conflict in predicting job-, marital-, and parent-role quality. Fit predicted role quality in all three domains, even after accounting for work-family conflict. In contrast, although work-family conflict was associated with outcomes when considered alone, it did not contribute independently to outcome prediction once fit had been included in the model.

Difficulty of Tradeoffs

When professionals reduce their work hours in order gain flexibility and increased time for non-work commitments, they often have to give up or drastically reduce the amount of time they spend on certain professional activities. For example, physicians may have to give up or reduce their commitment to research or teaching in order to work a reduced schedule. Such tradeoffs may be more stressful for some people than for others. We tested the hypothesis that difficulty of tradeoffs is a more powerful predictor of quality-of-life indicators (i.e., psychological distress, job-role quality, and intention to leave one's job within one year) than is number of hours worked *per se*. Results supported the hypothesis. Thus, the subjective meaning of reducing work hours must be taken into account in assessing the quality-of-life correlates of reduced-hours career options in the professions.

Rewards and Concerns of Working Reduced Hours

Building on prior research with full-time employees, we hypothesized that the quality of the experience of working reduced hours would better predict quality-of-life outcomes such as life satisfaction and positive affect than would work hours *per se*. The hypothesis was supported. On average, physicians experienced more rewards than concerns in their reduced-hours careers, and the more positive their subjective experience, the higher their life satisfaction and positive affect.

Medical Managers and Reduced-Hour Physicians

In addition to the survey portion of the study, exploratory open-ended interviews were conducted with 17 medical managers at 9 medical organizations in the Boston area. Interviews focused on managers' beliefs about the impact of reduced-hour physician career paths on organizational effectiveness.

Findings suggested that managers believe the benefits

far outweigh the disadvantages. However, 53% mentioned reasons which appear to be exploitative. In particular, managers believe that employing reduced-hour physicians results in increased managerial control and that these physicians should (1) work more than they are compensated for, (2) do a disproportionate share of the undesirable work, and (3) remain extra flexible and available to the organization.

On the other hand, 68% mentioned reasons contributing to their belief that reduced-hour physicians enhance the quality of patient care, such as (1) reduced schedules decrease stress and burnout, leading to better relationships with patients and increased physician retention, (2) patients must occasionally see a different physician who can serve as a "second set of eyes," (3) managing the complexities of reduced-hour scheduling forces the organization to fine tune administrative systems, especially those for communication.

Our Current Project

As a follow-up to the Alternative Careers in Medicine Study, we are currently conducting the Women Health-Care Professionals Study, funded by the National Institute of Occupational Safety and Health. In this study, we are narrowing our focus to married female physicians with younger children (i.e., under high-school age) at home, since the ACM study suggests that they are by far the most likely candidates for reduced-hours schedules. They will be evenly split between white physicians and African-American, Hispanic/Latina, Asian, and Native American physicians. We will also be interviewing a matched comparison sample of full-time physicians.

A second component of the study involves interviewing a similar sample of white and minority reduced-hours and full-time LPNs in order to discover how variables such as unionization, the existence of formal (as opposed to individually negotiated) part-time tracks, salary, occupational prestige, and other factors differentiating physicians and LPNs affect the relationship between work schedules and mental and physical health.

For Further Information

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ACM Publication List

Refereed Journal Articles

- Barnett, R. C., Brennan, R. T., Gareis, K. C. (1999). A closer look at the measurement of burnout. *Journal of Applied Biobehavioral Research*, 4(2), 65-78.
- Barnett, R. C. & Gareis, K. C. (2000). Reduced-hours employment: The relationship between difficulty of trade-offs and quality of life. *Work and Occupations*, 27(2), 168-187. [Paper nominated for the 2001 Rosabeth Moss Kanter Award for Excellence in Work-Family Research.]
- Barnett, R. C., & Gareis, K. C. (2000). Reduced-hours job-role quality and life satisfaction among married women physicians with children. *Psychology of Women Quarterly*, 24, 358-364.
- Barnett, R. C., Gareis, K. C., & Brennan, R. T. (1999). Fit as a mediator of the relationship between work hours and burnout. *Journal of Occupational Health Psychology*, 4(4), 307-317.
- Barnett, R. C., & Hall, D. T. (2001). How to use reduced hours to win the war for talent. *Organizational Dynamics*, 29(3), 192-210.
- Barnett, R. C., & Lundgren, L., (1998). Dual-earner couples and the decision to work less: A conceptual model. *Community, Work and Family*, 1, 273-295.
- Gareis, K. C., Barnett, R. C., & Brennan, R. T. (in press). Individual and crossover effects of work schedule fit: A within-couple analysis. *Journal of Marriage and Family*.
- Lundgren, L., & Barnett, R. C. (2000). Reduced-hour careers in medicine: A strategy for the professional community and the family. *Community, Work and Family*, 3(1), 65-79.

Technical Reports

- Barnett, R. C. (1999, April). *Reduced-hours careers in medicine: Good/bad for physicians and their spouses?* Final report submitted to the Alfred P. Sloan Foundation.
- Barnett, R. C., & Gareis, K. C. (1998, August). *A comparison of part- and full-time employed physicians: Selected job characteristics*. Technical report submitted to the Alfred P. Sloan Foundation.
- Barnett, R. C., & Gareis, K. C. (1998, August). *A comparison of part- and full-time employed physicians: Selected background characteristics*. Technical report submitted to the Massachusetts Medical Society.

Conference Presentations

- Barnett, R. C. (2002, June). *An expanded model of the job stress-illness relationship*. Invited paper presented at the First European Conference on Social Roles, Stress, and Health, Las Palmas, Canary Islands.
- Barnett, R. C. (2002, May). *How to make better use of reduced hours to retain knowledge workers: Personal, organizational, and societal strategies*. Invited paper presented at the annual meeting of the European Academy of Management, Stockholm, Sweden.
- Barnett, R. C. (2000, February). *Cutting back on work hours: Impacts on quality of life*. Paper presented at the annual meeting of the American Association for the Advancement of Science, Washington, DC.
- Barnett, R. C. (1999, October). *Reduced-hours careers in medicine: Good/bad for doctors and their employing organizations?* Brigham and Women's Hospital Grand Rounds, Boston, MA.
- Barnett, R. C., & Gareis, K. C. (1999, May). *Reduced-hours employment: Good or bad for quality of life?* Paper presented at the annual meeting of the Society for Industrial/Organizational Psychology, Atlanta, GA.
- Barnett, R. C., & Gareis, K. C. (1999, March). *What is food to one man is poison to another*. Poster presented at the APA/NIOSH Interdisciplinary Conference on Occupational Stress and Health, Baltimore, MD.
- Barnett, R. C., & Gareis, K. C. (1999, March). *Reduced-hours work: Good/bad for quality of life?* Brown Bag Lunch Series, Murray Research Center, Radcliffe Institute for Advanced Studies, Harvard University, Cambridge, MA.
- Barnett, R. C., Gareis, K. C., & Brennan, R. T. (1999, March). *Inside the black box: Fit mediates work-hours/burnout relationship*. Poster presented at the APA/NIOSH Interdisciplinary Conference on Occupational Stress and Health, Baltimore, MD.
- Barnett, R. C., Gareis, K. C. & Lundgren, L. (1998, November). *Part-time work and health outcomes: Objective conditions vs. subjective experience*. Paper presented at the annual meeting of the National Council on Family Relations, Milwaukee, WI.
- Gareis, K. C., & Barnett, R. C. (2002, August). *Under what conditions do reduced hours predict higher quality of life?* Paper presented at the annual meeting of the Academy of Management, Denver, CO.
- Gareis, K. C., Barnett, R. C., & Brennan, R. T. (2003, March). *Work schedule fit: Individual and crossover effects within married couples*. Paper presented at the 5th APA/NIOSH Interdisciplinary Conference on Occupational Stress and Health, Toronto, Canada.
- Gareis, K. C., Barnett, R. C. & Brennan, R. T. (1999, August). *Fit, work-family conflict, and quality-of-life outcomes*. Poster presented at the annual meeting of the American Psychological Association, Boston, MA.
- Hartwell, J. K., Barnett, R. C., & Borgatti, S. (2003, February/March). *Medical managers' beliefs about reduced-hour physicians*. Paper presented at the annual academic conference of the Business and Professional Women's Foundation, Orlando, FL.
- Hartwell, J. K., Barnett, R. C., & Borgatti, S. (1999, August). *When medical managers' needs encounter needs of reduced-hour physicians: Two organizational subcultures confront change*. Paper accepted for presentation at the annual meeting of the Academy of Management, Chicago, IL.
- Lundgren, L., & Barnett, R. C. (1997, July). *Dual-career families and reduced-hours career paths in the medical profession*. Paper presented at the biannual academic conference of the Business and Professional Women's Foundation, Louisville, KY.
- Lundgren, L. & Gareis, K. C. (1998, November). *Choosing a reduced-hours schedule: Factors influencing this decision in two-earner couples*. Paper presented at the biannual academic conference of the Business and Professional Women's Foundation, Boston, MA.
- Lundgren, L., Gareis, K. C., Fleisher-Coopeman, J. & Fitzgerald, T. (1998, November). *To work reduced hours or not: How do two-earner couples make this decision?* Poster presented at the annual meeting of the National Council on Family Relations, Milwaukee, WI.
- Lundgren, L., Gareis, K., Schneider, R., Fitzgerald, T., Fleisher-Cooperman, J., & Ellis, M. (1999, March). *Work setting and physicians' job experience: Impact of managed health care on physician job role quality*. Poster presented at the APA/NIOSH Interdisciplinary Conference on Occupational Stress and Health, Baltimore, MD.