Good work-home balance - the importance of non-medical cultural activities

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Data

• Research on work-home balance and stress/burnout, data from 2003 and 2005
  – Ellen Mellbye Langballe, Siw-Tone Innstrand, Erik Falkum, Olaf G Aasland

• Research on Norwegian doctors’ cultural activities, data from 1994 and 2012.
  – Magne Nylenna, Erik Falkum, Olaf G Aasland
# The Norwegian burnout study

## October 2003

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## October 2005

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October 2003 vs October 2005
Operationalisation of burnout I, response variables:

- Two dimensions from the Oldenburg Burnout Inventory (OLBI)
  - Exhaustion (OLBI-e, 8 items)
    - Feelings of emotional emptiness, overtaxing from work, strong need for rest and a state of physical exhaustion
      - e.g. ”After my work, I regularly feel worn out and weary”
  - Disengagement from work (OLBI-d, 8 items)
    - Distancing oneself from one’s work, negative attitudes and behaviour toward work in general, work contents and object
      - e.g. ”I cannot imagine another occupation for myself” (R)
Burnout-scores (OLBI), Norwegian sample, 2003

- Teachers: Emotional exhaustion 2.89, Detachment from work 2.3
- Bus drivers: Emotional exhaustion 2.75, Detachment from work 2.55
- Religious ministers: Emotional exhaustion 2.74, Detachment from work 1.98
- DOCTORS: Emotional exhaustion 2.74, Detachment from work 2.07
- Advertisement: Emotional exhaustion 2.73, Detachment from work 2.55
- Nurses: Emotional exhaustion 2.69, Detachment from work 2.31
- IT-consultants: Emotional exhaustion 2.63, Detachment from work 2.5
- Lawyers: Emotional exhaustion 2.57, Detachment from work 2.17

Legend: 
- Blue: Emotional exhaustion 
- Red: Detachment from work
Operationalisation of burnout II: Main effect variables:

• Individual factors
  – Job performance-based self-esteem (PBSE)
    • *How close is an individual’s identity related to work achievements?*
  – Job self-efficacy
    • *The confidence in the ability to perform well at work*

• Work-related factors
  – Workload
  – Work hours
  – Time pressure
  – Role conflict
  – Lack of autonomy

• **Work-home related factors**
  – Facilitation
  – Conflict
Conclusions:

The experience of burnout seems to be quite stable, at least over a two-year period, and even if some of the possible causes may change.

Workload and work-home conflict are important predictive factors that have to be taken into consideration when dealing with doctors’ burnout. Doctors work long hours and are therefore likely candidates for overcrowded schedules that may generate excessive workload and work-home pressure.

For both males and females, high acceptance of work place values seem to protect against burnout.
Probability of having a doctor partner

NMA Masterfile 1999 (N=20 046)

Year of graduation from medical school

Females

Males
Survey of Norwegian doctors' cultural activities

Magne Nylenø, Olaf G Aasland, Erik Faikum

Summary

Background During the past few decades the need for humanities in medical education has been increasingly emphasised. We sought to find out how doctors meet their cultural needs during their spare time, in comparison with other university graduates. We also aimed, in this Norwegian survey, to analyse differences between doctors according to various professional characteristics.

Methods 1041 Norwegian doctors (71% of those approached) reported their cultural activities through a postal survey. Their replies were compared with those of 224 university graduates who had taken part in a similar survey by Statistics Norway in 1991.

Findings The doctors spent less time than the other graduates on reading newspapers and watching television, though they were more musically active and 18% play at least one instrument regularly. No other differences were apparent. The more time doctors spent on medical reading, the more time they also devoted to non-medical reading. No systematic differences in cultural activity according to medical specialty were found, but women were more culturally active than men.

Interpretation The high work-load and demands of medical practice do not limit doctors' cultural life. Spare-time cultural activities among doctors seem to be determined more by personal than by professional characteristics.

Findings

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Interpretation

The high work-load and demands of medical practice do not limit doctors’ cultural life. Spare-time cultural activities among doctors seem to be determined more by personal than by professional characteristics.

Lancet 1996; 348: 1692-94
Cultural and musical activity among Norwegian doctors

BACKGROUND The cultural and musical activity of Norwegian doctors was studied in 1993. We wished to re-examine their cultural and musical activity, analyse the development and study the correlation with satisfaction, health and other leisure activities.

MATERIAL AND METHOD In the autumn of 2010, a survey was undertaken among a representative sample of economically active Norwegian doctors. The survey asked the same questions as in 1993, and the responses were also compared to the population studies conducted by Statistics Norway. We also used a cultural index that we have developed ourselves.

RESULTS Altogether 1 019 doctors (70%) responded to the survey. They reported a higher level of cultural activity in 2010 than in 1993, measured in terms of reading of non-medical literature and visits to the cinema, theatre and concerts. The doctors engaged in musical activity of their own especially frequently: 58% reported to be able to play an instrument, and 21% reported to play on a regular basis, which is more than among other academic professions. We found a significant correlation between the doctors’ level of cultural activity and their job satisfaction, general satisfaction, self-reported health and physical activity. The doctors who engage most frequently in cultural activities are thus most satisfied with their work and with life in general. Furthermore, they also have better self-reported health.

INTERPRETATION Norwegian doctors give priority to cultural and musical activities. The assertion that doctors are particularly fond of music is more than just a myth.

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MAIN MESSAGE

Norwegian doctors engage frequently in cultural activities in their leisure time, and the level of activity increased from 1993 to 2010.

Doctors engage in musical activity with particular frequency.

Frequent cultural activity correlates with high job satisfaction, good self-reported health and physical activity.
As in 1993, we measured the doctors’ cultural activity with the aid of an index which is based on self-reported reading of non-medical literature for more than 20 minutes over the past day, playing a musical instrument, playing in an orchestra or singing in a choir (1 point for each of the three activities). Similarly, points were scored for visits to the cinema, theatre, opera and concerts of classical or popular music (1 point for 1 – 4 visits and 2 points for five or more visits over the last 12 months). The maximum possible score on this index is 13 points.
The average cultural index score for women was 4.8 (95 % CI: 4.6 – 5.0) and 4.6 (95 % CI: 4.4 – 4.7) for men. The corresponding figures for 1993 were 4.5 (95 % CI: 4.2 – 4.7) for women and 4.1 (95 % CI: 3.9 – 4.2) for men (9). In other words, the cultural index scores have increased for both men and women doctors from 1993 to 2010, and for the men this increase is statistically significant.

We found significant positive correlations between the cultural index scores and job satisfaction ($\rho = 0.105$, $p = 0.002$, $n = 884$), general satisfaction ($\rho = 0.071$, $p = 0.033$, $n = 903$), self-reported health ($\rho = 0.084$, $p = 0.013$, $n = 881$) and exercise and other forms of physical activity ($\rho = 0.171$, $p < 0.001$, $n = 904$). Moreover, the cultural index scores were negatively correlated to job-related stress ($\rho = -0.102$, $p = 0.003$, $n = 866$).