

Poster 17: Emotional labor, job satisfaction, and burn out in surgical providers

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Topic

Other: Physician wellness

Objectives

Emotional labor (EL) is the management of emotions to influence professional work relationships and the mental activities associated with routine tasks. We aimed to explore EL and its association with burnout in surgical practitioners and compare responses by gender and level of training.

Methods

We administered the validated Dutch Questionnaire on Emotional Labor instrument to measure EL via 4 tenants (emotional consonance (EC), deep acting (DA), suppression (S), and surface acting (SA)), an abbreviated Maslach Burnout Inventory, and job satisfaction questions to surgical attendings, trainees, and advanced practice providers. Descriptive and comparative statistics were employed.

Results

The survey was distributed to 1,414 participants at 3 institutions with a response rate of 17% (n=243). Most respondents were female (66%, n=15), white (78%, n=190), and physicians (69%, n=168). Seven percent (n=18) were gynecologic oncologists, 46% (n=111) were attendings, and 23% (n=57) were trainees. There were no differences in mean EL domain scores between females and males (table). Females were more likely to report that work did not leave time for family compared to males (55% vs 40%, p=0.03), while males were more likely to report burn out (35% vs 17%, p=0.008). There were no differences between males and females in career choice regret (72% vs 81%, p=0.14) or callousness (39% vs 35%, p=0.10). Providers with burnout had higher mean EC compared to those who reported sometimes or no burnout (8.55 vs 7.43 vs 7.97, p< 0.001). Providers who reported sometimes feeling burned out had the highest EL domain means: DA (7.26, p=0.003), S (7.91, p< 0.001), and SA (13.09, p< 0.001). Attendings had higher mean EC scores (8.20 vs 7.72, p=0.05), but lower mean SA scores compared to trainees (10.28 vs 11.96, p=0.01). Compared to attendings, trainees reported less time for family (72% vs 52%, p=0.02), but had lower rates of burn out (12% vs 27%, p=0.03) and callousness (19% vs 46%, p=0.003).

Conclusions

Although EL scores were similar between male and female surgical providers male providers were more likely to report burn out. Further research is needed to explore the relationships between emotional labor and burn out in all providers regardless of gender or training level. Future directions include distribution to an exclusively gynecologic oncology cohort.

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Abstract Table or Graph

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