

EMPLOYED PRACTICE

Beyond Work-Life “Balance”

Sarina Schrager, MD, MS

Balance isn’t sustainable, but perhaps we can achieve dynamic equilibrium.

The desire for better work-life balance is a common concern among physicians and a key reason for choosing employed practice.¹ But the term work-life balance has always struck me as problematic.

In my experience, achieving a true balance between work and non-work activities is incredibly challenging and, when achieved, is fleeting. My moment of balance is quickly upended by a sick child, a partner’s vacation, a new project at work, a patient in labor, etc. True balance is unsustainable.

Additionally, the term work-life balance suggests that work equals bad and life equals good. This does not ring true for me because there are many aspects of my work that I love (and some aspects of my life that I don’t always love).

Because of this, I’ve started thinking about work and life as a dynamic equilibrium. A dynamic equilibrium is a steady state where inputs equal outputs even though they are continuously changing. There can be chemical reactions going on in the middle, but the outcome is no net change. Using this metaphor as a work-life model makes a lot of sense to me. For my outputs (e.g., work, hobbies, or relationships) to be at their highest potential, I need inputs (e.g., sleep, exercise, and time for myself) to maintain the system. There will be times when outputs increase, like when my partner is on vacation or I am working on a special project. But to reach my potential as a physician, teacher, mentor, mother, partner, and friend, I need continuous inputs as well. Inputs do not have to equal outputs every day or even every week, but they should match up over time. A mismatch over months can be problematic.

Here are some tips to maintain a dynamic equilibrium:

1. Evaluate your steady state at regular intervals.

This could be as simple as a Sunday night “check in” or a once-a-month appointment with yourself. Are your outputs consistently over-reaching your inputs? If so, that can lead to burnout and is not sustainable.

2. Pay attention to the inputs. Although our work involves taking care of others, doctors are notorious for

not taking care of themselves. Getting enough sleep and exercising can boost the amount of energy you have for your work and leisure activities.

3. Limit your outputs. Can you say “no” to a request for your time? Learning to say “no” is an important skill to have while trying to achieve equilibrium. Without it, you will overcommit.

4. Be deliberate when planning your time. If you have just spent a couple of weeks on the inpatient service or with increased clinical responsibilities (outputs), you may need to take some time off or schedule activities that bring you joy (inputs). Look at your schedule and make sure you have time set aside on a regular basis for non-work activities. Maybe you can end clinic early one day a week to pick up your kids after school or come home and cook a great meal. Maybe you can block off time for a lunchtime yoga class once a week. These inputs are small, but if consistent, they will help maintain your equilibrium.

5. Be patient and flexible with yourself. Equilibrium is individual and always changing. You may not feel that you are in a steady state each day or each week, but if you have planned well, you will reach your goal over a month or two. If you get out of equilibrium from time to time, don’t sweat it. Periods of imbalance can help you define what you need to maintain equipoise for the long term.

Equilibrium may look different for each of us. Some of us work more than others. Some have more family responsibilities. Some have time-consuming hobbies. All of these things can change as we progress through different stages of life. Our equilibrium may look very different today than it looked 10 years ago or than it will look 10 years in the future. The key is to find your steady state and manage your inputs and outputs accordingly. **FPM**

1. Kane L. Employed vs. self-employed: who is better off? Medscape. March 11, 2014. <http://www.medscape.com/features/slideshow/public/employed-doctors>. Accessed Jan. 28, 2016.

Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2016/0300/p7.html>.

About the Author

Dr. Schrager is a professor in the University of Wisconsin Department of Family Medicine and Community Health, Madison, Wisc.

Author disclosure: no relevant financial affiliations disclosed.