# Participant research summary

"Looked at the stars with my daughter":
A study of recovery and burnout in senior doctors with leadership responsibilities in New Zealand

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## Overview

My name is Sarah McGuinness, and I'm a master's researcher at Massey University, supervised by Dr Michelle Lee.

This research was conducted in partial fulfilment of the requirements for the degree of Master of Science (Psychology).

## Thank you

A very special thank you to everyone who took the time to participated in this research. Your contribution was invaluable and without you this research would not have been possible.

## Why this study is important

Burnout is a pervasive problem in healthcare, with serious implications for doctors, their colleagues, the systems they work within, and their personal lives[1].

While there is well-established research on the causes and consequences of burnout, less is known about recovery while doctors continue to work[2]. This study helps build a richer picture of this important area.

## What this study explored

This study explored how senior doctors with leadership responsibilities recover from work while experiencing burnout. It looked at two key areas:

**Part 1 - Work and system conditions:**
Burnout, support, work climate, professional support services, and intention to leave.

**Part 2 - Daily recovery:**
How work demands and non-work activities related to doctors' ability to mentally switch off from work, as a recovery process.

## Study design


**17,890** individual data points captured across 42 broad areas

## Who took part

**43** senior doctors working in New Zealand

**24** average years registered

**15** average years supervising junior doctors

**40** average contracted hours per week

51% urban | 44% regional | 5% rural

## About this summary

This summary highlights the key findings from the study. It does not include every analysis or variable, but focuses on the main patterns.

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# Key findings: What we found

## Part 1: Broad findings

**Burnout:** Burnout levels were strongly linked between the two time-points. The average burnout score at baseline was 57/100 and 55/100 at follow-up.

**Social support:** Support was important, but not enough on its own. Social support at home and work was not associated with burnout in this study.

**Professional support:** More than half of participants had accessed professional support in the previous three months. The most common supports were mentor or supervisor, GP, and psychologist.

**Barriers to access:** Time was the biggest barrier to accessing professional help, followed by wanting to handle things themselves and a lack of trust in workplace supports (such as Employee Assistance Programmes).

**Psychosocial safety:** Indicators of psychosocial work climate, including teamwork and safety climate, were not directly associated with burnout at either of the two time points. Safety climate was linked with support from managers.

**Turnover:** Turnover intentions were low, on average, and were not linked to burnout. Participants stayed for purpose, job security, family commitments, and collegiality.

## Part 2: Daily diary findings

Across diary days, participants worked an average of 10 hours per day, including on-call hours.

**What helped doctors mentally switch off from work?**

| Recovery activity | Same day | Next day |
|---|---|---|
| Digital leisure | ✓ | ✓ |
| Social activities | ✓ | ✓ |
| Physical activity | ✓ | ✓ |
| Reading | ✓ | ✗ |
| Cooking / food enjoyment | ✓ | ✗ |

**What made switching off harder?**

| Work factor | Same day | Next day |
|---|---|---|
| Longer work hours | ✓ | ✗ |
| On-call hours | ✗ | ✗ |
| Poorer work conditions | ✓ | ✓ |

## The big takeaway & recommendation

Overall, the study identified a functional recovery paradox: despite participants' proactive recovery efforts, strong non-work social support, and continued functioning at work and home, burnout scores were strongly related across the study period. Participants appeared able to regain sufficient resources to meet daily demands, but this did not correspond with reductions in burnout.

**What this means:** These findings suggest that addressing prevalent, ongoing burnout amongst senior doctors cannot be an individual effort. Real change likely requires system-level interventions that address the underlying pressures of modern healthcare.

# In participants' words

Participants' qualitative responses illustrated the reality of recovery while working under substantial and ongoing pressure. Quotes are shared anonymously. Some excerpts have been shortened or de-identified.

## Daily recovery experiences

"Laughed with colleagues, had dinner with my family."

"Mindful walking outside instead of lunch break, going for a run with my dog on the beach."

"Sat in hot tub with my daughter and looked at the stars."

"Being able to debrief socially with a colleague and good friend, put things in perspective and have a good laugh."

“Love spending time with my family but also feel so drained that I feel I don’t give them my best self.”

## What made recovery harder

"I sleep well when I am at home but at work it is disrupted (I stay in the hospital when I'm on-call). It takes days to recover from only getting 2-4hr sleep and I'm often irritable. No formal "recovery" days."

"Not feeling trusted/valued/respected at work; feeling a lack of hope in our future due to things I read being said by politicians and healthcare leaders - in the news and social media."

"I find working the weekends incredibly tiring and stressful, which I think has to do with being so busy and being older. All the competing demands in my life - family, housework etc."

## Why doctors stayed in the role

"I love my patients and my colleagues, and I still feel that I am making a difference."

"I have children at school and do not want to move them again."

"I have had multiple international opportunities that would have paid better and been intellectually more stimulating and probably less stressful work that I have turned down to stay in NZ with my family."

"My colleagues are fantastic - friendly, supportive, knowledgeable, pursue excellence, always trying to put the patient first. Work is a sociable place - I enjoy the social contact."

## The wider system

"Thinking constantly of the state of the department and the overwhelming pressure our ED is facing at the moment. Feeling the pressure of the poor morale, moral injury and being overwhelmed. Constantly feeling not doing enough and feeling terrible for staff and our patients who get poor care due to shortages in resources."

"Too many people with ridiculous expectations [at work] taken way too seriously. Fed up of bearing the brunt of an under resourced system."

"Finishing work in the early hours of the morning then being on call leads to a poor night’s sleep and recovery the next day is all but impossible. [The] business of work - lack of ability to take proper break during shift making later recovery also more difficult."

[1] Al-Ghunaim, T. A., Johnson, J., Biyani, C. S., Alshahrani, K. M., Dunning, A., & O'Connor, D. B. (2022). Surgeon burnout, impact on patient safety and professionalism: A systematic review and meta-analysis. *The American Journal of Surgery*, 224(1), 228-238. https://doi.org/10.1016/j.amjsurg.2021.12.027

[2] Abedini, N. C., Stack, S. W., Goodman, J. L., & Steinberg, K. P. (2018). “It's not just time off”: A framework for understanding factors promoting recovery from burnout among internal medicine residents. *Journal of Graduate Medical Education*, 10(1), 26-32.