

Full Time, Part time and Glide Time: flexible employment schedules for
anesthesiologists are preferred over traditional employment models.
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Finding balance in the workplace is important for all of us. This concept is perhaps best highlighted by the extremes in work conditions. Clearly, a part time employee working one day a week is likely to be disengaged whereas an employee working 80 to 100 hours a week will soon burn out. So what's the proper balance?

Recent trends in employment statistics show a global decline in work hours. Although not universal, this trend is present in many western societies. According to recent information, the majority of physicians work 40 to 60 hours per week and 25 % work between 60 and 80 hours per week. Anesthesiologists are among the highest paid physicians, and the average anesthesiologist works 51 hours per week. This is about the same as a general surgeon and more than the average family practice physician. In a survey of physicians at UNC, 13% were found to be part time employees. In the Department of Anesthesiology at UNC, 12 % are part time and this is evenly split between women in early child rearing stages and senior faculty in a preretirement condition. Is this healthy for the *department*?

No one knows the right balance of part time employees to full time employees. Many economists posit that workplace "happiness" is a myth. Some work shows that part time employees are not, in fact, "happier" nor more productive. Many argue just the opposite citing a need for full commitment and a passionate dedication toward the vocation in order to achieve great success. In our role as Chairperson, we must balance the need to satisfy an individual's need for a reduced work schedule with the corporate imperative of engagement, achievement and results oriented productivity.

There is a balance that we must find in our profession. Anesthesiology is threatened by outside agents vying for the commercial dollar associated with direct patient care. What separates physician anesthesiologists from other caregivers in the market is our responsibility to drive the research, education and systems healthcare management agenda. If we become complacent as a corporate unit and allow our specialty to be defined as one that is poorly engaged, part time in nature an attitude, we will certainly lose our place as a valued leader in leading this agenda.

We simply can't let that happen.

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