

# A Study of Burnout and Well-being among Male and Female Doctors of Himachal Pradesh, India

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## Abstract

Due to variety of reasons the place of work for modern medical doctors (i.e hospitals and other healthcare settings) often presents a lot of challenges and many of them can be very stressful. Such stressful environment can bring down the overall well-being of medical doctors which can impact the quality of service they provide. Present study had two objectives i) to investigate the gender differences in components burnout and well-being among a sample of medical doctors working in Himachal Pradesh, India and ii) to explore the association between components burnout and well-being in the sample. A random sample of a total 90 doctors (45 males and 45 females) from government and private hospitals participated in the study. Full time working MBBS and MD doctors were taken for the present study. After collecting the required data, t-test and correlation analysis were carried out. The results revealed significant gender differences in components of burnout, differences in well-being of male and female doctors and significant associations between components of burnout with well-being.

## Keywords

Burnout, Well-being, Gender, Medical Doctors

## 1. Introduction

Burnout as a concept was brought before the scientific community by Freudenberger (1974). He suggested that burnout indicates a state of complete absence of any sense of personal accomplishment and a state of fragility and heavy exhaustion. This state is brought about by too much demand on a person's energy, power and resources. Job burnout gained much significance in the 1970s and back then it was always discussed in the context of jobs related to human services. Such professions included health care, social work, psychotherapy, legal services and police work. With increasing 'modernization', stress also

increased and burnout gradually spread to other professions as well. Burnout has still not got recognition as a mental health disorder and a generally accepted diagnostic criterion of burnout does not exist (Heinemann & Heinemann, 2017).

Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment. Burnout among physicians can have damaging consequences at personal and professional levels. Emotional exhaustion leaves an individual unenthusiastic towards work. Such an individual also feels helpless and defeated. Emotionally exhausted people go through massive feelings of emotional strain as well as irritability and frustration. Depersonalization is building up of a cynical and impersonal attitude and development of an overall feeling of negativity towards recipients of one's service. A doctor experiencing depersonalization tends to see patients as objects. Reduced personal accomplishment indicates a tendency to see one's work (with clients, patients, etc) very negatively. For individuals going through reduced personal accomplishment, there is a lack of a sense of personal achievement and they withdraw from job responsibilities.

There are multiple reasons for burnout. Mostly, burnout originates from one's job. But one does not have to be a working professional or an employee who goes to an office (or any other place of work regularly), to experience burnout. Anybody who goes through feelings of being undervalued and overworked without adequate compensation is at risk of getting burned out. So both i) a hardworking office worker who has not had a time off or a vacation for a couple of years and ii) a mother who stays at home struggling with heavy responsibility of taking care of kids, housework and her aging parents, are at risk of burnout (Aftab & Khatoon, 2012).

Some factors which lead to burnout and which are rooted in one's work include i) no recognition and no reward or extra compensation for good work (Unterbrink et al., 2007), ii) unrealistic expectations at job and over commitment (Beasley, Thompson & Davidson, 2003; Pines & Aronson, 1988) and iii) the situation where employee's resources become unbalanced with the client's demands (Maslach, 1982).

Other factors that can lead to burnout can come from the kind of lifestyle one has. Some factors rooted in lifestyle of individuals include working too much without setting aside enough time for relaxing or vacation (Westman & Eden, 1997), not getting enough sleep (Söderström, Jeding, Ekstedt, Perski & Åkerstedt, 2012), etc.

## 2. Effects of burnout

Employee with show high burnout level are more likely to have multiple psychological and a range of physical health disorders and problems. The various psychological and physical health problems include anxiety, depression, sleep disorders, memory impairment, neck pain, etc (Peterson, Demerouti, Asberg & Nygren ,2008).

In a scientific investigation done on a national representative sample of more than 3000 Finnish workers, Ahola (2007) reported an increased prevalence of depression and anxiety disorders and alcohol dependence among burned out employees. Similarly, in their three-wave, seven year prospective study of 2000 dentists, Hakaken and Schaufeli (2012) found a positive relationship between burnout on one hand and depressive symptoms and dissatisfaction with life in general, on the other. Among studies where there was a focus on influence of burnout on physical health, Kim, Ji and Kao (2011) study was quite impressive. Kim, Ji and Kao (2011) showed that social workers who had high initial levels of burnout reported more complaints about their overall physical health over the course of their three-year study. The complaints were related to sleep disturbances, headaches, respiratory infections and gastrointestinal infections. Greater levels of burnout led to faster deterioration of health, the study very clearly indicated.

Burnout can also independently stand as a major risk factor for infections (eg common cold; Mohren et al.,2003) and type 2 diabetes (Melamed,Shirom,Toker & Shapira, 2006). Also burnout can lead to development of cardiovascular diseases (Ahola, 2007). In a ten year study it was revealed that even just for overall survival, burnout can be major risk factor (Ahola, Vaananen, Koskinen, Kouvonen & Shirom, 2010).

## 3. Psychological variables that influence burnout

Research has confirmed that there are some variables that influence burnout significantly. Personality is one such variable. Personality traits do play important role in development of burnout. One type of person who is more likely to experience burnout is the person with perfectionists' tendencies (Aghdasi, 2014). For an individual of this kind nothing is ever good enough for him/her and this leads to burnout. Several researchers (e.g. Deary et al., 1996; Mills & Huebner, 1998) have found that neuroticism is positively

related to burnout. Pessimism has also been found to be positively related to burnout because pessimists worry more about things going wrong, expect more bad things than good and tend to see the world as more threatening than optimist. Optimists are less likely to get burned out (Berengüí, de los Fayos, Montero, de la Vega Marcos & Gullón, 2013). Type A personality are also at high risk of burnout development (Jeung et al, 2017) because people who have this type of personality tend to have traits of impatience, a sense of urgency about time which is very intense and extreme competitiveness. In a study among Korean dental hygienists who were involved in customer service for one year or more in dental clinics, dental hospitals or general hospitals , Jeung et al. (2017) concluded that type A personality was significantly related to burnout.

Gender can also influence burnout development. Watts and Robetrson (2011) reported that female professionals are more likely to show higher levels of burnout than their male counterparts. According to these investigators, depletion of emotional resources is likely to happen much more with female professionals. Maslach, Schaufeli & Leiter (2001) has even argued that overall, burnout is more of a female experience.

#### 4. Physicians and burnout

Keel (1993) reported that healthcare workers, particularly physicians, are more likely to face high levels of distress at the healthcare settings where they work. Continuous worry and tension often becomes a part of their work and this can lead to exhaustion, psychological and or physical distress. Moreover, burnout syndrome can alleviate the chances of making medical errors and decreases job satisfaction, which causes early retirement (Maslach, Schaufeli & Leiter, 2001 ; Dyrbre et al; 2008, Shanafelt et al; 2012). Burnout begins to cultivate its seeds during the medical school days of an aspiring doctor, prevails throughout the stage of internship and residency and ultimately matures in the day to day lives of practicing physicians. According to Romani and Ashkar (2014), the rate of burnout seems to be much higher among practicing physicians. Multiple findings point out that stressed and burned out doctors are at greater risk of confronting mental disorders, substance abuse, suicide and impairment in general functioning to a very large extent.

#### 5. Well-Being

Well-being, according to Diener (1984), has three major components: Positive Affect (which refers to feelings that bring pleasure), Negative Affect (which refers to feelings that bring pain), and Life Satisfaction, which is composed of (1) an estimate of balance of positive and negative affect in one's life, and (2) assessment of how well one is doing in life when one looks at his/her life aspirations and goals. Among other things, Diener (1984) also stated that satisfaction with one's work life is also an important component of subjective well being (or SWB). Although there are many definitions of well being in various literature but there is a general agreement that well-being includes the presence of positive emotions and moods (example of which could be contentment with life, overall happiness, etc), the absence of negative emotions (such as depression and anxiety), and satisfaction with life, fulfillment and positive functioning (Frey & Stutzer, 2002).

Among studies that have explored gender differences in well being, contribution of Roothman, Kirsten and Wissing (2003) is noteworthy. Among other things, they found that men scored higher on physical self concept, constructive self thinking, total self concept, etc.

## 6. Burnout and Well-being

In majority of studies, associations have been found between poor wellbeing and moderate to high levels of burnout and it can have significant effect on physical and psychological well-being (Honkonen et al., 2006 ; Maslach, Schaufeli, & Leiter, 2001 & Shin, Noh, Jang & Lee, 2013). Several studies have reported that both burnout and well-being were independently associated with patient safety and this indicates the extreme importance of both variables on their own (Hall, Johnson, Watt, Tsipa & O'Connor, 2016). These studies point out that both employee's wellbeing and burnout may be important targets when designing interventions for safety of patients. Serving people and helping them recover from illness is no doubt a very fulfilling career in itself but the ever increasing patient load, timings of work that can only be described as irregular and work environment that is very stressful are some of the major reasons that contribute to burnout among medical doctors and reduce their sense of well-being. Investigating the links between burnout, quality of life and related factors, Enders et al. (2015) did a cross sectional survey of faculties in a large department of healthcare research. Of 54 respondents, 40% were categorized as burnt-out. No differences in reported burnout were observed across genders, age, and time with the institution, relationship status, or parental status. Those who were burned out were more likely to report i) poor quality of life, ii) a feeling that work



was done in crisis mode, iii) a sense that getting work done was more important than quality and iv) lower overall job satisfaction. Burnout was prevalent among healthcare research faculty and was associated with poor quality of life and a reduction in the perceived quality of work. In another study, Shanafelt et al. (2012) observed that physicians have a higher level of burnout than those with a Bachelor's, Master's or Doctoral degree. Physicians in the front line (primary care physicians) are at a higher risk for burnout than other specialties (Shanafelt et al., 2012). With burnout comes an increase of risk for the life of patient, the physician, physician's family, medical staff, the healthcare organization, and the broader community (Shanafelt et al., 2012). Those doctors who did not handle the pressure as well tended to slip into maladaptive practices such as denial, disengagement, substance abuse, and/or aggressive angry responses (Sotile & Sotile, 1996).

## 7. Hypotheses:

1. Female doctors will report significantly higher emotional exhaustion than male doctors.
2. Female doctors will report significantly higher depersonalization than male doctors.
3. Female doctors will report significantly more reduced personal accomplishment than male doctors.
4. Female doctors will report significantly lower well-being than male doctors.
5. There will be a differential pattern of relationship in terms of nature and magnitude between components of burnout and well-being.

## 8. Method

### 8.1 Sample

A random sample of a total of 90 doctors from government and private hospitals (with more or less similar working conditions) participated in the study. Out of the 90 participants, 45 were male and 45 were female. Data was collected in Himachal Pradesh from the districts of Shimla, Mandi and Kullu. Following criteria were kept in mind while selecting participants for the study:

1. Minimum qualification was taken as M.B.B.S
2. All participants (doctors) were working full time in their hospitals.

3. The age range of all the doctors was between 35-50 years. All the doctors belong to a middle class socio-economic background.

## 8.2 Tools Used

### **Maslach Burnout Inventory (Maslach & Jackson, 1981)**

The Maslach Burnout Inventory was developed by Maslach & Jackson in the year 1981. The inventory is by far one of the most widely accepted, valid and reliable measurement tool of stress and burnout. There are 22 items in it. The 22 items can be divided into three themes with nine items that relate to emotional exhaustion, five to depersonalization and eight to Personal accomplishment. The emotional exhaustion subscale measures feelings of being emotionally overextended and exhausted by one's work. Depersonalization subscale measures an unfeeling and impersonal response towards recipients of one's service, care, treatment or instruction. Personal Accomplishment subscale measures feelings of competence and successful achievement in one's work. According to the instructions of the inventory, each item is rated on a frequency and intensity scale. The frequency ranges from 0 (never) to 4 (very strong). Numerous studies have supported the validity of the burnout scales (Belcastro & Gold, 1983; Golembiewski & Munzenrider, 1981; Iwanicki & Schwab, 1981; Maslach and Jackson, 1981). The split half internal reliability co-efficients have been reported at .74 (Maslach & Jackson, 1981).

### **PGI General Well-Being Scale (Verma & Verma, 1989)**

PGI general Well-being is a 20-item scale assessing the general well being (GWB) of the subjects. According to authors of the scale, GWB is assessed by asking the respondents to respond to options within the scale that appropriately describe how a participant felt during the past 1 month. Items of the scale were tested through "thinking aloud method" for their suitability. Its difficulty value was judged by "underlining test" and was found to be quite low and highly satisfactory. The scale is well-accepted and takes very little time to administer. The test reliability is 0.9 (Moudgil, Verma, Kaur & Pal, 1986). Validity has been established by obtaining high correlation with other related tests of well-being (Verma, Mahajan & Verma, 1989). Thus, PGI General Well-being scale appears to be a reliable and valid tool to measure positive mental health of Indian subjects.

### 8.3 Procedure

The objective of the study was to identify the gender differences in burnout and well-being among doctors of Himachal Pradesh and to see the association of components of burnout with well-being. The study has been conducted on sample of 90 doctors (45 male doctors and 45 female doctors) from government and private hospitals. Maslach Burnout Inventory (Maslach & Jackson, 1981) was used to measure the level of burnout in terms of emotional exhaustion, depersonalization and personal accomplishment and scale of well-being by (Verma & Verma, 1989) was used. The cover sheet of the scales included the following information about the subjects (i) age (ii) sex (iii) qualification and field specialty. The standard instructions pertaining to each scale were followed by the subjects who responded to test items. Subjects were ensured that the information collected will be kept confidential and would be used for research purpose only. Finally, scores on all sub-variables of burnout scale for the two groups of males and female doctors were subjected to t-test to test the significance of difference between means of the two groups on these sub-variables. Correlation analysis was also carried out to see the associations between Burnout and Well-being.

## 9. Results and Discussion

### 9.1 Gender differences in burnout

It is quite evident from table 1 that on dimension of emotional exhaustion, female doctors have reported higher emotional exhaustion ( $M=12.60$ ) than male doctors ( $M=8.70$ ). With regard to depersonalization scores of burnout, female doctors were found to be significantly less depersonalized ( $M=4.40$ ) than male doctors ( $M=7.30$ ). On reduced personal accomplishment scores, table 1 shows that male and female doctors differed significantly with mean female score on the dimension being lower ( $M=6.30$ ) than that of male scores ( $M=10.08$ ). This highlights the fact that in this study female doctors experience lesser level of reduced personal accomplishment (Table 1).



**Table 1**

**Burnout and its components (Emotional exhaustion, Depersonalization and Reduced Personal accomplishment) and Well-being in Male and Female doctors**

<i>Burnout</i>	Males	Females	t values
<i>EMOTIONAL EXHAUSTION</i>	MEAN=8.7 SD=5.11	MEAN= 12.6 SD= 6.05	3.30**
DEPERSONALIZATION	MEAN= 7.3 SD=6.9	MEAN=4.4 SD =2.98	2.61*
REDUCED PERSONAL ACCOMPLISHMENT	MEAN=10.08 SD=6.10	MEAN=6.3 SD= 4.32	3.40**
WELL- BEING	MEAN=16.4 SD=3.6	MEAN=14.1 SD= 4.4	2.73**

\*P<.05 \*\*P<.01

In the present study, burnout was examined by looking at its three components- emotional exhaustion, depersonalization and reduced personal accomplishment. It is very clear from the Table 1 that a significant difference exists between male and female doctors in terms of emotional exhaustion (df=88, t=3.30, p<.01). The higher mean score of female doctors (M=12.60) than male doctors (M= 8.70) suggests that female doctors go through greater emotional exhaustion than their male counterparts.

Thus keeping in mind the above finding, the hypothesis 1 which stated that female doctors will show significantly higher emotional exhaustion than male doctors, is accepted.

The result indicates that emotional demands (of the work) drain out female doctor's capacity to be involved with and to be responsive to the needs of service recipients' more than male doctors. Various studies have suggested that females go through more emotional exhaustion than their male colleagues. In a study of gender differences in burnout, Pastore (1993) examined the perceived level of burnout in coaches of women's teams in 2-year colleges using the Maslach Burnout Inventory (MBI) to measure burnout levels. The findings

showed significant gender differences on the Emotional Exhaustion subscale with female coaches experiencing higher levels of emotional exhaustion.

Luk (2009), in his study on teachers in two schools of Macau, found that the teachers went through relatively average burnout. It was also found that compared to male teachers, female teachers scored higher on emotional exhaustion. Also, the study revealed that the female teachers scored lower on depersonalization than their male colleagues. Further, Johns & Ossoff (2005), in a study on physicians, found that female physicians suffered more burnout compared to male physicians.

An explanation for higher level of emotional exhaustion among female doctors could be work family conflict as still in the Indian society, largely, working ladies are expected to attend to both the areas of work and family equally- which, somewhere, may make them feel more tired and emotionally drained. Work-family conflict (WFC) has been defined as “a type of inter-role conflict in which the role pressures from work and family are not compatible in some respect” (Greenhaus & Beutell, 1985). In a study among Hungarian physicians, Adam, Gyorffy and Susanszky (2008) tested the hypothesis that compared to men, female physicians experience higher work-family conflict (WFC) and consequently, burnout. It was found that, female physicians scored significantly higher on the emotional exhaustion subscale of the Maslach Burnout Inventory as compared to male doctors. WFC emerged as a significant predictor of burnout (emotional exhaustion and depersonalization). With an aim to analyze the influence of gender and children on physician stress and burnout and to obtain information on the compromises physicians make between work and family, Töyry et al. (2004) did a survey on many Finnish physicians and the results showed that for women the biggest source of stress was work and family and for men it was only work (and no family). The female physician- with and without children- were more likely than male physicians to experience severe or moderate exhaustion and less likely than the male physicians to experience cynicism (a components of burnout).

Table 1 also shows that there is a significant difference between male and female doctors on the dimension of depersonalization as well ( $df=88$ ,  $t=2.61$ ,  $p<0.05$ ). The higher mean score of male doctors ( $M=7.30$ ) than female doctors ( $M=4.40$ ) indicates that male doctors experience more depersonalization than their female counterparts.

Thus the hypothesis 2 that female doctors will report significantly higher depersonalization than male doctors is not accepted in the present study.

In the present study male doctors have reported less burnout than females. This suggests that male doctors believe that their demands are more manageable when they consider recipients of their service or care (patients) merely as objects of work. So their attitude towards them naturally lacks empathy. In one more study, Maslach, Schaufeli and Leiter (2001) observed that there is a tendency among women to score higher on emotional exhaustion than men, whereas men tend to score higher on depersonalization than women. This is consistent with gender role theory (Grossman & Wood, 1993), which argues that women should be more likely to express feelings of emotional and physical fatigue (e.g., emotional exhaustion) because they learn to display their emotions, whereas men should be more likely to shut off and withdraw under stress (i.e., depersonalization) because they learn to conceal their emotions. However, both the general public and trained professionals alike tend to associate emotion-expressive behaviors with psychological distress, whereas emotion-suppressive behaviors tend to be associated with strength, masculinity and psychological adjustment (Landrine, 1988). This suggests that men's burnout at the workplace may go unrecognized. According to Drummond (2014), men deal with burnout using depersonalization and cynicism. Depersonalization serves as a way to cope. For male doctors in the grip of burnout, depersonalization becomes a coping mechanism aimed at dealing with overwhelming stress. So this is a dysfunctional response to the inherent stress of being a doctor and it succeeds in only providing a temporary relief. Depersonalization then acts as an ego defense mechanism to reduce stress (Huby et al, 2002).

It is also indicated in table 1 that there is a significant difference between male and female doctors on the dimension of personal accomplishment too ( $df=88$ ,  $t=3.40$ ,  $p<0.01$ ). The higher mean score of male doctors ( $M=10.08$ ) than female doctors ( $M=6.30$ ) indicates that male doctors experience greater reduced personal accomplishment than their female counterparts. Or it can be said that male doctors' sense of effectiveness is more likely to be eroded than female doctors.

The hypothesis 3 that female doctors will report significantly more reduced personal accomplishment than male doctors is not accepted in the present study.

The reason could be that males have generally higher job expectations than their female counterparts. For many countries, including India, this is again rooted in societal norms and social role expectations. If their duties and responsibilities are not well defined, if they are not getting favorable environment to do their job and no importance is given to their ideas and suggestions then this can impact their performance negatively and give them a feeling of reduced personal accomplishment. The females, on the other hand, have reported a higher level of a sense of personal accomplishment despite higher emotional exhaustion and the reason could stem from the possibility that they could be focusing more on their roles as homemakers and they derive additional satisfaction from this sphere of their lives (Veroff, Douvan & Kulka, 1981).

## 9.2 Well-being in male and female doctors

Table 1, also shows a significant difference was found between male and female doctors in terms of well-being ( $df=88, t= 2.73, p<.01$ ). The higher mean scores of male doctors ( $M=16.40$ ) than female doctors ( $M=14.10$ ) indicates that male doctors have higher Well-being than female doctors.

According to hypothesis 4, “female doctors will report significantly lower Well-being than male doctors”. This hypothesis is also accepted.

Studying gender differences in resilience, responsibility and Well-being among physicians, Monjezi and Naderi (2016), conducted a causal comparative study. The result showed a statistically significant difference in Subjective Well-being (SWB) between male and female physician. Subjective Well-being (SWB) was higher in male doctors than female.

**Table2**

**Relationship among the variables of Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Well-being among males**

<i>Variables</i>	Well-being
EMOTIONAL EXHAUSTION	-0.14
DEPERSONALIZATON	0.11
REDUCED PERSONAL ACCOMPLISHMENT	-0.02

\*\*p<.01, \*p<.05

It is evident from Table 2 that no significant correlation has been found between three variables of burnout and well-being in male doctors. However, it is worth noting that in spite of reporting higher reduced personal accomplishment and depersonalization, male doctors have reported higher level of well-being.

**Table 3**

**Relationship among the variables of Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Well-being among females**

Variables	Well-being
Emotional exhaustion	-0.48**
Depersonalization	0.25
Reduced Personal Accomplishment	0.32*

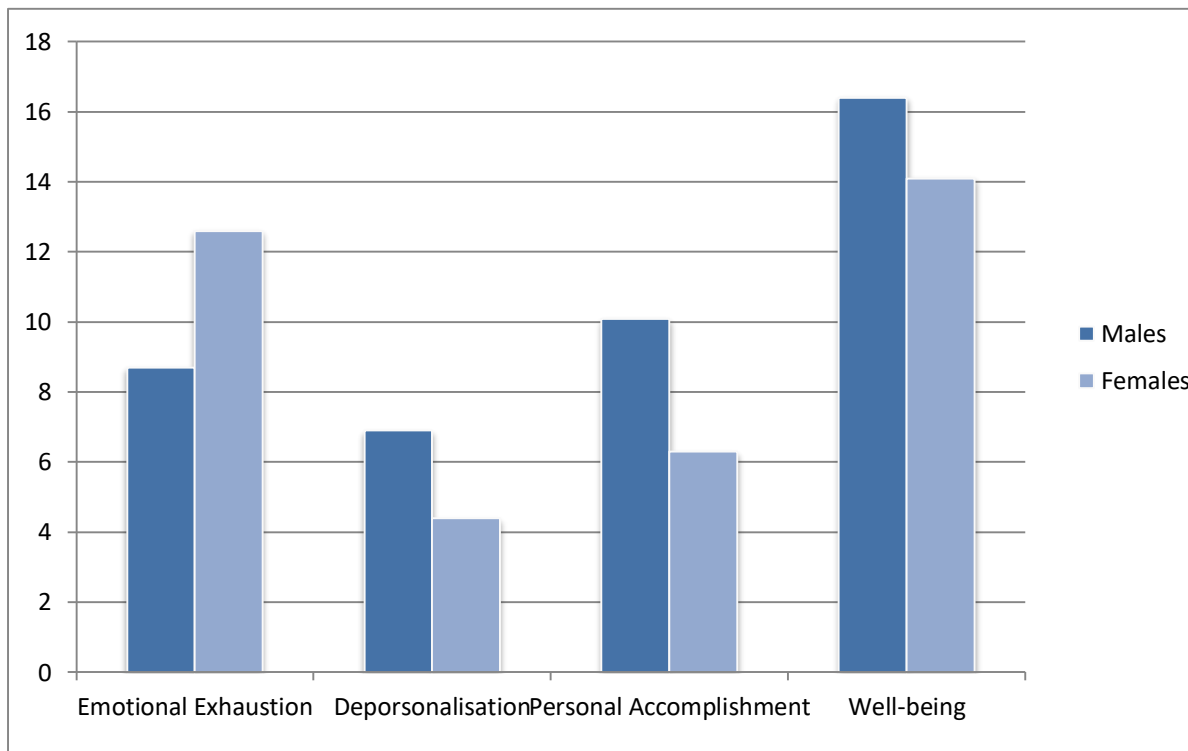


\* $p < .05$  \*\* $p < 0.01$

Table 3 suggests that for female doctors there is a significant negative relationship between Well-being and emotional exhaustion ( $r = -0.48$ ,  $p < 0.01$ ). It implies that higher the Well-being lower is the emotional exhaustion and vice versa. In other words, higher the feelings of general life satisfaction and satisfaction at work, lesser will be the feelings of being emotionally overextended at workplace or higher the feelings of being emotionally overextended at workplace, lesser will be the feelings of general life satisfaction.

Another interesting finding of the present study is that there is a significant positive relationship between reduced personal accomplishment and Well-being ( $r = 0.32$ ,  $p < .05$ ) for female doctors. This suggests that higher the feelings of reduced personal accomplishment among participants of this study, higher are the levels of well being among them. In other words, somehow, sense of reduced personal accomplishment is higher at the same time as the level of satisfaction at workplace and with life in general is higher. In this study, despite having an overall sense of reduced or diminished personal accomplishment, doctors continue to show signs of well-being. One way this can happen is when doctors take too much time off from their stressful job and use it for relaxation. Some employees might go for extended vacations. Some could take time out for meditation or other ways of relaxation. Because of factors that could lead to severe stress still present in the work environments, reduced productivity at job is still present. But the well being of some doctors is taken care of by their own ways of taking adequate steps towards wellbeing. They could be doing regular relaxation exercises, taking out extended time for vacation, etc. In a study, Nawjin (2011) worked with 3,650 Dutch citizens who reported their vacation every 3 months during 2 years and indicated their level of happiness at the end of each year. The result of the study was that participants who had been on frequent vacations appeared to be more happy than those who had not. The author suggested that the difference in happiness level of vacationers and non-vacationers is probably due to a causal effect of vacationing on hedonic level of affect. It was finally concluded in the study that time spent on holidays is positively reminisced and these memories allow for the prevalence of more overall positivity in people even when situation around them are stressful.

Hypothesis 5 stated that there will be a differential pattern of relationship in terms of nature and magnitude between components of burnout with well-being among the male and female doctors. Keeping in view the above findings, hypothesis 5 is by and large accepted.



**Figure 1.1: A complete profile of the variables of Burnout & its components (Emotional Exhaustion, Depersonalization & Personal Accomplishment) and well-being of Male and Female doctors**

## 10. Implication

All in all, it can be concluded that physicians and surgeons jobs are stressful and it can negatively influence physical, emotional and mental well-being of these professionals. People in healthcare services take care of other peoples' lives and mistakes or errors could be very costly. Sometimes these mistakes could also be irreversible. It is thus very essential that the medical doctors and the other staff members should be in a healthy state of mind and devoid of extreme worries and anxieties. In Himachal Pradesh there is shortage of doctors which often means too much workload on the available ones (Sharma, 2016; Madan, 2016). Also, dealing with human life and emotions puts this profession among the most stressful jobs everywhere including Himachal Pradesh. An occupation which can threaten its personnel's physical and mental health can also damage their social functions, as well as reducing their performance and productivity. Therefore, the prevalence of burnout among doctors is a matter of great concern. Hence administrative bodies of the hospitals and Government should take effective and desired measures to prevent burnout and enhance well-being among these health professionals to ensure better health care services to the public. This paper has attempted to address gender, burnout and well-being and came up with some findings that are worth keeping in mind while taking such measures.

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