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Causes and Remedies of Overwork Norms in Academia

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My thinking on the topic of overwork norms in academia has been informed by the concept of work identity. This is for two reasons. First, the more I read and conducted interviews with academics about the topic, the more I realized how central identity was to the phenomenon of work culture in the academy. For academic researchers, our work is core to our identities. For many of us, it is central to who we are. In this regard, work is for many a calling or a passion as much as an occupation or job. And what we know from prior research is that work calling is a double-edged sword (e.g., Bunderson & Thompson, 2009). On the one hand, a passion for one's work can enhance the meaning and fulfillment one receives from it. On the other, feelings of work passion often come with a good deal of sacrifice, typically in the form of overwork and an inability to "turn off" work to attend to other life demands.

Second, there is a rich literature on professional identity. A recent article in *The Academy of Management Annals* on occupations and professions (Anteby, Chan, & Dibenigno, 2016) is a nice overview of this literature. Here the authors develop a framework for understanding occupational and professional identity – how it is developed, how it is enacted, and how it influences our relationships with others. In this article the authors describe three distinct lenses that have been used to understand professional identity: (1) becoming; (2) doing; and (3) relating. The becoming lens focuses on the ways in which occupational members are socialized into the values, norms, and work expectations of their profession. The doing lens is concerned with the ways in which occupational members perform their work tasks, including which tasks are given priority over others. And the relating lens focuses on the ways in which occupational members build collaborative relationships with co-workers, clients, and others.

In each of these domains – becoming, doing, and relating – there appear to be distinct implications for work norms; expectations – both of the self and by others; and work/family balance. In the "becoming" stage of occupational identity, academics prepare for their professions through the grueling apprenticeship process called graduate school. Here students are socialized to work long hours puzzling through hazy problems with little immediate feedback on the quality of their solutions. The next step on the journey of becoming a scholar is the role of Assistant Professor, a 6 to 10 year process which bleeds into the "doing" phase. Here the nature of the work itself – long lead times, limited feedback, the

necessity of early success – is complicit in creating pressure to focus on one’s work, often at the expense of other aspects of one’s life. In the “relating” dimension of occupational identity, academics face demands from multiple constituencies, each knowing only a sliver of what an academic does with her time, and each assuming that their particular demands take priority. Students have little awareness of professors’ research activities; journal editors have little interaction with the students to whom one is responsible; research colleagues have little interest in the demands of other projects one is engaged in; and deans and department chairs have seemingly little awareness of the competing demands for faculty time.

A final aspect of occupational identity for academics is the scorecards that are used to benchmark success. Articles published, citation counts, grant money raised, and student evaluations of teaching performance are readily accessible, both to the individual faculty member and to colleagues, administrators and students. Thus, measures of success are both very public and continually salient, adding further pressure to continually perform. At the same time, opportunity for reflection is an ideal that attracted many of us to the profession and is a unique feature of academic life – consultants, doctors, lawyers and other professionals don’t expect reflection to be part of their jobs, but academics do. But because of the ever-salient scorecards, such reflection is increasingly harder to come by and the disconnect between the ideal and the reality can be a further source of stress and burnout.

These are some of the factors that contribute to the overwork culture in academia. A question before us is how this can be remedied. Here my interviews with junior faculty were illuminating.

Interestingly, the dozen or so faculty I spoke with reported that while some of the pressures they face are levied externally by deans, department chairs and senior colleagues, at least as many are self-imposed. And this makes the solutions far more complex. One thing we know from research across a range of academic disciplines is that norms that are internalized are considerably more difficult to change (Andrighetto, Villatoro, & Conte, 2010; Elaster, 1989; Etzioni, 2000; Durkheim, 1933; French & Raven, 1959). So is it possible for external stimuli to change these internalized norms?

Katherine Kellogg has done some work with surgical residents that I think is applicable here (Hutter, Kellogg, Ferguson, Abbott, & Warshaw, 2006). Fifteen years ago the Accreditation Council of Graduate Medical Education mandated that residents cut their work hours to no more than 80 per week. In one of their studies, the average number of hours residents spent at work decreased from 99.5 to 78.9 hours per week after the mandate. This resulted in significant increases in residents’ job satisfaction and quality of life outside of work,

as well as decreases in their reported feelings of burnout, without decrements in patient outcomes. Interestingly, however, residents did not perceive a significant change in their workloads, and attending physicians (who supervised the residents) reported lower quality of life both in and outside of work after the change. In a follow-up ethnographic study, Kellogg (2009) followed two hospitals as they attempted to decrease resident work hours to comply with the ACGME mandate. In one hospital, the change was successful, largely due to collective action and the development of a cultural and political “toolkit” (consisting of staffing, accountability and evaluation systems), while in the other hospital, collective action was inconsistent and the toolkit was under-developed (Kellogg, 2011).

How might such “toolkits” be developed for overworked academics? First, it is hard to overestimate the effect of the mandated limitations on the number of hours residents spent at work. While this may not be so feasible in an academic context, where “face time” is not a requirement, it is worth thinking about systemic solutions to change. Second, an important facet of successful change in the work hours of surgical residents in one hospital was the presence of an evaluation system whereby residents could review the performance of staff surgeons who supervised them. Thus, there was two-way feedback: Not only were the supervising surgeons evaluating residents’ progress, but the residents could also evaluate the performance of their supervisors in terms of the opportunities for development, realistic expectations, etc. One wonders if such two-way feedback might be developed in academic settings so that doctoral students and junior faculty could inform department chairs and senior faculty about what’s working (and not working) for them. Third, an important cultural aspect of change was support and accountability by senior administrators and supervising physicians. So instead of the “sink or swim” culture at many academic institutions, perhaps senior faculty and administrators could have some accountability in terms of the development of their junior colleagues. While we as senior faculty are often happy to take some credit for junior colleagues who do well, we are not held to account for our junior faculty who do not make the tenure bar.

To summarize, the overwork culture in academia appears to be due at least as much to internalized norms as to external demands. This means that change is not simply a matter of changing policy, but must also include attention to political and cultural dynamics. The research on changing work norms among medical residents is a useful model in that, like academics, surgeons also held internalized norms of what it meant to be a good surgeon, which had performance (“continuity of care”) and identity (“iron man”) justifications. But

change has occurred and I believe there are some lessons here to assist us in our discussions and deliberations.

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