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Clinical Workload and Teaching Commitment: Addressing Burnout Among Dual-Role Faculty

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Abstract: University-affiliated hospitals serve as the core platform for medical talent training, and dual-role faculty who hold dual identities as physicians and educators constitute the backbone of medical education. This group undertakes clinical practice, teaching and research simultaneously and is exposed to persistent multi-role pressures, with burnout becoming increasingly prominent. This paper analyzes the formation mechanism of burnout in dual-role faculty amid the trade-off between clinical workload and teaching commitment. Feasible intervention strategies are explored from three dimensions: institutional restructuring, departmental cultural reshaping, and individual role integration. By protecting dedicated teaching time, optimizing assessment and incentive systems, fostering a mutually beneficial teaching-and-learning culture, and promoting role integration, the study aims to alleviate burnout among dual-role faculty, stabilize the medical teaching workforce, and guarantee the quality of medical talent training.

Keyword: Dual-role faculty; Burnout; Clinical workload; Teaching commitment

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1. Introduction

University-affiliated hospitals are core bases for medical talent cultivation. Dual-role faculty with dual identities as physicians and teachers form the backbone of the teaching workforce. They are required to undertake heavy clinical services and teaching tasks concurrently and work under long-term high-intensity, multi-role conditions. Some clinical specialists develop resistance to teaching and deliver perfunctory teaching, indicating severe burnout risks among dual-role faculty in affiliated hospitals.

Burnout describes a psychological state of emotional exhaustion, depersonalization and reduced personal accomplishment induced by chronic work stress among human service professionals. Numerous empirical studies in recent years have confirmed that medical workers and university teachers are high-risk populations for burnout [1, 2]. A systematic review noted that the prevalence of physician burnout varied across departments, with emergency medicine, internal medicine and pediatrics at the highest risk [2]. Domestic research found the burnout prevalence among Chinese physicians reached 45.3% [3]. And university teachers also exhibited

significant burnout symptoms [4]. Dual-qualified medical teachers face triple obligations of clinical care, teaching and research and bear compound work stress. This paper dissects the mechanisms underlying burnout in this group and explores actionable interventions, so as to provide references for faculty development and quality assurance of medical education in university-affiliated hospitals.

2. Causes of burnout among dual-qualified medical teachers

2.1. Conservation of resources

Conservation of Resources Theory posits that individuals constantly strive to acquire and protect valued resources. Stress responses emerge when resources are threatened with loss or actually depleted. Burnout occurs when resource investment fails to yield expected returns [5]. Time and energy constitute the most essential and scarce resources for dual-qualified teachers. The heavy workload and persistent stress from clinical work continuously drain personal resources. When clinical practice preempts substantial resources, the resource input for teaching is squeezed. Given the long payoff cycle and low visibility of teaching outcomes, resource investment can hardly obtain anticipated feedback, which triggers stress responses to resource loss and serves as the underlying driver of burnout.

2.2. Role conflict

Role conflict serves as a critical factor translating resource depletion into psychological exhaustion. Dual-qualified medical teachers must fulfill the multiple role expectations of physicians, educators and researchers concurrently. Value criteria vary across different contexts: clinical practice prioritizes therapeutic outcomes for performance evaluation, while teaching targets student development, and the timelines for value feedback in the two domains are inconsistent. Tensions among these multiple role expectations further magnify the psychological burden stemming from resource strain and induce emotional exhaustion. Existing empirical studies have confirmed that role conflict exerts a significant effect on the relationship between clinical workload and teaching burnout [6,7].

2.3. Time pressure

Time pressure constitutes an important factor in the development of burnout among dual-qualified medical teachers. Affected by clinical affairs such as outpatient services, surgeries and ward rounds, teachers' time is continuously fragmented. In contrast, teaching tasks including lesson preparation, examination paper setting, and teaching reform require continuous and uninterrupted time blocks, resulting in a supply gap of time resources. According to Conservation of Resources Theory, persistent time shortage intensifies resource competition between clinical and teaching duties and amplifies multiple role conflicts. Insufficient time prevents teachers from fully engaging in teaching activities, making it difficult to guarantee teaching quality, reducing teaching-related accomplishment and contributing to emotional exhaustion.

2.4. Social support

Social support is a key influencing factor in the burnout model of dual-qualified medical teachers and can buffer the positive effect of clinical workload on role conflict. From the perspective of Conservation of Resources Theory, organizational support, as an external work resource, replenishes teachers' time and energy through measures such as optimized scheduling and allocation of teaching assistants, alleviating the squeeze of clinical duties on teaching resources. At the role management level, a refined assessment and promotion

system that accounts for both clinical practice and teaching can clarify role boundaries, balance the evaluation criteria for multiple roles and reduce role conflict. Meanwhile, organizational recognition of teaching achievements, teaching incentives and research project support can offset the disadvantage of the long feedback cycle of teaching and enhance teachers' sense of teaching accomplishment. Inadequate organizational support makes clinical workload more likely to intensify role tensions, accelerate the development of burnout and exacerbate potential risks for medical teaching faculty.

3. Intervention paths for burnout among dual-qualified medical teachers

3.1. Hospital level

Establish protected fixed teaching time by reserving continuous time blocks every week. Measures including limiting outpatient appointments and assigning supporting staff can guarantee time for lesson preparation and seminars, drawing on the teaching time protection scheme and teaching time-banking model from Stanford University [8]. Implement compensation for teaching performance points. Teaching workload shall be incorporated into performance appraisal with weighted coefficients, and teaching achievements shall serve as substantive indicators for professional title promotion. Improve the teaching honor system. Integrate departmental teaching performance into the annual assessment of department directors to institutionalize organizational support.

3.2. Departmental level

Break the implicit departmental culture that "clinical work is primary and teaching constitutes an additional burden". Hold regular teaching case-sharing sessions to explore the pedagogical value of clinical cases and foster consensus that teaching facilitates clinical practice. Establish a mentorship team mechanism for teaching, including collective lesson preparation and peer lesson evaluation. This transforms teaching from an individual duty into team collaboration, reduces teachers' psychological stress and enhances their teaching self-efficacy [9].

3.3. Individual level

Clinical teachers should attach importance to self-psychological adjustment. When noticing negative emotions, they need to take proactive intervention to resolve negative tendencies and build positive work motivation [9]. Teachers shall correctly understand burnout, face stress directly, analyze its sources and actively seek support. On the one hand, they should develop rational career expectations, evaluate themselves objectively, and cope with work challenges with a positive mindset. On the other hand, they need to set flexible and feasible work goals, strengthen time management and improve work efficiency. Meanwhile, maintaining good collegial relationships, keeping regular exercise and balanced nutrition, and communicating more with family members to obtain social support are also beneficial. Teaching can be used to feed clinical practice: teachers may refine clinical thinking and identify research topics through teaching, achieving synergistic gains across multiple roles. Short mindfulness practices during role transitions help them shift smoothly between high-pressure clinical work and teaching scenarios and reduce emotional exhaustion.

4. Conclusion

Burnout among dual-qualified teachers in affiliated hospitals is essentially a psychological crisis triggered by the imbalance in resource allocation between clinical service demands and medical talent training

requirements, resulting from the continuous trade-off between clinical workload and teaching investment. Reliance merely on individual self-regulation cannot fundamentally resolve this dilemma. Institutional restructuring should be adopted to guarantee the supply of teaching resources, reshaping departmental culture to transform value perceptions, complemented by role integration and psychological adjustment at the individual level. Balancing the trade-off between clinical workload and teaching input to mitigate burnout among dual-qualified teachers carries important practical implications for stabilizing the medical teaching workforce and ensuring the sustainable development of medical education.

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Reference

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