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IN BRIEF REPORT

The Burden of Leadership: a Survey of Burnout Experiences Among Psychiatry Program Directors

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Abstract

Objective The objectives of this study were to examine the prevalence of burnout, specify contributors to and protective factors against burnout, and gather suggestions to improve well-being in psychiatry Program Directors.

Methods A survey regarding burnout and wellness was distributed to psychiatric Program Directors through the email listserv of the American Association of Directors of Psychiatric Residency Training (AADPRT).

Results The survey response rate was 273 responses out of 880 members surveyed (31%). The majority of respondents were current residency or fellowship Program Directors or Associate Program Directors or had another current educational role (93%, 227/245). Almost half of current Program Directors or Associate Program Directors reported feeling burned out almost daily or once a week (44%, 93/210). These Program Directors reported a desire to resign (77%), experienced discrimination within the past 5 years (66%), and struggled with finding meaning in their job (44%). The most frequently endorsed contributors to burnout were increasing administrative burden and insufficient support.

Conclusions The survey findings confirm that burnout characteristics are common among respondents, associated with a desire to resign and a struggle to find meaning in the highly demanding position of Program Director or Associate Program Director. Advocacy for resources, decreased administrative overload, and increased protected time would enhance well-being in Program Directors. Most striking was the frequency of discrimination reported and its relationship to burnout. Departments may benefit from a careful review of policies, procedures, and training to decrease hostile workplaces for women, international medical graduate, and under-represented in medicine Program Directors.

Keywords Burnout · Meaning · Administrative burden · Discrimination

Burnout is a constellation of symptoms that includes emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment [1]. Burnout among physicians is a growing concern, with a prevalence rate near or exceeding 50%, reported in surveys of physicians in training [2, 3] and practice [4–6]. Professional burnout negatively impacts patient care and safety, and physician professionalism and self-care, threatening healthcare systems. Concerns about burnout led the Accreditation Council for Graduate Medical Education (ACGME) to require residency Program Directors to develop policies and procedures to encourage optimal resident and faculty well-being [7]. However, ACGME does not address the health and wellness of Program Directors other than ensuring access to education and screening materials as faculty members [7].

Despite growing research on physician burnout and well-being, there is limited data on burnout and its impact on Program Director well-being, attrition, and the training of future physicians. Ever-increasing ACGME requirements and

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other administrative burdens, coupled with a lack of adequate protected time, may be potential risk factors for burnout in Program Directors. In addition, discrimination at work has been associated with more frequent burnout, higher stress, and lower quality of life [8–10].

In a 2016 survey of Internal Medicine Program Directors, about 33% met criteria for burnout and these Program Directors were more likely to consider resigning [11]. Likewise, a survey of Anesthesiology Program Directors found that 52% were at high risk for burnout. Administrative duties regarding compliance predicted burnout [12]. A survey of Family Medicine Program Director respondents endorsed high emotional exhaustion (27.3%) or high depersonalization (15.8%), with significant correlation with lack of personal time, inadequate work-life balance, financial stress, and the inability to stop thinking about work [13].

We believe our study is the first effort to assess factors contributing to self-reported burnout and promoting well-being in Program Directors in psychiatry and psychiatric subspecialties. We hypothesized that psychiatry Program Directors would endorse considerable burnout, given regulatory demands, pressures of clinical productivity, and experiences of discrimination.

Methods

In 2019, AADPRT formed a burnout taskforce which created a survey regarding burnout and wellness for members who include past and present psychiatric Program Directors, Associate Program Directors, sub-specialty Program Directors, and those with other educational roles. The survey is available upon request from the corresponding author.

The study was reviewed and approved by the University of Virginia Institutional Review Board for Social and Behavioral Sciences. Study participants were recruited via email with a link to an anonymous Qualtrics survey including multiple-choice and open-ended questions to identify factors contributing to burnout in psychiatry training and inform future initiatives and resources offered by AADPRT. Consent to the study was obtained by marking "yes" to an initial consent question. Once confirmed, participants could access the survey. Questions could be skipped and participants could stop participation at will. Basic demographic and work experience data were collected. No identifying data was collected. Responses were recorded and data analyzed and exported via Qualtrics.

Using Maslach's definition of burnout [1], we asked the following in the survey "Professional burnout is characterized by a triad of emotional exhaustion, feelings of cynicism or depersonalization, and decreased sense of personal accomplishment. How often do you feel burned out at work?" Response options included "never or rarely, a few times a year, once a month, once a week, or almost every day." We defined Program Directors as having burnout when endorsing the option almost daily to once a week [14]. Self-reported burnout was coded as a binary variable: it was considered present if the respondent reported experiencing elements of burnout almost daily or once a week, and absent if the respondent reported experiencing burnout once a month or less.

Independent variables including job satisfaction, struggle with meaning, consideration of resigning role, and discrimination were analyzed according to burnout status of the Program Director. *T*-tests were used to determine if the correlation coefficient was significantly different from 0. Resulting data was arrived at by counting affirmative responses to the independent variable and whether or not burnout was present.

We asked responders to rank their top 5 contributors to and protectors against burnout from 24 options (derived from Taskforce Program Director members who served as a diverse focus group), in addition to an open comment option. We obtained counts of each factor and the position they were reported in among the top 5.

We asked 3 items about discrimination: (1) Considering the last 5 years, have you ever felt discriminated against in your job due to your: (select from sex, gender, race/ethnicity, religion/spiritual, sexual orientation, disability, age, pregnancy, or immigration status); (2) If you feel comfortable, please briefly describe your experience?; and (3) How often did/does your experience of discrimination impact your well-being? Discrimination was coded as a binary variable: it was considered present if the individual reported feeling discrimination in one or more categories.

Open response questions included the following: (1) (if considered resigning), What made you decide to remain in your Program Director role; (2) Describe your discrimination experiences; (3) What strategies would you like to see implemented or have seen successfully implemented to address Training Director burnout; and (4) How do you think ___ can best advocate for training directors' well-being. These were examined for recurring themes/word choices. Each open response question was reviewed by 2 authors to aid with recognition of recurrent concepts.

Results

We received a total of 273 responses out of 880 requests, resulting in a response rate of 31%. Out of all respondents who answered the consent question, 92% (250/273) consented to the study. We excluded 5 respondents who answered yes to the consent question but did not respond to a question about their current academic role. We excluded another 15 respondents who did not respond to demographic questions. Of the remaining 245 respondents, the majority were residency or fellowship Program Directors (63%, 155/245) or Associate

Program Directors (24%, 60/245). Only 15 past Program Directors responded to demographic and burnout questions. Given such limited data, we are reporting data regarding current Program Directors (210 total), which includes general adult and sub-specialty Program Directors, Associate Program Directors, and a small number of others in educational roles. Respondents were generally well distributed across geographic regions. Among general programs, 44% (76/173) were from medium-sized programs (21–40 residents), 30% (52/173) were from small programs (< 20 residents), and 26% (45/173) from large programs (> 40 residents).

Of the 210 current Program Directors, 88% attended US medical schools, 65% were female, 45% were 45 years or under, and 70% worked in university-based training programs. Over two-thirds (69%) were White, 14% Asian, 7% Hispanic or Latino, and 5% Black or African American. Approximately half (53%) had 26–50% of a full-time equivalent dedicated to their Program Director position. In addition to serving as a Program Director, 94% did clinical work, 54% held other administrative roles, and 48% held other educational roles. A majority of respondents were Program Directors for 5 years or less (59%, 124/209); only 11% (22/209) had been Program Directors for greater than 10 years.

Almost half (44%, 93/210) of current Program Director respondents experienced burnout, while 56% (117/210) were not burned out. Of those Program Directors not burned out, 99% (110/111) reported high satisfaction in their jobs. Surprisingly, 73% (55/75) of those reporting burnout also experienced high job satisfaction. Burned out Program Directors had a desire to resign their role (77%, 66/86), experienced discrimination within the past 5 years (66%, 61/93), and struggled with meaning in their job (44%, 41/93). In contrast, of those Program Directors who did not report being burned out, only 2% (2/116) struggled with finding meaning in their job, though almost half reported a desire to resign their role (45%, 50/112) and experienced discrimination over the past 5 years (45%, 53/117). All of these correlations were statistically significant.

Over three-quarters of burned out Program Directors (77%, 66/86) considered resigning their jobs. Whether burned out or not, Program Directors who considered resigning (59%, 116/198) reported 146 discrete comments regarding reasons for staying in the role of Program Director.

While a large number of current Program Directors experienced workplace discrimination (54%, 114/210), 66% (61/93) of burned-out Program Directors experienced discrimination. Because respondents could choose from multiple categories of discrimination, there were a total of 213 responses for various forms of discrimination, most commonly related to gender (64 responses), age (43 responses), and sex (42 responses). The most common themes were discounting contributions and experience and lack of accommodations or discrimination in salary/promotion. Of particular concern, several respondents reported incidents of frank sexual harassment. Furthermore, respondents noted that discrimination affected their sense of well-being. Among current Program Directors who answered the question about how often discrimination affected them, the most common response was that discrimination affected their well-being only a few times per year (46%, 51/111). (See Table 1 for narrative comments regarding discrimination.)

Program Directors were asked to identify the five most significant contributors to the risk of burnout and five most significant protective factors mitigating burnout. The most frequently reported contributor to burnout was "feeling bogged down by administrative tasks." The most frequently reported protective factor against burnout was "caring colleagues." (See Table 2.)

When asked what strategies Program Directors have seen or would like to see implemented to address burnout, educational value units, a structured method of quantifying and compensating educational effort, were a common response (51/148 responses). Commenters stated educational value units would help to better value education, support protected time, and encourage adequate salary support. Other common themes were increasing protected time for the Program Director role and/or decreasing administrative burdens. Slightly less common, but still frequent themes were increasing support staff requirements and opportunities for Program Directors to receive education about administrative requirements. Representative comments are shown in Table 1.

When asked for open comments regarding how AADPRT might best advocate for Program Directors' well-being, suggestions included advocating to departments, the American Association of Chairs of Departments of Psychiatry, and the ACGME regarding the importance of and time needed for the role, and less administrative burden in the form of required documentation.

Discussion

Our findings confirm that burnout is a common experience among psychiatry Program Directors and is associated with a desire to resign as well as a struggle to find meaning in this highly demanding position. A lack of resources, administrative burdens and regulatory requirements, and inadequate time allocated to the position contribute to a sense of futility at work. Despite these stresses, most respondents expressed that they find the work with residents and colleagues fulfilling. Advocacy for resources, a decrease in administrative burdens, and increased protected time would clearly enhance the well-being of Program Directors. The recent change to ACGME protected time guidelines will decrease time for some Program Directors with potential impact on burnout, trainees, and recruitment and retention.

Table 1 Representative narrative comments from open-ended questions regarding discrimination, reasons for remaining in the program director role, and strategies for addressing Program Director burnout

Open-ended question	Type of comment	Representative comments
Experience related to discrimination	Discounting of contributions/abilities	• "Perceived as young and inexperienced due to age and minority status" • "On more than one occasion, a male colleague has claimed my innovations as their own." • "I have been referred to several times as the "resident's mom" by our chair. I am often asked to do administrative tasks like setting up meetings and scheduling that is never asked of the fellowship directors (who are male)." • "I sometimes feel invisible as a female and see this happen to other women in my department." • "My prior PD would make comments such as 'you're such a young boy'." • "Previous department chair called me and another female faculty 'my love' when we disagreed with him."
	Discounting of perspective/experience/ideas	• "Presenting ideas in meetings with minimal and lackluster responses and then having a male colleague present the same idea (sometimes in the same meeting!) and it is received enthusiastically." • "Staff default to the male opinion during discussion regarding hiring selection. Staff asked me (the Medical Director) if we were going to wait to make a decision until the *male provider* could interview them since he was not present that day. This was not inquired about on days that he was present and I was not." • "Experience of me or my work not being taken seriously because of perceptions about my race and age, witnessing a faculty member use a racial slur and stereotype to another Asian American faculty member, constant underestimation of my expertise or scholarship due to my age and race" • "I have been told to take a long walk and 'calm down' by my senior male medical leader. I have also been told that he senses that I am 'tense.' I have reported him through HR and I see no change."
	Inaccurate projection of perspectives/ideas onto the individual	• "Religion: I have been told that I hold certain beliefs because of my religion, which I do not hold." • "Told I needed to learn how to 'assimilate' or I will have enemies in department."
	Pregnancy	• "Forced to make up call after maternity leave; jokes about me staying home, being pregnant" • "A couple male members of my department commented on the 'poor timing' of my pregnancy. They no longer work in our department not directly because of this but because they were not well aligned with our otherwise supportive institution." • "My institution tried to delay an agreed-upon pay raise until after my maternity leave despite my taking on the higher-pay-earning job duties prior to maternity leave."
	Lack of accommodations/salary	• "I found I was getting paid 50K less than a male colleague doing same work." • "I was overlooked for a leadership bonus that was given to my male residency director counterpart." • "My salary was about $40K less than my male colleagues." • "I discovered that my male colleagues who have published fewer papers, have fewer grants and were promoted to full professor long after I was were making $60,000 more per year than I was. This was rectified when I discovered it but it was quite discouraging."
	Lack of additional opportunities/promotion	• "Not invited to join research opportunities being conducted about education" • "I have had to push past obstacles and ignore microaggressions to get promoted" • "Mentorship and advancement opportunities seem to be given to younger faculty or to recruit outside faculty." • "Male faculty seem more likely to be promoted and better compensated in our department. Women end up in middle leadership positions that involve lots of administrative work."
	Sexual harassment	• "Senior faculty member sexually harassed me at a professional meeting" • "I experienced overt sexual harassment by the prior TD when I was an APD, who refused to meet with me at work and stated he would only meet with me over dinner after hours, which I refused to do. So we didn't meet and he gave most of my responsibilities to other (male) APD." • "Being told by a male peer (who had known me as a resident) – 'you look good, you haven't let yourself go like a lot of women'; being hit on by a colleague from another program who knew I was married"

Table 1 (continued)

Open-ended question	Type of comment	Representative comments
Reasons for remaining in the Program Director role		• "I feel I am contributing to the program and still have a chance to make improvements." • "Uncertain what else I would do" • "Strong desire to keep the program going for my residents, worry about what would happen to the training program if I resigned" • "Obligation to community." • "Loyalty to the department" • "Responsibility to the program" • "Need for stability during Covid." • "I find meaning in being able to foster residents' development as individuals and help support future generations of people who will contribute to the field" • "My job has a lot of flexibility, freedom - I'm not micromanaged" • "Protected time and job stability" • "Being involved in GME, the creativity and the ability/freedom to imagine something and materialize it" • "The pay… Health benefits and retirement at this job." • "The education of young doctors and their motivation to learn" • "Opportunities to engage in program development, quality improvement, leadership skills, and overall professional growth" • " Having some administrative component to job" • "Opportunities to teach, supervise, develop curricula to balance sheer clinical production." • "Support from colleagues." • "Discussions with faculty, residents" • "New Chair" • "I don't have a successor for the role" • "No one else to do it" • "I didn't want to leave the program during challenging times" • "COVID too chaotic to leave" • "Assuming that some of the challenges are temporary."
Strategies to address Program Director burnout		• "Protecting my time is probably the best thing that can be done to prevent burnout on my end. Also, since one of my biggest stressors is trying to maintain a full complement of fellows, attracting more trainees to CAP would be extraordinarily helpful." • "Reduce regulatory burden - frequency of milestones, WebADS, Institutional GME" • "EVUs; institutional support for more academic faculty and money for teaching/supervision; being able to spread out administrative tasks so they don't fall on the same people; EMR requirements; slowing/stopping the increase in requirements and regulations that are handed down related to practice and training" • "EVUs, protected time, greater compensation, no –call" • "I'd love the idea of EVUs and use of that in annual review / bonus considerations etc" • "EVUs, appropriate compensation and promotion based one ducational achievements." • "Yes, educational value units - leadership doesn't see how much more time it takes to mentor/supervise than to just see patients on one's own. Need time for teaching (separate from seeing a patient with a trainee)" "increase pay for the work (education pays far less than clinical, but can be more demanding); better defined role between APD and PD" • "Valuing education as we value clinical work would be excellent." • "Bias Training." • "Virtual trainings on EDI best practices, AADPRT position statements/resource guides on educational and other protected time and academic glass ceiling" • "Robust wellness programs for faculty that are more than window dressing" • "ACGME's support - the requirements are very clear on wellness of trainees and faculty but where is the support and concern for the PD's?" • "Increase FTE for support staff"

This table provides narrative examples of common discriminatory themes seen in survey responses, common responses for why Program Directors did not resign their role, and suggested strategies for addressing Program Director burnout

Table 2 Current Program Director report of contributors of and protectors against burnout

Contributors to burnout	# Program Directors reporting specific contributor	Protectors against burnout	# Program Directors reporting specific protector
Bogged down by administrative tasks	124	Caring colleagues	129
Increasing burden of regulatory environment (WebAds, Milestones etc.)	115	Supportive departmental leadership	92
Insufficient support staff	87	Connection and pride in current or past trainees	78
Lack of control over schedule and workload	65	Spending time with family	76
Juggling responsibilities for caretaking (i.e., children and elders)	65	Time for meaningful interaction with trainees	71
Lack of protected time for education, not valuing education	60	Capable support staff	59
Increasing pressures for RVU generation, not valuing education	54	Supportive trainees	58
Inadequate time to perform training roles	54	Flexible work schedule	54
Inadequate financial compensation	50	Greater control over works life, schedule, assignments	49
Professional values not aligned with departmental and/or clinical leadership	45	Joy of mastery in conveying educational material	40
Others (please elaborate)	40	Meaningful advocacy for trainees and/or patients	39
Work not valued by trainees or colleagues	38	Supportive families	38
Lack sufficient time for documentation of clinical encounters	33	Time for meaningful interaction with patients	34
Lack of authority	32	Diversity and novelty of training director responsibilities	33
Inadequate time to perform non-training roles	32	Supportive GME leadership	31
Struggles with EMR	26	Balanced work hours	29
Academic glass ceiling (i.e., inability to progress in academic career)	24	Adequate financial compensation	28
Work not appreciated by Chairperson	24	Supportive mentors	28
Lack of mentors	22	National professional collaborations (e.g., AADPRT list serv)	23
Bias, harassment and discrimination	17	No on-call obligations on weekends	22
Unable to spend adequate time with patients	13	Setting boundaries in work role	16
Lack of role definition as training director/associate training director	12	Individual psychotherapy for own well-being	13
Limited opportunities to deliver psychotherapy	10	Others (please elaborate)	6
Lack of understanding mentors	7	Ways that improve EMR proficiency	2
Worries about maintaining visa status or permanent residency for continued employment	1	Receiving student debt relief	2

Each Program Director was asked to identify their top 5 contributors of and protectors against burnout based on a list of 24 items as well as an "other" category for free text. The table demonstrates the number of Program Directors that recorded each potential item in descending order

A striking finding in our results was the frequency of discrimination and its relationship to burnout. Despite the low overall response rate, this finding was alarmingly prevalent. If we consider the entire AADPRT membership (880 at time of survey), we know that at least 14% have experienced discrimination based on current and past Program Director respondents. These findings sound a cautionary alarm regarding future discrimination as Program Directors become more diverse. Numerous authors have noted that medical students, residents, and faculty of all backgrounds regularly experience the destructive effects of structural racism [15]. Symptoms of burnout have been associated with greater explicit and implicit racial biases — with major implications for the educational system [16]. These findings are likely to generalize to Program Directors who encounter such events. Although some of the workload and stress of the Program Director position may be unavoidable, discriminatory behavior is not. Additionally, the example of poor professionalism for trainees who witness discriminatory behavior is unacceptable. Departments may benefit from a careful review of policies,

procedures, and training to decrease hostile workplaces for women, international medical graduate, and underrepresented in medicine Program Directors.

Study limitations include a low response rate (31%) which may have biased results and limited their generalizability. Furthermore, it is difficult to determine whether those respondents who are more affected by burnout chose to complete the survey or if those Program Directors with greater burnout opted out. The most significant limitation is our failure to use a validated burnout item to assess burnout. West et al. [14] demonstrated that just 2 items (emotional exhaustion and depersonalization) were sufficient to screen for burnout in medical professionals. Nevertheless, given that we combined all 3 parts of the burnout definition into a single item, we might have underestimated the true extent of burnout as respondents may not have endorsed this item without experiencing all three components, or we may have misrepresented true burnout as Program Directors may have affirmatively responded while only experiencing one or two of the 3 components. Finally, the random ordering of the 24-option list of contributors and protectors of burnout in the survey may have contributed to bias as respondents may have focused on the first few items of such a long list at the exclusion of items lower down, possibly as a result of survey fatigue. Despite these limitations, our study results demonstrate the need for more research about Program Director burnout in order to support and retain talented individuals in the role.

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Declarations

Ethics Approval This study was approved by the University of Virginia Institutional Review Board for Social and Behavioral Sciences

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