

## EDUCATION

# Changes in the burnout profile of chairs of academic departments of obstetrics and gynecology over the past 15 years



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**BACKGROUND:** While many studies have documented the high prevalence of burnout in practicing physicians and medical trainees, fewer reports describe burnout in academic leaders. In 2002, we observed a moderate-high to high level of burnout in 41.4% of chairs of academic departments of obstetrics and gynecology.

**OBJECTIVE:** The purpose of this study was to identify trends in burnout and associated factors in today's obstetrics and gynecology chairs as they face complex changes to the current health care environment.

**STUDY DESIGN:** This was a cross-sectional study. A survey was developed based on the questionnaire used in our first investigation and sent electronically to all members of the Council of University Chairs of Obstetrics and Gynecology. Burnout was measured using an abbreviated Maslach Burnout Inventory-Human Sciences Survey. In addition to demographic data, we assessed perceived stressors, job satisfaction, spousal/partner support, self-efficacy, depression, suicidal ideation, and stress management.

**RESULTS:** The response rate was 60% (84/139). Almost 30% of chairs were women, increased from 7.6% in 2002. Hospital and department budget deficits and loss of key faculty remain major stressors noted by participants. The Maslach Burnout Inventory results have changed dramatically over the past 15 years. Today's chairs demonstrated less burnout but with an "ineffective" profile. Subscale scores for emotional exhaustion and depersonalization were reduced but >50% reported low personal accomplishment. Spousal support remained important in preventing burnout.

**CONCLUSION:** Chairs of academic departments of obstetrics and gynecology continue to face significant job-related stress. Burnout has decreased; however, personal accomplishment scores have also declined most likely due to administrative factors that are beyond the chairs' perceived control.

**Key words:** burnout, department chairs, obstetrics and gynecology

## Introduction

Burnout syndrome, as measured by the Maslach Burnout Inventory (MBI), is defined by emotional exhaustion (EE), depersonalization (DP) in professional relationships, and a sense of reduced personal accomplishment (PA).<sup>1</sup> The incidence of burnout in physicians is alarmingly high with a recent study of US physicians demonstrating 54.4% of respondents with at least 1 symptom of burnout.<sup>2</sup> The impacts of burnout on physicians are wide-reaching and include decreased productivity, poor patient care, medical errors, and early retirement.<sup>3-7</sup> Burnout is related to significant and prolonged stress in the workplace attributed to work overload,

inadequate resources to meet the demands of work, limited control over one's work schedule and lack of autonomy, as well as inadequate support from colleagues, supervisors, and coworkers.<sup>8</sup> Additional risk factors include younger age, female gender, longer work hours, and practice model.<sup>9,10</sup>

While many studies have examined burnout in practicing physicians and medical trainees, there are far fewer reports on burnout in academic leaders. Academic department chairs have a wide range of responsibilities including leading training programs, research groups, and clinical services for their specialty within their health care system.<sup>11</sup> Chairs are expected to be mentors and educators, be fiscally responsible in an environment of constrained financial resources, and assume additional administrative roles that now define the current complex health care environment. In 2002, we described the first study of burnout in chairs of academic departments of obstetrics and gynecology demonstrating a rate of burnout of >40.0%.<sup>12</sup> Since that study, burnout has

been noted to affect academic chairs in other medical specialties including otolaryngology, orthopedics, ophthalmology, pediatrics, radiation oncology, and anesthesiology.<sup>13-18</sup>

The objective of this study was to determine the rate of burnout in chairs of academic obstetrics and gynecology departments and any associated risk factors. Furthermore, we sought to identify trends in burnout over the past 15 years. We hypothesized that, given the increased workload combined with constrained resources and support, burnout would increase among obstetrics and gynecology chairs.

## Materials and Methods

### Study design and participants

This was a cross-sectional study conducted from June through August 2017. The study was declared exempt by the institutional review board at the Ohio State University. The questionnaire was developed based on our prior study and administered to participants electronically with 2 subsequent reminder e-mails. Chairs of academic departments

**Cite this article as:** Gabbe SG, Hagan Vetter M, Nguyen MC, et al. Changes in the burnout profile of chairs of academic departments of obstetrics and gynecology over the past 15 years. *Am J Obstet Gynecol* 2018;219:303.e1-6.

0002-9378/\$36.00

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<https://doi.org/10.1016/j.ajog.2018.06.012>

## AJOG at a Glance

**Why was this study conducted?**

This study was conducted to identify trends in burnout and associated factors in today's chairs of obstetrics and gynecology as they face complex changes in the current health care environment.

**Key findings**

Almost 30% of the chairs in the study were women as compared to 7.6% in 2002. Hospital and department budget deficits and loss of key faculty remain major stressors for the chairs. Emotional exhaustion and depersonalization were reduced, but >50% of the chairs reported low personal accomplishment.

**What does this add to what is known?**

A dramatic change in the profile of burnout in chairs of obstetrics and gynecology was documented. An "ineffective" profile now characterizes the chairs.

of obstetrics and gynecology who were members of the Council of University Chairs of Obstetrics and Gynecology (CUCOG) were invited to participate via a list serve maintained by CUCOG.

**Survey design and instrument**

A 33-item survey was created based on the questionnaire utilized in our prior study of burnout in academic chairs of obstetrics and gynecology conducted in 2000. These data included the participants' demographic data, information regarding their departments, and perceived job satisfaction. Burnout was measured using an abbreviated MBI-Human Sciences Survey (HSS) described previously.<sup>12,19</sup> Validated questionnaires were used to assess spousal support and self-efficacy.<sup>20–24</sup> Respondents were also asked to score themselves on their efficacy on a scale of 1–100. With the exception of 4 additional questions about marital status (1 question), depression (2 questions), and suicidal ideation (SI) (1 question), this survey was identical to the survey used in our first study.<sup>25</sup>

**Data analysis**

Data were analyzed with software (SPSS, Version 23.0, IBM Corp, Armonk, NY). Demographic data were characterized using descriptive statistics. Data are reported as frequency, valid percentage, or mean  $\pm$  SD where appropriate. Categorical data such as demographics and category of burnout were compared using  $\chi^2$ . Normally distributed continuous

variables were compared using independent *t* tests and analysis of variance. Pearson correlations were used to analyze continuous variables and burnout scores. Logistic regression was performed to determine the extent to which key variables predicted burnout. The critical *P* value was set at <.05.

**Results****Demographic data**

Of the 139 invited chairs, 84 (60%) responded. Table 1 describes the full demographic data of the respondents. Most of the chairs were men (70%), married (96%), and subspecialists in maternal-fetal medicine (43%) (Table 1). Seven chairs listed >1 subspecialty. The mean age of the respondents was 58.8 (4.9) years. Eighty of the chairs (94.0%) had permanent appointments and had served an average of 6.6 (5.0) years. Participants held full-time faculty positions at an average of 2.2 (1.1) different institutions since completion of their training.

Respondents worked 67.0 (11.1) hours with no difference between male and female chairs. Weekly work hours were allocated as follows: 47% — administrative duties, 32% — patient care, 10% — teaching, 9% — research, and 2% — other, such as additional institutional or national responsibilities.

**Department characteristics**

The chairs reported that the previous chair had served for an average of 8.9 years (6.5). The average number of

full-time faculty (excluding fellows) was 42.2 (36.3). Participants reported that their departments had 5.0 (2.5) division chiefs and 32.1 (19.7) house officers and fellows.

**Stressors**

Almost 28% of respondents noted that hospital budget deficits were either "largely" or "extremely" impacting their department. Other significant stressors reported as affecting departments and their chairs by large or extreme degrees included department budget deficits (25.6%), loss of key faculty (12.7%), and union disputes (8.8%). Approximately 14% of respondents selected "other" when asked about stressors, including the need for more staff, systemwide integration challenges, and a lack of organizational administrative effectiveness. Specific issues that were generally identified as having "little to no impact" on departments included sexual harassment, violence in the workplace, substance abuse, and bioethics violations. When asked to assess the overall personal impact of these stressors, 20.0% reported they had been affected to a large-extreme degree, 47.5% to a moderate degree, and 32.5% slightly or not at all.

**Job satisfaction**

Perceived job satisfaction has remained stable over the past 5 years and is reported in Table 2. When the chairs were asked how likely they were to step down over the next 2 years, 66.7% stated it was either "not" or "slightly" likely. However, 16.3% of respondents noted they were "very" to "extremely likely" to step down within the next 2 years. When asked how satisfied they were with the balance between their personal and professional lives, over half of the respondents were satisfied (25.0% — somewhat satisfied, 27.4% — very satisfied). Only 3.8% of respondents were "very dissatisfied" with their work-life balance.

**Stress management**

The chairs were asked to describe 3 ways in which they managed job-related stress. Time with family and friends including travel was the most commonly reported approach with 88.8% of

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