

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Engaging Medical School Department Chairs to Reduce Faculty Burnout and Improve Faculty Retention

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Background, Challenge or Opportunity: It is estimated that, nationwide, over 50% of physicians have significant symptoms of burnout and about 25% of faculty in academic medical centers (AMCs) are considering leaving academic medicine. At NJMS, a Faculty Forward survey from the American Association of Medical Colleges (AAMC) conducted in 2011 identified areas of concern in regard to faculty satisfaction. In July 2013, the integration of our parent university (University of Medicine and Dentistry of NJ) into Rutgers University (within Rutgers Biomedical Health Sciences or RBHS) added to faculty stresses. In 2014, faculty development was deemed as requiring attention in the new RBHS strategic plan. Despite the pervasiveness of faculty burnout and retention, evidence-based solutions remain elusive, particularly at the institutional level. Chairs of medical school departments are well positioned to affect faculty within departments (and ultimately within institutions) and may be able to help address faculty burnout and retention.

Purpose/Objectives: 1. Foster school-wide heightened awareness about faculty burnout and retention 2. Develop an on-going conversation about faculty burnout and retention between department chairs and school leadership 3. Encourage chairs to develop department-specific action plans to reduce/prevent faculty burnout and enhance faculty retention.

Methods/Approach: 1. Conduct a literature review and develop an annotated bibliography that identifies potential approaches to reduce faculty burnout and enhance faculty retention. 2. Meet with clinical chairs to introduce the problems of faculty burnout and retention and learn about how chairs are currently dealing with these problems. 3. Conduct a content analysis of the individual meetings with chairs to identify approaches used by chairs. 4. Develop and test a faculty survey that measures NJMS faculty burnout and intent to leave. 5. At a monthly clinical chairs meeting with school leadership, introduce the NJMS endeavor to support faculty well-being and obtain chairs' assistance to encourage faculty to complete the survey. 6. Administer the survey to NJMS faculty. 7. Develop a "tool box" of approaches to reduce/prevent burnout and improve faculty retention based on the literature review, content analysis of meetings with chairs and analysis of the faculty survey. 8. Conduct a "Chairs Discussion Forum" to present the "tool box", facilitate sharing between chairs and engage chairs to develop an action plan to reduce/prevent burnout and improve faculty retention pertinent to their departments. 9. Maintain on-going discussions/updates about the progress of the plans at clinical chairs' meeting (typically monthly) for one year. 10. Repeat the faculty survey one year after the chairs discussion forum to evaluate outcome and determine next steps.

Outcomes and Evaluation Strategy: A content analysis of the individual meetings with chairs will be used to identify common themes and concepts illustrated in approaches used by chairs to reduce/prevent burnout and enhance faculty retention, and compare those to approaches identified in the literature search. A survey of all NJMS faculty, which will consist of the Maslach Burnout Inventory and questions related to faculty retention, will be conducted before and one year after the chairs develop their action plan. Additional metrics include NJMS data on retention of its faculty.

Engaging Medical School Department Chairs to Reduce Faculty Burnout and Improve Faculty Retention



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Background

Over 50% of physicians nationwide have significant symptoms of burnout (1) and about 25% of faculty in academic medical centers (AMCs) are considering leaving academic medicine (2). At NJMS, a Faculty Forward survey from the American Association of Medical Colleges (AAMC) conducted in 2011-2012 identified factors related to faculty satisfaction. In July 2013, the integration of our parent university (University of Medicine and Dentistry of NJ) into Rutgers University (within Rutgers Biomedical Health Sciences or RBHS) added to faculty stresses. In 2014, faculty retention was deemed as requiring attention in the new RBHS strategic plan. Evidence-based solutions to the problems of faculty burnout and retention remain elusive, particularly at the institutional level. Chairs of medical school departments are well positioned to affect faculty within departments (and ultimately within institutions) and may be able to help address faculty burnout and retention.

Objectives

1. Foster school-wide heightened awareness about faculty burnout and retention
2. Develop an on-going conversation about faculty burnout and retention between department chairs and school leadership
3. Encourage chairs to develop department-specific action plans to reduce/prevent faculty burnout and enhance faculty retention.

Emerging Toolbox

- Alignment of vision, goals, philosophy: Faculty meetings
- Relationship formation/ community/ team: Faculty meetings, clinical teams, develop conferences, senior faculty helping junior faculty, provide context to reduce faculty isolation, assist with networking
- Career fit: Plan 20% meaningful activities in faculty evaluations
- Communication: Open door policy, transparency
- Attention to work conditions: Leveraging resources, recruit enough faculty, use support staff smartly, manageable practice size/schedules
- Appreciation/recognition of successes publicly, promote faculty
- Support faculty: Notice/reach out to stressed faculty, be an advocate, be hands-on, address problems as they come, be positive, mentor, fairness, set realistic goals to enhance faculty pride, help define problems
- Support personal strategies/protected time: Faculty development on meaning, core convictions, mindfulness

Needs Assessment Outcomes and Discussion

- Chairs have been receptive about the project
- Faculty challenges identified by chairs: Balancing clinical/teaching/scholarly missions, need more resources and efficiency in work environment, large clinical service, uncertainty from school integration
- Currently anticipated survey components:
 - Maslach Burnout Inventory
 - Questions related to challenges identified by chairs
 - Domains: Engagement, self-efficacy, relatedness, value alignment, work/life integration, institutional support (2)
- Anticipated manuscripts to include: Description of the organizational change, comparison of chairs and faculty, pre-post quantitative and qualitative analysis of surveys

References

1. Shanafelt TD, Boone S, Tan L, et al. Burnout and Satisfaction with Work-Life Balance Among U.S. Physicians Relative to the General U.S. Population. *Arch Intern Med*, 2012;172:1377-85.
2. Pololi LH, Krupat E, Civian JT, Ash AS, Brennan R. Why are a Quarter of Faculty Considering Leaving Academic Medicine? A Study of their Perceptions of Institutional Culture and Intentions to Leave at 26 Representative U.S. Medical Schools. *Acad Med*, 2012;87;7:859-869.

Methods/Approach

