Faculty Burnout in Academic Medical Centers: New Efforts Toward Its Amelioration

A review of

Faculty Health in Academic Medicine: Physicians, Scientists, and the Pressures of Success

by Thomas R. Cole, Thelma J. Goodrich, and Ellen R. Gritz (Eds.)


Reviewed by

Scott Temple

Anyone working on the faculty of an American academic medical center will resonate with the thesis of this book: Increasing workloads in a disintegrating, chaotic, and dehumanizing health care system are leading to ever higher rates of faculty dissatisfaction. Demands for increased clinical and grant productivity leave little time for the rich range of teaching and scholarly activities that draw physicians and doctoral faculty to academic medical centers. Concerns with economic survival increasingly trump the humanitarian mission of academic medicine, as the art of listening is supplanted by the demand for more relative value units.

Faculty Health in Academic Medicine: Physicians, Scientists, and the Pressures of Success begins by documenting startling levels of burnout in academic medical centers. Boccher-Lattimore (Chapter 2) notes that more than 125,000 full-time faculty work in American academic medical centers. Of these, 62 percent are MDs, and 25 percent are PhDs.
Recent studies suggest that upward of “30–60% of physicians report experiences of distress and burnout, with an increasing prevalence among younger physicians” (p. 18).

Burnout is defined by Boisaubin (Chapter 3) as a syndrome comprising emotional exhaustion, depersonalization (including high levels of cynicism), and diminished feelings of personal accomplishment (p. 32). Increased rates of depression, anxiety, substance abuse, and suicide among physicians and nonphysician faculty are noted along the way. With the current economic downturn and its impact on an already overloaded and deteriorating health care system, the first chapters of this volume might be enough to force the reader to throw his or her hands up in despair.

But this is not a despairing volume. It is ultimately an uplifting, humbling, and even inspiring document that arose from a three-day conference on the emerging field of faculty health. Taking the burned-out bull by the horns, a remarkable array of physicians, nurses, psychologists, social workers, administrators, and artists are leading the way in the development of an entirely new field within academic medicine. Not content with merely dampening burnout, the contributors to this volume demonstrate a commitment to reclaiming the humanistic core at the heart of the healing arts and of medical science, new program by new program, one academic medical center at a time.

This book is divided into six sections, examining in turn the nature and scope of faculty health problems as well as a wide and impressive array of institutional responses to those difficulties. Many of these responses are bottom up in nature, with small groups within various institutions showing a determination to improve the quality of life for themselves and for their colleagues. A few examples of those initiatives are worth noting here.

The suicide of a “renowned and highly successful surgeon at the University of Texas MD Anderson Cancer Center” sparked the formation of a Faculty Health Committee (Gritz, Apted, Baile, Sazama, and Thomas, Chapter 13, p. 168). This led to the hiring of a full-time faculty psychologist, who serves as Director of Faculty Health. Focus groups were employed to identify areas of service need, and a wide range of faculty health programs has been developed, including communication skills, stress management, meditation and yoga, and arts and humanities programs.

A small cadre of determined faculty members at the University of Indiana School of Medicine helped develop a large initiative that became known as the Relationship-Centered Care Initiative. The aim at Indiana, and elsewhere, is to help restore the humanitarian mission of health care, to combat the rising tide of “deep disillusionment regarding our ability to advance our core missions” (Litzelman et al., Chapter 14, p. 185), and to foster an administrative environment in which patient care and faculty well-being are integral parts of the institution’s mission.

It is noteworthy that while the focus of this volume is primarily on the well-being of medical faculty, psychologists are richly represented among the authors and among the leaders in their institutions in terms of the development of faculty health initiatives. This volume would have been strengthened by the inclusion of a chapter that focused specifically
on psychologists and other nonmedical faculty at academic medical centers. That psychologists figure prominently in this volume should make it interesting for other psychologists in academic medical centers. Not only does this volume point in many important directions regarding how to care for ourselves, but it also suggests the prominent role that psychology can play in helping to improve the quality of care, and the quality of life, for both patients and faculty in America’s academic medical centers.