

## Burnout in Program Directors: We Still Need More Answers

### TO THE EDITOR:

I read with great interest the article of Porter et al in a recent issue of the journal.<sup>1</sup> The authors performed a cross-sectional study to examine burnout and resiliency among family medicine residency directors and concluded that levels of emotional exhaustion, depersonalization, and resiliency are significantly related to personal characteristics of program directors rather than characteristics of their program. The authors should be congratulated for performing a well-designed study on an important topic in graduate medical education and overall physician practice.<sup>2,3</sup> Moreover, the need to identify specific areas for potential interventions is an innovative concept that needs to be further explored.<sup>4,5</sup>

Although the study was well conducted, there are some aspects that need to be clarified by the authors. First, the authors have excluded the personal accomplishment component of the Maslach Burnout Inventory. The personal accomplishment element of the instrument has been shown to be protective against burnout among high achiever professionals.<sup>6</sup> Secondly, the authors reported a 53.7% response rate for the survey. It would be important to exclude response bias by evaluating the characteristics of nonrespondents of the survey. Lastly, the authors concluded that program characteristics were not associated with burnout, but they did not investigate the important job characteristics of program directors (eg, working hours and control over professional life).

I would welcome some comments to help further confirm the findings of this important study.

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## Reply to “Burnout in Program Directors: We Still Need More Answers”

### TO THE EDITOR:

We appreciate the thoughtful letter by Dr Kendall in response to our study examining burnout and resiliency in family medicine program directors.<sup>1</sup> We agree burnout and resiliency are very important topics in graduate medical education and overall physician practice.

As with our study, many evaluations of burnout focused on emotional exhaustion and depersonalization as the foundation of burnout among medical professionals.<sup>2-4</sup> The study referenced by Dr Kendall found a lower rate of personal accomplishments in studies of surgeons experiencing burnout compared to emotional exhaustion and depersonalization.<sup>5</sup> In review of this paper, we did not interpret the results in the same manner as Dr Kendall, as we did not find a result or conclusion that personal accomplishment was protective against burnout in the professionals studied. Further, burnout is defined as a high rate of response in any of the three areas (emotional exhaustion, depersonalization, or personal accomplishment) and we believe this meta-analysis found a low rate in this one area.

Dr Kendall also noted our response rate and expressed concerns about response bias. For our study, the characteristics of nonrespondents were not available. In review of the literature examining burnout in physicians, response rates vary from 19.2% to 75% in studies we cited.<sup>6-8</sup> This marked variation in response rates does raise concerns in numerous studies addressing the prevalence of physician burnout as a response bias may be affecting the results. For instance, a widely cited study by Shanafelt distributed 89,831 email invitations for physician participation, had 27,276 physicians open at least one invitation email, and had 7,288 physicians complete the survey.<sup>6</sup> While the reported response rate was 26.7%, one could argue for a much lower rate of response (8.1%). This issue is significant if the true prevalence of physician burnout is to be known.

Finally, our study noted that program characteristics were not associated with program director burnout. We did not study job or personal characteristics of burnout. Including these variables in future studies may be interesting and useful.

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