



# Burnout During the COVID-19 Pandemic: Descriptive and Predictive Data from a Survey of Psychologists at a Single Academic Medical Center

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## Abstract

**Objective** Burnout in academic medicine has been widely studied, but most work has been conducted among physicians. Psychologists in academic medicine have unique burnout factors. Therefore, investigating the prevalence and predictors of burnout among psychologists in academic medicine during the COVID-19 pandemic represents an important addition to the literature.

**Methods** Sixty-two psychologists responded to burnout-related items in a larger, 40-item Psychiatry Department climate survey conducted from October to November 2020. Five items from the MINI-Z survey were administered to examine control over workload and sufficiency of documentation time as predictors of both continuous and dichotomously defined burnout. Linear and logistic regression was employed with years as a faculty member entered as a covariate.

**Results** Slightly less than half (48.4%) of respondents met dichotomous criteria for burnout. Faculty with fewer years of experience scored higher on their level of continuous burnout. Both control over workload and sufficiency of time for documentation were independent predictors of continuous burnout, but only control over workload remained a statistically significant predictor in a simultaneous model. Control over workload was a significant predictor in dichotomous models but did not remain so once sufficiency of documentation time was also added.

**Conclusion** Burnout prevalence among psychologists was comparable to rates among physicians at other institutions, even when examined during the COVID-19 pandemic. Academic medicine administrators and organizational leaders should consider policies and programming to increase control over workload, especially among junior psychologist faculty.

**Keywords** Burnout · Psychologist · Workload · Academic medicine

Physician and healthcare worker burnout is an important topic in academic medicine and increasing issue of concern during the COVID-19 pandemic. Physician burnout is associated with increased turnover [1], increased medical errors, reduced patient satisfaction, and longer patient recovery [2–4]. Burnout is multifactorial, including emotional exhaustion, depersonalization (callous reactions toward patients), and reduced efficacy [5]. While burnout among physicians is well-documented, limited research among

psychologists working in academic medicine has occurred. This group is important to consider—especially as mental health professionals have been working alongside physician colleagues in critical roles during the pandemic. While there have been increased efforts to specifically address physician burnout, such as guidelines proposed by the National Academy of Medicine [6, 7], a broader attention to the well-being of all faculty in academic medicine—including psychologists—is needed.

Mental healthcare workers including psychologists and psychiatrists face greater rates of burnout than non-mental health specialty physicians [8]. This may be due to unique dynamics of the provider-patient relationship and/or the complexities involved in working in psychiatric settings, including vicarious distress when hearing about traumatic events. For example, a sample of VA psychiatrists found that 86% experienced high exhaustion and 90% reported

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high cynicism [9]. Rates of burnout for mental health clinicians (including psychologists) at the VA are consistent with broader documented burnout rates of 50% high exhaustion and 47% high cynicism [10]. Interestingly, although rates of exhaustion and cynicism were high among VA psychiatrists and mental health clinicians, they also reported high professional efficacy (74% and 86%, respectively) [9]. Specific analysis of burnout among psychologists reveals unique risk factors for burnout, including emotional isolation, difficult patient behaviors like suicidality and anger, and challenges of focusing on the client/therapist relationship [11–13]. However, psychologists in academic medicine face *additional* burnout risk factors. Beyond clinical work, such psychologists must also manage demands of research and securing funding in soft-money environments; engage in teaching/supervision/training; and serve on departmental, institutional, and national committees.

Given high rates of burnout among medical professionals and psychologists, and the deleterious effects of burnout for providers and patients, substantial literature has focused on burnout risk factors and predictors. One area of focus has been work-related factors of burnout, including decreased control over one's workload and environment, as well as increased administrative and documentation burden [4, 14]. While burnout is a widespread concern at any stage of one's career, early-career professionals are at increased risk. In general, burnout is associated with younger age and fewer years of experience [15, 16]. For psychologists in particular, work demands, such as long hours, administrative work, and negative patient interactions, are associated with higher rates of burnout, especially among junior/early-career faculty [16]. Similar findings have been documented in early-career medical professors, where younger age, fewer years since appointment, and having children at home predicted greater emotional exhaustion and burnout [17].

Considering the essential role that psychologists in academic medicine have played during the pandemic, analyzing burnout prevalence and predictors among this group at this time is important. However, research during the COVID-19 pandemic has been sparse [18], and burnout analyses have typically focused on academic medicine physicians. Extending burnout findings beyond physicians, to other frontline academic medicine faculty who focus exclusively on mental health, is essential given mental health providers' increased role in providing education and support to others, especially during the pandemic. In fact, during the pandemic, psychologists have taken on additional clinical and educative duties that may enhance burnout, such as educating staff and the public on coping with anxiety and depression, staffing after-hour resource hotlines and support groups, and more frequently engaging in trauma-focused psychotherapy work. Indeed, the combination of these unique and specific risk factors during the pandemic may place psychologists in

academic medicine at *even greater* burnout risk during the COVID-19 pandemic. To close this gap in the literature, the current project analyzes survey-related burnout data during the pandemic from a sample of psychologists employed at a single academic medical center.

## Methods

Faculty members received and completed an extensive departmental climate survey from October to November 2020. This survey consisted of 40 items, including questions on satisfaction with the primary worksite's and the doctoral psychology program's focus on diversity, inclusion, and retention; knowledge of and satisfaction with institutional resources on faculty diversity and development; and free-response suggestions to improve faculty morale and recruitment and retention of diverse faculty and students.

Included in this survey were five items on a 1 to 5 Likert scale (higher scores indicating higher levels of each construct) from the larger 10-item MINI-Z survey [19]. These items included (1) satisfaction with and (2) stress because of current job, (3) control over workload, (4) sufficiency of time for documentation, and (5) self-reported burnout. The burnout question involved the standard prompt "Using your own definition of 'burnout', please indicate one of the answers that best describes you." Responses of "I am definitely experiencing burnout (e.g., emotional exhaustion"; "The symptoms of burnout that I'm experiencing won't go away, and I think about work frustrations a lot"; and "I feel completely burned out, and I am at the point where I may need to seek help" all were defined as dichotomous burnout. Continuous burnout was defined simply as the value (from 1 to 5) of which of the five burnout choices was selected (in increasing order of burnout intensity).

Sixty-six (of 122 solicited) individuals responded to the survey, although only 62 completed all the burnout-related items. All respondents worked as psychologists within the Department of Psychiatry at an academic medical center in the Southwest. The majority of respondents had their primary appointment at this academic medical center ( $n = 33$ , 53.2%), although others worked primarily at affiliated institutions, including a children's hospital ( $n = 17$ , 27.4%) and a county public hospital ( $n = 7$ , 11.3%). A small number worked primarily at a Veterans Affairs Center ( $n = 3$ , 4.8%) or in private practice ( $n = 2$ , 3.2%). Years of being a faculty member ( $M = 7.90$ ,  $SD = 8.76$ ) was also captured. This project was approved as an exempt research by our University's Institutional Review Board.

Items regarding perceived control over workload and sufficiency of documentation time were tested as predictors of both continuous and dichotomous burnout, given that they are potentially modifiable (whereas satisfaction

with job and job stress are multifaceted). We used multiple linear or logistic regression, depending upon the outcome, and all analyses utilized years of being a faculty member as a covariate and reported unstandardized coefficients.

## Results

Initial Pearson correlations indicated that years of being a faculty member ( $r = -0.32, p < 0.05$ ), job satisfaction ( $r = -0.54, p < 0.001$ ), job stress ( $r = 0.59, p < 0.001$ ), control over workload ( $r = -0.48, p < 0.001$ ), and adequacy of documentation time ( $r = -0.29, p < 0.05$ ) were all statistically significantly associated with continuous burnout. Descriptive and correlative statistics are located in Table 1. Satisfaction with job and job-related stress were all relatively higher than the midpoint, while perceived control over workload and sufficiency of documentation time were all near the midpoint. Continuous burnout was below the midpoint, and 48.4% of respondents ( $n = 30$ ) met dichotomous criteria for burnout.

Controlling for years as a faculty member, independent linear regressions predicting continuous burnout from control over workload ( $\beta = -0.38, t = -3.98, p < 0.001$ ) and sufficiency of documentation time were both statistically significant ( $\beta = -0.22, t = -2.31, p < 0.05$ ). When entered simultaneously, only control over workload remained statistically significant ( $\beta = -0.45, t = -3.17, p < 0.01$ ).

Controlling for years as a faculty member, logistic regressions predicting dichotomous burnout determined that control over workload significantly predicted being burned out ( $\beta = -0.76, p < 0.05$ ), while documentation time did not ( $\beta = -0.52, p = 0.056$ ); when entered simultaneously, control over workload no longer remained statistically significant ( $\beta = -0.73, p = 0.11$ ).

## Discussion

Our results find that control over workload is a significant, independent, and simultaneous predictor of continuous burnout, beyond the effects of years as a faculty member and adequacy of documentation time. These findings add to prior literature assessing burnout during the pandemic [18] but extend results to faculty-level psychologists. Dichotomous burnout rates in our sample were at a similar level as a publication [18] during the COVID-19 pandemic, suggesting that mental health focused faculty experience similar rates of burnout as physician colleagues at other institutions and disciplines. Similar burnout rates are especially noteworthy, given prior literature discussing potential unique factors of burnout among psychologists, including isolation, the need to manage patient's suicidality, anger, and the client/therapist relationship [11–13]. Although the literature on burnout rates during the pandemic is limited, our results suggest that even despite these specific factors, burnout rates among psychologists were not notably different than other medical specialties. These findings further support the idea that burnout may be created (and therefore ameliorated) by work environment and institutional factors rather than specific job-related duties unique to a specific field of academic medicine.

Consistent with prior data [15, 16], junior faculty appear to be at increased risk for burnout. One explanation may be that those with longer tenures in academic medicine are simply more resilient to burnout and better able to adapt to the unique challenges and demands of this work setting. This may be due to increased autonomy in decision-making and control over workload that come with age (and general career advancement), reduced weekend and on-call demands, more efficiency in academic writing and clinical documentation practices, and increased problem-solving and coping skills. Therefore, targeting burnout specifically among junior faculty is critically important, and essential for faculty retention.

**Table 1** Correlations and descriptive statistics between burnout and demographic-related variables

| Measure                        | Continuous burnout | Job satisfaction | Job stress | Control over workload | Documentation time sufficiency | Years as faculty |
|--------------------------------|--------------------|------------------|------------|-----------------------|--------------------------------|------------------|
| Continuous burnout             | -                  |                  |            |                       |                                |                  |
| Job satisfaction               | -.54***            | -                |            |                       |                                |                  |
| Job stress                     | .59***             | -.24             | -          |                       |                                |                  |
| Control over workload          | -.48***            | .30*             | -.50***    | -                     |                                |                  |
| Documentation time sufficiency | -.29*              | .21              | -.37**     | .74***                | -                              |                  |
| Years as faculty               | -.32*              | .22              | -.16       | .17                   | .04                            | -                |
| Mean                           | 2.50               | 4.02             | 3.40       | 3.05                  | 2.87                           | 7.90             |
| SD                             | 0.82               | 0.90             | 1.23       | 0.97                  | 1.05                           | 8.76             |

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Fostering resilience among psychologists has been recently emphasized [20] and seems especially important among psychologist trainees and junior faculty. Resilience-fostering recommendations have included delegation, peer support, and mentorship, as well as workplace modifications including flexible time and hybrid schedules [20]. Burnout risk factors such as gender, age, race/ethnicity, and responsibilities outside of work warrant further investigation and were unavailable in the current survey, in order to protect anonymity.

Control over workload remained significant even beyond the effects of years as faculty or sufficiency of documentation time, while sufficiency of documentation time was not predictive of burnout after accounting for control over workload. Taken together, this finding suggests that policies and programming that improves one's perception of control over workload is vital, and that efforts to reduce administrative/documentation burden may be relatively less important. We suggest that department chairs, University committees, and administrators responsible for reducing burnout and promoting faculty wellness consider ways to enhance autonomy over one's workload, whether this be through—for example—more autonomy in therapy patient selection (e.g., patient diagnoses or demographic/cultural factors, provider specialty areas) or kinds of research articles and grants written. Such policies may be especially important to junior faculty. In addition, although not explicitly asked in the department survey item, control over workload may also be related to location of work, particularly as administrators make decisions about in-office versus remote work as the pandemic eases. Although beyond the scope of this publication, our climate survey also included free-response, qualitative data, and one theme that emerged was faculty interest in continuing with a hybrid work schedule. University-wide policies to promote flexible and/or hybrid work schedules and locations may be especially helpful.

Some unique aspects about our sample are that majority of respondents were already working a hybrid schedule during the time of survey administration. In addition, many psychologists at our institution allocated additional time toward increasing resources for colleagues, trainees, and the lay public, through COVID-related community presentations and a public-facing COVID-related mental health hotline. These aspects may be related to unique facets of pandemic burnout in our sample not shared by colleagues at other institutions. In addition, these components may have impacted how participants responded to stressors in their work environment, as well as their perceptions about control over their work environment during the unique time in which they were sampled. Additional data point(s) post-pandemic would better establish the predictive relationship between control over workload and burnout, such as amount of days working from home versus in-office and COVID-19-related

administrative and support duties. Such future research should be conducted, especially once the pandemic subsides and more traditional work duties, locations, and schedules are established. Additional survey data after the pandemic is declared as endemic could help determine if there were still burnout-related residual stress or adjustment from the pandemic or if changes such as working from home and increased flexibility and autonomy over scheduling had a buffering effect against burnout. Closely related, limitations of this paper include the unique time period in which participants were surveyed (i.e., a time of increased stress and uncertainty during an unprecedented global pandemic, which may affect the generalizability of results to other time periods), the relatively small sample size, and the fact that only slightly over half of the surveys were adequately completed.

In conclusion, our findings add to literature on the prevalence and predictors of burnout while extending such findings to psychologists in academic medicine surveyed during the COVID-19 pandemic. Our findings also suggest the importance of interventions that facilitate more control over one's workload to mitigate potential burnout, especially among junior faculty. These results may be of special interest to academic medicine administration, leadership, and national organizations in providing data of burnout frequency among psychologist faculty during the pandemic, predictors (control over workload), and mitigation strategies.

## Declarations

**Disclosures** On behalf of all authors, the corresponding author states that there is no conflict of interest. Dr. Trombello, the corresponding author, currently owns stock in Merck and is a paid consultant for Alto Neuroscience, both of which are unrelated to the current project.

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