

COMMENTARY

Feeding the Soul via Creation of a Suborganization to Promote a Sense of Community

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Pharmacy faculty commonly report feeling stressed, overwhelmed, exhausted, and burnt out. Women may be disproportionately impacted by personal and professional demands. The purpose of this commentary is to describe one mechanism for creating a suborganization (Circle) that establishes a supportive community to combat burnout and promote professional fulfillment. This commentary is a description of one American Academy of Colleges of Pharmacy (AACP) Women Faculty Special Interest Group (SIG) Circle. The authors describe how one Circle sought to enhance the well-being of its members through the various domains of the Stanford Model of Professional Fulfillment, including personal resilience, workplace efficiency, and creating a culture of well-being. Circles and similar frameworks may be effective tools for combatting burnout, improving fulfillment, and promoting wellness and wellbeing among women and other groups of faculty.

Keywords: burnout, wellbeing, wellness, community, mentorship

INTRODUCTION

Professional burnout is characterized by Maslach and Jackson as a “syndrome of emotional exhaustion and cynicism” in which workers feel their emotional resources are too depleted to continue to give of themselves, develop cynical attitudes about others, and begin to negatively self-evaluate their own work resulting in a diminished lack of accomplishment.¹ Burnout has both individual and organizational consequences. Among individuals, health status may decline secondary to insomnia and physical exhaustion. This can also lead to family and marital problems and increased substance use.² Burnout also adversely impacts organizations through deteriorating quality of work, increased absenteeism, low morale, and high employee turnover.¹ Through the validation of the Maslach Burnout Inventory among workers, Maslach and colleagues identified three key dimensions of burnout: emotional exhaustion, diminished sense of personal accomplishment, and depersonalization.^{1,3}

Burnout is a well-recognized factor contributing to attrition among faculty in health professions education.^{4,5} Women, especially early in their career, are more likely to experience burnout due to role conflicts between workplace and home.² In one survey of American Association of Colleges of Pharmacy (AACP) members, 95% of respondents reported working 40 or more hours more per week while sleeping and exercising less than recommended amounts, all of which have been identified as risk factors for burnout.^{6,7}

A multimodal approach addressing the dimensions of Maslach’s Burnout Inventory may be necessary to address burnout and attrition among female faculty. One of these methods may include improving a sense of professional accomplishment and fulfillment. Studies in physicians have found improved professional fulfillment reduces burnout and improves organization performance.^{8,9} One model that outlines approaches to improving professional fulfillment is the Stanford Model of Professional Fulfillment, which was developed to assess and improve wellness specifically among physicians.¹⁰ The framework organizes professional fulfillment into three domains, all equally important in the outcome of professional fulfillment (Table 1). Two of the domains—workplace efficiency and culture of well-being—are the primary responsibility of organizations. The third domain—personal resilience—is the primary responsibility of the individual.¹⁰

Although the Stanford Model charges organizations with improving the employee experience in these domains, there are limitations to relying solely on places of employment to support the organizational aspects of professional fulfillment. Workplaces may lack resources for providing comprehensive training to promote individual resiliency among faculty, thus limiting the pursuit of professional fulfillment. Additionally, while formal supervisor/supervisee and mentor/mentee relationships are vital for faculty success, these pairings are susceptible to an inherent power dynamic that may inhibit discussion of sensitive topics. The discomfort of sharing workplace frustrations and challenges may also prevent faculty from having important well-being and resiliency discussions among peers at the same institution. Further, a limited set of ideas or viewpoints may exist at any given institution, and an outside perspective may be valuable to faculty navigating efficiency, wellness, or resilience concerns. Finally, some workplace cultures may not subscribe to public celebration of successes, but external recognition or support may be beneficial for faculty. The creation of suborganizations (Circles) addresses these limitations of organizations.¹¹

The purpose of this commentary is to describe how one Women Faculty Special Interest Group (SIG) Circle sought to enhance professional fulfillment and combat burnout through the framework of the Stanford Model for Professional Fulfillment. The Circle members worked within their suborganization to promote resilience and community, well-being, and efficiency with the overarching goal of increasing fulfillment and reducing burnout among its members.

Our Circle and Professional Fulfillment

In Spring 2019, the AACP Women Faculty SIG solicited interest from the membership in developing Circles, as described by LeanIn.org.¹¹ Circles are described as “a safe space to share your struggles, give and get advice, and celebrate each other’s wins.”¹¹ The Circle framework was designed to leverage the Lean-In approach to foster the personal and professional development of women in pharmacy academics. The Circles also provided a unique avenue for faculty to augment institutional experiences and opportunities related to each domain of the Stanford Model of Professional Fulfillment both at the individual and organizational level.

Our Circle began officially with a welcome email from the Women Faculty SIG leadership in February 2019. In our first meeting in March 2019, Circle members introduced themselves, their roles, and what she hoped to get out of Circle meetings. At that time, the seven members were strangers with no personal or professional knowledge of other members of the group prior to our first meeting. Additionally, our Circle included women from different geographies, institution types, years in academia, and leadership appointments within our respective institutions (Table 2). Our Circle members decided by consensus to meet for one hour approximately once every 6 weeks (8 to 9 times annually). Although the original intent for the Circles was for a one-year duration, our members felt the benefits of the Circle warranted extending scheduled community interactions, and we continue to meet regularly.

Alignment with Domains of Stanford Model for Professional Fulfillment

Our Circle meetings served a variety of functions aligning with each of three domains from the Stanford model. We started out as an accountability and goal-setting group, which most closely aligns with the first Stanford domain: Efficiency of Practice. This domain refers to elements of the workplace that relate to effectiveness, positive interactions, and work-life balance. The first discussion item in our Circle meetings was always providing updates on the personal and professional goal(s) that we had previously shared.¹⁰ As our meetings were generally scheduled at six-week intervals, the meetings provided a deadline and an accountability mechanism for goals that otherwise kept moving lower in prioritization due to competing demands. Verbalizing the goals to the group and providing updates incentivized members to make progress towards goals between meetings, to report back and seek feedback on projects at each meeting. Examples of these goals included scholarship deadlines or having an important conversation with a coworker. Other Circle members shared experiences and wisdom related to streamlining work, enhancing teamwork, setting realistic schedules, and suggested approaches for handling difficult conversations. Even when little movement had been made, Circle meetings kept the goals in the forefront, providing a mechanism for accountability and motivation. Members frequently reported that the Circle helped them gain traction when they were stuck with their goal through encouragement or idea-sharing on how to overcome challenges and obstacles. The accountability aspect of our Circle interactions enhanced professional fulfillment through addressing Efficiency of Practice factors such as teamwork models and designing roles to practice at the top of our licenses.¹⁰ Specific examples of Efficiency of Practice and other Stanford domains are detailed in Table 1.

As the fruits of the goal setting and accountability features of our Circle became apparent, the functions of the Circle began to evolve. Our Circle began utilizing our time together to share individual struggles and brainstorm solutions, addressing the Culture of Wellness domain of the Stanford Model (Table 1).¹⁰ This domain refers to individual actions and attitudes that contribute to holistic well-being in the workplace.¹⁰ Although organizations are primarily responsible for maintaining a Culture of Wellness, our Circle functioned as a supplementary organization that promoted well-being.

Members were accountable to each other for prioritizing wellness and personal goals in addition to professional endeavors. Members shared ideas for books, podcasts, or activities to help another member in her wellness journey. Members also recognized and celebrated each other's successes, ensuring each member felt appreciated for not only their career accomplishments, but also personal goals such as completing an Ironman, learning a new skill, or seeking an additional professional degree.

Our Circle also addressed the Personal Resilience domain of the Stanford Model (Table 1).¹⁰ This domain refers to shared values and beliefs that prioritize not only personal and professional growth, but also a sense of community and compassion for others. Personal Resilience is primarily the responsibility of the individual, and our Circle provided a mechanism for individual-to-individual support. Circle members provided regular words of encouragement when individuals were facing difficult circumstances. On some occasions, regular Circle business was set aside to support a member suffering from a personal tragedy or difficult life transition. At times, one member would meet with another member outside of the regular meetings to provide encouragement, advice, or practical solutions for life challenges.

DISCUSSION

Our Circle successfully integrated key aspects from all three domains of the Stanford Model for Professional Fulfillment. Overall, our experiences within our Circle have been exceedingly positive, and all members report improved professional fulfillment because of our interactions. When we decided to share our positive experiences and encourage others to consider participating in Circles, we reflected separately on how our Circle had influenced us and found that we benefited through an enhanced sense of community, acquisition of knowledge and skills to combat burnout and promote well-being, and improved productivity through accountability. Because of the feelings the group support, the members suggested that they found greater value in work and looked forward to setting and achieving their goals.

It is important to note that our Circle did not take the place of individual and institution-level mentoring, but rather augmented traditional mentoring experiences.¹² First, our Circle provided a source of external validation, helping us realize that our own challenges and frustrations were “normal” across institutions. Because we shared similar professional interests, we inherently understood each other's career frustrations and struggles and provided a more objective perspective than close friends or co-workers. Second, our Circle was free from power imbalances that are implicit in traditional, hierarchical intra-institutional mentoring structures due to our members possessing different job titles and experiences (Table 2). Additionally, all opinions, thoughts, and ideas were given equal weight. We viewed each other as peers and equals, all experiencing similar challenges as women in academic pharmacy.

Although the specific aims of our Circle interactions were numerous, all tied back to enhancing professional fulfillment in a way that augmented the mentoring and professional development each member receives at her own respective institution. The Women Faculty SIG Circle created a framework for members to practice a culture of wellness, personal resilience, and efficiency of practice, thus promoting personal and professional fulfillment and combatting burnout.

Despite constituting 63% of U.S. pharmacy school graduates and 51% of pharmacy school faculty as of 2020, women are still less likely to advance to senior leadership positions.^{13,14} Women make up the minority of Provosts (44%), Deans (26%), Associate Deans (49%), and Full Professors (37%) at colleges of pharmacy; yet women hold the majority of Assistant Dean (64%), Associate Professor (53%), and Assistant Professor (59%) positions.¹⁴ In addition to the smaller percentage of women in senior leadership and professor roles, a gender wage gap also exists, which widens to \$24,247 annually as faculty are promoted to full professor.¹⁴ Women faculty possess many risk factors for professional burnout such as more hours devoted to childcare and housework, higher levels of exhaustion, and greater academic service workloads than men.¹⁵⁻¹⁸

CALL TO ACTION

The creation of and engagement in suborganizations (Circles) may be an effective mechanism for women experiencing risk factors for burnout to find a sense of community, improve well-being, and strike a balance between professional and personal responsibilities. A Circle structure may benefit other groups of faculty who share similar experiences and worldviews.¹⁹

We believe women faculty should consider joining suborganizations to enhance professional fulfillment and combat burnout. Furthermore, faculty can seek out similar opportunities to connect with individuals at other institutions through professional organizations and networks. Combatting burnout requires not only commitment from individuals but also commitment from employers; therefore, we charge colleges of pharmacy to promote and encourage the development and utilization of suborganizations, by ensuring faculty members are aware of opportunities like the Women Faculty SIG Circles. Ways to accomplish this may include intra-institutional mentors checking-in with mentees to suggest external sources of support and networks which may serve mentees; administrators circulating announcements about opportunities

to participate in Circles and other networks; and college leaders communicating with colleagues at other institutions to seek connections for faculty who may benefit from a specific connection. Colleges are obligated to promote professional fulfillment and combat burnout in the current climate of increasing stress, anxiety, and feelings of work-life imbalance. These efforts benefit colleges by improving morale, enhancing quality of work, supporting upward career trajectories, and mitigating absenteeism, disconnection, and turnover in the majority of their faculty: women.

REFERENCES

1. Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav*. 1981;2:99-113.
2. El-Ibiary SY, Yam L, Lee KC. Assessment of burnout and associated risk factors among pharmacy practice faculty in the United States. *Am J Pharm Educ*. 2017;81(4):Article 75.
3. Maslach C, Jackson SE, Leiter MP. Maslach Burnout Inventory Manual. 4th ed. Menlo Park, CA: Mind Garden, Inc; 2018.
4. Dyrbye LH, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives*. Discussion paper. National Academy of Medicine, July 5, 2017. <https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/>
5. van den Berg JW, Verbery GPM, Berkhour JJ, Lombarts MHMH, Scherpbier AJJA, Jaarsma ADC. A qualitative interview study on the positive well-being of medical school faculty in their teaching role: job demands, job resources and role interaction. *BMC Res Notes*. 2015;8:401.
6. Lindfelt TA, Ip EJ, Barnett MJ. Survey of career satisfaction, lifestyle, and stress levels among pharmacy school faculty. *Am J Health-Syst Pharm*. 2015;72(18):1573-8.
7. Darbshire P, Isaacs AN, Miller ML. Faculty burnout in pharmacy education. *Am J Pharm Educ*. 2020;84(7):Article 7925.
8. Olsen K, Marchalik D, Farley H, et al. Organization strategies to reduce physician burnout and improve professional fulfillment. *Curr Probl Pediatr Adolesc Health Care*. 2019;49(12):10064.
9. Burns KEA, Pattani R, Lorens E, Straus SE, Hawker GA. The impact of organizational culture on professional fulfillment and burnout in an academic department of medicine. *PLoS ONE*. 2021;16(6):e0252778.
10. The Stanford Model of Professional Fulfillment. Stanford Medicine WellMD & WellPhD. Accessed March 15, 2022. <https://wellmd.stanford.edu/about/model-external.html>
11. There's power in women coming together. Lean In. Accessed March 15, 2022. <https://leanin.org/how-circles-work>
12. Beihle L, Crowl A, Park HC, Vos S, Franks AM. The power of peer mentoring to support women pharmacy faculty personally and professionally. *Am J Pharm Educ*. 2021;85(2):Article 8471.
13. American Association of Colleges of Pharmacy. Fall 2020 Degrees Conferred – Profile of Pharmacy Students. Accessed March 15, 2022. <https://www.aacp.org/node/2439>
14. American Association of Colleges of Pharmacy. 2020-2021 Pharmacy Faculty Demographics and Salaries. Accessed March 15, 2022. <https://www.aacp.org/research/pharmacy-faculty-demographics-and-salaries>.
15. Hess C, Ahmed T, Hayes J. *Providing unpaid household and care work in the United States: Uncovering inequality*. Institute for Women's Policy Research. January 2020. <https://iwpr.org/wp-content/uploads/2020/01/IWPR-ProvidingUnpaid-Household-and-Care-Work-in-the-United-States-Uncovering-Inequality.pdf>
16. Seedat S, Rondon M. Women's wellbeing and the burden of unpaid work. *BMJ*. 2021;374:n1972.
17. Alves PC, Olivera AF, Martins da Silva Parro H. Quality of life and burnout among faculty members: How much does the field of knowledge matter? *PLoS ONE*. 2019;14(3):e0214217.
18. Guarino CM, Borden VMH. Faculty service loads and gender: Are women taking care of the academic family? *Res High Educ*. 2017;58:672-694.
19. Nassar AK, Reid S, Kahn moui K, Tuma F, Waheed A, McConnell M. Burnout among academic clinicians as it correlates with workload and demographic variables. *Behav Sci (Basel)*. 2020;10(6):94.

Table 1. Stanford Model and Examples of Professional Fulfillment Support Provided by the SIG Circle

Domain	Primary party responsible	Key factors for success	Examples within our SIG Circle
Efficiency of Practice	Organization	Identification and redesign of inefficient work	Members discussed strategies for modifying workflow, delegating tasks, or combining scholarship with other aspects of the job
		Use of efficient communication methods to minimize e-mail time burden	Members discussed time management strategies learned through readings and on-the-job experience
Culture of Wellness	Organization	Involvement of physicians* in redesign of clinical processes and flows	Members helped clinical faculty plan new clinical services to promote efficiencies and enhance student learning
		Teamwork models of practice	Members shared ideas for creating meaningful teams with common goals
		Designing roles to practice at top of licensure	Members brainstormed ideas to advance the profession, student education, and patient care within their roles
		Realistic staffing and scheduling that recognizes predictable absences	Discussions about perceptions of reasonable or standard workloads were useful for making decisions about negotiations, role changes, or decisions to move to other institutions
		Design of workspace for interpersonal proximity for improved communication	Resources related to productivity and organization were shared; examples include applications such as Calendly (Atlanta, GA) and Trello (New York, NY)
		Streamlining EHR and other IT interfaces	No examples identified
		Leadership support, commitment, and accountability for wellness	SIG Circle members created goals to accomplish before each meeting and circled back to accountability items regularly; members supported one another in applying for and executing leadership positions
		Infrastructure and resources to support wellness	Books, podcasts, and resources useful for wellness were shared among members
		Regular measurement of well-being and professional fulfillment	General check-ins were conducted at the beginning of each meeting
		Recognition and appreciation	Successes were celebrated in each meeting and via emails between meetings
Personal Resilience	Individual	Fairness and inclusiveness	No examples identified
		Transparency and values alignment	No examples identified
		Self-care assessment and support systems	General check-ins with support and resource sharing were conducted at the beginning of each meeting
		Encouragement of peer support	Members proactively supported each other during successes and challenges alike
		Financial management counseling	Members discussed approaches to managing student loans and investments as well as salary/work-life balance tradeoffs
		Safety net systems for crisis interventions	No examples identified
		Worksite evidence-based health promotion	No examples identified
Life-needs support mechanisms	No examples identified		

*This factor was adapted to discuss pharmacist and pharmacy faculty related processes and flows

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Table 2. SIG Circle Community Members with Affiliations, Titles, and Years in Academia

Name	Affiliation	Title	Year Joining the Academy
Erin M. Timpe Behnen	Belmont University College of Pharmacy	Associate Dean Professor	2002
Sara E. Dugan	Northeast Ohio Medical University Initially University of North Texas Health Science Center; Currently Virginia Commonwealth University	Associate Professor	2005
Caitlin M. Gibson	Midwestern University College of Pharmacy, Glendale Campus	Director of Experiential Education	2014
Suzanne Larson	Notre Dame of Maryland University	Assistant Professor	2011
Ashley E. Moody	University of Mississippi	Clinical Assistant	2013
Jamie L. Wagner	School of Pharmacy	Professor	2015

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