

Liaison to Leadership: what barriers do C-L psychiatrists encounter in pursuing leadership roles?

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INTRODUCTION

An overwhelming majority of adults in the United States believe our country is experiencing a mental health crisis, and it has become increasingly clear that undertreated mental illness contributes to poor health outcomes and elevated cost of care¹. There is an acute need for transformation in our healthcare system, and C-L psychiatrists are uniquely positioned to lead it. Attributes and competencies associated with effective healthcare leadership are inherently nurtured in C-L psychiatry training and practice: communication, interpersonal skills, collaboration, trust building and tolerance of uncertainty and change. C-L psychiatrists are frequently relied upon as mediators, advocates, and experts at the interface of mental health care and medical management.

So why don't more C-L psychiatrists fill broader leadership positions in healthcare?

Prior studies have identified only a few potential barriers to C-L psychiatrists advancing in leadership roles. For example, leadership curriculum remains highly variable in medical school and residency training². However, there are likely a multitude of individual, social and structural barriers to entering into and advancing in these roles, which we aimed to identify and highlight in this study.

METHODS

An anonymous electronic survey was distributed via the Society for Liaison Psychiatry (SLP) members' mailing listserv and social media page between August 25 and September 10, 2023. Participants completed the survey on a voluntary basis; no compensation or reward was offered. The study was open to all members of the SLP who possess an MD or DO and are psychiatrists or C-L fellows. Non-MD/DO providers, medical students and residents were excluded from this study. For the purposes of this survey, healthcare leadership was defined as "formal roles involving guidance and direction of healthcare organizations and/or teams. Examples include division director, department chair, quality improvement director, CMO and CEO."

RESULTS

The majority of the 46 respondents identified as women (54.3%), have practiced C-L psychiatry for > 10 years (54.3%) and were board-certified in C-L psychiatry (89.1%). Age groups and current roles of respondents were varied (Figure 1, 2). 65% of respondents identified as being in a leadership role at the time of survey completion and, of those, more than half stated they were interested in pursuing further leadership opportunities. Of those not currently in leadership roles, 50% expressed interest in pursuing them.

Competing interests (58.7%) and fear that leadership roles would be too time-consuming (41.3%) were identified as significant personal barriers to pursuit of leadership opportunities. Most participants did not believe that personal lack of interest or deficits in their abilities or skill sets were significant barriers. Social factors identified as potential barriers for advancing in leadership roles included lack of support, mentorship, and role models (Figure 3). The most significant structural barriers identified were lack of reward or incentive for leadership roles (56.6%) and lack of protected time (60.9%). Limited availability for leadership opportunities (36.9%) and limited access to leadership training and professional development (37%) were also identified.

26% of respondents reported bias or discrimination based on their age to be a barrier to pursuing roles in leadership. Respondents also reported facing bias based on their gender (17.4%), race/ethnicity (6.5%), and international or foreign medical graduate, immigration or Visa status (4.4%).

Additional barriers elicited in free text responses included limited value ascribed to the C-L service by departments of psychiatry as well as the general healthcare system.

Please select your age group.
46 responses

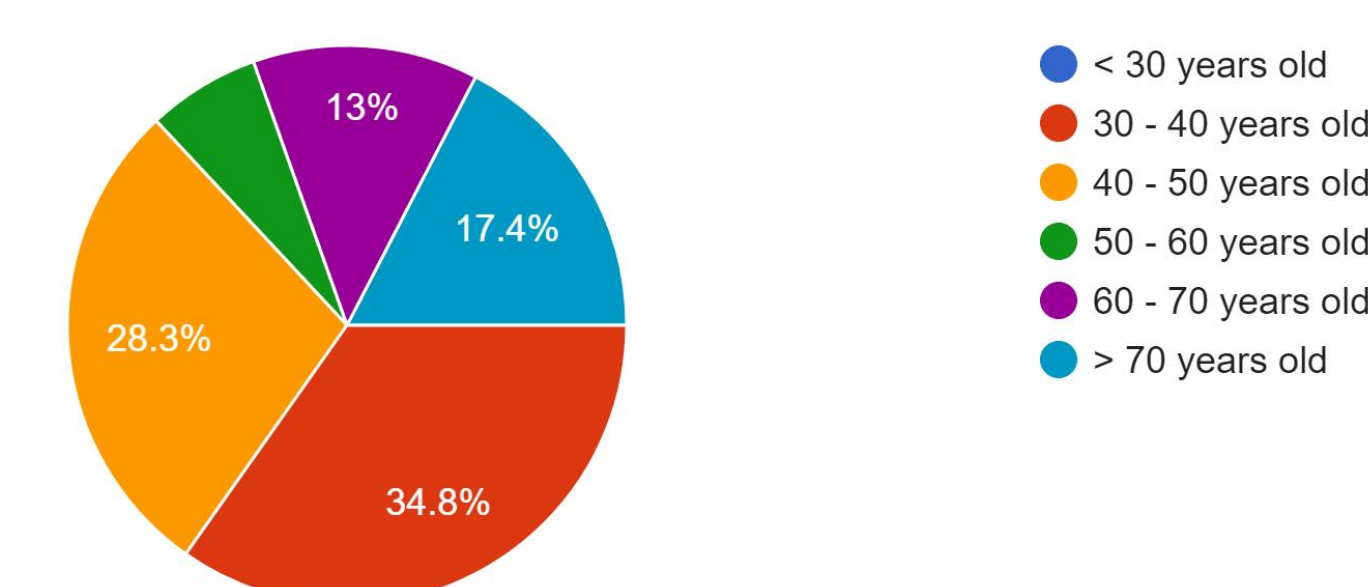


Figure 1. Age of survey respondents.

Please select your current role(s).
46 responses

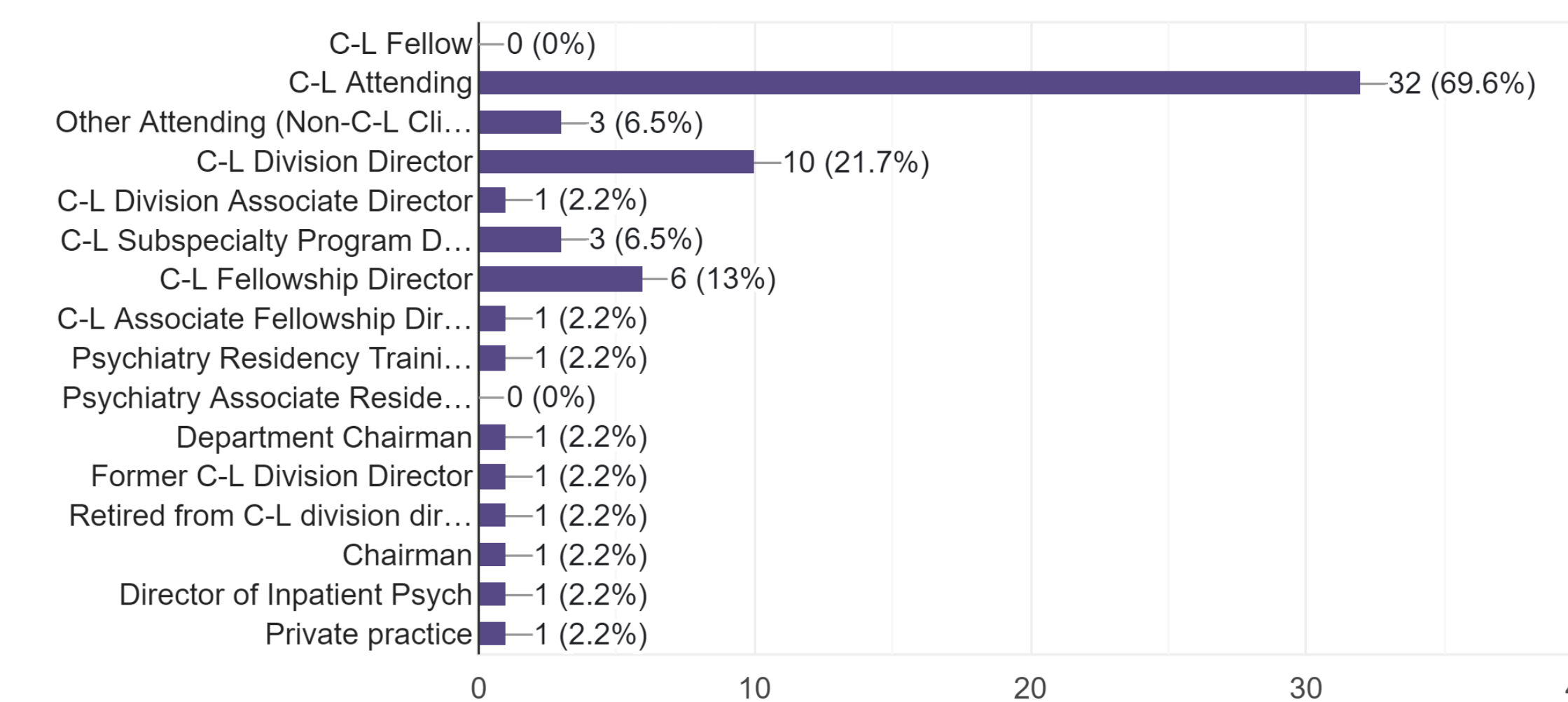
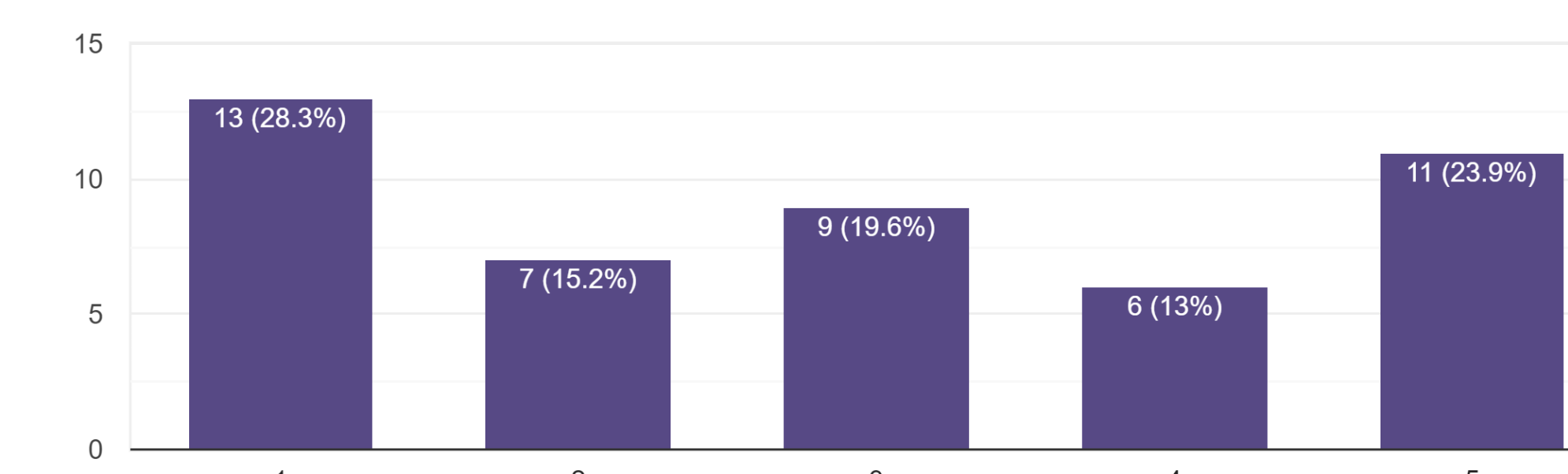
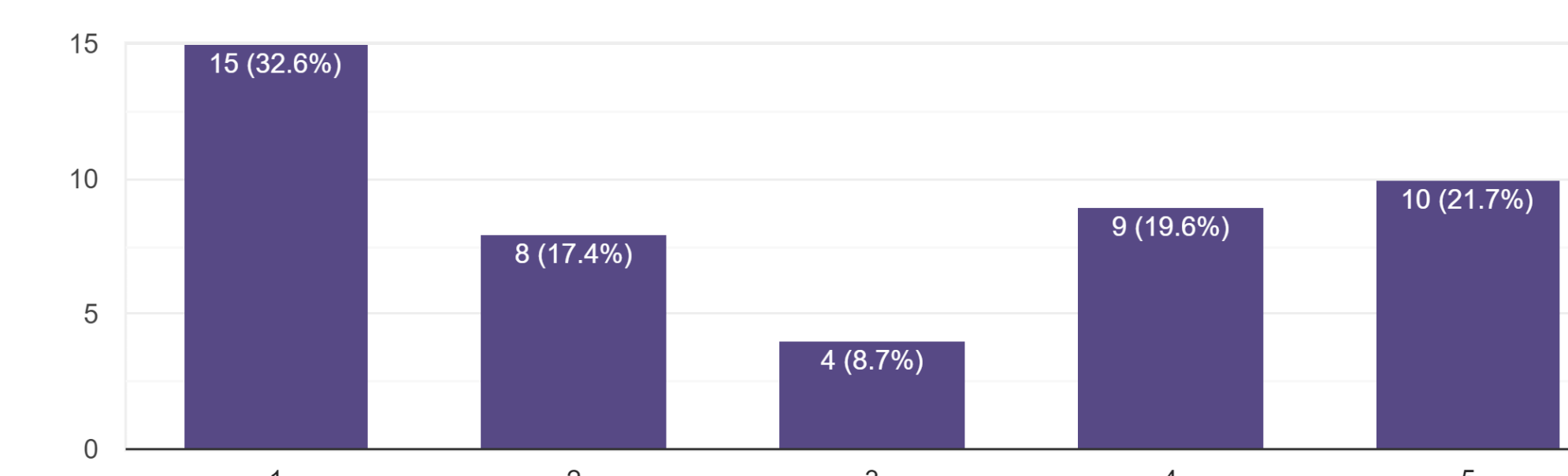


Figure 2. Current roles of survey respondents

There is a lack of support from supervisors.
46 responses



There is a lack of mentors in leadership.
46 responses



There is a lack of role models in leadership.
46 responses

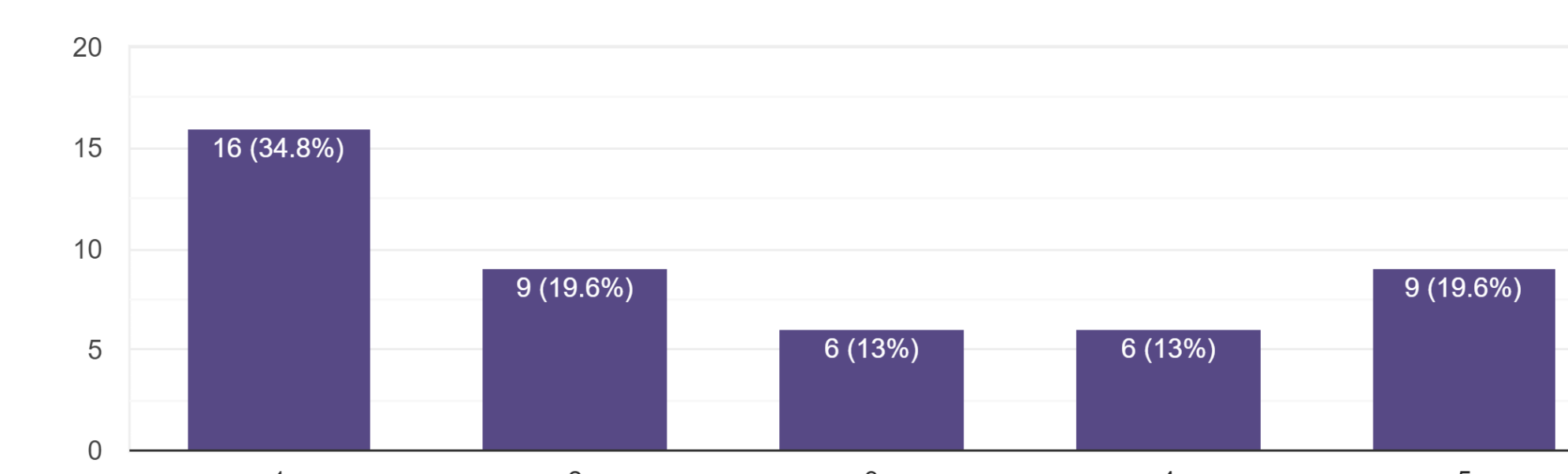


Figure 3. Social barriers to leadership roles.

DISCUSSION / CONCLUSION

This study demonstrates that many C-L psychiatrists aspire to leadership roles and believe they have the abilities and skill sets that these roles require. However, a variety of personal, social and structural factors are cited as barriers to pursuing leadership opportunities. These include competing interests, fear of time-consuming commitments, lack of incentive and limited protected time, and lack of support, mentorship and role models in leadership.

Bias and discrimination based on age, gender, race / ethnicity and immigration status also play a role in advancing to leadership positions for some.

Limitations of this study include the small sample size comprised of C-L psychiatrists accessible by the Society for Liaison Psychiatry listserv, many of whom are presumed to be practicing in New York City. Expanding the sample size and respondent locations in future studies will further elucidate the obstacles faced by C-L psychiatrists pursuing leadership roles, setting the stage for actionable interventions.

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DISCLOSURES

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

BRANY IRB has issued a Determination of Exempt Status for this research BRANY File # 23-12-321-273(HHC).