The Risk of Burnout Among French Mayors

A Descriptive Study

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Objectives: This study assessed the risk of burnout among French mayors and analyzed the specific features of burnout in this population. **Methods:** A national cross-sectional descriptive study was conducted in 2024 in collaboration with the Association of Rural Mayors of France. An online questionnaire, including the Burnout Measure Short Version, was sent to 11,905 Association of Rural Mayors of France members. **Results:** After exclusion, 900 responses were analyzed. The results revealed that 31.4% of French mayors experienced burnout in their elected functions, with 3.48% experiencing severe burnout. The characteristics of burnout among mayors revealed a mix of frenetic and impediment syndromes, with feelings of disappointment, fatigue, powerlessness, and frustration being prominent, along with the experience of poor sleep. **Conclusions:** The implications for preventing burnout among mayors are significant, and interventions must target both work overload and frustration.

Keywords: burnout, French mayors, mental health, local governance, stress

LEARNING OUTCOMES

- Readers identify the risk of burnout among workers or retirees who are mayors.
- Healthcare professionals and mayoral associations are identifying ways to combat burnout among local elected officials.

France has a population of 34,892 active mayors, according to the Registre National des Elus,[1] and it is among the countries with the highest numbers of mayors worldwide.[2] For comparison, there are 34,000 communes in France, compared with 11,000 in Germany and 8000 in Italy. Mayors play pivotal roles in democratic life and the functioning of the Republic, often serving as the primary point of contact between the state and its citizens. Mayors are on the frontlines, responding to community needs (public management [civil status, census, town planning, security, etc.], maintaining a balanced budget, managing communal staff, celebrating weddings, etc.)[3] and embodying the values of the Republic. Mayors are not traditionally classified as a "working population" but rather as people who exercise a vocational function.[4] Unlike employees, mayors do not receive a salary but instead are given an allowance tied to their elected roles, which is limited to the duration of their mandate. Mayors face significant challenges inherent in their roles, including the emotional toll of public service, administrative burdens, and political conflict. In recent years, the growing complexity of local issues, ever-increasing expectations of citizens, and successive crises—health, economic, and environmental crises—have intensified pressure experienced by mayors. In addition, some mayors have professions in addition to their mandates as mayors. This population is unique in that its members live three lives simultaneously: a personal life, a professional life, and a public life.[5]

Despite the importance of the mayoral role and its constraints, a striking lack of attention has been paid to the health—and particularly mental health—of mayors; this lack of attention is especially notable given the increasing pressures and challenges they face[6] and the violence they sometimes face.[7] This oversight may stem from the fact that mayors are not employed. Although limited research has been conducted on the mental health of other political figures, such as British Members of Parliament in the pioneering studies by Weinberg and Cooper,[8–10] the mental health of mayors has largely been neglected in scientific inquiry. This gap is particularly concerning considering that, as mayors are critical pillars of democratic societies,[11] understanding mayoral health and well-being is crucial for sustaining the stability and effectiveness of local governance. Addressing this issue could not only improve the quality of life of mayors but also enhance their abilities to lead and serve their communities effectively. Mayoral burnout is not merely an individual health issue; it has broader implications for the quality of public services, the capacity of local governments to meet the needs of citizens, and, more broadly, the vitality of local democracy. An exhausted mayor is less able to carry out projects or respond to crises, which can affect their entire community. Recent research suggests that burnout is not a monolithic syndrome but can manifest in different forms depending on both the individual and their work environment. Two major profiles are particularly relevant for local elected officials such as mayors. The first profile, namely, frenetic burnout, is typically associated with work overload, high levels of ambition, and deep emotional involvement, and it leads to symptoms such as fatigue, frustration, and poor sleep.[12,13] The second profile, known as "impediment syndrome" or "impediment exhaustion," is characterized by feelings of powerlessness and being trapped, often resulting from external constraints that hinder one's ability to act or achieve objectives.[14,15] Both profiles have been documented among people in high-responsibility occupations, but recent findings indicate that mayors can experience a unique combination of these two forms,

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as they are often simultaneously highly invested in their roles and significantly hindered by administrative or political barriers.

This study aimed to assess the risk of burnout among French mayors and analyze the specific features of burnout in this population.

METHODS

Population

In 2024, we conducted a national cross-sectional descriptive study to assess the burnout of mayors in France in collaboration with the Association of Rural Mayors of France (AMRF).

Materials and Methods

With the support of the AMRF, an online questionnaire was sent via email to all 11,905 AMRF members. The invitation email explained the purpose of the study and invited the respondents to participate voluntarily and anonymously. The participants were informed that they could withdraw from the study at any time.

To ensure that the data were representative of the overall population of mayors in France, we applied weighting adjustments using data from the Répertoire National des Elus, which provides detailed information on the gender, age, department, and professional status (whether the mayor held an additional job) of the mayors. This approach allowed us to correct any sampling bias and ensure that our sample accurately reflected the distribution of these characteristics among all French mayors.

Demographic data (age, gender) and whether a mayor had a job in addition to his or her mandate were collected.

The risk of burnout was assessed using the Burnout Measure Short version (BMS), developed by Malach-Pines.[16] The 10-item version (BMS-10), translated into French,[17] was then administered. This instrument generates scores on the basis of responses to 10 standardized questions. The items were introduced by a statement adapted to the specificity of the mayoral function reading "Currently, when you think about your role as an elected official, how often…?"

A sample item is "…do you feel tired?" The response options and corresponding values were as follows: never = 1, almost never = 2, rarely = 3, sometimes = 4, often = 5, very often = 6, and always = 7. The burnout score was calculated by averaging the responses to the 10 items, resulting in a value between 1 and 7. Higher scores indicated a greater presence of burnout symptoms. A score greater than or equal to 4 indicated a burnout state, and a score greater than or equal to 5.5 indicated severe burnout.

Moreover, the mean score for each item was sorted to characterize burnout subtypes.[16] Disappointment, fatigue, poor sleep, and frustration (feeling "fed up") are typically symptoms of individuals who are heavily invested in their work (project-driven, workaholics, etc.). This is what Farber[12] calls "frenetic syndrome," which is linked to work overload, high ambition, and deep involvement in one's work.[13]

Incomplete questionnaires were excluded from the study. Additionally, responses from individuals who consistently provided the same answers across many questions were excluded to ensure a high data quality.

Statistical Analysis

Means and confidence intervals were calculated for each burnout item and for the total score. Univariate *t* tests were performed to compare the BMS scores according to categorical variables. Univariate χ^2 tests were performed to compare categorical outcomes (BMS score ≥4 and BMS score ≥5.5) according to categorical independent variables (gender, whether the mayor held an additional job, number of inhabitants over or under 1000). Moreover, the overrepresentation of these categorical variables was analyzed using the χ^2 conformity test versus a theoretical frequency of 0.5. The internal consistency of the BMS in this context was assessed using Cronbach α. An $\alpha > 0.7$ was considered a suitable internal consistency level.[18]

Ethics Statement

This study was approved by the institutional review board. Participants who were recruited for the survey received study information, a description of the potential risks and benefits, and a statement that their participation was voluntary and could be stopped at any time. To preserve the anonymity of the survey participants, written consent was not obtained; instead, consent was implied by clicking the link to proceed with the survey. The Strengthening the Reporting of Observational Studies in Epidemiology checklist was used to report the study (Supplemental Digital Content, http://links.lww.com/JOM/C17).

RESULTS

The online questionnaire was sent via email to all 11,905 AMRF members. A total of 1405 mayors responded to the survey. After the exclusions (straightliners, duplicates, incomplete responses), 900 responses were analyzed.

The participant demographics are presented in Table 1. In terms of gender, the majority of respondents were men (n = 575, 63.9%; Table 1).

With respect to employment status, 57.6% of the included respondents with valid data were categorized as holding no job in addition to their mayoral duties (n = 518), and 42.4% currently had an additional job (n = 382; Table 1).

Finally, the "number of inhabitants over or under 1000" variable showed that 75.2% of the participating mayors lived in areas with fewer than 1000 inhabitants (n = 677), whereas 24.8% lived in areas with 1000 or more inhabitants (n = 223; Table 1).

According to the weighted scores, the average burnout score was 3.36 (95% confidence interval, 3.20 to 3.52), with a maximum score of 7 (Table 2). On the basis of these weighted scores, 31.4% of the French mayors had experienced burnout in their elected functions (scores ≥4). More concerningly, 3.48% of the participants were experiencing severe burnout (scores ≥5.5). The mean BMS score was greater among women than among men, but there were no significant differences for the variables concerning additional jobs or commune size (Table 2).

Table 3 shows the mean scores for each item on the BMS-10 scale. The internal consistency of the BMS-10 in our sample was 0.90.

DISCUSSION

The results of this study revealed that more than 31.4% of French mayors experience notable levels of burnout, with 3.48% classified as having severe burnout. Moreover, two distinct burnout syndromes were observed among mayors: frenetic syndrome and impediment syndrome.

Burnout is a state of fatigue or inability to function normally in the workplace when demands exceed an individual's capacity to meet

TABLE 1. Demographics of the Sample

	Sample n (%)
Gender	
Men	575 (63.9%)
Women	325 (36.1%)
Job	
Additional job	382 (42.4%)
No additional job	518 (57.6%)
Number of inhabitants in the town	
<1000	n = 677 (75.2%)
>1000	n = 223 (24.8%)

TABLE 2. Comparison of Mean of Burnout Measure Short (BMS) Scores Across Sociodemographic Groups

	BMS Mean [95% Confidence Interval]	*t* Test (*P*)	BMS Score ≥4/7 (%)	χ^2 (*P*)	BMS Score ≥5.5/7 (%)	*t* Test (*P*)
Sex						
Men (n = 575)	3.36 [3.28–3.44]	<0.001	30.1%	0.006	2.3%	0.051
Women (n = 325)	3.63 [3.52–3.75]		39.1%		4.6%	
Job						
Additional job (n = 382)	3.53 [3.43–3.63]	0.070	35.9%	0.167	5.5%	<0.001
No additional job (n = 518)	3.41 [3.32–3.49]		31.5%		1.3%	
Number of inhabitants (commune)						
<1000 (n = 677)	3.44 [3.36–3.51]	0.338	32.8%	0.548	2.5%	0.071
>1000 (n = 223)	3.51 [3.38–3.65]		35.0%		4.9%	
Total (n = 900)	3.46 [3.39–3.52]		33.3%		3.1%	
Weighted total score	3.36 [3.20–3.52]		31.4%		3.5%	

them. Although there is no consensus on the exact definition of burnout or the number of dimensions,[19] there is common agreement that emotional exhaustion is the initial stage. Drawing on numerous studies, Leiter stated that "the progression of phases is highly consistent with increases in emotional exhaustion."[20] Truchot described the burnout process similarly: "A consensus emerges to affirm that burnout starts with emotional exhaustion… Both theoretical conceptions and empirical results give it a central role."[21]

Therefore, although the most recognized burnout scale is the Maslach Burnout Inventory,[22] we chose to use BMS-10 that was developed by Pines for several reasons. Specifically, this scale is shorter and more focused, focusing mainly on the first phase of the burnout process, making it particularly useful for the early detection of burnout symptoms. In addition, Pines (1994) looks at exhaustion in the political field.[23]

BMS-10 is a reliable and culturally adapted tool designed specifically to assess burnout, which is a critical issue among individuals in high-demand occupations such as mayors. The 10-item structure of the BMS-10 makes it quick and easy to administer while maintaining strong psychometric properties.[16] The scale has been validated in various professional populations, which ensured that it effectively captures the concept of burnout. Additionally, the sensitivity of BMS-10 to changes over time makes it useful for monitoring the impact of interventions aimed at reducing burnout, such as workload adjustments and recovery strategies.[17] During the COVID-19 period, this scale highlighted impediment syndrome among small business owners.[14] In 2019, the BMS-10 was used in France on 11 independent samples, totaling 5672 small business owners.[24]

The results of the current study on mayors are comparable to those of previous studies on small business owners (small and medium-sized enterprises), where similar levels of burnout were observed.[14] The comparable rates of burnout between mayors and small business owners, despite the unique nature of the mayors' elected mandate, suggest that burnout is not limited to traditional employment contexts. Leadership roles that demand constant decision-making and emotional investment seem to share a common vulnerability to burnout.[25] There are several arguments for comparing mayors, especially those of small towns, with small business owners. First, comparing elected politicians with managers or leaders is nothing new in itself. A previous study compared members of parliament in the House of Commons with middle- to top-level managers.[8] Our sample is made up mainly of mayors of small towns, so it is more relevant to compare them to those of small business owners. Moreover, when we asked the study participants the following question: "What do you think of the following proposal? The mayor is an entrepreneur," 78.9% of our sample agreed or strongly agreed, and only 3.3% strongly disagreed.

A particularly interesting finding is the coexistence of two distinct burnout syndromes, namely, frenetic syndrome and impediment syndrome, among mayors. Frenetic burnout, which is often associated with work overload, high levels of ambition, and deep emotional involvement in work, is reflected in high levels of fatigue and frustration as well as poor sleep.[16] However, the relatively high reporting of "powerlessness" among mayors, which contrasts with its lower reporting among small business owners, indicates a significant impediment-related component in mayoral burnout. This feeling of powerlessness, which is often associated with external constraints, is consistent with what was observed among small business owners during the COVID-19 pandemic, where limitations beyond one's control heightened symptoms of burnout.[15] This feeling of powerlessness among elected politicians (a perceived low degree of control[8] or a lack of control[26]) has already been highlighted as a pathogenic factor. This dual burnout profile suggests that mayors experience both high personal investment in their duties and substantial frustration due to perceived external barriers such as administrative bureaucracy and political limitations.[10] Thus, we arrive at the same conclusion as Foucault when he speaks of committed but prevented mayors.[4]

The composition of mayoral burnout reveals the highest influence of feelings of disappointment, fatigue, powerlessness, and frustration (feeling "fed up") and the experience of poor sleep. These five key items typically indicate individuals who are heavily invested in their work (project-driven, workaholics, etc.) and are frequently observed among small business owners. However, in the case of mayors,

TABLE 3. Comparison of Weighted and Nonweighted Burnout Item Scores With 95% Confidence Intervals (CIs)

Items Burnout	Weighted Mean	Weighted [$CI^{95\%}$]	Mean (Not Weighted)	[$CI^{95\%}$]
Disappointed with people	4.46	[4.25–4.67]	4.53	[4.47–4.60]
Tired	4.41	[4.20–4.62]	4.52	[4.44–4.59]
Helpless	3.73	[3.54–3.93]	3.82	[3.74–3.91]
Difficulties sleeping	3.66	[3.46–3.86]	3.81	[3.70–3.92]
"I've had it"	3.61	[3.42–3.80]	3.73	[3.63–3.84]
Trapped	3.17	[2.99–3.34]	3.26	[3.17–3.35]
Physically weak/sickly	2.88	[2.72–3.05]	2.97	[2.87–3.06]
Depressed	2.74	[2.57–2.90]	2.83	[2.73–2.93]
Hopeless	2.68	[2.51–2.84]	2.75	[2.66–2.85]
Worthless/like a failure	2.27	[2.13–2.40]	2.35	[2.27–2.44]

the relatively high score for the feeling of powerlessness ranked third, whereas this typically ranks sixth among small business owners, of the 10 components of burnout measured by the BMS-10.[14] Our research on small business owners' health during the COVID-19 pandemic revealed a significant sense of powerlessness, highlighting the presence of impediment syndrome.[14] The risk of burnout among mayors seems to be an interesting blend of frenetic and impediment syndromes. French mayors are both highly invested and significantly hindered (feeling powerless). Thus, they suffer from a form of frustration-induced burnout.

Compared with other high-demand professions, the elevated sense of powerlessness among mayors likely stems from the unique constraints of local governance. Unlike small business owners, mayors operate within a complex framework of regulations, budget limitations, and public accountability, which may exacerbate feelings of frustration and the inability to effect change. Furthermore, the expectation that they serve the public interest without the same level of control as in private sector roles may amplify mayors' senses of helplessness. These findings highlight the need for targeted support structures for mayors that recognize the dual nature of their burnout—both frenetic and impediment-driven.[27]

In terms of sociodemographic differences, the data reveal that women mayors and those holding additional jobs are at a significantly higher risk of burnout. This is consistent with existing research on gender and work-related stress, where women often face the dual burden of professional and domestic responsibilities,[28] especially when they hold managerial responsibilities,[29] including when they are politically active.[5] The higher burnout rates among mayors who also work in nonmunicipal jobs suggest that juggling multiple roles exacerbates stress, a finding supported by studies in similar contexts. Future research could explore whether these patterns hold for other elected officials or local government representatives in different countries, providing insights into how sociodemographic factors influence burnout in political roles.[30]

The implications of these findings for preventing burnout among mayors are significant. Given the dual nature of burnout (frenetic and impediment), interventions must target both work overload and frustration. Reducing administrative burdens, providing clearer pathways for mayors to achieve their goals, and implementing peer support networks could mitigate both the frenetic and impediment aspects of burnout.[25] Additionally, recovery strategies that help mayors disconnect from their roles may serve as valuable tools for burnout prevention.[31]

This study had several limitations. Although weighting adjustments ensured that our sample was representative of French mayors, the data relied on self-reported measures, which can introduce reporting biases.[32] Moreover, this study did not capture the longitudinal progression of burnout over the course of a mayor's term. Long-term studies tracking changes in burnout over time, especially in response to significant external stressors such as economic or public health crises, would provide deeper insights into burnout dynamics among mayors.

Future research should also focus on the environmental and organizational factors that contribute to mayoral burnout. For example, it would be interesting to compile an inventory of events that contribute to mayoral stress to identify and weigh these stressors accurately. Similarly, comparative studies between urban and rural mayors could highlight the impacts of municipality size and local resources on the risk of burnout. In addition, examining the effectiveness of specific recovery strategies in reducing burnout symptoms among mayors could provide useful information for designing interventions. Moreover, it is crucial to measure the relationship between burnout levels and mayoral effectiveness to understand how burnout impacts the quality of local governance. Burnout can impair decision-making and reduce employee engagement. Since June 2020, approximately 1300 French mayors have resigned, at a rate of approximately 450 per year, compared with 350 per year during the previous term.[4] A longitudinal study could track the progression of mayoral burnout and assess its effects on indicators such as effectiveness in office and personal satisfaction. In addition to providing valuable data for developing prevention and support programs, such research would help mitigate resignation rates or decisions not to run for reelection, thus ensuring continuity and stability in local governance. Finally, loneliness is a factor that generally has a significant effect on both managers in small organizations[33] and politicians,[26] and the relationship between sleep quality and the effectiveness of municipal decision-making also requires further investigation.[34] The role of mayoral associations could include establishing support and discussion groups for mayors to help prevent severe burnout. Training seminars focused on burnout recovery strategies should also be considered.

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