

Burnout in overworked residents

“A Perpetual Struggle.”



Sucharu Asri, 3rd Year MBBS, SGT medical college hospital and Research Institute, Haryana.

A senior resident at a reputed government hospital just like his fellow residents was suddenly handed over with huge tasks and responsibilities as the covid-19 pandemic hit. To meet all ends, A tried his best to fulfil his duties as a doctor by working long hours. As a result of the workload, he wasn't able to focus on his life outside of work due to which after a few months he realized that his productivity deteriorated and he also struggled with tasks that once seemed easy. Feelings of exhaustion, isolation, fatigue and low work satisfaction slowly crept in which led him to burst out in tears in front of his senior. Pursuing medicine which was once a dream for him

suddenly became a nightmare.

Like A, many residents and physicians in the past years have been struggling with burnout and continue to do so. Burnout is not something that is experienced by doctors only in developing countries but is also prevalent in developed countries like the United States itself.

According to multiple studies, the numbers indicating burnout experienced by residents are alarming with the overall burnout rate ranging from 25-75% in physicians depending on their specialty(1).

What is Burnout?

It is defined as a state of mental and physical exhaustion related to work.

More broadly stated as a triad of

depersonalization, reduced personal accomplishment, and emotional exhaustion when one is performing a caregiving activity, burnout is very often experienced during residency due to the long working hours and demanding work schedules. It can also lead to the development of depression, suicidal ideation, and cardiovascular diseases (2). Some of the many evident physical symptoms seen in burnout are appetite changes, insomnia, fatigue, headache, and gastrointestinal distress. Psychological symptoms are low and irritable mood, cynicism, decreased productivity due to low concentration, anxiety, loss of motivation, and self-doubt (1).

Medical professionals start experiencing burnout from the early days of medical school. It is a problem that

begins during medical school and may develop or continue to exist in residents and practising physicians. During medical school, students tend to suffer from imposter syndrome even after putting their best to gain knowledge. Constant self-doubt, back-to-back submission of assignments and undue stress for studies may go a long way. Both inherent and environmental factors are known to affect burnout rates in resident physicians including constant stress, unclear and demanding expectation at work, being in high-pressure environments with no breaks, having no support system, lack of rest, and unhealthy eating habits.

So, how can we reduce the rate of burnout amongst medical professionals?

While there may not be a one size fits all

approach for this but the following interventions and solutions can be used by residents individually or can be incorporated into hospital settings:

1. Peer support for challenging cases can be validating and stress-reducing
2. Long-term support through accessible support programs (eg: Resilience, self-care and mindfulness courses)
3. Use of reflective practice groups or “reflective rounds”
4. Mandatory breaks (including power naps, and access to silent rooms)
5. Incorporation of meditation and physical exercise into the daily schedule can also reduce feelings of anxiety, and stress and uplift mood.
6. Psychological first aid and counselling can help explore occupational

challenges and increase self-awareness (1, 3).

So far, Academic medicine has been successful in disseminating information about the burnout phenomenon but its prevention can only be achieved if medical professionals

prioritize their mental health and keep an eye out for the signs of burnout. While reforms must be incorporated into medical training, residents and medical professionals should also pay attention to their personal well-being and incorporate the abovementioned

interventions into their lifestyles. As it is rightly said “The land of burnout is not a place that one aspires to go back to” therefore one must take time to pause, linger, and find peace with oneself.

REFERENCES

1. IsHak WW, Lederer S, Mandili C, Nikraves R, Seligman L, Vasa M, et al. Burnout During Residency Training: A Literature Review. *J Grad Med Educ.* 2009 Dec;1(2):236–42. 2. Nene Y, Tadi P. Resident Burnout. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 [cited 2022 Jun 23]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK553176/> 3. Søvold LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfle MW, Grobler C, et al. Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority. *Front Public Health* [Internet]. 2021 [cited 2022 Jun 23];9. Available from: <https://www.frontiersin.org/article/10.3389/fpubh.2021.679397>
2. Nene Y, Tadi P. Resident Burnout. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 [cited 2022 Jun 23]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK553176/> 3. Søvold LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfle MW, Grobler C, et al. Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority. *Front Public Health* [Internet]. 2021 [cited 2022 Jun 23];9. Available from: <https://www.frontiersin.org/article/10.3389/fpubh.2021.679397>