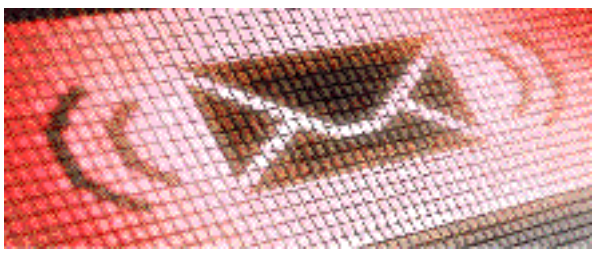

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Resident Burnout—You're Not Alone

by Kristin Adams Forner

Here's an exercise for incoming anesthesia residents: Take a look at the resident next to you. Chances are, one of you will experience burnout—possibly quite severe—during your training. The problem will be bad enough that it could threaten not only your health but also that of your patients through inattention, drug errors and other avoidable lapses of care.


Kristin Adams Forner, MD

How do we know this? A group of researchers at Northwestern University in Chicago has been studying burnout and depression among anesthesia providers for some time. Their findings, both published and unpublished, paint a concerning picture. Their most recent survey data, presented at this year's annual meeting of the Association of University Anesthesiologists, found that 56% of the 1,400 respondents suffered from moderate to high burnout. Risk factors included younger age, female sex, early stage of training and being unmarried (so much for Hollywood).

Residents suffering from burnout reported less attention to patients and a higher incidence of drug errors. Burnout, the researchers concluded, is "extremely prevalent" in anesthesiology and represents "a potential threat to resident health and the safety of patients."

If that sounds troubling, consider this: A study published in the August issue of *Academic Medicine* found an even higher rate of burnout among internal medicine residents—ranging from 50% to 75%, depending on how burnout was defined.

So, what is burnout, and how does it differ from simple fatigue? In a review of resident burnout from 1983 to 2004, Niku Thomas, MD, defined the problem as "a pathological syndrome in which emotional depletion and maladaptive detachment develop in response to prolonged occupational stress." The Maslach Burnout Inventory, the gold standard for diagnosing burnout, adds a lack of personal achievement to these two indicators.

Dr. Thomas argued that burnout often occurs during residency because most training programs are demanding, interfere with work–home balance and put trainees in subordinate positions. Her work also echoes the conclusions of the Northwestern survey that residents suffering from burnout believe they commit more medical errors.

In 2003, when the Accreditation Council on Graduate Medical Education (ACGME) restricted resident work hours to an average of 80 hours per week, most people assumed resident fatigue-related burnout and error would decrease. Researchers from Boston and Chapel Hill, N.C., looked at the psychological well-being of surgical residents around the country before and after the 80-hour workweek. They found a decrease in psychological distress, but no difference in perceived stress or academic performance among residents.

Indeed, Dr. Thomas agreed that "although resident work hours and sleep deprivation are associated with stress and medical errors," they alone were not associated with burnout. Moreover, she showed that decreasing work hours was not associated with a reduction in burnout. Instead, the intensity of the resident's workday, and the degree to which it interrupts home life, were repeatedly cited as critical factors in resident burnout.

But our residents are not alone in their struggle. The studies examining burnout among our chairpersons and program directors found similar results: More

To read more on burnout, try:

- *J Am Coll Surg* 2004;198: 633-640.
- *Surgery* 2005;138:150-157.
- *Anesthesiology* 2011;114:194-204.
- *J Clin Anesth* 2011;23:176-182.

than 50% of the respondents from around the country were at risk for, or already suffering from, this same affliction. Risk factors for chairpersons included low job satisfaction and poor significant other support. Program directors also included those two risk factors but added to them disputes with their chairpersons and the ACGME.

So how do we begin to address a pathology that threatens patient care and is so widespread in our community? Given the results of these studies, perhaps we need to look at providing more opportunities for social interaction and support system strengthening, both within and outside of our departments.

- *JAMA* 2011;305:2009-2010.
- *Acad Med* 2011;24.

Perhaps we need to find ways to help our chairpersons, program directors and residents introduce more control over their work demands and home-life demands while promoting better separation of the two spheres. Perhaps we could occasionally remind those around us of the things they do well, instead of focusing on the things they could do better. And perhaps we could remember, after all, that each of us is playing for the same team.

—Kristin Adams Forner, MD

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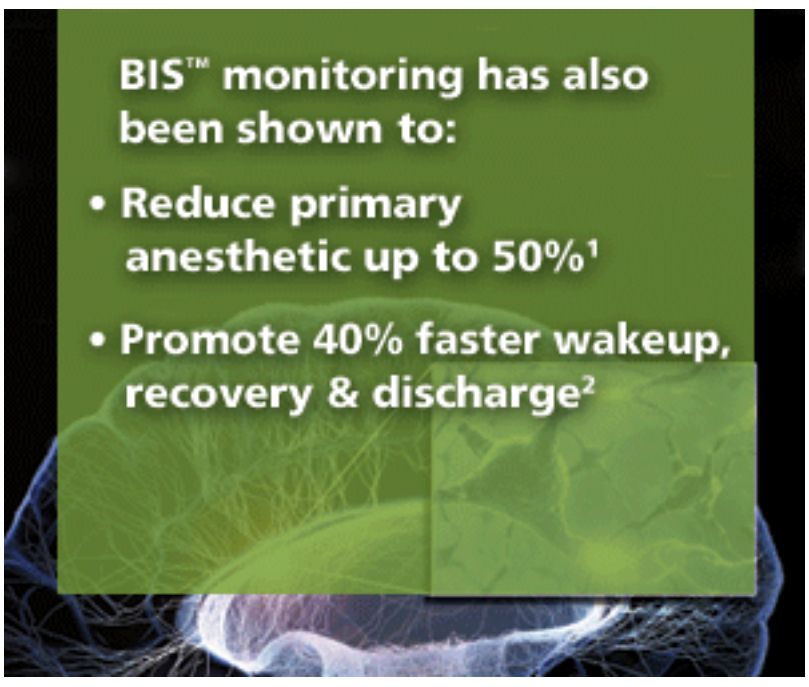
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