

# A Comparison of Burnout and Resiliency in Psychiatry Residents Compared to Other Specialties

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## Introduction

Physicians, especially those in residency training are at risk for burnout. Reports of burnout in medical residents has drawn the attention of Accreditation Council for Graduate Medical Education (ACGME), however information regarding interventions to enhance well-being and resiliency is lacking. Burnout has consequences for residents' health and negatively affects performance. It is agreed that burnout leads to errors in judgement, depletion of personal coping resources, and impaired physical and emotional health. In contrast, resiliency, the ability to bounce back from stressful situations and to grow through adversity, is less studied. At University of Toledo, we compared measures of burnout and resiliency in psychiatry residents to other specialties.

## Objective

- To compare measures of burnout and resiliency in psychiatry residents to other specialties
- To identify gender differences in measures of burnout and resiliency.
- To propose resiliency and wellbeing interventions for residents

## Methods

A protocol was developed, and approved by the IRB, all participants signed consents to participate in the study. A total of 121 residents from 5 specialties (family medicine, neurology, emergency medicine, internal medicine, psychiatry) completed the following inventories: MBI (Maslach Burnout Inventory), PQOL (Professional Quality of Life), Perceived Stress Scale, Connor-Davidson Resiliency Scale, and Mindful Attention Awareness Scale. There were 43 females and 77 males of average age 30.4 (4.4) years. Residents completed the assessments in the early fall prior to the beginning of a resiliency intervention program. Data was analyzed by SPSS: MANOVA, followed by ANOVA as indicated.

## Results

- Comparison of the dependent variables by gender showed that male residents scored higher on depersonalization and mindfulness ( $p = 0.04$ ) and lower on perceived stress ( $p = 0.05$ )
- PQOL: psychiatry residents were higher in compassion satisfaction than internal medicine ( $p = 0.01$ ). Psychiatry residents had a lower score in secondary traumatic stress than family medicine residents
- The burnout measure from the PQOL was lowest in psychiatry residents compared to the other specialties ( $p=0.0001$ )
- MBI: residents from internal medicine and emergency medicine scored higher than psychiatry and neurology in emotional exhaustion. Emergency medicine residents scored higher than psychiatry residents and all other residents in depersonalization (0.001)
- In contrast to these significant differences in PQOL and MBI, there were no differences among residents in perceived stress, resiliency or mindfulness

## Conclusion

Based on our data, residents from other primary care and specialty programs have higher rates of burnout compared to psychiatry residents. In addition, psychiatry residents have higher professional quality of life compared to internal medicine residents. Faculty tasked with developing programs aimed at increasing resiliency and decreasing burnout need to adapt those programs to the specific needs of residents in different disciplines. Furthermore, investigating the lower burnout rates in psychiatry residents while controlling for perceived stress across disciplines can provide guidance for implementation of strategies to reduce burnout in other specialties.



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