

# Chapter 100

## Resident Physician and Medical Academic Faculty Burnout: A Review of Current Literature

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### **ABSTRACT**

*Physician burnout finds its roots in both undergraduate and graduate medical education and has emerged as an important cause of academic faculty turnover. Recognition of the need for resiliency training has led to the development and implementation of wellness programmes throughout the country and world. This chapter examines the causes and potential solutions of combating resident physician and academic faculty burnout in medical education. The authors reviewed current literature on wellness programmes in medical education, including both traditional and curricular approaches and provide a template for creating a well-rounded wellness programme to promote resident physician and academic faculty wellness.*

### **INTRODUCTION**

With the pressure of caring for patients, one can understand the importance of physicians maintaining good health, physically and emotionally. However, physician burnout is alarmingly prevalent in the current day with anywhere from 25%-70% experiencing the ‘emotional exhaustion, depersonalisation and decreased feelings of personal accomplishment’ (Eckleberry-Hunt, Van Dyke, Lick, & Tucciarone, 2009). At one time, burnout has been present in ‘one-third to one-half of US medical students and academic faculty’ and also been observed with the same prevalence throughout the world in countries such as Japan, New Zealand and Canada (Benbassat, Bauml, Chan, & Nirel, 2011). When dissected, it is clear that physician burnout finds its roots in both undergraduate and graduate medical education.

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## **BACKGROUND**

When examining undergraduate medical education, two unique classifications of burnout predispositions have been studied: exogenous stressors and endogenous stressors. Exogenous or environmental stressors include ‘adjustment to medical school, student abuse, witnessing and unwillingly participating in unethical behaviour towards patients and exposure to death and suffering’ (Benbassat et al., 2011). Of note, the endogenous stressors were often related to qualities identified in one’s personality such as neuroticism and contentiousness.

People who chose the field of medicine are often concrete thinkers and interested scientists, looking for evidence to evaluate the strength of a concept. Incoming students are often not prepared for the uncertainty that lies within medicine, so students struggle with an ‘intolerance of uncertainty’ also known as a ‘perception of ambiguous situations as a threat’ often comes as an endogenous stressor. Three different types of uncertainty have been described in literature (Benbassat et al., 2011). The first and most common is an uncertainty of one’s personal adequacy; students were concerned that they would not learn all they needed to know to be a successful physician. This uncertainty can also be manifested in the competitiveness associated with undergraduate medical education, though newly addressed with curricular changes (Benbassat et al., 2011; Slavin, Schindler, & Chibnall, 2014). The other two uncertainties concerned the limitation of available medical knowledge and lastly, the uncertainty resulting from being unable to distinguish between the other two uncertainties (i.e. uncertainty of personal adequacy and limitation of one’s medical knowledge) (Benbassat et al., 2011).

Naturally, when examining graduate medical education (residency), life satisfaction was the lowest and prevalence of mental health problems was the highest within the first year. In fact, 76% of new doctors reported high levels of burnout. Yet again, with a global impact, it was observed that 30% had anxiety symptoms and 15% had depressive symptoms in Switzerland. In Canada, 14% reported they would change specialty and 22% would not pursue medicine if given the opportunity to relive their career (Benbassat et al., 2011). Interestingly, physicians who attended medical school outside of the United States reported lower emotional exhaustion and depersonalisation (essentially, burnout) than United States medical graduates (Eckleberry-Hunt et al., 2009). The reason for this difference is that the general work culture in the United States is thought to be more stressful than other parts of the world due to a variety factors and when it comes to medical training, work hours are more restricted in other countries compared to the United States (Gander, Briar, Gardner, Purnell, & Woodward, 2014). Regardless, given that thousands of new doctors graduate each year, the magnitude of those statistics is astounding. Due to significant variation in schedules as well as the health of patients, certain specialties such as intensive care, emergency medicine and oncology result in lower life satisfaction (Benbassat et al., 2011). Unmet expectations provide a new stressor to new doctors once formal medical education is completed and they are finally practicing. Sometimes, being inexperienced, some new physicians are discovering that the practise of medicine may not reflect what was expected upon applying and entering medical school. To dig deeper in unmet expectations, these doctors also face discrepancies between what is learned in school and what is experienced in practise. These discrepancies revisit and even confirm the stressors of personal inadequacy as mentioned in undergraduate medical education stressors. Overall, personality issues, such as pessimism, perfectionism and lack of coping skills for stress, persist as one common theme in the development of burnout (Eckleberry-Hunt et al., 2009).

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