

Residents' Burnout May Compromise Pediatric Care

Diana Phillips | February 24, 2017

Pediatric residents are not immune to the high levels of burnout experienced by their peers in other specialties, and their young patients may be paying the price, a new study suggests.

Of 258 pediatric interns and residents who responded to a Web-based survey designed to assess the trainees' levels of stress, burnout, relationship satisfaction, and work-life balance, 101 (39.1%) reported being burned out, defined as experiencing mental and physical exhaustion related to work or caregiving.

Moreover, many of those who felt burned out indicated that the quality of the care they deliver has suffered as a result, Tamara Elizabeth Baer, MD, from Boston Children's Hospital, and colleagues report in an article [published online](#) February 23 in *Pediatrics*.

Previous studies have demonstrated high rates of burnout among residents in certain specialties, such as general surgery, [as reported](#) by *Medscape Medical News*.

The results of the current burnout study — the largest to date within pediatrics, according to the authors — are consistent with the published literature and confirm that burnout is highly prevalent among pediatric residents. "Addressing burnout is necessary to promote high quality, compassionate, and safe patient care, and educational leaders must address resident wellness to optimize the care we provide to our patients," they write.

To assess burnout, the researchers used two items from the Maslach Burnout Inventory. They used the prompt, "I feel burned out from my work," to assess emotional exhaustion, and the prompt, "I've become more callous toward people since I took this job," to assess depersonalization. Responses were on a 7-point Likert scale.

The survey also evaluated residents' attitudes and behaviors toward patient care using seven questions related to the frequency of certain actions, such as treatment errors not attributable to lack of knowledge or experience or not paying attention to the social or personal impact of an illness on a patient.

The survey participants came from 11 training programs of various sizes across New England and were evenly distributed across each of the three postgraduate years.

Among the 39.1% of respondents who screened positive for burnout, there were no significant differences in burnout rates by sex, race/ethnicity, relationship, or parental status, although residents aged 30 years or older were more likely to report burnout than their younger counterparts (52% vs 37.5%; $P = .05$).

Year of residency training or hours worked in the past week were also not significantly associated with differences in burnout rates, but perceived sleep deprivation was, the authors report. Of the 104 residents who reported feeling sleep deprived, 53.9% were burned out compared with 30.9% of those who were not sleep deprived ($P < .001$).

In adjusted analyses, residents reporting burnout were significantly more likely to report having suboptimal attitudes and behaviors regarding patient care on a weekly or monthly basis in the following five of seven items than those who were not burned out.

- "Felt guilty from how I treated a patient from a humanitarian standpoint";
- "Paid little attention to the social or emotional impact of an illness on a patient";
- "Made treatment or medication errors that were not due to lack of knowledge or inexperience";
- "Did not fully discuss treatment options or answer a patient's questions"; and
- "Discharged patient to make the service more manageable."

Although perceived sleep deprivation was a predictor of burnout, it did not significantly interact with burnout in regression models of reported poor patient care quality, suggesting that "the association between burnout and self-reported suboptimal patient attitudes and behaviors was not confounded by perceived sleep deprivation," the authors write.

The high prevalence of burnout and the negative implications for pediatric patient care suggest that residency programs must address burnout through education and prevention, the authors write.

Such efforts must encompass personal and system-level changes, according to John D. Mahan, MD, from Nationwide Children's Hospital, the Ohio State University College of Medicine, in Columbus.

In an [accompanying commentary](#), Dr Mahan issued a call to action to address the "significant effects" of burnout on pediatric trainees, colleagues, and patients. "The problem is clear; the 'Call to Action' is for our community to do the hard work to address systems factors and facilitate residents to develop the personal-social skills necessary for resilience in the face of the myriad stresses and difficult outcomes they will inevitably face."

Among the systems issues contributing to burnout, Dr Mahan explains, are a diminished sense of physician/trainee control, electronic health record burdens (as has been [previously reported](#)), misaligned social and financial rewards, and physician/trainee disengagement from decision making and governance.

"Thoughtful efforts to address organizational issues with detailed methods that focus on the mismatch between the individual and the work must be part of the solution," Dr Mahan writes. "Ideally, these systems approaches are complemented by person-centered, developmental methods to prevent and/or reduce burnout by building effective self-care skills, social support, and individual resilience in trainees and physicians."

Such efforts "will be most effective for trainees and physicians who retain the joy, passion, and purpose of the calling that is pediatrics," Dr Mahan stresses. "Modeling and encouraging this appreciation of our work should remain a high priority for all of us who care for our patients and our profession."

This study was supported by the Boston Children's Hospital's Fred Lovejoy Resident Research Award and a Leadership Education in Adolescent Health Training grant from the Maternal and Child Health Bureau, Health Resources and Services Administration. The authors and editorialist have disclosed no relevant financial relationships.

Pediatrics. Published online February 23, 2017. [Abstract](#), [Editorial](#)

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Cite this article: Residents' Burnout May Compromise Pediatric Care. *Medscape*. Feb 24, 2017.

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