

## Burnout in the Resident Physician and a Simple Means of Improvement

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**Abstract :** Introduction: Burnout, anxiety, and depression are three conditions that are prevalent in medical providers. This is especially the case in the field of anesthesia, which has a high number of providers suffering from burnout and burnout syndrome. A major contributor to this issue is isolation in the workplace, with a perceived lack of peer support as a major risk factor for burnout. Two organizational interventions that can be done to help improve this issue are small group sessions and providing affordable mental health services. Per American College of Graduate Medical Education (ACGME) Guidelines, these affordable mental health services are a requirement of all residency programs, but for a variety of reasons, many residents do not access them. As physicians, we are often not good at asking for help. With this in mind, we hypothesized that carrying out small group resiliency sessions facilitated by Graduate Medical Education (GME) Wellness Counselors would improve both resident peer support as well as the likelihood that a resident will reach out to GME Wellness in a time of need. Methods: We held small group resiliency sessions with the GME Wellness Mental Health Professionals during protected didactic time. These sessions were small groups, including the members of one's class (i.e., first-year residents on their own), and were facilitated by 1-2 mental health professionals. After these sessions, we surveyed residents who attended using a short Google Forms survey and using a 5-point Likert Scale, asked residents about some outcomes from the session. A "strongly agree" or "agree" was considered a positive response. Results: Results from our survey showed that the resident sessions had multiple positive outcomes. This survey was sent to 29 residents, and we had a 62% response rate. We found out through this survey that these small group sessions had a perceived positive impact on resident personal well-being, increased perceived peer support from classmates, and made residents more likely to reach out to GME Wellness in the future. Perceived positive impact on well-being was found in 83% of resident respondents, improved perceived peer support in 83% of respondents, and 78% of resident respondents stated that this session increased their likelihood of reaching out to mental health professionals. Conclusions: Through this study, we can conclude that our hypothesis was correct in that Small Group Resiliency Sessions that are facilitated by GME Wellness Counselors improve both resident peer support as well as the likelihood a resident reaches out to these mental health professionals in time of need. We believe these findings are very important as they address two important factors that can aid in decreasing a provider's risk of experiencing burnout. Through this simple means, we believe other residency programs can help the well-being of their residents, and together, we can decrease the number of cases of burnout in anesthesia.

**Keywords :** anesthesiology, burnout, wellness, depression, residents, trainees, mental health

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