Survey: Burnout common among pediatric trainees, patient care suffers
by Carla Kemp, Senior Editor

Nearly 40% of pediatric residents experienced burnout, and many of them reported providing poor patient care, according to a survey of pediatric interns and residents from 11 residency programs in New England.


Previous research has shown that up to 75% of medical residents suffer from burnout, but those studies have focused on internal medicine and surgical trainees.

The authors of this report analyzed data from a larger study that looked at stress, burnout, relationship satisfaction and work-life balance among pediatric trainees.

Burnout, defined as mental and physical exhaustion related to work or caregiving, was assessed using two questions adapted from the Maslach Burnout Inventory. Seven questions were used to measure patient care attitudes and behaviors. Participants also were asked about average number of hours worked, hours of sleep in the past week and whether they felt sleep deprived.

Surveys were sent to 486 residents, and 258 (53%) responded. Those who completed the survey were largely white (83%), female (79%) and married or in a significant relationship (79%). Their mean age was 29.4 years.

Results showed that burnout rates were not significantly associated with gender, race/ethnicity, relationship status, year of residency training or hours worked, but perceived sleep deprivation was significantly associated with burnout.

Residents classified as having burnout reported worse attitudes and behaviors related to patient care than their peers. For example, 27% of those who were burned out said they did not fully discuss treatment options or answer a patient's questions compared to 9% of residents who were not burned out. Similarly, 21% of those who were burned out agreed that they didn't pay attention to the social or emotional impact of an illness on a patient compared to 3% of their peers.

Trainees suffering burnout also were more likely to report discharging patients to make the service more manageable and making medical errors.

"Residency programs should educate residents about the risks of burnout on patient care, and develop interventions to address burnout and mitigate these risks," the authors concluded. "Addressing burnout is necessary to promote high quality, compassionate and safe patient care and educational leaders must address resident wellness in order to optimize the care we provide to our patients."

In a related commentary titled "Burnout in Pediatric Residents and Physicians: A Call to Action" (https://doi.org/10.1542/peds.2016-4233), John D. Mahan, M.D., FAAP, said the problem needs to be addressed at both a systems and individual level.

System issues include trainees lacking a sense of control, electronic health record burdens and misalignment of social and financial rewards, said Dr. Mahan, professor of pediatrics at Nationwide Children's Hospital and The Ohio State University College of Medicine. Individual factors include self-care skills, social support and resilience.

"The problem is clear; the 'Call to Action' is for our community to do the hard work to address systems factors
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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,” Dr. Mahan said.