Physician Burnout, Depression, and Empathy: A Moving Target
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Introduction/objectives: The typical annual measurement of resident burnout and depression provides a static view of these variables and attempts to quantify change over time and throughout level of training, resulting in conflicting research findings. We initiated a three-wave longitudinal study over an academic year of resident physician training at four PGY levels to study self-reported burnout and depression. The specific aims were: (1) to examine the prevalence of emotional exhaustion, depersonalization, personal achievement, and depression in resident physicians; and (2) to identify the level, trajectory, and relationship among these variables over time – which to date remains unclear in published literature. Based on previous evidence, we hypothesized that burnout variables and depression would increase in individual residents over the academic year and year of training.

Methods: During the academic year 2016-2017, resident physicians in four residency programs in a community teaching hospital completed an online survey utilizing validated and well-used scales: Maslach Inventory (burnout) and PHQ-9 (depression). Response categories of burnout (emotional exhaustion, depersonalization, and personal achievement), and depression (high PHQ-9) assessed resident response levels at four PGY levels in September, January, and June.

Results: Seventy-four residents participated in all 3 waves of Maslach Burnout Inventory and PHQ-9 survey administration. In waves 1, 2, and 3, residents in the high range of emotional exhaustion were 34.6%, 39.6%, 40.5%; 51.4% never reported high emotional exhaustion; 48.6% reported high at least once; 20.4% scored high at least twice; and 5.4% reported high emotional exhaustion in all three waves. Residents scoring high depersonalization were 23.2%, 18.8%, 26.8% in Waves 1, 2, 3, respectively; 68.9% of residents never rated high depersonalization; 31.1% rated high at least once; 10.8% at least twice; and 2.7% high in all three waves. Low personal achievement was rated by 30.9%, 30.4% and 33.3% in Waves 1, 2, and 3, respectively; 68% never rated low personal achievement; 31.1% rated low at least once; 13.5% at least twice; and 6.8% rated low at least in all three waves. No statistically significant differences among level of training were shown on any variables. Results demonstrated that at any one time, about ¼ to 1/3 residents experience burnout as defined by elevation in emotional exhaustion and depersonalization, and low personal achievement. Between 3% and 7% of residents experience burnout throughout the academic year regardless of PGY level.

Discussion: Results revealed a considerable number of residents experiencing high burnout, yet these levels change over time and did not show a linear relationship with level of training or academic time of year. However, some residents began the academic year burned out and remained burned out. Therefore, levels of burnout and depression do not reflect consistency over time nor do they progressively rise over the academic year, suggesting residents vary in vulnerability and need for intervention. Despite the term “burnout” suggesting a stagnant state, our results demonstrate a dynamic trajectory of ebbs and flows over the academic year. Subanalyses may indicate that other factors can influence resident physician burnout, exhaustion, and depersonalization.