

Burnout Among Portuguese Residents: A Case for Change

Burnout no Internato Médico Português: Uma Perspetiva de Mudança

Sebastião MARTINS¹, João BASTOS¹, Carlos MENDONÇA², Francisco FRANCO-PEGO^{3,4}, José DURÃO⁴, Rafael INÁCIO⁵
Acta Med Port 2024 Oct;37(10):682-683 ▪ <https://doi.org/10.20344/amp.21182>

Keywords: Burnout, Professional; Internship and Residency; Portugal
Palavras-chave: Burnout Profissional; Internato e Residência; Portugal

In the past few years, working conditions in Portugal's public healthcare sector have been deteriorating. Since the identification of the term 'burnout' in the 1970s, the syndrome has been consistently linked to work environments. Therefore, research on burnout among Portuguese healthcare workers is paramount and especially important among doctors, a class of healthcare workers that is particularly affected by this hazard.¹ The significance of this research cannot be understated, as burnout is associated with dire consequences for doctors, their colleagues, their patients, and the healthcare system as a whole.¹ Residency is a time when doctors are particularly vulnerable to burnout because of their young age, high workload, inadequate supervision, lack of autonomy, and the need for continued training/study outside of working hours.

Between August and September 2023, the Portuguese Council of Medical Residents (PCMR), which is a part of the Portuguese Medical Association, launched the first nationwide online survey to evaluate burnout among Portuguese medical residents.² There were 1737 participants in the study (16.9% of the invited residents). A validation system by email was used to ensure that there was no duplication of answers. The study concluded that 25% of the medical residents surveyed had severe symptoms of burnout, with 55.3% being at risk of developing the full syndrome in the near future.² Taking into account the original definition of Maslach, where burnout is characterized by symptoms of emotional exhaustion, depersonalization or cynicism, and lack of personal accomplishment,³ we also found meaningful scores in these three dimensions. Therefore, we observed that a high percentage of our sample had severe symptoms of emotional exhaustion (64.7%), depersonalization/dehumanization (45.8%), and lack of personal accomplishment (48.1%). Finally, we found that 35.7% of residents sought psychological or psychiatric help during their residency.²

By comparing these results with those of previous stud-

ies in Portugal,⁴ we observed that burnout syndrome is over three times more prevalent in residents than in specialists (25% vs 7%), a finding that underlines the importance of developing preventive measures and strategies tailored specifically to young doctors. In comparison with international studies that used the same definition of burnout, we found similar rates of the syndrome among residents, but higher levels of each dimension of burnout in comparison with studies done in the USA or the Netherlands.⁵ Furthermore, the percentage of residents completely engaged in their work in our study was only 5.3%.² Although there are no national studies to this day to compare this number directly, this percentage is lower than what has been reported by other countries, where around 20% of residents feel completely engaged in their work.⁶

The most common approaches to burnout have traditionally focused on the healthcare worker, seeking to increase their resilience in the face of extremely adverse working conditions. However, these individualist approaches often ignore many sources of chronic stressors in the workplace, such as excessive workload, staff shortages, and hostile relations among peers. In addition, this kind of strategy may be a problem in itself, as it reinforces burnout as a personal failure that the worker needs to address. The World Health Organization's recent recognition of burnout as an occupational hazard is a call for the need of more organizational strategies to tackle the issue of burnout.⁷ Our findings support this call, as we observed a significant number of residents with severe symptoms of emotional exhaustion, a phenomenon closely related with work overload. Indeed, according to our study, medical residents in Portugal worked on average more than 52 hours a week, and only 16.5% reported having a good or very good work/personal life balance.²

Work overload usually implies significant compromises to the personal sphere of young doctors, reducing quality

1. Mental Health Department. Unidade Local de Saúde Amadora-Sintra. Amadora. Portugal.

2. Radiology Department. Unidade Local de Saúde Santa Maria. Lisboa. Portugal.

3. Department of Community Medicine, Information and Decision Sciences. Faculdade de Medicina. Universidade do Porto. Porto. Portugal.

4. Almada-Seixal Public Health Unit. Unidade Local de Saúde Almada-Seixal. Almada. Portugal.

5. Pediatrics Department. Unidade Local de Saúde Santa Maria. Lisboa. Portugal.

✉ **Autor correspondente:** Sebastião Martins. sebastiaoogmartins@gmail.com

Recebido/Received: 05/01/2024 - **Aceite/Accepted:** 09/05/2024 - **Publicado Online/Published Online:** 21/08/2024 - **Publicado/Published:** 01/10/2024

Copyright © Ordem dos Médicos 2024



of life and hampering the creation of coping mechanisms to deal with the stress of work life. As such, a very relevant set of interventions to address the problem of chronic emotional exhaustion could include strategies to manage workplace demands. In contrast, doctors experiencing severe symptoms of depersonalization may benefit from effective interventions taking into account the values of the work institution and the social relationships in the workplace. A particular aspect of residency is the need for continued studying and training outside of working hours, further damaging the quality of life outside of work. This aspect was one of the main themes that appeared in the open-question section of our survey, regarding work-environment difficulties. Therefore, it is essential to allocate protected time for individual study or research in the weekly work schedule to prevent residents from using their time off work to fulfill their training demands. Furthermore, according to the authors' perspective, it is also crucial to review grading and assessment methods across residency programs in order to promote the development of relevant clinical skills and competences instead of focusing on overvaluing checklists for various academic tasks.

In conclusion, this study has shown the urgent need to develop workplace-focused measures to prevent burnout in the Portuguese healthcare workforce, especially among young doctors and residents, as they are at risk of developing the syndrome. Ensuring the quality of postgraduate medical training without risking young doctors' welfare and mental health is crucial to guaranteeing the sustainability of the national health system and the future of healthcare in Portugal.

REFERENCES

1. Lemaire J, Wallace J. Burnout among doctors. *BMJ*. 2017;358:j3360.
2. Bastos J, Inácio R, Martins S, Avaliação do burnout no internato médico português. 2023. [cited 2024 Aug 12]. Available from: <https://ordemdosmedicos.pt/primeiro-estudo-alargado-realizado-em-portugal-sobre-burnout-em-medicos-internos/>.
3. Maslach C, Leiter MP. Burnout. In: *Stress: concepts, cognition, emotion, and behavior: handbook of stress*. Cambridge: Academic Press; 2016. p.351-7.
4. Vala J, Marques A, Sérgio P, Rui M, Lopes C. Burnout na classe médica em Portugal: perspetivas psicológicas e psicossociológicas. Lisboa: Instituto de Ciências Sociais, Universidade de Lisboa; 2017.
5. Rodrigues H, Cobucci R, Oliveira A, Cabral JV, Medeiros L, Gurgel K, et al. Burnout syndrome among medical residents: a systematic review and meta-analysis. *PLoS One*. 2018;13:e0206840.
6. Di Liberto G, Baldizzi G, Carvalho V, Cuffaro L, Sauerbier A, Klingelhofer L, et al. Impact of burnout on neurology residents and research fellows in Europe. *Neurol Educ*. 2022;1:e200035.
7. Montgomery A, Panagopoulou E, Esmail A, Richards T, Maslach C. Burnout in healthcare: the case for organisational change. *BMJ*. 2019;366:l4774.

AUTHOR CONTRIBUTIONS

- SM: Conceptualization, writing – original draft.
 JB: Conceptualization, methodology, writing – original draft.
 CM: Validation, supervision.
 FFP: Writing – review & editing, formal analysis.
 JD: Writing – review & editing, supervision.
 RI: Conceptualization, Writing – original draft, data curation.
 All authors approved the final version to be published.

COMPETING INTERESTS

- SM and RI are non-paid members of the Portuguese Council of Medical Residents.
 JB is a non-paid member of Sociedade Portuguesa de Aplicação de Entógenos (SPACE).
 CM was a non-paid member of the Portuguese Council of Medical Residents and National Board of Medical Residency; is a non-paid member of National Post-Graduation Council
 JD is a non-paid member of Portuguese Council of Medical Residents, National Board of Medical Residency and Acta Médica Portuguesa's Scientific Advisory Board.
 FFP has declared that no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.