

The Hidden Cost of Medical Training: Resident Burnout

O Custo Oculto da Formação Médica: *Burnout* em Médicos Internos

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

Dear Editor,

We increasingly hear and read in the media that doctors are dissatisfied with their working conditions, but little is said about the specificities of resident doctors (RD), who provide a large part of the care in the Portuguese National Health Service. Moreover, there has never been so much talk about mental health and well-being as there is now.

Paradoxically, the study “*Avaliação do Burnout no Internato Médico Português – Relatório de Estudo Nacional 2023*”, carried out by the Conselho Nacional do Médico Interno, reports worrying results that deserve attention: 55.3% of residents were at risk of developing burnout, and one in four had severe symptoms of the syndrome, with a prevalence of severe burnout more than three times higher than that of other Portuguese doctors.¹

To understand this data, it is important to note that, in addition to their 40-hour working week, of which at least 12 hours are spent in the emergency department, RD have to carry out training or research activities outside of working hours. This means that they end up ‘working’ many more hours at ‘home’ in order to achieve the curricular goals. It is also worth reflecting on the basic gross salary of RD, which varies between €2078.11 and €2349.15,² and the lack of economic support for training activities, which is expensive. In a country where the salaries of RD are not adjusted to the rising cost of living and where they have to pay for their training activities, what inevitably happens is that they have to do paid overtime, sacrificing their quality, leisure, and rest

time, creating the conditions for the onset of burnout syndrome.

The argument too often used that RD ‘have to be more resilient and acquire coping mechanisms to address and prevent burnout’ seems insufficient and counterproductive to help prevent it. As the World Health Organization³ states, burnout is an occupational hazard and therefore needs to be addressed at a political, institutional, and organizational level, with a structural change in the residency schedule, the curriculum, and the integration of non-clinical activities into working time. Believing that this is an individual issue, as well as a personal ‘weakness’ is inadequate and perpetuates a serious situation.

ACKNOWLEDGMENTS

The authors would like to extend our heartfelt gratitude to all medical residents who, despite sometimes facing precarious conditions, remain dedicated to their training and to the public healthcare system.

AUTHOR CONTRIBUTIONS

APC: Conceptualization, writing and critical review of the manuscript.

AMP: Critical review of the manuscript.

All authors approved the final version to be published.

COMPETING INTERESTS

The authors have 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.

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Ana PEDRO COSTA^{1,2,3}, Ana MATOS PIRES^{1,2}

1. Psychiatry Unit. Mental Health Department. Unidade Local de Saúde do Baixo Alentejo. Beja. Portugal.

2. Comprehensive Health Research Center. Lisbon. Portugal.

3. Universidade de Évora. Évora. Portugal.

✉ **Autor correspondente:** Ana Pedro Costa. anapedrocosta92@gmail.com

Recebido/Received: 03/11/2024 - **Aceite/Accepted:** 03/12/2024 - **Publicado/Published:** 03/02/2025

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<https://doi.org/10.20344/amp.22543>

