

APPA 2021 Spring Meeting Medical Student/Resident Poster Presentation

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Title: Burnout and Depression Among Residents And Faculty in a Single Academic Medical Institution— A Pilot Study

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Introduction: Burnout is defined as a long term, unresolvable job stress leading to feelings of exhaustion, overwhelm, cynicism, detachment from job and a lack in sense of personal accomplishment. Medscape National Physician Burnout surveys over the last 3 years have shown greater than 40% physicians reporting burnout. It is a well-established problem among physicians and health care professionals which can have a negative impact on themselves (anxiety/depression/suicide) as well as possible interference in patient care. Although there are several studies nationwide on burnout among physicians, there is a scarcity of studies that investigated the association between physician burnout and depression. Here we investigate this association in our study population and compare to see if this association changes by groups of interest.

Methods: Maslach Burnout Inventory (MBI) and Quick Inventory of Depressive Symptomatology – Self Report (QIDS-SR) was used to assess burnout and depression respectively among faculty and trainees in two departments (N =181 including Psychiatry and Pediatrics) at the University of Alabama in Birmingham. The three subscale scores of MBI (emotional exhaustion, depersonalization, and personal accomplishment) and QIDS-SR scores are being analyzed between different levels of training vs faculty, age groups, race, gender, marital status, and specialty. MBI instrument is used to assess burnout as a continuum (low to high) rather than a cut off score. Whereas QIDS-SR scores are categorized from no depression to very severe depression.

Results: Current analysis is ongoing. Preliminary findings using Pearson correlation indicate positive correlation between total and average emotional exhaustion and depersonalization scores and each of them are negatively correlated with personal accomplishment scores ($p < 0.0001$). Further analyses would include investigating how the association between level of burnout and depression among physicians compare at different levels of training vs faculty, age groups, race, gender, marital status, and specialty etc. The results from these analyses will be presented.

Conclusions: Although a well-known problem among health care professionals, burnout among physicians is challenging to acknowledge and address appropriately for various system related reasons. Creating a better understanding of the interrelationships among the measures can provide more awareness among physician community which may help identify burnout early, seek help, and prevent serious downstream effects such as anxiety, depression, and physician suicide.