EMOTIONAL BURNOUT AMONG MEDICAL RESIDENTS

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Abstract. *The authors contend that in order to reduce resident burnout, residency programs and teaching hospitals should place a high priority on meaning-making. They highlight four essential elements that can help residents find meaning and purpose in their lives: community, respect, patient care, and intellectual engagement. By emphasizing meaning-making in residency and concentrating on patient care, intellectual engagement, respect, and community, the authors hope to address the issue of burnout in residency and offer solutions to lessen it. Methods and materials: The authors reviewed the body of research on burnout in residency, discussed their own experiences as senior residents, and offered ways to lessen burnout based on the literature and their own experiences. According to the study's findings, nearly half of residents suffer from burnout, making meaning-making a priority during residency can help reduce burnout. Results of the study: Patients and residents responded favorably to the authors' efforts, and the final two procedures carried out at Samarkand hospitals in 2024 went well. Conclusion: The authors conclude that in order to reduce burnout, residency programs and teaching hospitals should place a high priority on meaning-making. They do this by emphasizing patient care, intellectual engagement, respect, and community, all of which can help residents find meaning and purpose in their lives.*

Keywords*: Emotional burnout, iCOMPARE study, stress.*

INTRODUCTION. Contemporary reviews trace conceptual development through seminal work on occupational burnout and subsequent instrument development [23]. Burnout research in medical education evolved from early occupational stress scholarship toward standardized clinical measurement and causal models. The Maslach Burnout Inventory (MBI), which operationalizes the triadic definition and is still the most commonly used tool in trainee studies, and job-centered models that associate burnout with imbalances between job demands and available resources are the two frameworks that predominate in applied research in residency contexts [27,28].The MBI is frequently used as the standard measure in residency studies and offers domain scores for emotional exhaustion, depersonalization, and personal accomplishment [27]. Often referred to as Job Demands-Resources or related job-stress models, demand-resource formulations highlight how trainees' risk of burnout is predicted by a combination of sustained high demands (workload, time pressure, emotional load) and insufficient resources (supervision, autonomy, recovery time) [28].

Many residents experience burnout. More than half of residents go thru this, which makes them less healthy and less able to care for patients [1]. During their year as the best residents of Samarkand State Medical University in 2024–2025, the authors learned a lot about the problem of burnout in residency. The authors argue that to mitigate resident burnout, residency programs and teaching hospitals should prioritize meaning-making in residency, allowing residents to find professional satisfaction and purpose in their role. In this article, they discuss four important aspects of residency: patient care, intellectual engagement, respect for others, and belonging to a group. Residents have something bigger than themselves to think about when they care for patients, learn new things, and help others. Respect plays an important role in making residents feel like they belong. The authors provide examples from their own lives and other research to show how residency programs and teaching hospitals can improve all these metrics and stop the rise in the number of doctors experiencing burnout.

After graduation, a small number of residents return to most teaching hospitals in Uzbekistan to work as senior medical residents for a year. Dr. Yo was the first senior resident in our hospital. He

famously said, "The secret of caring for the patient is caring for the patient." When we became senior residents in the surgery department in June 2024, we planned educational conferences, volunteered in the general surgery department, and oversaw the coordination of the residents' schedules. Our preparation and the experience of those who came before us have equipped us to meet these standards. We were not prepared for the angry emails and messages from residents, the numerous meetings with mental health workers, or the high level of burnout among the residents. Perhaps we didn't need to be afraid. Two major studies of local residents in 2018 showed that many of them were burned out. In the iCOMPARE study, Desai et al. found that 70% of medical interns, regardless of whether they had a more or less flexible schedule, scored average or high on the Maslach Burnout Inventory scales of emotional exhaustion and depersonalization. Dyrbye et al. obtained similar results: in a prospective cohort study of burnout and career regret among residents in various medical and surgical specialties, 40% of residents reported symptoms of burnout.

Our 2024 data shows that almost half of our residents met the criteria for burnout, and 10% met the criteria for overt depression. These high rates of intern burnout have a significant impact on the quality of patient care. Burned-out residents are more likely to say they are not providing their patients with the best care, that they have a poor attitude toward them, and that they believe they are making medical errors than residents who are not burned out. A review of 5 studies involving 58 doctors showed that physician burnout is associated with a twofold increase in cases of unsafe patient care, unprofessional behavior, and reduced patient satisfaction. High levels of burnout among residents also have a serious impact on their lives. Medical interns experiencing burnout are much more likely to abuse alcohol, contemplate suicide, and regret their career choices. [3, 7, 8] As of today, most research on burnout in residency focuses on identifying and addressing the multitude of different factors that can cause it. If you only talk to these people one at a time, you might not see the whole picture. If hospitals and residency programs truly want to change how residents feel emotionally exhausted and detached, they should stop trying to prevent burnout and start giving residents a sense of purpose while they are in residency. We use the idea from positive psychology of "belonging to and serving something larger than ourselves" to talk about meaning. From our experience as senior residents, we believe that residents find meaning in their work, which gives them purpose and job satisfaction. Medical journals also confirm this. Shanafelt et al. found that academic physicians who dedicate at least 20% of their time to the most meaningful aspects of their profession are 50% less likely to experience burnout compared to their colleagues who do not. [10] Levin and colleagues similarly found that neurology residents and fellows who find meaning in their work are less prone to burnout. Based on surveys of physicians[12],[13] and our own conversations with residents, we believe that patient care, intellectual development, respect, and community are four important aspects of residency that can help give life meaning. Residents have more to think about when they care for patients, learn new things, and help society. Respect is an important part of making residents feel at home. To make doctors feel needed, training programs and teaching hospitals should actively prioritize and develop all these areas. In this article, we will discuss our own experience and what the medical literature says about each of these four main parts. Caring for patients: The joy, privilege, and challenge of caring for patients is what drew most residents to medicine and what sustains many doctors throughout their careers. [10,12] Additionally, residents feel they are doing something good for others when they are able to care for patients. We did notice that interns spend relatively little time each day directly caring for patients. A study called iCOMPARE found that internal medicine residents spend only up to 15% of their shift caring for patients. This means that in real life, a resident spends only about 15 minutes a day with each patient they care for. [14] It's harder to get to know patients when you don't have enough time for direct care. At a recent meeting of the Council of Residents of the Accreditation Council for Graduate Medical Education (ACGME), much of the discussion focused on how to provide residents with more time for direct patient interaction. [15] There are many reasons why residents cannot stay at a patient's bedside. We observed that the two

most common issues are the high number of patients on teaching units (residents in our program often manage lists of 10 patients, which is the maximum allowed by ACGME) and the constant need to perform a large volume of secondary patient care work. Two-thirds of the time residents in therapy departments spend at work is not directed toward direct patient care. To make residency more useful, we need to bring residents back to the patient's bedside. To make this possible, residency programs and teaching hospitals will need to agree on a reasonable number of patients for students and ensure that residents' services are not used as "safety valves" when there are many patients. Additionally, hospitals and programs should explore new ways to attract people to roles that are not directly related to patient care, such as data entry and office work. Our hospital successfully implemented pilot programs that included hiring a transition pharmacist to assist residents with medication reconciliation, obtaining prior authorizations, and patient education. There was also a treatment coordinator who organized inpatient procedures and outpatient appointments. These two simple but effective changes gave our interns more time to work directly with patients and build important relationships with them. Intellectual Engagement: Essentially, residency is a way of learning. Residents work long hours and earn less money each year than their colleagues with higher professional education, but they do it because their training is worth it. This training takes place in both formal discussions and practical clinical settings; both are necessary for the trainee's development. Hipp et al. [15] highlighted the significance of a "learning environment that fosters clinical competence and gradual autonomy" in their description of a "meaningful everyday work environment." This means that learning experiences in hospitals, clinics, and classrooms are very important in preparing residents for the growing responsibilities that make residency meaningful. Morning case reports and thematic afternoon conferences are two types of educational meetings that are inextricably linked to patient care training. But this official training program is only useful if the people living there are able to follow it. That's because we need to move patients thru the hospital quickly while our residents are making their rounds. They often skip study conferences or leave early. This isn't just our program; all internal medicine residents in the country spend only 7.3% of their inpatient shifts on educational activities, which include attending rounds with faculty and educational conferences. [2] For residents to get the most out of their training, it's important that programs are designed to teach them how to think. This means that residencies will have to find time to train residents without worrying about things like writing completion reports, returning pagers, or calling consultants. There are many creative ways to do this, such as setting up a text messaging system using the electronic medical record, combining educational activities into one morning or day of the week, or asking attending physicians to serve as responding clinicians during some core educational activities. These steps will not only attract more people to the conference but will also show interns that program directors and hospitals care about their intellectual and personal growth and want to help them build meaningful careers. Respect: Being a professional means treating other people with respect. It's equally important to believe that your colleagues and clients respect and value you. Interns from diverse backgrounds can perform their work with honor because they feel valued. It's a shame that disrespectful behavior is common in teaching hospitals and schools. [17] Interns may feel out of place due to overt disrespect and unconscious biases. This can make it difficult for them to find meaning in their work. When we were the best medical residents, we saw how unconscious gender bias most harms women and people of color. For example, a white coat shows that we work here, but for many female students and minorities, that's not enough to distinguish us from each other. Patients and medical staff often mistake these residents for non-physicians on the care team due to unconscious biases. This can make students feel even more lonely and feel like they don't belong, which is a common problem for many. This can make people feel less connected to others and worsen their stress. To help address this bias, which is often unintentional, participants in our program wore large identification stickers clearly indicating who was the "doctor." This small but important step helped clarify the situation and increase respect for interns. During our training program, we

discussed racial and gender biases. Our program, like other institutions and residencies, has many factors that make it difficult to report and combat harassment and discrimination. [18] Programs should actively combat gender and racial prejudice, which are often insidious. Programs and teaching hospitals should also commit to establishing formal, open, and confidential mechanisms for residents to report and investigate harassment. Simple steps, such as the "Doctor" badges mentioned above, can help foster a culture of respect and inclusivity. [19] Living in a community is an emotional experience for its residents. As interns, residents encounter existential stresses for the first time, such as loss, grief, and personal mistakes for which they are responsible. [20] This puts many interns at risk of social isolation, which can lead to poor task performance, bad decisions, and most importantly, a loss of meaning in their work. [21] Most of us who lived here still remember the times when we were scared, ashamed, and lonely. Many of us also remember the times when our dorm neighbors helped us thru difficult times, which made us lifelong friends. Residency programs give residents time and space to get to know each other better, which helps foster a sense of community. [22] In our program, this means planning social events like class dinners and holiday parties for residents, as well as offering research and elective opportunities that connect residents with similar career goals. Discussion groups with colleagues can help residents who are shy or don't like attending large public events feel like part of a team. [23] For example, a "humanistic curriculum" is a long-term series of small group sessions led by a facilitator that our program offers during internships. This gives residents the opportunity to think about many things and get to know their peers. When we were in charge, we expanded the small group sessions to include more experienced residents. Many people thot it was a good way to get people to work together in residency. Another way to help interns feel like they are part of something bigger than themselves is to combine training programs within the same teaching hospital. Specific measures that could be taken include planning and paying for events that bring residents from different areas together, creating a service staff council consisting of representatives from each program, and providing free late dinners to all residents working the nite shift. The last two procedures performed at Brigham and Women's Hospital in 2018 were well received by patients. Focusing on interpersonal relationships between colleagues, the residency program

Conclusions. As we have observed during our time as senior residents, emotional burnout and depersonalization are widespread during residency and are detrimental to both patients and residents. Although we still hope. We believe that the widespread problem of resident burnout can be stopped if residency programs and teaching hospitals invest in the aspects of residency that are most meaningful to people, such as patient care, intellectual self-improvement, respect for others, and a sense of belonging to a community.

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