RESEARCH LETTER

Burnout Among Dermatology Residents and Fellows: A Survey Study

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ABSTRACT

Background: Physician burnout is a pressing concern with substantial implications for both providers and the healthcare system.

Methods: An 8-minute survey was distributed via email to members of the American Academy of Dermatology Association.

Results: The survey revealed burnout is widespread among both dermatology residents and fellows.

Conclusion: Residents and fellows expressed a desire for systemic changes in their working conditions.

INTRODUCTION

Physician burnout is a grave issue that carries significant implications for both patients and the healthcare system. Each year, burnout is estimated to cost the industry \$4.6 billion due to physician turnover and reduced clinical hours¹. The quality of care for patients has been thousands of compromised, with self-reported medical errors showing 44-48% greater odds². Given physicians have the highest rate of suicide among any profession, it is essential to have a better understanding of their physical and mental well-being³. While a dermatology residency typically offers a desirable lifestyle, approximately one out of every three dermatology residents experiences burnout⁴. The competitive atmosphere surrounding the selection dermatology process for

residencies could contribute to this susceptibility. This survey aims to establish the extent of burnout among dermatology residents and fellows, as well as examine how programs and employers are helping to alleviate burnout.

METHODS

An 8-minute survey was sent via email to resident members of the American Academy of Dermatology Association from September 28 to November 1, 2021 and to fellows from September 12 to October 17, 2022. There were 350 responses collected from 1,914 residents and 129 responses collected from 2498 fellows.

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RESULTS

The effects of burnout are evident in the mental and physical exhaustion, demotivation, and decreased job satisfaction experienced by over 60% of responding residents and 53% of fellows. Additionally, 60% of both residents and fellows have experienced depression, anxiety, or another mental health struggle [Figure 1]. Despite this, 75% of residents and 70% of fellows believe that burnout has a low-to-moderate impact on their lives, indicating that it can be managed.

Within six months leading to survey distribution, 70% of residents and 91% of fellows frequently or sometimes felt burned out, with 50% of residents and 62% of fellows reporting worsening feelings of burnout since the onset of the COVID pandemic. For residents, primary contributors to burnout are board preparation (66.67%), administrative workload (60%), and workload in relation to salary (50%) [Figure 2]. For fellows, main contributors are administrative workload (66%) and insurance restrictions affecting care plan execution (46%).

Most residents (60%) believe their mental health is important to their programs as most offer mental health resources [Figure 3], however, 66.67% of residents indicate they do not have adequate time to use them [Figure 4]. For fellows, 67% believe that their mental health is important in their workplace, but only 35% of workplaces offer resources, and 48% of fellows state they do not have the time to utilize them. In both aided and unaided feedback, 33% of residents and 20% of fellows cite insufficient time off as a contributor to burnout.

DISCUSSION

The factors contributing to burnout are pervasive across medical specialties, encompassing burdensome bureaucratic tasks, extended working hours, insufficient acknowledgment from peers and administrators. escalating reliance on computers, and inadequate compensation⁵. In dermatology, the factors leading to burnout may differ depending on practice settings. with issues such as excessive documentation, prolonged use of electronic medical records, and a heavy patient volume being prominent concerns for dermatology residents^{5,6}.

Similarly, in this study, both residents and fellows wish to see systemic changes to their working conditions [Figure 5]. Residency programs should consider offering protected time for studying and administrative work, increased personal time off, and encourage open dialogue to address grievances. Moreover, programs should take debt into consideration. Potential ways to remediate financial stress could be through better pay or benefits related to living expenses, including food, transit, or childcare. Fellows wish to receive better support from staff and reduced patient volume without decreased compensation. Workplaces should consider additional training support for decreasing the number of patients scheduled and reducing administrative workload by hiring scribes for charting.

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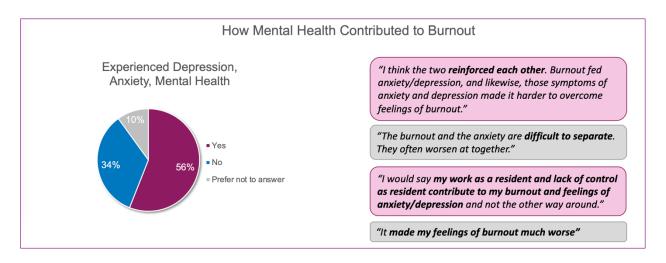


Figure 1. How Mental Health Contributed to Burnout

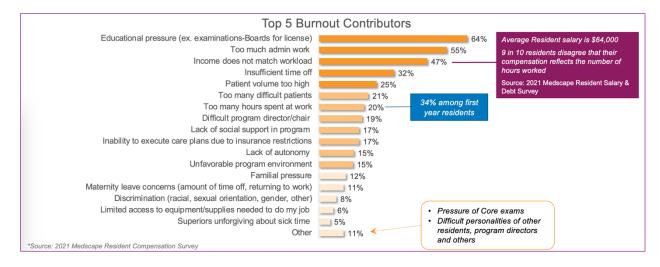


Figure 2. Top 5 Burnout Contributors



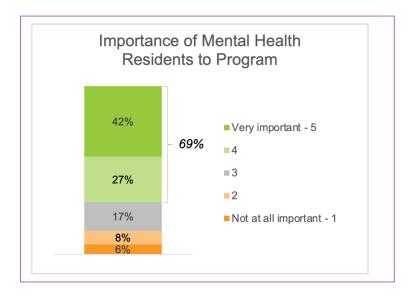


Figure 3. Importance of Mental Health of Residents to Program

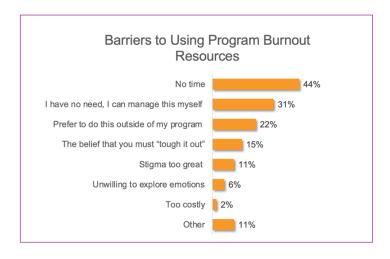


Figure 4. Barriers to Using Program Burnout Resources



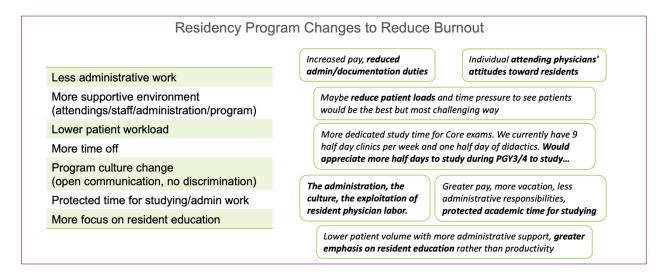


Figure 5. Residency Program Changes to Reduce Burnout