



ELSEVIER

Burnout, depression, and career satisfaction: Cross-sectional study of obstetrics and gynecology residents

Julie L. Becker, MD, Magdy P. Milad, MD, Susan C. Klock, PhD

Department of Obstetrics and Gynecology, Northwestern University's Feinberg School of Medicine, Chicago, IL

Received for publication February 24, 2006; revised June 17, 2006; accepted June 27, 2006

KEY WORDS

Burnout
Depression
Career satisfaction
Malpractice
Residents

Objective: This study was undertaken to measure career satisfaction among obstetrics and gynecology residents and assess its relationship to burnout, depression, and malpractice concerns.

Study design: A 63-item, anonymous, self-administered survey was distributed to residents at 23 randomly selected obstetric and gynecologic residency programs in the United States. The outcome measures included the Maslach Burnout Inventory-Human Services Survey, the Center for Epidemiological Studies-Depression Scale, and perceptions of malpractice and career satisfaction.

Results: Eighty-three percent of the residents were either “very or somewhat satisfied” with their career choice. The majority (89.8%) showed evidence of moderate burnout and 34.2% were considered depressed. Ninety-six percent were concerned about malpractice with 35% pursuing fellowship solely because of malpractice concerns. Residents dissatisfied with their career choice were twice as likely to be depressed (30% vs 55%, $P = .03$). Both emotional exhaustion ($P < .0001$) and consideration of fellowship because of malpractice ($P < .0001$) were strongly predictive of diminishing career satisfaction.

Conclusion: Resident career satisfaction was inversely correlated with burnout and depression, which were more prevalent than expected. Overall, residents were satisfied with their career choice, but also negatively influenced by malpractice concerns.

© 2006 Mosby, Inc. All rights reserved.

Recent studies demonstrate that practicing obstetrician-gynecologists have low levels of career satisfaction. According to Kravitz et al,¹ 27.5% of surveyed obstetrician-gynecologists were either somewhat or very dissatisfied with their careers in medicine. Compared with other specialties, obstetrician-gynecologists were 30th

among 31 specialties in terms of career satisfaction. Is this trend also reflected in residency? Remarkably, there are few studies investigating resident career satisfaction.

Obstetricians and gynecologists may also be at risk for burnout. Among practicing physicians from all specialties, burnout rates range from 25% to 60%.² Burnout is a syndrome characterized by high emotional exhaustion, high depersonalization, and low sense of personal accomplishment occurring most frequently in occupations necessitating intense involvement with people, such as teachers, social workers, and physicians.³

Presented at the 2006 CREOG and APGO Annual Meeting, March 3, 2006, Orlando, FL.

Reprints not available from the authors.

Burnout has been associated with impaired job performance, poor mental and physical health, and deterioration in relationships with family and friends. Residents exposed to repetitive situational, personal and professional stressors would seem to be at high risk for burnout, which has the potential for suboptimal patient care, self-care, and educational motivation.²

Distinct from career satisfaction and burnout is depression that is characterized as a global, clinical syndrome pervading all aspects of a person's life.³ The quoted lifetime prevalence of depression in the general population is 5% to 10% for men and 10% to 20% for women.⁴ This condition, although common, is often underrecognized and underdiagnosed in the general population and probably more so in physicians.⁵ Residents affected by depressive symptoms would seem to be at higher risk for burnout, higher risk for career dissatisfaction, and less able to maintain healthy personal or professional relationships.

The frequency of career dissatisfaction and its correlation to proposed drawbacks of obstetrics and gynecology among residents is unknown. The purpose of this study is to assess career satisfaction among obstetrics and gynecology residents and to evaluate the relationship between career satisfaction and levels of job burnout, depression, personal self-care activities, and concerns over legal liability.

Material and methods

The study design was a cross-sectional survey of obstetric and gynecology residents completed in December 2004. After approval by our Institutional Review Board, a 63-item, anonymous, self-administered survey was mailed to 23 residency program directors who subsequently distributed the survey to each resident. The survey addressed the following topics: demographics, career satisfaction, burnout, depression, personal self-care habits, and perceptions of legal liability. The survey was accompanied by a cover letter and prepaid return envelope. Residents were not aware of any specific hypothesis of the study, and the words "burnout" and "depression" were not mentioned in the cover letter or questionnaire.

Career satisfaction was assessed by 2 questions: (1) "Thinking very generally about your satisfaction with your overall career in medicine, would you say that you are (very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, very dissatisfied)?" and (2) "Thinking very generally about your satisfaction with your career choice of obstetrics and gynecology, would you say that you are (very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, very dissatisfied)?" These questions were based on a similar physician survey design.¹

Burnout was assessed by use of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), which is a 22-item questionnaire that has been shown to be reliable and valid.³ The MBI-HSS evaluates 3 domains of burnout: (1) emotional exhaustion; (2) depersonalization; (3) personal accomplishment. Burnout is a multidimensional construct, therefore the subscales are not combined to reveal 1 ultimate burnout score. Because burnout is viewed on a continuum, the MBI-HSS measures levels of burnout as either high, moderate, or low for each of the 3 subscales. For both the emotional exhaustion and depersonalization subscales, higher mean scores correspond to higher degrees of perceived burnout. Conversely, lower mean scores on the personal accomplishment subscale, corresponds to higher degrees of perceived burnout.

Depression was assessed by use of the Center for Epidemiological Studies-Depression Scale (CES-D).⁶ It is a 20-item instrument that was developed by the National Institute of Mental Health to detect clinical depression in adults. The CES-D has 4 separate factors: depressive affect, somatic symptoms, positive affect, and interpersonal relations. The questions are on a 4-point Likert scale and cover areas included in the diagnostic criteria for depression. It has been used in urban and rural populations, and in cross-cultural studies of depression. Studies that use the CES-D indicate that it has very good internal consistency, acceptable test-retest stability, and construct validity.⁶ A score of 16 or greater is considered depressed.

Other survey questions focused on resident personal care and perceptions of liability. Demographic information collected included the following: age, gender, level of training, marital status, children, location, exercise, diet, body mass index (BMI), alcohol use, and tobacco use. Medical malpractice concerns were assessed by 4 questions: (1) How much are you concerned about medical malpractice (very concerned, somewhat concerned, neither, not very concerned, not concerned); (2) How many cases are there in which you have been named; (3) How many cases are there about which you are personally concerned may pursue litigation; and (4) Are you considering fellowship training or exclusively gynecology due to concerns about malpractice? All postgraduate years (PGY) of obstetric and gynecology residents were included. Exclusion criteria included nonobstetric and gynecology residents, fellows, and attending physicians.

Statistical methods

The study design focused on detection of differences in career satisfaction and identifying participants who meet criteria for burnout. On the basis of previous findings,² 78 participants are required to detect a 30% difference in career satisfaction, using an $\alpha = .05$ and a power of

Download English Version:

<https://daneshyari.com/en/article/3441376>

Download Persian Version:

<https://daneshyari.com/article/3441376>

[Daneshyari.com](https://daneshyari.com)