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Original article

Burnout syndrome among psychiatric trainees in 22 countries: Risk increased by long working hours, lack of supervision, and psychiatry not being first career choice

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ABSTRACT

Background: Postgraduate medical trainees experience high rates of burnout, but evidence regarding psychiatric trainees is missing. We aim to determine burnout rates among psychiatric trainees, and identify individual, educational and work-related factors associated with severe burnout.
Methods: In an online survey psychiatric trainees from 22 countries were asked to complete the Maslach Burnout Inventory (MBI-GS) and provide information on individual, educational and work-related parameters. Linear mixed models were used to predict the MBI-GS scores, and a generalized linear mixed model to predict severe burnout.
Results: This is the largest study on burnout and training conditions among psychiatric trainees to date. Complete data were obtained from 1980 out of 7625 approached trainees (26%; range 17.8–65.6%). Participants were 31.9 (SD 5.3) years old with 2.8 (SD 1.9) years of training. Severe burnout was found in 726 (36.7%) trainees. The risk was higher for trainees who were younger ($P < 0.001$), without children ($P = 0.010$), and had not opted for psychiatry as a first career choice ($P = 0.043$). After adjustment for socio-demographic characteristics, years in training and country differences in burnout, severe burnout remained associated with long working hours ($P < 0.001$), lack of supervision ($P < 0.001$), and not having regular time to rest ($P = 0.001$). Main findings were replicated in a sensitivity analysis with countries with response rate above 50%.
Conclusions: Besides previously described risk factors such as working hours and younger age, this is the first evidence of negative influence of lack of supervision and not opting for psychiatry as a first career choice on trainees' burnout.

1. Introduction

Recruitment and retention in psychiatry have been two issues of major concern in recent decades. While negative perception of psychiatry may discourage medical graduates from entering the field [1,2], reports from doctors leaving psychiatry have indicated reasons such as high numbers of challenging patients, depressing work conditions, job stress and low morale among staff [3]. With shortage of qualified psychiatrists, most countries today cannot afford to lose trainees for reasons such as poor training conditions and development of work-related burnout. However, very little is known regarding burnout rates, or indeed factors influencing burnout syndrome among psychiatric trainees.

Work-related burnout syndrome is characterised by a triad of emotional exhaustion, cynicism, and low sense of professional efficacy [4]. It has been associated with impaired patient care [5], reduced learning capacity [6], stress-related health problems [7], and broken personal relationships [8]. Medical doctors experience higher rates of burnout syndrome than the general population [9]. Persistent imbalance between demands and resources seems to be a crucial contributor to development of burnout. Training years, more than any other stage in physicians' career, are characterised by this type of imbalance due to long and irregular work hours [10] and high levels of responsibility combined with lack of professional experience [11]. Psychiatry itself adds several very specific stressors such as perceived stigma of this profession, demanding therapeutic relationships, personal threats from violent patients and patient suicide [12].

The reported burnout rates among medical trainees vary from 27% to 75%, depending on specialty, country and methods [13,14]. A small number of studies explored this issue among psychiatric trainees. A national multi-specialty study from Netherlands included 242 psychiatric trainees [15]. Reported burnout rates of 23.2% were higher than for the whole sample (21%). This was the only extant study that analysed the role of psychiatric training conditions in this context. The authors reported that trainees who worked with chronically-ill patients were more emotionally exhausted than others. Similarly, an US study found that psychiatric trainees ($n = 11$) reported higher levels of emotional exhaustion than trainees from other specialties [16]. Martini et al. compared US trainees from eight different specialties and with a sample of 15 psychiatric trainees found that 40% met criteria for burnout, while the rate was 50% for the whole sample [17]. Several other studies included rather small subsamples of psychiatric trainees that were merged with trainees from other specialities, without reporting burnout rates or risk factors specifically for psychiatric trainees [18–21]. Studies in other disciplines indicated that occupational factors such as excessive workload, high degree of work-home interference, and perception of work as stressful, were strongly correlated with burnout syndrome [13,14]. Individual factors such as neuroticism and being unmarried were also found to be associated with burnout, but these associations were weak. Overall, there is a lack of evidence regarding burnout rates and factors influencing burnout among psychiatric trainees.

Thus, the aim of this study was to assess burnout rates among psychiatric trainees, and explore which individual, educational and work-related factors are associated with severe burnout.

2. Methods

The study was created by a group of European trainees involved as national representatives in the European Federation of Psychiatric Trainees and early career psychiatrists involved with the European Psychiatric Association. The driving force behind the study was a shared awareness of the impact of burnout on service provision, and of the challenges for retention and recruitment in psychiatry.

2.1. Study protocol

This is a cross-sectional, multicountry, online survey in which participants were sent e-mail invitations to participate in the study by entering data via an online questionnaire directly into an anonymised, encrypted, secure database. While planning the study, we explored available avenues to access trainees' e-mail contacts. In the majority of countries ($n = 15$) all trainees were invited to participate in the study. If centralised database of trainees was not available, other options were considered. In 6 countries, we were able to invite all trainees from at least three