

OP25**Burnout in Internal Medicine Residents: A Study on Prevalence and Factors in a Three-year Junior Residency Programme**

Lau S.¹, Kosim S.², Hsu J.¹, Lim W.P.¹, Chia F.L.¹

¹Tan Tock Seng Hospital, Singapore

²National Healthcare Group, Singapore

Introduction: Physician burnout is on the rise. In a study involving 6,880 physicians in the U.S., 54.4% reported at least one symptom of burnout in 2014, compared with 45.5% in 2011 (Shanafelt, 2015). Higher rates of burnout have been reported in residents, fellows and early-career physicians (Dyrbye, 2014). Since the inception of the National Healthcare Group (NHG) Internal Medicine (IM) Residency in 2010, faculty have been concerned about an apparent rising trend of residents demonstrating signs of burnout and requesting time off work. This study aims to determine the extent of burnout in IM residents and identify factors associated with clinically-significant burnout.

Method: We surveyed 140 in-flight NHG IM residents. We analysed demographics, exams/scholarly activities, duty hours and support systems. Burnout was measured by the Maslach Burnout Inventory (MBI), and categorized into three subscales - Emotional Exhaustion (EE), Depersonalization (DP) and Personal Accomplishment (PA). Clinically-significant burnout was defined as either a high EE or DP score. Factors associated with burnout were identified by univariate regression analysis.

Findings: Individual burnout subscale scores (response rate 50%) were as follows - high EE (50.0%), high DP (50.0%), low PA (58.6%). 64.3% of respondents had clinically-significant burnout, while 21.4% reported high burnout across all subscales. The high burnout group was stressed with exams (92.9%), reported inadequate breaks from work (100%, $p=0.05$), and had difficulty with leave approval (78.6%). Despite having formal support structures in place, only 3.1% of respondents utilised them.

Conclusion: The prevalence and extent of burnout in NHG IM residents is high. This is largely contributed to by exams, clinical duties, and a perceived lack of breaks from work. There is also a need to generate greater awareness on the availability of support systems. Future studies should look into interventions to reduce burnout, and employ methods to monitor burnout trends through residency.