

A Resident's Note

Sir,

In recent years, intense work has been done regarding the stressors during medical residency programs. In spite of extending the research work and curricular reforming, we should actually start implementing the strategies to cope with the "burnout" syndrome in postgraduate trainees, particularly in lower middle income countries such as Pakistan. In a recent study conducted in Pakistan, it was shown that 57.9% of overall residents were all burnout.¹ A survey of many recent articles have shown expanding number of trainees being demoralized with emotional exhaustion and decreasing productivity, effecting their performance; especially, common in first two years of postgraduate training. This is supported by a study that showed that 40% of the junior physician residents, arriving at hospital with low levels of perceived stress and burnout eventually, increased in all domains (emotional exhaustion, depersonalization, personal accomplishment).² In another study, postgraduates Year 1 and postgraduates Year 2 have reported working in an impaired condition.³

The postgraduate training is meant to be full learning experience rather than exhausting the physicians in their professional life, as shown in a study stating that despite recent curricular reforms, an alarming number of current residents are reporting depressive symptoms, increasing cynicism, and decreasing humanism, which was associated with increasing educational debt.⁴ Especially in Pakistan, before getting to know about a physician and his educational expertise and experience, a trainee is being terrorized by the fear of his insult and tease, as per one study showing 67% residents have experienced verbal violence.⁵ In a study published in 2012, it was shown that 56.3% of residents were under stress,⁶ and another study stated that 46% of residents have morbid stress.⁷ According to a study, residencies risk becoming obsolete if they are not adjusted to changing patterns of medical practice.⁸

Rotations during residency are also a bad experience of some residents because instead of learning experience, it becomes physically and emotionally disturbing. Attitude of the physicians should be soft and rewarding

instead of being harsh and insulting. During rotations, a rotator should be practiced in the specific skills of its primary field instead of being exploited.

Steps should be taken to cope with all the stressors of a resident to increase the productivity and effectiveness of postgraduate training programs and also to maintain the adequate patient-care policies. A healthy doctor makes a patient healthier and that builds a healthier environment.

REFERENCES

1. Malik AA, Bhatti S, Shafiq A, Khan RS, Butt UI, Bilal SM, *et al.* Burnout among surgical residents in a lower-middle income country – Are we any different?. *Ann Med Surg* 2016; **9**:28-32.
2. Navines R, Olive V, Ariz J, Lopez J, Tortajada M. Stress and burnout during the first year of residence training in a university teaching hospital: preliminary data. *Dual Diagn Open Acc* 2016; **1**:17.
3. Baldwin Jr. DC, Daugherty SR. Sleep deprivation and fatigue in residency training: results of a national survey of first- and second-year residents. *Sleep* 2004; **27**:217-23.
4. Collier VU, McCue JD, Markus A, Smith L. Stress in medical residency: status quo after a decade of reform? *Ann Intern Med* 2002; **136**:384-90.
5. Acik Y, Deveci SE, Gunes G, Gulbayrak C, Dabak S, Saka G, *et al.* Experience of workplace violence during medical speciality training in Turkey. *Pol J Occup Med* 2008; **7**.
6. Kumar R, Siddiqui N, Shahid Z, Syed S, Kadir M. Stress, job satisfaction and work hours in medical and surgical residency programmes in private sector teaching hospitals of Karachi, Pakistan. *J Pak Med Assoc* 2012; **62**:1109-12.
7. Kasi PM, Khawar T, Khan FH, Kiani JG, Khan UZ, Khan HM, *et al.* Studying the association between postgraduate trainees' work hours, stress and the use of maladaptive coping strategies. *J Ayub Med Coll Abbottabad* 2007; **19**:37-41.
8. Schroeder SA, Showstack JA, Gerbert B. Residency training in internal medicine: time for a change? *Ann Intern Med* 1986; **104**:554-61.

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