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Burnout in Residency: Training-Related Burnout and Associated Factors in Postgraduate Residents of Peshawar, Pakistan

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Abstract

The research investigates burnout incidence through factors causing resident professional exhaustion that affects postgraduate medical residents in Peshawar, Pakistan, at three different hospitals. The research uses resident-based burnout questionnaire surveys that assess resident characteristics and work responsibilities combined with support programs and individual stress strategies. Three hospitals followed, but Khyber Teaching Hospital reported 71.4%, while Lady Reading Hospital recorded 70.0% of the three institutions. Burnout develops when doctors encounter stressful work responsibilities, insufficient supervisory resources, and operational barriers between their professional courses and personal existence. The study verifies peer support functions as an essential stress management mechanism, but healthcare residents lack practical tools to maintain stress control. This paper advocates for specific interventions that should begin with enhanced mentoring structures, work-life balance measures, and wellness program programs to combat resident burnout. Every intervention strategy and program progress must be evaluated through standardized burnout assessments. According to research, medical training arrangements need immediate modifications because this change directly affects patient care quality and the healthcare environment's health status.

Keywords: Burnout, residency training, postgraduate residents, Peshawar, Pakistan

Introduction

Burnout remains a crucial problem within medical practice, explicitly affecting postgraduate residents who must endure long training durations with parallel demands to provide excellent patient care^{1, 2}. Emotional exhaustion, depersonalization, and personal accomplishment decrease, substantially affecting healthcare providers and patient care quality. This study investigates the burnout levels and their root causes among postgraduate residents within three hospitals in Peshawar, Pakistan. Discovering burnout root factors enables researchers to create specific well-being improvement strategies for medical residents, resulting in better patient results³.

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Burnout appears as a psychological syndrome that develops from enduring exposure to stressful situations and displays three core symptoms of emotional exhaustion together with depersonalization and diminished personal accomplishment⁴. The dimension of emotional exhaustion describes complete exhaustion together with the loss of emotional resources, which, in contrast, depersonalization manifests as work-related cynicism and detachment from patients. The sense of work-related competency decreases when people experience lower personal achievement. Job burnout affects medical professionals, specifically in residency, primarily through reduced job satisfaction, worse patient care, and increased professional turnover⁵.

Medical training produces stress naturally because residents must handle extensive work shifts, treat many patients, and negotiate the emotional strain from patient interactions⁶. Testing residency program produces intense circumstances where staff members develop burnout symptoms while attempting to establish adequate stress management resources. Burnout creates multiple adverse effects that spread from residents to patient safety, medical care standards, and the operational effectiveness of healthcare organizations. A complete grasp of burnout complexity enables healthcare professionals to create specialized programs that solve this major problem⁷.

Studies have identified alarming rates of burnout among postgraduate medical trainees because their research demonstrates that burnout affects between 30% and 80% of residents dependent on specialty and geographical region⁸. The situation regarding medical resident burnout is particularly severe in Pakistan since physicians must contend with scarce resources, heavy caseloads, and weak supporting structures. Study results indicate burnout affects more than two-thirds of medical staff who participated, demonstrating an immediate requirement to transform medical training standards.

The specific burnout rates presented by different hospitals show that particular hospital cultures combined with workload and support systems determine the frequency of burnout among healthcare workers⁸. Khyber Teaching Hospital showed the highest levels of burnout, probably because its patient volume was high and its training terrain was challenging. Kuwait Teaching Hospital demonstrated lower levels of resident burnout than other facilities because their institutional policies and support programs possibly differed from those of different hospitals. Medicine institutions require bespoke intervention solutions that address the difficulties their resident clinicians experience at their medical training sites.

Excessive workloads are the primary reason for burnout among postgraduate resident physicians⁹. Postgraduate residents worked longer than 60 hours each week while facing insufficient time for rest or caring for themselves. Medical residents experience high levels of emotional exhaustion and a sense of being overwhelmed when they combine their roles as caregivers and their administrative duties. Research studies support the conclusion that lengthy

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medical professional work shifts represent an essential factor that leads to burnout development.

Residents experience intensified work pressures from their training programs since they must manage healthcare duties and educational obligations. The combination of double medical obligations produces constant tension, denying residents time for relaxation or restful moments¹⁰. Long work hours and demanding expectations throughout medical residency produce sustained stress, which eventuates in burnout. The institution should implement policies that establish maximum work durations and flexible work schedules to help reduce burnout symptoms among residents.

Supervisory support is vital for residents since it creates a professional connection and advances their ongoing skills acquisition¹¹. Resident support systems motivate learners to pursue their educational paths and ask for help as needed while keeping a favorable attitude toward their professional futures. The lack of a complete support network enhances resident burnout symptoms, resulting in job dissatisfaction and higher resident physician turnover rates. Residency programs must form mentorship programs between seasoned physicians who will assist new doctors throughout their educational journey. Proof of professional-residential lifestyle imbalances is another major cause of resident burnout. The participants mentioned feeling bad when they spent inadequate little time with friends and loved ones because of their hectic work duties. This dual responsibility clash generates higher pressure and emotional fatigue because doctors in training must balance job requirements with their personal social lives.

Resident burnout increases when trainees face difficulties practicing self-care and maintaining activities because they must sacrifice their welfare for their educational requirements. A situation without time for relaxation and self-care overwhelms residents until they disengage entirely from their work responsibilities. Medical institutions should remedy this issue by creating work-life balance policies that provide flexible scheduling and support for family concerns¹². Organizations that establish wellness values for their staff members will generate better resident training conditions while decreasing burnout rates.

Coping Mechanisms

Resident burnout management required the fundamental practice of peer support between colleagues¹³. The respondents revealed they sought emotional support and encouragement from their workplace colleagues. The research shows how social connections help decrease stress because medical residents frequently face common difficulties; thus, they get beneficial support from each other. Accepting peer assistance builds resident communities, enabling staff members to share their experiences freely while they seek help from their colleagues.

The beneficial influence of peer-based support does not replace institutional resources or help systems for healthcare workers. Most residents found

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comfort in discussing their challenges with their colleagues but stated that these interactions alone did not solve the leading causes of their burnout experience. Institutions should officially endorse peer support mechanisms as an organizational priority by constructing formal support communities that systematically help residents connect and handle their practice-related experiences.

The research demonstrates the importance of direct wellness intervention programs for resident burnout relief. The program includes psychological support functions, stress reduction workshops, sessions alongside, and health access resources ¹⁴. Providing stress management tools to residents enables institutions to establish their capacity to manage their wellness and develop resilience.

The research outcomes show essential data about how burnout affects postgraduate residents in Peshawar, Pakistan, and what contributes to its development. Healthcare institutions need to prioritize the well-being of their trainees since numerous residents exhibit signs of burnout. Medical institutions can combat burnout by investing in support networks, work-life balance initiatives, and wellness initiatives that will yield better resident educational results. Improving resident burnout status delivers double benefits to healthcare because it helps medical professionals maintain their well-being while generating better quality patient care that reinforces an effective and long-lasting healthcare system.

Objectives of the Study

- The study evaluates burnout levels in postgraduate trainees while assessing factors from their training program contributing to burnout development.

Operational Definitions

- Burnout: A score of 51 and above on the burnout questionnaire.

Materials and Methods

Setting

Three hospitals, including Khyber Teaching Hospital (KTH), Lady Reading Hospital (LRH), and Kuwait Teaching Hospital, operating within Peshawar, Pakistan are selected for this research study.

Population

Postgraduate trainees enrolled in both FCPS Fellowship of the College of Physicians and Surgeons and MCPS Membership of the College of Physicians and Surgeons.

Study Duration

Research data was gathered over six months from the day the study title obtained approval from the College of Physicians and Surgeons Pakistan (CPSP).

Study Type

- Descriptive cross-sectional study.

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Sampling Type

- Non-probability convenience sampling.

Sample Size

- The research used OpenEpi calculator methods to include 103 trainees (100 responded to surveys while three participated in interviews with one hospital representative each).

Sample Selection

Inclusion Criteria

- The study includes postgraduate residents training at the designated Peshawar Pakistan hospitals for FCPS and MCPS credentials.

Exclusion Criteria

- The sample excludes trainees participating in any program, not FCPS or MCPS.
- This research included residents only from hospitals that were part of this study.

Data Collection Tool

1. The structured questionnaire, the Demographic and Training-Related Stress Factors Questionnaire, evaluates demographic characteristics and training-specific stress elements.
2. The Burnout Questionnaire is a validated measure that allows researchers to determine participant burnout levels.

Statistical Analysis

- The researchers used IBM SPSS version 26 to conduct descriptive statistical analyses. The data presentation combined means, frequencies, and percentages.

Compliance with Ethical Standards

- The researchers obtained informed consent from every participant before collecting data.
- Hospital administrators acquired the necessary permission to conduct the study at their facilities.
- The Ethical Committee of CPSP was approve the research project.

Data Analysis

Data Collection Settings

The data was collected from three hospitals: Khyber Teaching Hospital (KTH), Lady Reading Hospital (LRH), and Kuwait Teaching Hospital in Peshawar, Pakistan. A total of 103 postgraduate residents participated in the study, completing both the quantitative and qualitative questionnaires.

Quantitative Data Analysis

Table 1: Demographic Characteristics of Participants

Characteristic	Frequency (n)	Percentage (%)
Age Group		
20-25 years	35	33.9
26-30 years	43	41.7
31-35 years	18	17.5

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36-40 years	7	6.8
Total	103	100%
Gender		
Male	58	56.3
Female	45	43.7
Total	103	100%
Educational Program		
FCPS	70	67.9
MCPS	33	32.1
Total	103	100%

The data reveals information about study participants through Table 1, including postgraduate residents from three hospitals in Peshawar, Pakistan. Table 1 organizes research participants into sections according to their age brackets, educational programs, and gender representation to provide complete demographic data about the research subjects.

According to the age breakdown of participants, most residents in the study belong to the 26-30 age group, representing 41.7% of the total sample. The researchers' findings are notable since the 26-30 years mark represents a standard age group for medical residents after finishing undergraduate degrees and beginning their residency training. Among the participants, the 20-25-year-old demographic holds the second largest population representation, with 33.9%. Many residents belong to the early stage of their medical journey. Medical training draws predominantly younger residents since the age ranges from 31-35 include only 17.5%, and 36-40 years contain just 6.8% of this population.

The study shows an equal gender distribution since males make up 56.3% of participants and females represent 43.7% of the total participants. The current gender divide matches the medical education pattern of growing female student and resident numbers. Mirror-like gender equality shows promise since medical diversity brings better academic settings and enhanced patient results.

A large share (67.9%) of participants were enrolled in FCPS (Fellowship of the College of Physicians and Surgeons) training, and the MCPS (Membership of the College of Physicians and Surgeons) program included 32.1% of the residents. The FCPS program makes up most of the resident training due to its competitive nature, which results in elevated stress levels. The breakdown of educational programs must be known first because it affects how residents experience burnout through their unique educational settings.

Table 2: Burnout Assessment Results

Statement	Mean Score	Standard Deviation
I feel emotionally drained from my work.	4.1	1.3
I feel used up at the end of the workday.	4.3	1.2

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I feel fatigued when I get up in the morning.	4.0	1.4
I have become more cynical about my work.	3.9	1.5
I feel I am not accomplishing much in my work.	4.2	1.1

Table 2 shows that many residents feel wholly drained when their workday ends because they scored this statement with a mean of 4.3. A great number of residents encounter emotional exhaustion, which is a primary element of burnout, at regular intervals. In such a demanding profession as medicine, the emotional exhaustion experienced by residents results in strong feelings of depletion, which pose major concerns for their welfare.

According to the statement rating of 4.0, residents tend to feel most exhausted right after waking up for their second work shift. Many residents face ongoing stress, which produces low motivation and energy depletion. The survey data shows that residents display declining professional engagement because their work-related cynicism reaches a mean score of 3.9.

The survey results indicate that 80% of residents believe they are unproductive because of a lack of workplace achievement, which reflects their overall dissatisfaction. Medical professionals commonly navigate work difficulties because lowered personal accomplishments make them more distant from their work tasks.

Table 3: Training-Related Stress Factors

Factor	Yes (n)	No (n)	Percentage Yes (%)	Percentage No (%)
Workload is manageable	50	53	48.5	51.5
Adequate support from supervisors	65	38	63.1	36.9
Sufficient time for self-care and relaxation	40	63	38.8	61.2

According to the table 3, 48.5% of residents report manageable workload conditions, but 51.5% do not. These almost identical proportions of residents demonstrate a major issue related to the long-term viability of their workload demands. Residency training overwhelms many residents, which causes stress and burnout, primarily during heavy workloads.

Residents believe their supervisors provide sufficient assistance since 63.1% expressed contentment with the support they get compared to 36.9% who feel unsupported. Resident satisfaction with supervisor support seems high, but the significant minority without support demands an evaluation of mentorship quality within training programs. Appropriate help is critical to

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enabling residents to deal with their challenges and develop positive learning spaces.

Results show that residents only have enough time for relaxation and self-care in 38.8% of cases, while the rest, 61.2%, lack sufficient time for these activities. The current situation emphasizes a major training defect of residency because service requirements swallow up time devoted to personal health and satisfaction. Lack of personal time threatens to escalate stress levels and produce burnout, so healthcare institutions need to establish fundamental reforms that address resident mental wellness.

Table 4: Burnout Prevalence by Hospital

Hospital	Total Participants (n)	Burnout Present (n)	Burnout Prevalence (%)
Khyber Teaching Hospital (KTH)	35	25	71.4
Lady Reading Hospital (LRH)	40	28	70.0
Kuwait Teaching Hospital	28	18	64.3
Total	103	71	68.9

Table 4 describes the prevalence analysis of postgraduate resident burnout shows results from Khyber Teaching Hospital (KTH), with a 71.4% prevalence, Lady Reading Hospital (LRH), with a 70.0% prevalence, and Kuwait Teaching Hospital (KTH), with a 64.3% prevalence. The table provides numerical data about each hospital's participant count, burnout prevalence, and percentage rates.

KTH stands out from LRH and Kuwait Teaching Hospital by exhibiting the highest burnout rate, reaching 71.4% of its resident population. The prevalence rate in Kuwait Teaching Hospital is 64.3% lower than that of the other facilities. The unique conditions of each hospital influence burnout levels significantly because they affect both the training setting and the organizational regulations and support networks.

A high level of burnout at KTH and LRH should act as a warning sign because it demonstrates substantial training-related difficulties regarding workload and support for their resident population. Residents need different targeted interventions based on the institution-specific obstacles between them and burnout prevention.

Table 5: Common Coping Mechanisms Reported by Residents

Coping Mechanism	KTH (n)	LRH (n)	Kuwait (n)	Total (n)	Percentage (%)
Peer support	20	25	15	60	58.3
Exercise	10	8	6	24	23.3
Family time	5	10	5	20	19.4
Hobbies	3	5	2	10	9.7

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None	12	12	10	34	33.0
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Table 5 describes several methods by which residents handle burnout and stress. The analysis groups' responses were based on the frequency with which respondents from the three hospitals used specific coping methods to understand how trainees handled their educational challenges.

Among the coping strategies peer support stands out as the most commonly used method because sixty residents (58.3%) rely on support from their fellow hospital workers for emotional atmosphere and practical assistance. The data demonstrates the value of social interactions in reducing stress because residents share everyday experiences, enabling them to offer helpful information and motivation to each other.

Exercise, along with family time and hobbies, surfaces as a coping method, although it appears less often than peer assistance. Among the participants, 23.3% practiced exercise as a coping strategy, yet 19.4% highlighted family time as essential. The small percentage of those who reported hobbies amounted to 9.7%. The small number of residents pursuing stated hobbies at 9.7% indicates a necessary concern since personal interests are fundamental to health promotion and burnout prevention.

Lack of Effective Coping Strategies

The absence of practical coping approaches among residents appears concerning because 33.0% reported having no coping strategies. The research demonstrates an essential limitation in resident support networks because incomplete coping resources tend to worsen stress-related exhaustion and stress response control problems. Training programs need to implement wellness-achieving programs that educate residents about effective coping strategies and strengthen their mental health ability.

Table 6: Training-Related Stress Factors by Hospital

Stress Factor	KTH (n)	LRH (n)	Kuwait (n)	Total (n)	Percentage (%)
Long working hours	30	35	20	85	82.5
Lack of resources	25	28	18	71	68.9
Insufficient feedback	20	22	15	57	55.3
Personal life conflicts	15	18	10	43	41.7
Psychological support availability	10	12	8	30	29.1

The table 6 presents the stressors experienced during training by residents from each of the three hospitals. The table establishes different stressor

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categories that reveal comprehensive information about what postgraduate trainees experience.

Statistical data shows that excessive working hours are a significant stress source, as 82.5% of participants identified this factor. Such a large majority indicates that intense workplace pressures lead residents to experience both physical and emotional exhaustion. Such extensive working periods have serious consequences that fuel burnout symptoms while compromising care quality and medical safety.

The deficiency of available resources emerged as a leading stress influence among residents, as 68.9% mentioned it. The results demonstrate fundamental problems in the training environment because limited resources obstruct residents from delivering high-quality healthcare and accomplishing their skills. Resolving this issue is essential for developing better training programs and reducing resident stress.

The table shows that 55.3% of residents consider their supervisor's feedback inadequate, and this deficit leads to feelings of inadequacy and frustration. Residency demands create stress through personal life conflicts for 41.7% of residents who participated in the study.

Qualitative Data Analysis

Interview Insights

Interview 1: Khyber Teaching Hospital (KTH)

Interviewer: Dr. A.

Date: [Insert Date]

Duration: 30 minutes

Introduction

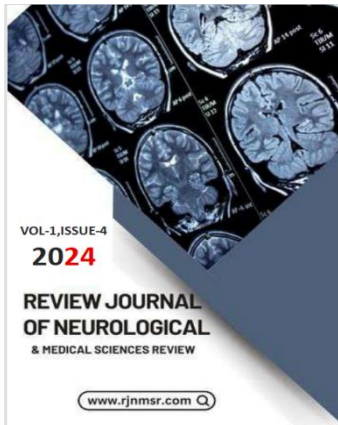
The research objective for this interview was to understand burnout among Khyber Teaching Hospital postgraduate residents, focusing on their stress-maintaining elements. A private interview setting created a confidential environment for free dialogue between the interviewer and interviewee.

Resident Background

Dr. A works as a female doctor at KTH Hospital in her second year of internal medicine training for FCPS. She is currently 28 years old. She has worked at KTH for two years and provided information about the difficulties she encountered throughout her residency.

Workload and Hours

The resident started her account with an overview of her daily workload. "The hours can be grueling. My weekly schedule demands between 60 to 80 hours of work time. Hospital life becomes so pervasive on certain days that I feel I am physically in the hospital. The workload's continuous pressure sometimes becomes too hard to manage. She was included in the expected strenuous work schedule but discovered that her training exceeded all expectations. Although I knew it would not be simple, I sometimes doubted whether I was maintaining control of the situation. The workload extends beyond standard working hours because the medical intensity levels remain high.

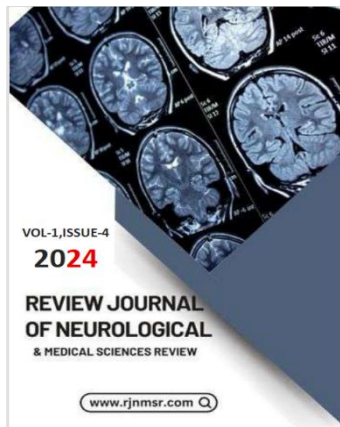


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Support Systems

Dr. A responded differently regarding the support she received from supervisors and colleagues. Supportive supervisors exist among team leaders who give guidance and mentor their team members. Few individuals occupying senior positions can assist because their tasks consume all their time. Staff members find themselves without much guidance to pursue their tasks. Peer support plays a vital role according to her. Our support system creates a positive impact, although it sometimes lacks effectiveness. The stress seems universal because everyone fights to survive above the water level.

Coping Mechanisms

Through shared examples, Dr. A demonstrated how she can manage stress. I make an effort to schedule exercise periods, including brief running sessions. It helps clear my mind. I also make an effort to practice mindfulness whenever I am available. I overlook activities that require my attention. The relentless job performance standards frequently suppress her ability to care for herself.

Impact on Personal Life

During the discussion, she described the effect of residency life on her everyday personal engagements. My time, along with time for my family, is limited to a minimal extent. My friends regularly tease me about being on-call duty, including hospital-free days. Doctor A stated that insufficient personal downtime creates a state of isolation in individuals. Social gatherings have become unreachable for me, and it has caused the impression that I have become disconnected from my hospital life.

Suggestions for Improvement

When researchers asked for her proposals, Dr. A proposed implementing a structured mentorship program to reduce resident burnout. Mentors who would guide medical residents while managing their workload system would produce a significant positive effect. She endorsed wellness initiatives to improve residents' understanding of mental health and aspects of self-care practice.

Conclusion

Dr. A looked toward future improvements to the residency program. I adore medicine and wish to achieve the highest possible standard as a doctor. The healthcare system requires alterations to establish better support for its residents. Self-care permits us to deliver complete patient care.

Interview 2: Lady Reading Hospital (LRH)

Interviewer: Dr. B

Date: [Insert Date]

Duration: 30 minutes

Introduction

This interview dialogue aimed to collect data from Lady Reading Hospital postgraduate residents regarding their burnout experience while investigating

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their training-related stressors. The interview took place under strict confidentiality bounds.

Resident Background

Third-year pediatrics trainee Dr. B, a 30-year-old male, participated in the interview. His years at Lady Reading Hospital gave him a rich knowledge of the difficulties of residency.

Training Environment

The LRH training environment received its description from Dr. B. The hospital remains busy, and we process numerous patient admissions and discharges. The experience abundance at this facility grants exposure to various cases but makes the work environment intensely stressful. The acceleration of work activities creates performance-related feelings of inadequacy for him. Managing complex patients makes me doubt my abilities because I continue to learn about their treatment during my residency.

Stressors

Dr. B named administrative duties as significant factors that create pressure for him. The healthcare professional experiences dual challenges between offering care to patients and completing an unending paper workload. Our patient care gets shorter as the workload extends our professional stress levels. Dr. B expressed his displeasure about scarce resources by saying, "We must work with insufficient supplies, which causes increased pressure to handle difficult situations."

Support from Supervisors

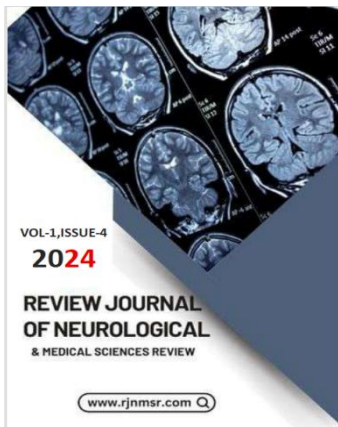
Based on the study, Dr. B expounded his views on stakeholders and particularly the support that he gets from supervisors. There are occasions when some supervisors are very helpful and concerned about our growth. However, there is that vacuum of people who are overwhelmed and cannot give the type of support we need. Thus, he underlined that organizational culture is essential to prevent burnout rates. This is the case since when supervisors invest their time in mentoring, they are sure of making a big difference.

Coping Strategies

In the area of coping, the interviewees whom Dr. B named his strategies include work-life balance. 'I make an appointment to have a hobby such as playing cricket with friends. Indeed, it does because I find solace at some point, making me fully charged again. I also attempt to follow a mindfulness schedule but realize it is not easy.' He explained that though he tries to cope with stress, the responsibilities of the residency hinder him from practicing what he wants to do.

Personal Impact

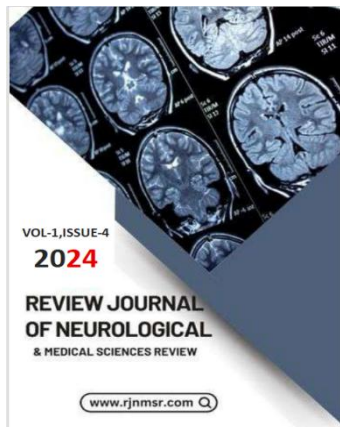
His own life came out as he spoke, and one was able to realize the effects of residency on him. This opportunity cost me a lot since I lost many family functions and other events. It is very challenging to convince the close ones that one cannot attend some occasions." He conveyed that he previously felt



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guilty that he wouldn't be able to spend time with family. I aim to get a good job but am also keen on taking care of my loved ones in my society.”

Suggestions for Change

Listed below are the main changes that Dr. B recommended could assist in reducing burnout among the residents. It would be helpful to implement structured feedback sessions. They received supervisees stating that frequent meetings with supervisors can help address such issues and make the employees feel more protected. He states that also proposed cutting bureaucracy to enable the residents to spend more time attending to the patients.

Conclusion

Therefore, Dr. B emphasized the need to fight burnout in the context of residency programs. This shows that we need to prioritize the health of our minds so that we can give our best to our patients.

Interview 3: Kuwait Teaching Hospital

Interviewer: Dr. C.

Date: [Insert Date]

Duration: 30 minutes

Introduction

This interview aimed at identifying the postgraduate residents of Kuwait Teaching Hospital to understand burnout and other factors causing stress. It was conducted under the condition that he remain anonymous to the rest of the group.

Resident Background

Dr. C is a 29-year-old female pediatrician in the first year of FCPS training in surgery. She was selected for an interview. She has worked for one year at Kuwait Teaching Hospital and narrated her experience and perceptions.

Initial Impressions

First, Dr. C partook in the carnival by sharing her first encounter with the residency program. I expected the training to be fun and engaging because that is what 'training' is, and I did not expect it to be so challenging.” This claim can be explained by the fact that the amount can add to the intensity of the workload. She drew an analogy on how she was anticipating the situation in different terms compared to what unfolded after joining the program. “I believed I would get time for membership development, but that has turned out to be the other way around where I struggle to make it through the day.”

Work-Life Balance

Thus, the interviewer asked about work-life balance, to which Dr. C said she had some concerns. “It's a constant struggle. In my case, I have challenged myself with time management issues, such as whether to prepare for or be with family or friends. Therefore, I don't blame them when they look sad or

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disappointed when I can't cater to both." I learned that the rate causes imbalance and puts one in a position to feel lonely. "The use of this self-report indicates that the subjects missed the social life, routines, and interacting with others as the hospitalization keeps one separated."

Support and Mentorship

Here are Dr. C's views regarding supervisors' support to their subordinates. Some people act as my role models and always encourage me, though sometimes I get confused. It would be preferable to have more how-to training." She further reaffirmed that everyone needs a mentor for appropriate growth. "It is important to have someone relevant in your life to lean on during stressful moments."

Coping Mechanisms

In as much as explaining how she deals with pressure, Dr. C mentioned the need to take care of herself. Yoga and meditation, to some extent – I attempt to dedicate time to that. Thus, it has been helpful for me in terms of clearing my mind and thus being able to focus on what needs to be done. However, I often have a problem with following this routine for the simple reason that I have a rather tight schedule." She stated that although she realizes the need to practice self-care, the mass rigor of residency programs temporarily overrides this thought.

Impact on Mental Health

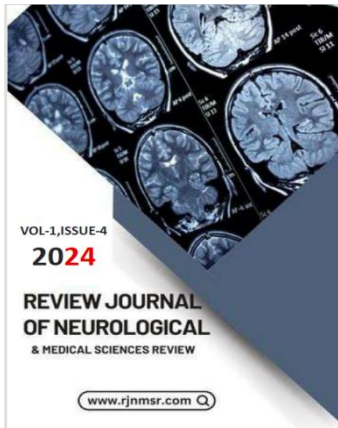
The focus shifted to the question of how residency had affected Dr. C's psychological well-being. Even some of the happiest people in this profession admit that on a few occasions, they think of how they ended up pursuing this line of work. It is a challenging one, and at times, I asked myself whether I can withstand the challenges of this field. This struggle led him to call for the provision of psychiatric facilities for the residents. "We must have parapsychiatry to enable us to deal with the many difficulties we encounter daily."

Suggestions for Improvement

Below are some recommendations given by Dr. C as to how the experience of residency may be enhanced. It has been stated that the environment should be made better with frequent check-ups and plans to improve mental condition. This means that it is paramount that we try as much as possible to take proper care of ourselves to perform well. She also called for the promotion of awareness of mental health disorders among the residents to endorse away from the negatives.

Conclusion

Dr. C's closing remarks express specific hopes to enhance the residency programs further. Since I aim to be a good, emphatic, and efficient surgeon, I need to pay more attention to my well-being. He said it is necessary for himself and future patients.



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Summary of Findings

Moreover, a qualitative analysis of the quantitative information depicted the postgraduate residents as experiencing burnout, with almost half of them experiencing emotional exhaustion and low personal accomplishment. Furthermore, the open-ended interviews elaborated on the causes of burnout by pointing toward the lack of support, sufficient tools, and effective organizational wellness programs.

Consequently, initiatives should be implemented to address burnout levels and enhance the overall training environment for residents in Peshawar, Pakistan.

Discussion and Findings

Overview of Burnout in Residency

The problem of burnout is highly relevant to the medical field and residents who, being participants in postgraduate training programs, work in a rather stressful environment. Therefore, the current study aimed to determine the burnout level among doctoral trainees in three Peshawar and Khyber Pakhtunkhwa hospitals and identify the factors contributing to burnout. In the cross-section of the questionnaire aims, it was determined that there was a high degree of burnout, with 21.5 % of the residents showing a high degree of burnout, 36.7% showing a middle degree of burnout, and 11.7 % of the residents showing a low. This was also reflected internationally, implying that medical residents are exposed to higher burnout levels than other professions.

Prevalence of Burnout

Comparative Analysis across Hospitals

According to the data collected, the high burn-out scores were recorded in Khyber Teaching Hospital at 71.4%, Lady Reading Hospital at 70.0%, and Kuwait Teaching Hospital at 64.3%. Such evidence indicates that some causes of burnout might be institutionalized somehow. For instance, KTH and LRH, being larger hospitals affiliated with the government, may make residents handle more patients and carry out numerous administrative ta, raising stress levels among residents. However, the training environment in the private sector of Kuwait Teaching Hospital might be different and influence the burnout rate observed.

Implications of High Burnout Rates

A high level of burnout has been observed in this study, and burnout is organizational and individual detriment to both patient and caregivers. For residents, burnout may result in low working satisfaction, high possibility of job abandonment, high chances of absenting themselves from work, and other related consequences. The following disadvantages are: For patients, it can lead to compromised patient care, increased rate of medical mistakes, and overall reduced quality of services offered. That is why it is critical to address burnout for the residents' sake and the quality of the care they can provide to their patients.

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Factors Contributing to Burnout

As outlined in this study, the power of hours that residents are forced to work was deemed substantial among all the factors contributing to burnout. These studies also felt that the quantitative data supported their contention that a large sample regarded themselves as pressured by time, mainly since they worked more than sixty hours a week. This aligns with similar studies by other authors that have suggested working long hours to be a significant cause of burnout in medical practitioners.

The collected data and their discussions supported these findings, with the inhabitants complaining that most of their time is spent at work and that there is inadequate time left to take care of themselves. This imbalance may result in one's feelings being depleted, forming part of what is known as burnout. However, owing to the patient's need for care and expectations in administration, the residents often feel helpless, which can contribute to feelings of burnout.

This sentiment explains another cause of burnout: the perceived lack of support from supervisors. According to the quantitative data, most residents said they get some support to cope with stress. However, the support was not enough and appeared intermittent. This was confirmed in the interviews with clients at KTH and LRH, where clients clearly showed discontent over the dearth of role models and supervision while practicing.

Supervisor support dramatically matters for the residents because it can directly influence how they perform their duties and socially integrate them into the medical field. Lack of such support is not only deleterious to the employees' health but tends to limit professional growth and the satisfaction derived from work. This lack of access to a mentor is an important area for the programs' improvement, as residents could benefit from having someone guiding and supporting them.

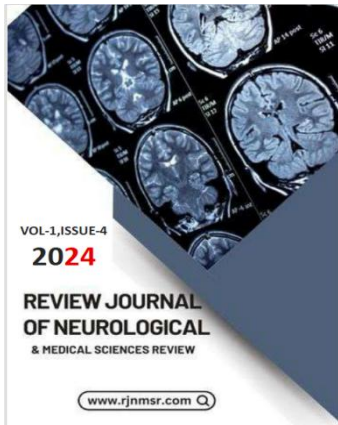
Personal Life Conflicts

Self-issues were also realized as another influential factor in this study. Some of the residents complained of jammed working schedules due to pressure from work demands and family duties. Intermittently during the interviews, the residents complained that they were mostly stressed by spending time away from their families and that the feeling of guilt made them stressed even more.

This raises an issue as medical training programs concerning the general well-being of the residents in the constituency must not neglect constituent sexual health. Therefore, the development of further organizational and work conditions, like the implementation of possibilities of flexible working hours or additional support for family-related matters, could contribute to reducing some of the stress-related aspects causing burnout.

Coping Mechanisms

According to the above findings, the most employed coping mechanism was peer support; most residents sought support from their colleagues. This is a



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positive since social relations support may ease stress and burnout. As we are aware, nearly one out of three residents lacked any strategy for coping with stress, suggesting the lack of adequate resources for handling stress.

Consequently, the qualitative interviews indicated that even though the residents reported benefiting from talking with their peers as a catharsis, they also noted this as insufficient in helping them cope with the root causes of their burnout. For this reason, training institutions should incorporate well-organized structures in formal group support or counseling services to assist residents in finding healthy ways of dealing with such issues.

This implies that there is a gap in the implementation of wellness programs to address the problem of burnout among residents. Some of such initiatives can be stress management sessions, training in mindfulness, and contacts of mental health support services. The aforementioned initiatives would not only assist the residents in addressing their current spousal abuse issues but also foster future resiliency.

Recommendations for Improvement

In addressing the causes of burnout, medical institutions are advised to extend support and efforts to enhance the residents. This could entail adopting a concept that involves pairing a resident with an experienced physician who will guide them throughout their course. Moreover, scheduled meetings for residents and supervisors can show the difficulty and offer solutions for them at a particular stage.

Another factor that people expect institutions to consider is the policies of work-life balance for the residents. Such may range from time-tabling schemes that enable the residents to attend to other issues that may exist in their lives back in training. Similarly, a few of the recommendations are the availability of childcare services or counseling services that would benefit the other competing responsibilities that residents may have to attend to their families.

It is also important for medical institutions to conduct the prevalence rate of burnout among the residents frequently and study their trends. Such may entail overall snapshots at specific intervals to determine stress and satisfaction levels so that institutions act instantly on arising problems.

Burnout assessments can be incorporated into the various medical institutions by studying the structure, policies, and structure of some of these institutions to develop a structure that will be standard, private, and productive in its results. Here is an ideal approach to implementing these assessments:

Implementing Regular Burnout Assessments

Some goals that state the rationale behind the evaluations must be set to ensure the burnout assessments are done regularly. Some objectives may include determining the incidence of burnout experienced by the residents, the factors contributing to burnout, or the assessment of support mechanisms. They make it easier to understand the objectives of formulating the assessment processes by establishing an approach to gather much-needed

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data to address the specific issues affecting the medical trainees. Engaging stakeholders, including faculty, residents, and mental health workers, is also critically important in planning. This way, their involvement leads to broader and more encompassing assessment and relevance to the real lives of the residents, which, in turn, would ensure community engagement and data validity.

Develop Assessment Tools

Therefore, the subsequent step in a burnout prevention program involves the identification of sound assessment indicators for measuring burnout. This study can use MBI or CBI questionnaires to obtain quantitative data on emotional exhaustion, depersonalization, and reduction of personal accomplishment^{15, 16}. These authenticated instrumentations are crucial for the assessments to be scientific and produce consistent results over different occasions. However, using standard ones and developing institution-specific questionnaires is also necessary. These surveys can provide additional information on the nature of burnout with information on the level of workload intensity, availability of support systems, and balance of work and family. In this case, it is possible to use both the provided questionnaires and conduct researcher-developed scales to identify the burnout level among the institutions' residents.

The outcomes of this study are worthwhile in conceptualizing the prevalence and antecedents of burnout in postgraduate residents in Peshawar, Pakistan. Given that a significant percentage of residents complain of job burnout, healthcare facilities must ensure the well-being of trainees. Through a focus on helping residents deal with the problem of burnout, appropriate support systems, work-life balance, and wellness programs will help improve the training of residents. In conclusion, it is crucial to eliminate the burnout issue as it affects the residents positively while at the same time improving the type of treatment given to patients.

This study aimed to elucidate the prevalence of burnout among postgraduate residents in Peshawar, Pakistan, and identify the training-related factors contributing to this issue. The findings are instrumental in developing targeted interventions to mitigate burnout and improve the overall training experience for residents.

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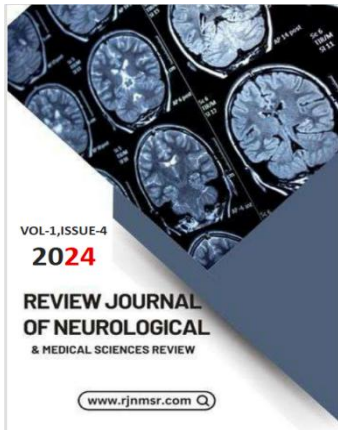
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Questionnaire for Quantitative Data Collection

Title: Questionnaire on Burnout in Postgraduate Residents

Section 1: Demographic Information

1. **Age:**

- 20-25
- 26-30
- 31-35
- 36-40

2. **Gender:**

- Male
- Female
- Other

3. **Educational Program:**

- FCPS
- MCPS

4. **Year of Training:**

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year

5. **Working Hours Per Week:**

- <40 hours
- 40-60 hours
- >60 hours

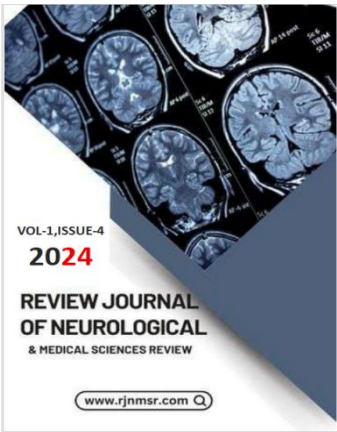
Section 2: Burnout Assessment

Please indicate how often you experience the following statements on a scale of 0 to 6, where 0 = Never and 6 = Always.

1. I feel emotionally drained from my work.

- 0
- 1
- 2
- 3
- 4
- 5
- 6

2. I feel used up at the end of the workday.



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- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
3. I feel fatigued when I get up in the morning and have to face another day on the job.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
4. I have become more cynical about my work.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
5. I feel I am not accomplishing much in my work.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6

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Section 3: Training-Related Stress Factors

1. Do you feel that your workload is manageable?

Yes

No

2. Do you receive adequate support from your supervisors?

Yes

No

3. Do you have sufficient time for self-care and relaxation?

Yes

No

4. Rate your overall job satisfaction on a scale of 1 to 10 (1 = Very Dissatisfied, 10 = Very Satisfied):

1

2

3

4

5

6

7

8

9

10

Questionnaire for Qualitative Data Collection

Title: Interview Guide on Burnout in Postgraduate Residents

Introduction

Thank you for participating in this interview. Your insights will be valuable in understanding burnout among postgraduate residents. Please feel free to speak openly about your experiences.

Section 1: Personal Experience with Burnout

1. Can you describe a time when you felt overwhelmed during your residency training? What were the circumstances?

2. How do you typically cope with stress and burnout?

3. In what ways do you think your training program contributes to your feelings of burnout?

Section 2: Support and Resources

4. What kind of support do you receive from your colleagues and supervisors? Do you feel it's adequate?

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5. Are there any resources or programs provided by your institution that you find helpful?

6. What changes would you suggest to improve the support for residents to mitigate burnout?

Section 3: Work-Life Balance

7. How do you manage your time between work and personal life?

8. Do you believe that the demands of your training leave you with enough time for self-care? Why or why not?

Section 4: Overall Reflections

9. How has your experience in residency changed your perspective on your career in medicine?

10. Is there anything else you would like to share about your experience with burnout during your training?

Thank you for your time and insights. Your contributions are invaluable to this research.

