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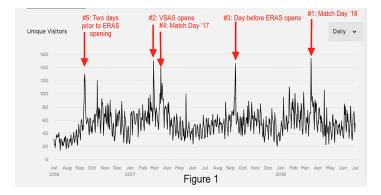
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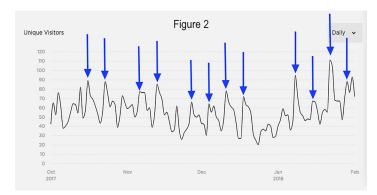
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Conclusion: Peak access to the residency website occurred during scheduled events involving medical student and residency applicants, such as ERAS application opening, Match Day, Visiting Student Application Service applications, and the day before interview sessions. While most visits were via desktop computer and search engines, a large percentage were via mobile device. Website managers should use these dates to establish scheduled updates to content and ensure access is enabled via mobile devices as well as desktops.





"I Have Nothing Else to Give": A Qualitative Exploration of Emergency Medicine Residents' Perceptions of Burnout and Compassion Fatigue

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Background: Resident physicians experience high degrees of burnout and compassion fatigue. Attempts to assess burnout using questionnaires are plagued by significant heterogeneity in defining burnout and may insufficiently capture the complexities of the resident experience of burnout. Qualitative studies examining how residents conceptualize burnout have

been briefly examined in other specialties; however, the specific stressors that characterize emergency medicine (EM) training may lead residents to perceive burnout differently. As such, exploring the ways in which EM residents conceptualize burnout can provide a richer understanding of their experience to guide future, targeted wellness interventions.

Objectives: We aimed to describe EM resident experiences with burnout and compassion fatigue to better inform the development of specialty-specific wellness interventions.

Methods: We performed a qualitative thematic analysis as part of a broader study involving a wellness intervention implemented at an academic EM residency program. We conducted three, one-hour semi-structured focus groups between May–June 2018. A subset of interview questions explored resident definitions and perspectives on burnout and compassion fatigue. Drawing from elements of a constructivist grounded-theory approach, three authors (AJ, RT, JR) analyzed the first transcript in an iterative manner. One author (AJ) then analyzed the remaining two transcripts.

Results: After thematic analysis, we identified 10 themes. Conclusions: Residents viewed compassion as a finite resource limited by emotional exhaustion and concerns for self-preservation. Their experience with burnout included overwhelming pessimism, lack of self-care, and mood dysregulation as well as reflection on a loss of career fulfillment. They often recognized burnout when it manifested outside of their clinical duties, impacting their home and family life.

Table 1. Thematic analysis of emergency medicine residents' perceptions of burnout.

Theme	Definition	Exemplary Quotation
Emotional threshold	Burnout felt when a level of emotional duress is exceeded beyond which residents experience difficulty regulating emotions.	"It's a constant level of stress that is just a little bit higher than your threshold. So that maybe one day, two days, three days you can handle it, but when it gets up to monthsYou don't even necessarily realize it but it's just this moment where I'm tearful for no particular reason." (Focus group 2)
Impact outside of the workplace	Manifestations of burnout outside of clinical duties.	"I was angry that this career demands this much of us and I feel like it had taken away parts of my life that I couldn't get back. You know, time with people, or having families and doing things in our lives that we don't have the time to do." (Focus group 3)
Loss of career fulfillment	Burnout leading to a loss of meaning in career as a physician.	*Nothing matters. I think there is a deep global loss of the meaning in the work. You can't find it anywhere." (Focus group 3)
Lack of self-care	Impact of burnout on personal health (i.e. diet, exercise).	"I just stopped physically taking care of myself. Then a couple of months and weeks go by and you realize you haven't done anything physically active or you're eating pizza and chicken pastas every day." (Focus group 1)
Mood dysregulation	Burnout manifesting as emotional responses disproportionate to a given situation or stimulus.	"I became really emotional about that patient to the point where I had to go, step away and cry in the bathroom for a secondit was just like I was a child who couldn't control my emotions or whatever it was that I was experiencing." (Focus group 2)
Physical and mental exhaustion	Burnout as an overwhelming level of exhaustion.	"I've had that feeling of dreading shifts a little bit, and leave just way more exhausted than is normal for a shift. So, for me it's this emotional fatigue with the job." (Focus group 2)
Lens of pessimism	Burnout leading to a negative filter on work and life experiences.	"You're still doing all the same things that you're doing every day, there's just this negative feeling about everything." (Focus group 2)
Compassion as a finite resource	Residents possessed a finite capacity to experience compassion.	"I just remember coming off of the last patient I had and thinking, 'I'm done. I can't talk to another person.' I have nothing else to give because everyone just required so much of my energy." (Focus group 3)
Resource limitations as a threat to compassion	Residents perceived a tension between showing compassion and preserving hospital resources.	"The thing about compassion is that you have to find a balance somewhere. Every single bed could very quickly be filled up with someone whose feet are sore or who doesn't want to walk around anymore outside." (Focus group 2)
Self- preservation	Residents intentionally limited their compassion in order to protect themselves.	"I think it's hard to do this job because if you live with 100% compassion all the time, the tragedy and the violence and the death and dying that you see will I think eat you alive. So, part of graduating through this residency is building up a shell to not just protect yourself but to be able to show up and do the job." (Focus group 1)