Addis Ababa University, College of Health Sciences, School of Medicine, Department of Psychiatry

The Lived Experiences of Stress, Burnout and Coping Strategies of Burnout Among Residents in College of Health Sciences, Addis Ababa University: A Qualitative Study

Dr. Rediat Solomon – Final Year Psychiatry Resident

A Thesis submitted to the Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University in partial fulfilment of the requirements for a Specialty Certificate in Psychiatry

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ABBREVIATIONS

AAU	Addis Ababa University
BMI	Body Mass Index
BOS	Burn out Syndrome
CHS	College of Health Sciences
COVID	Coronavirus Disease
DP	Depersonalization
EE	Emotional Exhaustion
HCP	Health Care Professionals
ICD	International Classification of Diseases
ICU	Intensive care unit
MBI	Maslach Burn Out Inventory
OPD	Outpatient Department
PA	Personal Accomplishment
PI	Primary Investigator
SAHS	School of Allied Health Sciences
SPH	School of Public Health
SoM	School of Medicine
SoP	School of Pharmacy
SSA	Sub-Saharan Africa
TASH	Tikur Anbessa Specialized Hospital
USA	United States of America
WC	Waist Circumference
WHO	World Health Organization

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ABSTRACT

Background: Medical Residents are more likely than the overall population to experience depression, suicide, and stress-related illnesses. Even if the burden and effect of burnout and work-related stress on residents is huge worldwide, qualitative studies on this subject are limited in Africa and specifically, Ethiopia. Therefore, understanding the coping strategies and lived experiences of residents will provide knowledge on this area for future development of interventions.

Objective: To explore the personal experience and coping strategies of work-related stress and burnout among physician's residency training at College of Health Sciences, Addis Ababa University.

Methodology: The proposed study utilized a qualitative approach, informed by phenomenological theory, to explore the lived experience and coping strategies of stress and burnout physicians attending residency training at College of Health Sciences, Addis Ababa University. The primary investigator of this research gathered data by conducting 16 in-person, semi-structured in-depth interviews of medical residents in different specialties. Interviews were transcribed and translated to English. Transcripts were codes and thematic analysis was used to analyze the data.

Findings: The finding of the study identified 5 themes and 12 sub themes. The residents were familiar with the words of work-related stress and burnout. Their perceived manifestations of burnout and work-related symptoms include physical and emotional manifestations. They described organizational relational and individual factors as a cause for experiencing work related stress and burnout. They were using both maladaptive and helpful coping strategies. They listed Impacts of work-related stress and burnout on their physical and mental wellbeing also on the management of patients and on their academic performance. They Suggested both governmental and institution-based recommendations to alleviate and address the problems.

Conclusion: The issue of work-related stress and burnout among residents is a significant concern and has a great implication for both the residents and the quality of patient care.

1 INTRODUCTION

1.1 BACKGROUND

"Stress can be defined as the consequence of a physical, chemical, or emotional challenge (a stressor) that requires the organism either to adapt or suffer physical or mental strain or tension"(1).

Stress is a normal human reaction that motivates us to deal with problems and dangers in our lives. Everyone goes through periods of stress. However, how we handle stress has a significant impact on how we feel in general. Stress hinders our ability to relax and can cause a variety of emotions, such as worry and irritation. We could find it difficult to focus while we are under stress. We could have stomach discomfort, headaches, or other types of physical pain. Chronic stress may make pre-existing health issues worse and may lead to more frequent use of alcohol, nicotine, and other drugs. Stressful circumstances can also result in or worsen mental health issues, most frequently depression and anxiety(1).

"Burnout is a psychological and behavioral syndrome. Emotional exhaustion is one hallmark of burnout. It has been defined as long-term, unresolvable job stress—a sense of being overwhelmed and depersonalized and lacking a sense of personal accomplishment" (2).

The term burnout was first used by Herbert J. Freudenberger (1926-1999), Jewish psychoanalyst of German origin settled in the United States of America (USA). He stated a list of symptoms with behavioral and physical manifestations. Aside from tiredness, his list includes physical symptoms such as a persistent cold, frequent headaches and gastrointestinal issues, sleeplessness, and shortness of breath. Behavior signs for emotional instability included anger and a lack of patience (3).

The 11th Edition of the International Classification of Diseases (ICD-11) recognizes burnout as a work-related disorder. It is not considered to be a disease. The syndrome of burnout is thought to be brought on by ongoing workplace stress that has not been effectively controlled. Burnout is a term that should not be used to describe experiences in other areas of life because it specifically refers to events in the occupational setting. It has three dimensions that define it as

- Emotional Exhaustion: “feelings of energy depletion or exhaustion”
- Depersonalization: “Increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and”
- “Reduced professional efficacy” (4)

The development of burnout is associated with internal and external causes that increase an individual's chance of developing a disease. These risk factors are classified as environmental, individual and sociodemographic factors (5).

Environmental risk factors are external to the individual. These include overload, insufficient reward, and the role/position of the employee, absence of fairness, job insecurity, lack of control, conflicting values, human–computer interaction, shift work, ambient noise and overcrowding (5).

The individual risk factors are associated with personality variations. This personality traits help the individual to self-regulate in distressing environment and it may also predispose employees to experience stress more often. Personality traits associated with burnout includes low levels of hardiness, external locus of control, passive defensive coping styles, low self-esteem, neuroticism (anxiety, hostility, depression, self-consciousness, impulsiveness, vulnerability), type A behavior (competitive, time-pressured, hostile, and with an excessive need for control), introversion, perfectionism, and sensitivity. On the other hand, extraversion and agreeableness particularly correlated positively with personal accomplishment. Also, There is a positive relationship between conscientiousness, and personal accomplishment and depersonalization (5).

On the sociodemographic factors, burnout is a prevalent for both men and women. While men are more likely to have depersonalization and they showed less willingness to acknowledge to fatigue than women, women typically suffer more emotional exhaustion. Women show 1.6 times higher burnout rate than that of men. Burnout is more prevalent in younger age groups. An independent risk factor for burnout is being single. Burnout affects single individuals the most, whilst married people suffer it the least. Divorced employees typically fall between these two categories (5).

Based on a systematic review of prospective studies on Physical, psychological, and occupational consequences of job burnout which included 61 papers showed, burnout is associated with medical problems like coronary heart disease obesity, hyperlipidemia, type 2 diabetes, large waist

circumference (WC), high body mass index (BMI), metabolic syndrome, hypertension, high triglycerides, low HDL cholesterol, high LDL cholesterol, impaired fasting glucose and musculoskeletal pain. Insomnia and depressive symptoms were the main investigated psychological consequences of burnout. Also, burnout was a predictor of hospital admissions due to mental disorders over a10-year period. Occupational consequence of burnout includes job satisfaction, absenteeism, new disability pension, job demands, job resources and presenteeism were the investigated outcomes (6).

It is well known that burnout poses a serious risk to both the health of employees and the effectiveness of their organizations. A high percentage of caregivers, educators, health workers, and other professionals suffer from burnout syndrome and related mental disorders. It can harm physical and mental health, which will have a negative impact on productivity, and the health of professionals are particularly vulnerable to this. As a result of this, professional fulfillment will decline, emotional exhaustion, illness, absenteeism, and medical errors commonly happens (7).

Post graduate residency program is incredibly stressful time since it involves long workdays, strict schedules, and a lot of work-life conflict. Sleep deprivation, disagreements with coworkers, trouble adjusting to a new environment, demanding patient obligations, and a lack of control over time management are just a few of the factors that put residents at risk for burnout (8).

Based on the cross-sectional study done among residents at Wayne State University School of Medicine, USA, with a response rate 321, Overall, 50.0% of the residents met criteria for burnout. residents in their first year had significantly higher rates of burnout (77.3%). The rate of burnout among different departments is Obstetrics/gynecology (75%), Internal medicine (63%), Neurology (63%), General surgery (40%) Psychiatry (40%) and Family medicine (27%) (8). Also a multicenter cross-sectional study in Nigeria done on 535 residents showed 75.5% of the physicians were experiencing burnt-out (9).

In 2018, a cross-sectional study was conducted with doctors in the UK to evaluate coping skills, professional quality of life, and resilience and 1382 doctors had participated in the study. The most frequently reported coping mechanism for this study was the maladaptive strategy of self-distraction and self-blame. Commonly reported adaptive coping strategies were active planning and emotional support. Men were also significantly more likely to use denial and humor to cope

whereas women more frequently used emotional support, instrumental support, and positive reframing (10).

A systematic review which included 25 primary intervention studies revealed that 73% of the 25 primary interventions studies were person-directed interventions, 2 (8%) were organization-directed and 6 (24%) were a combination of both. 85% of all programs led to a reduction in burnout, with person-direct interventions (cognitive behavioral measures social support and different kinds of relaxation exercises) reducing burnout in the short term and an overall positive effect of 12 months and over. Organization-oriented interventions involve changes in work procedures to decrease job demand, increase job control or improve decision making. Effective burnout prevention is essential for employees to suffer from poor work-related mental health (11).

According to the world atlas report Ethiopia is the fourth country having the fewest doctors in the world following Liberia, Malawi, and Niger. According to this report the ratio of physicians to people is 22 medical doctors for 1 million people. So, working in a low-income country like Ethiopia can predispose health professionals to burnout (12).

Our literature review shows that most of the studies done in Ethiopia on burnout among health care professionals focus on the prevalence and associated factors. Studies on the personal experiences and their coping strategies of healthcare professionals is limited. The aim of the study is to explore the personal experience of stress and burnout and the coping strategies among residents in the College of health sciences, Addis Ababa University.

1.2 STATEMENT OF THE PROBLEM

Residents are more likely than the overall population to experience depression, suicide, and stress-related illnesses. The stress of residency, which includes high patient loads, sleep loss, and a developing body of medical knowledge to absorb that results in information overload (13).

Burnout may begin to set in for medical practitioners as early as medical school and a variety of factors during medical school contribute to burnout in physicians. post graduate residency program is incredibly stressful time since it involves long workdays, strict schedules, and a lot of work-life conflict. Sleep deprivation, disagreements with coworkers, trouble adjusting to a new environment, demanding patient obligations, and a lack of control over time management are just a few of the factors that put residents at risk for burnout (14).

Based on a 2018 Mayo clinic cross sectional study which involved 50 medical schools and 3600 residents nearly half the participants (45%) reported burn out (15).

Based on a cross sectional study done on factors associated with burnout among 110 residents in a developing country Most of the Residents reported dissatisfaction with length of their work hours, their workload, their work home life balance, their salary, and their financial status. From these risk factors dissatisfaction with workload, length of work hours, relationship with co-workers and lack of autonomy were significantly associated with high levels of burnout (16).

Based on cross sectional study done in 2020 at the College of health sciences, Addis Ababa University by Hermon, on the prevalence of burnout among Ethiopian medical doctors. The study found that 49.7% of Ethiopian doctors reported feeling emotionally exhausted, 79.6% reported feeling depersonalized, and 60.7% reported feeling personally accomplished. Anesthesiology, Emergency medicine and internal medicine showed the highest prevalence of burnout. Out of 711 participants in the study, 202 were residents and it indicates that they are affected (17).

Excessive work stress and burnout can have serious health effects, leading to sick leave, work disability, cardiovascular problems, metabolic syndromes, musculoskeletal disorders and low decision latitude. Professional distress can have serious mental illness manifestations, such as anxiety, depression, leading to divorce or broken relationships, alcoholism, substance abuse, and suicide. Employees, their families, and the people they give care for may suffer because of persistent work stress (5).

Even if the burden and effect of burnout on residents is huge worldwide, the study in this area in Africa and specifically in our country Ethiopia is very limited. The cross-sectional study done in 2020 by Dr. Hermon Amare on the prevalence of burnout among Ethiopian medical doctors showed high prevalence rate so understanding the coping strategies and lived experiences of residents will be helpful since there is not many reports in this area from previous studies.

1.3 SIGNIFICANCE OF THE STUDY

The results of this study will have a potential significance: on residents, patients, Medical teaching hospitals and policy makers. It will also contribute to identify the role of individual, organizational, and social factors in contributing to burnout among physicians in residency training for the

development of burnout and the protective factors and coping strategies used by residents to overcome the impact of burnout on their daily functioning.

Identifying the problems and gaps from the resident's perspective will be helpful to develop person directed and organization directed strategies to minimize the effect of burnout on the mental and physical health of residents to improve the overall patient care and service.

The results of this study can also serve as a baseline scientific evidence on the lived experience and coping strategies of burnout of residents attaining at Tikur Anbessa specialized hospital. It will provide a detailed lived experience of residents from different departments and how they are dealing with the burnout experiences. This may have applicability to the broader countrywide and Sub-Saharan African (SSA) region studies on residents.

2 LITERATURE REVIEW

2.1 THE MAGNITUDE OF THE PROBLEM

A systematic review and meta-analysis study which included 4,664 medical residents in the USA, Europe and Asia showed an overall burnout prevalence of 35.1%. Specialties with the highest prevalence were general surgery, anesthesiology, obstetrics and gynecology, orthopedics, internal medicine, plastic surgery, pediatrics, and. Low burnout syndrome was seen in otolaryngology and neurology. The low burnout scale is associated with less shifts and more elective and non-urgent situations. The possible explanation for the high score of burnout Surgery and Gynecology is associated with dealing with urgent life-threatening situations and the presence of too many shifts, which are characteristics that are typical of these specialties (18).

Based on a systematic review Prevalence of burnout among health care professionals in 7 Arab countries which included Nineteen studies conducted on healthcare professionals (HCP), a high level of burnout among nurses was reported in three studies from Saudi Arabia, Jordan, and Lebanon. Other studies concluded that burnout levels of general practitioners, residents and specialists were higher compared to other health professions. The burnout prevalence for the three domains ranged from 20.0 to 81.0% for emotional exhaustion (EE), 9.2 to 80.0% for depersonalization (DP) and 13.3 to 85.8% for low personal accomplishment (19).

According to a systematic review in sub-Saharan Africa which revised 65 papers, all healthcare providers showed high burnout, but highest levels were seen among nurses. Twelve articles examined burnout among physicians comprising a total of 2031 participants across Ethiopia, Nigeria, Ghana, and South Africa, 81% of participants reported burnout was from rural district hospitals in South Africa while 65.2% of physicians in southern Ethiopia reported high emotional exhaustion, 91% low personal accomplishment, and 85.1% high depersonalization. In a study of nurses (1187) at national referral hospitals in both South Africa and Nigeria, 45.8% and 39.1% reported high levels of burnout respectively (20).

The prevalence of burnout on physicians from Medscape 2023 cross sectional survey burnout and depression report 53% of physicians are experiencing burn out and when compared from 2018 report it increased by 11% as compared from 2018 report. Among this 23 % reported depression

and this number has increased by 8% as compared to the 2018 report. This huge increment can be attributed to the COVID pandemics. The highest burnout rate was seen in emergency medicine, internal medicine, pediatrics, obstetrics and gynecology, and infectious disease which accounted for 65%, 60%, 59%, 58%, and 58% respectively. Lowest rate of burnout was seen in orthopedics, nephrology, cardiology, pathology and public health and preventive medicine which accounted for 45%, 44%, 43%, 39% and 37% respectively. While in the 2018 report the specialties with the highest burnout rate were critical care, neurology, family medicine, obstetrics and gynecology, and internal medicine (21).

According to cross-sectional studies of 2016 which included 2623 health professionals (physicians, nurses, and residents) in university hospitals from seven South and Southeastern European nations, had high scores on both burnout components and One in five health professionals in the entire sample had burnout. The findings showed that high Emotional exhaustion and high depersonalization were experienced by 31.9% and 33.2%, respectively, of the healthcare workers in the entire sample. There were high levels of both burnout elements in 20.9% of the sample (22).

Based on a cress sectional study done on March 2012 Of the 402 health care professionals Jordan, 27% reported high levels of stress. Prevalence was highest among general practitioners (33%), then dentists (30%) and pharmacists (25%). The lowest stress was among physician specialists (12%) (23).

A cross sectional study done on 110 residents in a developing country, Pakistan showed 61 (74%) residents reported high levels of burnout on at least one of the subscales and 34 (41.5%) scored high on 2 subscales whereas an alarming 10 (12%) of residents reported high levels on all the 3 subscales. Among the departments Radiology residents most frequently reported burnout 5 (100%) followed by surgery & allied 19 (79%), medicine & allied 25 (78%), and anesthesia 7 (70%) with comparatively low levels being reported by pediatric residents 5 (45%) (16).

Based on a cross sectional study done in Gonder University (GUH) which involved 250 HCPs, prevalence of Burnout Syndrome (BOS) among HCPs in GUH was 13.7%. The mean score of emotional exhaustion and personal accomplishments was higher. Nurses scored high in EE and depersonalization and physicians scored high in insufficiency (23).

A cross-sectional survey was done among 435 health professionals working at government and commercial health facilities in Afar, 2021. Work-related stress was reported by 67.5 percent of government and 47.2 percent of private health professionals, respectively, and overall stress was reported by 57.5 percent (24).

A cross–sectional study of 491 physicians in Southern Ethiopia revealed that there is a high burnout among physicians working in public hospitals of SNNPR. The mean burnout scores of EE, DP and PA were found 27.2, 12.93 and 25.06. Among the respondents about 320 (65.2%) of them scored a high degree of Emotional Exhaustion, 418(85.1%) of them showed a high degree of depersonalization and 447(91%) of them experienced a low level of personal accomplishment (17).

2.2 ASSOCIATED FACTORS OF BURNOUT

According to a 2019 cross-sectional study of 1015 general practitioners in China, being single, feeling unsatisfied with one's employment, and experiencing workplace violence were all significantly associated with a higher risk of burnout. Higher levels of EE were correlated with lower levels of job satisfaction, higher levels of professional achievement, and experiences with workplace violence. Being single, experiencing workplace violence, being at a lower professional level, and having less job satisfaction were all significantly associated with having a higher degree of DP (25).

Based on a systemic analysis and meta synthesis on qualitative studies of burnout which revised 33 papers, most studies revealed burnout symptoms related to organization factors. The doctors specifically mentioned excessive workloads and lots of paperwork. The doctors complained that their workdays were too long, that they were constantly pressed for time, and that they had little time to interact with their patients. Also Finding a balance between their personal and professional life was challenging for many of these doctors due to their heavy workloads and lack of time. The young doctors expressed stress, which they believed to be inevitable given their inexperience and lack of understanding. Women discussed workplace sexual harassment as well as inequities in opportunity, recognition, and reliability. Additional stressful conditions at the workplace include: risk-taking, particularly in surgery, directly addressing mortality or the end of life and the complexity of circumstances involving comorbidity or entanglements with social variables (26).

Finally, participants brought up the problem of unfavorable working conditions like having inadequate equipment. Relationship issues between professionals were regularly pointed out by doctors as being a significant source of stress. These could be conflicts, differences of opinion, or misunderstanding of each provider's specific responsibility. The junior physicians spoke of challenging interactions with senior physicians, including communication issues and even miscommunication. Many doctors also spoke of their excessive personal involvement in their patients and their families, even to the point of self-sacrifice. They also expressed dissatisfaction with the patients' and families' lack of appreciation. Very few stress factors that were specifically associated to the personal factors of physicians who took part in these investigations. Some authors emphasized the necessity of taking personal responsibility. Others emphasized accountability for complications, while yet others highlighted the results of disciplinary actions for medical errors. Some highlighted the decision-making components. Additionally, they described having questions about their skills as well as emotions of guilt or helplessness (26).

A majority (77.5%) of respondents indicated poor conditions of work, work overload (67.5%), low wages (97.5%), emotionally upsetting situations (72.5%), handling many patients alone (60%), lack of break during shift (65%) and inadequate nursing staff (62.5%) as causes of burnout that applied to them. On the other hand, a 70% of respondents indicated lack of recognition of the profession, doctor/nurse conflicts (62.5%) and too frequent night duties (62.5%) as being causes of burnout in the cross-sectional study done on Ghana on 40 ICU nurses (27).

According to a sub-Saharan African systematic review that included 65 publications Burnout was generally associated to with workplace variables such a heavy workload, a lack of personnel, difficult working circumstances, and low career satisfaction. Heavy workloads were also strongly connected with high levels of reported burnout in nurse populations. According to the MBI results among South African nurses, workload was a strong predictor of emotional exhaustion. Inadequate nursing personnel and frequent night shifts were predictors of burnout among hospital employees in Nigeria on the emotional exhaustion subscale of the MBI. Frequent night shift was a depersonalization subscale predictor of burnout. High nurse hierarchy, low compensation, and a lot of night shift work appeared on the MBI's lower achievement subscale (20).

Getting praise from hospital administrators Age and monthly wage had a negative relationship with the emotional exhaustion score. The number of patients observed each week, however, was strongly correlated with the burnout characteristic of emotional exhaustion. The depersonalization dimension was found to be adversely correlated with age, working in a primary hospital, receiving any support from family or organization, monthly wage, and professional training. The personal accomplishment score was inversely correlated with working in a primary hospital. The personal achievement score, however, was favorably correlated with monthly wage was reported from a cross–sectional study of 491 physicians Southern Ethiopia (17)

2.3 LIVED EXPERIENCE

The sample of 30 mental health professionals was drawn from three geographical mental health sectors in the London. The most frequently mentioned source of satisfaction was contact with colleagues contact with patients was the next most frequently cited source of enjoyment but was predominantly mentioned by community-based rather than ward-based staff. Stress due to difficult and unrewarding relationships with patients was prominent in the reports of all these respondents. The most frequent theme was aggression from patients. Another frustration, mentioned by four of the six ward nurses, was a sense of having a very limited role with patients. Staff also complained that they had too little time to spend with patients because they were too often ` stuck in paperwork or liaising with other departments on the phone. When asked how their working conditions affected them, they described them as affecting their own mental health as well as their relationships with patients. Negative effects reported included low mood, irritability with colleagues, exhaustion, lack of control in their work, and effects on relationships outside work (28).

Based on a qualitative study done in an urban hospital in Los Angeles, California on 15 emergency medicine residents they reported daily burnout symptoms for individuals included pervasive negativity, emotional fragility, self-neglect, and interference into social contexts. Residents defined burnout as an exact opposite of joy, manifested by a life that is routine and completely devoid of motivation. They described having a negative attitude on life and finding that even routine daily tasks were clouded by pessimism and hopelessness (29).

They saw a serious, pervasive apathy within the framework of an overall breakdown of personal and professional identity. Residents also spoke of an emotional fragility that was noticeable in addition to indifference and pessimism. They spoke of an emotional threshold or a degree of

chronic stress beyond which they could no longer control their emotions and mood. This emotional fragility made burnout victims susceptible to being easily derailed by seemingly insignificant incidents. They claimed to have lost the ability to deal with or negotiate ordinarily insignificant difficulties and were now easily agitated by even minor inconveniences. Burnout exposes residents' self-worth. Residents continued to put work above self-care despite having a lower feeling of self-worth, ignoring their fundamental human needs. They claimed they lack the time or resources to properly care for themselves and their patients. Burnout hindered residents' abilities to communicate regularly with others outside of their treatment setting being annoyed with seemingly trivial issues, people who were experiencing burnout reported feeling extreme levels of irritation and hostility toward their loved ones, friends, and even complete strangers (29).

They claimed to be indifferent to patients' pain and to frequently need to be reminded to show empathy in a clinical setting. Patients who appear with chronic pain and ridiculous complaints as well as those whose expectations were not in line with what our abilities are to do for their level of acuity were reported to cause cynicism and irritation. Residents claimed that when they were burnt out, they were unable to respond with compassion even though they were aware of situations that require their empathy (29)

Based on a qualitative study on burnout, empathy, and their relationship among 24 residents in general medicine from Parisian universities they reported that even though empathy was helpful for care, most residents claimed that its application/practice directly influenced their emotional states and might lead to exhaustion. Therefore, some residents indicated that empathy needs to be properly maintained to stay applicable and to prevent fatigue or burnout because it may have a negative impact. Avoid being overly invested since that is draining. Too much compassion may result from empathy, which could lead to emotional problems. some residents claimed that empathy favored compassion and resulted in burnout. When a patient made them think of a particular significant person (a parent, a friend, etc.), or even of themselves. Perhaps some people are very sensitive, but if their workload were adjusted, they wouldn't experience depression, burnout, etc. Perhaps someone is overworked and extremely sensitive, and that's it (30).

Residents expressed regret about the effects of burnout on their personal life and clinical experiences, but they also highlighted that these experiences were unavoidable parts of their clinical training and essential for developing effective physicians (29).

2.4 COPING STRATEGIES

According to the report of Medscape 2023 cross sectional physician's burnout survey participants in USA were using the following coping strategies as follow exercising (50 %), talking to family and friends (45%), sleeping (41%), spending time alone (40%), listening to music (37%), eating junk food (32%), drinking alcohol (22%), meditate (22%), binge eating (18%), using prescribed drugs (3%), smoke cigarette (2%) and use cannabis products (2%). Among the respondents 13% seek professional help 47% of them consider seeking psychological help and 39% of the physicians reported that they won't seek professional support (21).

The cross-sectional study which involved 40 nurses in the high dependency unit of the Hospital of Ghana, the coping strategies used by the participants were (42.5%) of the respondents stated that problem-focused coping strategy, emotional support from family/friends' strategy (22.5%), humor (15%), listening to music (12.5%) and emotion-focused strategy (7.5%) was used to relieve burnout (27).

A qualitative study using grounded theory examined the lived experience of resilience in 18 obstetrics and gynecology residents reported senior residents and instructors serve as both negative and positive role models for the residents, and many understand the value of developing strong coping skills and self-care practices. To interact with patients, residents draw links between their own well-being and interpersonal skills. It is more difficult for individuals to feel compassion for patients when they do not feel cared for themselves. When faced with challenging situations, residents frequently consider their long-term objectives or take satisfaction in the lessons they have gained from earlier adversity. Finding something unique and significant in the work itself and the patients, as opposed to searching for proof of the doctor's success, also seemed to offer a way to stay engaged. Medical relationships are a major source of support to residents like that of friends and families (31).

Based on 2018 burnout and professional satisfaction among Primary health care providers southern Ethiopia was a sequential, mixed quantitative and qualitative methods study of HCWs working in all 66 rural primary healthcare facilities the coping strategies suggested by the participants includes continuing to work and making plans to leave the positive peer interactions,

and social support as crucial elements.Some of the approaches employed to improve wellbeing i ncluded giving good service and avoiding procrastination, particularly regarding paperwork was recommended in one of the focus group sessions. Family and having social support were mentioned as important factors to cope with the stressors in the workplace. Other tactics used included discussing experience with senior personnel and requesting technical assistance from other coworkers. Some participants claimed that their spirituality and prayer gave them the strength to handle difficult circumstances. However, the primary coping mechanism of health professionals was to improve their educational standing, since this would directly affect their ability to advance their careers, engage in ongoing professional development, and maintain their financial stability (32).

3 RESEARCH QUESTION

What is the lived experience and coping strategies of stress and burnout among physicians attending residency training at training attaining post graduate program at Tikur Anbessa Specialized Hospital?

4 OBJECTIVES OF THE STUDY

4.1 GENERAL OBJECTIVE OF THE STUDY

To explore the personal experience and coping strategies of burnout and stress among physician's residency training at College of Health Sciences, AAU.

4.2 SPECIFIC OBJECTIVES OF THE STUDY

1. To understand the experience of work-related stress and burnout from residents' perspective and to explore the factors contributing to stress and burnout among physicians in residency training at College of Health Sciences, AAU
2. To explore coping strategies used by residents to overcome the impact of stress and burnout on their daily lives and finally to gather recommendations from medical residents about possible support mechanisms that could be implemented to mitigate stress and burnout of residents at the College of Health Sciences, AAU.

5 METHODS

5.1 STUDY DESIGN

The proposed study utilized a qualitative approach, informed by phenomenological theory, to explore the lived experience and coping strategies of stress and burnout physicians attending residency training at College of Health Sciences, Addis Ababa University .

5.2 STUDY SETTING

The College of Health Sciences (CHS), Addis Ababa University (AAU), is a professional health sciences college, established in 2009/10 by the reorganization of previously separate institutions of health under one umbrella. The CHS is comprised of four schools and one teaching hospital. The four schools are the School of Medicine (SoM), the School of Pharmacy (SoP), the School of Public Health (SPH) and the School of Allied Health Sciences (SAHS). The SAHS offers professional training in nursing, midwifery, and medical laboratory technology (33).

The CHS currently has over 5000 students and employs over 600 full-time faculty members. The College currently offers eight undergraduate and over 70 postgraduate programs. In line with the mission and vision of AAU, the CHS exercises unique roles in training highly skilled health professionals at MSc, PhD, specialty, and subspecialty levels. The Tikur Anbessa Specialized Hospital (TASH) is the teaching hospital of the College. TASH is the largest specialized hospital in Ethiopia, with over 700 beds, and serves as a training center for undergraduate and postgraduate medical students, dentists, nurses, midwives, pharmacists, medical laboratory technologists, radiology technologists, and others who shoulder the responsibilities to solve the health problems of the community and the country at large. Currently it has around 1262 medical doctors for postgraduate residency program (33).

5.3 STUDY POPULATION

Based on cross-sectional study done in 2020 at College of Health Sciences, Addis Ababa university by Amare et.al, on the prevalence of burnout among Ethiopian medical doctors; the specialty programs that showed the highest prevalence of burnout were Anesthesiology, emergency medicine, internal medicine, neurosurgery and obstetrics and gynecology (17). so, residents

attending training at College of Health Sciences, AAU who are practicing in these departments were used as a study population.

5.4 ELIGIBILITY CRITERIA

Inclusion criteria

Residents or physicians enrolled in residency programs in the College of Health Sciences, AAU, in the departments: Internal medicine, neurosurgery, obstetrics & gynecology, emergency medicine, and anesthesiology were included. Voluntary participants were included who are fluent in the language of interview of Amharigna.

Exclusion criteria

Residents who showed acute psychiatric and/or medical symptoms hindering the conduct of a research interview were not included in the study.

5.5 SAMPLING

Purposive sampling was selected because it is the most efficient samplings method to gather information in resource limited setup and the aim of the study is to get deeper understanding than sample representativeness. This sampling method was used based on the inclusion and exclusion criteria to select residents for the research. At least two residents from each of the five selected departments was interviewed. The final sample size of the study was determined by saturation, when adding more participants in the study doesn't result in obtaining additional information. The final sample size was 16.

5.6 DATA COLLECTION PROCEDURE

The PI gathered data by conducting in-person, semi-structured in-depth interviews at the psychiatric outpatient department (OPD) offices of Tikur Anbessa Specialized Hospital. Participant's information such as age, gender, marital status, living situation, residency program, year in residency, years worked as GP and Hospitals they worked in during residency were collected using a structured form created specifically for this purpose. A topic guide was used to guide the interviews. The content of the topic guide was modified during the data collection period to gather the necessary information. The topic guides were translated into Amharigna, which was

the interview language. During the 30- to 60-minute interview, which included a break, notes were taken in addition to the audio recordings.

5.7 DATA ANALYSIS

Concurrently with the data collection phase was the analysis procedure. The interviews were transcribed and translated into English. Data analysis was done by the PI using thematic analysis using the following steps. First familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and finally producing the report of thematic data analysis. Open code was used to manage the gathered data.

6 ETHICAL CONSIDERATIONS

Ethical clearance was obtained from Tikur Anbessa Specialized Hospital Department of Psychiatry, College of Health Sciences, Addis Ababa University. Participants in the research were included on a voluntary basis after getting their written informed consent before beginning the interview. The informed consent included information about the study's goal, process, the possible risk of distress and the benefits of the study to better understand stress and burnout in residents, as well as their right to withdraw at any time during the interview.

The interview took about 30-60 minutes, with a break in between when needed. The interview was conducted in outpatient department of psychiatry at Tikur Anbessa Specialized Hospital. Codes were assigned instead of the participants name in all research notes and documents and other identifying information was not revealed at every effort to preserve the confidentiality in the research and to protect them from any negative consequences that may occur due to their participation in this research. The audio record was only used for the analysis of this study.

Participants were informed that they can communicate with the interviewer if they felt any distress. None of the participants reported the feeling of distress and none were observed during the interviews. None of the participants asked to stop or withdraw from the interview and further support was not needed. There was no resident who was linked to the outpatient department of Psychiatry at Tikur Anbessa hospital.

7 RESULTS

7.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

The study included a total of 16 residents from different departments. The residents were in the age range between 29 to 32. Equal number of male and female participants were engaged in the study. Of the residents from the study 11 were single and the rest were married. Residents from different residency programs, which last 3-5 years were included in the study. Neurosurgery department classifies its residents based on years in residency: the 1st and 2nd years are considered as junior residents, 3rd and 4th as mid-year and the 5th year as a final year while other departments with 3-year residencies classify them based on each year. We have categorized the residents in different departments lasting 4-5 years based on this classification. Junior, mid-year, and senior residents participated in the study and most participants were 3rd year final year residents. Most of the physicians from the study were living in rental house and the rest lived with family. Residents worked as a general practitioner prior to staring residency for a duration ranging from 1 year to 4 years and, with most participants working for 2 years before joining residency training. In addition to Tikur Anbessa Specialized Hospitals, residents who participated in this study reported that they worked at Alert, Zewiditu Memorial, Minidisk, Korea, Torhyiloch, St peter, Yekatit 12, Gandhi memorial and Eka kotebe hospitals during their residency thus far. The residents stated the sites has difference in terms of setups, patients flow, case varieties and degree of supervision by seniors.

Table 1 Socio-demographic Characteristics of Participants

Socio-demographic Characteristics	Categories	Number
Sex of the participants	Female	8
	Male	8
Marital status of the participants	Married	5
	Single	11
Living status	Living in rental house	11
	Living with family	5
Year of residency	Junior residents	2
	Middle year residents	4
	Senior residents	10
Residency Department	Internal Medicine (IM)	3
	Emergency Medicine (EM)	2
	Obstetrics and Gynecology (OBGYN)	3
	Neurosurgery	3
	Anesthesia	5
Number of years worked as a General Practitioner before joining Residency Program	1 year	4
	2 years	8
	3 years	3
	4 years	1

In this study the experience of work-related stress and burn out and coping strategies of residents at College of Health Sciences, AAU were explored, and the finding of the study and it identified 5 themes and 14 subthemes.

1. Subjective experience of work-related stress and burn out

    1.1 Perceived emotional manifestation of burnout and work-related stress

1.2 Perceived physical manifestation of burnout and work-related stress

2. Perceived causes of work-related stress and burnout
   2.1. Individual factors
   2.2. Organizational and educational factors
   2.3. Relational factors
3. Coping mechanisms used
   3.1. Helpful coping
   3.2. Unhelpful coping
4. Impact of work-related stress and burnout
   4.1. Impact on Academic Performance
   4.2. Impact on Provision of Patient Care
   4.3. Impact on Emotional Health
   4.4. Impact on Physical Health
   4.5. Impact on Personal Relationships
5. Participants' Suggestions on Managing Work-related Stress and Burnout for Residents
   5.1. Department recommendation
   5.2. Institution and organizational recommendation

7.2 SUBJECTIVE EXPERIENCE OF WORK-RELATED STRESS AND BURNOUT

Most of the participants who were included in this study were familiar with the term burnout and about half of them expressed different manifestations of burnout in their emotional and physical health.

7.2.1 Perceived emotional manifestation of burnout and work-related stress

Based the residents report, burnout and work-related stress can manifest in a range of emotional symptoms, affecting their mental well-being. This emotional manifestations of burnout and work-related stress such as heightened irritability, impatience, and a reduced tolerance for minor frustrations, a negative attitude toward their work, avoiding work and patients, difficulty focusing, being hopeless about work, fluctuations in mood, a lack of motivation and interest in activities they once found enjoyable, tension, or nervousness related to work responsibilities were mentioned by the participants

“Like now the number of people I meet has decreased I cut a lot of people I am naturally like that but now it has been worse to the point that I don’t meet up with people unless I have to. I neglect a lot of things and the relation I have with my husband could deteriorate. Also, I become less active and engage the whole day with social media like tik tok. I get angry and aggressive and being tired and sleep long hours. I neglect my study and become demotivated. Even for the patient, I do things just to get over it. So, I waste my time with non-sense things despite that I don’t feel rested. I don’t give the patients the best and extra care that I can provide so you just do things just to get over it.” Anesthesia resident ID-15

“I don’t know it impairs you not to go further like it impairs you not to see the good aspects or it's makes you unable to go and work. you start to hate the seniors you don’t hate the patients you want to help but you’ll become mad when there is a case and you become irritated when you know that there is a new patient especially on duty hours, when you are planning to sleep you might get a phone call to see a new patient. Even you started to hate other departments, a consulting department like Pediatrics. Even sometimes it might get to a level of physical and verbal aggression towards each other. This didn’t happen to me but some of my colleague’s experience this. Hating the seniors and sometimes you hate the patient. “Neurosurgery resident ID-3

7.2.2 Perceived physical manifestation of burnout and work-related stress

The residents stated work-related stress and burnout manifest in various physical symptoms that affect their overall health and well-being. Some of the physical manifestations of work-related stress and burnout mentioned by the residents include persistent feelings of tiredness even after a full night's sleep impacting the ability to perform daily tasks, changes in sleep patterns, increased muscle tension result in discomfort and physical pain, palpitations, shallow breathing, increased susceptibility to illnesses, significant changes in appetite and weight, frequent headaches and difficulty to concentrate were mentioned by the participants.

"I get tired I can't eat and being in anxious makes you to lose weight. When I compare it with GP, I feel like I'm in a terrible state you don't eat well you don't take good care of yourself since you feel you are wasting time…. our department work is related with the life of the patient so, you are stressed from the time of intubating to extubating the patient. If the pulse rate of the patient gets high you pulse will also increase. So, every time something happens to the patient you develop tachycardia shallow breathing and become fearful. Till every procedure ends you will be so stressed. "Anesthesia resident ID-1

"When I was reading for the exam, I couldn't sleep I have to read like till 3:00Am in the nighttime and you go to work in the morning and drinking 3-4 cups of coffee was normal. I was experiencing back pain when I joined R2 it was even impairing me from sitting and the only time that I noticed that was when I was out of stress. By then couldn't interpret the bodily symptoms that I used to experience." IM resident ID-16

7.3 PERCEIVED CAUSES OF WORK-RELATED STRESS AND BURNOUT

7.3.1 Individual factors

The residents indicated a variety of personal problems as the source of their work-related burnout and stress. They listed a variety of personal factors that contributed to the work-related stress and burnout they experienced during their stay, including not being interested by the department, discrepancy in expectation and reality about the department's demands and not being assertive.

One of the participants stated that the interest that he had for the department had contributed as a great factor the burnout that he had been through. He mentioned joining residency to get away from the general practitioner role is a contributing factor for experiencing work related stress and burn out. He described his experience as

“The first 1 year especially the first 6 month I was experiencing burnout and the peak time was the first 3 or 4 months, by then I was not sure about my interest for the department and after witnessing the life and the work burden, I was reconsidering my decision about continuing my resident. “EM resident ID- 9

Another resident stated that discrepancy between her expectation about department’s workload and demand before joining the department and what she found afterwards might have contributed for the work-related stress and burnout.

“The life of residency is very hard, and it will make you to regret your decision. If I would have known that the residency is this demanding I would have not joined.” Anesthesia resident ID-13

The other individual factor mentioned by one of the participants was not being assertive and excessive fear towards the seniors.

“Since I was new for the environment during my first year of residency, it was a difficult time for me. I didn’t ’t know when to say no and I used to fear the seniors. So, I used to accept everything even if it was not right. But now, I have a stand to say no for the things that doesn't seem right. Now I respect my seniors, but I am no longer scared of them. Now I have better confidence compared with my first year.” OBGYN resident ID-11

7.3.2 Organizational and educational factors

The participants listed a variety of issues, such as yearly differences in workload, lots study materials, engaging on riskier jobs, patient complications, and outcome, as causes of work-related stress and burnout. Also, inadequate housing, insufficient and delayed duty payments, lack of a job description, and poor infrastructure and setup were listed as a contributing factors and precipitant of the problem. The majority of those interviewed claimed that the facility's inadequate setup and absence of necessary imaging and investigations resulting in poor patient outcomes and

satisfaction, have been a factor in the residents' work-related stress and burnout. One of the participants stated the problem as follows

.."The emergency room [at Tikur Anbessa Hospital] is a horrible place both for physician and the patient ….I saw the ceiling leaking water during the winter time… the patients sleep in a place where you get disgusted even to stand on your shoe ….The other services like laboratory and imaging are not available ..People sell their cattle and properties to be cured and I don't think that they are getting what they paid for, they might even die without getting proper management resident ID-9

Another resident also mentioned the lack of a job description and how their numerous responsibilities result in an extensive workload and high levels of pressure.

"…It is so tiresome… for example, you might need to work the duty of nurses. You will be responsible for wound care; if the patients needed imaging…again you are expected to transport them. Since you spend your time by doing others job, when you are required to fulfill your own responsibilities, you might get tired, and you might not do it properly". Neurosurgery resident ID_3

Due to their busy schedules and restricted finances, resident physicians find it difficult to find affordable housing. Among the challenges they face include finding affordable accommodation in or close to hospitals, as well as transportation issues. The hospital housings, according to the residents, are inadequate in number, lacks privacy, and are of poor quality because of this they are forced to rent a home, which causes them to suffer financially and with transportation problems. One participant shared his experience as follows.

"…. residency is restrictive in terms of salary and lifestyle, to share my experience I have duty two times per week from my department and I have private duty 2 times per week, so I spend 4 days a week by duty. I do this to pay for rent and other expenses. If the houses in the compound could be adjusted for us to live in it, that would be great. There are no showers and toilets, so it is really hard to live here, and it needs some maintenance" - 2nd year male OBGYN resident ID-7

7.3.3 Relational factors

The residents mentioned interaction with others as a contributing factor for experiencing work related stress and burnout. The interaction they have ranges with the staff's, senior physicians, and patients. The residents stated they interact with the hospital staffs like nurses and porters. They stated this interaction might be more frequent during the first year of residency. The interaction might not be easy going and sometimes hard since there is no collaborative and teamwork spirit environment. The residents also mentioned there is lack positive and supportive relationships with senior physicians serve as a contributing factor for burnout. They stated the seniors have unrealistic expectations, don't give recognition and of appreciation for their hard work and accomplishment.

"… the way the seniors treat us in the Morning sessions and during rounds is not right, after spending a very tiresome night during the duty hours they just tell you that you didn't do it right without acknowledging your efforts. So mainly the comments of the seniors are very hurtful for me. So, I think this is the main issue that's worsened my situation. …. The seniors should be more respectful towards us we are adults and want to be treated in respectful way and it will be very good if they ask us how we are doing" Gynecology resident ID-11

The residents specified interacting with other staff members, particularly the nurses and inter-department communication, as another factor that contributes to work-related stress and burnout. They shared their experiences as following.

"the nurses are so horrible, and they are the one who made my life hell. So, they don't secure IV line or take blood sample for investigation. They tell you to do it yourself. Like for patient with neutropenic fever you must start the management within 30 minutes, but they refuse to do that since they have their own time to give the medication like the BID or TID bases. So that was so draining. " IM resident ID-16

"… as anesthesia resident you won't have a smooth relationship with other departments. Since the work environment requires a serious formal interaction it's hard to be friendly. Since you will, be in stressful condition when you meet the other departments as they are too your interaction is harsh." Anesthesia resident ID-5

The relationship with patients and care givers was mentioned a significant cause of burnout for the physicians. The physicians often invest a great deal of emotional energy in their interactions with patients and handling patient's dissatisfaction.

"…patients that are in the waiting line will come to you to complain about the things that they didn't get like investigations and they blame us so much…" EM resident ID- 9

7.4 Coping Mechanisms Used to Manage Work-related Stress and Burnout

7.4.1 Helpful coping mechanisms

The interviewees reported that they use different coping mechanisms that are helpful to them such as prayer and religious practices, accepting challenges, setting goals and leisure activities such as such as cooking, cleaning, and exercising. Problem solving and looking for social support and mental health support were other strategies used by the residents. Most residents stated social support they have were so helpful in helping to cope they specifically mentioned the discussion with their colleagues is the most helpful experience. Most residents stated that they don't have the experience of sharing their difficulties and hassles with their mentors and senior physicians. They stated that they don't have this kind of trends in their department, but one participant shared her experience of talking and getting advice from seniors as following.

"… during the time that I planned to stop I communicated with the department head and she told me that she was planning to stop her residency like 17 years back and she wrote letter for the department for dropping out and the dean advised her to go back and continue her education. hearing this story was very helpful for me. afterwards she keeps on tracking me and she started to give me comments every month and my confidence started to improve after this communication. Both her and other seniors share their experience and it helped me a lot." OBGYN resident ID-11

Most residents stated social support they had were so helpful in helping them cope. They specifically mentioned that discussion with their colleagues and senior residents was helpful to them. They reported that since they all are going through the similar feelings, knowing that they share similar feelings was so helpful. One resident shared her experience as following

"I usually say today I won't go to this department. I have said this a million times. I get this far because I have a social support and get improved with little advice." - 3rd year female Anesthesia resident ID -1

The other resident shared that the regular exercise that he does was so helpful for him to handle the work-related stress and he stated that it was one of the protective factors that helped him not experience burnout.

"I try to exercise as much as possible when I am off duty or have spare time and I try to do it at least once a week. Exercise helped me a lot to cope. Also, when I was GP there was a lot of burnout management training … the institution that I was in before had a strategy for burnout management." Neurosurgery resident ID-14

Besides these coping mechanisms one participant seeks psychiatric help for work related stress and burnout. She stated she had only one visit and according to her, the psychiatric visit was not helpful, and she found the support and discussion with her friends was so helpful in her psychiatric visit. She shared her psychiatry visit experience as following

"Yeah, during my first-year things were so difficult like living alone and the education and adjusting was difficult for me. So, I was fearful and panicking so by that time I went for psychiatry help and there the physician told me that I need psychotherapy and I was given an appointment but since I was busy and things that I discuss with my friends were helping me more so I stopped going……When I went there, I was so hopeful that I would get something out of it and the physician who saw me was not supportive and he was just repeating what I was saying. Maybe I might benefit if it was continuous, I might benefit from it but the first session was not that useful for me. Instead of the psychiatric visit my friend's advice and support was helpful." Anesthesia resident ID-1

7.4.2 Unhelpful coping mechanisms

Residents mentioned unhealthy coping mechanisms like self-isolation and avoiding. They stated that they prefer to be alone than to engage with others. Some participants mentioned to use social media the whole day by isolating themselves. They stated they would have long screen hours during those moments to cope with the work-related stress and burnout. One participant shared her experience on self-isolation as following

"I neglect a lot of things and the relation I have with my husband could deteriorate. Also, I become less active and engage the whole day with social media like tik tok…. So, I waste my time with non-sense things despite that, I don't feel rested" Anesthesia resident ID-15

The other residents stated they were using avoidance as a coping mechanism and some participants stated avoiding things and situation is used to cope with the work-related stress and burnout. One resident shared his experiences as following

"I try to make the conversation with the patient as short as possible instead of a detailed conversation. And sometimes I decrease the number of patients I see. I develop the tendency to avoid work as much as possible. I will start to distance myself from the work environment." OBGYN resident ID-12

The other participant planned to have psychiatry visit and later she avoided the mental health support stating that her friends didn't agree by her idea and they gave her different reasons as following

"I was considering going and I consulted my friends, and everybody said no don't go there…. I received this comment even from the health professionals and I dropped my idea…… the reasons they gave include… the first thing they said was 'you wouldn't finish your follow up, it's going to be continuous' and the other thing is that they told me if I go there, it means that I am defeated. Also, the others told me rather than going to a psychiatrist it's better to go to a church and pray about it and the others asked, 'are you serious about it?' and they made my idea worthless." OBGYN resident ID-11

7.5 THE IMPACT OF WORK-RELATED STRESS AND BURNOUT

7.5.1 Impact on Academic Performance

Some participants said the burnout and work-related stress they were going through have a significant impact on their studying. During these states they experience negative emotions and physical exhaustion resulting difficulty to concentrate and retain information which will have a significant impact on their decreased productivity and performance in studying. Additionally, the work-related stress and burnout affects their motivation levels. participants stated lose interest in

their studies and struggle to find the drive for studying. This lack of motivation can further hinder their ability to effectively study and achieve academic success.

“Since it is physically demanding you cannot study as you want and as you must. Mechanically you will be involved a lot which affect your reading resulting impairing your professional growth. Since it is higher academic education you are supposed to know more than the basics. But let alone fulfilling the expectations it will become so hard for you to fulfill the bare minimum. So, it wouldn’t allow you to read adequately and manage patients properly” Neurosurgery resident ID-3

7.5.2 Impact on Provision of Patient Care

The participants stated the work-related stress and burnout have a significant impact on patient management. They stated difficulty for showing empathy, compassion, and attentiveness towards patients, this decreases the quality of care the patients they used to get from them. They also stated that they decrease the amount of time they spend with patients resulting in patient’s dissatisfaction.

“…. during my burnout period I had this behavior like wanting to leave the work very early, arriving late, finding a reason not go to work, and avoiding cases and faking being sick not go to work. Also, avoiding cases that I must do, not attaining academic activities. And not giving enough attention for my patients.” Anesthesia resident ID-5

7.5.3 Impact on Emotional Health

The residents reported feeling a range of negative emotions, including guilt, fear, anxiety, irritability low mood and anger outbursts. Some of the participants shared their emotions during the state of work-related stress and burnout.

“I have a pretty exaggerated panic state, which includes but not limited to increase in heart rate and decrease in blood oxygen when the patients become hypoxic hypertensive tachycardic or if the patient arrests that is so difficult situation.” Anesthesia resident ID-10

The other resident stated shared irritability and the negative feeling towards seniors and patients that he experienced.

“You’ll become mad when there is a case you become irritated when you know that there is a new patient especially on duty hours when you are planning to sleep you might get a phone call to see

a new patient. you started to hate other departments, a consulting department like Pediatrics. Even sometimes it might get to a level of physical and verbal aggression towards each other. This didn't happen to me but some of my colleague's experience this. Hating the seniors and sometimes you hate the patients too" Neurosurgery resident ID-3

7.5.4 Impact on Physical Health

The participants stated that it is common not to eat properly and to have significant weight loss and other health and physical related symptoms like sleeplessness excessive fatigue worsening of medical condition experiencing pain and being prone to developing infectious disease were reported because of the work-related stress and burnout that they go through.

One of the participants mentioned that she experienced immunosuppression due to burnout saying "…In the past three years I was going through stress and burnout experiences especially when I was in the first year, I developed Herpes zoster infection because of immunosuppression. I used to sleep without eating dinner to wake up during the nighttime for study, but I don't wake up and I don't eat and study" Anesthesia resident ID -1

The other resident stated exacerbation of her illness after joining residency. She stated that she was experiencing frequent migraine attacks

"I have migraine headache and previously I didn't have frequent attacks but currently it is so frequent especially if I'm attaching a stressful attachment will experience 4 to 5 attacks per month even more than that so during that moment, I'm not functional on my work or my interpersonal relationship…Also, I can't study well." Anesthesia resident ID-13

7.5.5 Impact on Personal Relationships

The residents claimed that their social interactions changed notably because of the stress and burnout associated with their jobs, which resulted decreasing the number of important people in their life Additionally, they said that their reactions to the stress and burnout related to their jobs had a significant impact on how other people view them. The participants discussed how dealing with work-related stress and burnout greatly impacted how they interact with their significant others.

"Mainly it made my parents not to rely on me as they used to. After I joined this department, I started to lose my self-confidence …. Because of this they started to lose their previous confidence and trust on me. this affected our relationship." OBGYN resident ID-11

Most residents shared the impact of the work-related stress and burnout on her social interaction, and they stated that their participation in social gatherings and engaging with other was greatly affect. One resident shared her experience as following

"…. the number of people I meet has decreased I cut out a lot of people [from my life]. I am naturally like that but now it has been worse to the point that I don't meet up with people unless I must. I neglect a lot of things and the relation I have with my husband would deteriorate at that point." Anesthesia resident ID-15

7.6 PARTICIPANTS' SUGGESTIONS FOR MANAGING WORK-RELATED STRESS AND BURNOUT OF RESIDENTS

7.6.1 Department and Institution recommendation

The residents recommended a leadership culture that values and actively promotes the well-being of residents. Senior Physicians should be approachable, provide mentor ship, and demonstrate empathy to improves communication with the seniors allowing the residents to express concerns, receive constructive feedback, and feel more supported in their roles. Additionally, establishing a regular feedback between residents and senior physicians were suggested by the residents to improve the one-way communication. Also, regular acknowledgment recognition and appreciation of their hard work and dedication of for residents were suggested by the participants.

"I think is there an environment which will understand you more and what is going on your life is more helpful. I think we spent and will spend more time with our seniors rather than our families. So, if they are willing, they can pick what is going on with our behavior. So, they should treat us as a human being. If they understand us it will decrease our stress a lot. If we become closer, it would be so easy to pick our problems since we have a lot of encounters with them." Neurosurgery resident ID-8

The other recommendations of the residents for the department were to facilitate accessibility of mental health resources, such as counseling services, support and providing training programs that

focus on stress management, resilience, and coping strategies. Providing flexibility in schedules like post duty break and facilitating off day schedule on possible sites. Also decreasing unnecessary sites that the department is working other than Tikur Anbessa hospital to decrease work burden was recommended for the department.

"…..finding a support system like counseling and … getting a mentor-ship program could be very useful to decrease work related stress and burnout …" Anesthesia resident ID-15

"To decrease work related stress, I think everyone must take a break and refresh especially the nurses. Because if nurses are not around the whole thing could collapse. So, refreshing them from work is a very good thing. Making someone to stay for three to four years is cruel so rotation and training for nurses could be beneficial. If the interdepartmental relation could be smoothed up the physicians could deal with work related stress much better." EM resident ID-2

"The other thing like if everyone become responsible for their job descriptions it's going to improve a lot of things and ease the workload you face like in the case of Korea hospital. So, distributing the workload and making porters functional both at the emergency and wards is very useful." Neurosurgery resident ID-3

One of the issues raised by the residents as suggestion was the assessment of the other staffs for burnout and possible intervention and facilitating regular nurses' rotation, to share the burden of sites with high workloads. Additionally, they mentioned the institution should set a clear outline on the roles and responsibilities of each staffs, specifying clinical duties, patient care expectations and educational requirements with possible accountability and regular assessment of the implementation of the job descriptions.

The residents suggested that the departments should be not be autonomous especially in the decisions of felling students and they should be regularly evaluated about the quality of education teaching availability of seniors and the residents out come by the institution and higher educational and health officials.

"The institution has no checking and balance system, The first department have no responsibly and it acts autonomous. And the institution must be able to verify how and why a student has been

dropped and check the assessment for a better evaluation of the students. So, the institution should d be responsible for checking the outcomes of the residents that it took for teaching and it should develop a system to evaluate the department with objective measurement. They should evaluate the measurement of the department for felling and expulsion of residents also the teaching of the department should be evaluated." OBGYN resident

7.6.2 Government recommendations

The residents stated some recommendations governmental levels to address the work-related stress and burnout. One their suggestion by the participants was on providing housing options that are close or in the to the hospital with enough basic facilities and regular maintenance of the housings to minimize wasting of time, allowing residents more time for rest and personal activities. They also suggested timely payment of their duties.

"The environment should be comfortable enough for the resident and the living places in the compound need some improvements." EM resident ID-9

The residents recommended that the government should take a part in improving the setup and facilities quality and quantity. Also addressing the patients need by providing proper and adequate service to improve resident's workload and job satisfaction was suggested. Additionally, improving the amount of incentive and salary to decrease the economic hardship was recommended by the participants.

8 DISCUSSION

This is a qualitative study that aimed to explore the lived experience of work-related stress and burnout and the coping strategies among residents in College of Health Sciences - Addis Ababa University. This maybe the first qualitative study that explores the personal experiences and perspectives of medical residents who have been affected by stress and burnout.

The findings of this study revealed that work-related stress and burnout are often triggered by a combination of factors which are individual, organizational, and relational issues. Participants shared that their lack of interest for the department, negative excess criticisms from seniors, high workload, working in an inadequate setup and facility, poor patient outcomes, and economic hardships as the contributing factors for work related stress. A 2019 study which included high income countries from different areas systemic analysis and meta synthesis by Sibeoni et.al, on perceptions of physicians burnout which revised 33 papers which included 68 residents and 1521 physicians, showed that burnout symptoms were primarily linked to organizational factors like excessive workloads, paperwork, risk-taking, and poor working conditions; relational difficulties between professionals such as that with younger doctors and senior physicians; and individual factors, including emotional investment with patients, too much empathy, doubts about abilities, responsibility for complications, and disciplinary measures for medical errors. (26).

As compared to our study there is similarity between the relational and organizational factors but in our study, paperwork is not mentioned as a contributing factor this might be because the residents were involved more with clinical activities rather than paper related work in our setup possibly due to differences in the required regulatory paper-work load. The individual factors were mentioned as compared to our study was different this might be related with medico legal issues might not be that common in our setup as compared with high- and middle-income countries. According to a sub-Saharan African systematic review that included 65 publications burnout was generally associated to with workplace variables such a heavy workload, a lack of personnel, difficult working circumstances, and low career satisfaction (20). Also, in this study organizational factors are reported as a main contributing factor for burnout like that of our findings.

The other finding was the impact of work-related stress and burnout on mental and physical health of the residents, many residents reported irritability and anger outbursts, low mood, anxiety and

being overwhelmed. Based on a qualitative study done in an urban hospital in Los Angeles, California on 15 emergency medicine residents they reported burnout symptom as pervasive negativity, emotional fragility, self-neglect, opposite of joy, devoid of motivation, irritability, and lack of empathy for patients were some of the experiences (29). The sample of 30 mental health professionals was drawn from three geographical mental health sectors in the London reported Negative affects reported include low mood, irritability with colleagues, exhaustion, lack of control in their work, and effects on relationships outside work (28). In our study, we also found that the participants were experiencing negative emotions decreased patient care and effect on social life.

In response to these challenges, participants reported employing various coping strategies to manage their stress and prevent burnout. Among healthy coping mechanism used by the resident's prayer and religious practices, accepting challenges, setting goals and leisure activities such as such as cooking, cleaning, and exercising. problems solving and looking for social support stated. Others unhealthy coping strategies were avoiding numbing and self-isolation. According to the report of Medscape 2023 cross sectional physician's burnout survey exercising, talking to family and friends, sleeping some of the unhealthy coping skills used and eating junk food, drinking alcohol, binge eating, using prescribed drugs, and smoking were some maladapting coping used by the residents(21). Our study didn't reveal maladaptive coping skills like substance use this might be related with the sensitivity of the issue to reveal during the interview.

According to Sibeoni J et al., doctors emphasize self-knowledge, personal life, physical well-being, realistic vision, and realistic expectations for stress management, focusing on abilities, needs, limitations, reflexivity, self-consciousness, and emotion recognition were mentioned as a protective factor. Other individual factor were leisure activities and religious practice. Relational factors like good professional relationships were an essential protective factor. Most physicians reported that their friendships and families played a major protective role. Other organizational protective factors include increasing the number of doctors in each department, setting up protocols for management or strategies to increase productivity, and good leadership (28). In our study were social support leisure activities like exercise and religious practices were mentioned as protective factors.

Overall, this qualitative study on the lived experience of work-related stress and burnout has the potential to give insight on the personal struggles faced by resident and the need for comprehensive strategies to address these challenges at both individual and organizational levels. This research can help raise awareness about the importance of addressing work-related stress and burnout to promote healthier workplaces for residents.

Also, the findings of this qualitative study highlight several coping strategies for managing work-related stress and burnout. One of the key coping strategies identified in the study was seeking social support. Participants reported that having a strong support system, both at work and outside of work, helped them cope with stress and burnout. This highlights the importance of building strong social connections in the workplace and beyond, as it can provide individuals with a sense of belonging and validation, which can help alleviate feelings of stress and burnout seniors can also play a role by creating more supportive environment for the residents and improving mentor ship programs to identify the residents issue and address them as early as possible.

9 LIMITATION OF THE STUDY

The study included participants who didn't experience subjective state of burnout and didn't used diagnostic measures to assess it. Despite this limitation the study was an eye opener to understand the individual organizational factors and relational factors that contribute for work related stress and burnout. Also, to understand the coping strategies implemented by the residents. Additionally, it helps to recognize its impact on residents.

Not including the other department residents in the study will result not to get a full picture of the department specific causes of work-related stress and burnout so doing further study and research in the future might be helpful to understand another department.

The recruitment methods were purposive sampling which is weaker method than other sampling methods like random sampling. To decrease the impact the researcher used colleagues to pick residents from different departments

Since the research is done by a resident there might be some bias both in the data collection and analysis also the residents might not be comfortable to discuss some sensitive issues like substance

use for the fear of privacy To avoid this problem the analyzer was conscious to examine and acknowledge her own biases, assumptions, and preconceptions about the result and to only focus on the collected data. Also, the residents were reassured the about the issue of privacy and confidentiality.

10 RECOMMENDATIONS

Based on the experiences explored in this study, it is recommended for residency programs to provide an environment that prioritizes patient-centered care and promote a healing atmosphere. Improving the setup of teaching hospitals to provide appropriate care to patients, availability of laboratory and imaging modalities, and improving patient rooms and beds would have a great impact on the patient's prognosis and outcome. This will indirectly have an impact in decreasing work-related stress and burnout by increasing both patients and residents' satisfaction.

Creating team spirit and a collaborative working environment for resident with other staff and seniors is crucial for reducing burnout and promoting overall well-being so enhancing team-building activities to strengthen relationships might be helpful in improving the working environment. Implementing the use of mentor-ship programs to provide guidance and support to cope with challenges in the healthcare environment may also be used. Providing leadership training for senior physicians and department heads to enhance their ability to support and lead residents and other staffs effectively can be productive.

Addressing the economic hardship of residents is crucial for improving their overall well-being and reducing burnout and work-related stress. Improving the amount of salary and timely duty payment would have a great impact. Also providing housing and transportation services would also be helpful intervention.

Ensuring accessibility of mental health support services, such as counseling or therapy and making these services mandatory components of the resident support system. Also providing and incorporating training on stress burnout and coping strategies in the residency programs would be beneficial to residents.

11 CONCLUSION

In conclusion, the issue of work-related stress and burnout among residents is a significant concern and has a great implication for both the residents and the quality of patient care. The demanding nature of residency training, characterized by long working hours, high patient loads, and economical struggle lack of job description and working in unsupportive environment can contributes to the vulnerability of residents to stress and burnout.

Work-related stress and burnout have been associated with negative consequences for residents, including mental and physical health effects, reduced job satisfaction, and an increased risk of medical errors. Furthermore, it can impact to patient care outcomes, with potential implications for patient safety and overall healthcare quality.

Addressing and preventing the work-related stress and burnout among residents needs comprehensive and collaborative strategies at the department, institution and government level Research and ongoing assessment are essential for understanding the unique stressors faced by residents and evaluating the effectiveness of interventions.

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13 ANNEX I: INFORMATION AND CONSENT FORMS

Information Sheet

My name is Dr. Rediat Solomon. I am a final year psychiatry resident at the Department of Psychiatry of Addis Ababa University. My advisors are Dr. Azeb Asaminew and Dr. Benyam Worku. I am conducting a study on the lived experience of stress and burnout and the coping strategies among residents in Addis Ababa university college of health science. The aim of the study is to understand the lived experience and the coping strategies used by the residents. Participants for the study are selected through purposive sampling method this means the participants are selected based on their availability and willingness to participate in the study. Participants will be selected from different departments.

The interview will take about 30-60 minutes, with a break in between, the interview will be conducted in outpatient department of psychiatry at Tikur Anbessa specialized hospital. Your participation in the study will add a new and better understanding of stress and burnout and its effect on residents. Also, this will further be helpful in the development of strategies that will be useful to prevent and mitigate burnout at workplace. Notes will be taken in addition to audio recording during the interview not to miss important points. assigned code names/numbers will be used instead of your name in all research notes and documents and other identifying information will be not be revealed at every effort to preserve your confidentiality. The audio record will only be used for the study.

Your participation in this study is voluntary. If you agree to participate in this study, you will be asked to sign a consent form. Even after signing the consent form, you are still free to withdraw anytime during the interview. This study will not affect your residency program in anyway.If you feel distressed during the interview you can stop or withdraw from the interview and if further support is needed, you will be linked to the outpatient department of Psychiatry at Tikur Anbessa hospital.

If you have questions or complaints at any time about this study, you can contact the ethical committee of Addis Ababa University's School of Medicine's Department of Psychiatry and if you require further information, please contact me, Dr Rediat Solomon by the address below.

Ethics committee office phone no: +251115 538734

የመረጃ ቅፅ

ዶ/ር ረድኤት ሰለሞን እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ የሥነ አእምሮ ህክምና ትምህርት ክፍል የአዕምሮ ህክምና ስፔሻላይዝ በማድረግ ላይ የምገኝ የመጨረሻ አመት ሀኪም(ሬዚደንት) ነኝ። የጥናት አማካሪዎቼ ዶ/ር አዜብ አሳምነው እና ዶ/ር ቢኒያም ናቸው ወርቁ ናቸው። ከስራ ጋር የተያያዘ ውጥረት እንዲሁም መታከት / መዛል ጋር የተያያዘ ጥናት በአዲስ አበባ ዬንቨርሲቲ የጤና ሳይንስ ኮሌጅ ውስጥ የድህበ ምረቃ ስፔሻላይዜሽን ላይ የሚገኙ ሀኪሞች ላይ ጥናትእያካሄድኩ ነው። የጥናቱ አላማ በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል ትምህርት ላይ የሚገኙ ሀኪሞች ከስራ ጋርየተያያዘ ውጥረት እና መታከት / መዛል ጋር ተያይዞ ያላቸውን ተሞክሮ እነዲሁም ይህንን ለመቋቋም የሚያግዙ መንገዶችን መረዳት እና መገንዘብ ነው። በጥናቱ ላይ ተሳታፊ የሚሆኑ ሀኪሞች ለመሳተፍ ፈቃደኛ የሆኑ እና መረጃ በሚሰበሰብበት ወቅት መገኘት የሚችሉ ሀኪሞች ከተለያየ የትምህርት ክፍል ተሳታፊ ይሆናሉ።

ቃለ መጠይቁ ከ30-60 ደቂቃ ይወስዳል። በመካከል እረፍት መውሰድ ይቻላል። ቃለ መጠይቁ የምናደርገው በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የስነ አእምሮ ህክምና ክፍል የተመላላሽ ታካሚዎች ክፍል ውስጥ ነው።በጥናቱ ላይ በመሳተፎት ከስራ ጋር ተያይዞ ያለ መታከት/መዛል ያለውን መረዳት ለመጨመር እንዲሁም በሬዝደት ሀኪሞች ላይ ያለውን ተፅእኖ ለመረዳት ያግዛል ። እንዲሁም ይህ ጥናት ከስራ ጋር ተያይዞ ያለን መዛልን ለመከላከል እና ለመቀነስ የሚያግዙ መፍትሔዎችን ለመንደፍ ያግዛል ። በቃለመጠየቁ ወቅት ቃሐመጠየቁን አመዘግባለሁ እንዲሁም መረጃውን ለማስታወስ ያግዘኝ ዘንድ ድምጽ እቀርፃለሁ። የድምጽ መዝገቦቹ ለዚህ ጥናት ብቻ ጥቅም ላይ ይውላሉ። በሁሉም የጥናት ማስታወሻዎች እና ሰነዶች ላይ የኮድ ስሞችን ወይም ቁጥሮችን በመመደብ ምስጢራዊነትዎን እጥብቃለሁ። የእርስዎን ስም አልጠቀምም። በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ በፈቃደኝነት ነው። በጥናቱ ለመሳተፍ የፍቃደኝነት መጠየቅያ ፎርም ላይ መፈረም ይኖርቦታል። የፍቃደኝነት ቅጹን ከፈረሙ በኋላም ቢሆን ቃለ መጠይቁ በማንኛውም ጊዜ ማቋረጥ ያችላሉ። ይህ ጥናት በትምህርቶ ላይ ምንም አይነት ተፅዕኖ አያመጣም።በቃለ መጠይቁ ወቅት የስሜት መረበሽ ከተሰማዎት በማንኛውም ጊዜ ቃለመጠጥይቁን ማቆም ይችላሉ። ተጨማሪ አርዳታ ካስፈለገ በጥቁር አንበሳ ሆስፒታል ውስጥ ካሉ ባለሙያዎች ጋር አገናኝዎታለሁ።በዚህ ጥናት ላይ በማንኛውም ጊዜ ጥያቄ ወይም ቅሬታ ካሎት እኔን ማለትም ዶ/ር ረድኤት ሰለሞን ወይንም የጥቁር አንበሳ ሆስፒታል የጥናት ግምገማ ቦርድ በከስር በተጠቀሱት አድራሻዎች መጠየቅ ይችላሉ።

የጥቁር አንበሳ ሆስፒታል የጥናት ግምገማ ቦርድ አድራሻ፡- +251115 538734

Consent Form

I have received information and understood the information provided about the research, procedure, benefits and that participating in the research won't affect my residency program. I am informed that audios will be recorded and that the researchers will ensure effort will be made by the researcher to preserve my confidentiality. I understand the provided information and have had

the opportunity to ask questions. I consent to participate in the on the study of The lived experience and coping strategies of burnout among residents in College of Health Sciences, Addis Ababa university

Participant Signature _____ Date _____

Researcher's Signature _____ Date _____

የፈቃደኝነት መጠየቅያ ቅጽ

ስለ ጥናቱ መረጃ ተስጥቶኛል። ስለ ጥናቱ አሰራር፣ ጥቅም እንዲሁምና በጥናቱ መመሳተፌ በትምህርቴ ላይ ተጽእኖ እንደማይኖረው ከቀረበው መረጃ ተረድቻለሁ። ድምጽ እንደሚቀረጽ እና የማንነቴን ሚስጥር እንደሚጠበቅ ተነግሮኛል። የቀረበልኝን መረጃ ተረድቼ ጥያቄዎችን ለመጠየቅ እድሉን አግኝቻለሁ። በአዲስ አበባ ዩንቨርስቲ የጤና ሳይንስ ኮሌጅ በሬዚደንት ሀኪሞች ላይ ከስራ ጋር ተያይዞ ያለ መታከት/ መዛል ላይ ያላቸውን ተሞክሮ እና ለመቋቋም የሚያግዙ መንገዶች ላይ በሚደረገው ጥናት ተሳታፊ ለመሆን ፈቃደኛ መመሆኔን በፊርማዬ አረጋግጣለሁ።

የጥናት ተሳታፊ ፊርማ _____ ቀን _____

የአጥኚ ፊርማ _____ ቀን _____

14 ANNEX II: DATA COLLECTION TOOLS

Socio demographic Data

Thank you for agreeing to take part in the study. I will now ask you questions about yourself.

Age ……Marital status ……

Living condition ……. Department of residency……..

Year of residency ----------

How many years have you worked as a GP? _____

Which hospitals do you work other than Tikur Anbessa Hospital? _____

የተሳታፊዎች ማህበራዊና ስነ-ሕዝብ አወቃቀር መረጃዎች

በጥናቱ ላይ ለመሳተፍ ስለተስማማችሁ እናመሰግናለን። አሁን ስለራስዎ ጥያቄዎችን እጠይቅዎታለሁ።

ዕድሜ _____ የጋብቻ ሁኔታ _____

የኑሮ ሁኔታ _____ የትምህርት ክፍል_____

ስተንተኛ አመት ነህ/ነሽ_____

ከሬዚደንትነት በፊት በGPነት ምን ያክል ሰርተዋል? _____

በሬዚደንትነት እስካሁን የትኞቹ ሆስፒታሎች ላይ አገልግለዋል? _____

Topic guide

1. How does your daily routine and work stress look like in the residency?
    - Do you have extra responsibility other than the routine residency?
    - Can you say more on the yearly difference of residency?
    - What you your expected things from you as …. year resident?
    - How much time do you send on the workplace?
2. How do you see the work-related stress during residency as compared with GP?
3. Have you ever experienced work related stress? If so, please share you experience?
    - What were the symptoms you noticed?
4. What was the effect on you?
    - On your personal life/ in managing patients/ social life/study
5. So, do you think that it was severe to the level of burnout?
   If so, tell me more about it
6. What are the precipitating factors for this?
    - Individual/social/organizational factors
7. What are the things that helped you to cope?
    - Workplace/personal/social factors
    - Was there a time that you got help from seniors?
    - If so, what was the experience like?
8. Was there a time you needed psychiatric help and what was the experience like?
9. What is your recommendation to improve work related stress and burnout among residents?
    - Individual/organizational/department/others role

የመጠይቅ መምሪያ

1. የሬዚደንትነት የሀላፊነት እና የስራ ጫና እንዴት ነው/ ውሎዎት ምን ይመስላል?
    - በእርስዎ ሬዚደንት ፕሮግራም ውስጥ የሚጠበቅብዎት ለየት ያሉ ሃላፊነቶች ምንድናቸው?
    - በየአመቱ ልዩነት ሃላፊነትዎ ይለያያል? በምን መልኩ?
    - አሁን የሚጠበቅብዎት ሃላፊነቶች ምን ምን ናቸው?
    - እነዚህን ሃላፊነቶች ለመወጣት ከስራ ሰአት ውጪ ምን ያክል ጊዜ ያሳልፋሉ?

2. እነዚህ ሃላፊነቶች ሬዚደንትነት ከመጀመር በፊት ከነበሩበት ሁኔታዎች አንጻር እንዴት ያዩታል?
3. በሬዚደንትነት ካሉት ሃላፊነቶች ጋር ተያይዞ የሚመጣ ጫና ወይም ጭንቀት አጋጥሞዎ ይሆን? እስቲ ያስረዱኝ።
    - ምን ምን አይነት ምልክቶችን እራስዎት ላይ አስተዋሉ?
4. በእርሶው ላይ ጫናው ምን አይነት ተጽዕኖ አምጥቷል?
    - ከግል ህይወት ጋር ተያይዞ? / ከማህበራዊ ህይወት ጋር ተያይዞ?
    - ታካሚዎችን በአግባቡ ከማስተናገድ ጋር ተያይዞ?
    - ትምህርትን በአግባቡ ከመከታተል ጋር ተያይዞ?
5. ይህ ጫና ምን ያክል ከባድ ሆኖቦታል?

ምናልባት Burnout ሲባል ሰምተው ያውቃሉ? (የBurnout ምልክቶች የምንላቸው ረዘም ላለ ጊዜ

የሚቆዩ ሆኖ በዋናነት የመዛል ስሜት፣ ለስራ እና ለታካሚዎች ያለ አመለካከት አሉታዊ መሆን፣ በስራ ላይ

ብስጩነት፣ ራስን ከስራ ጋር ተያያዝ ከሆኑ ሁኔታዎች ማራቅ፣ ከስራ የሚገኝ እርካታ መቀነስን ያካትታሉ።)

- ጫናው Burnout የሚባለው ደረጃ የደረሰ ይመስልዎታል? እስቲ ያስረዱኝ።
- ጫናው በትምህርት፣ በግል ወይም ማህበራዊ ህይወት ላይ ያደረሰው ችግር አለ?
- በእርስዎ ላይ የአዕምሮ ጤና ችግር እንዲከሰት ወይም እንዲባባስ ምክኒያት ሆኗል? እስቲ ያስረዱኝ።

6. እነዚህን ጫናዎች የሚያከብዱት ነገሮች ምንድናቸው?
    - የአሰራር ወይም ተቋማዊ ሁኔታዎች?/ ሌሎች የግል ወይም የማህበራዊ ጉዳዮች?
7. ይህን ጫና ለመቋቋም፣ ተጽዕኖዎቹንም ለመቀነስ አስካሁን ያገዙዎት ነገሮች ምንድናቸው?
    - በግል ህይወትዎ ውስጥ ያገዝዎት ነገር ካሉ?/ በማህበራዊ ህይወት ውስጥ ያገዝዎት ነገር ካሉ?
    - በስራ ቦታ ላይ ያሉ ሁኔታዎች ወይም አሰራሮች ያገዝዎት ነገሮች ካሉ?
    - ከስራ ባልደረቦች ወይም ሃላፊዎች እገዛ ለማግኘት ሞክረዋል? እንዴት ነበር?
8. ከዚህ ጋር ተያይዞ የስነልቦና እና የአዕምሮ ህክምና አገልግሎት ለማግኘት ሞክረው ያውቃሉ?
    - ምን ያክል ጠቃሚ ሆኖ አገኙት? ጠቃሚ ያልሆነበት ሁኔታዎች ነበሩ?

9. የሬዚደንቶችን ከሃላፊነት ጋር ተያይዞ የሚመጣ ጭንቀት እና Burnout ለመቀነስ ምን አይነት ነገሮች ቢደረጉ ጠቃሚ ይመስልዎታል?

    - በግለሰብ ደረጃ?/ በዲፓርትመንት ደረጃ?
    - በሆስፒታል እና በትምህርት ተቋም ደረጃ?/ በሌሎች?