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## Editorial

## Let's Take Care of Our Future<sup>☆</sup>

## Cuidemos nuestro futuro



A study was recently published in *The New England Journal of Medicine* that used a survey to analyze the incidence of abuse and burnout in surgical residents in the United States of America (USA).<sup>1</sup> The article reported that a significant percentage of residents had experienced some sort of abuse in the form of sexual discrimination (31.9%), physical or verbal abuse (30%), or sexual harassment (10.3%), and 4.5% had experienced suicidal thoughts. In the American survey, 30% of surgeons worked more than the legally stipulated number of hours per week. All this led to a high degree of professional burnout.

Given the importance of the subject, the National Commission of Specialists and the Training Division of the Spanish Association of Surgeons (AEC) were concerned that this situation may be occurring among our residents, especially because in the US study it occurred among physicians in their initial stages of specialty training and work experience. It is also well known that situations of abuse often remain hidden and are rarely reported.

In this issue of *Cirugía Española*, Lucas-Guerrero et al.<sup>2</sup> present the results of what happens to our General Surgery and Digestive Diseases (CGAD) residents. They confirm that our residents experience a high rate of burnout as well as episodes of various kinds of abuse. The survey has shown that 55.1% of our residents have felt discriminated against because of their gender, 73.9% have suffered verbal abuse, and 16.4% sexual harassment. Excess working hours and no day off after night duty were reported by 98% and 47%, respectively.

This information makes it necessary to carefully evaluate and analyze the incidence, responsibilities, and prevention measures so that this does not continue to happen. Professional burnout could be understood in surgeons who, after years of professional work, still have not satisfied their aspirations. In the case of resident doctors, who are starting their careers and medical specialization after years of effort and a particularly tough selection process, burnout should have no place. Residents should be trained in the most favorable work environment in order to achieve the program objectives in the most satisfactory way possible.

When evaluating the survey carried out in our country, several aspects must be considered. A lower percentage of survey responses, at 61.2% compared to the American 99%. It is possible that people who had experienced some type of abuse answered more easily. This fact could favor a hypertrophied result or one higher than the general incidence. A second aspect is the *analysis of the type of abuse*. In today's day and age, the feminization of the medical profession is a reality: 70% of residents are women. This is manifested in a high proportion of discrimination based on gender issues. It should be noted that the agent responsible for the abuse is not only hospital staff, but also patients or their families. Another aspect is the *breach of working hours*, as 98% of residents are forced to extend their weekly work hours, have more night duties and/or not have the day off following night duty. These facts are not merely anecdotal — these things are happening. It is documented that the proper training of a resident does not depend on the number of hours worked in the hospital, but on the quality of training, following a structured plan with suitable supervision and evaluation.

The results of this survey have certainly come as a surprise to many of the co-authors of this study. However, it should not be unexpected because, in a work environment with younger staff, many of the situations that are abusive or contribute to burnout are not reported. They are erroneously considered part of the training period, and complaints are not made for fear of not being believed or for being stigmatized.

We must be aware that this problem exists. The residency period should follow a perfectly established and structured training program with appropriate instruments for control, monitoring and evaluation, supervised by senior or attending physicians and overseen by the teaching commissions of university hospitals. Therefore, we should adopt a 'zero tolerance' approach and pursue such situations. It is the responsibility of the supervising physician and the head of the department to be aware of the possible existence of these situations in their teams. At the same time, residents should have the right to file a complaint. The attending, head of the service and teaching commission must

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become more aware of these realities and implement adequate supervision and correction measures.

Potential measures to solve this problem could be directed on several fronts. *Training for tutors*: in emotional intelligence, to be able to recognize the problems of residents; and in communication, to understand and be understood by them, including conflict management. *Training for residents*: in emotional intelligence, to be able to manage the emotions they experience; in empowerment, to be able to recognize situations of harassment, both verbal or psychological as well as physical and sexual; in management of stress and anxiety. *Prevention of burnout*: depending on the baseline conditions, detect possible burnout using classical tools, such as the complete Maslach test. Previous experiences in other specialties have been very useful.<sup>3</sup> *Compliance with labor regulations in terms of hours*: this is one of the most important elements of burnout and must be corrected. The regulation of days off and the number of night/weekend duties, as well as the number of hours worked, should not be considered a demand, but a right. For this, the staff must be scheduled in such a way so that residents are not being used as cheap labor. At the same time, extending the duration of residency to six years is considered an essential element in the controversy over this problem.

All these results should be transmitted to the Ministry of Health, Autonomous Communities, Hospital Teaching Commissions and other scientific societies in order to seek unified solutions.

We are currently completely modifying resident training plans. The primary objective of the future plan is to train specialists in the most comprehensive way possible, based on objectives and the adequate evaluation of knowledge, skills and approaches. The information from this survey will be very useful to create a suitable work environment for meeting these goals.

Professional burnout is an indication of the health of our profession. The high observation of burnout in residents starting their professional career is an obvious marker of a situation that could be improved. The residents of our specialty are our future. We must make sure that this future is as healthy as possible, while ensuring that residents carry out their professional activity with enthusiasm and eagerness in a work and training environment that gives them motivation and the desire to instill these qualities in future generations.

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