Professional Disappointment as a Cause of Burnout

Paul D. Judge, MD1, David S. Haynes, MD2, and Kareem O. Tawfik, MD3

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Abstract
Burnout is common among physicians. Chronic sources of burnout have been previously examined, but little is known about the impact of acute stressors on physician burnout. Otolaryngology residents applying for competitive fellowships provide a good example for how professional disappointment may cause burnout. As otolaryngology comprises highly successful, highly competitive individuals, a long history of success may leave otolaryngologists ill-equipped to cope with such failures. Otolaryngologists should be aware of such pitfalls, preparing appropriate coping mechanisms in cases of professional disappointment.

Keywords
disappointment, burnout, professional

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Increasingly, physician burnout is recognized as a common problem across medical disciplines. Maslach et al1 described 3 elements of burnout: emotional exhaustion, depersonalization, and lack of accomplishment. Reported rates of burnout vary among surgical specialties and among otolaryngologists specifically, with residents and early-practice faculty at a higher risk for burnout.2,3 Factors that contribute to burnout may include long work hours, stressful patients, and home-work conflicts.3 Limited investigations have focused on factors contributing to burnout among otolaryngologists. Golub et al1 evaluated academic otolaryngology faculty, finding work-life balance, inadequate research time, inadequate administration time, and low self-efficacy (or belief in one’s ability to succeed) to be correlated with burnout. A survey in 2007 evaluating otolaryngology residents considered several stressors, including insufficient exercise time, insufficient extracurricular time, difficulty eating a healthy diet, low salary, and lack of sleep.5 These stressors may be categorized as chronic sources of burnout and tend to reflect long-term environmental conditions. However, little is known about acute causes of burnout, including professional disappointment. An accessible example in this commentary is residents who unsuccessfully apply for fellowship. As physicians have demonstrated poor insight into their own emotional health, it would be prudent for practitioners to consider what context would precipitate acute changes in their professional burnout status.6 Given the high-achieving nature of the otolaryngology community at large, it follows that many otolaryngologists might have had little opportunity to practicing coping with professional failure and disappointment.

Discussion
Matching into an otolaryngology residency training program requires applicants to have demonstrated exceptional academic performance and research activity. In 2016, 44.7% of otolaryngology residency applicants were Alpha Omega Alpha members, compared to 17.3% in all specialties. Otolaryngology applicants had a mean of 8 publications, abstracts, and presentations, compared to 4 for all other specialties combined. Between 2007 and 2016, the mean US Medical Licensing Examination (USMLE) Step 1 score for otolaryngology residents increased from 238 to 248. Owing to the competitiveness of the field, the residency match process for otolaryngology arguably selects individuals who possess an extraordinary drive to excel.

This level of achievement comes into focus as residents compete with each other for fellowship positions. Among otolaryngology trainees, interest in fellowship training has increased in recent years.7 The fellowship application process, however, is associated with significant costs. Residents who apply for fellowship and are considering an academic career may invest more time in training than their general...
Otolaryngology counterparts. Otolaryngology residents may consume personal funds and vacation days to interview at distant institutions while managing the demands of a heavy clinical workload. In addition to the direct costs of travel and lodging, those who pursue fellowship training may incur additional losses of potential lifetime earnings, depending on the otolaryngologic subspecialty selected. Furthermore, the fellowship application process may be a significant source of stress. For some fellowships, such as neurotology, there are often more applicants than positions, leaving applicants unmatched and subsequently unable to pursue subspecialty training.

The failure to match very commonly provokes feelings of extreme disappointment and grief. Even for applicants who have prudently designed contingency plans, the magnitude of acute emotion can be surprising. New feelings of professional and personal doubt may arise, and individuals may suddenly feel distrustful of their mentors, inadequately prepared, or, worse, frankly deceived. The combination of emotional exhaustion and cynicism may result in burnout. As residents already feel moderate to severe burnout, the experience may add to a high baseline level of stress. Feelings of inadequacy become more pronounced and confidence in all clinical skills can deteriorate, driving poor practice performance and a lack of accomplishment. This may be the final step in leading a resident to burnout.

Although the fellowship match process may serve as an apt example of acute burnout, it does not apply to all providers. Professional disappointment may present in many forms, including missed promotions, rejected manuscripts or grants, and failed elections for leadership. Otolaryngology–head and neck surgery is composed of high-achieving individuals who have long become accustomed to success. It is vital to recognize our vulnerability in this regard and prepare with appropriate understanding of coping mechanisms.

Coping mechanisms may be categorized as problem focused, emotion focused, or meaning focused. In the case of an unmatched fellowship applicant, a resident who tends to cope in a problem-focused fashion may seek to determine the cause of his or her nonmatch and reevaluate the quality of his or her curriculum vitae, letters of recommendation, and ability to interview. Emotion-focused coping may involve reliance on available social networks for validation or distancing oneself from the acuity of the event. Meaning-focused coping encourages recentering on core values, beliefs, and goals, allowing the residents to take comfort in what they have already achieved as physicians. The role that these coping mechanisms may have in the recovery after acute disappointment has yet to be fully elucidated. It behooves faculty mentors and residency program directors to be wary of the potential for burnout among residents who fail to match into a desired fellowship. For the unmatched resident, recognizing symptoms of burnout in himself or herself may impel early intervention.

**Conclusion**

Increasingly, otolaryngology is a highly competitive field, attracting individuals with a history of achievement. Physician burnout is extremely common among otolaryngology resident trainees. For otolaryngology residents seeking subspecialty fellowship training, a failure to match into a desired fellowship may produce significant professional disappointment. Otolaryngologists should anticipate what professional disappointments may result in acute stress and investigate appropriate coping mechanisms to prevent personal burnout.

**Author Contributions**

Paul D. Judge, designed the work, drafted and revised manuscript, final approval, and agreement to be accountable; David S. Haynes, conception of project, critical revision, final approval, and agreement to be accountable; Kareem O. Tawfik, designed the work, drafted and revised manuscript, final approval, and agreement to be accountable.

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**References**