

Burnout and Coping Strategies Used by Oncology Residents

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Burnout e Estratégias de Coping Utilizadas por Residentes em Oncologia

Burnout y Estrategias de Afrontamiento Utilizadas por Residentes en Oncología

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ABSTRACT

Introduction: Health professionals are often exposed to overload and stress, especially in oncology, due to the high emotional and work-related demands of the field. Burnout Syndrome is considered a three-dimensional syndrome comprising emotional exhaustion, personal accomplishment, and depersonalization. Coping has been described as the set of strategies used to adapt to adverse or stressful circumstances. **Objective:** To analyze the incidence of burnout syndrome and the coping strategies used by second-year residents in a multiprofessional residency program. **Method:** A cross-sectional, quantitative, exploratory, and descriptive study. Data was collected using a sociodemographic and work-related questionnaire addressing lifestyle habits and health conditions, as well as the Maslach Burnout Inventory and the Folkman and Lazarus Coping Strategies Inventory. **Results:** The study included 38 participants from nine professional categories. The results did not indicate burnout among participants; however, the sample showed a predominance of high levels of emotional exhaustion, low levels of depersonalization, and moderate levels of professional accomplishment. The most prevalent coping strategy was accepting responsibility combined with social support, whereas confrontive coping was the least used. **Conclusion:** Participants preferred social support and accepting responsibility and avoided confrontation, reflecting a reflexive and collaborative coping style, which is essential for well-being and effectiveness in healthcare work.

Key words: Occupational Stress; Burnout, Psychological; Coping Skills.

RESUMO

Introdução: Os profissionais da área da saúde tendem a ter uma sobrecarga de estresse, principalmente na oncologia, em razão dos atravessamentos da área de atuação com uma alta carga emocional e laboral. A síndrome de *burnout* é considerada uma síndrome tridimensional que abrange a exaustão emocional, a realização pessoal e a despersonalização. O *coping* tem sido descrito como o conjunto das estratégias utilizadas para adaptação às circunstâncias adversas ou estressantes. **Objetivo:** Analisar a incidência da síndrome de *burnout* e as estratégias de *coping* utilizadas pelos residentes do segundo ano de um programa de residência multiprofissional. **Método:** Estudo com delineamento transversal quantitativo exploratório e descritivo. Utilizaram-se instrumentos para coleta dos dados: um questionário sociodemográfico, laboral, hábitos de vida e condições de saúde; e os instrumentos do *Maslach Burnout Inventory* e do Inventário de Estratégias de *Coping* de Folkman e Lazarus. **Resultados:** A pesquisa foi conduzida com 38 participantes provenientes de 9 categorias profissionais. Os resultados obtidos não indicaram a presença de *burnout* entre os participantes. Contudo, a amostra revelou um predomínio de altos níveis de exaustão emocional, baixos índices de despersonalização e níveis moderados de realização profissional. A estratégia de *coping* mais prevalente foi a aceitação de responsabilidade associada ao suporte social, enquanto a menos utilizada foi a estratégia de confronto. **Conclusão:** Os participantes demonstraram preferência pelo suporte social e aceitação de responsabilidade, evitaram o confronto, refletindo um *coping* reflexivo e colaborativo, essencial ao bem-estar e à eficácia no trabalho em saúde. **Palavras-chave:** Estresse Ocupacional; Esgotamento Psicológico; Habilidades de Enfrentamento.

RESUMEN

Introducción: Los profesionales de la salud tienden a experimentar una sobrecarga de estrés, especialmente en oncología, debido a la alta demanda emocional y laboral del área. El síndrome de *burnout* se considera un síndrome tridimensional que abarca el agotamiento emocional, la realización personal y la despersonalización. El *coping* se ha descrito como el conjunto de estrategias utilizadas para adaptarse a circunstancias adversas o estresantes. **Objetivo:** Analizar la incidencia del síndrome de *burnout* y las estrategias de *coping* utilizadas por residentes de segundo año de un programa de residencia multiprofesional. **Método:** Estudio transversal, cuantitativo, exploratorio y descriptivo. Se utilizaron para la recolección de datos un cuestionario sociodemográfico y laboral sobre hábitos de vida y condiciones de salud, además del *Maslach Burnout Inventory* y el *Inventario de Estrategias de Coping* de Folkman y Lazarus. **Resultados:** Participaron 38 residentes provenientes de nueve categorías profesionales. Los resultados no indicaron la presencia de *burnout* en los participantes; sin embargo, la muestra reveló un predominio de altos niveles de agotamiento emocional, bajos índices de despersonalización y niveles moderados de realización profesional. La estrategia de *coping* más prevalente fue la aceptación de responsabilidad asociada al apoyo social, mientras que la menos utilizada fue la estrategia de confrontación. **Conclusión:** Los participantes mostraron preferencia por el apoyo social y la aceptación de responsabilidad y evitaron la confrontación, lo que refleja un *coping* reflexivo y colaborativo, esencial para el bienestar y la eficacia en el trabajo en salud. **Palabras clave:** Estrés Laboral; Agotamiento Psicológico; Habilidades de Afrontamiento.

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INTRODUCTION

Burnout syndrome, or professional exhaustion syndrome, has become a central theme in discussions about mental health in the work environment, especially in professions that directly deal with human suffering¹. This condition results from chronic exposure to stressor factors not effectively dealt with, causing progressive physical and emotional exhaustion². The concept, developed by Maslach and Jackson in 1981, is multidimensional, encompassing emotional exhaustion, depersonalization, and reduced personal accomplishment at work³.

In the healthcare field, particularly in oncology, the emotional load of caring for patients in critical situations, added to an intense work routine, makes professionals especially vulnerable to psychological distress⁴. This vulnerability intensifies in residency programs, in which professionals, in addition to facing an extenuating work journey, experience the pressure of learning and executing it with excellence⁵. The duality of being an apprentice and directly responsible for care can create a favorable environment for the development of burnout syndrome⁵.

Stress, a key component of the burnout syndrome, is described by Selye as a physiological and psychological response to stimuli perceived as threatening that can evolve to exhaustion phases, with significant harm to health⁶. Coping strategies, as described by Lazarus and Folkman, are fundamental in mediating this response to stress, being adaptable to situations and determining the maintenance of emotional balance⁷. The way individuals deal with stress can directly influence the intensity of burnout symptoms⁷.

In the context of oncology, daily coping with situations of suffering and death, allied to work overload, favors the appearance of psychosomatic symptoms and emotional disorders¹. When inserted into this scenario, the residents face a rigid system, low autonomy, and high requirements, which can increase psychosocial risk factors⁵. Additionally, the work conditions in residency often limit time and space for emotional recovery, intensifying the effects of chronic stress⁵.

Given this reality, the present study aims to analyze the incidence of burnout syndrome and identify the coping strategies used by second-year residents of an Oncology and Medical Physics Multiprofessional Residency Program of a Rio de Janeiro public hospital. By investigating the sociodemographic profile, burnout levels, and coping mechanisms utilized, this study aims to understand how these professionals are dealing with the emotional and structural challenges of their training process, contributing to reflections about mental health in the work environment.

METHOD

A cross-sectional, quantitative, exploratory, and descriptive study. The sample was composed of 38 participants, with an active link with the residency program in 2023, during their second year of specialization in the Oncology Multiprofessional Residency program of the National Cancer Institute (INCA). Data collection was done in July 2024 using self-applicable questionnaires made available online and sent to the participants by email. The variables were organized into three axes: sociodemographic profile, burnout syndrome, and coping strategies.

A questionnaire was elaborated by the author to characterize the sociodemographic and work profile of participants, including their life habits and health conditions. The variables were categorized considering three axes: a questionnaire to draw the sociodemographic, work, life habits, and health conditions of residents; the Maslach Burnout Inventory (MBI)⁸ and the Coping Strategies Inventory (CSI)⁹ by Folkman and Lazarus.

Burnout syndrome was assessed using the MBI, a self-report instrument composed of 22 items distributed in 3 sub-scales: emotional exhaustion (9 items), depersonalization (5 items), and low professional accomplishment (8 items). The presence of burnout was defined as a basis for the cutoff points¹⁰ for the 3 dimensions: Emotional Exhaustion (9 questions), Professional Accomplishment (8 questions), and Depersonalization (5 questions). Therefore, the questionnaire has 22 questions with 5 possibilities of answers, which are scored as follows: "Never" – 1 point, "Sometimes a year" – 2 points, "Sometimes a month" – 3 points, "Sometimes a week" – 4 points and "Daily" – 5 points. Therefore, the score attributed to each individual varied between dimensions according to the number of questions and points attributed to each interviewed for the questions: Emotional Exhaustion (9 to 45); Professional Accomplishment (8 to 40), and Depersonalization (5 to 25)¹¹.

CSI is a 66-item questionnaire that includes ideas and behaviors that people use to deal with internal or external needs in specific stressful events. This inventory is divided into 8 factors, including the following strategies: confronting, distancing, self-control, social support, accepting responsibility, escape-avoidance, problem-solving, and positive reappraisal. The instrument has four response options, with values ranging from zero to three on a Likert scale: zero – "not used"; one – "used somewhat"; two – "used quite a bit"; and three – "used a great deal". The inventory is organized in eight factors, which are: confrontive coping (6 items: 6, 7, 17, 28, 34,

46) distancing (6 items: 12, 13, 15, 21, 41, 44), self-control (7 items: 10, 14, 35, 43, 54, 62, 63), seeking social support (6 items: 8, 18, 22, 31, 42, 45), accepting responsibility (4 items: 9, 25, 29, 51), escape-avoidance (8 items: 11, 16, 33, 40, 47, 50, 58, 59), planful problem-solving (6 items: 1, 26, 39, 48, 49, 52) and positive reappraisal (7 items: 20, 23, 30, 36, 38, 56, 60)¹².

Data was collected using online self-applicable questionnaires, distributed by email, along with a Free and Informed Consent Form (FICF), signed during July 2024. Data tabulation was done in a Microsoft Office Excel® 365 spreadsheet with the fields described to draw a profile of each participant in the survey. The processing of data collected using the sociodemographic profile questionnaire, MBI, and CSI was carried out through coding, tabulation, organization, and statistical analysis using the R software¹³ version 4.3.3 for statistical analyses.

This study has been approved by the INCA Research Ethics Committee, report number 6,935,007 (CAAE (submission for ethical review): 79410124.4.0000.5274), following Resolution N. 466/12 of the National Health Council¹⁴ on research with human beings.

RESULTS

The sample consisted of 38 residents, among them: 11 nurses, 9 pharmacists, 5 physiotherapists, 4 nutritionists, 3 medical physicists specialized in radiotherapy, 2 dentists, 2 psychologists, 1 medical physicist specialized in images and 1 social worker, with a predominance of young people, aged between 25 and 29 years, 28 (74%) female residents and 27 (71%), mostly, from Rio de Janeiro. Regarding race/color, 21 (55%) self-identified as white, 9 (24%) as black, and 8 (21%) as brown. In relation to marital status, 35 (92%) are single and 37 (97%) do not have children. About religion, 11 (29%) are catholic, 10 (26%) have no religion, and other beliefs are represented in lower rates.

According to research data, most have between 16 and 24 months (an 18-month average) of professional experience, and 22 (58%) do not live in the lodgings. A total of 27 (71%) participants had extracurricular activities between 6 pm and 12 am and 28 (74%) participants practiced physical activity regularly. Regarding sleep, 16 (42%) reported sleeping 6 hours a night, followed by 10 (26%) who slept 5 hours, and 29 (76%) participants reported not using medication regularly.

Data obtained from MBI sub-scales were presented in median, since the questionnaire assesses burnout based on its unit of measurement, and were demonstrated in Table 1, and indicate different levels of emotional and professional involvement among participants. Regarding depersonalization, a median of 6.0 was observed, with

an interquartile interval between 2.3 and 9.0, which reveals that most individuals present low levels of this aspect, not demonstrating striking feelings of distancing or indifference towards other people. On the other hand, emotional exhaustion presented a 33 median, with an interquartile interval of 23 to 39, reflecting high levels of emotional tiredness among participants, suggesting that many of them are experiencing work-related exhaustion — one of the main indicatives of burnout syndrome. Regarding professional accomplishment, the median was 34.0, with an interquartile interval between 29.3 and 37.0, suggesting that most individuals have a moderate perception of efficacy and satisfaction when performing their roles. This suggests that, although participants are not fully dissatisfied, they also do not reach high levels of accomplishment in the professional environment. Considering the criteria proposed in a previous research¹⁵, the combination of high emotional exhaustion and depersonalization levels with low professional accomplishment levels does not make, in this study, a case of burnout, indicating the need for attention to these indicators in the analyzed context.

Table 1. Characterization of the Maslach Burnout Inventory sub-scales of residents from a multiprofessional oncology residency in the city of Rio de Janeiro. Rio de Janeiro/RJ, Brazil, 2024 (n=38)

Sub-scales	Median (IQR)
Depersonalization	6 (2.3; 9)
Emotional exhaustion	33 (23; 39)
Professional accomplishment	34 (29.3; 37)

Caption: IQR = interquartile range.

The medians from the CSI dimensions shown in Table 2 range from 1.00 to 1.75, with most categories concentrated around values near 1.00, indicating a general trend of lower answers. The categories “Acceptance of responsibility” and “Social support” stand out as having higher medians (1.75), while “Confrontive” and “Escape-avoidance” have lower medians (1.00 and 1.13, respectively). The median was chosen as a key trend measure instead of the mean as it is more robust with the presence of extreme values (outliers), observed in several variables from the questionnaire, thus enabling a more faithful representation of data distribution.

DISCUSSION

The sociodemographic results from this study indicate the mean age of the study’s participants was 27 years,



Table 2. Characterization of the medians of the Coping Strategies Inventory dimensions of residents from a multiprofessional oncology residency in the city of Rio de Janeiro. Rio de Janeiro/RJ, Brazil, 2024 (n=38)

Dimensions	Median (IQR)
Positive reappraisal	1.43 (1.00; 1.82)
Problem resolution	1.50 (1.17; 1.83)
Escape-avoidance	1.13 (0.78; 1.59)
Acceptance of responsibility	1.75 (1.25; 1.75)
Social support	1.75 (1.21; 2.13)
Self-control	1.57 (1.18; 1.86)
Distancing	1.33 (1.00; 1.79)
Confrontive	1.00 (0.71; 1.46)

Caption: IQR = interquartile range.

placing them in the predominant age group described in the literature for healthcare residents (25 to 29 years). This finding suggests that most participants are recently graduated professionals¹⁶. Moreover, their average period worked was 18 months. The sample was mostly composed of 28 (74%) single, childless women, reflecting a growing trend of women in the healthcare workforce, as seen in other studies^{3,17,18}. This female profile is also observed in studies about burnout among healthcare professionals, especially among nurses, who stand out as mostly single, childless women¹⁹.

Regarding lifestyle, 28 (74%) participants regularly practice physical activity, which may be an effective strategy for fighting burnout; there is evidence in the literature of physical activity contributing to overall health and work performance²⁰. The present study also found that most participants, 29 (76%), do not use medication, which corroborates the findings from another research that shows a low use of medications among residents without burnout symptoms²¹. Additionally, the study identified that 16 (42%) participants reside in the lodgings, which may contribute to the lack of burnout, given that another study suggests that residents living alone are more prone to developing the syndrome²¹.

One study shows that healthcare professionals, especially residents, are among the most affected by burnout syndrome due to professional, personal, and relational factors²². However, the results of the present study do not show the presence of burnout, despite the high emotional exhaustion observed, which differs from other studies that identified the syndrome in residents²³. This discrepancy can be explained by the nature of the residency, with different professional categories, including a specialization in oncology, which can influence the impact of burnout²⁴. High emotional exhaustion, although not indicative of

definitive burnout, is an important signal that requires monitoring, as it is often associated with developing the syndrome²². Previous studies with multiprofessional residents also highlight high emotional exhaustion levels^{3,17}. Oncology, the participants' work field, is particularly challenging, requiring technical and emotional abilities to deal with the suffering of patients and their families, which can contribute to physical and mental exhaustion²⁵.

Moreover, the Healthcare Multiprofessional Residency model in Brazil imposes challenges, such as excessive workload, instability, and low acknowledgment²⁶. Despite that, the participants demonstrate moderate professional accomplishment, possibly due to a lack of doubts regarding their professional choice and the quality of the performed tasks, which are aligned with their competencies¹⁷. Practical training and experience in the field contribute to professional accomplishment, despite the difficulties encountered throughout their journey¹⁷.

This study's results on coping strategies reveal three predominant approaches among participants, as described by Folkman and Lazarus' CSI. The most used strategy was, in line with previous studies^{27,28}, indicating that participants seek emotional and informative support in their work environment, either from colleagues, mentors, or family members. This emotional support strengthens resilience, improves self-esteem, and contributes to general well-being, helping reduce emotional overload and increase work satisfaction, in addition to facilitating teamwork, essential in healthcare environments²⁷. Social support, therefore, is crucial for coping with professional demands, promoting an environment of mutual care and collaboration, which has a positive impact on the quality of care²⁷.

The second most used strategy was acceptance of responsibility, although it has emotional implications, such as the feeling of guilt, which can impair problem resolution and emotional adaptation²⁷. This coping method reflects a tendency to self-knowledge, but it can result in frustration if not followed by a more constructive approach. Despite that, this strategy also demonstrates the participants' responsibility in learning from their mistakes and improving in future situations²⁹.

Finally, the confronting strategy was the least utilized strategy, suggesting that participants prefer more reflexive and restrained approaches, avoiding direct or impulsive confrontations, as observed in previous studies¹⁶. This behavior reflects a trend of healthcare professionals adopting rational and objective strategies, key to making quick and precise decisions in high-pressure environments, such as hospitals³⁰. In situations of prolonged stress, the use of confrontation can be ineffective, while a collaborative approach focused on practical problem-solving can be more effective, helping maintain emotional balance and quality of care²⁶.



CONCLUSION

In summary, participants demonstrated a clear preference for social support and accepting responsibility while avoiding confrontation, which reflects a more reflexive and collaborative coping style, essential for well-being and effectiveness in the healthcare work environment.

The absence of burnout syndrome among white, single, childless women with up to 18 months of work experience suggests that a shorter period of work and lack of family commitments can reduce exposure to accumulated stress, a key factor for developing the syndrome. This indicates that burnout can be alleviated by specific personal and professional factors, although more studies are needed to understand other influences.

Although there are no high burnout indices among the participants, the research suggests the need for public policies to improve healthcare multiprofessional residency programs, aimed at participants' physical and mental health, to create a welcoming and humanized environment in which work is distributed according to professional aptitude, avoiding overload. The high workload in residency programs has been a critical factor for emotional exhaustion, affecting both the mental health and professional development of participants. Therefore, the need to review institutional policies and practices to promote a balance between excellent training and the well-being of professionals.

Regarding coping strategies, the participants adopted reflexive and careful approaches, focusing on self-control and moderation, with a predominance of social support and acceptance of responsibility. This facilitates adaptation to the work environment and maintains emotional balance. The low utilization of confronting strategies suggests a preference for more collaborative and less aggressive strategies for coping with adversities.

Although the findings have been valuable, the temporal limitation of the study impairs the observation of changes in the long-term. Further studies with more extensive follow-up could identify wider patterns and provide data for effective interventions in burnout prevention and management, especially in contexts of high emotional and professional demand.

CONTRIBUTIONS

Larissa Alves Silva has substantially contributed to the study design, planning, data acquisition, analysis, and interpretation, as well as the wording. Ana Paula Kelly de Almeida Tomaz has substantially contributed to the study design, acquisition, analysis and interpretation of the data, wording, and critical review. Ronan dos Santos, Katerine

Moraes dos Santos, and Ítalo de Moraes Dolores have substantially contributed to wording and critical review. All the authors approved the final version for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

All the contents associated with the article are included in the manuscript.

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None.

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