



PERCEIVED ORGANIZATIONAL AND SOCIAL SUPPORT AS PROBABLE MITIGATORS OF BURNOUT AMONG MEDICAL TRAINEES AND PROVIDERS

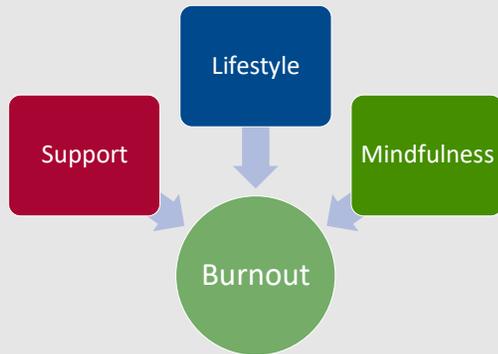
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INTRODUCTION

RESULTS

- This study is part of a longitudinal investigation examining relationships among burnout, levels of perceived stress and support, and several lifestyle behaviors for faculty, staff, residents, fellows, and students at the OU-TU School of Community Medicine (SCM).
- Burnout levels are elevated among physicians, as compared to the general US workforce, and have been associated higher rates of medical errors and suicidal ideation.^{1,2}

- 318 responses were collected (35% response rate), with respondents' demographic data representing the members of our population who were white (67.7%) and women (78.1%),
- While all subscores of burnout were correlated with perceived social and perceived organizational support across the whole sample and among our sample's subgroups of faculty, residents/fellows, staff, and students, only significant values are displayed here.



- Investigators theorized that perceived support, lifestyle behaviors, and mindfulness contribute to levels of burnout in medical trainees and providers.^{3,4}

MBI vs Organizational Support, whole sample (n=318)			
MBI Exhaustion	r = -.556	p<0.001	↓
MBI Cynicism	r = -.558	p<0.001	
MBI vs Social Support, whole sample (n=318)			
MBI Exhaustion	r = -.169	p=0.008	↓
MBI Cynicism	r = -.223	p<0.001	

MBI vs Social Support, students only (n=38)			
MBI Cynicism	r = -.453	p=0.006	↓
MBI vs Social Support, faculty only (n=49)			
MBI Exhaustion	r = -.514	p<0.001	↓
MBI Cynicism	r = -.555	p<0.001	

- Significant correlations in whole sample analysis between perceived organizational and social support relative to burnout suggest they may lessen the effects of burnout in our population.

- Subgroup analysis suggests social support is a more important potential mitigator of burnout only in students and faculty, when compared to staff and residents.

METHODS

CONCLUSION

REFERENCES

- Investigators sent a RedCap survey via email to every member of the OU-TU School of Community Medicine (OUSCM) in April 2019.
- Validated psychometric tools were included:
 - Maslach Burnout Inventory (MBI) with sub-scores consisting of exhaustion, cynicism, and depersonalization.⁵
 - University of Delaware Survey of Perceived Organizational Support quantifying an individual's feelings of support by their institution/administration.⁶
 - Multidimensional Scale of Perceived Social Support quantifying an individual's feelings of support by peers.⁷
- SPSS software was used to conduct Pearson correlations among these variables.

- Burnout levels within the distinct subgroups of our population may be mitigated by different variables, suggesting that the experience of burnout is not universal and has different contributing factors for different groups.
- As more institutions implement policies to reduce burnout among medical trainees and providers, more evidence such as this is needed to provide potential points of intervention.
- Institutional efforts to establish support networks from administration and leadership as well as between coworkers and peers may aid in lowering burnout and promoting wellness among medical trainees and providers.

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