

A Peculiar Trend: Family Medicine Residents of Color Are Less Burned Out

Nicole M. Jackson, MD^{a,b,c}; Maria Harsha Wusu, MD, MsED^d; Judy C. Washington, MD, FAFAP^{e,f}; Jose E. Rodriguez, MD, FAFAP^g

AUTHOR AFFILIATIONS:

^a Department of Family Medicine, Boston University School of Medicine, Boston, MA

^b Department of Family Medicine, University of New England College of Osteopathic Medicine, Biddeford, ME

^c Eastern Connecticut Health Network's Family Medicine Residency Program, Manchester, CT

^d Department of Family Medicine, Morehouse School of Medicine, Atlanta, GA

^e Overlook Family Medicine Residency Program, Summit, NJ

^f Atlantic Medical Group, Morristown, NJ

^g Department of Family and Preventive Medicine, University of Utah School of Medicine, Salt Lake City, UT

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TO THE EDITOR:

We were pleased to read the article by Davis et al examining the association between burnout and professional milestone attainment for family medicine resident physicians.¹ We were very surprised by the finding that, in their study of over 2500 family medicine residents, Black, Latinx, and Asian family medicine residents experience burnout at lower rates than their White peers. It defies logic that residents who identify as Black, Indigenous, or a Person of Color (BIPOC) experience lower levels of burnout when they are differentially and systematically burdened by experiences of discrimination, microaggressions, and inequitable access to mentorship and structured opportunity and lack of belonging compared to their non-BIPOC colleagues.²⁻⁴ In the discussion, the authors did not have room to explore why burnout trends show the opposite of what we would expect to see. We offer the following insights as to why these findings might be valid, and we would welcome discussion from the authors on this finding.

It is possible that the rate of burnout for BIPOC residents on the survey was underreported due to a lack of psychological safety. Residency is not psychologically safe for anyone because residents are constantly under the microscope. We know that minority residents are not protected by their white coats.⁵

Because of that vulnerability, there is a real or perceived fear of retaliation for being candid about any negative residency experiences. Anonymous surveys can potentially be identifiable for BIPOC residents, so this may lead to BIPOC residents underreporting their burnout experiences on a survey or hiding their true racial or ethnic identity by checking "other." This may explain why those residents who racially identify as other in this study experience higher burnout rates than their non-BIPOC colleagues.¹

It is also plausible that BIPOC residents have acquired certain protective factors that mitigate burnout during residency training. The authors cite that higher levels of resiliency and psychological flexibility are protective against physician burnout.¹ In addition to the rigor of medical education that all residents have endured, many or most BIPOC residents carry into their residency training their lived experiences of racism and their distance traveled, which necessitates resiliency and psychological flexibility for sheer survival. BIPOC residents may report less burnout; however, this difference does not reflect all the burdens that BIPOC residents may be juggling while completing their residency training.^{6,7}

We invite the authors to probe this peculiar association further. Whether reported burnout rates may be lower among

BIPOC family medicine residents due to underreporting from either fear of identification or the presence of protective factors, we recognize that further research is necessary. We look forward to seeing more qualitative and quantitative research to elucidate this phenomenon further, and we are happy to collaborate with the authors in this effort.

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