

On call nights for Psychiatry Residents

A possible source of stress?

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Introduction

Psychiatric on call nights are part of care obligations for residents and consultants of Psychiatry. According to the national program of the specialty, between 4 and 6 on call nights per month in general emergency (during the first year) and in psychiatry are recommended ¹. So far there is no literature regarding the chronological distribution of these on call nights by the group of resident doctors and has been our desire to find asymmetries (which could indicate preferences) regarding the timing of the on-call nights that residents choose to do .

Conclusions

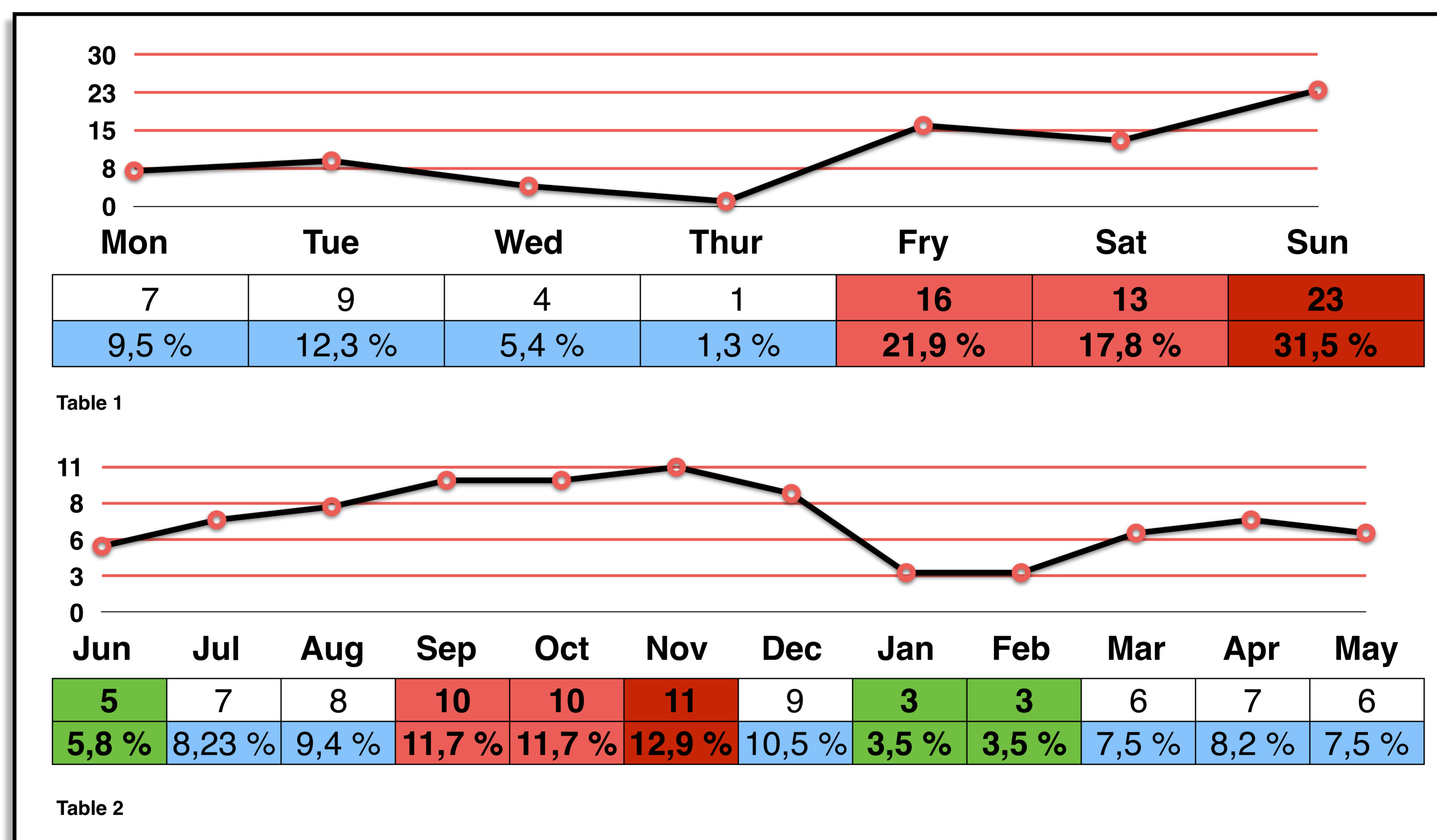
In our sample we found asymmetries in terms of the timing of the *on call nights* that Psychiatric resident doctors prefer to do, in favor of weekdays over the weekend days. In addition there has been a preference for performing *on call nights* in the months of January, February and June, with less preference for the months of September, October and November. The relationship between a higher or lower level of Burnout and the performance of certain *on call nights* is not established: the patterns found and their causal factors should be subject to confirmation by further research.

Methods

On call nights from June 2014 to May 2015 inclusive have been assessed, making a total of 12 full months. Residents may leave some days without cover (not resident, only consultant), and we have counted preferred week or weekend days to be uncovered. We have also counted the complete number of on call nights uncovered by months, allowing to obtain explicit information on what days and at what months of the year there are more nights without resident doctors.

Results

In Table 1 we find the absolute numbers and percentage for distributions of the refused-by-residents on call nights: 71.21% of them correspond to the weekends, when only 18.79% of them are weekdays. In table 2 we may find the number of refused-by-residents on call nights from June 2015 to May 2016, 36.47% belonging to the months of September October and November when January February and June only take 12,8 % when summed. An average of 7.08 refused-by-residents on call nights per month was found.



Discussion

There are references suggesting high levels of burnout among Psychiatry residents ² and on call nights have shown to be an important generator of Burnout in medical residents ^{3,4}, having found a relationship between the total number of nights and intensity Burnout Syndrome ³. Specific factors contributing to such syndrome are unclear, and we hypothesized that the distribution of on call nights might not be homogeneous. Therefore, we have focused on the distribution of uncovered-by-residents nights to discover that there are preferences for the weekdays over the weekends. We have also seen that not every month is the same regarding to covered/uncovered on call nights, being September, October and November them three months when more on call nights are left uncovered by residents and January, February and June represent the preferred months for residents to be on call. The relationship between a higher or lower level of Burnout and the performance of certain on call nights is not established: the patterns found and their possible causal factors (such as holidays preferences or total number of available residents) should be subject to confirmation by further research.

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