INTERSECTIONALITY AND BURNOUT IN MEDICAL RESIDENCY PROGRAMS: NARRATIVES ACROSS THE NATION

by
Kassidy Johnson, Tolulope (Sofeso) Joaquim, Dr. Angela Lamson, Dr. Corin Davis

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Kassidy Johnson
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Approved by:
(Dr. Angela Lamson)
(Human Development and Family Science Department/College of Health and Human Performance)

Intersectionality and Burnout in Medical Residency Programs: Narratives Across the Nation

Tolulope (Sofeso) Joaquim[1], Kassidy Johnson[2], Angela Lamson[1], Corin Davis[1]

Abstract

Burnout impacts up to 75% of medical residents in the United States. Although nearly half of active medical residents in the U.S. identify as individuals with intersecting underrepresented identities including racial, ethnic minority and sexual orientation, very little is known about their unique needs and factors that help retain them throughout medical residency. This article aims to begin filling the gap in the literature regarding how medical residents with intersecting underrepresented identities experience burnout during their residency education in the US and begin exploring protective factors that alleviate burnout rates. The data for this study came from 27 participants who were selected for qualitative interviews and the following themes emerged as having influence on how medical residents with intersecting underrepresented identities experienced burnout: Healthcare culture, additive stress, the role of exhaustion, cynicism, and inefficacy and the influence of discrimination. Additionally, nine subthemes emerged from these themes. Medical residency programs and hospital systems should consider the ways in which their discrimination policies, wellness programs, and diverse leadership structure or the lack thereof impacts burnout rates in medical residents with multiple intersecting underrepresented identities.

Key Words

underrepresented, burnout, intersectionality, medical residents, US medical residency programs

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[1]East Carolina University, Greenville, NC, USA. Department of Human Development and Family Science
[2] East Carolina University, Greenville, NC, USA. Department of Biology

Corresponding author(s):
Angela Lamson, East Carolina University, 610 E. 10th Street, Greenville, NC 27858, USA. Email: lamsona@ecu.edu

Tolulope (Sofeso) Joaquim, East Carolina University, 610 E. 10th Street, Greenville, NC 27858, USA. Email: sofesot22@students.ecu.edu

Kassidy Johnson, East Carolina University, 610 E. 10th Street, Greenville, NC 27858, USA. Email: johnsonk20@students.ecu.edu

Corin Davis, East Carolina University, 610 E. 10th Street, Greenville, NC 27858, USA. Email: daviscor19@students.ecu.edu

Burnout among healthcare professionals has gained significant attention, particularly throughout the past decade (Ishak et al., 2013; Shanafelt et al., 2015; Reith, 2018; Shechter and Norful, 2022; Burrowes et al., 2023). Medical residents are especially prone to developing burnout at rates greater than professionals in other fields (Dimitriu et al., 2020). Medical residents are exposed to high-stress situations daily, which does contribute to burnout. According to Maslach et al., burnout is defined as "a prolonged response to chronic emotional and interpersonal stressors on the job, including the three dimensions of exhaustion, cynicism, and inefficacy" (2001. p. 399).

A 2021 report from the Association of American Medical Colleges (AAMC), showed that there are approximately 144,660 active medical residents across the United States. LGBTQ+ residents make up approximately 10.07% of U.S. medical residents (Wang et al., 2020) and White non-Hispanic residents make up 50.0% percent of this population, 21.8% of medical residents identify as Asian, 7.8% as Hispanic, 5.8% as Black or African American, 0.6% as American Indian or Alaska Native, and 0.2% as Native Hawaiian or Other Pacific Islander (these statistics do not include international students and identified as coming from multiple races (AAMC, 2021). While nearly half of all medical residents identify as a racial or ethnic minority, very little is known about their unique needs and factors that help to retain them throughout their residency.

It has been documented that historically marginalized medical residents experience higher rates of attrition during residency in contrast to than their white counterparts (Attrition Rates: White non-Hispanic 0.88%, Asian 1.11%, Hispanic/Latino 1.82%, Black 1.22%, American Indian/Alaska Native 1.21%; Lu et al., 2019). In addition, researchers have indicated that burnout impacts up to 75% of medical residents in the United States (Ishak et al., 2009;

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Schrijver, 2016). Researchers have cited that residents face a lacking healthy work-life balance, fear of failure, and insufficient residency compensation (Murphy, 2018); combined, these factors highlight the need to learn more about the needs and concerns of historically marginalized residents.

The lack of literature on historically marginalized medical residents creates a gap in the literature not only about individual social locations such as race, ethnicity, gender identity, and sexual orientation, but also a gap in understanding how different social locations intersect with one another in relation to residents' experiences. This gap led to the research question the authors address in this article; "How do medical residents with multiple intersecting underrepresented identities experience burnout in residency programs?"

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Theory

This study was grounded in the theory of intersectionality (Crenshaw, 1989). The theoretical framework of intersectionality was first introduced by Kimberly Crenshaw in 1989, describing the intersection of racial and gender discrimination. This framework helps to identify the experiences of individuals possessing multiple minoritized identities for example identifying both as woman and as African American. This framework punctuates how our many social locations contribute to our experiences in ways that are not wholly or systemically captured when only looked at through a single social location. Some social locations that individuals can identify with include, race, ethnicity, sexual orientation, gender identity, sex, socioeconomic

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status, age, ability, insured, employment status, religion, citizenship, and nationality to name a few.

Literature Review

Although there were 139,848 medical residents reported by the AAMC in 2019-2020 and 50.2% of those residents were individuals with intersecting underrepresented identities, few research studies address the experiences of underrepresented medical residents. In this study, the authors have chosen to focus primarily on underrepresented race/ethnicity, sexual orientation, and gender identity/sex, and the impact of these identities on how medical residents experience burnout.

Minoritized medical residents' experiences of burnout

Exhaustion, cynicism, and inefficacy, the three key constructs of burnout can occur in different ways for medical residents depending on their specific minoritized identities. Research by Spataro et al. (2016) found that burnout and coping mechanisms for medical residents differ based on gender with results showing that women experience higher burnout levels (30%) compared to men (15%). This study mentioned that women used self-blame more frequently as a way of coping which often served as a way of coping with emotional exhaustion. Furthermore, a survey from a study on woman oncology residents showed only 5% of woman residents showed no symptoms of burnout and highlighted underrepresentation, mentorship needs, bias and harassment, and gender-based obstacles (e.g., pregnancy and motherhood) as some areas of impacting women oncology residents' burnout rates (Osborn et al., 2019).

Heiderscheit et al. (2022) found out that although the LGBTQ+ general surgery medical residents in their study reported similar rates of burnout to non-LGBTQ+ residents, they also did report having more thoughts about leaving the residency program. The authors highlighted

increased suicidality among LGBTQ+ surgery residents as being correlated with mistreatment. Similarly, in a qualitative study Osseo-Asare et al. (2018) addressed minoritized physicians' views on the role that their racial/ethnic identity played in their residency experiences (i.e., participants identified as Black, Hispanic, and Native American). The authors highlighted three major themes in participants of this study: experiencing a daily barrage of microaggressions and bias, being tasked as race/ethnicity ambassadors, and the challenge of negotiating professional and personal identity while seen as an "other." All these factors impact levels of exhaustion, cynicism, and feelings of inefficacy in medical residents of minoritized identities.

Other social locations of minoritized medical residents

A study on medical students, residents, and physicians explored the experiences in medicine of those who identified as being "not from an advantaged background" or those who identified with lower socio-economic backgrounds (Conway-Hicks & de Groot, 2019). They found that professional identity development may differ based on one's family's socioeconomic status. Although researchers have assessed pertinent issues among marginalized residents, they do not appear to address the experiences of medical residents who identify with two or more underrepresented intersecting identities (for example, residents that identify as Black and woman or Hispanic and gay). The purpose of this study is to understand how medical residents who represent multiple intersecting underrepresented identities experience burnout in residency. More specifically, how do medical residents with minoritized ethnicities, sexual orientations, and gender identities experience burnout in comparison with their counterparts who hold more privileged identities?

Methodology

Sample. This study used data from a parent study that was grounded on a phenomenological design to analyze the narratives of historically marginalized and systemically oppressed medical residents. The parent study consisted of two phases (quantitative and qualitive) for data collection and analysis. For the quantitative portion of the parent study, 195 medical residents were 18 and older, fluent in English, had access to the internet and their email, and identified as a racial or ethnic minority, LGBTQ+, or a woman. Out of those 195 participants, 27 of these participants are included in the sample for the qualitative portion of the parent study. The data for this study came from the 27 participants that were selected for the qualitative interviews. Participants were medical residents than ranged in year, program, specialties from across the United States.

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Measures

Informed Consent. Participants were sent consent forms through email for the qualitative data portions. Participants for the qualitative portion signed a consent form specific to the qualitative portion of the parent study. Participants also consented for their interviews to be recorded through Webex, which was approved by the university's IRB (UMCIRB 21-001843). At the beginning of each interview, the researcher reviewed the consent forms and gave the participant a chance to ask any questions about the procedure before the interview was conducted.

Qualitative Interviews. The qualitative interview questions are relevant to the participants' experiences with burnout and protective factors present during their residency. The interviewer followed a qualitative interview guide which provided open-ended questions about burnout, harassment, discrimination, personal protective factors, and compassion fatigue. After asking each open-ended question, the interviewer would probe for more information about that

resident's experience. By probing for extra information, the interviewer would gain a well-rounded understanding of the resident's phenomenon. After each interview was conducted, the qualitative data was matched to each participant's recordings and transcripts through a coding system.

Phenomenological Design. The framework of the parent study was built on using a phenomenological approach for the qualitative data collection and analysis. The aim of phenomenology is to describe and determine the true nature of the human experience (Creswell & Poth, 2018). Since this study was grounded on phenomenology, the researcher had to ask probing and descriptive questions to gain a true depiction of each participant's experiences. To ensure that the researcher was not inserting personal beliefs or biases into the participants' narratives, the researcher had to defer all biases and remain neutral throughout the interview process. This is a crucial step since each participant has lived through their own unique experiences in diverse social locations. Both phenomenological inquiry and design were utilized in this study so that the researchers could better understand the phenomenon.

Procedures

With participant consent, the researcher audio-recorded each interview. The researcher used a confidential and encrypted transcription service to deidentify the transcripts. Participant privacy was ensured by allowing the research team members, who had been previously approved by the university's IRB, access to these encrypted transcripts. To ensure confidentiality, all participants' names and identifiable markers were kept separate from their recordings. Since the participants' names were kept separate from the recordings, each participant was given a unique code number. All of the raw data, which includes transcripts, recordings, contact information,

and codes were stored on a password-protected network that only approved team members had access to.

Data Analysis

A phenomenological approach was used to guide the methodology of this study and analyze the qualitative data. Since this was the approach used for the parent study, the researchers' goal was to thoroughly understand the residents' experiences by asking descriptive, probing interview questions about their residency.

To analyze the qualitative data for this study, Colaizzi's method of descriptive inquiry was used because of its thorough design. The unique design of Colaizzi's method led to an in-depth understanding of the participants' residency experiences.

Colaizzi's method included six steps. The first step was *familiarization* in which the research team read each interview in its full capacity to become familiar with each participant's story. The second step was *identifying significant statements* in which the research team returned to the interviews and extracted key phrases and statements that directly pertained to the phenomenon using line-by-line coding. The third step was *formulating meaning* in which key phrases and statements identified were further analyzed by looking at the context and intention of each statement. After formulating the meanings behind each statement, the key phrases and statements were clustered into themes and organized by the researcher in the fourth step which was *clustering themes*. Following the clustering of themes, the researcher wrote an exhaustive description incorporating each of the relevant themes in the fifth step which was *developing an exhaustive description*. The last step for this method was *producing the fundamental structure* in which the researcher took the essential points relevant to the phenomenon out of the exhaustive

description and developed the fundamental structure (Colaizzi, 1987). This method drove how the data was analyzed for the concluding results.

Results

The aim for this study was to understand the burnout experiences of medical residents with multiple intersecting minoritized identities. The qualitative responses of 27 medical residents were analyzed to gather the following results. The authors conducted a content analysis based on the information from the parent study, specifically focusing on how medical residents with intersecting minoritized identities cope with burnout during their residency. Based on the results of the series of qualitative interviews, the authors found the following themes: (a) Healthcare Culture, (b) Additive Stress, (c) The Role of Exhaustion and Inefficacy, and (d) Influence of Discrimination/Harassment; additionally, 8 subthemes emerged. A description of each theme was derived (See Table 1), along with the number of participants who identified with that theme, and quotes from the interviews to support each theme.

Healthcare Culture

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The theme "Healthcare Culture" described the ways that the healthcare system at large, even more than the medical residency program, impacted the experiences of people with multiple intersecting identities. This theme depicted medical residents' wellness experiences in their residency programs, how the hospital system protects itself, and how faculty/staff support or the lack thereof. These factors all play a role in burnout prevention for medical residents of multiple intersecting identities.

Wellness

The first subtheme, "Wellness," speaks to medical residents' experiences of the wellness program in their residency programs. Medical residents in this study shared these types of

experiences (n = 10) highlighting some strengths and weaknesses of their wellness experiences in residency. A lesbian woman identified one weakness of the wellness program in her residency, *"We have all these wellness sessions and stuff like this. I don't know how much this actually helps with burnout. I think we do a lot of things to put on paper to advertise, but I don't know how much is actually getting to the core issues that we deal with. Having a pizza party isn't going to help me with my depression, but I think being cognizant of what we go through, hearing us out."* Another resident who identified as a White, pansexual woman highlighted awareness of minority residents' experiences as a strength in her residency program, *"We have a committee designed to help us with wellness in its many forms, including efficiency. This year in particular, our faculty have been, I think, more aware of things that residents who identify as a minority group have experienced. And while they may not understand it perfectly, they're willing to try. And that felt better."* This quotation proposes that effective wellness programs or wellness days can help alleviate burnout for medical residents.

Cover their a**

The second subtheme in relation to the hospital system is hospitals putting more of an emphasis on protecting themselves rather than protecting the well-being of their residents. Residents (n= 3) shared that the wellness programs put in place were more for the hospital's outward appearance rather than for the actual well-being of the residents. An Asian, gay man stated, "*So, I mean, let's be honest, some of these supposedly [00:21:30] burnout prevention things that they do, it's more just to satisfy a requirement and it doesn't really do much. It's just something that ACGME needed for the program to survive. But what the program actually is doing for burnout, like hiring more staff and changing around risk schedule to optimize the efficiency. So we all share the burden as equally as possible.."* This resident clarified that while

the wellness programs are all for the hospital to cover their a**, his program does try to hire more people or change the residents' schedules to alleviate burnout. An important first step to burnout prevention would be hospitals' emphasis on residents' wellbeing instead of creating programs that only exist for the sake of their reputation.

Support from Faculty and Staff

Thirdly, the "Support from Faculty and Staff" theme addressed the positive impact that hospitals, faculty, and staff have on the experiences of medical residents representing multiple intersecting identities. Many residents (n = 9) shared the ways that hospitals, faculty, and staff, help support and reduce the impact of burnout. An Asian and white pansexual man reported, "*My program director himself, and honestly pretty much the whole department, has been incredibly supportive. Even when I was at the worst of my burnout, nobody made an issue over taking the time off that I took off."* Another resident, a Black straight woman responded, "*So, that was really a big part of me wanting to come to this program because I knew that there were people in high leadership positions like me, and that was really great to know that we had support from the top and then the associate program directors and everything too. By having that. So, that was a big part of me wanting to come to this program."* This resident highlights how having a diverse faculty and staff brings a feeling of support to other minoritized residents.

The Influence of Discrimination/Harassment

The theme "Influence of Discrimination/Harassment" described the ways that discrimination and harassment further a person's burnout. This theme depicted how microaggressions affect medical residents of multiple intersecting identities.

Microaggressions

Several residents (n = 6) reported acts of microaggressions during their residencies. A Hispanic straight man explained how microaggressions can contribute to burnout, "*Unfortunately, I feel sometimes you can become more burned out because you're thinking about those things in addition to the stressors of residency that everybody deals with. And so sometimes you can... the burnout out can just hit [00:35:00] harder or just feel like, 'Oh, my God. I have to do with this.' And these other things that are weighing on me emotionally when it comes to dealing with people, non people of color sometimes. Just like I said, there's always that you... dealing with harassment and discrimination. There's a part of you that has to use up some of your emotional reserve that you would normally use to deal with burnout. And so you just... I feel sometimes you become burned out quicker if that makes sense."* This quote relates how a minoritized resident deals with extra stressors on top of harassment or discrimination and how that likely leads to burnout.

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The Role of Exhaustion and Inefficacy

The theme "The Role of Exhaustion and Inefficacy" described the way that minoritized residents experienced burnout in both their personal life and work life. When residents were asked if they had ever experienced burnout, they would share the warning signs that were specific to them that would tell them that they were facing a period of burnout.

Going Through the Motions

This subtheme indirectly came up during the interviews (n = 4) when the residents would relate their personal experiences with burnout and how it affected them. A White pansexual woman explained how her days would feel when she was going through a period of burnout, *"Because there's definitely been periods where I'm just kind of just going through motions, not putting myself into it. Just kind of showing up. Getting through the work. Checking all the boxes*

on the checklist. And going home." This quote echoes what other residents would call burnout (n = 3). Throughout the interviews, residents viewed feeling unattached or pessimistic about cases as a warning sign for a burnout period.

Exhaustion

This second subtheme speaks to residents who experienced exhaustion for any prolonged period of time (n = 7). A Black straight woman explained how exhaustion is a warning sign for burnout, *"Just mental and physical exhaustion. Like not looking forward to going to work, not feeling like you're getting any pleasure or any fulfillment out of what you're doing. Yeah. That's what I feel like burnout looks like."* Although residency is known to be difficult, feelings of exhaustion or not wanting to come into work for any amount of time are signs of burnout.

Inefficacy

The final subtheme relates feeling as though you are not enough, doubting yourself, or feelings of inefficacy (n = 3). A white gay man stated, *"If you misstep or do something maybe not quite perfect, then people look at that as incompetence or, 'Oh, well he or she or they are this, or they're that.' And then you start to doubt yourself. And then burnout, not only from your career but just from all the doubt from people around you and then always feeling like you have to kind of hold up your community with you."* This quote indicates that feelings of doubt or inefficiency can lead to a period of burnout.

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Additive Stress

Residency is full of high stressors, this is a well-known fact. For minoritized residents, there are multiple stressors that can slowly add up over time and lead to a burnout period. Many residents (n = 4) stated that they experienced personal difficulties, familial difficulties, and a feeling of being an impostor during their residency A white gay man stated *"But I think that just*

having to bear that burden of your community and being that person to take the fall, which is probably going to be harder than people who aren't underrepresented, just because you have that other piece and maybe some of it's just your own self-doubt, but then other people over analyzing things and then that can make you just get more exhausted, more exhausted, and that would lead to burnout I think. So, I think that definitely does have something over time."

Having to Work Harder

Many residents with multiple intersecting identities, reported that they felt as if they had to work harder to prove themselves to not only their counterparts but their supervisors as well. A White lesbian woman stated *"I feel like I have more to prove than my other residents. So I will get up earlier, and I'll be rounding on patients two or three hours before everyone else to try to prove that I am just as capable as they are."* Getting up earlier and feeling as though you have to work harder to justify why you deserve to be in that residency program will take its toll on anybody and eventually lead to burnout. Another resident, an Asian straight woman stated *"Well, I feel like maybe I have to fight a little more to be heard. So it gets a little more tiring. Right? And when you care, I talk to some people, and it's like, oh, they're not doing. They're not going out of way and bending over backwards with their patients. But at the beginning, I was trying to get them everything they needed. And then them not listening, it's like, well, what's the point? So I think it's been an extra effort and kind of having to fight more to try to... Maybe it's advocating, maybe standing up for yourself, standing up for your patients. And then that's, I think, it's a lot of energy spent."* This quote shines a light on the fact that minoritized residents with multiple intersecting identities experience unique stressors such as working harder and advocating for themselves and their patients.

Discussion

Previous research had shown that burnout affects medical residents and more specifically residents of minoritized identities (Spataro et al., 2016; Osborn et al., 2019; Heiderscheit et al., 2022; Osseo-Asare et al., 2018). However, these research articles did not account for the impact of burnout on medical residents with multiple intersecting minoritized identities. This was the gap in the literature that the researchers of this study sought to address. The goal of this study was to understand how residents with multiple intersecting identities experienced burnout in their programs. To gain a full picture of these residents' experiences, a phenomenological analysis was conducted. With this study's phenomenological narrative, each resident's story was heard, and the authors were able to learn about these residents' experiences.

The results of the study indicated that larger hospital systems and residency programs for residents with multiple intersecting minority identities significantly impact their experiences. Wellness programs that meet the needs of medical residents and are driven by a sincere interest in the well-being of these residents were emphasized as impacting how medical residents experience burnout. Additionally, having a diverse faculty and hospital leadership, with individuals of multiple intersecting minoritized identities, could have a significant impact on the feeling of support that these medical residents have while in residency. These factors, if considered by larger systems such as hospital systems and residency programs, can positively impact medical residents with multiple intersecting identities.

The results pointed to many implications for the future of healthcare. Medical providers do not receive the support that they need for their mental health to prevent burnout. Residents specifically need support because they are not only medical providers, but students as well. Residency is also difficult because they have to learn about their own beliefs, values, and biases that are not based on evidence-based treatment. Giving these residents more opportunities to

process their own feelings and beliefs is essential for their well-being. There need to be education policies set in place for residents so that they are able to feel more welcome when they first start their programs and be the best provider that they can be for their patients. There also needs to be beneficial wellness programs for these residents as well. There are wellness programs available to residents struggling, but the programs are merely lectures about burnout. Instead, each resident should have scheduled wellness days on a rotational basis. Being able to have one day to catch up on rest, relationships, and errands will help residents not drown under the pressure and stressors of residency. Residents also need to feel appreciated and heard. The theme "Support from Faculty and Staff" showed that when residents feel seen and heard, their mood completely changes. If everybody could feel seen as human beings, regardless of their status, we would see less burnout, better patient care, and an inclusive environment.

Strengths and Limitations

Some strengths of the study include the methodological rigor that Colaizzi's method of descriptive inquiry offers (Wirihana et al., 2018). The intersectionality framework of the study extended the conversation on burnout among medical residents and addressed its impact on medical residents with multiple intersecting minoritized identities. The results from the study also provided some practical steps that healthcare systems and residency programs can take to reduce burnout rates in medical residents.

Although the current study provides important contributions to the written works on medical residents with multiple intersecting identities, there are limitations to this study. This study only had participants who identified as cisgender women, part of the LGBTQ+ community (lesbian, gay, bisexual, transgender, queer, etc), or a racial/ethnic minority and did not consider other intersectional identities such as age, nationality, ability, socioeconomic status, primary

language, location of medical training, etc. Future researchers should explore marginalizing experiences of a greater population of historically marginalized/systemically oppressed residents to further generalize these findings. Furthermore, due to the method of sampling for the study (i.e., snowball sampling; using emails to residents and residency coordinators) greater generalization related to the area of the country, medical specialty, program type, and other regional factors could be beneficial to generalizing these findings to all historically marginalized/systemically oppressed residents.

Conclusion

The findings of this study demonstrate that medical residents with intersecting minoritized identities experience burnout in unique ways compared to those who hold more privileged identities. Participants desired attention to the role of the larger hospital culture, highlighted the need for policies that protect healthcare staff and providers from discrimination and harassment, wellness programs with a direct focus on medical residents' needs, and highlighted the importance of having diverse faculty/hospital leadership as ways of combatting burnout in residency. These factors are to be considered for healthcare systems and residency programs to begin addressing attrition rates and the well-being of medical residents, especially those with multiple intersecting minoritized identities.

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