

Residency training in Greece: job dissatisfaction paves the way to brain drain

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One of the remarks that President Obama made for young people during his visit in Greece was that “*you don’t have to travel overseas, you can put roots right here in your home, in Greece, and succeed*”. Greece is currently facing the worst “brain drain” since the World War II. Most Greeks who have left the country in search of a better future abroad have done so with the intention of staying away for at least five years or not returning to Greece to live at all, according to a recent survey by ICAP (1). The “brain drain” which is currently evident amongst residency trainees in Greece, is closely linked to the country’s severe financial woes (2,3).

Another important phenomenon that appears during the residency is the “burnout” syndrome and many articles have been published more and more making efforts to explain their causes. “Burnout” syndrome was first time described in the 1970s by Herbert Freudenberger, an American psychologist, who wants to summarize the consequences of a really stressful job such as the medical professions as doctors and nurses (4). The individuals that may have this syndrome be characterized by feelings of emotional fatigue, cynicism and poor self-confidence as consequence to overage stress (5). Nowadays Burnout syndrome seems to be common among the majority of trainees, without excluding the medical students (6) and is also associated with medical errors and dissatisfaction of their job.

We read with great interest a recent study by Salpigktidis *et al.* (7) who investigated the levels of burnout among Greek residents, highlighting potential differences between those practicing at home and abroad, as well as to investigate correlations with demographic, individual and labor factors. The authors reported that those being trained in Greece scored higher average levels of

emotional exhaustion and depersonalization but this finding was not related to increase of medical errors (7). On the contrary, a recent study demonstrated that both burnout syndrome and mental quality of life (QoL) are causes of major medical errors (8). It is absolutely comprehensive that a medical error affects by definition the patient but on the other hand, the physician’s emotional stigmatization would be sometimes unforgettable (9). The same study revealed that the existence of a structured mentoring program reduce the syndrome’s prevalence and as a result provide lower burnout percentages on each subscale (8).

The truth is that training in Greece seems to be less attractive that it used to be. This is reflected by the short time of staying at the waiting list to enter a residency (around 1 year after graduation from medical school for Surgical Specialties and around 3 for Internal Medicine that were much higher before financial crisis). Obvious reasons for that are the income reduction and over-taxation, together with limited budgets and research initiatives that discourage young surgeons to work with motivation and dignity (2,6,10).

Moreover, residency training frame in Greece lacks standardization and homogeneity. First, training Hospitals and residency programs are not of equal volume and spectrum and the level of training varies. Also, there are no national principles/guidelines for systematic training as well as Log-book is kept only on volunteer basis in Surgery Residency Programs. Rotation of trainees is not legislated and biomedical research is not encouraged in all Hospitals (usually only in University Hospitals on the basis of PhD thesis). Moreover, there is no Hospital/Department as well as trainee evaluation (quality control). Finally, there are no criteria for selection of trainees at the stage of program

entrance and there is no annual examination and evaluation during the years of residency (such as ABSITE in-service exams).

And the question is; do the current residency programs encourage medical students to stay in Greece to train? Could a medical school graduate be satisfied as a resident in Greece? Current literature has no definite answers. Unpublished data from Greece demonstrate increased thoughts of quitting during residency. The most important reasons for this are the poor work-life balance during residency, the future unemployment and the poor QoL. Also, many residents think that they “have already invested too much to follow their residency field to quit” (10).

All in all, we strongly believe that Greek Residency Trainees are facing an unexampled Job Dissatisfaction during the years of their training. Financial crisis, fears of unemployment and lack of standardized training should be considered as crucial factors for the medical brain drain that Greek scientific society faces.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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