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REVIEW ARTICLE

Harassment and burnout syndrome as barriers to academic development in medical residency programs: a narrative review

Hostigamiento y síndrome de burnout como barreras para el desarrollo académico en programas de residencia médica: una revisión narrativa

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Abstract

Workplace harassment in medical residency programs represents a significant barrier to the academic development of physicians in training and is closely associated with burnout syndrome. The objective of this narrative review was to analyze recent scientific evidence on the relationship between harassment, burnout, and their impact on the academic development of medical residents. A qualitative narrative review of literature published between 2019 and 2024 was conducted using databases such as PubMed, Web of Science, and Google Scholar, employing MeSH terms and Boolean operators. Studies were selected based on thematic relevance and analyzed through manual coding. The reviewed literature indicates a high prevalence of harassment and burnout among medical residents, particularly in surgical specialties and among women, with negative effects on psychological well-being, academic performance, and the quality of medical care. It is concluded that workplace harassment and burnout constitute structural problems in medical training that require institutional interventions focused on prevention, the protection of human rights, and the promotion of healthy educational environments.

Keywords: workplace harassment; burnout syndrome; medical training; occupational stress; professional exhaustion

Resumen

El hostigamiento laboral en los programas de residencia médica representa una barrera relevante para el desarrollo académico de los médicos en formación y se asocia estrechamente con el síndrome de burnout. El objetivo de esta revisión narrativa fue analizar la evidencia científica reciente sobre la relación entre hostigamiento, burnout y su impacto en el desarrollo académico de los médicos residentes. Se realizó una revisión narrativa cualitativa de literatura publicada entre 2019 y 2024 en bases de datos como PubMed, Web of Science y Google Scholar, utilizando términos MeSH y operadores booleanos. Los estudios fueron seleccionados con base en criterios de pertinencia temática y analizados mediante codificación manual. La literatura revisada muestra una alta prevalencia de hostigamiento y burnout en residentes médicos, particularmente en especialidades quirúrgicas y en mujeres, con efectos negativos sobre el bienestar psicológico, el rendimiento académico y la calidad de la atención médica. Se concluye que el hostigamiento laboral y el burnout constituyen problemas estructurales en la formación médica que requieren intervenciones institucionales orientadas a la prevención, la protección de los derechos humanos y la promoción de entornos educativos saludables.

Palabras clave: acoso laboral; síndrome de burnout; formación médica; estrés ocupacional; agotamiento profesional

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INTRODUCTION

Specialist medical training represents a critical stage in physicians' professional development, combining intensive clinical learning, patient care responsibilities, and the consolidation of technical and ethical competencies. During this period, medical residents become actively integrated into healthcare systems, assuming significant clinical duties within a hierarchical supervisory framework while continuing their formal academic training. However, the structural conditions under which residency training takes place are often characterized by high workload demands, extended working hours, sleep deprivation, clinical pressure, and continuous exposure to emotionally challenging situations, all of which may significantly affect residents' physical, psychological, and academic well-being (Torres et al., 2023).

Numerous studies have documented that, in addition to the inherent demands of medical training, residents frequently encounter adverse workplace environments characterized by harassment, workplace bullying, and abuses of power. These behaviors may manifest as humiliation, disparagement, unjustified work overload, verbal aggression, intimidation, and, in some cases, sexual harassment, generally perpetrated by supervisors or peers within highly hierarchical structures. The normalization of such practices and the culture of silence, driven by fear of retaliation or stigmatization, contribute to the perpetuation of these problems within medical residency programs (Pérez García & Pérez García, 2023; Machado et al., 2022).

Workplace harassment has been recognized as a significant psychosocial risk factor in healthcare settings, with consequences that extend beyond individual distress and negatively affect professional performance, educational satisfaction, and the quality of medical care. Within the context of medical residency, these behaviors acquire particular relevance due to the structural vulnerability of residents, who depend both academically and professionally on their evaluators and supervisors. Available evidence indicates that prolonged exposure to hostile environments may undermine self-esteem, academic motivation, and learning capacity, directly interfering with academic development during specialist training.

Closely linked to workplace harassment, burnout syndrome has been extensively documented among medical residents. According to the 11th Revision of the International Classification of Diseases (ICD-11), burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed and is characterized by emotional exhaustion, depersonalization or increased mental distance from work, and reduced professional efficacy. Studies conducted across diverse geographical contexts have reported high prevalence rates of burnout among medical residents, with greater impact observed among women, residents in surgical specialties, and those at specific stages of training, particularly during the first and final years of residency (García-Flores et al., 2022; Cervantes Alvarado et al., 2023).

Recent literature suggests that workplace harassment and burnout are not independent phenomena but rather maintain a close and bidirectional relationship. Workplace harassment acts as a chronic stressor that increases the likelihood of developing burnout, whereas professional exhaustion diminishes residents' psychological resources for coping with adverse environments, thereby perpetuating a cycle of personal and academic deterioration. This association has been consistently linked to negative outcomes in academic performance, clinical learning, satisfaction with training, and the quality of patient care delivered (Marín et al., 2023; Tafoya et al., 2020).

From a broader perspective, these issues must also be examined through the lens of human rights and the right to a safe and dignified medical education. Several authors have emphasized that the persistence of workplace harassment and the lack of effective institutional mechanisms for its prevention and management reflect structural shortcomings in safeguarding the rights of medical residents, contributing to the normalization of abusive practices within medical training systems (Castro et al., 2024; González et al., 2023). These conditions not only affect residents' well-being but also compromise the educational objectives of residency programs and patient safety.

Despite growing interest in the study of workplace harassment and burnout in medical residency, the available evidence remains fragmented and methodologically heterogeneous, limiting a comprehensive understanding of their impact on residents' academic development. In this context, a critical synthesis of recent literature is warranted to identify common patterns, areas of consensus, and knowledge gaps that may inform future institutional interventions and research agendas. The aim of this narrative review was to analyze recent scientific evidence on workplace harassment and burnout syndrome among medical residents, as well as their relationship with academic development and training conditions within medical residency programs.

METHODS, TECHNIQUES AND INSTRUMENTS

A qualitative narrative review was conducted to synthesize and critically analyze recent scientific evidence regarding workplace harassment and burnout syndrome among medical residents, as well as their impact on academic development within residency training programs. This review approach was selected because of its suitability for integrating findings derived from studies with heterogeneous designs, diverse theoretical perspectives, and varying sociocultural contexts, thereby enabling a broad and contextualized understanding of the phenomenon under investigation.

A narrative review was deemed appropriate because the objective of the study was not to estimate quantitative effects or to perform a meta-analysis, but rather to identify patterns, trends, conceptual frameworks, and relationships described in the recent literature, particularly in the fields of medical education and occupational health.

The literature search was conducted in a structured and systematic manner between January 2019 and June 2024 to ensure the inclusion of current and relevant evidence. The following international academic databases were consulted:

- PubMed
- Web of Science
- Google Scholar

These databases were selected because of their extensive coverage of health sciences, medical education, and social sciences, as well as their access to peer-reviewed literature.

Studies were retrieved using both Medical Subject Headings (MeSH) and free-text keywords combined through Boolean operators (AND, OR, NOT). Search terms included, either individually or in combination, workplace harassment, bullying, mobbing, burnout, burnout syndrome, medical residents, medical residency, medical education, occupational stress, and academic performance. Search strategies were adapted to the specific characteristics of each database.

Explicit eligibility criteria were established to ensure the relevance, timeliness, and thematic consistency of the literature included in this narrative review. Eligible studies comprised scientific articles published between 2019 and 2024, available in full text, and written in either English or Spanish, that directly addressed workplace harassment, bullying, burnout syndrome, or the relationship between these phenomena within the context of medical residency training. Original quantitative, qualitative, and mixed-methods studies were considered, as well as narrative reviews and scoping reviews, provided that medical residents constituted the target population or that findings were explicitly applicable to residency programs. Studies examining the implications of these issues for psychological well-being, academic performance, training processes, or working conditions among physicians in training were also included.

Publications not directly related to medical residency training were excluded, including studies focused exclusively on undergraduate medical students, fully trained specialists, or other healthcare professionals not involved in medical specialty training programs. Editorials, letters to the editor, commentaries, opinion papers lacking empirical support, and documents without a clearly described methodology were also excluded. Duplicate publications, studies with redundant information, and articles that, after full-text review, failed to provide relevant evidence regarding workplace harassment, burnout, or their impact on residents' academic training were likewise omitted.

Study selection was conducted in multiple stages. First, titles and abstracts were screened to identify potentially relevant studies. Subsequently, full-text versions of preselected articles were reviewed to verify compliance with the established inclusion criteria. Although this review did not follow a PRISMA protocol due to its narrative and exploratory nature, the selection process was

performed systematically and transparently to minimize bias and ensure consistency in the inclusion of the analyzed studies.

Reference management was performed using Mendeley software, which facilitated the organization of selected articles, removal of duplicates, and access to full-text documents throughout the review process. Relevant information from each study, including authors, year of publication, country, methodological design, study population, and principal findings, was systematically extracted and recorded for subsequent comparative analysis.

The literature was analyzed using a thematic analysis approach based on a manual coding process. In the initial phase, preliminary categories were identified, including workplace harassment, burnout, working conditions, institutional hierarchy, psychological impact, and academic consequences. These categories were subsequently refined and reorganized into broader thematic domains that facilitated the integration of findings across studies. This process enabled the identification of recurring patterns, areas of convergence and divergence, and the development of a critical interpretation of the available evidence. The analysis focused on describing the relationship between workplace harassment and burnout, factors associated with their occurrence, and their implications for academic development and medical training among residents.

D Because this study consisted of a narrative review of previously published literature, it did not involve direct participation of human subjects or the use of personal data and therefore did not require approval from a research ethics committee. Nevertheless, principles of scientific integrity, appropriate citation practices, and acknowledgment of the original work of all authors included in the review were strictly observed.

RESULTS AND DISCUSSION

The literature reviewed consistently indicated that workplace harassment in healthcare settings constitutes a multifactorial and persistent phenomenon whose prevalence has increased steadily in recent years, leading to its recognition as a significant psychosocial occupational hazard. This form of workplace violence encompasses multiple manifestations, including psychological abuse, verbal harassment, humiliation, discrimination, intimidation, and sexual harassment, all of which generate adverse consequences affecting not only the mental and physical health of those exposed but also their academic and professional performance (Ochoa Díaz et al., 2021).

Within the specific context of medical residency, these behaviors acquire greater significance because of the structural conditions that characterize specialist training. The demands inherent to clinical education, combined with prolonged working hours, high patient-care workloads, and rigid hierarchical structures, create an environment conducive to the normalization of mistreatment. Several authors have noted that harassment is not limited to vertical relationships but may involve multiple actors within

the hospital environment, including senior residents, attending physicians, and allied healthcare personnel (Castro & Cuadra, 2023; Pérez García & Pérez García, 2023).

Empirical evidence has demonstrated a high prevalence of these practices in medical residency programs. Machado et al. (2022) reported that approximately half of the residents assessed had experienced psychological abuse during their training. Other studies have documented the coexistence of multiple forms of violence, including gender discrimination, sexual harassment, and systematic humiliation. In a study of surgical residents in Colombia, Domínguez-Torres et al. (2024) identified prevalence rates of 35.3% for workplace harassment and 18.1% for sexual harassment, findings that are consistent with previous reports from various Latin American settings (Navarro Barrios, 2020; Méndez et al., 2023).

Beyond its frequency, the impact of workplace harassment is reflected in the creation of toxic work environments that foster what some authors have described as "psychological terror," characterized by the progressive deterioration of emotional well-being, self-esteem, and coping capacity among residents (García, 2023; Enríquez Estrada et al., 2023). The vulnerability of physicians in training is exacerbated by the academic and professional dependency inherent to residency programs, limiting opportunities for reporting and reinforcing the perpetuation of the phenomenon.

Taken together, the studies analyzed demonstrate that workplace harassment in medical residency is not an isolated occurrence but rather a structural problem that compromises personal dignity, mental health, and the educational development of medical residents.

Burnout syndrome has emerged as one of the most prominent consequences of chronic occupational stress among healthcare professionals, particularly medical residents. From a conceptual perspective, burnout develops when individual coping mechanisms are overwhelmed by persistent stressors, with the workplace environment representing one of the most influential determinants (Lovo, 2020). The 11th Revision of the International Classification of Diseases (ICD-11) defines burnout through three core dimensions: emotional exhaustion, increased mental distance from or negative attitudes toward work, and reduced professional efficacy (García-Flores et al., 2022).

The studies reviewed reported high prevalence rates of burnout among medical residents, although considerable variability was observed according to context, specialty, and year of training. Research conducted in Latin America and other Spanish-speaking countries documented prevalence estimates ranging from 12.9% to more than 40%, and in some populations reaching as high as 90%, particularly when partial dimensions of the syndrome were evaluated (Jácome et al., 2019; Zambrano Toala, 2019; Cervantes Alvarado et al., 2023).

The literature consistently identified greater vulnerability among women, unmarried residents, individuals with family responsibilities, and those in the early or final years of residency training. Factors such as excessive workload, poor work-life balance, financial concerns, and deterioration of the workplace climate have been recognized as key determinants in the development of burnout syndrome (Cervantes Alvarado et al., 2023). Furthermore, a significant association between burnout and depressive symptoms has been documented, with depression prevalence reaching up to 47.5% among medical residents, further underscoring the severity of the problem from a mental health perspective (Huarcaya-Victoria & Calle-Gonzáles, 2021).

The consequences of burnout extend beyond the individual level, affecting job satisfaction, the quality of clinical learning, and patient care outcomes. Hostile work environments lacking adequate institutional support not only increase the risk of professional exhaustion but also compromise the safety and effectiveness of healthcare systems as a whole (Reboiras et al., 2024; Murillo et al., 2022). Moreover, some authors have argued that abusive behaviors by faculty members or supervisors, often justified as a means of improving performance, may intensify emotional exhaustion and erode residents' self-esteem, thereby creating scenarios characterized by abuse of power (Galli et al., 2020).

The evidence analyzed consistently suggested that workplace harassment and burnout syndrome maintain a close and bidirectional relationship within the context of medical residency. Factors such as sleep deprivation, excessive workload, and unsatisfactory economic conditions act as predisposing elements that facilitate both exposure to harassment and the development of professional burnout (Hernández Miranda et al., 2021).

Recent studies have shown that medical residents exposed to workplace harassment are significantly more likely to develop burnout, with prevalence estimates approaching 90% among those reporting experiences of harassment, regardless of other sociodemographic or occupational factors (Marín et al., 2023). Harassment, also referred to as mobbing, contributes to the progressive deterioration of mental health, manifested through symptoms such as extreme fatigue, insomnia, anxiety, and depression, which may ultimately evolve into burnout syndrome when exposure is prolonged (Suco Gómez, 2024).

This relationship underscores the importance of understanding both phenomena as components of a broader structural framework in which power dynamics, organizational culture, and the absence of effective institutional protection mechanisms play central roles.

From a regulatory and human rights perspective, several studies have highlighted substantial deficiencies in safeguarding the rights of medical residents. Castro et al. (2024) identified noncompliance with established resident rights in more than one-third of the individuals evaluated,

despite the existence of specific regulatory frameworks governing medical training. Within the Mexican context, these shortcomings have contributed to the normalization of mistreatment as an inherent component of the educational process (Pérez & Hernández, 2020).

Failure to guarantee the right to dignified education and safe working conditions not only undermines residents' well-being but is also associated with an increased risk of medical errors and the perpetuation of hostile learning environments (González et al., 2023). From this perspective, violence in medical education has been examined through the categories of direct, structural, and cultural violence, providing a framework for understanding how institutions and social norms may legitimize abusive practices (Hernández & Galindo, 2020).

The literature also emphasized the importance of incorporating a gender perspective into the analysis of these issues, given that female residents experience greater exposure to both workplace harassment and professional burnout, particularly within surgical specialties and environments characterized by rigid hierarchical relationships (González López & Lozano Álvarez, 2024; Sánchez-Guzmán & Hamui-Sutton, 2023). Collectively, these findings highlight the urgent need to strengthen institutional mechanisms for prevention, reporting, and protection in order to ensure safe, equitable, and human rights-based training environments for medical residents.

CONCLUSIONS

The scientific evidence analyzed in this narrative review demonstrates that workplace harassment and burnout syndrome are highly prevalent and closely interrelated problems within medical residency programs, with significant repercussions for both the personal well-being of medical residents and their academic and professional development. The studies reviewed consistently indicate that these conditions cannot be explained solely by individual factors, but are deeply rooted in structural characteristics of specialist medical training, including excessive workloads, rigid hierarchical systems, the normalization of mistreatment, and the lack of adequate institutional mechanisms for protection and reporting.

Workplace harassment emerges as a persistent psychosocial stressor that progressively undermines residents' mental health, fostering the development of emotional and physical symptoms that, in the absence of timely interventions, may evolve into burnout syndrome. In turn, professional exhaustion diminishes residents' ability to cope effectively with adverse environments, creating a vicious cycle that negatively affects academic motivation, clinical learning, satisfaction with training, and the quality of care provided to patients. This interconnected pattern highlights the importance of understanding workplace harassment and burnout as systemic phenomena rather than isolated problems or conditions attributable solely to individual resilience.

From both educational and human rights perspectives, the findings reveal significant shortcomings in ensuring the right to a dignified, safe, and violence-free medical education. The persistence of harassment and the absence of effective institutional strategies for its prevention and management contribute to the perpetuation of hostile learning environments that disproportionately affect certain groups, particularly women and residents in surgical specialties. These conditions not only violate the fundamental rights of physicians in training but also compromise the educational objectives of residency programs and the overall safety and effectiveness of healthcare systems.

In this context, it is essential for educational and healthcare institutions to implement comprehensive policies aimed at preventing workplace harassment, promoting the early detection of burnout, and fostering healthy educational environments. Such strategies should include clear and secure reporting mechanisms, psychosocial support programs, training in ethical leadership and respectful workplace relationships, and the systematic integration of human rights and gender perspectives into medical education. Furthermore, future research should be strengthened through longitudinal studies and intervention-based evaluations to advance understanding of these issues and assess the effectiveness of implemented measures.

In conclusion, addressing workplace harassment and burnout syndrome through structural and institutional approaches is essential to ensuring the comprehensive training of medical specialists, safeguarding their well-being, and promoting the delivery of high-quality, safe, and humanized healthcare.

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