Physicians make a career of promoting patient wellness, yet are well known for neglecting their own health. Housestaff’s irregular schedules and demanding work often preclude self-care activities and health maintenance. The majority of residents have missed scheduled doctor’s appointments, missed work while they were sick, and reported impaired performance due to illness. Previously studies have examined barriers that housestaff face to self-care, citing time, stigma, cost, fear of negative academic standing, lack of privacy, and resistance to treatment as reasons medical residents avoid care. Fewer studies have employed a mixed-methods approach investigating barriers to housestaff wellness.

**OBJECTIVES**

1. Identify barriers to housestaff self-care in all domains of health.
2. Identify differences in problematic barriers to receiving mental health care vs. preventive or physical health care among housestaff.
3. Identify training program factors that reduce odds of perceived barriers to health care among housestaff.

**METHODS**

Questions addressing barriers to self-care in the domain of preventive, physical, and mental health were added to the 2014-2015 Graduate Medical Education (GME) housestaff survey at Stanford University and sent to all 1,540 residents and fellows across all specialties.

**RESULTS**

1. Over 300 housestaff responded to the survey.
2. Almost one-third of respondents endorsed at least one barrier to self-care.
3. Fear, PTSD trauma, and residents endorsed mental health as their least PTY barriers.
5. Physicians and residents were more frequently endorsed as barriers to seeking mental health than to preventing or physical health care.
6. Housestaff available time-to-care does not align with available health services.
7. Having a role model for balancing personal and professional life was associated with 76% lower odds (p < 0.001) of perceiving a barrier to self-care.
8. Each incremental increase in respondents' rating of faculty engagement in education was associated with a 33% lower odds (p = 0.003) of having a barrier to self-care.

**CONCLUSIONS**

Barriers to self-care were common among housestaff. Future intervention aimed at improving housestaff access to self-care may be enhanced by bolstering faculty mentorship and facilitating fellow access to clinical services. Of these, improving faculty mentorship may be a readily actionable intervention target for most training programs.

**REFERENCES**