

Effect of Educational Debt on Emergency Medicine Residents: A Qualitative Study Using Individual Interviews



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Study objective: In 2001, less than 20% of emergency medicine residents had more than \$150,000 of educational debt. Our emergency medicine residents anecdotally reported much larger debt loads. Surveys have reported that debt affects career and life choices. Qualitative approaches are well suited to explore how and why such complex phenomena occur. We aim to gain a better understanding of how our emergency medicine residents experience debt.

Methods: We conducted individual semistructured interviews with emergency medicine residents. We collected self-reported data related to educational debt and asked open-ended questions about debt influence on career choices, personal life, future plans, and financial decisions. We undertook a structured thematic analysis using a qualitative approach based in the grounded theory method.

Results: Median educational debt was \$212,000. Six themes emerged from our analysis: (1) debt influenced career and life decisions by altering priorities; (2) residents experienced debt as a persistent source of background stress and felt powerless to change it; (3) residents made use of various techniques to negotiate debt in order to focus on day-to-day work; (4) personal debt philosophy, based on individual values and obtained from family, shaped how debt affected each individual; (5) debt had a normative effect and was acculturated in residency; and (6) residents reported a wide range of financial knowledge, but recognized its importance to career success.

Conclusion: Our emergency medicine residents' debt experience is complex and involves multiple dimensions. Given our current understanding, simple solutions are unlikely to be effective in adequately addressing this issue. [Ann Emerg Med. 2016;68:409-418.]

Please see page 410 for the Editor's Capsule Summary of this article.

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INTRODUCTION

Background and Importance

The financial cost of becoming a physician has increased during the history of organized medical training in the United States, most notably since the middle of the previous century.¹ Consequently, educational debt of medical school graduates is increasing.²⁻⁴ Debt may limit medical school graduates' ability or desire to pursue the career of their choosing, changing the pool of physicians who pursue lower-paying specialties or are willing to extend their training by pursuing specialized training.⁵ Among residents,

increasing debt levels may create new needs that program leadership believe must be addressed.

Emergency medicine is a young and growing specialty with increasing subspecialty options⁶ and is near the middle of the compensation spectrum for physicians.⁷ In 2001, less than 20% of emergency medicine residents had more than \$150,000 in debt.⁸ Emergency medicine residents in our training program anecdotally reported much larger debt loads. In addition, we observed that our residents displayed a wide range of emotions attached to their debt loads, indicating a multifaceted problem with a diversity of personal perspectives and experience. Survey-based studies in other fields have reported that debt affects career and life choices, and that trainees feel ill prepared to manage large

Editor's Capsule Summary

What is already known on this topic

Accrued educational debt can affect decisions about training, subspecialization, and job choice, as well as satisfaction with career and life.

What question this study addressed

This qualitative study, conducted at a single emergency medicine residency, used semistructured interviews to understand residents' debt situation and their beliefs about how this debt affects their lives and careers.

What this study adds to our knowledge

Forty-eight interviews were conducted with 98% of residents. They reported high levels of debt (median \$212,000) that affected their willingness to undergo fellowship training and work in global health.

How this is relevant to clinical practice

Although the nature of this residency program may make the findings more extreme than at other emergency medicine residencies, they nevertheless highlight how debt may compromise trainees' career choices.

debt loads.^{3,4,9,10} How and why this occurs is less well understood.

Goals of This Investigation

To understand downstream consequences of increasing medical education debt, one must understand the debtors' perspective. Qualitative approaches to research are especially well suited for such purposes and may contribute to a better understanding of this complex problem.¹¹ We designed a qualitative study to explore the current state of our emergency medicine residents' debt. We hoped to gain a better understanding of how our residents experience and live with debt.

MATERIALS AND METHODS

Study Design

We used a qualitative approach planned in accordance with the constant comparative method.¹² We conducted individual semistructured interviews with emergency medicine residents at our institution. We collected quantitative self-reported data about resident debt levels, education history, debt management, and future plans to provide context for our sample in comparison with national data. The study was approved by our institutional review board.

Study Setting and Selection of Participants

Our institution is a tertiary care referral center in southern California, with an annual emergency department volume of approximately 68,000. We have a 3-year emergency medicine residency program that is accredited by the Accreditation Council for Graduate Medical Education. Our classes consist of 13 residents each, with the exception of the class of 2016, which consists of 10 residents. Three of the authors (T.P.Y., T.L.T., and L.B.) are core faculty in the department of emergency medicine, are emergency physicians themselves, and are involved with resident training and evaluation. Starting in May 2014 with our classes of 2014 to 2016, we offered interviews to residents in our program. Resident participation was voluntary and we offered a \$50 gift card.

Methods of Measurement

We recruited residents through an institutional review board–approved letter, with intermittent reminders by e-mail and conference announcements. We took several recommended measures to increase the authenticity of collected data.¹³ Nonclinician research team members who were not directly involved in resident evaluation (T.H.P., research coordinator; M.M.B., research assistant; and E.T.R., research director) made announcements and conducted all interviews to minimize the perception of coercion. Transcripts were deidentified for analysis, preserving anonymity.

We scheduled residents for 1-hour blocks with 2 interviewers. The interview was audio-recorded and verbal consent was obtained. We collected demographic data and recorded a self-reported history of the interviewees' education and current debt level. To maintain privacy, we did not require documentation of reported numbers, but told residents in advance that they would be asked about them to increase accuracy. We asked questions about financial help during education and participation in debt repayment programs. We asked about future career plans and estimates of debt payoff. The bulk of the interview consisted of open-ended questions about debt influence on the residents' career choices, personal life, future plans, and financial decisions. We asked additional open-ended questions about family influence on these factors. Both interviewers asked follow-up questions at their discretion.

Finally, we recorded residents' responses to questions related to debt and emotional responses to debt. We used a 100-mm visual analog scale for these responses, anchored with "not at all" on one end and "most imaginable" on the other. The visual analog scale is a continuous scale used to rate subjective parameters that cannot be measured

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