

An Evaluation of a Multicomponent Mental Competency and Stress Management Training for Entrants in Surgery Medicine

Stefanie Mache, MSc, MHA, PhD,^{*,†} Gerhard Danzer, MD, PhD,[‡] Burghard Klapp, MD, PhD,[‡] and David A. Groneberg, MD, PhD[†]

^{*}Institute for Occupational and Maritime Medicine (ZfAM), University Medical Center Hamburg-Eppendorf, Hamburg, Germany; [†]Institute of Occupational, Social and Environmental Medicine, Goethe University, Frankfurt am Main, Germany; and [‡]Department of Medicine/Psychosomatics, Charité—Universitätsmedizin Berlin, Free University and Humboldt University, Berlin, Germany

OBJECTIVE: Stress occurs in surgeons with a significantly higher prevalence than in the general population. At the same time, learning of coping techniques and improving personal skills how to handle the daily workload are not integral parts of the medical education or during adjustment to the job as a surgeon. In this pilot study, we developed a training course to teach different stress management and coping techniques and analyzed individual conditions of the surgeons before and after the course.

METHODS: In total, 68 junior surgeons in their first year at work participated in the training and were randomized in an intervention ($n = 35$) or a control group ($n = 33$). At the beginning and the end of the training, the intervention and the comparison group answered a standardized, validated questionnaire on job satisfaction, perceived stress, and personal skills (such as self-efficacy).

RESULTS: The surgeons showed a significant decline in perceived stress. Furthermore, they showed an improvement in self-reported resilience and self-efficacy. Job satisfaction increased at the same time. The comparison cohort of surgeons showed comparable scores for the specified outcome variables at the beginning but showed no progressive changes during time.

CONCLUSIONS: The study findings indicate that the training for junior surgeons in their first year at work is suitable to implement as a group training program. Moreover, the training provides statistically significant improvement in perceptions of distress and strengthens individual protective factors and job satisfaction. (J Surg Ed 72:1102-

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KEY WORDS: job satisfaction, job strain, mental health, resilience, stress management

COMPETENCIES: Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement

INTRODUCTION

Surgeons have a high prevalence of mental health disorders.¹ They have an increased risk of addiction, depression, and suicide.^{2,3} In addition, burnout symptoms among surgeons are a pervasive health care problem characterized by a loss of emotional and physical energy, decreased job performance, and depersonalization. Burnout is a common health problem among surgeons in Germany.⁴

Several reports indicate that the period during postgraduate internship is especially associated with increasing symptoms of anxiety, depression, and high levels of perceived stress.⁵ Studies discussed possible reasons; for example, excessive sleepiness owing to long working hours, high levels of quantitative job demands, poor supervisory support, low job autonomy, and marginal (performance) feedback.⁶

Despite a rich literature on physicians' work-related distress, very limited data are available on effective initiatives to decrease stress in their first year of work and to support inexperienced physicians during their "first steps" in clinical practice. A potential approach is to learn adequate skills and coping strategies on how to handle different work situations and to enhance individual skills such as resilience and self-efficacy.

Correspondence: Inquiries to Stefanie Mache, PhD, MHA, MSc, Institute for Occupational and Maritime Medicine (ZfAM), University Medical Center Hamburg-Eppendorf, Seewartenstrasse 10, 20459 Hamburg, Germany; E-mail: s.mache@uke.de, stefanie.mache@bgv.hamburg.de

Coping strategies refer to the specific efforts, both behavioral and psychological, that people use to master, tolerate, reduce, or minimize stressful events.⁷

The concept of resilience refers to the ability of an individual to withstand adversity and is often seen as a form of self-recovery with positive emotional and cognitive outcomes, which in turn has an important role in realizing greater adaptability, performance, and life satisfaction.^{8,9} Previous studies demonstrated that resilience factors help the individual to practice existing abilities for achieving personal development, resistance, and success in life despite demanding and challenging life events.¹⁰ Researchers suggest that individual skills training may improve measures of job stress, work ability, and mental health in various workplace settings.¹¹⁻¹³ A review of stress management interventions showed that increasing employees' personal skills such as learning coping techniques leads to reduced job stress and increased job satisfaction.¹⁴ Cognitive-behavioral and solution-focused training and counseling have also been shown to be effective in reducing work-related distress.^{15,16}

Although there is limited literature on the efficacy of using cognitive-behavioral training with young employees, the effectiveness of these treatment methods has been valued in several workplace settings. As exemplified, psychosocial skill training was effective in increasing work performance¹⁷; preventing depressive symptoms¹⁸; and improving levels of anxiety, anger, and depressive symptoms.¹⁹

The relatively new approach of solution-focused practice has been applied and developed for the last 20 years.²⁰ A recent review of controlled research studies, covering various treatment settings with different outcome measures, show support for the efficacy of solution-focused brief counseling in work settings.^{20,21}

Aim of This Study

With regard to previous study findings, one reason for the high number of existing stress syndromes and mental illnesses is insufficient learning of strategies for dealing with the day-to-day stress inherent in the medical profession. As illustrated in literature individuals with active coping strategies basically deal with these difficulties more successfully. The aim of this study was to implement and evaluate a stress management program involving skill training and cognitive behavioral as well as solution-focused counseling for junior surgeons in their first year at work.

METHODS

Study Design and Participants

This study was designed as a controlled trial. Surgeons in their first year of work were recruited from 4 clinic departments specializing in Surgical Medicine. They were

invited via e-mail, flyers, and direct communication to participate in the skill training and counseling program. Inclusion criteria were¹ employment as a surgeon in a hospital department² working full time,³ working experience of less than a year,⁴ being able and willing to participate,⁵ and agreement to complete a survey at least 2 times.

In total, 68 junior surgeons gave their consent to participate and were included between March and August 2014. Surgeons were randomized into 2 groups (intervention and comparison group). Names of the surgeons were listed in alphabetical order. Random numbers had been assigned to each name. After this, the numbers had been allocated from random number tables to the intervention or control group. Of the 36 participants in the intervention group, 1 surgeon was excluded owing to health reasons (sickness absence). In summation, 35 physicians participated in the intervention group and 33 participated in the comparison group.

Intervention

The intervention group was offered psychosocial skill training combined with cognitive-behavioral and solution-focused counseling. We included 3 groups (group size had maximum of 10 participants). Two qualified psychologists performed the training. Both were familiar with cognitive behavioral as well as solution-focused work in group settings. A session per week was performed; each session lasted 2 hours.

Main topics of the sessions focused on surgeons' actual work situation, but any kind of (work) topic was suitable. The intervention was designed on principles of cognitive-behavioral training and solution-focused group work.¹⁸⁻²⁰ The course consisted of 12 weekly sessions of 2 hours where the main focus was on coping strategies, support between the junior surgeons, and solutions and goals for the future.

The sessions always involved theoretical input, watching videos, oral discussions, experiential exercises, and home assignments. They also included how to speak up to supervisors and senior physicians, questioning their professional actions, seeking guidance about one's own clinical performance, and reporting one's mistakes.

In each session, a topic was introduced and discussed: (1) introduction: "day-to-day working life of a surgeon"; (2) first year as a surgeon; (3) and (4) psychosocial skills for surgeons, parts I and II (resilience, self-esteem, and self-awareness); (5) conflict handling; (6) goal setting and cognitive-behavioral training; (7) relaxation techniques (progressive muscle relaxation and autogenic training); (8) organizational culture/dealing with mistakes; (9) communication; (10) dealing with difficult decisions and social support; (11) self-care and coping with work-related stress; and (12) session evaluation. The comparison group (waiting group) received no training but answered the questionnaire

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