
Maintaining the Fire but Avoiding Burnout: Implementation and Evaluation of a Resident Well-Being Program



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- BACKGROUND:** There have been few programs designed to improve surgical resident well-being, and such efforts often lack formal evaluation.
- STUDY DESIGN:** General surgery residents participated in the Energy Leadership Well-Being and Resiliency Program. They were assessed at baseline and 1 year after implementation using the Energy Leadership Index (measures emotional intelligence), Maslach Burnout Inventory General Survey, Perceived Stress Scale, the Beck Depression Inventory, and the annual required ACGME resident survey. Scores before and after implementation were compared using paired *t*-tests for continuous variables and chi-square tests for categorical variables.
- RESULTS:** Forty-nine general surgery residents participate in the program. One year after implementation, resident score on the Energy Leadership Index improved (from 3.16 ± 0.24 to 3.24 ± 0.32 ; $p = 0.03$). Resident perceived stress decreased from baseline (Perceived Stress Scale score, from 17.0 ± 7.2 to 15.7 ± 6.2 ; $p = 0.05$). Scores on the emotional exhaustion scale of the Maslach Burnout Inventory decreased (from 16.8 ± 8.4 to 14.4 ± 8.5 ; $p = 0.04$). Resident-reported satisfaction improved in many areas; satisfaction with leadership skills, work relationships, communication skills, productivity, time management, personal freedom, and work-life balance, increased during the 1-year intervention ($p = \text{NS}$). On the annual ACGME resident survey, residents' evaluation of the program as positive or very positive increased from 80% to 96%.
- CONCLUSIONS:** This study demonstrates that formal implementation of a program to improve resident well-being positively impacted residents' perceived stress, emotional exhaustion, emotional intelligence, life satisfaction, and their perception of the residency program. Formal evaluation and reporting of such efforts allow for reproducibility and scalability, with the potential for widespread impact on resident well-being. (J Am Coll Surg 2018;226:369–379. © 2017 by the American College of Surgeons. Published by Elsevier Inc. All rights reserved.)
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Physician well-being extends beyond the absence of burnout and takes into account all aspects of well-being, including a physician's physical health, their psychological health, and their social support system.¹ Physician well-being is a key component to the success of our departments,

institutions, and healthcare system, and is essential for providing high-quality patient care. In fact, it has been suggested that healthcare systems should measure physician well-being as an indicator of healthcare quality.²

The prevalence of burnout in surgeons mirror, and often exceed, the prevalence in other subspecialties and represents a threat to the surgical workforce.³ Multiple studies have evaluated rates of burnout among surgeons, which range from 28% to 75%.^{4–10} In the 2017 Medscape Physician Lifestyle report, 49% of general surgeons reported burnout.¹¹ Even more concerning, nearly one-third of first-year residents experience burnout before starting their internships.¹² In a 2015 survey of surgical residents, 69% of surgical residents met criteria for burnout on at least 1 subscale of the Maslach Burnout

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Abbreviations and Acronyms

ARL	=	average resonating level
BDI	=	Beck Depression Inventory
ELI	=	Energy Leadership Index
MBI	=	Maslach Burnout Inventory
PSS	=	Perceived Stress Scale
PWBI	=	Physician Well-Being Index

Inventory (MBI) and 44% considered leaving residency.¹³ Burnout has significant consequences on the individual physician, his or her family, friends, and colleagues, the healthcare system, and the patients he or she treats. These include compassion fatigue, increased medical errors, medicolegal risk, divorce, disruptive behavior, home or workplace violence, career dissatisfaction, resident attrition, job turnover, depression, and suicide.

In 2015, the ACGME launched a campaign to foster physician well-being.¹⁴ The ACGME recognizes that programs and sponsoring institutions have a responsibility for addressing resident and faculty well-being, similar to their commitment to ensure other aspects of clinical competence. In 2017, specific requirements were introduced for the promotion of both resident and faculty well-being.¹⁵ These requirements emphasize the need to develop and implement programs to prioritize resident well-being; such programs should create an environment that encourages self-care; help residents find meaning in work; enhance communication and professional relationships; evaluate and promote safety in the working and learning environment; and provide education and resources to identify and treat burnout, depression, substance abuse, and other challenges that arise.¹⁵

There have been few programs designed to improve surgical resident well-being and such efforts often lack formal evaluation. Our goal was to implement a resident well-being and resiliency program and to measure the program's impact on surgical resident perceived stress, burnout, depression, emotional intelligence, life satisfaction, and perception of the training program.

METHODS

At the University of Arizona, we implemented a well-being and resiliency program for general surgery residents (the Energy Leadership Well-Being and Resiliency Program) in July of 2016. All categorical and preliminary residents enrolled in our ACGME-accredited general surgery residency program participated in the program as part of their formal education. To measure the effectiveness of the program, we used validated instruments to evaluate the impact of the program on resident burnout, perceived

stress, self-awareness, well-being, and depression during the first year of the program. All residents were eligible to participate in the IRB-approved program evaluation study. Participation in the evaluation study was voluntary and written informed consent was obtained to allow assessment data to be used for research purposes.

All residents were assessed at baseline and 1 year after the implementation of the program using the Energy Leadership Index (ELI), MBI General Survey, Perceived Stress Scale (PSS), Beck Depression Inventory (BDI), and Physician Well-Being Index (PWBI). We also used data from the annual required ACGME resident survey, which is administered each spring.

ENERGY LEADERSHIP WELL-BEING AND RESILIENCY PROGRAM

The Energy Leadership Well-Being and Resiliency Program is a multifaceted, comprehensive program designed to address the mental, physical, and social aspects of physician well-being. The program curriculum was developed by a certified professional coach in conjunction with the residents and residency program director. Throughout the course of the year, the program addresses mental, physical, and social well-being through monthly experiential and interactive sessions delivered during the residents' protected educational time. Session topics include Energy Leadership, team building, communication, work-life integration, goal setting, empathy, strategic diet and exercise, posture for the surgeon/ergonomics, stress-reduction techniques, and mindfulness/meditation.

The program is based on an executive coaching model called Energy Leadership, which creates a common language and framework for the group to understand and discuss the concepts of self-awareness, mindfulness, and emotional intelligence.¹⁶ The Energy Leadership model provides tools for developing self-awareness and emotional intelligence and teaches participants to effectively respond, rather than react, to the stress inherent in a resident's life and environment. Emotional intelligence is essential to resiliency and is an integral part of many ACGME core competencies, including professionalism, communication and interpersonal skills, patient care, and systems-based practice.

The program encourages healthy behavior through monthly and annual challenges designed to improve health and increase activity. Examples include incentives for annual physical, eye, and dental exams, competitions for the most steps, challenges to eat 5 daily fruits/vegetables, and daily meditation. Group activities outside of work across a range of activities that cater to all residents, are supported by the program.

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