

Work-Related Quality of Life of US General Surgery Residents: Is It Really so Bad?

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PURPOSE: The quality of working life of US surgical residents has not been studied, and given the complexity of interaction between work and personal life there is a need to assess this interaction. We utilized a validated Work Related Quality of Life (WRQoL) questionnaire to evaluate the perceived work-related quality of life of general surgery residents, using a large, nationally representative sample in the United States.

METHODS: Between January 2016 and March 2016, all US general surgery residents enrolled in an ACGME general surgery training program were invited to participate. The WRQoL scale measures perceived quality of life covering six domains: General Well-Being (GWB), Home-Work Interface (HWI), Job and Career Satisfaction (JCS), Control at Work (CAW), Working Conditions (WCS) and Stress at Work (SAW).

RESULTS: After excluding for missing data, the final analysis included 738 residents. The average age was 30 (± 3) years, of whom 287 (38.9%) were female, 272 (36.9%) were from a community hospital, and 477 (64.6%) were juniors (post-graduate year ≤ 3). Demographically, the respondents matched expected percentages. When male and female residents were compared, males had statistically better HWI ($p < 0.001$), better GWB ($p = 0.03$), more CAW ($p = 0.0003$) and WCS ($p = 0.001$). Junior residents had a lower JCS ($p = 0.002$) and CAW ($p = 0.04$) compared to seniors. There were no differences between university and community residents in any of the domains of WRQoL. Although residents were more stressed than other professions but the overall WRQoL was comparable.

CONCLUSIONS: The nature of surgical residency and a surgical career may in fact be more “stressful” than other

professions, yet may not translate into a worsened Quality of Life. Our findings suggest further study is needed to elucidate why female residents have or experience a lower perceived WRQoL than their male colleagues. (J Surg Ed 1:111-111. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: work-related quality of life, residents, surgery, stress, well-being

COMPETENCIES: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Interpersonal Skills and Communication

INTRODUCTION

General surgery residents are perceived to have an underlying level of stress owing to long working hours and heavy workload that brings significant challenges to balance both personal and professional life. Although the quality of life, burnout, and career satisfaction among surgeons have been well studied, the quality of working life of US surgeons in training remains relatively unexplored and unexplained. Quality of working life is perceived to be associated with job motivation, job satisfaction, work involvement, life satisfaction, happiness, and self-rated anxiety.¹ The term Quality of Work Life originated from an international labor relations conference in 1972 at Arden House, Columbia University, New York.² There is no consensus upon definition of Quality of Work Life; it has been used as construct which relates to the well-being of the employees.

Factors affecting the quality of working life of general surgery residents have important implications for their educational process, as well as patient care. The work-related quality of life (WRQoL) questionnaire has been validated as a reliable assessment tool to measure perceived quality of life. Its use offers the opportunity to identify the

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strengths and weaknesses of the environments in which residents work, and with this information, potentially plan targeted interventions to improve the quality of working lives of general surgery residents.

The purpose of the study was to use this tool (WRQoL) to evaluate the perceived work-related quality of life of general surgery residents, using a large, nationally representative sample in the United States. We also want to compare the WRQoL of surgical residents in comparison to other professions that have been studied with this tool.

METHODS

Between January 2016 and March 2016, all US general surgery residents enrolled in an Accreditation Council for Graduate Medical Education (ACGME) accredited general surgery training program were invited to participate in the study. Before sending the survey, approval was obtained from the Association of Program Directors in Surgery. An e-mail request was sent to all program directors or program coordinators to distribute the survey to their residents. The e-mail contained a cover letter that stated the purpose of the study along with a hyperlink to the survey. Participation in the study was voluntary, and all responses remained anonymous. Reminder e-mails were sent to encourage participation with no incentives. The study was approved by TriHealth Institutional Review Board, Cincinnati, Ohio.

The WRQoL scale was used to measure perceived quality of working life. The WRQoL is a validated 23-item psychometric questionnaire and is the most widely used instrument to assess employees' capabilities at work, monitor employees' workforce experience, and assess employees' adaptabilities with regard to changes within the system/organization (Table 1).^{3,4} It contains questions covering 6 domains:

- Home-work interface (HWI)—3 items
- General well-being (GWB)—6 items
- Job and career satisfaction (JCS)—6 items
- Control at work (CAW)—3 items
- Working conditions (WCS)—3 items
- Stress at work (SAW)—2 items

Although the WRQoL scale contains 23 items, it is presented with 24 items. The 24th item serves as an indicator for validity and reliability of the scale and factors. Each item was scored on a 5-level Likert-scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree). The scores for the 3 negatively phrased items (questions 7, 9, and 19) were reversed. Each factor score was determined by finding the average of the items contributing to that factor, except for the 24th item, which was treated as a stand-alone item. Higher scores indicated greater perceived quality of life (Table 2).

TABLE 1. The 23-Item WRQoL Scale

Question Number	WRQoL Factor	WRQoL Question Text
1	JCS	I have a clear set of goals and aims to enable me to do my job.
2	CAW	I feel able to voice opinions and influence changes in my area of work.
3	JCS	I have the opportunity to use my abilities at work.
4	GWB	I feel well at the moment.
5	HWI	My employer provides adequate facilities and flexibility for me to fit work in around my family life.
6	HWI	My current working hours/patterns suit my personal circumstances.
7	SAW	I often feel under pressure at work.*
8	JCS	When I have done a good job it is acknowledged by my line manager.
9	GWB	Recently, I have been feeling unhappy and depressed.*
10	GWB	I am satisfied with my life.
11	JCS	I am encouraged to develop new skills.
12	CAW	I am involved in decisions that affect me in my own area of work.
13	WCS	My employer provides me with what I need to do my job effectively.
14	HWI	My line manager actively promotes flexible working hours/patterns.
15	GWB	In most ways, my life is close to ideal.
16	WCS	I work in a safe environment.
17	GWB	Generally, things work out well for me.
18	JCS	I am satisfied with the career opportunities available for me here.
19	SAW	I often feel excessive levels of stress at work.*
20	JCS	I am satisfied with the training I receive in order to perform my present job.
21	GWB	Recently, I have been feeling reasonably happy all things considered.
22	WCS	The working conditions are satisfactory.
23	CAW	I am involved in decisions that affect members of the public in my own area of work.

Reverse scored (*).

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