
Personal and Professional Well-Being of Surgical Residents in New England

Peter S Yoo, MD, FACS, John J Tackett, MD, MHS, Mark W Maxfield, MD, MHS, Rosemarie Fisher, MD, Stephen J Huot, MD, PhD, Walter E Longo, MD, MBA, FACS

- BACKGROUND:** Although there is increasing literature about burnout and attrition among surgeons, little is known about personal and professional well-being of surgical trainees.
- STUDY DESIGN:** General surgery residents from the 6 New England states participated in a cross-sectional, qualitative, self-reported survey to assess the domains of personal health maintenance, personal finance, work environment, and fatigue management as they relate to surgical training.
- RESULTS:** All surgical residency programs in the New England region were invited to participate. Of these 19 programs, 10 elected to participate in the study. Three hundred and sixty-three total trainees were contacted with requests to participate, and 166 completed responses to the survey, resulting in a response rate of 44.9%. Ninety percent of respondents identified their programs as “university or academic.” Substantial cohorts reported that during training they lacked basic healthcare maintenance visits (54%) and had undesired weight gain (44%). Although most found their stipends adequate, three-quarters worried about their finances (75%) and reported substantial educational debt (45%). Most residents enjoyed coming to work; however, the vast majority reported that work-related stress is moderate to extreme (92%). Most also reported that work-related stress negatively affects their overall well-being (72%). The mean Epworth Sleepiness Scale score among respondents was 14, consistent with moderate excessive daytime sleepiness.
- CONCLUSIONS:** Surgical trainee well-being is critical to optimal patient care, career development, and burnout reduction. Surgical residents attend to their own preventive health maintenance, finances, sleep, and stress reduction with variable success. Residency programs should make modest programmatic accommodations to allow trainees to tend to various aspects of their personal well-being. (J Am Coll Surg 2017;224:1015–1019. © 2017 Published by Elsevier Inc. on behalf of the American College of Surgeons.)
-

In recent years, a rapid succession of tragic suicides among physicians in training brought the well-being of our profession’s trainees into sharp public focus. In 2015, the ACGME convened a conference on physician well-being to examine this nationwide concern, and established the basic observations that, as medical professionals, we must encourage our trainees to build resiliency; recognize

stress, burnout, and depression; and create interventions to promote well-being.¹

Congruently, there has been a growing literature devoted to trainee wellness and its inverse, burnout. Recent publications from the specialties of family medicine, internal medicine, and pediatrics have examined the definition of physician wellness and endorsed the creation of strategies and interventions to improve the well-being of residents during training.²⁻⁷ However, this literature has not focused adequately on the unusual circumstances and needs of surgical trainees. The physical demands, the extremes of exertion, and the intensity and compression of training due to duty hour restrictions lead to heightened stress and potential for difficulty with maintaining general well-being.

In addition, there is increasing evidence pointing to significant concerns about poor health, burnout, family conflicts, and substance abuse among fully trained American

Disclosure Information: Nothing to disclose.

Drs Yoo and Tackett contributed equally to this manuscript.

Presented at the 97th Annual Meeting of the New England Surgical Society, Boston, MA, September 2016.

Received October 12, 2016; Revised December 1, 2016; Accepted December 1, 2016.

From the Departments of Surgery (Yoo, Tackett, Maxfield, Longo) and Medicine (Fisher, Huot), Yale School of Medicine, New Haven, CT.

Correspondence address: Peter S Yoo, MD, FACS, Section of Transplantation and Immunology, Department of Surgery, Yale School of Medicine, PO Box 208062, New Haven, CT 06520-8062. email: peter.yoo@yale.edu

surgeons in practice.⁸⁻¹² These observations beg the question of whether the habits that lead to these negative career outcomes might also be observed during training. That is, do our trainees have a malignant neglect for their own well-being? Do they have the habits of a healthy and long career in surgery? We present here the first multi-institutional, regional study to examine the personal and professional well-being of surgical trainees.

METHODS

A 43-question survey was distributed electronically to general surgery residents in the 6 states of New England (CT, MA, ME, NH, RI, and VT). The survey was developed through a comprehensive multistage method previously described for the construction of qualitative surveys.¹³ The first step involved in-depth qualitative interviews with surgical residents to identify key themes and issues. From this work, 4 distinct domains of well-being were identified for focus: health maintenance, personal finances, work environment, and fatigue management. Questions were drafted to address these key issues, and were reviewed by colleagues with expertise in both the subject material and the techniques of qualitative research. A pilot survey was tested with a cohort of general surgery residents before general distribution. The study and the survey tool were approved by the Yale University Human Investigations Committee.

Program directors at the 19 New England general surgery training programs were contacted and asked to distribute an email to their trainees with a link to the study survey. Reminders to participate were sent at 5, 10, and 15 days after the initial request to participate. The study remained open for a total of 21 days.

Health maintenance, personal finances, work environment, and fatigue management were assessed. Fatigue was specifically assessed using the Epworth Sleepiness Scale.¹⁴

Data were collected and analyzed using Qualtrics (Qualtrics, Inc).

RESULTS

Respondents

Of the 19 general surgery residency programs in the New England region, 10 programs chose to participate, including at least 1 program from each of the 6 states of New England. Of the 10 participating programs, 8 were affiliated with a university, 2 were private or unaffiliated. There were a total of 363 trainees contacted by the study, with a total of 318 in university-based programs and 45 in private or unaffiliated programs. There were 166 total complete unique responses, which constituted

an overall response rate of 44.9% (university programs response rate was 50.3%, unaffiliated response rate was 33%).

Personal health

The personal health domain was subdivided into the categories of medical, dental, visual, and exercise/weight. A majority of respondents do not have a relationship with a primary care provider (56.0%), and a similar proportion are not up to date with routine age-appropriate health maintenance, such as general physical examination, laboratory work, or gynecologic examination. In addition, only 57.2% of respondents endorse having a relationship with a dentist or dental hygienist, and 59.0% of respondents have not had a dental checkup in the past 6 months. More than one-third of respondents (37.4%) have not seen a dentist or hygienist in more than 2 years. Also, 29.4% of respondents who wear glasses or contacts reported that their optical prescriptions are not up to date. Finally, although the vast majority (78.9%) were happy with their weight before starting residency, nearly half (44.0%) report that during residency they have had an undesirable increase in body weight. Only 30.1% of respondents believe that they exercise adequately (Table 1).

Personal finances

The personal finance domain was divided into daily finances, financial planning, and debt management (Table 2). A great majority of the respondents worry about their daily finances (75.3%), although a large proportion believed that their stipends were adequate to cover living expenses (66.8%), and most believed their personal finances were in order (74.7%). With regard to financial planning, only 28.9% report having a long-term financial plan in place, 57.2% have privately held life insurance, 40.9% have privately held disability insurance, and

Table 1. Personal Health Maintenance of Survey Responders (N = 166)

Characteristic	n	%
Have a primary care provider	93	56.0
Age-appropriate health maintenance up to date	89	53.6
Have a dentist/hygienist	95	57.2
Dental care up to date	68	41.0
Wear glasses or contacts	102	61.4
Vision prescription up to date	72	70.6
Appropriate weight before residency	131	78.9
Stable weight gain during residency	62	37.3
Undesired weight gain during residency	73	44.0
Adequate exercise	50	30.1

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات