

EVALUATING THE RESIDENT TRAINING ENVIRONMENT THROUGH THE LENS OF BURNOUT

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Background: Despite interventions burnout continues to increase among trainees. In a recent study of pediatric residents, the burnout rate was found to be > 50%. Though burnout is a major issue, there is limited data on effective interventions. Recent literature has shifted to focus more on system issues affecting burnout in comparison to issues intrinsic to the individual. An organizational context for burnout titled Areas of Worklife, identified 6 areas that can affect burnout in the workplace: control, values, reward, fairness, workload, and community. This study aimed to gain a deeper understanding of resident perspectives related to the six Areas of Worklife and their significance in the context of residency in order to better inform the development of burnout interventions.

Materials/Methods: Qualitative methodology with semi-structured interviews were used with a convenience sample of 15 residents and focused on resident's perception of the Worklife areas. Interviews were recorded, transcribed verbatim, and coded. Analysis to create themes occurred concurrently with data collection and was done by the principal investigator and two co-investigators using a constant comparison method.

Results: Themes identified for the Worklife areas: Control: (1) Ability to exercise decision making capacity over schedule and (2) Autonomy in clinical decision making Values: Patient related education Reward: (1) Intrinsic reward identified as helping sick children (2) Extrinsic reward manifesting as verbal praise and acts of service for the residents by faculty and/or the residency program Fairness: Scheduling equity and transparency Workload: Compounded by "non-educational" tasks and a lack of recovery time Community: Interconnectivity and influence over all other domains

Conclusions: Patient care was a lens through which residents understood the dominant areas of control, reward, values, and workload as the themes identified in those areas focused on the resident's ability to interact with and learn from patients. We suggest that interventions aimed at enhancing the patient care aspect of training would likely have the largest impact on burnout. Resident ability to spend more time at the bedside with patients has also been identified in the literature as an important means of allowing them to find meaning in their work. These definitions unique to pediatric resident's understanding of the Worklife areas are essential when developing potential interventions for burnout in the context of residency.