

Understanding Burnout Through the Lens of the Pediatric Training Environment



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Introduction

- There is limited data on effective interventions for burnout.
- Dr. Christina Maslach's *Areas of Worklife* is an organizational context to understand burnout and identified 6 areas in the workplace that can affect burnout: **control**, **values**, **reward**, **fairness**, **workload**, **and community**.
- Understanding how residents perceive these areas provides a unique insight into the problem that could inform future interventions.
- Objective: To gain a deeper understanding of resident perspectives related to the Six Areas of Worklife and their significance in the context of residency.

Methods

- Qualitative methodology, including semi-structured interviews and thematic analysis.
- Study setting: Large urban children's hospital with the largest pediatric residency program in the country.
- Participants: Purposeful sampling of residents (15) interviewed in the spring of 2018: two interns, two second years, nine third years, and two fourth years.
- Data gathering: Nine question individual interviews on Areas of Worklife, averaged approx. 37 minutes.
- Data analysis: Concurrent with data collection using thematic analysis and a constant comparison method. ATLAS.ti software was used for analysis and coding.
- Trustworthiness: Iterative coding using constant comparison methods, ongoing peer debriefing, independent coding by co-investigators, endpoints of data saturation, and member checking

Results

Control

- Schedule
- > Patient Care Decisions

Patient RelatedEducation

"At least getting to put in what most important day you want off ...that month to make sure you can be able to go to for mental wellness"

"Autonomy gives you a sense of purpose. That you are making decisions, growing as a clinician...if you're allowed to have control, safely...so that you can grow, I think that's important"

"What the residents want to do is spend more time with patients and spend more time thinking about the medical side of things", "I value providing optimal care for patients, spending time with patients, and trying to learn from them."

Reward

Values

- **Providing Patient Care**
- > Recognition & Appreciation

"I find the work really rewarding...I like being able to see from admission to discharge that I've made an impact."

"...recognizing when you've done a good job or things go well...verbal acknowledgement of that is sufficient reward."

Fairness

> Scheduling Equity

"All the residents should be treated the same. That we all have the same schedule...", "...the sense that there is no exceptional treatment, that everyone is...getting more or less the same thing out of the experience"

Workload

- Non-educational Tasks
- > Recovery Time

"...a lot of paperwork. Those things are the taxing things in medicine...you're not directly with the patient. You're just doing secretarial work. Those don't provide as much meaning."

I think there are certain rotations that everyone knows are tough, and I think as long as you don't have too many of those back to back, it's fine."

Community

- **Co-residents Main Support**
- ➤ Further Interaction with Nursing/APP's
- > Attending Absence of Hierarchy
- > Supportive Leadership

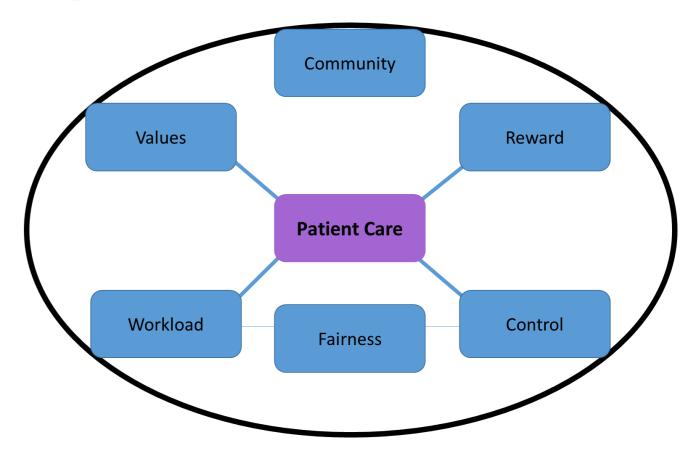
"I think that we support each other, both in the hospital and outside the hospital, with whatever is going on"

"Maybe doing more whole floor events...for the nurses and residents...things that could help build relationships more"

"Its not as hierarchical here, and so I think, in general, their relationship is very positive. You see your attending as a teacher, but also as a role model and as an ally."

Conclusions

• Patient care was the central overarching theme as the counterpoint to burnout.



Residency Areas of Worklife: Connectedness through Patient Care

- Workload, values, reward, and control found commonality though patient care. Resident perceptions of those areas all focused on patient involvement and resident ability to interact with and learn from patients.
- Fairness was related to control and workload through a shared theme of scheduling.
- Though there were individual themes identified related to the different community members, community can be linked to all areas as members of the community can each have an effect on the amount of control residents receive, their education, etc.
- It is our conclusion that the physician-patient interaction and resident's proximity to patients may have the largest effect on burnout.

