

Abstract

At the University of Miami, the Family Medicine Residency Program sought to combat physician burnout among its members by implementing annual retreats and bi-monthly wellness days. The purpose was that resident and faculty physicians would feel more “well” and experience less incidents of burnout. However, since its inception, there has never been an evaluation of the quality of these wellness initiatives. Therefore, this QI is aimed to evaluate factors that negatively affect wellness, the perspective of the current wellness incentives and its impact on physician burnout throughout our department.

The outcome of this survey is a step of a longitudinal meaningful assessment of how we can improve wellness within the residency program. We hypothesize that wellness days improve the attitudes of residents and faculty but do not significantly reduce absenteeism and perceived satisfaction as they do not affect the common drivers of burnout per AAFP₂.

This QI project aims to assess and hopefully improve the quality of our wellness days on several of the factors that impact physician wellness. Thus, offering remedies towards continuing and improving wellness in the UM-JMH Family Medicine Residency Program.

Introduction

Burnout, is a psychological syndrome in response to chronic interpersonal stressors on the job₂. Currently the field of family medicine ranks 44% in burnout just below the specialties of critical care and urology₁. According to some recent polls, the incidence of burnout among family physicians is as high as or higher than that in just about any other specialist. This has brought physician burnout to be on the forefront of initiatives on the state and residency level.

In order for wellness days and retreats to be effective, they must build emotional intelligence and foster self care₄. Additionally, wellness initiatives should also focus on remedying how healthcare systems and everyday tasks lead to physician distress.

Methods

This retrospective cohort study was conducted through an anonymous online survey via survey monkey. The questionnaire was sent to all the UM Family Medicine residents and physician faculty (n ~40) with various stake in the Residency Program. Responses were graded on a Likert scale. To ensure there was complete and honest anonymity we did not allow paper submissions. Qualitative/quantitative analysis was conducted on Excel.

Acknowledgments

We would like to thank the UM Family Medicine department

Results

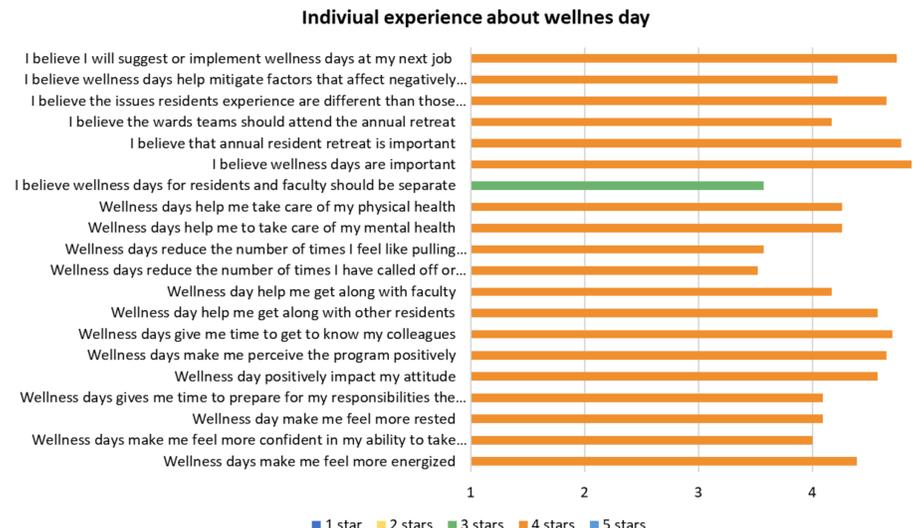


Fig. 1. Wellness day Individual experience

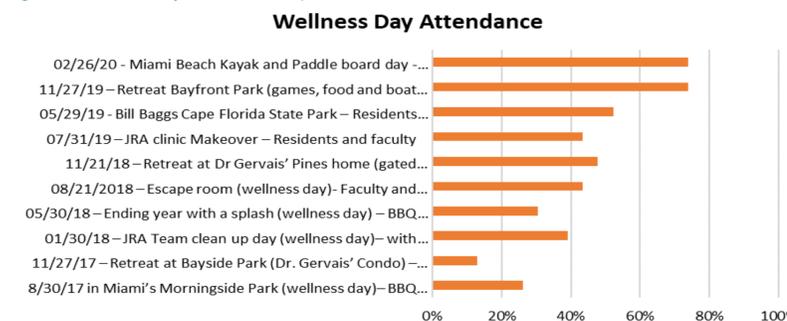


Fig. 2. Wellness day attendance from 2017-2020

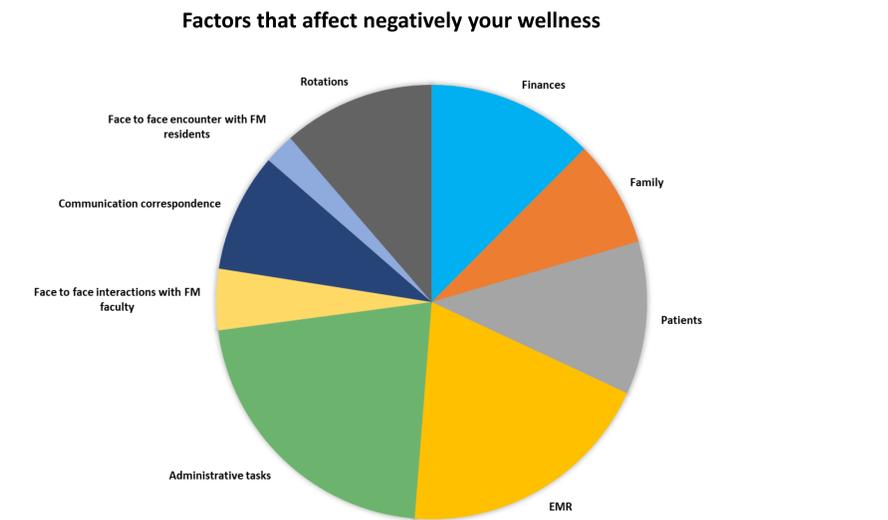


Fig. 3. Factors that affect negatively your wellness

Results:

- Our data showed that the attendance to wellness days has increased overtime.
- EMR and administrative tasks are the most common factors that affect negatively wellness in residents and faculty. However, finances and rotations the residents are on during wellness days seem to be a common factor affecting as well.
- Most respondents believe that wellness days do not seem to affect the number of times a resident calls off or misses work, or the need to pull another resident for work.
- Most participants also concurred that their attendance will allow them to develop a better relationship with their peers and positively change the perception of the program.
- It was noted that most residents will favor the likelihood to implement wellness days in future jobs.

Conclusion

The assessment conducted on this QI project exposes the underlying causes of physician burnout and how it continues to affects the performance of our healthcare providers. In view of the wide ranging factors that contribute to physician fatigue, wellness initiatives should be implemented more frequently since it could potentially decrease physician distress. We identified that both residents retreat, and wellness days were well--received by residents and the increased numbers in attendance could represent a positive impact on both the mental and physical health among the participants. Nonetheless, it is important to keep in mind that our approach focuses only on identifying our residents' perspective of wellness days and the impact of the negative factors that contribute the physician distress within our community, and that it may not represent the outcomes of other studied populations. Future QI projects should consider the perception of faculty on wellness days and their contribution to team building activities that can potentially provide a more comprehensive approach to the this assessment from different angles. We also recommend extending this QI project to other residency programs within and outside our community in UM/ Jackson health care system that have also integrated wellness initiatives. Our data should serve as a basis for the evaluation of present factors that affect residents well being and promote a better management of physician burnout.

References

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