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#EPOD-SE2 Institutional Factors in General Surgery Resident Wellness and Burnout: Identification via a Modified Delphi Technique (9102)

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ABSTRACT:

Background: While there has been significant focus on individual and programmatic factors impacting general surgical residents wellbeing and burnout, the effect of the greater institutional macrocosm has not been well studied. Our work seeks to identify organizational factors that may be implicated in resident wellness.

Summary of Work: Using a modified Delphi technique, a survey structured around six domains of the Maslach Burnout Theory (workload, control, reward, community, fairness, values) was distributed to wellness stakeholders at two institutions. Participants identified factors that may be implicated in resident wellness and burnout. Two subsequent multiple-choice survey iterations were distributed to stakeholders who had partially or fully completed the immediately previous iteration forming a consensus on the most important factors in each domain.

Summary of Results: Response rate for the initial open-ended survey was 29/106 (27%; 1 hospital administrator, 1 Graduate Medical Education administrator, 2 program directors, 3 surgical faculty, 3 wellness representatives, 19 residents). Response rates for the second and third iterations were 30/46 (65%) and 21/30 (70%), respectively. The most important factors in each domain (by percent selected) were:

- Workload: workhours (21%), advanced practice providers (18%), number of surgical consults (11%), complexity of patient cases (9%), type of electronic medical record (8%), average inpatient census (8%)
- Control: autonomy (28%), number of scheduling blocks/schedule changes (16%), presence of residency union (13%), affordable childcare options (11%)
- Rewards: compensation (32%), vacation time (26%), benefits (13%)
- Community: peer support program (23%), mentorship program (21%), geographic region (12%), institution location (metro - rural; 10%), affiliation with a medical school (10%)
- Fairness: budget allocation (18%), presence of residency union (17%), resident attrition (15%), turnover of faculty (13%)
- Values: mentorship program (15%), type of institution (14%), % minority faculty (13%), composition of administration (13%), % female faculty (12%), mission statement (11%)

Discussion and Conclusions: Wellness stakeholders identified and stratified institutional factors in each burnout domain through a modified Delphi process. This can direct future scholarship around the impact of the organization on resident wellbeing and burnout.

Take-home Messages: Understanding institutional factors related to wellness can prioritize future work to understand organizational barriers and facilitators associated with surgical resident wellbeing.