Effectiveness of The S.H.O.R. E (Stress & Health Optimization for Residents) Wellness Program

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Background:

Physician well-being remains a high priority, with recent data reporting rising prevalence of burnout depression and suicide. With high risk of burnout among trainees, it's important to develop resilience skills early. Implementing a wellness curriculum for residents can be difficult due to time constraints and lack of resources. This project will determine the effectiveness of a new wellness program in our institution, The S.H.O.RE (Stress & Health Optimization for REsidents) Program.

Methods:

Residents at various programs at Hackensack Meridian Health including Obstetrics and Gynecology, Pediatrics, Internal Medicine, Podiatry, Surgery, Pharmacy, Family Medicine and Psychiatry were recruited into this program. The residents participated in brief wellness sessions on a weekly basis for approximately 12 weeks, run by peer resident "wellness champions" in each department. The wellness sessions occurred during didactic time and was protected by the participating program directors in their respective departments. The curriculum focused on evidence-based, short, and effective exercises that decrease burnout and increase resiliency. The Stanford Physician Wellness Survey, a validated tool focusing on physician wellness, burnout and professional fulfillment, was administered at the beginning and end of the program.

Results:

75 pre-surveys and 41 post-surveys were completed. Results were analyzed using Chi-square and Fisher exact test. The outcome measurements included professional fulfillment, emotional exhaustion, interpersonal disengagement and self-defined burnout. Of the 75 residents who completed the pre-survey, almost half reported being under stress with 27% reporting definitely "burning out". Gender difference was noted regarding burnout with more females (30.8%) reporting symptoms as compared to males (18.2%) P=0.41. Additionally, two-thirds felt physically exhausted and lacked enthusiasm for their work while 50% felt less empathetic and sensitive to others. 25% reported feelings of self-condemnation when a mistake was made and 5% felt depressed, hopeless and worthless. Despite interventions, females continued to report higher symptoms of burnout (41.2%) than males (0%) (P=0.07). 29 pairs were also analyzed for changes after completion of the wellness curriculum. There was no significant difference in distribution for emotional exhaustion (P=0.876) and self-defined burnout (P=0.767). Additionally, 14/29 residents (48.3%) did not change their status of "burnout" between the pre and post survey and only 5/29 residents (17.2%) reported some improvement in the post-survey.

Conclusions:

There was significant gender discrepancy noted with overall more females reporting burnout symptoms. Even though, the wellness curriculum did not show a significant difference in the parameters studied, we feel the results were influenced by the small number of post-survey completions, short length of the program and the timing of the post-survey. Our low-cost, peer-led wellness curriculum educated and increased awareness of mindfulness, optimism, gratitude, and social connectedness. Residents identified gratitude practices, yoga and breathing exercises as positive components of the program.