Giving Literal Thanks: An ACGME-Sponsored Initiative to Bring Residents Back to the Bedside

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ABSTRACT

Background Resident burnout is at an all-time high. In response, the Accreditation Council for Graduate Medical Education (ACGME) developed the Back to Bedside grant for resident-led burnout interventions that increase the time residents spend with patients.

Objective We designed a resident-patient reading intervention, Giving Literal Thanks (GLT), intended to increase meaningful time residents spend with patients and thereby decrease burnout.

Methods All 65 pediatric residents rotating through our academic hospital's inpatient units from Fall 2019 through Fall 2021 were invited to read and gift books to their patients. We studied our intervention's relationship to resident burnout using a convergent mixed-methods design, including anonymous, unlinked pre-, peri-, and post-intervention surveys and focus groups. Qualitative and quantitative data were analyzed separately, then integrated to describe burnout pre- and post-intervention.

Results Forty-one of 65 residents (63.1%) completed pre-intervention surveys, and 8 of 65 (12.3%) completed post-intervention surveys. Twenty-seven resident-patient reading interactions were recorded, and 2 focus groups were held (1 pre- and 1 post-intervention). Five themes were identified: (1) limited opportunities exist to spend time at the bedside; (2) spending time at the bedside is valuable; (3) other responsibilities may preclude time at the bedside; (4) GLT could promote positive outcomes; and (5) GLT might not be the right tool to reduce burnout. Further quantitative data analysis was prevented by low survey response rates. While GLT was positively received and feasible, we were unable to show an improvement in burnout.

Conclusions GLT was well-regarded but may not improve resident burnout.

Introduction

Residents are afflicted by long hours, little time for self-care, and the emotional turmoil innate to guiding patients and their families through illness and death.[1-3] It is no wonder, then, that residents experience burnout—a syndrome comprised of emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment.[4] Resident burnout is at an all-time high; as many as 76% of residents experience burnout,[3] and burnout rates can increase up to tenfold during the first year of training alone.[5] The consequences of burnout are many and profound: decreased work satisfaction and productivity, poorer quality patient care, more frequent medical errors, and increased risk of physician substance use, depression, and suicide.[1,3,5,6]

The need to identify and implement interventions to alleviate burnout is clear. In response, the Accreditation Council for Graduate Medical Education (ACGME) developed the Back to Bedside (BTB) grant for resident-led projects designed to increase the quality time residents spend with patients,[7] as finding meaning in work can protect against burnout.[6] BTB supported our project, Giving Literal Thanks (GLT). Inspired by the nonprofit group Reach Out and Read,[8] GLT's objective was to recruit residents to read and gift books to pediatric inpatients. We hypothesized that this intervention would increase the time residents spend connecting meaningfully with patients and that this enhanced experience would decrease burnout.

Methods

Setting and Participants

Our urban academic northeast US pediatric residency program includes categorical, internal medicine-pediatrics, neurology, pediatric psychiatry, and preliminary residents. We invited all 65 residents to participate in GLT during their inpatient unit rotations via pre-rotation emails and presentations from Fall 2019 through Fall 2021.

Intervention

Residents were directed to gift a book from our BTB grant-funded collection to a patient after reading it

DOI: http://dx.doi.org/10.4300/JGME-D-23-00286.1

Editor's Note: The online version of this article contains the surveys and focus group guide used in the study.

aloud together. No protected time was offered for participation.

Outcomes Measured and Analysis

We collected quantitative and qualitative data pre-, peri-, and post-intervention using a convergent mixed-methods design to facilitate both objective evaluation and qualitative exploration of residents' perceptions of GLT's effect on burnout.

The quantitative strand consisted of (1) anonymous electronic pre- and post-intervention surveys quantifying perceived time with patients using independently developed Likert scales and assessing burnout using the Maslach Burnout Inventory Human Services Survey for Medical Professionals'[4] emotional exhaustion section (with permission) (online supplementary data), and (2) anonymous peri-intervention paper surveys completed by residents after each reading intervention, documenting time spent reading (online supplementary data). The surveys were not linked by participant. Open-ended comments provided additional context.

The qualitative strand consisted of hour-long focus groups (1 pre-, 1 post-intervention) run by a trained medical educator using a semistructured guide to investigate residents' perceptions of spending time with patients (online supplementary data). These were audio recorded, professionally transcribed, and de-identified. We conducted thematic transcript analyses using the "5 stages to qualitative research" approach: 3 physicians reviewed the transcripts individually, identified a set of codes, then categorized and consolidated them into a final set of themes.[9] The quantitative and qualitative analyses were subsequently integrated to describe how GLT impacted burnout.

The Mass General Brigham Institutional Review Board approved this project.

Results

Surveys were completed by 41 of 65 residents (63.1%) pre-intervention and 8 of 65 (12.3%) post-intervention. Peri-intervention surveys recorded 27 resident-patient reading interactions (mean length of time: 10 to 15 minutes, range: 5 to 30 minutes). This may represent 27 individual participants, or fewer participants completing GLT multiple times. Survey comments indicated some residents read aloud to patients, and some merely gifted books to patients and discussed them. Because surveys were anonymous and unlinked, we cannot report whether the same residents completed the 3 surveys. Further statistical analysis was not performed due to low intervention and post-intervention survey response rates, which precluded determination of statistical significance.

KEY POINTS

What Is Known
Burnout is a critical issue for residents; interventions to prevent or mitigate burnout would be widely appreciated by residency programs.

What Is New
Pediatric residents participating in an intervention in which they read to their patients at the bedside perceived this experience positively. Despite this, there was no association between the intervention and a decrease in burnout.

Bottom Line
Programs looking to increase resident time at the bedside and meaning in their work might find reading to patients to be a feasible approach, if other aspects of the residency environment contributing to burnout were simultaneously addressed.

Theme 1: Limited Opportunities Exist in Residency to Spend Time at the Bedside

Nearly all respondents reported limited to no opportunities to spend nonclinical time with patients (pre-intervention: 36 of 41, 87.8%; post-intervention: 8 of 8, 100%). Still, pre-intervention survey respondents were able to get to know patients nonclinically at least once per week (36 of 41, 87.8%). In contrast, most post-intervention respondents reported never spending nonclinical time with patients (5 of 8, 62.5%). Focus group participants emphasized that spending time with patients is difficult to accomplish despite their intentions:

> "*I could probably count on my hand the number of times I actually took the time to just have a personal check-in with a patient, because we're carrying so many patients in the afternoon." (pre-intervention)*

> "*It's not a lack of internal motivation that causes us to have trouble doing this. It's that there's so many other external pressures on our time." (post-intervention)*

Theme 2: Spending Time at the Bedside Is Valuable

Most survey respondents reported wanting to spend nonclinical time with patients at least multiple times per week (pre-intervention: 39 of 41, 95.1%; post-intervention: 7 of 8, 87.5%), and that having time to connect with patients impacts job satisfaction to at least a moderate extent (pre-intervention: 38 of 41, 92.7%; post-intervention: 7 of 8, 87.5%). Focus group participants highlighted the importance of spending meaningful time with patients, and that insufficient time contributes to burnout:

"*I think it's also really draining when at the end of the day you're like, 'Wow. I spent the entire afternoon making phone calls, writing discharge summaries, sending prescriptions, and I didn't really talk with any of my patients this afternoon aside from outside of rounds.' I think that just really makes me feel drained at the end of the day.*" *(pre-intervention)*

"*I would say that's one of my top values at work. It's definitely why I chose pediatrics was that I love getting to talk to kids and families.*" *(post-intervention)*

Theme 3: Other Responsibilities May Take Precedence Over Spending Time at the Bedside

The surveys named time constraints as the most common barrier to spending time with patients (pre-intervention: 19 of 41, 46.3%; post-intervention: 4 of 8, 50.0%). Others included task burden, administrative work, and clinical work (FIGURE 1). Focus group participants expressed concern that spending time with patients would burden their team or interfere with necessary clinical tasks:

"*It feels like you're letting the rest of the team down if you go and take time for, like we said, this indulgent—spending time with your patients.*" *(pre-intervention)*

"*There's just so many tasks to do, so many things that feel more urgent or we're getting paged to go see someone else as soon as we walk in the room.*" *(post-intervention)*

Theme 4: GLT May Promote Positive Outcomes for Patients and Residents

GLT resonated with focus group participants as a way to enhance meaning in work and improve patient care:

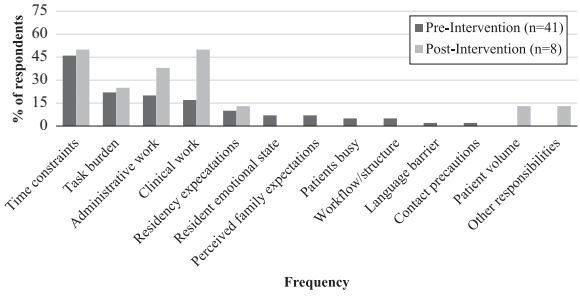

FIGURE 1
Specific Barriers to Spending Time Getting to Know Patients in a Nonclinical Manner, Outside of Rounds or Clinical Duties, Reported by Survey Respondents

"*I think it can help me offer better care as well, if you know what are priorities and what things that [patients] like doing and don't like doing. Then it means you can come up with plans that are more likely to suit them and more likely that they'll be able to go it a lot longer, and then have better outcomes.*" *(pre-intervention)*

"*Spending time does make me—it fills my cup. To some extent, in a disproportionate amount. If I spend 5 minutes with a patient, it'll make me feel so much better than if I didn't spend 10 minutes doing some dumb nonmedical task.*" *(post-intervention)*

This sentiment was supported by peri-intervention survey respondents' universally positive comments regarding GLT:

"*Read aloud; [patient] was engaged and thankful after being irritable and fearful of doctors the past 2 days. Mom was thankful and teared and hugged me. It was so wonderful and rewarding!*"

"*It was so lovely—hadn't had the opportunity to see this patient awake, and felt we really bonded. It was great to see him engage thoughtfully with the book ('what would I do in this situation?'), come up with all the diff. dinosaur names he could think of, and really enjoy the story […] I certainly left smiling (though I was paged out of the room).*"

Theme 5: GLT May Not Be the Right Tool for Addressing Burnout

Pre-intervention focus group participants worried GLT would increase task burden, a concern corroborated by post-intervention participants:

"*I encouraged my interns to do it several times, but I think that it almost caused them more stress because if they took the time to do that, they might get behind on their tasks. That would then lead to a buildup and lead to more stress rather than allowing—I think the program was supposed to allow to feel a sense of relief from burnout. I worry that it actually may have—there may not have been as much participation because it actually increased burnout—not maybe burnout, but increased stress about getting tasks done.*" *(post-intervention)*

Post-intervention surveys suggested a higher percentage of respondents felt more frequently emotionally drained (FIGURE 2), burned out (FIGURE 3), frustrated by their job (FIGURE 4), and at the end of their rope (FIGURE 5).

Post-intervention focus group participants identified burnout contributors not addressed by GLT, including lack of resident autonomy, interpersonal

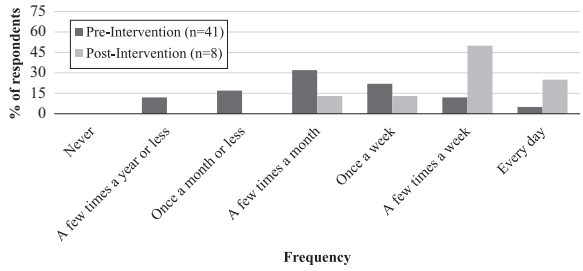

FIGURE 2
Frequency of Survey Respondents Reporting "Feel[ing] Emotionally Drained From my Work"

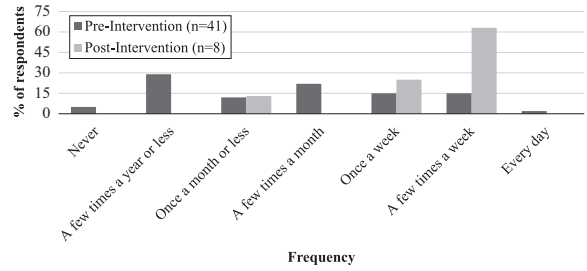

FIGURE 4
Frequency of Survey Respondents Reporting "Feel[ing] Frustrated By My Job"

difficulties, and task burden. Despite GLT, they experienced worsening burnout:

> "*Burnout is at an all-time high. I am on my way out of residency. I've been here for a full 3 years, and I have never experienced the levels of burnout that I'm currently feeling. I think that that is reflective of my conversations with colleagues from all 3 levels of intern, junior, senior in a disproportionate way to what I've seen at the end of the intern, junior, senior year in my own prior experiences." (post-intervention)*

Discussion

While our intervention was positively received and feasible, ie, low cost (books were the only expense) and involving minimal labor (purchasing and shelving books), it did not improve burnout. GLT was intended to facilitate residents spending meaningful time with patients, but did not address residents' copious workloads, causing concern that spending "nonessential" time with patients unduly burdened other team members. Residents identified multiple sources of burnout not addressed by GLT (eg, interpersonal difficulties)—perhaps consequently, we saw low intervention and post-intervention survey response rates.

To date, BTB literature contains a single study examining project outcomes, which found that when residents provided "trading" cards with their photograph and basic information to patients, they felt more connected to and communicated better with patients without increasing their workloads.[10] Burnout rates were not analyzed; given GLT's results, a positive intervention response alone may not tell the whole story.

Other grant recipients have identified "culture shift" as integral to BTB projects' success—namely, buy-in from clinical staff, residency programs, and residents, as well as integration of projects into resident workflows.[11] Our study similarly demonstrates that culture shift is necessary to facilitate BTB projects and address systemic issues contributing to burnout, including task burden, inadequate teamwork, minimal time off, lack of patient-physician rapport, and difficulty finding meaning in work.[1,2,12,13]

Our study had several limitations. GLT was conducted at one institution and had low intervention and post-intervention survey response rates—perhaps unsurprisingly, considering residency's time constraints and residents endorsing burnout throughout the study. The pre-, peri-, and post-intervention survey responses were unlinked, limiting our ability to ascertain how burnout specifically among GLT participants was affected. We facilitated only one pre- and post- intervention focus group, narrowing the perspectives provided. Finally, GLT reached only English- and Spanish-speaking patients and those interested in books.

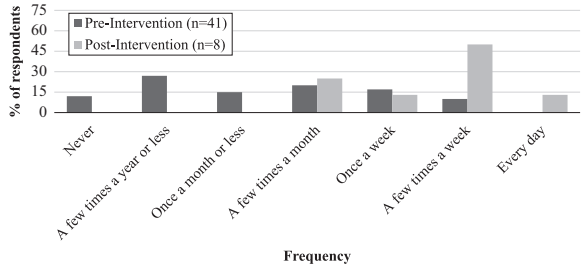

FIGURE 3
Frequency of Survey Respondents Reporting "Feel[ing] Burned Out From my Work"

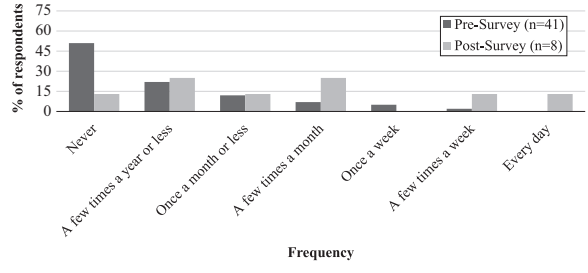

FIGURE 5
Frequency of Survey Respondents Reporting "Feel[ing] Like I'm at the End of my Rope"

The COVID-19 pandemic interrupted our study, perhaps complicating our results.[14] We paused GLT at the pandemic's peak, as our pediatric floors were largely converted to adult COVID-19 units. We continued our intervention for over a year after the pandemic's start to allow residents more time to participate in GLT once our inpatient units resumed usual pediatric care. Notably, several studies of residents pre- and post-pandemic have demonstrated no significant change in burnout attributable to the pandemic.[15-17]

Our study participants affirmed the value in spending time with patients, while emphasizing that unless other aspects of the residency environment are addressed, spending time at the bedside may actually increase stress and worsen burnout. Future research could entail additional qualitative inquiry to explore the burnout contributors identified in our study and optimize burnout interventions.

Conclusions

Our reading intervention was valuable to residents, but our descriptive results suggest it did not improve burnout.

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Funding: All phases of this study were supported by the Accreditation Council for Graduate Medical Education's Back to Bedside Initiative grant.

Conflict of interest: The authors declare they have no competing interests.

The authors would like to thank the MGH*f*C pediatric resident team—especially Drs. Daniele Lerner, Kamaris Merritt, Anna Handorf, Emily Ziady, and Nathalie Nader—and the patients of MassGeneral for Children.

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Received April 21, 2023; revisions received June 14, 2023, and September 26, 2023; accepted October 2, 2023.