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Physicians' Burnout: A First Step to Development of a Wellness Curriculum

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BACKGROUND

Prevalence of burnout among physicians is a critical issue impacting all career levels. Identifying burnout begins in medical training with trainees and early career physicians at risk for depression and burnout (1). Participation in wellness programs may mitigate burnout. Online physician activities i.e., coaching, are offered at a free-standing, pediatric hospital in Midwest USA. These programs are well received, but there is no specific curriculum addressing physicians' wellness needs within a Division of General Academic Pediatrics (GAP). In designing a meaningful program, we conducted a needs assessment to gauge GAP physicians' current involvement in wellness activities and participation challenges.

OBJECTIVE

Identify a framework and core curriculum leading to the development and implementation of an impactful wellness curriculum for GAP physicians.

METHODS

- Discrepancy-based wellness activities needs assessment survey administered via REDCap.
- Survey consisted of seven wellness activities items and six demographic information items.
- Piloted survey with 16 academic pediatricians outside the Division.
- Survey administered to 46 GAP physicians at Children's Mercy Kansas City (CMHK) with six reminders sent July-October 2020.
- Descriptive statistics included frequencies, percentages, means, and standard deviations.
- Institutional Review Board approval from CMHK.

RESULTS

Twenty-four (52%) GAP physicians completed the survey.

- Twenty-one (87.5%) physicians participated in weekly wellness activities with 13 (54%) participating more than 3 times weekly.
- Barriers to participation included time (96%), clinical duties (91%) and personal responsibilities (81%).
- Preferred wellness activities included mindful thinking (81%), meditation breaks (70%), microlearning with mobile devices (68%) and mid-day fitness activities (65%).

Table 1: Demographics of GAP Physicians Cohort (n=24)

Demographics	Frequency (%)
Male	8 (33%)
Female	16 (67%)
Ethnicity	
African American/Black	1 (4%)
Asian	3 (13%)
Caucasian/White	17 (71%)
Multiracial	1 (4%)
Asian Indian	1 (4%)
Pakistani	1 (4%)
Number of children	2.5±0.9
Adult dependents (18 years and older)	3 (12.5%)
Current academic appointment	
Professor	3 (13%)
Associate Professor	4 (17%)
Assistant Professor	17 (71%)
Number of years practicing as an independent physician	14.0±9.9

CONCLUSION

Our study results provided useful information about desired wellness activities and potential barriers that may affect GAP physicians. We plan to use these findings when designing wellness curriculum in the context of instructional design and content selections.

REFERENCES

1. Dyrbye LN, et al. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Academic Medicine*. 2014; 89(3): 443-451

RESULTS

Table 2: Characteristics of GAP Physician Wellness Activities

Wellness Activities and Barriers	Frequency (%)
Current involvement in wellness activities	21 (87.5%)
Frequency of participation in wellness activities	
Never	2 (8%)
Once per week	2 (8%)
Twice per week	4 (17%)
Three times per week	2 (8%)
More than three times per week	13 (54%)
Other	1 (4%)
Interest in participating in GAP Division sponsored wellness activities	21 (87.5%)
Desired time of day for wellness activities	
Morning (n=16)	11 (69%)
Lunch Time (n=20)	15 (75%)
Afternoon (n=18)	13 (72%)
After Hours (n=12)	4 (33%)
Desired wellness activities	
Didactic seminar with speakers (n=19)	8 (42%)
Online learning modules (n=18)	5 (28%)
Micro-learning activities with mobile device (n=19)	13 (68%)
Group meditation breaks (n=20)	14 (70%)
Mid-day fitness activities (n=20)	13 (65%)
Mindfulness thinking/movement activities (n=21)	17 (81%)
Wellness challenges (n=20)	13 (65%)
Other (n=13)	5 (38%)
Frequency academic year (July 1 - June 30) wellness activities	
Every month	11 (48%)
Every other month	5 (22%)
Once per quarter	4 (17%)
Other	3 (13%)
Barriers to participation in wellness activities	
Motivation/engagement (n=23)	4 (17%)
Support from immediate leaders (n=23)	14 (61%)
Time (n=23)	22 (96%)
Administrative responsibilities (n=21)	16 (76%)
Clinical responsibilities (n=23)	21 (91%)
Research responsibilities (n=20)	6 (30%)
Service responsibilities (n=21)	8 (38%)
Teaching responsibilities (n=21)	9 (43%)
Personal responsibilities (n=21)	17 (81%)
Other (n=8)	1 (13%)

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For any questions, please contact the author at tksmith2@cmh.edu

