



The Relationship of Inclusiveness with Resident Clinical Engagement and Wellness

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Purpose and Aims

The medical residency learning environment imposes profound stressors on trainees.

These stressors face residents with serious threats to their wellness which can impact their ability to provide safe, effective patient care.

A sense of belonging and acceptance in the clinical work environment is a key aspect of physician well-being but may not be felt equally by all residents.

Residents who are under-represented in medicine are likely to feel less accepted in the work environment and their clinical education and wellbeing may suffer as a result.

We used survey data to test the hypothesis that residents' sense of inclusion was related to their perception of the learning environment and to their well-being.

Methods

We analyzed responses to an anonymous annual program evaluation survey distributed by the GME Office to 8 residency programs.

Survey items included:

The Graduates Learning Environment Scale (GSLES: a 6-item subset of the Medical School Learning Environment Scale adapted for residency), the Resident Wellness Scale (RWS), and three novel items measuring resident sense of inclusiveness.

Three subscores were computed averaging item responses:

Wellness:

10 RWS items

Environmental Inclusion:

"My program fosters an environment of mutual trust and respect among residents, faculty, patients, nurses and staff." (from GSLES),

"My faculty demonstrate their support for trainees of all backgrounds." (novel),

"Faculty model how to be professional when working in an inter-professional clinical care team." (novel)

Personal Inclusion:

"My supervisors respect me, and they do not belittle me." (novel)

"Faculty include me in finding solutions to clinical problems." (novel)

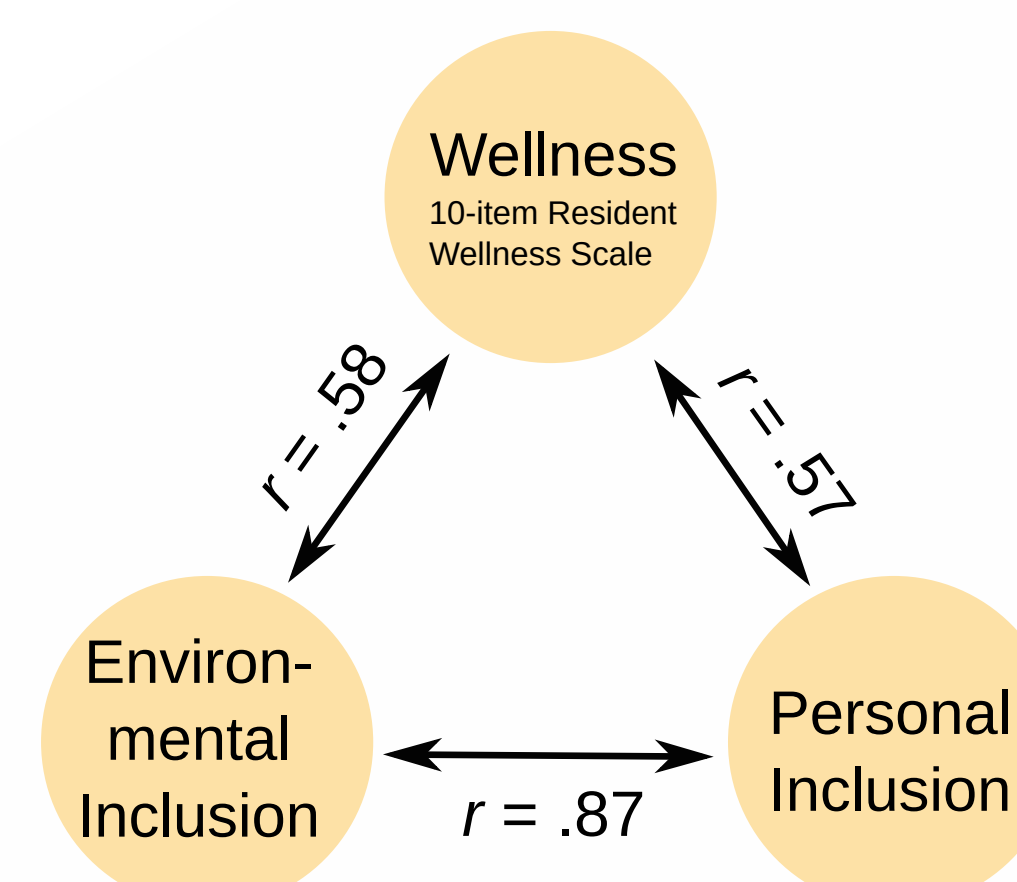
"I am a valued member of the clinical care team." (novel)

Correlations and linear regression were used to test the hypothesis.

Analyses were performed in R version 4.1.2.³

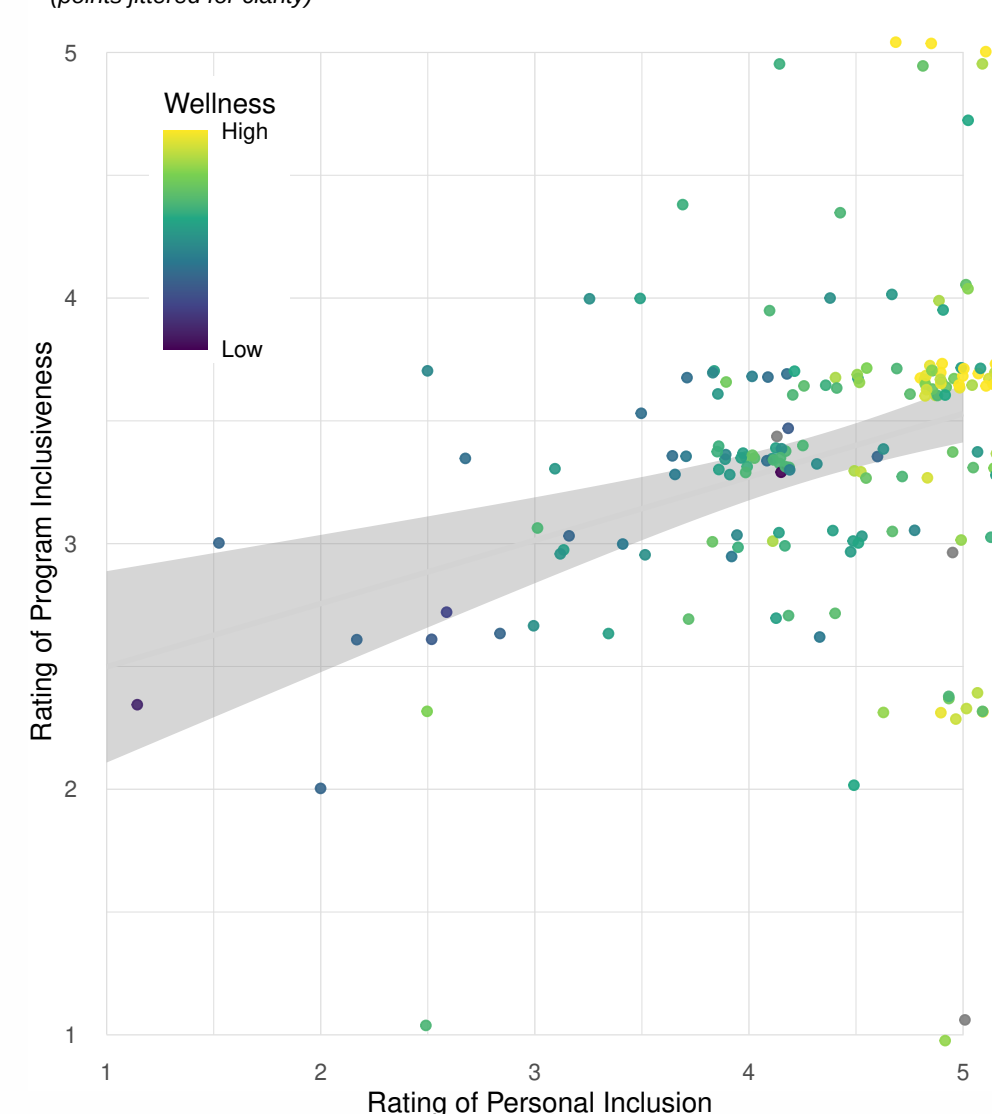
Results

There is a positive relationship between residents' **Wellness**, sense that the learning **Environment is Inclusive**, and feeling they are **Personally Included** as a member of the healthcare team.



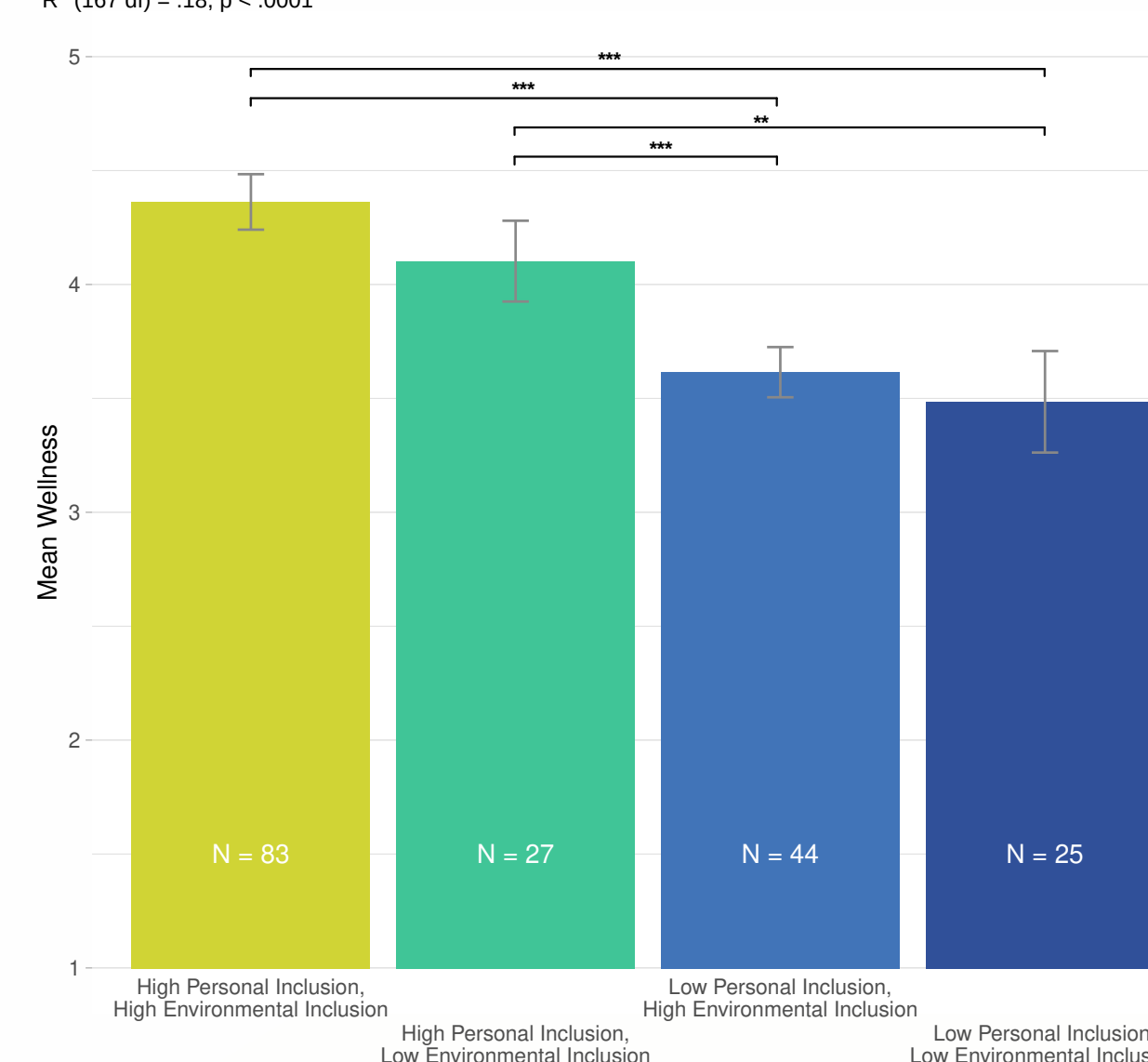
Environmental Inclusiveness, Personal Inclusion, and Wellness

R² (df 1,73) = .13, p < .0001
(points jittered for clarity)



There is strong covariance between **Personal Inclusion** and **Program Inclusiveness**. High overall wellness scores are only seen in residents with high ratings of learning environment inclusion and personal sense of being valued by the healthcare team.

Low Environmental and Personal Inclusiveness Relates to Low Wellness
Rating < 4 categorized as low
R² (167 df) = .18, p < .0001



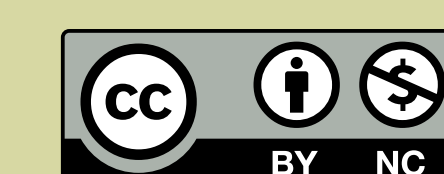
As a group, residents who rated the learning environment or personal sense of inclusion less than 4 ("agree") had lower wellness scores.

Conclusions

- Residents' sense of Personal Inclusion is related strongly to both their perception of the Environmental Inclusion of their work environment and their Wellness.
- The largest drop in Wellness is associated with low Personal Inclusion.
- Residents with high Personal Inclusion in a low Environmental Inclusion environment did not show significantly lower Wellness.
- These data suggest that inclusiveness, especially Personal Inclusion is crucial for resident wellbeing and clinical engagement.
- In our sample, the lack of inclusiveness was felt by a minority of residents.
- Programs must be sensitive to all residents' perceptions of being included and valued in the healthcare team to safeguard their wellbeing and ensure their clinical education.

References

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2. Stansfield, R. B., Giang, D., & Markova, T. (2019). Development of the resident wellness scale for measuring resident wellness. *Journal of Patient-Centered Research and Reviews*, 6(1), 17.
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