

# Utilizing the Resident Wellness Scale to Assess Impact of Interventions on Resident, Program, and Institutional Levels

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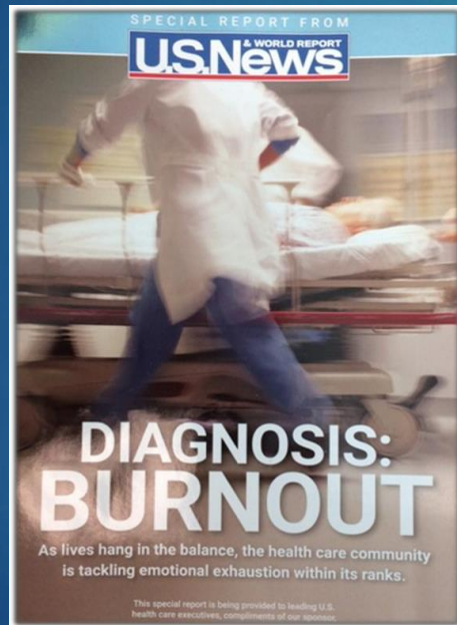


# Outline

- ▶ The Resident Wellness Scale
  - ▶ History and development
  - ▶ Subscales and validity
- ▶ Describe 3-level model
- ▶ **Breakout:** List forces at multiple levels
- ▶ Multi-level model results
- ▶ **Breakout:** Develop intervention plans
- ▶ Discussion

# The Importance of Wellness

“Burned out clinicians and staff provide burned-out clinician and staff care”



October 2016

Residents with depression or depressive symptoms: 25.3% to 32.5%

Mata, Ramos, Bansal, Khan, Guille, Di Angelantonio, & Sen (2015).

“We must move beyond the pathological focus upon physician burnout and begin a conversation about what makes a physician well.”

Eckelberry-Hunt, van Dyke, Lick, & Tucciarone (2009)

# Systematic Approach to Wellness

- ▶ Acknowledge issue, involve stakeholders
- ▶ Assess:
  - ▶ Outline metric
  - ▶ Choose validated instrument
  - ▶ Compare with benchmarks
  - ▶ Review and analyze
- ▶ Intervene
  - ▶ Monitor regularly
  - ▶ Promote health (exercise, nutrition, mindfulness, fatigue mitigation)
  - ▶ Peer support (social events, common space)
  - ▶ Institutional culture (policies, mission, “just culture”, efficient work flow)
  - ▶ Support services (mental health, EAP)
  - ▶ Professional development (time management, leadership, teamwork)





# What Differentiates Well from Unwell Residents?

**Life Security:** your basic needs are met

**Meaningful Work:** your work is valued

**Personal Growth:** you are in control

**Ability:** you can do a good job

**Social Support:** people help you

**Institutional Support:** your workplace supports you

**Lack of Unwellness:** you are free of negative behaviors

# The Resident Wellness Scale

- ▶ Positively Worded
  - ▶ High score indicates high wellness
  - ▶ Behaviors and feelings of wellness
  - ▶ Derived from qualitative data
- ▶ Brief
  - ▶ 10 items
  - ▶ Online
  - ▶ Immediate feedback

Please rate how often you have done or experienced each of the following items in the past 3 weeks:

	<i>Never</i>	<i>Seldom</i>	<i>Some-times</i>	<i>Often</i>	<i>Very Often</i>
Reflected on how your work helps make the world a better place	•	•	•	•	•
Felt the vitality to do your work	•	•	•	•	•
Felt supported by your co-workers	•	•	•	•	•
Had an enjoyable interaction with a patient	•	•	•	•	•
Was proud of the work you did	•	•	•	•	•
Was eager to come back to work the next day	•	•	•	•	•
You felt your basic needs are met	•	•	•	•	•
You ate well	•	•	•	•	•
Knew who to call when something tragic happened at work	•	•	•	•	•
You felt connected to your work in a deep sense	•	•	•	•	•

# Convergent Validity

- High Cronbach's alpha:  $\alpha = .87$
- Correlated with Depression:  $r = -.45$
- Correlated with Burnout:
  - Emotional Exhaustion:  $r = -.59$
  - Depersonalization:  $r = -.45$
- Correlated with Optimism:  $r = .46$
- Correlated with Life Satisfaction:  $r = .58$
- Weaker correlation with Social Desirability:  $r = .29$



# RWS is free to use

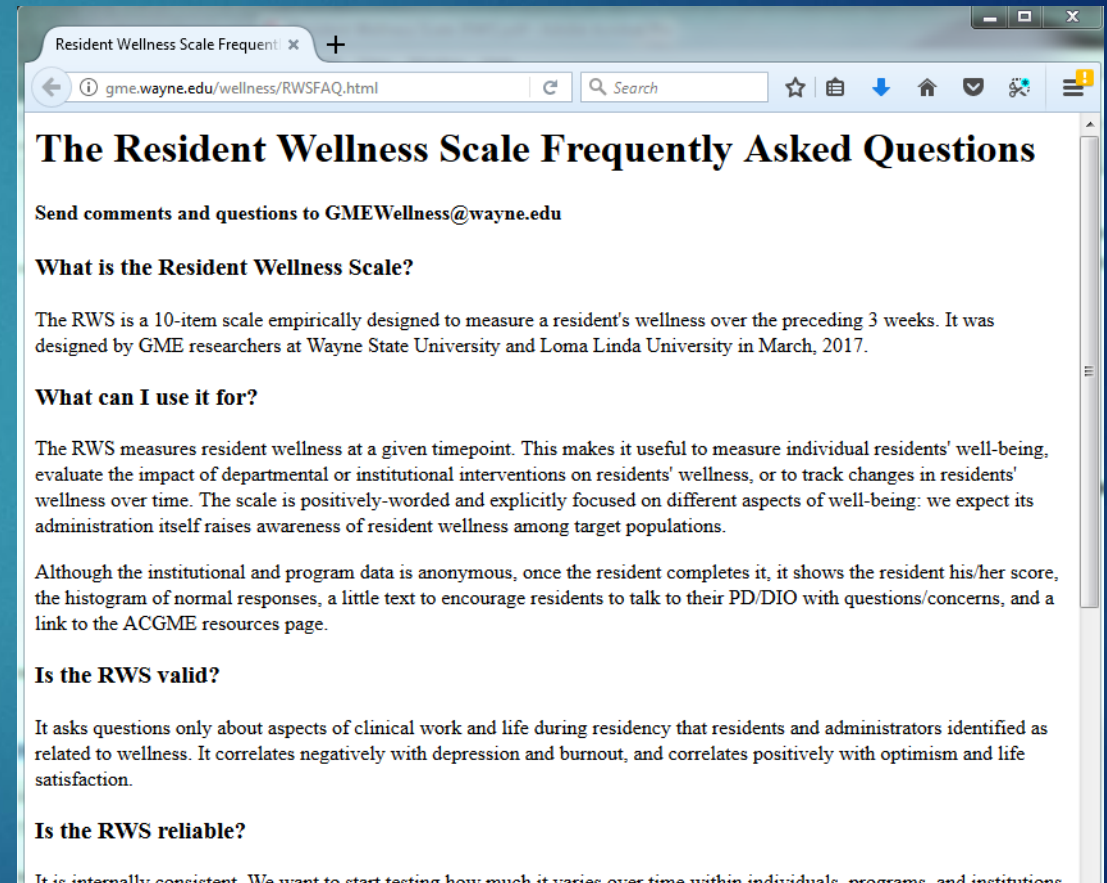
<http://gme.wayne.edu/wellness/RWSFAQ.html>

## Data Sharing Agreement

- Between WSU and another institution
- IRB exemption, business-office approved

## Institution added to RWS database

- Institution code
- Institution-specific URL for residents
- "Site" variable for group identification
- Custom feedback page
- Login/Password to retrieve data



Resident Wellness Scale Frequently Asked Questions

Send comments and questions to [GMEWellness@wayne.edu](mailto:GMEWellness@wayne.edu)

**What is the Resident Wellness Scale?**

The RWS is a 10-item scale empirically designed to measure a resident's wellness over the preceding 3 weeks. It was designed by GME researchers at Wayne State University and Loma Linda University in March, 2017.

**What can I use it for?**

The RWS measures resident wellness at a given timepoint. This makes it useful to measure individual residents' well-being, evaluate the impact of departmental or institutional interventions on residents' wellness, or to track changes in residents' wellness over time. The scale is positively-worded and explicitly focused on different aspects of well-being: we expect its administration itself raises awareness of resident wellness among target populations.

Although the institutional and program data is anonymous, once the resident completes it, it shows the resident his/her score, the histogram of normal responses, a little text to encourage residents to talk to their PD/DIO with questions/concerns, and a link to the ACGME resources page.

**Is the RWS valid?**

It asks questions only about aspects of clinical work and life during residency that residents and administrators identified as related to wellness. It correlates negatively with depression and burnout, and correlates positively with optimism and life satisfaction.

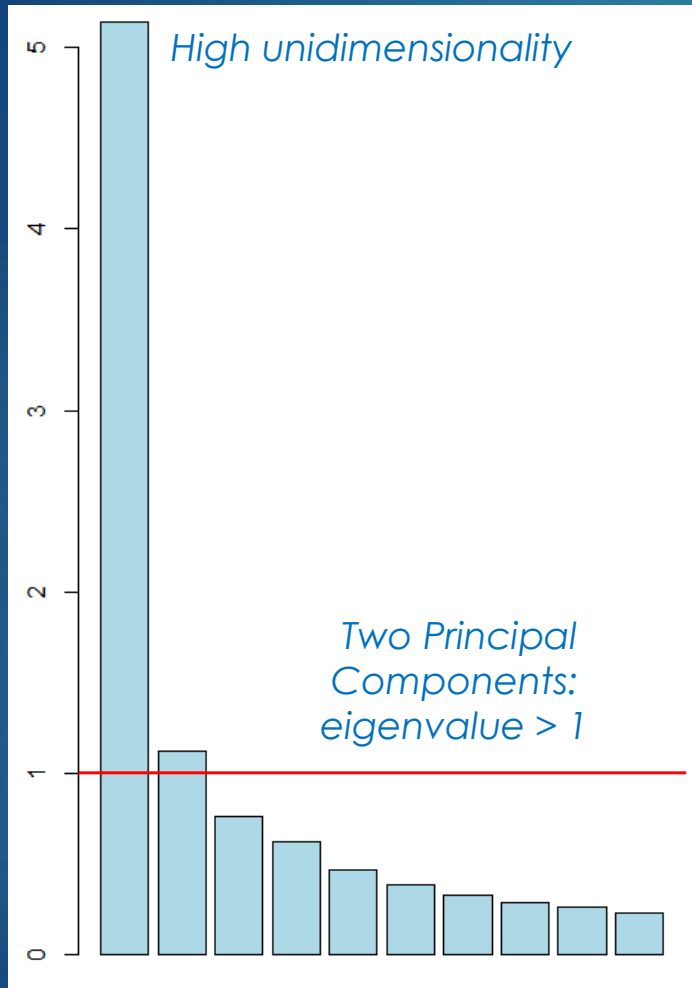
**Is the RWS reliable?**

It is internally consistent. We want to start testing how much it varies over time within individuals, programs, and institutions.

# Results: Multi-level Model

- ▶ 5 Institutions
- ▶ Each institution has 2 to 12 programs
- ▶ Each program has 1 to 23 responses
- ▶ Total N = 210

# Orthogonal Components



*Varimax-rotate first 2 components:*

## **Meaningful Work:**

- Reflected on how your work helps make the world a better place
- Was eager to come back to work the next day
- You felt connected to your work in a deep sense

## **Self Care:**

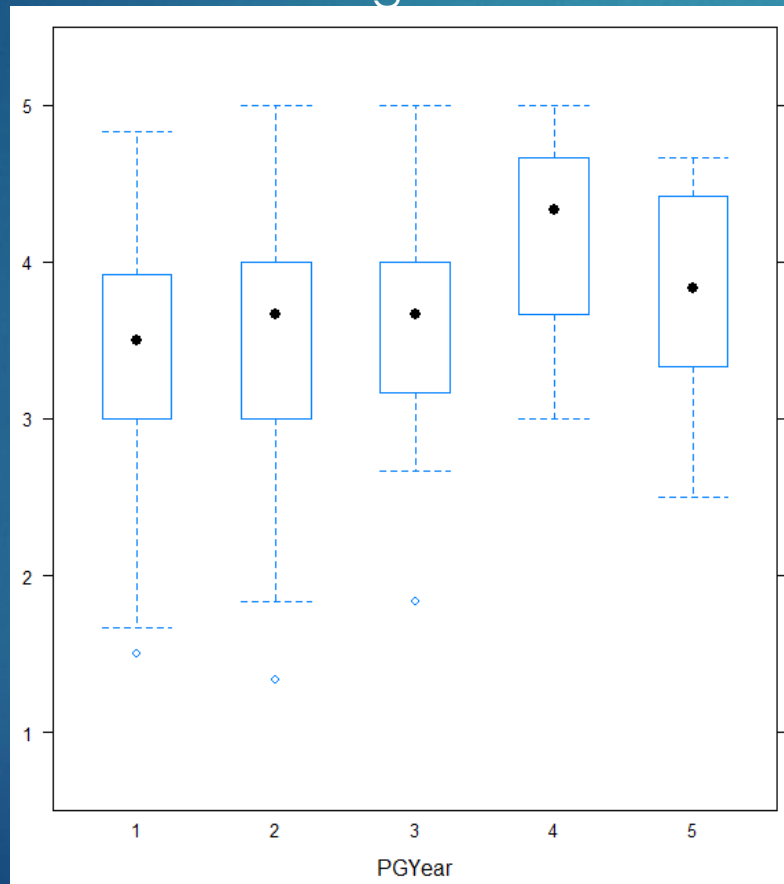
- You ate well
- You felt your basic needs are met

# Gender effects

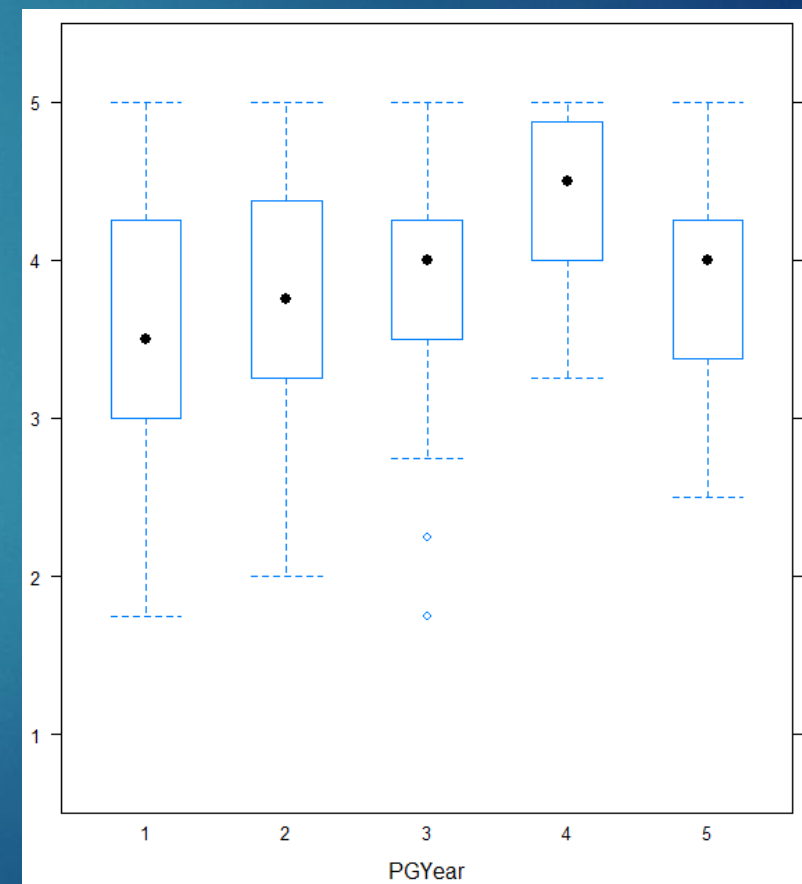
- ▶ Significant findings:
  - ▶ Females feel less supported by co-workers ( $t(203) = -2.2, p < .05$ )
  - ▶ Females are less eager to come back to work each day ( $t(203) = -2.5, p < .05$ )
  - ▶ Females feel less like their basic needs are met ( $t(203) = -2.2, p < .05$ )
- ▶ Trends:
  - ▶ Females feel less proud of their work ( $t(203) = -1.8, p < .10$ )
  - ▶ Females less likely to have eaten well ( $t(203) = -1.8, p < .01$ )

# Post Graduate Year effects

## Meaningful Work



## Self Care



# Interventions

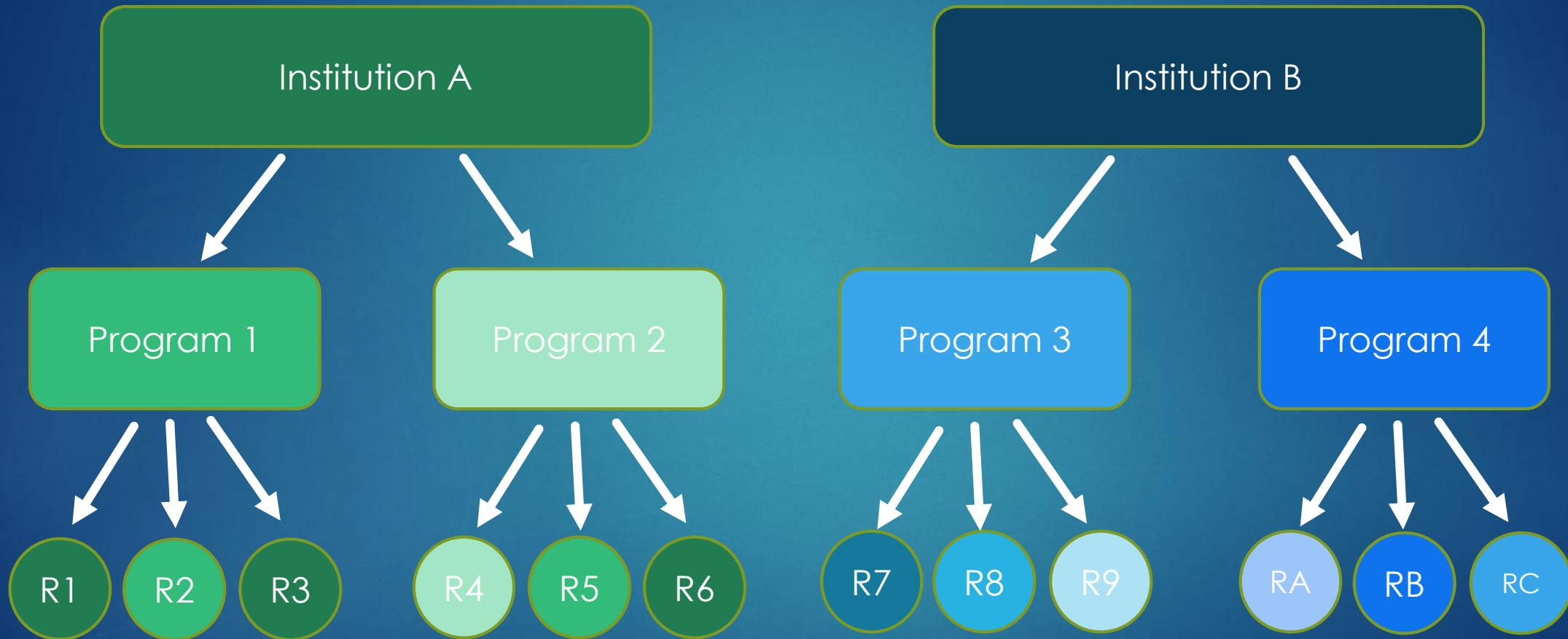
- ▶ Ulliance Employee Assistance Program
- ▶ Wellness Warriors
- ▶ Wellness round-table at Annual Institutional Review
- ▶ ICU Hours
- ▶ Fitbit Challenge
- ▶ Daily Puzzles
- ▶ Wellness Initiative Survey
- ▶ Morning Coffee Sessions
- ▶ Yoga

resident-led  
resident-led  
resident-led  
resident-led  
resident-led  
resident-led

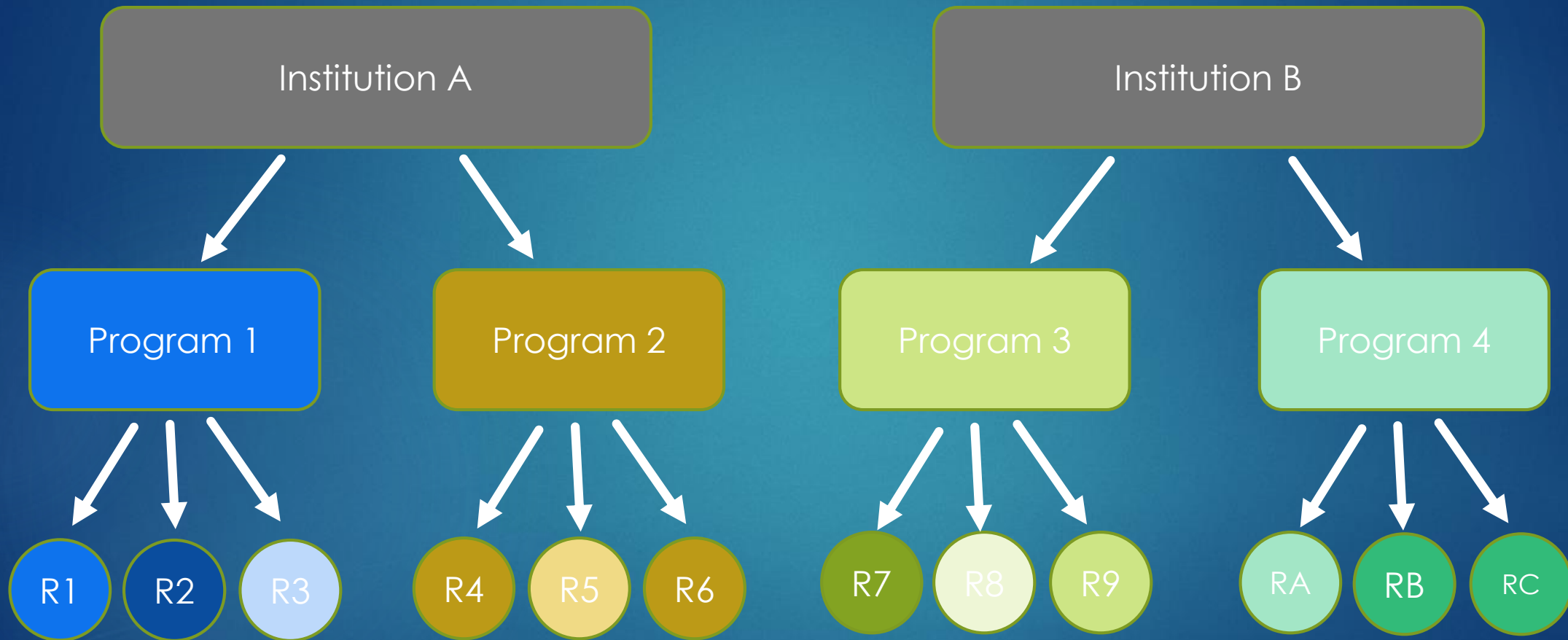
starting soon

starting soon

# 3-Level Model: Institution Forces

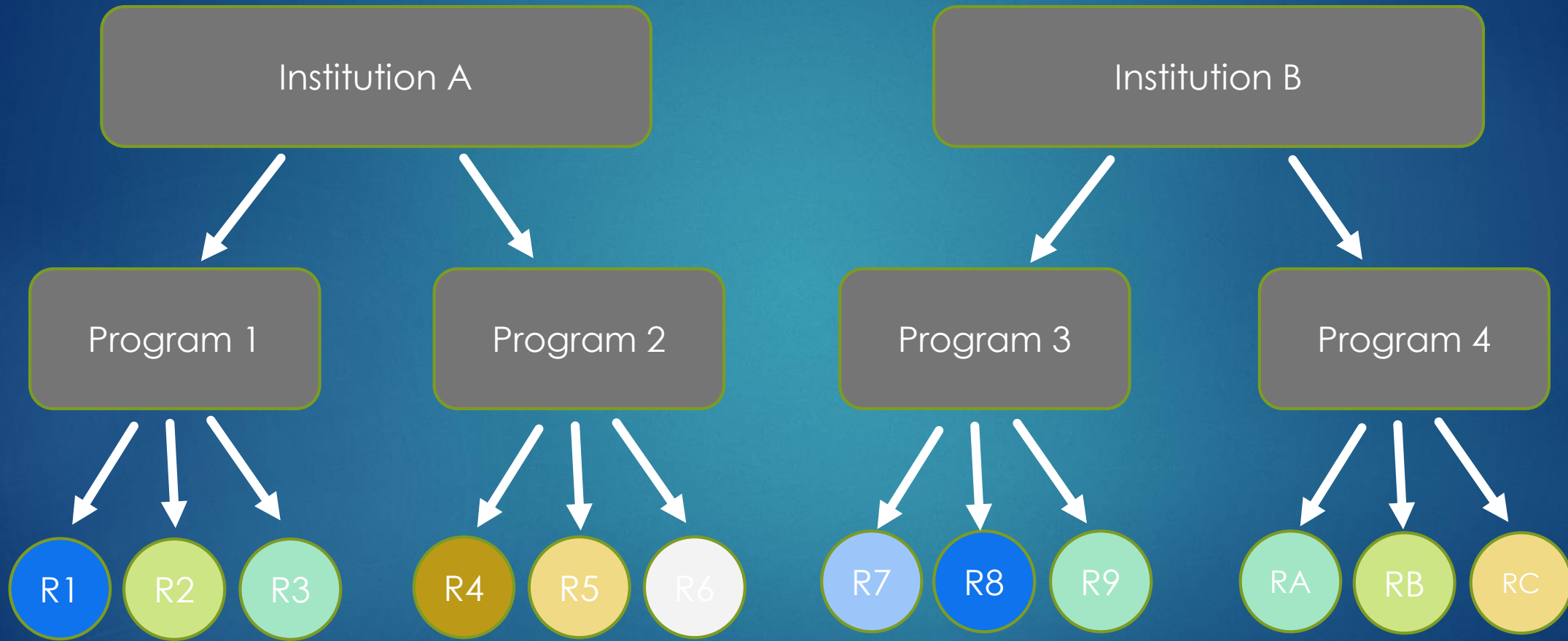


# 3-Level Model: Program Forces





# 3-Level Model: Resident Forces



# Breakout: List Multilevel Forces

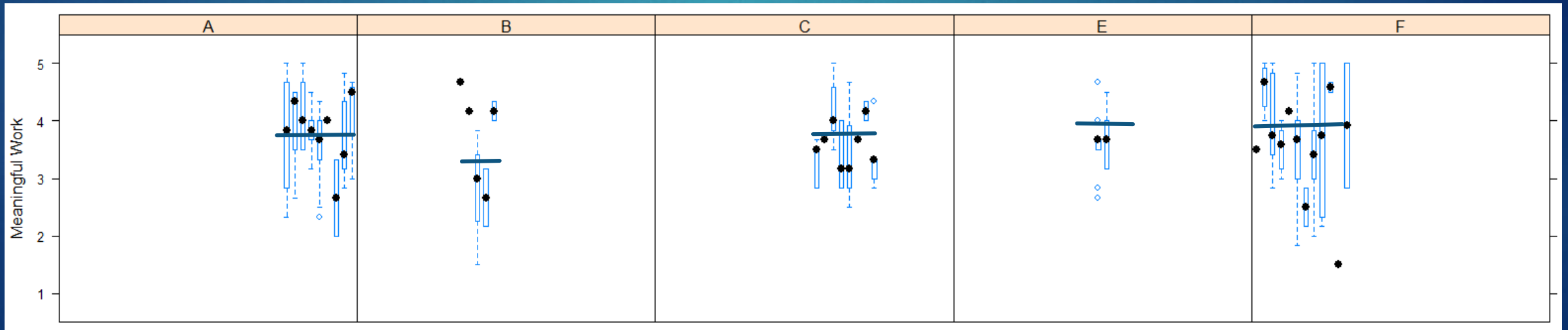


# Results: Multi-level Model

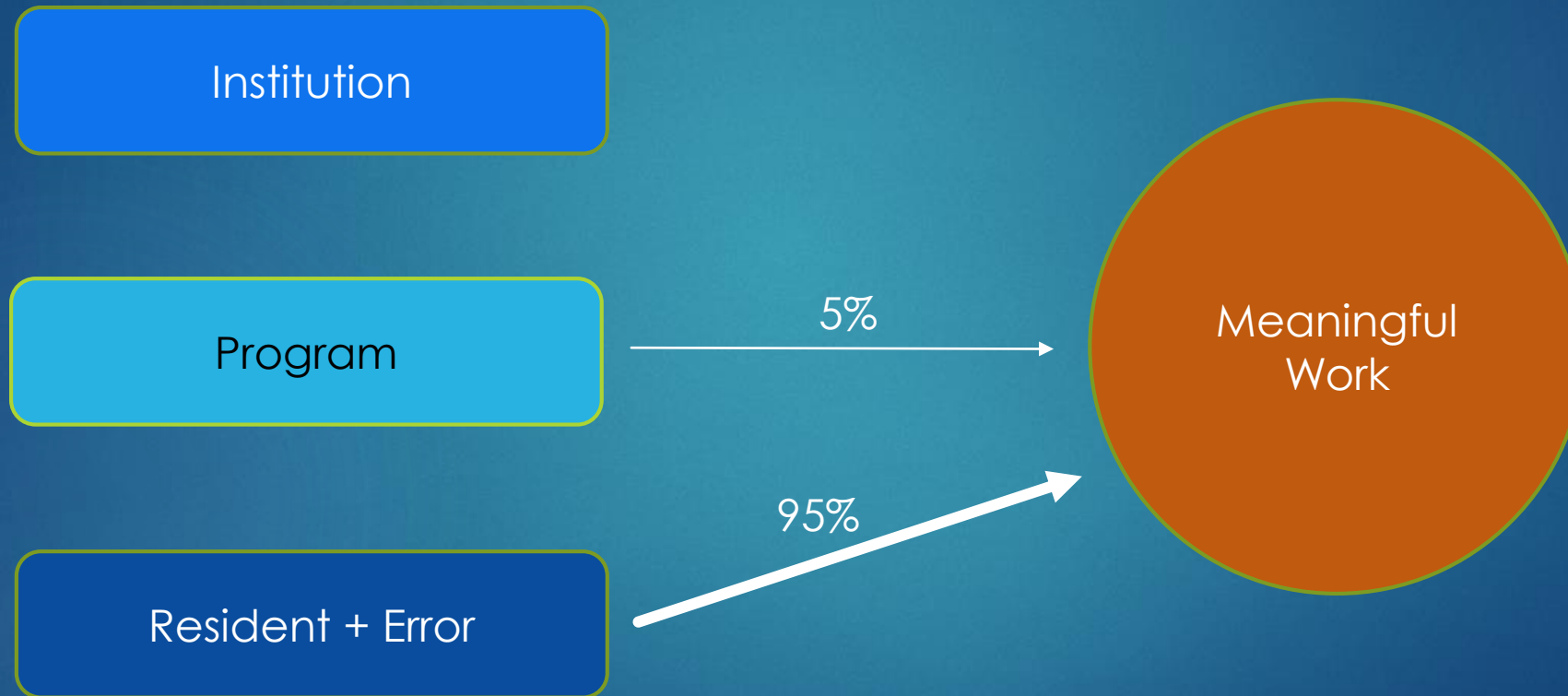
- ▶ 5 Institutions
- ▶ Each institution has 2 to 12 programs
- ▶ Each program has 1 to 23 responses
- ▶ Total N = 210
- ▶ Mixed Model with REML controls for sample size bias
  - ▶ Errs on the side of the global mean when N is low
  - ▶ Estimates variance components for each level

# Resident Wellness: Meaningful Work

Institutions: A, B, C, E, F  
Programs within Institution  
Residents within Programs

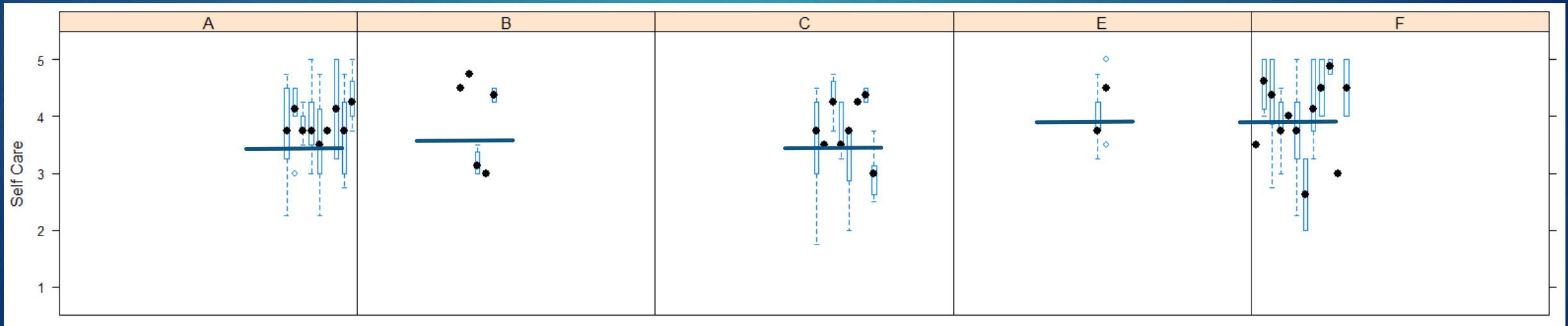


# Resident Wellness: Meaningful Work

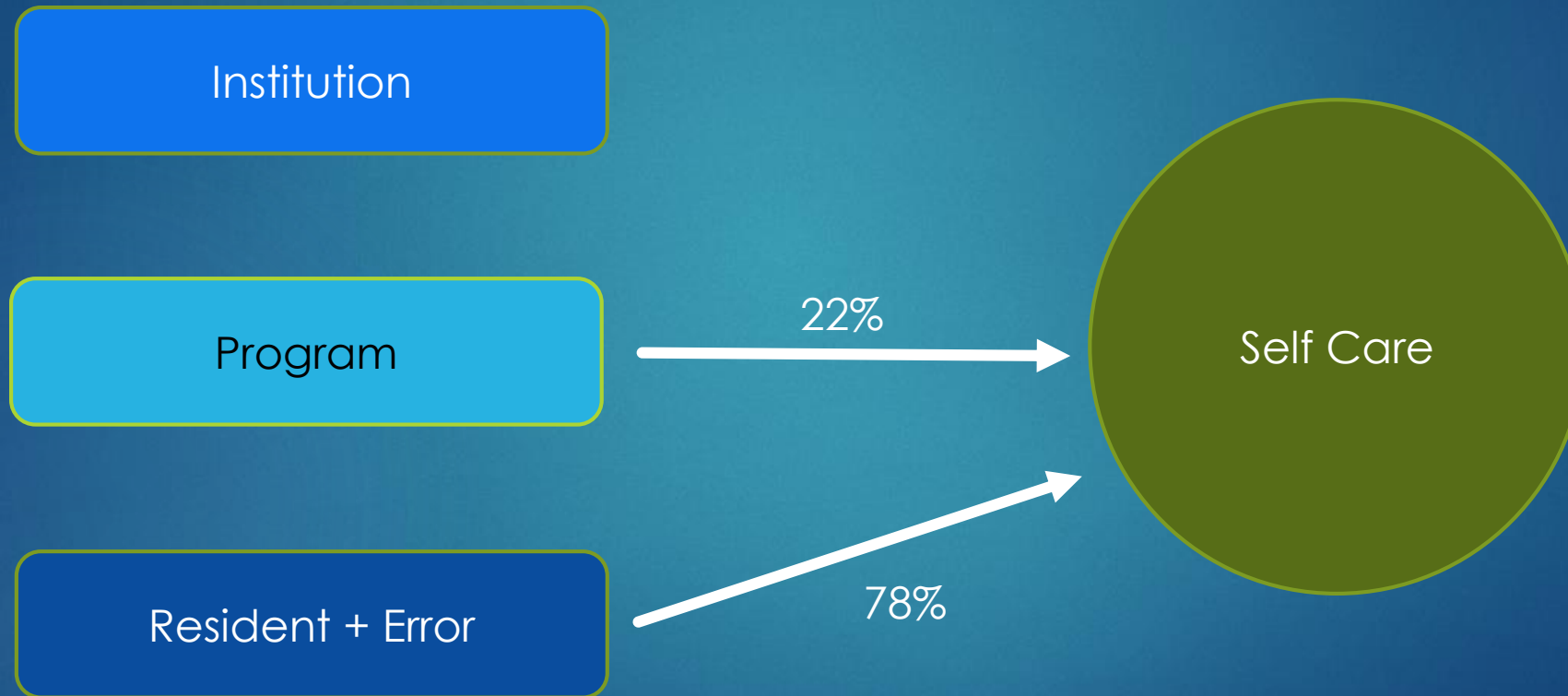


# Resident Wellness: Self Care

Institutions: A, B, C, E, F  
Programs within Institution  
Residents within Programs



# Resident Wellness: Self Care



# Item-level Institution vs. Program

*Institution  
more impactful*

*Equally  
impactful*

*Program  
more impactful*

Knew who to call when something happened at work  
Reflected on how your work helps make the world a better place

Felt the vitality to do your work

Had an enjoyable interaction with a patient  
Was eager to come back to work the next day  
You ate well  
Was proud of the work you did  
You felt connected to your work in a deep sense  
Felt supported by your coworkers

You felt your basic needs are met



# Breakout: Design Interventions



# Questions

