

# Wellness during Medical Residency: Loneliness and Social Support among Learners in Different Specialties

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## Introduction

- Medical residency is associated with negative outcomes such as reduced well-being and burnout<sup>1,2</sup>
- Loneliness and lack of social support are risk factors for these outcomes in the general population<sup>3,4</sup>
- **Aim 1:** Assess loneliness, social support, burnout, and well-being among learners in 3 medical residency programs
- **Aim 2:** Seek residents' recommendations for peer mentoring opportunities and other program features to support residents' sense of social connection

## Methods

### Design:

Surveys were sent via email to residents in 3 URMC medical residency programs: internal medicine; medicine-pediatrics, and pediatrics

### Participants:

- Internal medicine (IM) residents: 95
- Medicine-pediatrics (MP) residents: 35
- Pediatrics (Peds) residents: 50

### Measures:

- **Loneliness:** UCLA 3-Item Loneliness Scale<sup>5</sup>. Scores range from 3-9. Higher scores indicate greater loneliness
- **Social support:** Interpersonal Support Evaluation List – 12<sup>6</sup>. Scores range from 0-36. Higher scores indicate greater perceived support
- **Burnout:** Two items assessing emotional exhaustion and depersonalization from the Maslach Burnout Inventory<sup>7</sup>. Response options range from 1-7. Responses of 5 (“once a week”) or higher on either item indicate a positive screen for burnout<sup>8,9</sup>
- **Well-being:** Resident/Fellow Well-Being Index<sup>10</sup>. Scores range from 0-7. Higher scores indicate lower well-being
  - National sample mean = 3.4; SD = 2.1

### Characteristics of respondents who shared demographic and/or program information:

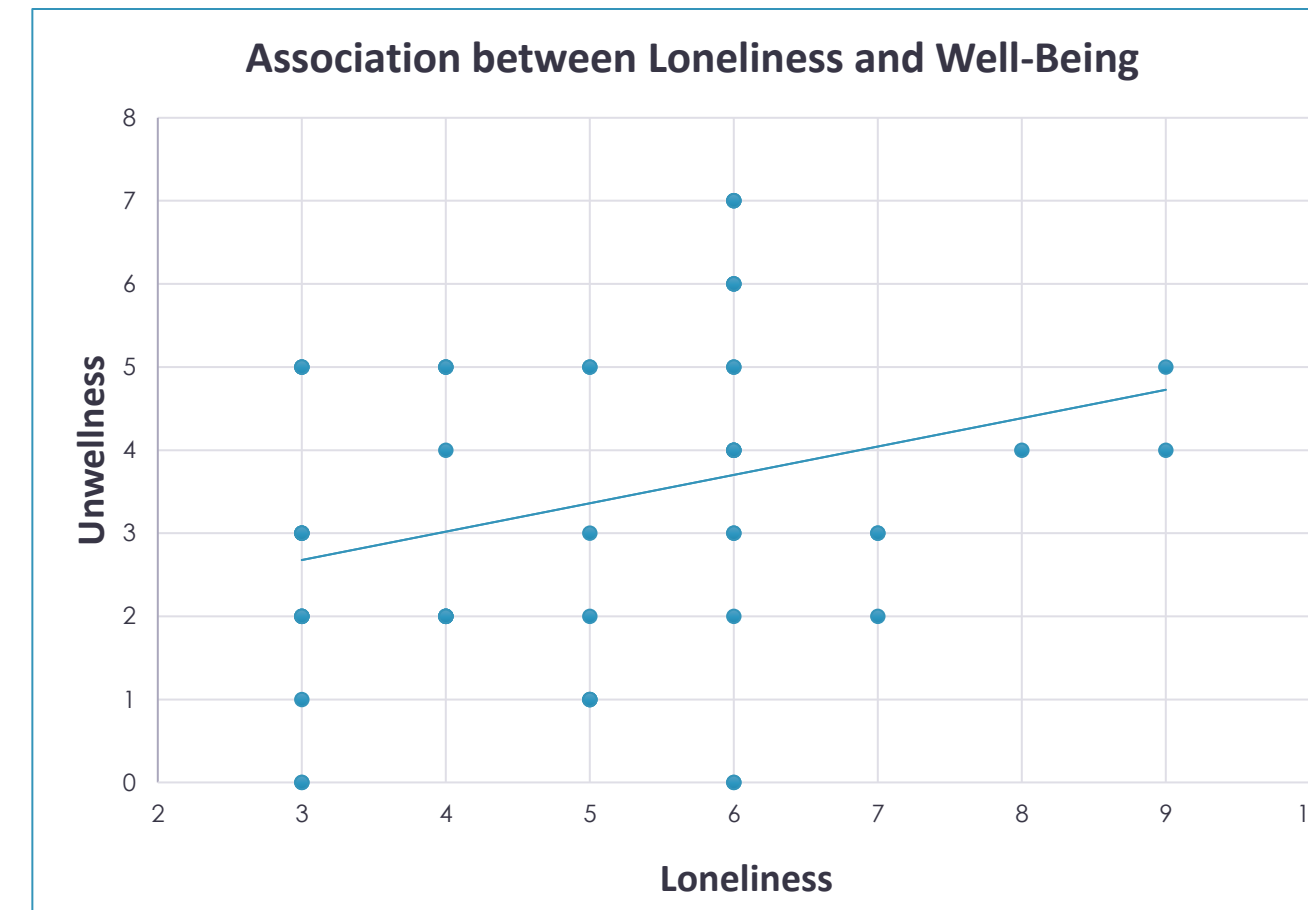
- **# of Respondents:** 66 (36.7% response rate)
- **Gender identity:** 61% F, 39% M
- **Respondents' Program:** 61% IM; 25% MP; 14% Peds
- **Program year:** 31% PGY1; 36% PGY2; 31% PGY3; 2% PGY4

% Endorsing	
Have a partner	76.0
Live alone	36.0
Have local support (Family/other support ≤ 3 hours driving distance)	58.0
Loneliness	44.6
Burnout	53.0

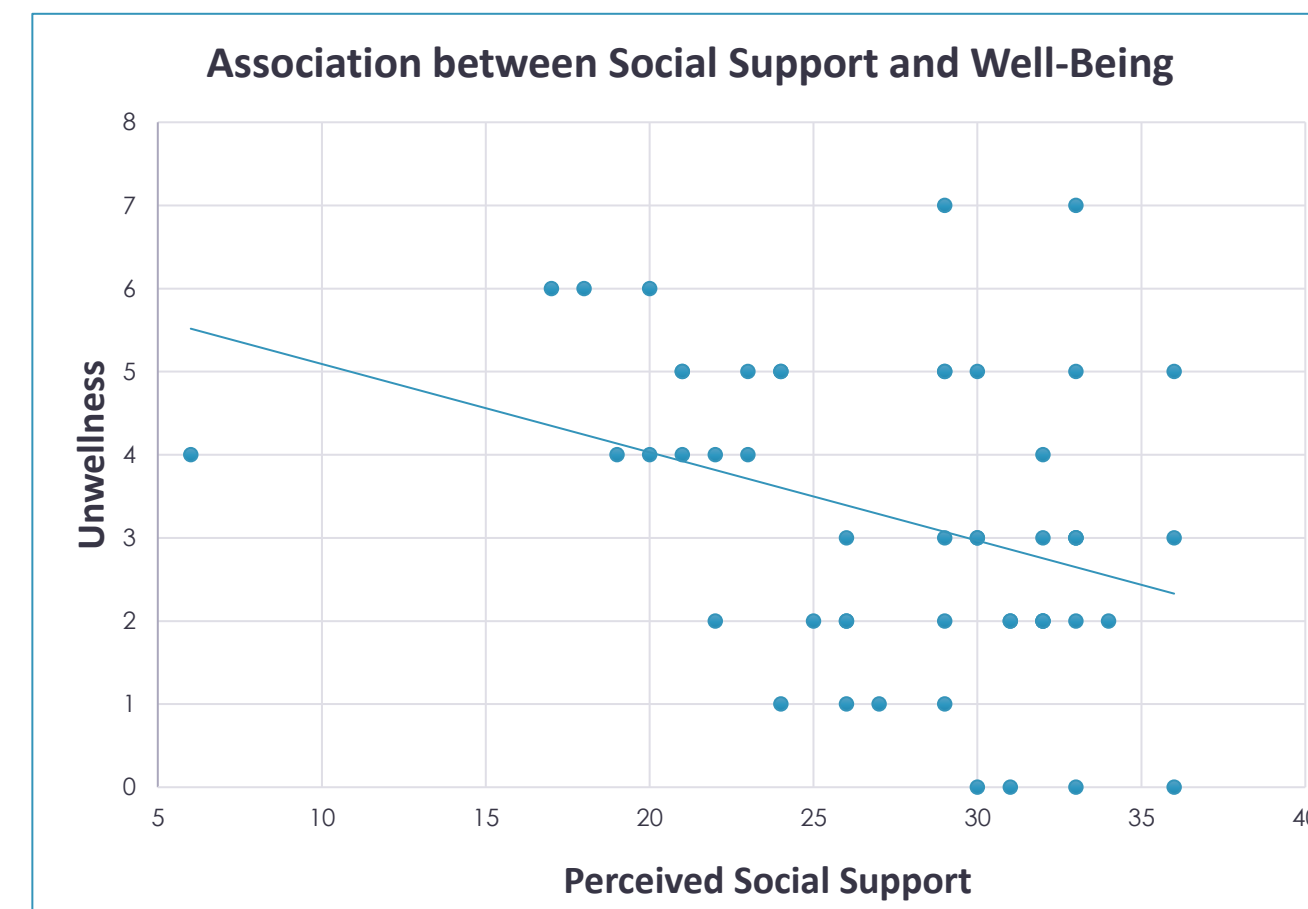
Sample Means		
Construct	Possible Range	Mean (SD)
Well-being	0-7	3.3 (1.9)
Loneliness	3-9	5.1 (1.7)
Social Support	0-36	27.3 (6.0)

Loneliness and Social Support: Associations with Components of Burnout					
Construct	Burnout Component	X <sup>2</sup>	df	N	p
Loneliness	Emotional Exhaustion	3.1	1	65	.077
	Depersonalization	7.5	1	65	.006
Social Support	Emotional Exhaustion	7.8	1	55	.005
	Depersonalization	7.0	1	55	.008

## Results



Unwellness = WBI score; Loneliness = UCLA-3 score  
Linear regression indicated that greater loneliness was associated with greater unwellness.  $R^2 = .09$ ,  $F(1, 51) = 4.8$ ,  $p = .034$ .



Unwellness = WBI score; perceived social support = ISEL-12 score  
Linear regression indicated that greater social support was associated with higher well-being.  $R^2 = .12$ ,  $F(1, 49) = 6.7$ ,  $p = .013$ .

### Resident recommendations for peer mentoring and peer connection opportunities

“Big buddy-little buddy system that spans across ambulatory blocks, so pairs would be from different blocks. It would give residents more opportunities to meet and get to know other residents.”

“It could be very fun to have an R3-R2-R1 peer mentoring system assigned at the beginning of the year with some small department funding for lunches/drinks to allow hang outs throughout the year.”

“I think it is critical that residents can be with other residents. My most isolated times have been on MICU nights and cancer center where there is no opportunity to be with peers.”

“There should be some days where noon conference is just a social hour... That could overall help wellness and burnout.”

## Discussion

- Although residents reported comparable well-being to a national sample of medical residents and students, nearly half endorsed loneliness and over half endorsed feeling burned out
- Loneliness and low social support were associated with greater unwellness
- Loneliness was associated with one component of burnout (depersonalization), while low social support was associated with both depersonalization and emotional exhaustion
- Increased opportunities for peer connection, such as peer mentoring programs across blocks/cohorts and increased time for social engagement, may benefit residents' overall well-being
- **Limitation:** Results should be interpreted with caution due to the low survey response rate



References: