

Abstracts

Poster# 70: The Role of Mindset, Impostorism, and Irrational Beliefs in Resident Wellness: Results from the HCA Nationwide Resident Wellness Study

Team: Gregory Guldner, MD, MS, University of California Riverside School of Medicine; Jason Siegel, PhD, Brendon Ellis, MA, Anne Brafford, JD, MA, Claremont Graduate University

Background

The significant proportion of residents reporting poor levels of well-being has appropriately fueled a call for interventions. Yet the specific constructs that impact well-being have not been well researched and validated in the resident population. Mindset (fixed versus growth), impostorism (the belief that one's success is fraudulent) and irrational beliefs (dysfunctional beliefs that contribute to emotional pain and anguish) are among individual variables postulated to relate to well-being in a high-pressure educational environment. Each of these constructs is amenable to interventions should they have causal relationships to well-being.

Objectives

Our prior research resulted in a statistically validated model of well-being in which the perception of meaningful work, strong psychological capital (hope, efficacy, resilience, and optimism), social support, and supervisor support for autonomy had significant relationships with depression, burnout, and engagement. In a replication study of our prior research, we sought to determine to what degree mindset, impostorism, and cognitive distortions relate to well-being.

Methods

As part of a longitudinal nationwide well-being study of HCA residents participants completed previously validated measures of meaningful work (Work & Meaning Inventory), supervisor support for autonomy (PAS-Work Climate Inventory), psychological capital (PCQ), impostorism (Impostorism Scale), mindset (Growth Mindset Scale), and irrational beliefs (Belief Scale). Outcome measures included burnout (Professional Fulfillment Burnout Subscale), depression (PHQ-9), and engagement (Professional Fulfillment Engagement Subscale). Structural equation modeling was used to explore the relationships between predictor and outcome variables.

Results/Outcomes/Improvements

In the first of three waves, completed in July of 2019, 579 residents responded to the survey. In this sample 17% of residents reported depression and 32% met the criteria for burnout. The risk of depression was eight times greater in those residents with burnout (41%) compared to those without burnout (5%). Meaningful work and supervisor support for autonomy were again strong predictors of all measures of resident well-being in the model ($p < 0.01$ to $p < 0.001$). Impostorism and Irrational Beliefs were strong predictors of depression and burnout ($p < 0.01$ to $p < 0.001$) while irrational beliefs had a moderate association with engagement ($p < 0.01$). Impostorism and irrational beliefs better accounted for depression and burnout than psychological capital, which was no longer significant in the structural model after the addition of impostorism and irrational beliefs as predictors. Growth Mindset was not associated with any outcome variable.

Significance/Implications/Relevance

Elements of our prior model of resident wellness were validated including the importance of the perception of meaningful work and supervisor support for autonomy, both of which are targets for specific interventions to improve well-being. Individual institutions could institute focused programs to improve the perception of meaningful work and to train leaders in various methods of supporting resident autonomy. If validated in the remaining waves of this longitudinal study impostorism and irrational beliefs would be targets for focused interventions such as those found on the ACGME Website.