Assessing and expanding knowledge of demoralization amongst internal medicine resident physicians

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Introduction

- Demoralization, a dysphoric state characterized by hopelessness and subjective incompetence, is common amongst medically and psychiatrically ill patients.[1,2]
- Though demoralization is likely underrecognized in clinical settings, brief psychotherapeutic interventions can target its symptoms.[3]
- Enhancing medical providers' ability to communicate with patients regarding emotional or existential distress may impact job satisfaction and burnout.[4]

Figure 1. Griffith and Gaby's existential components of demoralization that guide psychotherapeutic interventions[3]

TABLE 1. Existential Postures of Vulnerability and Resilience to Illness[a]

Vulnerability	Resilience
Confusion	Coherence
Isolation	Communion
Despair	Hope
Helplessness	Agency
Meaninglessness	Purpose
Cowardice	Courage
Resentment	Gratitude

[a]This listing of existential postures is not an exhaustive one but does include most that are of frequent concern for hospitalized medically ill patients.

Methods

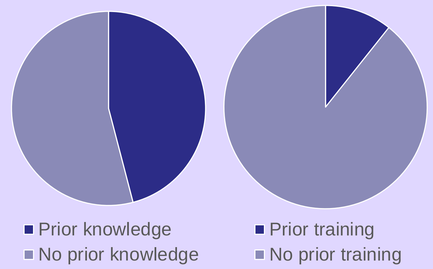
- We developed a 1-hour, case-based didactic session on demoralization for trainees across medical specialties based on existing literature and reviewed by a content expert.
- All internal medicine residents at Northwestern Memorial Hospital were invited to complete a pre-intervention survey and attend the didactic session 1 month later.
- Participants of the didactic session were asked to complete a post-intervention surveys on the day of didactic (day 0) and 8 weeks later (week 8).
- Gift cards were used to incentivize pre-intervention and week 8 post-intervention survey completion. Surveys were voluntary, optional, and via Qualtrics.
- This study was reviewed and exempt by the Northwestern University IRB.

Participant Demographics

Table 1. Participant demographics

Year of training	Pre-intervention survey, N=28 (%)	Day 0 post-intervention survey, N=11 (%)	Week 8 post-intervention survey, N=4 (%)
PGY1	7 (25.0)	4 (36.4)	2 (50.0)
PGY2	11 (39.3)	3 (27.3)	1 (25.0)
PGY3	9 (32.1)	4 (36.4)	1 (25.0)
PGY4	1 (3.6)	0 (0)	0 (0)

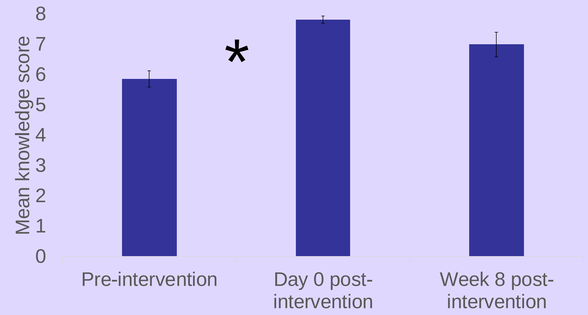
Figure 2. Pre-intervention survey participants with prior knowledge and training on demoralization



Percent of pre-intervention survey participants (N=28) with prior knowledge and training on demoralization. 54% of pre-intervention survey participants had not heard of demoralization and 89% reported no prior training on demoralization.

Results

Figure 3. Mean knowledge scores amongst survey participants



*Knowledge scores were calculated as the number correct out of 8 total questions for each participant. Only participants who completed all knowledge-based questions were included in scoring (N=22 for pre-intervention, N=11 for day 0 post-intervention, and N=4 for week 8 post-intervention survey). Mean knowledge scores were significantly higher amongst day 0 post-intervention survey participants (7.82 ± 0.40) compared to pre-intervention survey participants (5.86 ± 1.28) with a p-value <0.001 via Mann-Whitney U test. *=p<0.05. Mean knowledge score amongst week 8 post-intervention survey participants was 7.0 ± 0.82), Statistical analysis was not done for week 8 post-intervention scores due to the small sample size. Error bars indicate standard error from the mean.*

Table 3. Perceptions of demoralization amongst pre- and day 0 post-intervention survey participants

	Pre-intervention (N=22)	Day 0 post-intervention (N=11)	P value (*<0.05)
How frequently do you encounter patients with demoralization in your medical training?	3.59 (0.50)	4.09 (0.54)	***0.03**
How often does demoralization impact your patients' outcomes and adherence to treatment?	3.55 (0.60)	4.09 (0.54)	***0.02**
How often do you feel stressed, disheartened, and burned out when interacting with patients who express feelings of hopelessness, sadness, or disempowerment related to their medical care?	3.50 (0.74)	3.73 (0.79)	0.58
How comfortable are you at identifying demoralization in your patients?	2.27 (0.88)	3.73 (0.47)	***<0.001**
How comfortable are you at distinguishing demoralization from other diagnoses like depression?	1.82 (0.66)	3.45 (0.52)	***<0.001**
How comfortable are you in addressing and managing demoralization in your patients when you identify it?	2.00 (0.62)	3.09 (0.94)	***0.0002**
How satisfied are you with the amount of education or training you have received on demoralization thus far in medical training?	2.27 (0.63)	4.00 (0.45)	***<0.001**
How satisfied are you with the explanations of the features and presentation of demoralization?	N/A	4.45 (0.52)	N/A
How satisfied are you with the discussions on the similarities and differences between demoralization and depression?	N/A	4.54 (0.52)	N/A
How satisfied are you with the outlined management strategies for how to address demoralization in patients?	N/A	4.45 (0.52)	N/A
How satisfied are you with the case vignettes used in the presentation?	N/A	4.82 (0.40)	N/A

Participants used Likert rating scales to indicate, 1=never, 2=rarely, 3=sometimes, 4=often, 5=always for "how frequently/often" questions, 1=very uncomfortable, 2=uncomfortable, 3=neutral, 4=comfortable, 5=very comfortable for "how comfortable" questions, and 1=very dissatisfied, 2=dissatisfied, 3=neither satisfied nor dissatisfied, 4=satisfied, 5=very satisfied for "how satisfied" questions. Mean perception scores reported (SD). P-values were determined using unpaired t-tests or Mann-Whitney U tests for each question, with statistical significance at p <0.05.

Qualitative Week 8 Post-Intervention Results

- Average perception scores regarding comfortability addressing demoralization and satisfaction with the amount of training received on demoralization declined in week 8 post-intervention surveys compared to day 0 post-intervention surveys.
- 75% of participants indicated that the didactic session influenced their practice or interactions with patients.
- 50% of participants indicated that the didactic session impacted their sense of fulfillment at work.

Conclusions

- Baseline knowledge of demoralization was low amongst internal medicine residents, and few had received prior education on demoralization throughout medical training.
- Post-intervention survey participants demonstrated increased knowledge of and perceived comfortability identifying/addressing demoralization compared to pre-intervention survey participants.
- Participants expressed ambivalence regarding whether caring for patients with demoralization contributes to feelings of burnout.
- Participants reported high satisfaction with the didactic curriculum.
- A majority of week 8 pos-intervention survey participants indicated demoralization training impacted their medical practice.
- Week 8 post-intervention survey completion rates were poor, indicating more comprehensive longitudinal follow-up is needed to determine impact of the curriculum on clinical practice over time.

References

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