

Evaluating the Impact of Training Duration on Resident Sleep Patterns and Well-Being in Family Medicine

Waseem Jerjes^{a,b}

AUTHOR AFFILIATIONS:

^a Research and Development Unit,
Hammersmith and Fulham PCN, London,
UK

^b Faculty of Medicine, Imperial College
London, London, UK

CORRESPONDING AUTHOR:

Waseem Jerjes, Research and Development
Unit, Hammersmith and Fulham PCN,
London, UK, waseem.jerjes@nhs.net

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TO THE EDITOR:

The insights from the recent research by Johnson et al¹ are useful in understanding how training duration affects physicians' well-being. The current focus on physician wellness among medical trainees has made it relevant to study how duration affects mental health. However, this study does not explain some aspects, like how sleep deprivation affects the well-being of residents.

One significant observation from these results is that during the first postgraduate year (PGY1), more doctors in 3-year residency programs experienced sleep-related problems compared to their counterparts in 4-year residency programs. Specifically, 27.5% of all PGY1 residents in 3-year programs had indeed fallen asleep while inactive at public places as opposed to 17.8% of those in 4-year programs ($P=.009$). The statistical significance of this dissimilarity indicates that shorter programs' initial training period might impact negatively upon sleep patterns, thus possibly worsening tiredness levels, which contribute to burnout.

Medical residents are familiar with deprivation of sleep because it impels tension and fatigue. According to Raj's meta-analysis,² there is a connection between deprivation and such measures as emotional exhaustion, as well as lowered well-being. Nonetheless, there remains a need for more focused intervention, despite recommendations by the Accreditation Council for Graduate Medical Education for restricted working hours and improved quality of sleep through adjustment of shifts.³ Further, findings by Redinger et al accentuate the

necessity for effective methods to increase sleep quality among junior physicians, as they observed that currently existing interventions have not been very successful.⁴

Addressing sleep deprivation effectively needs a multi-faceted approach.⁵ For example, residency programs could do things like structured education on sleep hygiene, which might involve having sleep rooms available for trainees in hospitals and flexible scheduling or clinical shifts, instead of proposing a mere adjustment in duty time. In addition, it is possible that interventions like mindfulness and relaxation techniques may dampen sleep deprivation effects.

Moreover, results reported by Johnson et al¹ indicate that there is need to investigate emotional strength in the third year of residency training for individuals who are in 4-year programs (69.7% vs 56.5% in 3-year programs, $P=.003$). This is a phenomenon where residents appear detached emotionally as a way of coping with life; it adversely affects patient care and individual welfare. To this end, projects that aim to improve emotional intelligence include psychological support organizations or trainings on remaining resilient amid difficulties.

The research carried out by Johnson et al¹ shows that tracking well-being trends during different periods of training is important. However, the fact that 3-year versus 4-year programs did not differ significantly on any overall well-being scale suggests that some other elements, such as program design features, might play a significant role in affecting the way residents experience well-being itself. This suggestion is in line with similar findings⁶ from studies on the impact of pediatric program leadership on resident wellness, which

underlined the importance of having a leader who is supportive as well as maintaining a positive atmosphere in the work place.

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