Personal Growth During Internship

A Qualitative Analysis of Interns' Responses to Key Questions

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BACKGROUND: During clinical training, house officers frequently encounter intense experiences that may affect their personal growth. The purpose of this study was to explore processes related to personal growth during internship.

DESIGN: Prospective qualitative study conducted over the course of internship.

PARTICIPANTS: Thirty-two postgraduate year (PGY)-1 residents from 9 U.S. internal medicine training programs.

APPROACH: Every 8 weeks, interns responded by e-mail to an open-ended question related to personal growth. Content analysis methods were used to analyze the interns' writings to identify triggers, facilitators, and barriers related to personal growth.

RESULTS: Triggers for personal growth included caring for critically ill or dying patients, receiving feedback, witnessing unprofessional behavior, experiencing personal problems, and dealing with the increased responsibility of internship. Facilitators of personal growth included supportive relationships, reflection, and commitment to core values. Fatigue, lack of personal time, and overwhelming work were barriers to personal growth. The balance between facilitators and barriers may dictate the extent to which personal growth occurs.

CONCLUSIONS: Efforts to support personal growth during residency training include fostering supportive relationships, encouraging reflection, and recognizing interns' core values especially in association with powerful triggers.

KEY WORDS: graduate medical education; personal growth; qualitative research.

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Personal growth involves being conscious of one's thoughts, feelings, prejudices, and judgments and using this personal knowledge to act with mindfulness and in greater accordance with one's values and potential.¹⁻⁴ A hallmark of personal growth is continual development in the face of new challenges. Personal growth is a critical component of one's psychological well-being.¹ Physicians who are more aware in their practice of medicine may provide more compassionate, effective, and patient-centered care. Further, they may be more satisfied with their work and personal lives.²⁻⁶

Internship is a period of intense physical and emotional stress. Most studies have focused on the negative effects of residency training. Cynicism, anger, depression, and burnout occur at high rates during residency and may be associated with substance abuse, marital discord, poor job satisfaction, isolation, and professional reprimand.⁷⁻¹¹ Resident "burnout" has been linked to suboptimal patient care.⁹ However, intense experiences and stress, especially if accompanied by reflection and emotional support, may promote greater self-awareness and result in personal growth.^{2,5,12-14}

The purpose of this study was to explore processes related to personal growth during internship.

METHODS

Design

We used a longitudinal qualitative design. At regular intervals, during the study year, we collected written narrative accounts from interns about their experiences. Previous work among faculty physicians identified the importance of powerful experiences in fostering personal growth.¹² We hypothesized that because internship is an intense and demanding time, opportunities for personal growth might be relatively common and identifiable. The longitudinal qualitative design allowed us to gain an in-depth understanding of the processes related to personal growth during internship.¹⁵

Participants

In July 2002, we invited interns from 9 U.S. internal medicine residency programs in California, Georgia, Maryland, Massachusetts, Missouri, Pennsylvania, New York, Texas, and West Virginia to participate in the study. Residency programs were recruited for participation using personal contacts. We purposefully included programs of different types, size, and location. Our goal was to recruit a convenience sample of 3 to 4 interns from each residency program. A faculty person from each institution introduced the study during residency program orientation activities. Interns were told that involvement was voluntary and responses would be confidential. The first 3 to 4 interns to volunteer from each program were consented to participate. The Institutional Review Boards (IRBs) at the participating institutions approved the study.

The authors have no conflicts of interest to declare.

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Data Collection

Participants signed consent forms and completed a baseline survey at the start of internship in July 2002 or when they joined the study. Participants were made aware that the study involved an exploration of personal growth during residency. In addition to close-ended questions about demographic characteristics, the baseline survey included an open-ended prompt that asked interns to write their first narrative related to personal growth, Table 1. The following definition of personal growth was provided: "Personal growth is defined as any process by which an individual gains in awareness or understanding of themselves (personal awareness), and as a result, experiences changes in their feelings, beliefs, attitudes, behaviors, or views of themselves in a direction of increased congruency and accuracy with their goals and values." Baseline surveys were administered by faculty from each participating residency program at the time that interns entered the study. After this initial survey, a single researcher sent interns e-mails approximately every 8 weeks throughout the year asking them to respond to open-ended prompts related to personal growth.

Table 1. E-Mail Questions and Prompts Related to Personal Growth

Baseline Survey July 2002 (distributed in paper format):

Prompt for first narrative

Internship involves a significant increase in expectations and responsibilities and may be the most physically and emotionally demanding year of residency. Please write a short paragraph describing what you think will be the most important and challenging aspects of internship. Comment on how you think, you might be personally affected by these.

E-mail prompts

August 2002:

Several attributes are felt to be important to becoming a physician such as, integrity, compassion, and a sense of humanity. Choose 1 or 2 attributes that are important for you and which you believe are connected with the process of becoming a physician. Describe an experience that has made this connection more significant for you.

October 2002:

Please identify 2 or 3 major stresses that you have experienced since the beginning of internship. Describe some methods or ways that you use to cope with stress.

December 2002:

Describe 1 important relationship in your life. What is it about that relationship that makes it important to you? Describe the affect of internship on that relationship. Describe methods for dealing with stresses on that relationship.

February 2003:

Choose 2 or 3 words that describe how you are feeling about yourself as a physician at this time. Describe an experience or situation that you think may have led you to feel this way.

April 2003:

Identify a negative or disappointing clinical or work-related experience (such as a medical mistake, critically ill or dying patient, professional conflict, or negative feedback on your performance) that has occurred during internship. What was your reaction to this experience? Did any positive changes occur from this experience? If yes, describe them.

June 2003:

Describe a time in your clinical work when you felt that your core values were threatened (i.e., unethical behavior by another health care provider, medical student, or resident abuse). How did this make you feel? What did you do?

Describe how being involved in this study may have influenced any experiences that you have had this past year, in terms of your attitudes or behaviors toward yourself, your work, patients, colleagues, friends, or loved ones.

The prompts were informed by the published empirical work on personal growth among physicians,¹² the related theoretical literature,^{2-4,16-18} and analysis of the interns' own narratives as they were collected.¹⁹ Discussions among our study team helped to finalize the choice and wording of prompts, Table 1. The final 2 prompts were particularly influenced by analysis of the interns' writings.

Data Analysis and Interpretation

One researcher (R.B.L.) received all e-mails and removed personal identifiers. Responses were collated into a single "master document" for analysis and interpretation. Interns' responses were organized into sections corresponding to the questions that were asked during the course of the year, although analysis was not limited by question.

We performed a qualitative analysis of the content of interns' responses to our e-mailed prompts.^{15,19} Two researchers (R.B.L., S.M.W.) independently read the master document using an "editing analysis style"¹⁹ to identify meaningful segments of text. Specifically, we were interested in identifying personal growth outcomes and key processes related to these outcomes. We identified personal growth outcomes as segments that revealed increased personal awareness and greater self-actualization through changes in feelings, beliefs, attitudes, and behaviors in a direction of greater accordance with the interns' goals and values. Careful attention was paid to processes related to personal growth that appeared to serve as triggers, facilitators, and barriers. We identified preliminary categories and subcategories using an iterative process to resolve discrepancies between readers and to develop themes. The study team reviewed the master document and themes to verify their relevance and identify any additional themes. Decisions about the naming of themes were reached through consensus by the study team. We then developed a conceptual model to describe the relationship between triggers, facilitators, barriers, and personal growth outcomes.

We selected representative quotations to illustrate the various themes and edited them for grammar, spelling, and readability but did not make any substantive changes to the texts. To maintain confidentiality, all comments are presented in the masculine form. We provided participants with the opportunity to read our analysis of their writings. No participants disagreed with our interpretation.

RESULTS

Response Rate

Thirty-two interns at the 9 programs participated. All respondents completed the baseline survey on entry into the study. One participant withdrew from internship and therefore became ineligible to participate in the study after the second e-mail contact. Four interns joined the study after the first contact. In total, 184 e-mails were sent (6 contacts for 27 interns, 5 for 4 interns, and 2 for 1 intern). We received 169 responses for an e-mail response rate of 92%. Seventy-seven percent of interns replied to at least 5 e-mails. Response rates for each data collection time-point were as follows: baseline survey, 100%; August, 96%; October, 94%; December, 88%; February, 100%; April, 90%; and June, 77%. Intern responses provided more than 90 pages of data.

Characteristics of Respondents and Programs

The demographic characteristics of interns at the time of enrollment and information on residency programs are presented in Table 2. The total number of interns at the participating programs was 300 (range 8 to 62). Eighteen of the 32 participating interns were from university-based programs.

Triggers for Personal Growth

From the interns' narratives, we identified specific experiences that acted as triggers or catalysts for personal growth. These experiences were often intense, evoking strong emotions among the interns and challenging their values or sense of self. Recurrent themes included caring for critically ill and dying patients, receiving feedback, witnessing unprofessional behavior, experiencing personal problems, and dealing with the increased responsibility of internship. The following are some examples of triggers for personal growth.

... dealing with a patient's death, talking to the family and helping them cope ... It is also difficult to set boundaries on how personally involved I will be in the grief ...

... learning to take constructive criticism and using it to improve my skills ...

... receiving criticism from my seniors for being "too nice" or spending "too much time" talking to families ...

... having dealt with critical illness in my family and the death of a parent ...

... I will be challenged to maintain objectivity and compassion for each of my patients as my responsibilities and workload increase ...

Facilitators

Facilitators of personal growth included supportive relationships, reflection, and commitment to core values. Supportive relationships allowed interns to talk about their experiences with someone who was understanding and caring.

Table 2. Characteristics of Participating Programs and Respondents

	<i>n</i> =9
Program type*	
Community-based	2
Community-based, university-affiliated	2
University-based	5
Geographic region	
Mid-Atlantic	3
South	2
New England, Southwest, Midwest, West	1 each
Respondents	<i>n</i> =32
Age, mean (range), (y)	29, (25 to 37)
Male sex, <i>n</i> (%)	14 (44%)
Nonwhite race, <i>n</i> (%)	15 (47%)
Underrepresented minority†, <i>n</i> (%)	6 (19%)
Married, <i>n</i> (%)	14 (44%)
Children at home, <i>n</i> (%)	7 (22%)
Born in United States	23 (72%)

*Defined using the American Medical Associations' online specialty training statistics information database.²⁰

†African American, Hispanic, or American Indian.

... Sometimes I feel like I may not be able to hold it all together, but I do have a lot of people who are supportive and this makes a difference ...

... someone who is listening to me ... helping me at all times ... it is with my spouse's encouragement and support that I am able to persevere with my residency ...

... talking with the attending and reconfirming that everything was done from our end, allowed me to have closure after months of feeling horrible about the case ...

Reflection was as an integral component in many of the interns' stories. Reflection enabled interns to better understand their emotional responses and behaviors.

... I am still processing the situation, trying to figure out how I will deal with similar situations in the future ...

... nightly recounting of the day's events ... involves a fair amount of reflection ... and has helped me to stay grounded ...

... I guess just thinking about this issue may be a beginning point to build on ...

In their writings, interns identified their core values, such as humanism and balance, and relied on these to guide them through difficult situations.

... I try my best to put myself in every patient's shoes before making decisions concerning patient care ...

... when I feel balanced in my work, I am better able to communicate with my patients, express empathy and compassion, and evaluate them with a critical eye ...

Barriers

Fatigue, lack of personal time, and feeling overwhelmed at work were important barriers to personal growth.

... fatigue plays a big role in my performance and overall satisfaction, because a lot of times I want to read and do more, but feel too tired to be effective ...

... I don't seem to have enough time to study or sleep or read something fun or to just be by myself for awhile ...

... learning to stay calm when ... I'm expected to be doing 8 different things at once (seeing a new patient, working with several old patients, monitoring someone with chest pain, going to a lecture). I'm afraid of becoming overwhelmed and having an emotional meltdown, or of becoming very depressed ...

... dealing with increased expectations and responsibilities may cause me to try to become more "efficient" ... I also think those pressures may cause me to become more cynical towards patients under my care ...

A Conceptual Model to Describe Personal Growth Processes

Based on our analysis of the interns' writings, we developed a conceptual model to describe the process of personal growth. Triggers for personal growth were emotionally intense experiences that created opportunities for growth by challenging or emphasizing interns' beliefs, attitudes, or actions. When support, reflection, and consideration of core values occurred in association with a powerful trigger, greater personal awareness was fostered and personal growth was more likely to result. Conversely, if the same triggers manifested themselves at

FIGURE 1. Conceptual model to describe personal growth processes. Specific triggers act as a catalyst for growth; the balance of facilitators and barriers influences the outcome.

a time when barriers were outweighing facilitators, the potential for personal growth was less (Fig. 1). The following personal growth stories demonstrate the relationship between triggers, facilitators, and barriers.

This intern used an experience in which a family member was in the hospital to reflect on and humanize his interactions with his own patients. This experience, which involved a trigger and reflection, enabled him to recognize and confirm his core values.

I was looking on the echo schedule for the day when I saw the name “—” on the list. He is a relative of mine whom I’ve never met before. After work I went to introduce myself . . . When I first walked in the room he thought I was another doctor there to examine him. I realized then, that every time I enter a patient room, I am working with someone’s father, mother, sister, brother, etc . . . It was definitely a defining moment because this man looked at me as the doctor but I was looking at him as my family member. I try to remember that feeling every time I approach a new patient.

In the following story, fatigue acted as a potential barrier for personal growth while reflection, core values, and a supportive family facilitated growth by helping the intern remain committed to what he finds most meaningful in his work.

I’ve had many days in medical school and now in internship when I’ve been tired and felt like being anywhere but where I was. I think these thoughts are normal and when I’m thinking these things I remind myself why I am where I am. Ultimately it’s the patient who gets better or says thanks or smiles when I squeeze their hand and my family who constantly reminds me of the good things I’m doing that brings out the compassion and dedication in me and keeps me going.

The following intern reflected on a powerful experience involving feedback from a resident that occurred in the setting of caring for a critically ill patient. Reflection on the content of the feedback resulted in increased personal awareness of the intern’s own barriers to caring for dying patients. Reflection on the way in which the feedback was provided resulted in plans by the intern to provide feedback to others in a different manner.

The resident’s point about knowing when death is imminent and giving bad news has stuck with me. It made me realize that I still find it difficult to give the most difficult of news, namely

hopelessness/futility. This experience forced me to examine my ability to recognize when a patient’s condition has truly become terminal and to fully disclose this to the patient’s loved ones. The way in which the resident “taught” me this lesson was rather harsh and I will try to use a more gentle approach when I am in his position. Still, I learned from his criticism.

In a final example, the balance between facilitators (core values and reflection) and barriers (fatigue) influence the intern’s response to a trigger (witnessing unprofessional behavior), resulting in alternating progress and reversals in personal growth. The preponderance of facilitators finally resulted in an increased recognition of and willingness to defend his core values by not accepting unprofessional behavior in himself and others.

I have heard many disparaging remarks made in reference to patients . . . There were some times when I objected to those statements and those who made them often retracted or amended their views. However, there were times when I found myself passively accepting these comments without objection. Now with time to reflect and perhaps more importantly, rest, I see that my lack of response . . . could be interpreted as condoning this behavior. As the year progressed, I feel I started out with a heightened sense of awareness for situations like this. I think this awareness lapsed somewhat. And now reflecting back, I have greater ability to recognize those areas in which my values are threatened and more willingness to act on them.

COMMENT

Previous studies on the effects of residency training have attributed negative outcomes such as depression and burnout to the pressures experienced by medical trainees.^{8–10,21} However, in some situations, stress and challenging experiences may lead to personal growth.^{2,12,13,22} While prior work has focused on theoretical methods to promote personal awareness and growth among residents,^{2,3,16} to our knowledge, this is the first study to examine the process of personal growth in medical trainees. Our model for describing personal growth illuminates the importance of powerful triggers and specific facilitators, and barriers. The findings of this study support previous work carried out with faculty physicians and confirms the suggestion that residency training may be an important time for personal growth.¹²

The personal narratives shared by interns in this study describe triggers that create opportunities for personal growth. A key feature of all triggers was that they were emotionally powerful experiences that challenged the intern's beliefs, attitudes, actions, and sense of self. Intense experiences have been described in the medical literature as ready opportunities for teaching humanism, professionalism, end-of-life care, and for fostering personal growth.^{5,12,22-25} The specific triggers in our study involved clinical and work-related encounters such as caring for dying patients and witnessing unprofessional behavior. In some instances, such experiences may inhibit professional development and may lead to cynicism.²⁶ In our study, however, the presence of supportive relationships, reflection, and commitment to core values facilitated personal growth and were fundamental components of the interns' personal growth stories.

How do supportive relationships, reflection, and commitment to core values help to transform powerful "trigger" moments into personal growth? A recent study of physicians' emotional reactions to patient death found that interns reported the greatest need for emotional support compared with attending physicians and residents following the death of a patient.²⁷ Supportive relationships can facilitate personal growth by providing a safe, respectful environment in which listening, questioning, feedback, and reflection occur.^{18,22,26} This may occur one-on-one with loved ones or colleagues or in the setting of an organized support group.²⁸ Support from attending physicians may be particularly important as interns struggle to define and confirm their own values during clinical training.²⁶

Reflection promotes transformational learning where a change in one's consciousness and understanding of an event occurs and results in personal and professional development.²⁹ Within medicine, reflective practice has been used to enhance self-directed learning, personal awareness, and mindfulness among physicians.^{2-4,16,18,24} Our findings support this growing body of work. Formal mechanisms such as support groups and narrative writing exercises have been utilized at some institutions to promote these.^{18,28,30} Attending physicians and educators may also model supportive relationships and reflection in clinical encounters by recognizing potential triggers for personal growth, initiating a meaningful dialogue, or by sharing their own emotions and inviting learners to do the same.^{25,31}

By reading the interns' stories of personal growth, we learn which values are important to them. Interns describe humanism and balance as fundamental components of becoming a physician. Interns in this study recognized early in their professional careers that balance between their work and personal lives made them more contented and effective physicians. Recent work exploring meaningful experiences in medicine found that humanistic interactions and personal relationships with patients provided practicing physicians with a sense of connectedness and commitment to their profession.¹⁷ Focusing on what interns tell us is most important to them, and placing a greater emphasis on these issues during training may help to foster personal growth.

Fatigue, lack of personal time, and overwhelming work surfaced as potential barriers to personal growth, perhaps because these factors make reflection difficult and limit the amount of time and energy available for supportive relation-

ships. Recognition of the negative impact of excessive work hours and sleep deprivation on patient care have led to duty hour restrictions.³² Our study suggests that increased personal growth is more likely to occur among interns who are better rested and have time to attend to their own self-care needs.

Several limitations of this study should be considered. First, the interns who chose to participate in our study may not be representative of all internal medicine interns. We were able to compare participants in our study with internal medicine residents across the country using national statistics for residency programs. We found no significant differences in race ($P=.48$) and sex ($P=.06$).³³ However, a self-selection process may have occurred whereby interns who were perhaps already more reflective and self-aware may have opted to participate in this study. As participation in the study was voluntary and the interns knew at the outset that the study was about personal growth, our sample may represent a subset of individuals that is more prone to experience personal growth. Second, certain personality traits may play an important role in processes of personal growth. Our methods did not allow us to assess the psychological characteristics of participants. Finally, because it was our goal to focus on positive responses to the stresses of training, the way in which the questions were phrased encouraged the reporting of increased personal growth rather than the reporting of inhibited personal growth. Similarly, our methods emphasized the effect of particularly powerful experiences and may not have been able to detect evidence of small, incremental growth.

Conclusion

The experiences of internship provide many potential triggers for personal growth. The balance between facilitators and barriers helps to determine whether personal growth is more or less likely to occur. Medical educators may wish to consider our findings, particularly the importance of supportive relationships, reflection, and commitment to core values in promoting personal growth during residency training. Further research is needed to determine the best methods to identify and measure personal growth, as well as to promote it.

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