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 purposely 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.
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?

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.