ACADEMIC MEDICINE
Journal of the Association of American Medical Colleges

Author: Rosa Bogerd, MSc, MA; Milou E.W.M. Silkens, MSc, PhD; José P.S. Henriques, MD, PhD; Kiki M.J.M.H. Lombarts, MSc, PhD

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DOI: 10.1097/ACM.0000000000005959

Academic Medicine
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Appreciating Appreciation: Residents' Experience Feeling Valued Differently as Learners, Physicians, and Employees

Rosa Bogerd, MSc, MA, Milou E.W.M. Silkens, MSc, PhD, José P.S. Henriques, MD, PhD, and Kiki M.J.M.H. Lombarts, MSc, PhD

R. Bogerd is a PhD candidate, Professional Performance and Compassionate Care Research Group, Department of Medical Psychology, Amsterdam University Medical Center, University of Amsterdam, and researcher, Quality of Care Program, Amsterdam Public Health Research Institute, Amsterdam, the Netherlands.

M.E.W.M. Silkens is assistant professor, Erasmus School of Healthcare Policy & Management, Erasmus University, Rotterdam, the Netherlands.

J.P.S. Henriques is professor, Interventional Cardiology Program, Department of Cardiology, Amsterdam University Medical Center, Amsterdam, the Netherlands.

K.M.J.M.H. Lombarts is professor, Professional Performance & Compassionate Care Research Group, Department of Medical Psychology, Amsterdam University Medical Center, University of Amsterdam, and researcher, Quality of Care Program, Amsterdam Public Health Research Institute, Amsterdam, the Netherlands.

Correspondence should be addressed to Rosa Bogerd, Professional Performance & Compassionate Care Research Group, Department of Medical Psychology, Amsterdam University Medical Center, University of Amsterdam, Meibergdreef 9, 1105 AZ, Amsterdam, the Netherlands; telephone: (020) 566-1272; email: rosabogerd@gmail.com.

Supplemental digital content for this article is available at http://links.lww.com/ACADMED/B659.

Acknowledgments: The authors would like to thank the resident participants for sharing their experiences.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: This study was approved as exempt by the institutional ethical review board of the Amsterdam University Medical Center of the University of Amsterdam, September 28, 2022, #22.418.

Previous presentations: The results of this study were presented in summary at the First Nordic Conference on Medical Workplace Learning; September 18, 2023; Stalheim, Norway.

Abstract

Purpose

Cultures of wellness, defined as shared norms, values, attitudes, and behaviors that promote personal and professional growth and well-being, are robust determinants of professional fulfillment and professional performance. A major and largely overlooked aspect of a culture of wellness in medicine is residents' perceived appreciation or experience of feeling valued. Considering the pressing workforce and retention challenges that residency programs face, this study addressed the following research questions: How does appreciation at work manifest in the eyes of residents and how do residents perceive appreciation in relation to their professional fulfillment and performance?

Method

Guided by an interpretative phenomenological approach, this qualitative study purposively sampled 12 residents from different specialties, training years, regions in the Netherlands, and genders. Residents' individual experiences with appreciation at work were explored in semistructured interviews conducted between October 2022 and March 2023. Thematic analysis was used for data analysis.

Results

Residents perceived appreciation as "being seen and heard" and further described how appreciation at work manifested using 3 narratives. As learners, residents felt appreciated when their competencies were acknowledged and supervisors created room for individual

growth. As physicians or colleagues, residents felt appreciated when they experienced meaningful patient contact, high levels of collegiality, and self-appreciation through successes at work. As employees, residents felt appreciated when their (extra) efforts were noticed, they were properly facilitated in their work and training, and their well-being was prioritized. Residents said that receiving appreciation boosted their mental health, self-confidence, professional commitment, and professional fulfillment, thereby benefiting their performance and the quality of patient care they deliver.

Conclusions

Appreciation at work is important for residents and manifests itself within the narratives of learner, physician or colleague, and employee. Which narrative is foregrounded depends on context, but regardless feeling "seen and heard" at work is crucial for residents' fulfillment and performance.

Professional fulfillment is gaining recognition in the medical world. Professionally fulfilled physicians experience happiness, meaningfulness, self-worth, self-efficacy, and satisfaction at work.[1,2] Studies further show that professionally fulfilled medical residents may be partially protected against burnout,[3,4] express intentions to leave the medical profession less often,[4] and report fewer medical errors.[5,6] These findings explain the increasing interest in cultures of wellness because they are robust determinants of professional fulfillment and professional performance.[7,8] Culture of wellness can be defined as a set of shared norms, values, attitudes, and behaviors that promote personal and professional growth as well as physician well-being.[1,7,8]

A major and largely overlooked aspect of such a culture of wellness is residents' perceived appreciation or their experience of feeling valued.[9,10] Adler and Fagley[11] define appreciation as acknowledging the value and meaning of something (or someone) and feeling a positive emotional connection to it. They argue that appreciation plays an important role in psychological well-being and building social bonds. Furthermore, feeling appreciated at work effectively promotes physicians' professional fulfillment and professional performance through stimulating intrinsic motivation, feelings of meaningfulness, work engagement, organizational commitment, and self-confidence.[9,10,12-19]

The status quo of appreciation in postgraduate medical education (PGME) is mostly unknown, but there are signs that residents do not receive enough appreciation.[20-22] A U.S. study, for example, found that 19.2% of the residents and staff of a family medicine department seriously

considered leaving the institution because they did not feel appreciated.[20] There is some knowledge of means to make health care workers feel appreciated (e.g., giving a compliment or meaningful reward and providing special services, such as free parking).[9,10,13] However, it is unknown how residents experience these expressions of appreciation in the workplace. Because residents are in the unique position of being both fully part of the health care team and still in training, their experiences may differ from those of faculty. Hence, an in-depth exploration of how appreciation at work manifests in the eyes of residents is needed as well as how the underlying mechanisms between appreciation and professional fulfillment and performance work for them.

In light of the pressing workforce and retention challenges that residency programs face,[23,24] this qualitative interview study aims to answer the following research questions: How does appreciation at work manifest in the eyes of residents and how do residents perceive appreciation in relation to their professional fulfillment and performance? Ultimately, this study aims to offer starting points for fostering cultures of wellness in PGME to contribute to a professionally fulfilled, sustainable, and high-performing medical workforce.

Method

Study design

This qualitative study follows an interpretative phenomenological approach (IPA),[25] which studies phenomena or participants' experiences in depth as processes situated in an individual's so-called lifeworld.[25-27] This approach fits the study aim because it allows for a

better understanding of the manifestation of appreciation in the context of residents' work and learning environment.

In the epistemological stance of IPA, there is no such thing as an absolute truth and knowledge is always subjective.[28] Understanding and meaning must be sought through the interpretations of the experiences of individuals.[25] In-depth, semistructured interviews are one way of unravelling these experiences, and the researchers' reflexivity is crucial during the interpretation of the data.[29] Within the team, similarities and differences in interpretations of the data are frequently discussed (see Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B659 for more detailed reflexivity).

Our study group consisted of the lead author (R.B.), who has a background in philosophy (bioethics) and public administration, 2 experts in the field of medical education and professional performance and qualitative research methods, with disciplinary backgrounds in health sciences (M.E.W.M.S.) and health care policy and management (K.M.J.M.H.L.), and a senior cardiologist and clinical researcher (J.P.S.H.). The institutional ethical review board of the Amsterdam University Medical Center of the University of Amsterdam provided a waiver declaring the Medical Research Involving Human Subjects Act did not apply to the current study. At the start of the interviews, residents were informed about anonymization of the data, and written consent was obtained.

Setting and participants

This study was conducted among residents from various specialties in the Netherlands. Residency training in the Netherlands takes 3 to 6 years, during which residents rotate in both academic and nonacademic teaching hospitals. During their training, residents are part of the health care team and supervised by a group of faculty who guide them toward independent practice. Dutch training programs are competitive (as are many residency programs in other health care contexts), and the medical culture is known to cause residents to consider leaving their training.[30,31]

We purposively sampled residents to guarantee a heterogeneous participant group in terms of medical specialty, year of training, training region, and gender. On the basis of previous research[9,20,32] and discussions within our team, we hypothesized a potential influence of these criteria on the manifestations of appreciation at work (e.g., some specialty groups may have more open professional cultures than others, stimulating colleagues to express their feelings of appreciation to one another). Residents were approached and invited via professional and personal networks and snowballing strategies. Interested participants received a digital letter informing them about the background, purpose of the study, and practical details. Of the 18 volunteers, 12 (4 men and 8 women) were interviewed by 1 researcher (R.B.). We reached the criterion of sufficiency with regard to analytical rigor and data richness[33] after we completed our analysis of those 12 transcripts. The remaining volunteers had similar characteristics to those of previously included participants and were therefore excluded.

Interviews and data collection

The research team constructed an open-ended topic guide for the semistructured interviews, informed by relevant literature, thorough group discussions, and the experiences of individual team members. The initial topic guide followed 3 leading questions inquiring about (1) a positive experience with appreciation, (2) the meaning of appreciation, and (3) its perceived impact on work. These main questions were preceded by an associative icebreaker exercise (see Supplemental Digital Appendix 2 at http://links.lww.com/ACADMED/B659). We held a pilot interview (R.B.), which was transcribed verbatim and discussed with the 2 experienced qualitative researchers (M.E.W.M.S., K.M.J.M.H.L.); the data were deemed relevant, rich, and valuable and were therefore included in the final data collection. Minor adaptations were made to the topic guide throughout the data collection (see Supplemental Digital Appendix 2 at http://links.lww.com/ACADMED/B659). The interviews were held between October 2022 and March 2023. The interviews lasted between 45 and 60 minutes and took place at a location preferred by the interviewee. All interviews were audio-recorded, transcribed verbatim, and anonymized before data analysis.

Data analysis

To analyze the data, we followed an inductive and iterative IPA approach,[27] which eventually enabled us to perform thematic analysis. R.B. closely engaged with the first 4 interviews, read them line by line, and openly coded all of them, trying to identify insights that were significant and interesting within the participant's lifeworld. M.E.W.M.S. and K.M.J.M.H.L. both openly coded 1 of these 4 transcripts. Double-coded interviews were discussed within the team,

striving for intersubjectivity with an awareness of creating knowledge based on a shared understanding among the members of the research team.[34] On the basis of these discussions, R.B. coded 3 more interviews and created a preliminary coding scheme with themes that emerged from the data. Using this initial template, researchers R.B., M.E.W.M.S., and K.M.J.M.H.L. double-coded 2 more interviews.

After comparison and discussion, the team decided which core elements to include in the template and iteratively refined the structure of the template based on additional reading and coding of 5 more interviews. This stage is called the analytical or theoretical ordering stage in IPA, during which research themes are clustered together and superordinate concepts may emerge.[27] Subsequently, R.B. and M.E.W.M.S. separately applied the new template to one new transcript, discussed their coded transcripts, and finalized the template (see Supplemental Digital Appendix 3 at http://links.lww.com/ACADMED/B659), which was then, following thematic analysis, applied to all 12 transcripts using MAXQDA Analytics Pro 2022, release 22.0.1 (VERBI GmbH, Berlin, Germany). The inductive, iterative analysis performed by our multidisciplinary research team, together with the conversational quality and length of our in-depth interviews, reassured us that our study findings reached sufficiency with regard to analytical rigor and data richness.[33]

Results

Table 1 provides an overview of the study sample. Findings are presented in 3 sections: a reporting on the nature of appreciation followed by 2 sections answering the 2 research questions.

The nature of appreciation at work

Residents described appreciation as being seen and heard as a unique person by everyone they encounter in work, such as supervisors, peers, and patients. Two commonalities were found in how residents reflected on the nature of appreciation. First, residents assigned more weight to being appreciated for something they highly valued themselves. For example, one resident (R) explained that receiving appreciation for skills that came naturally, such as communicating with patients, made less of an impact: “I find it more enjoyable to receive appreciation for something that I am not as good at but have developed, a particular skill” (R8). Second, residents reported a more intense emotional experience of appreciation when appreciation was expressed at an unexpected moment. One resident mentioned that this surprise effect was what boosted the feeling of being appreciated: “that one patient who said how happy she was with the way you treated her. For me, that is, well, those unexpected compliments or acknowledgement.… That touches me more” (R6).

Manifestations of appreciation within different narratives

Residents narrated their experiences with appreciation at work coming from different narratives, namely, learner, physician or colleague, or employee. The dominant narrative was

dependent on personal preferences and characteristics, year of education, medical specialty, previous experiences, and other contextual factors.

The learner. As learners, residents felt appreciated at work when their competencies were implicitly or explicitly acknowledged by medical faculty. Implicit acknowledgment included gaining more responsibilities and independence. For example, one resident described a situation in which the surgical staff briefly stepped out of a 12- to 14-hour operation to eat something, leaving the resident in charge, which made them experience a sense of trust and appreciation. Residents also felt appreciated when the health care team agreed on their treatment plans or allowed them to "bring in your perspective on the health care system and on what good patient care looks like" (R11).

Explicit acknowledgment of competencies through compliments was one of the first things mentioned when residents shared their experiences with appreciation. One resident said that supervisors often stress that "not hearing anything is a good thing," but "residents rather hear that they are doing well" (R8). Another resident noted that only 3 words, such as "wow, well done" (R2) could suffice.

As a learner, residents also felt appreciated when their individual growth and development were seen, respected, and taken care of. Appreciation occurred, for example, when supervisors intentionally created learning opportunities for residents, provided improvement feedback, and paid attention to residents' future career perspectives.

> He [the supervisor] called me, asking: "would you like to report this MRI-scan? I think it will float your boat." That feels like appreciation; that he allows me to do something difficult and is willing to explain it to me, even though he knows it will cost him time. (R4)

A final theme within this narrative was the culture within post-PGME. Residents, for example, mentioned the hierarchical and conservative culture within their departments as hampering appreciation, referring to rude or disproportionately angry supervisors, situations where residents were held responsible for tasks that were not theirs, and instances when residents were not listened to only because they were still trainees. Once faculty really started to get to know the resident and worked together with them for a longer period, this maltreatment occurred less frequently, as if the resident first needed to earn their spot within the department: "I noticed that when he found out I was a senior resident, he respected my opinion more" (R1).

The physician or colleague. As physicians or colleagues, residents felt appreciated when they were able to contribute to patients' quality of life and experienced meaningfulness in patient interactions. One resident described how feeling appreciated by a former patient, who was known as a difficult man but with whom they managed to build a trustful relationship with, would always stick with them:

> Two weeks later he came to have a drain removed … and he said: "Doctor X!" and gave me a huge hug.… And then I thought: wow, apparently, it is my job, but

> still, apparently, I meant so much to him in a difficult period.… And that, yeah, still brings tears to my eyes. (R4)

Another important theme within this narrative was collegiality, which some described as the foundation of their job. To residents, collegiality could mean a myriad of things, such as creating an open atmosphere within a close team, pleasant ways of communicating with each other, being supportive and understanding toward each other, "taking one for the team," making little gestures of appreciation (e.g., bringing a treat when leaving an internship), and, finally, being seen for who you are as a person: "That you pat someone on the back [when things are tough]. Or when there are private issues.… So, as a resident group, we look out for each other in many different ways" (R3).

Finally, residents experienced self-appreciation from successes at work, such as when proposed treatment plans succeeded, a complicated case was well diagnosed, the day went smoothly partly because of a resident's individual efforts, or when a resident experienced pleasant collaborations with colleagues that, as an obstetrics-gynecology resident stated, "resulted in being able to do certain interventions together to make sure that her baby was born in a right way" (R8). These kinds of successes often resulted in residents feeling proud and experiencing self-appreciation.

The employee. As employees, residents experienced appreciation when their (extra) efforts, such as facilitating education, were noticed, acknowledged and rewarded. Likewise, for

residents it was important that the staff acknowledged the high work pressure at times, how hard residents worked, and that they often "bent over backwards" (R3). As another resident stated, "Apart from patient care I am in the education-committee…. I put a lot of time into that, but residents and staff tell me … that they really enjoy it. In that way, you also feel appreciated" (R4).

In addition, residents felt appreciated as employees when they were properly facilitated in both their work and training (e.g., that there is dedicated time scheduled for education and training and receiving proper employment terms and conditions, such as facilitated childcare at work). Residents also experienced appreciation when working in supportive work environments, both physical, such as modern ward rooms, and organizational by "having sufficient people and time, practical stuff, that you don't need to walk to a different building for a printer or keys, you know, … so that you can do your job" (R6).

A final theme within the narrative of employees was whether and how the organization cared about and for residents' well-being. Residents felt appreciated when their well-being was prioritized, for example, when the department had normalized working part time, residents' work-life balance was respected, and the department was flexible and understanding of residents dealing with personal health issues:

> One of three organizational pillars is: taking care of healthcare professionals.… By investing in me, the organization shows that for them it is important that I can develop myself, that I am doing well, and that I am worth their investment. (R11)

The effect of appreciation

We found that the effect of appreciation at work on residents can be categorized into 4 subthemes. First, residents mentioned that appreciation at work affected their mental health: it relieved their stress levels, made them feel more comfortable in their own skin, and led them to experience a sense of ease, which prevented them from taking on workloads at the cost of their own health. As one resident said, "I think that you experience less stress in all areas of the workplace, if you feel appreciated" (R1). Feeling appreciated furthermore stimulated the experienced balance between energy demands and energy resources at work, which, as one resident explained, helped in maintaining enough energy to keep going.

Second, residents mentioned that appreciation could be the start of an upward spiral toward becoming a self-confident and committed professional. Receiving appreciation made residents feel more confident and prouder of themselves. When feeling valued, they felt more energized, motivated, and committed to their job and more willing to go the extra mile. All of this reflected on their patients as well as their colleagues, which in turn further fueled their self-confidence and commitment as "the more you feel appreciated, the more you are strengthened in what you're already doing" (R1). In contrast, when lacking appreciation, residents mentioned that they experienced uncertainty and (self-)doubt. Instead of being able to practice mindfully, they would constantly doubt themselves whether they were doing the right thing. This downward spiral resulted in them experiencing a sense of dread, questioning why they are doing their jobs when they were not appreciated.

Third, the effect of appreciation on professional fulfillment was largely underpinned by residents' experience of meaningfulness (being able to contribute and help others). These experiences were often told within the narrative of the physician or colleague. Residents mentioned that the gratefulness of patients affirmed that they were indeed able to help, which led to a feeling of fulfillment because helping patients was mentioned as their main driver for becoming a physician in the first place. Sometimes, recognition by their supervisors, for example, when residents came to the correct diagnosis in a very complex case, would also trigger feelings of professional fulfillment because residents felt that they were able to contribute to the care of a patient: "When you feel appreciated, get compliments and are being seen, well, … then work is a party. Imagine you are not helping anyone; to me, that would be a very unsatisfying job" (R4).

Fourth, building on the (combined) experienced effects of increased mental health and becoming a more self-confident, committed, and fulfilled professional, residents phrased how this would ultimately affect their professional performance and the provision of high-quality care. Residents were able to work more efficiently because they experienced less doubt and needed to consult their supervisors less frequently. A higher level of self-confidence also facilitated more creativity and outside-the-box thinking, as well as more honest and open discussions about, for example, the right treatment plan for a patient. Self-confident residents, as they said, dared to do their part and were able to communicate more clearly to their patients. Additionally, expressing appreciation to and receiving appreciation from colleagues improved collaborations and could thereby affect the quality of care provided by the team.

More specifically, when residents felt appreciated for their technical medical skills, they were able to really listen to their patients and offer compassionate care. One resident mentioned that "when you are more at ease like that, you are able to separate what really matters, medically, from less important aspects" (R3). Another resident added that they once miscalculated the severeness of a situation "just because the patient was whining" (R5) and that being appreciated by patients increased their objectivity.

The opposite feeling could also affect residents' performance. Some participants talked about how a lack of appreciation from their supervisors created a barrier for them to call or consult the supervisors, potentially hampering treatment processes. Another resident noted how lack of appreciation could eventually result in defensive medicine and thus overtreatment and increasing health care costs because of an increase in residents' insecurity and inability to make decisions.

Discussion

In line with our aim of contributing to a professionally fulfilled, sustainable, and high-performing resident population, we have identified starting points for fostering cultures of wellness in PGME. Our study seems to resonate with Shanafelt's[35] observation that physicians today strive for a single identity that encompasses personal, human, and professional dimensions. The personal dimension includes physicians' private lives, and the human dimension refers to physicians being fallible people instead of infallible heroes.[35] In their article Physician Work-Life Integration: Challenges and Strategies for Improvement, Karakash et al[36]

argue that mentorship could be used to help professionals develop within all 3 domains. Our findings show that it is indeed important for residents to bring their unique and whole person, including their personal values (e.g., being seen for who they are as a person and having their work-life balance respected) and human qualities and limitations (e.g., the department prioritizing well-being and being understanding of residents dealing with private issues) to the workplace. They want to feel equally appreciated for what they do and for who they are. In addition to mentorship programs, we therefore suggest that appreciation from others within all 3 domains (professional, personal, and human) may be a less formalized but fruitful way to help residents flourish at work.

This study also underpinned the importance of collegiality for residents. The importance of collegiality in relation to feelings of social support and a sense of community at work has previously been established,[13,35,37,38] including its potential effect on fulfillment and performance.[39] This study adds that it is often during personal interactions with colleagues that residents experience a feeling of appreciation. Again, our findings stress the significance of uniqueness in those interactions. Interest in residents' private life and expressions such as "How nice to see you today!" make residents feel seen. Our study therefore suggests that investing in collegiality, and thus appreciation, may be an effective strategy for building a culture of wellness.

Finally, this study points to the importance of obstructive social norms and misbehavior in PGME.[40,41] Our findings regarding maltreatment, such as supervisors' disproportional anger and

rude behavior toward residents and disrespecting residents based on the supervisors' hierarchical position, are serious and were confirmed in a recent national survey in the Netherlands among 6,569 clerks, resident physicians, and staff.[36] More than half of the respondents in the previous study[36] reported that they had experienced inappropriate behavior in the work context. Additionally, the social norm revealed in our study that in performance evaluations "no news is good news" illustrates suboptimal professional communication styles. In their recent study on role modeling, Pope et al[42] stressed residents' desire for more performance improvement feedback and showed how providing feedback was considered a strength of high-performing supervisors. Because our study and previous research showed that feeling valued by one's supervisor is important for residents' performance[17] and a lack of appreciation may even jeopardize the quality of care in the long run,[40,41] the mentioned aspects of the medical culture in PGME need to be addressed. In line with literature on trust relationships in the health care workplace, focusing on appreciation, which can also be understood as an indicator of trust, may be a strong motivator and at the same time a protective strategy against (the effect of) forms of misconduct.[43]

Implications for practice and research

This study has implications for practice and research. First, this study raises awareness about the importance of appreciation at work for residents and how it may contribute to alleviating the current well-being and retention crisis in PGME.[23,24] The insights presented in this study may be used to reflect on existing national and organizational recognition and reward initiatives. Second, PGME programs could use those insights to develop a support tool or

training for faculty. Such a tool or training could be aimed at creating awareness of the different narratives in which appreciation is experienced and how it may affect residents' well-being and performance, revealing which norms and behaviors may hamper the experience of appreciation and teaching strategies to initiate conversations about residents' personal values.[44] Third, in cross-disciplinary workshops, for example, residents could learn about identifying their personal values and share their experiences with appreciation in a group, which may help them find ways to take leadership in crafting their residency training in a way that is fulfilling to them.[45-47]

Future quantitative research could be aimed at testing whether the found narratives and revealed mechanisms underlying the relationship of appreciation with fulfillment and performance hold in larger samples. It would be interesting to see whether one of the narratives is more prevalent in certain groups (based on gender, specialty, or year of education). In general, our findings show that the human experience of appreciation affects all kinds of interactions among individuals. The topic therefore invites discussion about associations with and research into many closely related themes, ranging from psychological safety and feedback procedures to reflections on shifts in the medical profession (e.g., the notion that the strong emphasis on altruism in the medical profession slightly seems to vanish[48]).

Strengths and limitations

The IPA facilitated a clear understanding of the variety of manifestations of appreciation at work for residents and how appreciation affects their professional fulfillment and performance. Because the stories of the participants were leading in the interviews, we were able to stick to their lifeworlds.[25,49] Not only did this increase the confirmability of our findings,[50] but also by seeing the phenomenon of appreciation in the specific contexts of the interviewees[25,49] we found that its manifestation varied depending on the different narratives of learner, physician or colleague, and employee. Adopting the idea of different narratives helped us to better understand the phenomenon of appreciation in PGME.

Given our heterogeneous sample, we believe our findings are relevant for residents in Dutch hospital–based training programs and likely for PGME programs in other Western health care settings. However, the transferability to settings other than those may be limited.[50] Although representative for our study population,[51] the inclusion of fewer male than female residents may have biased our findings. Lastly, our sampling strategy enabled us to guarantee a heterogeneous sample but may have resulted in a selection bias. Residents with a strong interest in the topic of appreciation (e.g., because they experience a lack of appreciation at work) may have been more eager to participate.[52]

Conclusions

Appreciation, a feeling of being seen and heard as a unique person, remains crucial for residents' mental well-being, although it manifests differently within the narrative of learner,

physician or colleague, and employee. Appreciation may fuel an upward spiral for residents to become self-confident and committed professionals and stimulate their professional fulfillment, ultimately enhancing the quality of care.

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Table 1
Demographic Characteristics of Resident Participants Interviewed About Experiences With Appreciation at Work, the Netherlands, 2022-2023[a]

Demographic characteristic(s)	No. (%) of residents (N = 12)
Sex	
Male	4 (33.3)
Female	8 (66.6)
Type of institution	
Academic hospital	6 (50.0)
Nonacademic hospital	6 (50.0)
Training year	
Junior (years 1-3)	7 (58.3)
Senior (years 4-6)	5 (41.7)

[a]Residents came from various hospitals and various regions in the Netherlands and represented the following specialties: internal medicine, orthopedic surgery, dermatology, radiology, psychiatry, neurology, sports medicine, gynecology, cardiology, cardiothoracic surgery, and gastroenterology.