Stress of Transition From Residency Training to Clinical Practice in the Military Setting

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Recently graduated military family practice residents and their respective faculty were surveyed to determine (1) whether the termination of residency and transition into practice in the military was perceived as stressful, and (2) which elements of the transition process contributed most to the stress.

Methods

The graduates and staff of nine military family practice residencies (three each from the Air Force, Army, and Navy) were selected for the survey. Through multiple-choice and Likert scale responses data were collected for demographic analysis and for analysis of the attitudes and perceptions of the respondents toward residency termination and transition into practice.

Seventy residents and 73 residency staff were surveyed with 70 percent of the graduates and 64.3 percent of the staff responding. Staff and resident responses were compared using Student's t test.

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Results

The stress of residency termination and transition into practice was perceived as greater by the staff than residents for all three services. Mean responses on a Likert scale from 0 (no stress) to 4 (overwhelming stress) were 1.86 for staff and 1.55 for residents ($t = 2.27$, $P < .05$). Twenty-one percent of the staff felt this was a very stressful period vs only 6 percent of the residents.

Respondents were then asked to rate five potential sources of stress during the transition period: residency demands (call, rotations, etc), conflicts (with staff, peers, etc), administrative demands (medical records, military regulations, etc), personal problems (marital, financial, family illness, or death) and uncertainty concerning their postresidency assignment. Staff again rated all areas as more stressful than did the residents ($P < .05$). Residents and staff, however, perceived the greatest source of stress during this period as the uncertainty of the next assignment.

Several aspects of the assignment process were

surveyed with similar responses by staff and residents. Initial concern over postresidency assignments begins in about February of the second year with final assignments not available until the third year (mean response): November for the Navy, January for the Army, and February for the Air Force.

There was general agreement on the preference given certain groups of physicians in receiving choice assignments. In descending order they were (1) military physicians already on active duty, (2) civilian physicians with no commitment, (3) residents from military programs, and (4) residents from civilian programs (Health Professions Scholarship Program participants deferred for civilian residencies).

The likelihood of receiving one's choice of assignment was reported as 49 percent receiving their first choice, 10 percent their second choice, and 6 percent their third choice. However, 35 percent received a fifth or lower choice of assignment.

Graduates of military residencies are more likely to use different criteria in selecting assignment choices than are their civilian counterparts in selecting a practice opportunity. In descending order of reported importance in making assignment choices of graduating residents were the location preferences of the spouse, recreational opportunities, "best choice(s)" of those available, need for family physicians, size of hospital or base, cultural opportunities, climate, availability of professional consultants, size of city or town, teaching opportunities, proximity to family and friends, and potential as an area for private practice.

Attitudes and behaviors observed most frequently among third-year family practice residents and possibly related to the stress of termination and transition were cynicism, feeling used, hostility, talking to or about the program director, being late for rounds or clinic, not returning telephone calls, depression, and neglecting or avoiding medical records.

Comment

This survey would indicate that the process of terminating residency and making the transition into clinical practice is stressful for the military family practice resident. Duttera et al[1] report a similarly stressful transition for civilian primary care providers. This survey, however, looked more at the pregraduation manifestations of this process, previously referred to as the "third-year resident rampage."[2]

Residency staff may have perceived the stress of this transition period for residents as higher for several reasons: (1) staff awareness and identification of stress and its sequelae among residents were increased, (2) the actual stress of transition was not so great as staff perceived it, (3) various coping mechanisms (denial, projection, repression, etc) among residents influenced their recognition or reporting of stress, or (4) a combination of the above and other unidentified factors.

For the military resident it appears that a significant source of this termination and transition stress is related to uncertainty of postresidency assignments. Several factors contributing to the stress in this area are the low priority in receiving choice assignments, the perceived lack of control over one's destiny (assignment), and the probability of receiving a less desirable assignment (35 percent).

The stress of residency termination and transition into practice is multifactorial. These data provide a focus on which to anticipate and develop approaches for dealing with these stresses for the family practice resident in the military and the growing number of civilian residents with postresidency service obligations.

References

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2. Merkel WT, Walbroehl GS: The annual third-year resident rampage: A separation crisis of manageable proportions. J Med Educ 55:366, 1980