

Making Sense of Fatigue: Implications of Social Constructs of Fatigue in Clinical Training and Practice

Introduction: Fatigue management is an enticing concept, even within the context of existing resident duty hour restrictions around the world. In Canada, where resident duty hours are not nationally legislated, fatigue risk management strategies (FRMS) have been proposed as an alternative to reduced hours. FRMS that exist in other industries predominantly approach fatigue as a physiological or cognitive construct. It is unclear whether or not the 2 constructs sufficiently capture residents' lived experiences of fatigue during training. Prior to implementing FRMS, we require a better understanding of how residents make sense of fatigue within their clinical training environment.

Methods: Using constructivist grounded theory, we conducted semistructured interviews with 21 residents from 7 surgical and nonsurgical disciplines at 1 Canadian institution in 2014. Iterative data collection and analysis informed theoretical sampling to sufficiency. Research ethics approval was obtained.

Results: Residents described shared understandings about the nature, meaning, and implications of fatigue in their clinical training environments. Five fatigue stories were identified: fatigue is (1) situationally dependent, (2) inescapable and therefore acceptable, (3) a temporary training phenomenon, (4) manageable through experience, and (5) surmountable when required.

Conclusions: This study elaborates our understanding of fatigue as a social construct. The 5 fatigue stories highlight tension between residents' social constructions and existing physiological and cognitive premises that predominantly inform fatigue management discussions. Attending to the social aspects of fatigue may maximize the feasibility and uptake of strategies for managing fatigue during residency training.

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