

Introduction

- Shame is a powerful emotional reaction to a global negative self-evaluation.
- Shame can precipitate intense distress and behaviors such as avoidance, defensiveness, and self-blame in medical learners, leading to depression, impaired empathy, and poor job performance.
- However, prior research has also highlighted shame's potential to catalyze meaningful learning, growth, and identity formation.
- What is currently unknown is how medical learners respond to a shame experience: the actions, coping strategies, and resources they employ—and how the environment influences this response.
- Addressing this gap will inform the development of skills, support mechanisms, and environmental conditions that advance learner growth and resilience in the face of shame.

RESEARCH QUESTION:

How do medical learners (i.e., resident physicians and medical students) engage with shame experiences once they have developed, and what factors influence this engagement?

Methods

- We employed hermeneutic phenomenology, a qualitative methodology that seeks to convey a rich description of the structures and essences of a lived experience.

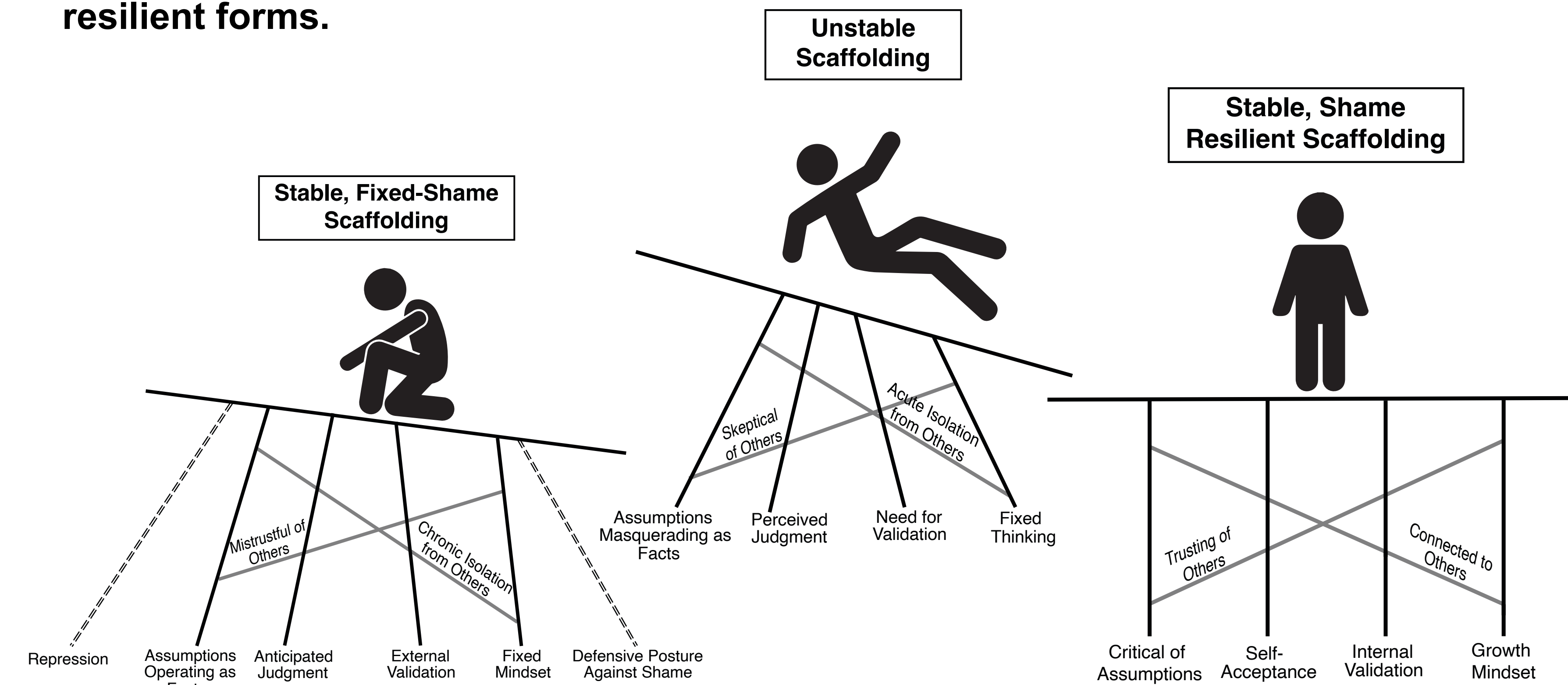
Qualitative research program about shame in residents (n=12) and medical students (n=16).

Selected 14 transcripts (7 residents, 7 medical students) capturing shame engagement across various training levels, shame feelings, individual backgrounds, and shame impacts.

Ajjawi and Higgs' six steps of hermeneutic analysis to analyze data.

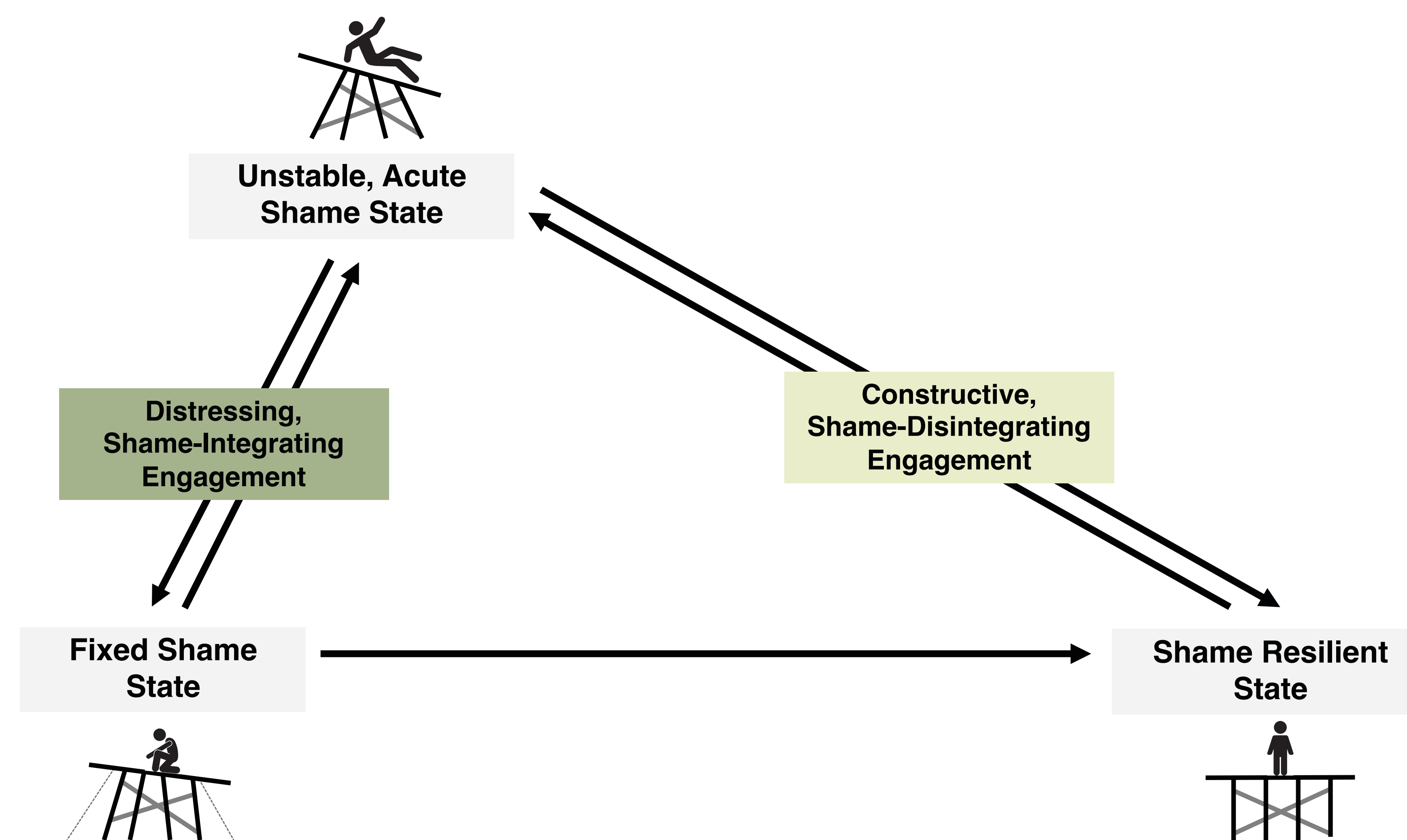
Results

Figure 1: Internal emotional scaffolding takes unstable, fixed-shame, and shame resilient forms.



- Individuals' internal emotional scaffolding—which we conceptualize as comprising one's identity, self-esteem, and position relative to the world around them—was central to their shame engagement and heavily influenced by the surrounding environment.

Figure 2: Differing forms of shame engagement affects internal emotional scaffolding.



- Distressing, shame-integrating engagement stabilized internal scaffolding yet integrated shame within identity and self-esteem.
- Constructive, shame-disintegrating engagement strengthened internal scaffolding and yielded greater shame resilience.
- Shame resilient internal scaffolding resulted in active shame recovery, acquisition of new skills, renewed social bonds, strengthened self-concept, and enhanced self-worth for most participants.

Results

- Supportive environments that exhibited care for learners and their education cultivated more constructive engagement, whereas isolating environmental pressures fostered more distressing engagement.

"I would go home and cry at night because [a resident] wouldn't look at me...if I could get her to look at me and get her to treat me as a human being then it would make the next three weeks not the worst." (P13)

"Seeing fallible people, seeing people I identify with in positions of power. That would make a big difference. We had a lecture on trans-identity... they brought in two lecturers, one of whom was clearly a gay woman... And that buoyed me for a very long time." (P8)

Conclusions

- This study explores the nature of—and processes that shape—medical learners' engagement with shame.
- These insights highlight specific ways to address shame's hidden, stigmatized nature in medical education, including advancing growth mindsets, implementing cognitive restructuring strategies, ensuring accessible support structures, and instilling optimal environmental conditions, including belonging and psychological safety.
- To consistently facilitate such engagement, leaders, faculty, and learners could be trained to become competent in recognizing, addressing, and responding to shame in a constructive manner.
- This study provides a roadmap for development of shame competence with the goal of creating connected, resilient, and empathic medical professionals who deliver quality patient care and thrive amidst emotional challenges inherent in medical learning.

References

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Acknowledgements

An immense thank you to Will Bynum for his guidance and support of this project. I would also like to sincerely thank Luna Dolezal for her insights and contributions. Thank you to the AAMC Group on Education Affairs National Grant and the Duke Department of Family Medicine and Community Health for funding this project.