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We read with great interest the recent paper by Halliday et al (1), who evaluated the relationship between grit and burnout in a group of UK hospital doctors and GPs. Their finding, that high levels of grit are associated with lower levels of burnout in UK doctors not only serves as an interesting observation, but also provides useful information to medical students and doctors alike. Notably, as the authors conclude, an understanding of an individual’s level of grit may be useful to identify doctors at a greater risk of burnout. Put another way, realising one’s level of grit may enable an individual to optimise their environment and thus help them achieve success, both personally and professionally.

In the current era of rankings, academic success, which is synonymous with academic productivity and often determined by publication rate and / or impact factor, is frequently used as a ranking metric for employment and promotion within the NHS. Anecdotally, identifying potentially fruitful research collaborations can be a turbulent process, but is a key component of academic success at any level.

We recently evaluated the relationship between office tidiness and academic productivity, as determined by the number of peer-reviewed publications, in a group of hospital consultants working within South Yorkshire. Office tidiness of 140 consultants (72% male; average career length 24±7 years) at Sheffield Teaching Hospitals NHS Trust was graded according to the modified Association of Physical Plant Administrators (APPA) Custodial Staffing Guidelines for Educational Facilities scoring system (2). Post hoc analysis revealed that consultants with offices of ‘orderly tidiness’ (Score 1) had published significantly more papers (median 27, IQR 4-81) than those with who maintained ‘causal inattention’ (Score 2) or ‘moderate dinginess’ (Score 3) (8 [1-18] and 2 [1-12], respectively; p<0.05), but not those who worked in ‘unkempt neglect’ (Score 4) (14 [7-40]; p>0.05) (Figure 1). Those who worked in ‘unkempt neglect’ published significantly more than those in ‘moderate dinginess’ (p<0.05), but not those who maintained ‘causal inattention’ (p>0.05). These findings were consistent after adjusting for career length and gender (data not shown).

Our data suggests that doctors who maintain offices in the extremes of tidy/ untidiness are most academically productive. The positive effect that a disorderly environment has on stimulating creativity has recently been demonstrated (3). In contrast, the old adage “a tidy house is a tidy mind” or “cleanliness is next to Godliness” all suggest that order is a positive attribute. The high productivity of tidy individuals may be the result of their ability to generate order from disorder – as illustrated by their resistance to succumb to entropy, or the natural tide of disorder (4). Future studies might look further at whether altering tidiness levels could affect academic productivity, as well as how to tailor an individual’s personal working environment to optimise their success.

Halliday and colleagues have provided evidence to suggest that understanding the grit levels of an individual may help doctors to identify those at greatest risk of burnout. Our data suggests that a room
spot check, or a gritty account of an individual’s personal working environment, may help identify those who are most academically productive. This may be of interest to those seeking to build research collaborations and achieve academic success.

Figure

Figure 1. Total number of publications for consultants different Office Tidy Scores. Bars represent median with IQR. Horizontal bars with asterisk represent p<0.05.

References

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