Outline

- Why discuss resilience?
- What is resilience?
- Can it be changed?
- Promoting resilience
It is not the strongest of the species that survive, nor the most intelligent, but the ones most resilient and responsive to change.

Charles Darwin
Why are doctors burned out? Our health care system is a complicated mess

By STEVEN ADELMAN and HARRIS A. BERMAN / DECEMBER 15, 2016

The Congressional Joint Economic Committee created this flowchart to map Obamacare.

https://www.statnews.com/2016/12/15/burnout-doctors-medicine/
Maslach et al have described burnout as:

“What started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns to exhaustion, involvement turns to cynicism, and efficacy turns into ineffectiveness.”

FIGURE 1. Professional characteristics and mindset of the 3 eras of physician well-being.
Factors effecting physician well-being and resilience

Institute for Healthcare Improvement (IHI) Framework for Improving Joy in Work

Real-Time Measurement
Contributing to regular feedback systems, radical candor in assessments

Wellness & Resilience
Health and wellness self-care, cultivating resilience and stress management, role modeling values system appreciation for whole person and family, work/life balance, mental health (depression, anxiety) support.

Daily Improvement
Employing knowledge of improvement science and critical eye to recognize opportunities to improve, regular proactive learning from defects and successes

Camaraderie & Teamwork
Commensality*, social cohesion, productive teams, shared understanding, trusting relationships.

*the practice of eating together

Physical & Psychological Safety: Equitable environment, free from harm. Just Culture that is safe and respectful, support for the Second Victim

Meaning & Purpose
Daily work is connected to what called individuals to practice, line of sight to organization mission and goals, constancy of purpose

Choice & Autonomy
Environment supports choice and flexibility in work, hours, and use of electronic health records

Recognition & Rewards
Leaders understand daily work, recognizing what team members are doing and celebrating outcomes.

Participative Management
Co-production of joy, leaders create space to hear, listen and involve before acting, clear communication and consensus building as part of decision making.

What is Resilience

- Resiliency is the ability to bounce back—to do your best each day regardless of the stress you are under.
- To be resilient is to have the ability to adapt, grow, and change in the face of adversity.
- This can be learned and practiced.

AORN J. 2022 Aug;116(2):171-174
Resilience

- The process of harnessing the resources we need to sustain well-being
  - Resources
    - External
    - Internal
    - Existential

Rosenberg AR. Pediatrics. 2018;141(3):e20172388
Resilience Resources

External
• Who supports me?
• Whom do I call when I need help?

Internal
• What are my strengths and skills?
• How can I develop them?

Existential
• What should I learn from this?
• What I am grateful for?
The key to resilience

- Self-awareness
- Self-monitoring

Individual Factors of Resilience

- Capacity for mindfulness
- Self-monitoring
- Limit setting
- Attitudes
  - That promote constructive and healthy engagement
  - Rather than withdrawal from challenges

Strategies proposed to develop resilience in other professions

- Building relationships through networking and mentoring
- Maintaining a positive attitude through laughter and optimism
- Having insight into one’s own risk and protective factors around stress
- Using life balance and spirituality to give meaning to life
- Becoming more reflective

"Everything hangs on one's thinking. A man is as unhappy as he has convinced himself he is."

Seneca
Common mindsets in medicine

- Viewing performance as identity
- Personalization and self-blame
- Negativity bias
- Pessimistic explanatory style
- Cynicism
- Maladaptive Perfectionism
- Imposter syndrome
- Fixed vs. Growth Mindset
- Cognitive distortions
Optimize your mindset

- **Metacognition** – the ability to examine your own thinking
- **Mindfulness** – noticing/awareness
  - allows for the ability to step back from automatic, habitual reactions
  - is highly predictive of work engagement and well-being

The Future of Happiness by Amy Blankson
Cognitive Reframing

- Cognitive restructuring
  - Notice the thought
  - Label it with kindness
  - Dispute the distortion
STAGE Framework

- S - Savor
- T - Think
- A - Aspire
- G - Give
- E - Empathize

The Future of Happiness by Amy Blankson
Savor

- Be mindful, notice the good things around you
- Make a pleasurable experience last as long as possible

The Future of Happiness by Amy Blankson
Think

- Identify and appreciate the things people do for us
- Increases optimism and self-confidence
- Deepens relationships with loved ones
- When you express gratitude – you get kindness and gratitude in return

The Future of Happiness by Amy Blankson
Aspire

- Feeling hopeful, having a sense of purpose, being optimistic
- People that create meaning in their life are happier and more satisfied
- Make goals seem attainable
- Hope correlates with how people perform tasks
- Believing that your goals are in reach creates meaning and purpose

The Future of Happiness by Amy Blankson
- Makes others happier
- Being kind reduces stress, isolation and anger
- Increases happiness and connection with the world
- More likely to try new experiences
- 42% increase in happiness when doing acts of kindness
- Reflecting on nice things we have done for others improves your mood

The Future of Happiness by Amy Blankson
Empathize

- Ability to care about others
- Ability to imagine and understand the thoughts and behaviors of others
- Reduces judgement and frustrations
- Increases patience
- Reduces anger
Happiness Hacks

- Start small
- Select the right tool
- Know when to move on

The Future of Happiness by Amy Blankson
There is nothing good or bad but thinking makes it so

William Shakespeare
### Framework for Linking Cultural Norms in Medicine with Burnout Factors and Potential Interventions

<table>
<thead>
<tr>
<th>Positive value</th>
<th>Negative potential</th>
<th>Burnout factor(s)</th>
<th>Potential mental training interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Deprivation</td>
<td>Compassion fatigue Entitlement</td>
<td>Reframing, Appreciation and gratitude</td>
</tr>
<tr>
<td>Excellence</td>
<td>Invincibility</td>
<td>Emotional exhaustion</td>
<td>Mindful self-compassion Inner critic awareness</td>
</tr>
<tr>
<td>Curative competence</td>
<td>Omnipotence</td>
<td>Ineffectiveness Cynicism</td>
<td>Self-awareness, Generous listening</td>
</tr>
<tr>
<td>Compassion</td>
<td>Isolation</td>
<td>Depersonalization</td>
<td>Connection and community Silence as energizing</td>
</tr>
</tbody>
</table>
RESILIENCY TRIAD

This diagram, developed by the lead author, shows the interaction between a physician’s values, level of insight, and dedication to a healthy lifestyle that makes him or her better able to cope with the challenges of the medical profession.
Thoughts

Emotions

Actions

- Results
What can you control?

- Yourself
- Your beliefs
- Your thoughts
- Your actions
What you can do

- **EXTERNAL**
  - Model wellness
  - Discuss the challenges
  - Foster community/supportive relationships
  - Provide resources for assistance
  - Utilize frameworks that support a culture of wellness
**TABLE V.** Recommended potential approaches to improve FIT wellness

<table>
<thead>
<tr>
<th>Recommended Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold periodic meetings between faculty and FIT, including outside the medical setting.</td>
</tr>
<tr>
<td>Have FIT discuss issue(s) with faculty and program director as an entire group rather than from one individual. Suggest possible solutions.</td>
</tr>
<tr>
<td>Make sincere effort by faculty to implement recommended changes.</td>
</tr>
<tr>
<td>Address clerical and nonclinical tasks by FIT.</td>
</tr>
<tr>
<td>Simply ask periodically how an FIT is doing</td>
</tr>
<tr>
<td>Have at least one faculty wellness representative model wellness.</td>
</tr>
</tbody>
</table>

*FIT*, fellows-in-training.
Ways to promote resiliency

- Process transparency
- If you do surveys, share participation rates and results
- Address the issues raised
- Change what you can
- Acknowledge what you can’t
- Be authentic
2 tools:

to engage in self-reflection, identify personal strengths, and build active coping skills:


Breaking Down “Easy”

1. Think of a task that comes easily to you but others might find difficult to perform. Write down a task you performed recently above the line below.
2. What goes into making this task possible? Below the task, list factors, subtasks, and personal traits required to complete this task.
3. Translate these traits and characteristics into strengths.

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Task:

---
Textbox 2. Participant worksheet for the resilience tool “My Resilience Practice” taught in the student-led workshop.

**My Resilience Practice**

Resilience is a daily practice. Below, in each of the quadrants identify the ways in which you have reliably dealt with stressors in the past or would like to try to in the future.

<table>
<thead>
<tr>
<th>Space</th>
<th>Reflection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you go?</td>
<td>How do you think and process best?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Expression</th>
<th>Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you create? What do you create?</td>
<td>Who are the people you can rely on?</td>
</tr>
</tbody>
</table>
Appreciative Inquiry

Philosophy
- Assumes people move in the direction of what they study, focus on, and talk about

Method of change
- People change most readily when they focus on strengths, patterns of success, and who they are at their best

May, N et al. Appreciative Inquiry in Healthcare 2011
Figure 3. The principles and process of appreciative inquiry.
Balint Groups

- A method designed to enhance communication skills among physicians and puts emphasis on the physician-patient relationship
- Presenter will discuss an issue and explore a case from the perspective of the physician and patient
- Improved wellness, increased patient centeredness and satisfaction with interactions

COMPASS groups.

Improved burnout, depressive symptoms and job satisfaction

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.

Krasner, MS JAMA, September 23/30, 2009—Vol 302, No. 12
Take all of your time off and encourage others to do so
Disconnect from work

Gratitude  Empathy  Mindfulness
PERMA+4:
Positive Organizational Psychology 2.0
Call to action

- Culture
- Policies and physical space
- Identify (dis)satisfiers
- Mentoring
- Educate about resilience

O'Brien, SE. The Journal of Pediatrics, 182, 6–7
How would you describe our healthcare system?
By harnessing the strengths of the group, we can get the support we need, change the culture and reduce burnout.
Further Resources

- Stoic Physician
- **Inspiring Impacts** Podcast- Inspiring Impacts on Apple Podcasts
- Resilient
  - By Rick Hanson, PhD
- Building Resilience with Appreciative Inquiry
  - By Joan McArthur and Jeanie Cockell
- The Resilience Project
  - By Hugh Van Cuylenburg
- The Power of Fun
  - By Catherine Price
- Appreciative Inquiry in Healthcare –Positive Questions to Bring Out the Best
  - May, N. et al
Thank you for listening

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