## Resiliency in Medicine

Reed Wise, MS and Danielle Goodrich, MD FAAEM





With the largest ever wave of older patients due to the aging of the baby boomer generation, rising health care costs, and currently, a pandemic stressing the health care system and those who work within it, it is all the more important that health care promotes skills and attitudes that give our physicians the ability to thrive in the face of adversity. Faced with an ever-changing medical landscape, increasing responsibilities, and often daunting hours, students, residents, and practicing physicians alike will succeed in their careers and provide better care if they develop the ability to spring back from hardship. Now, more than ever, physicians must demonstrate resiliency. Every effort should be made to provide the resources and tools that will allow physicians to thrive, which will ultimately benefit our patients and

Resilience is defined as the "ability to persevere through hardships to meet goals," and health care professionals who advance through their medical education and practice by fostering resilience as a strong facet of their character are better equipped to deal with some of the most difficult aspects of medicine.

In their 2018, Review of Grit and Resilience within Health Professions for the *American Journal of Pharmaceutical Education*, Stoffel and Cain discuss the correlation between well-being and these qualities. Resilience is a predictor for well-being<sup>2</sup> and grit is a predictor for academic success independent of IQ.<sup>3</sup> These findings showcase how important it is to value these qualities in our health professionals where providers are often dealing with life and death situations. It is clear that our health care providers are the most successful and effective when they are happy and do not manifest the signs of burnout. This sentiment has shown in

various studies including one at the University of Michigan in which a program that actively promotes wellbeing and a supportive work environment resulted in vascular surgeons who were "competent, compassionate and committed."

Resiliency is crucial for medical students, residents, and physicians alike because resilience helps to equip health care professions in dealing with grief. Though grief has proven an elusive topic to study and understand, in some ways it runs counter to resilience in that grief perpetuates the anguish and pain that comes from loss or hardship. Grief is a normal part of health care as physicians and medical students often develop strong relationships with their patients who decompensate or die, through no fault of the patient or health care team.5 While pain and empathy are normal responses to such events, students and physicians who do not have the support or the resources to work through these difficult aspects of medicine may be met with compassion fatigue, burnout, and chronic stress.

At the heart of this discussion of building resiliency, to be better prepared to respond to hardship and better deal with grief, has to be a focus on self-care. Often self-care is overlooked because the nature of the medical education system rewards the de-emphasis of it; medical students and residents, neglect self-care in order to pursue short-term gains. Behavioral patterns are reinforced from as early on as high school, which is only the tip of the iceberg of the competitive world of premedical education. By the time students reach medical school these patterns begin to shine through to the students' detriment. Full nights of sleep are traded for brief naps between study sessions, exercise is skipped in favor of writing a paper, and healthy food is traded for instant microwaveable meals. This system in which we learn is built on hyper-competitiveness to ensure that the best of the best are the only ones admitted to actually train to become physicians which results in a system that produces students who

are willing to sacrifice large segments of their lives to continue. This system is in dire need of an overhaul.

Fortunately, there are measures that can be taken to help instill resiliency and promote self-care at all levels of our health care system. First, grief must be destigmatized. It is a state common to all of humankind, and in order to be properly addressed, physicians need additional training for coping with potential losses and sudden adversity. Emotional validation must be stressed so that grief can be acknowl-



## NOW, MORE THAN EVER, PHYSICIANS MUST DEMONSTRATE RESILIENCY.

edged and supported before taking the first step towards getting back up for the next fight. Furthermore, adequate time off is critical so that there is time to process emotion, deal with the stressors of the job, and provide time for self-care. Other potential complementary solutions include a wellness system where physicians and students are automatically signed up for wellness benefits like gym memberships, mindfulness classes, wellness training, and counseling. Programs like these should be standard at hospitals, clinics, and medical



schools, and each program should be "opt-out" in order to remove any stigma surrounding emotional wellbeing support.

Moreover, grit and resilience are not just qualities that should be sought after in applicants to the health care field, but more importantly, they should be taught in our schools and training programs and fostered in our existing professionals through hospital sponsored wellness programs to promote self-care, curriculum updates that teach innovative coping mechanisms and positive emotional health, and finally through destigmatizing the need for all health care workers to prioritize their personal wellbeing. Many of these interventions are simple and can be easily incorporated into a busy work schedule or lecture, such as taking a few minutes a day for reflection. In the "Three Good Things" intervention, study participants were asked to detail three good things in their lives. In the study, this simple exercise was shown to be associated with positive emotions that promote positive wellbeing and ultimately foster Resiliency is crucial for medical students, residents, and physicians alike because resilience helps to equip health care professions in dealing with grief.

resilience.<sup>6</sup> These are just some interventions that can be taken so that we can better support our colleagues, to better support the patients that we care for each and every day.

It is important to emphasize self-care and wellness in medical schools and hospitals and promote a culture that fosters resilience in our students and physicians.

## References:

- Stoffel, J. M., & Cain, J. (2018). Review of Grit and Resilience Literature within Health Professions Education. American Journal of Pharmaceutical Education, 82(2), 6150. doi: 10.5688/ajpe6150
- Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. Acad Med. 2013;88(3):301-303.
- Duckworth AL, Peterson C, Matthews MD, Kelly DR. Grit: perseverance and passion for long-term goals. J Pers Soc Psychol. 2007;92(6):1087-1011.
- Audu, C. O., & Coleman, D. M. (2019). Prioritizing personal well-being during vascular surgery training. Seminars in Vascular Surgery, 32(1-2), 23–26. doi: 10.1053/j. semvascsurg.2019.01.003
- Shute, 2019 https://www.physicianspractice. com/article/coping-grief-how-physicians-canheal-after-patient-deaths
- Rippstein-Leuenberger, K., Mauthner, O., Sexton, J. B., & Schwendimann, R. (2017). A qualitative analysis of the Three Good Things intervention in healthcare workers. *BMJ Open*, 7(5). doi: 10.1136/bmjopen-2017-015826

## AAEM/RSA Podcasts — Subscribe Today!



This podcast series presents emergency medicine leaders speaking with residents and students to share their knowledge on a variety of topics.

Don't miss an episode - subscribe today!



K is for Komfort: Ketamine for Pain

Patient Callbacks

Experiences for Women of Color in the Emergency Department

Choose Compassion: How We Can Provide Better Care For Our Most Vulnerable Patients

Easing the Transition to Attending

Ultrasound in the Emergency Department

Navigating Your Career Path Post-Residency

Crowding in Emergency Departments

Myths, Bias, and Lies My Medical School Taught Me

