

Resuscitating Resilience

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“Resuscitating Resilience” is a new column for *Common Sense* about the art and science of being resilient and being well. Inevitably, we will face challenges and adversity throughout our lives as physicians, specifically by the nature of the work we do in emergency medicine. Resiliency is the art of learning to bend and not break in the face of adversity. It is about learning not only to bounce back to where we

were, but to cultivate skills that enable us to bounce higher than we were — with added knowledge, wisdom and life experience. It is about striving to be well; to be us at our very best.

And we must endeavor to do so if we are to effectively face one of the greatest challenges to our specialty: physician burnout. Through this column, we hope to equip, encourage and inspire you to not just survive but flourish despite the challenges we face as emergency physicians.

The problem with burnout is its complexity. Burnout may be defined as emotional exhaustion, disengagement and a low opinion of the work we engage in. The “job demands-job resources” model of burnout provides a framework to think about the systems-based key drivers of burnout in our workplace.¹

Let’s take a look at the demands of our job: high workload, time pressures, patient expectations, challenging physical environments and shift work. It is no surprise that the expected outcome of an imbalance of job demands is physical exhaustion. Likewise, let’s consider the necessary resources in our work: meaningful feedback, personal satisfaction, appropriate degree of autonomy, support from your EM team, job security and supervisor support. If this part of the equation is similarly unbalanced then we feel disengagement. Sadly, our work environment often drifts into these imbalances, too many demands and too few resources, with burnout the understandable and unfortunate outcome.

We know from prevalence studies that over half of all emergency physicians are experiencing burnout. As such, the problem cannot solely lie with the individual. Burnout is a systems-based problem that requires systemic and organizational solutions, in addition to individual efforts.

Unfortunately, systems-based changes are some of the most difficult to enact and many of the systems in place are beyond our control. There has been a shift towards focusing on workplace interventions to address physician burnout.² Encouragingly, hospital leadership at leading health

care organizations are starting to acknowledge these workplace key drivers and are instituting the initial steps at their institutions to try to start to address these issues.³ Unfortunately, too many institutions remain blind to these systems-based problems and it may be a long time before most physicians actually see changes to their work environment in meaningful ways. We need to be the voice advocating for change within our own institutions. This column will equip you with a strategy to bring wellness and resilience to your own institution and life.

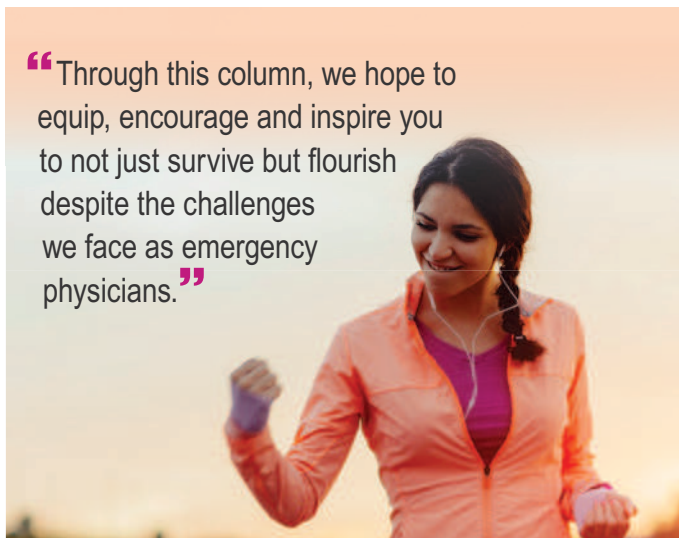
Although it is tempting to point solely at the systems-based problems as the cause of burnout, we would be remiss not to consider other impor-

tant key drivers that lie with the individual physician and the unique nature of our specialty. As individuals, we must acknowledge our own life experiences and conditions that contribute to burnout and being unwell. Anyone who has struggled with depression, anxiety, suicidal thoughts, a divorce, compassion fatigue or second victim syndrome can attest that some primary driver of burnout are unique to us as individuals. Likewise, the nature of our work in emergency medicine contributes substantially: dealing with the public, caring for abused children and vulnerable adults, working to save victims of horrific

acts of violence including mass casualty and mass shootings and bearing witness to untimely deaths. This repeated exposure to the suffering of others contributes to the problem of burnout and compassion fatigue. And too few of us take self-care as seriously as we should, given our chosen work environment. The way forward must be a comprehensive approach that takes into account all of the key drivers: individual, societal, institutional, as well as the unique challenges of our specialty.

Although we can’t possibly control every aspect of our work environment, we can control how we experience it and how we choose to respond to it. Being resilient is the art of training to bend and not break in the face of adversity. It is cultivating the emotional, spiritual, and intellectual flexibility that allows us to recover and go on after difficulty. It is learning how we can use evidence based practices like mindfulness, yoga and physical exercise to bounce back from a stressful job and difficult work environment. It is striving to be well, to be you at your best, by being intentional about self-care. And it is this intentional cultivation of holistic self-care and wellness that will allow us to continue to be compassionate and engaged physicians. It is exploring how art and the humanities can help us come together in our shared experiences as emergency physicians and

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humans. Through telling our shared stories of the joys and perils of emergency medicine, we can remember the purpose of why we do the difficult work that we do and importantly, we are never alone, no matter how difficult life becomes. We will shed light and awareness on the epidemic of physician suicide and how we can advocate to save lives amongst our peers that are often suffering in silence.

Bouncing Back will also focus on being resilient throughout the entire arc of the career of a practicing emergency physician. We will look at the unique issues that threaten resilience and how we can flourish at every career stage — from being a student in those early years of practice to a mature well-established physician looking for ways to continue sustainably.

The first step towards resiliency starts with doing a self-assessment. You can start with online anonymous burnout inventory tools on the AAEM Wellness Page <http://www.aaem.org/about-aaem/leadership/committees/wellness-committee>. What key drivers of burnout are under your control? Is there a better balance in the amount of work that you take on in regards to your longevity? Can you shift your career to include new directions that add interest? Some suggestions include diving more deeply into your subspecialty interest in emergency medicine, such as wilderness medicine, or taking on an educational tasks. Would starting something new outside of work relating to your hobbies or interests refresh your mind? Do you need to engage in a better self-care plan to improve your wellness? Do you need to take a hard look at the institution you work for? Does your workplace give you the appropriate amount of autonomy,

transparency and fairness? Is the mission and values of your institution aligned with your own values?

The AMA has a nice online tool to help you start your own resiliency plan which can be found here: <https://www.stepsforward.org/modules/improving-physician-resilience>.

Physician resilience is art and science — and we will draw on both to meet our goal: to equip, encourage and inspire you to bounce back from adversity and live at your very best. We look forward to starting this journey together.

References

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3. <http://healthaffairs.org/blog/2017/03/28/physician-burnout-is-a-public-health-crisis-a-message-to-our-fellow-health-care-ceos>

**** Note this article also appeared in EM News and has been edited for publication in Common Sense. ■**

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