

February 2018

Volume 12, Issue 1

What's squeezing the joy out of your life? Doctors talk about burnout and resilience

“If you carry joy in your heart, you can heal any moment,” said musician Carlos Santana. Joy may not be the first emotion we would use to describe a physician’s life. Yet it is closely associated with our power to heal ourselves.

Joy and resilience

Three years ago, Sasha Shillcutt, MD decided to set aside time to keep herself well, resilient and joyful. She did it by going to bed an hour earlier and getting up an hour earlier. “It changed my whole family’s schedule, but it sets an example of wellness for them,” she says. “I use that early morning quiet time to read, meditate, do yoga, or journal. It has made a huge difference. I feel like am in control of my day, whatever it may bring.”

Shillcutt is a cardiac anesthesiologist and Associate Professor in the Department of Anesthesiology at the University of Nebraska Medical Center. She has a passion for helping people integrate their work and personal lives. She speaks professionally and authors the blog *Brave Enough*.¹

Burnout, resilience, and self-care are frequent blog topics.

Resilience is the opposite of burnout, Shillcutt says. “When burnout is hospital-wide or institution-wide, it becomes even more of a problem. There can be decreased patient engagement, lower satisfaction, and financial sustainability issues. Even worse, we know that institutional burnout can cause patient outcomes to suffer.”

Resilience is not a stagnant condition, in which you stand firm and let nothing affect you, Shillcutt continues. “Resilient physicians suffer loss. They feel despair and anxiety, and they care about patients. They take action, and use energy to sustain themselves as they move forward.”

Social connections matter

Researcher Anthony Waddimba, MD, DSc, is the lead author of a 2016 study of resilience among physicians in upstate New York.¹ The finding that surprised him most, he says, was the significant influence



of relatedness or social affiliation needs on the resilience of healthcare practitioners.

Waddimba is a Physician Scientist and Senior Health Services Researcher with the Center for Clinical Innovation at the Parkland Health and Hospital System in Dallas.

“Clinicians, especially physicians, are often viewed as very self-sufficient professionals who are accustomed to functioning as ‘lone rangers’ for long periods of time,” he says. “There are still clinical settings where the prevailing professional culture tends to value independence much more than collaboration. Practitioners in such

(Continued on page 2)

“I think there are things that we can all do to build resilience in ourselves, but also to build resilience in each other.”

- Sheryl Sandberg

¹ Waddimba, A. C., Scribani, M., Hasbrouck, M. A., Krupa, N., Jenkins, P. and May, J. J. (2016), Resilience among Employed Physicians and Mid-Level Practitioners in Upstate New York. *Health Services Research*, 51: 1706–1734. doi: 10.1111/1475-6773.12499

Healthy professional relationships can strengthen resilience

(Continued from page 1)

Everyone needs time in the day when they are a person, not a physician. We need to heal ourselves first.

- Sasha Shillcutt, MD



Your Faculty Assistance Program: A Caring, Confidential Resource

(813) 871-1293
(800) 343-4670

We care about your wellbeing on and off the job. Your Faculty Assistance Program (FAP), administered by the professionals at Wood & Associates, is a confidential resource you can rely on, 24/7, when you need an assist during times of change, stress or crisis. This service is a faculty benefit. We're also a resource for helping you grow personally and professionally.

The FAP newsletter is provided as a benefit to USF Health faculty.

We welcome your comments on newsletter topics, however, we cannot provide FAP services by email.

Gary L. Wood & Associates, P.A.
4700 N. Habana Avenue Suite 300
Tampa, FL 33614
www.woodassociates.net

Editor

Patricia N. Alexander, Ph.D.
paalexander@woodassociates.net

Writer

Susan H. Burnell, APR
SusanBurnellAPR@gmail.com

contexts can develop a habit of stoically enduring work stresses and strains by themselves without seeking assistance from peers. Some might even behave this way out of a fear that they could be stereotyped as ‘mentally weak.’”

Taking positive action

By shining a spotlight on the importance of physicians’ relational needs, Waddimba says, the study suggests that individual practitioners, together with their clinical teams and organizations, must take action to build healthy professional relationships as a strategy for strengthening resilience.

Shillcutt found a positive, practical way to do just that. Her resilient response to the stress and negativity she was feeling at work was to get together with a group of other women physicians.

“We can talk and text each other, and we support one another when someone’s going through something difficult. We listen and build one another up with positive messages,” she says. “This can change the tone of the whole day. Everyone needs a positive peer group. When you put on the glasses of positivity, it’s amazing how much that changes your day. When

you can communicate with others who have an open, growth-focused mindset, your reaction to disease, pain and loss is different. You don’t go home as empty.”

Waddimba also incorporates a number of resilience-building activities into his life, he says.

“Personal and shared spirituality, as well as faith-based living, have been a huge benefit for my own career. Spending time with family and friends has proven to be a valuable escape for me over the years, and I try to protect the quality and quantity of that special time. I am not much of a jogger, but I love swimming. Music is my other escape and the acoustic guitar is my favorite instrument.”

“Everyone needs to unplug, yet it’s very difficult,” Shillcutt adds. “Everyone needs time in the day when they are a person, not a physician. We need to heal ourselves first. That means, though, that we have to take something else out of our lives.”

Modeling healthy habits

“Let’s face it, the practice of medicine presents numerous stresses and strains to the human body and psyche,” Waddimba says. “Medical school faculty should speak freely about resilience and teach their

students simple ways to stay optimistic and positive. If, for example, a professor leads his or her medical students in a two-minute mindful breathing technique right after encountering a patient with complex problems, the students will learn that good habit.”

Effective leaders in any medical or educational setting demonstrate healthy ways of bouncing back from stressful moments and events. They also look for opportunities to talk about what brings them joy in their professional and personal lives.

Waddimba recommends that professors take time to share anecdotes and stories about the things they have tried to do to maintain joy in their medical practice, and what has worked or not worked. There is strong healing power in those actions and stories. “Medical students are likely to find among such anecdotes examples that they can relate with and which they can implement in their own lives,” he says.

Resources

- *Brave Enough*, blog by Sasha Shillcutt, MD
<https://www.becomebraveenough.com/>
- *Option B: Facing Adversity, Building Resilience, and Finding Joy*, by Sheryl Sandberg and Adam Grant, Knopf (2017)
- *Resilience: Hard-Won Wisdom for Living a Better Life*, by Eric Greitens, Mariner Books (2016)