

RESILIENCE

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Resilience is a term which has entered the current conscious in a big way over the last decade. In the field of medicine, there is increasing recognition that doctoring is hard work, and that it takes a toll on the practitioner in ways that we have not imagined before. Left unchecked, the syndrome of burnout takes over, where the individual experiences symptoms of emotional exhaustion, depersonalisation (experiencing events as unreal), or being unable to have a sense of personal achievement from the good work that they do. However, burnout is often insidious, and until a significant event occurs, such as a preventable mistake or a serious health scare, it largely goes undetected. Long-term sequelae include impairment of professional function and development of psychiatric disorders.

In data from local research, burnout is present in more than half the doctors surveyed, ranging from junior doctors to consultants.¹ Significantly, there were low rates of personal accomplishment. Among the most vulnerable were junior doctors who have spent less than two years working in the local system, or who were socially unsupported.

However, while there has been much interest in burnout and its impact on the medical profession, with resilience touted as a means of overcoming burnout, definitions of resilience are still poorly understood.

Defining resilience

One simple way of appreciating resilience is to see it as a person's ability

to bounce back from adversity. But that would be akin to describing a bicycle ride to someone who has not ridden one before.

To truly capture the essence of resilience, one must understand three concepts:

1. Adversity is a part of normal experience as we go through life.
2. How we cope with adversity determines our resilience.
3. The repeated cycle of overcoming adversity and being able to withstand greater adversity endows us with increasing resilience.

We often work towards reducing stress in our lives, because we have been told that stress is a bad thing. So shouldn't avoiding stress be the simple answer to avoiding burnout? Evidence is to the contrary: there are various forms of stress and just like cholesterol, some are good and some are not. Healthy engagement with, rather than running away from, the source of the stress, is what predicts future success and happiness.

How then do we go about improving our resilience so that we are not overwhelmed? We all have resilience factors that we have used and perfected along the way. Foremost of which are relationships, which in a strange way, while being a great source of stress in themselves, do hold the key to us managing stress in general and building our resilience. Healthy relationships with family members, friends and colleagues are great places to start to build resilience.

The things we do can also make a difference. They could be in the form of spirituality, religion, exercise, or limited doses of “retail therapy” and activities that engage our natural endorphins and increase our sense of contentment.

A change in outlook is another good way of improving resilience. The American Psychological Association has published ten ways which will help to make a difference. They are:

1. Make connections
2. Avoid seeing crises as insurmountable problems
3. Accept that change is part of living
4. Move towards your goals
5. Take decisive actions
6. Look for opportunities for self-discovery
7. Nurture a positive view of yourself
8. Keep things in perspective
9. Maintain a hopeful outlook
10. Take care of yourself

Developing resilience

At this point, it is important to note that everyone is different, and so are our preferred resilience factors. If picking up a sport does not appeal to you, perhaps some meditation or reflective writing would do just as well. Resilience strategies can also differ between various medical subspecialties – research suggests that while GPs obtain gratification from the doctor-patient relationship, interventionists may obtain greater gratification from their medical efficacy. While at work, it is important to build professional relationships and have a clinical variety. Ensuring that we have time away from work actually contributes to maintaining a passion for work. Being able to prioritise and manage time and

to practise effectively contributes to our sense of “agency” or to being able to make a meaningful change from our own efforts. The most important thing is to recognise that something needs to be done because the stress of which, if left unnoticed, will snowball into something much harder to deal with further down the road. Change needs to happen right away – in the same way that vaccination against a potential pathogen is only useful before actual exposure has occurred.

Resilience is not a concept unknown to doctors: primary healthcare is about developing physical resilience, and once illness sets in, we work to encourage resilience through the course of treatment. It is time we turn this useful tool to ourselves. To take the idea one step further, are we able to not just bounce back from adversity, but to emerge even stronger in the phenomenon dubbed “antifragility”?

The answer starts with being resilient – rather than resistant – to change. ♦

Reference

1. Teoh L, Rahman H, Chew NWM. Burn-out in Hospital Registrars. *Ann Acad Med Singapore* 2011; 40 suppl 11:S280.

Further readings

1. Zwack J, Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Acad Med* 2013; 88(3):382-9.

2. Jensen PM, Trollope-Kumar K, Waters H, Everson J. Building physician resilience. *Can Fam Physician* 2008; 54(5):722-9.

3. Graham J, Albery IP, Ramirez AJ, Richards MA. How hospital consultants cope with stress at work: implications for their mental health. *Stress and Health* 2001; 17(2):85-9.

4. Taleb NN. *Antifragile: Things That Gain From Disorder*. Random House, 2012.

5. American Psychological Association. *The Road to Resilience*. Available at: <http://www.apa.org/helpcenter/road-resilience.aspx>.

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