

# The upward spiral: resilience training for medics

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Positive psychologists and coaches **James Butcher** and **Nic Malcolmson** describe the creation and development of 'Eudemedics', an innovative resilience training programme for doctors and clinicians in the NHS.



The recent BBC documentary *The Hospital* highlights the challenging circumstances faced by doctors, as crisis conditions in the NHS become the norm. Many of us could say we are busy and called on to make tough decisions, with little time for reflection - but few of us confront the high stakes that doctors do, where their daily decisions and actions really are a matter of life and death.

In *What Doctors Feel*, Danielle Ofri, herself a physician, describes the near-misses and tragedies that are part of a doctor's working life, and the feelings of anxiety, frustration, and even shame that doctors experience as a result.<sup>1</sup> In a recent *Guardian* article, a junior doctor reported the aftermath of the first death of a patient they had experienced: 'I'd welled up with tears as I sat in front of a computer trying desperately to remember how to prescribe a drug, paralysed with the knowledge of the harm that could befall my patients if I got it wrong.'<sup>2</sup>

Over time, that emotional payload can take its toll on the physical and psychological wellbeing of doctors, and on their ability to keep performing at their best.<sup>3</sup> While doctors may be all too aware of the impact of their work on their psychological health, they may be reluctant to take time off and get the help they need - either because they worry about the knock-on effect of their absence on already overstretched colleagues, or because of the perceived stigma of not coping.

Yet historically there has been little in the way of training for doctors in the psychological skills and strategies that could help them deal with the powerful emotions they will inevitably experience. Perhaps this is starting to change: an internal review by the General Medical Council, titled 'Doctors who commit suicide while under GMC fitness to practise investigation' recommended: 'Make emotional resilience training an integral part of the medical curriculum.'<sup>4</sup>(p2) NHS England also recently announced the launch of a GP Health Service, to provide specialist help to stressed GPs.

### What is resilience?

We think of resilience as the capacity to adapt to adversity, while staying mentally, physically, emotionally, socially, and spiritually healthy<sup>5</sup>:

- looking after our **cognitive selves**, so that our internal conversation is more reasonable and helpful
- looking after our **physical selves**, taking care of diet, exercise, and sleep
- looking after our **emotional selves**, for a healthy balance of positive and negative emotions
- looking after our **social selves**, keeping connected with others who matter to us
- looking after our **spiritual selves**, staying true to our values and sense of purpose

According to Barbara Fredrickson,<sup>6</sup> resilience is not about detaching oneself from a situation or putting up barriers to protect oneself; instead, resilience is about the ability to assess and process what's happening in such a way that one can return to an emotional equilibrium. As a result, less cognitive capacity is taken up worrying about what might happen and ruminating about what has happened, leaving the mind clearer to focus on the situation in front of us.

Much of what's written on resilience focuses on how we think and feel (and the link between the two). Yet we can forget that our psychology lives in our biology - without paying attention to diet, sleep and exercise, we may not be able to make as much difference as we'd like to our emotional wellbeing. Furthermore, we can lose sight of the importance of our social environment. In *The Human Moment at Work*, psychiatrist Edward Hallowell says: 'Human beings are remarkably resilient. They can deal with almost anything as long as they do not become isolated.'<sup>7</sup> Staying connected with people we trust means we can reach out for help and understanding, and recognise that we are not alone in the difficulties we face.

For some, their spiritual self is expressed through a religious faith; for others, it will be found more in their values and cherished →



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causes. For all of us, staying focused on what really matters to us can help us get through the toughest times. Through resilience, we can create an internal sense of safety, despite the challenging environment we might be living or working in, which will help those around us feel more secure too.

There is growing evidence about what helps people develop greater resilience. For example, the Penn Resilience Programme<sup>8</sup> has been used in schools, and the Master Resilience Programme in the armed forces,<sup>9</sup> and in both cases evidence has been gathered about the impact of resilience training on wellbeing and performance.

#### **Eudemedics gets underway**

Our work with doctors has its origins in a conversation between Dr Shweta Gidwani, senior emergency medicine consultant at Chelsea and Westminster Hospital, and positive psychologist Nic Malcomson: how might positive psychology help motivate Dr Gidwani's team of junior doctors, and in the longer-term, help them stay engaged and passionate about their vocation?

The conversation sparked the idea of 'Pub EM' - an informal setting for doctors to explore ideas about life as an emergency medicine junior doctor and its impact on their wellbeing, at a time when a dispute with the Government had led to unprecedented industrial action. From those conversations we learned a lot about the world of doctors and their psychological response to the challenges they face.

The initiative led to discussions with Education Fellow Dr Sophie Flavell and psychiatrist Dr Sara Sreih from the hospital's postgraduate department, and the development of an introductory workshop on resilience for junior doctors as part of their programme of continuing professional development. The project went on to win second prize in the Young Educators Award 2016 from the Association for the Study of Medical Education.<sup>10</sup>

Junior doctors came to the event straight from the wards, stepping out from the hurly-burly of their daily routines. We talked about 'slowing down the film' to look frame by frame

at the interactions they had with others and their habitual ways of responding to what was happening around them. And we introduced some of the practical exercises that could help them develop more resilient responses to their demanding working lives.

Building on the success of the introductory event, we were asked to develop a full-scale resilience programme, with the challenge of minimising the time doctors spent away from the wards. The programme we designed included two two-hour workshops, plus a set of online exercises, followed by two conference calls, and ran over a period of five weeks.

#### **Personal resilience**

The first workshop focused on personal resilience. We used the metaphor of an ink blot - how our worry about something that has gone (or will go) wrong can spread across our thinking until anxiety monopolises our awareness. How can we talk to ourselves in such a way that we shrink the ink blot and make the problem seem solvable?

Strong emotional reactions are to be expected, given the kind of work doctors do: the question is, how best to process those emotions so that they are in proportion to what has happened, and don't linger with us unnecessarily? Of course, the idea that the way we think affects the way we feel goes back a long way. As Roman Emperor and philosopher Marcus Aurelius said, 'If you are distressed by anything external, the pain is not due to the thing itself but to your own estimate of it; and this you have the power to revoke at any moment'.<sup>11</sup> Modern therapeutic approaches like cognitive-behavioural therapy (CBT) are based on the same idea: if we can talk to ourselves in a more helpful, supportive way, and question the validity of our beliefs and assumptions, then we can change how we feel, and change the choices we give ourselves.

So we asked the doctors to practise exercises to help them think differently about the challenges they face, looking at their internal conversations and helping each other find more constructive ways to think about those challenges. We also introduced the practice of 'expressive writing', a deceptively

simple intervention devised by James Pennebaker,<sup>12</sup> in which people write down (without worrying about spelling or grammar) their thoughts and feelings about something that has been troubling them, for 20 minutes a day, over four days. Pennebaker was able to show that the process led to a significant improvement in physical and mental wellbeing.

The weekly online exercises that followed the workshop gave the doctors a chance to practise some of the strategies we had introduced them to. For example, they used the 'ABCDE' technique from cognitive-behavioural therapy to reframe unhelpful thoughts: the exercise 'made me feel more positive about the situation and that I probably overreacted' commented one participant. Next, we asked them to continue with the expressive writing exercise. According to one participant, 'The writing and reflection is creating a space for me to think and I am hoping the more I do this exercise, the more chance I will have of having this space in real time.' A third online exercise focused on identifying personal values by reflecting on the ups and downs of daily life. 'It really helped to think about how I could make more time and effort doing the things that mean most to me,' wrote one doctor afterwards.

In between the two workshops we asked the doctors to have a coaching conversation with a fellow participant, and we arranged a conference call to review their experience of applying what they were learning.

### Social resilience

The second workshop focused on social resilience - how do we deal with the impact of challenging social and professional interactions? We looked at the kinds of conversations that help us get relationships back on track, and the strategies that can help keep those sometimes difficult conversations constructive. For example, how do you express your views assertively, while making sure the other person feels listened to and acknowledged? If we're to have constructive, supportive relationships, we need to be able to see the world through the eyes of others. What values, motivations, and intentions drive their behaviours?

Building on this, we explored the idea of 'I'm OK - You're OK'<sup>13</sup> - how do we treat others with compassion and respect, and treat ourselves the same way? One answer is to examine the cognitive biases that slant our thinking about another person, and we took the doctors through an exercise to rebalance their view of a colleague or patient they were having difficulty with.

Staying 'I'm OK' is a foundation for resilience - and for healthy relationships with others. Many people in the caring professions give out so much for others that they have little left to expend on themselves, and can end up burning out. We gave the doctors some simple exercises to help them develop an appreciative frame of mind; for example, 'three good things':<sup>9</sup> to end each day thinking about something that had happened that day to savour, something that they were grateful for, and something to give themselves a pat on the back for. We gave them an experience of mindfulness, and revisited all the good advice on diet, exercise and sleep. Again, we followed the workshop with some online exercises, including one to help prepare one's mindset, and strategies for a challenging conversation.

The programme ended with a final conference call to review what everyone had learned from the programme, and to think about ways of persisting with their commitments to their wellbeing.→

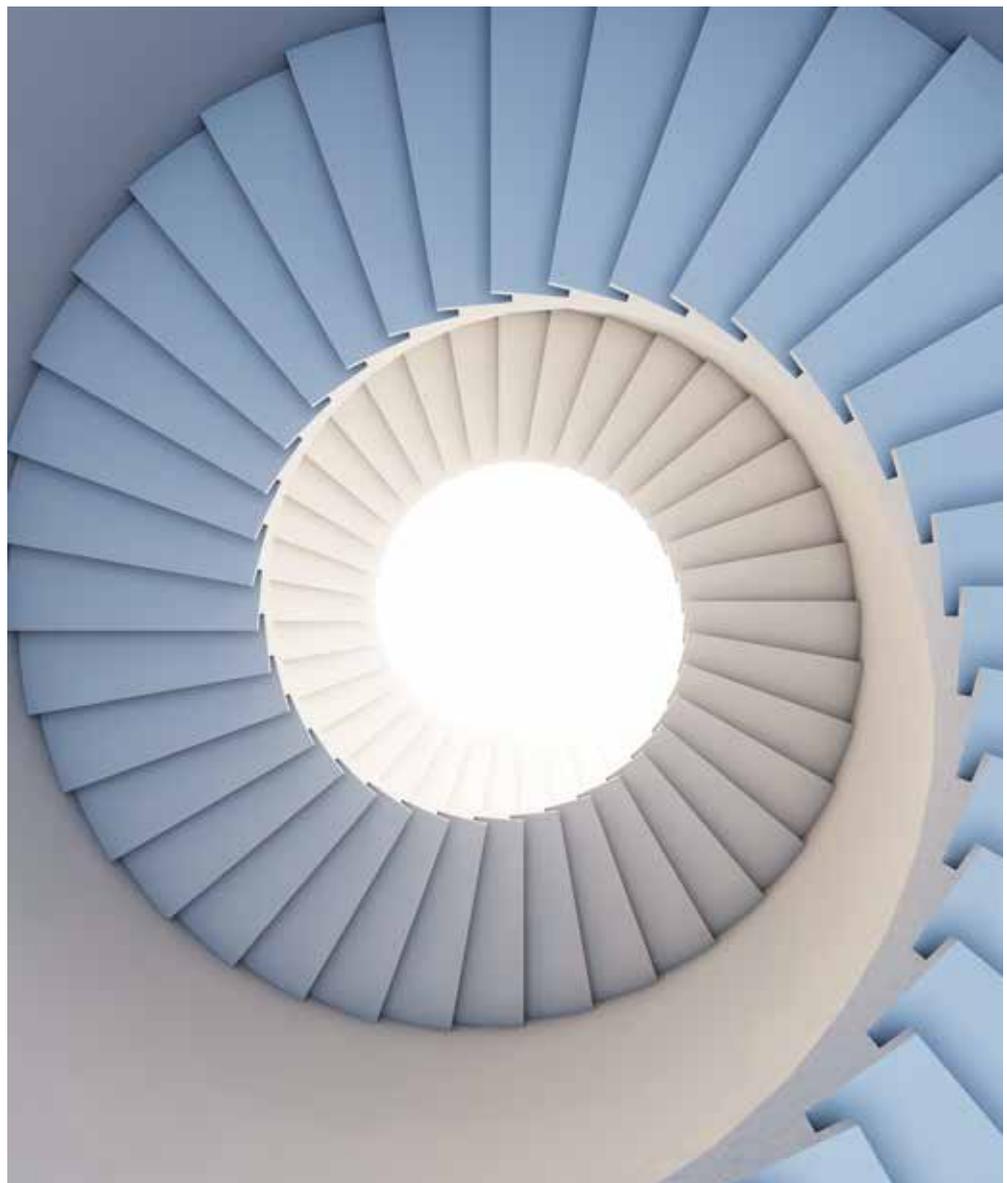


Working with the junior doctors we were inspired by the idea of *eudemonia* - the psychological state of wellbeing derived from having meaning and purpose, striving for what matters most, developing one's capabilities, and fulfilling one's potential while in the service of others





If we can equip doctors with the psychological skills and strategies to keep them from spiralling down into that kind of distress - and even better, get them on an upward spiral of wellbeing - then all of us, whether doctors, patients, or relatives of patients, will benefit



### Benefits for clinicians

Throughout the programme we collected reflections from the participating doctors, and ended the programme with a final review. One participant commented, 'Thank you, I think it has really sunk in far more, given that the programme was over a number of weeks rather than a single snapshot.' Another, in response to a question about what was most useful about the programme, said, 'The ongoing applicability to life in general and at work, giving us the tools that we can continue to use and practise.'

To evaluate the programme more formally we used the 10-item Connor-Davidson Resilience Scale<sup>14</sup> at the beginning of the programme and one week after it finished. We were able to compare these results with those from doctors who had attended an introductory event but who didn't participate in the programme itself. The results suggested

that participants on the five-week programme showed an increase of resilience of 15 per cent, compared with a negligible shift for those just attending the introductory event.

We also used the Positive and Negative Affect Scale (PANAS) questionnaire to track the balance of positive and negative emotions experienced by participants between the beginning and end of the programme, which indicated that participants' positive emotion increased on average by eight per cent, while their negative emotion decreased by 19 per cent.

While the sample size was too small to allow for robust statistical analysis, the results suggest that the psychological skills taught by the programme, along with its blended learning approach, had a positive impact on the resilience of participants, a hypothesis we plan to test in future programmes.

### From bouncing back to bouncing on

Resilience is about more than bouncing back, and returning to equilibrium - it's also about building one's physical and psychological resources in order to become happier and psychologically fitter, to shift that equilibrium a little higher. Working with the junior doctors we were inspired by the idea of *eudemonia* - the psychological state of wellbeing derived from having meaning and purpose, striving for what matters most, developing one's capabilities, and fulfilling one's potential while in the service of others, which led us to name our work 'Eudemedics' - wellbeing for doctors.

### Looking to the future

Following the success of the programme, we established a partnership with Healthcare Skills International (which provides competence-based qualifications to the medical profession and healthcare industry). Beyond accrediting the programme with CPD points, we will be creating a postgraduate qualification in resilience and human factors. Human factors in medicine highlight the behaviours and mindset that protect patient safety. By understanding resilience and self-management we hope that the principles of human factors will be applied more effectively.

The anonymous junior doctor quoted earlier ended their account by saying, 'I'm scared. I'm already exhausted. I'm not sure I want to be a doctor anymore, and I've only just begun.'<sup>2</sup> If we can equip doctors with the psychological skills and strategies to keep them from spiralling down into that kind of distress - and even better, get them on an upward spiral of wellbeing - then all of us, whether doctors, patients, or relatives of patients, will benefit. ■

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### References

- 1 Ofri D. What doctors feel: how emotions affect the practice of medicine. Boston, Massachusetts: Beacon Press; 2013.
- 2 Anonymous. I'm a new junior doctor and I already hate my job. The Guardian, 15 August 2016. [Online.] [www.theguardian.com/healthcare-network/views-from-the-nhs-frontline/2016/aug/15/new-junior-doctor-already-hate-job](http://www.theguardian.com/healthcare-network/views-from-the-nhs-frontline/2016/aug/15/new-junior-doctor-already-hate-job) (accessed February 2017).
- 3 Brooks SK, Gerada C, Chalder T. Review of literature on the mental health of doctors: are specialist services needed? Journal of Mental Health 2011; 1-11.
- 4 Horsfall S. Doctors who commit suicide whilst under GMC fitness to practise investigation: internal review. 2014. [Online.] [www.gmc-uk.org/Internal\\_review\\_into\\_suicide\\_in\\_FTP\\_processes.pdf\\_59088696.pdf](http://www.gmc-uk.org/Internal_review_into_suicide_in_FTP_processes.pdf_59088696.pdf)
- 5 Butcher J. Surviving and thriving - maintaining resilience. In Ashton D, Ripman J, Williams P (eds). How to be a nurse or midwife leader. Chichester, Wiley Blackwell; 2017.
- 6 Fredrickson B. Positivity. New York: Crown Publishing Group; 2009.
- 7 Hallowell E. The human moment at work. Harvard Business Review 1999; January-February.
- 8 Reivich K, Shatté A. The resilience factor. Broadway Books; 2002.
- 9 Seligman MP. Flourish: a visionary new understanding of happiness and well-being. New York, NY: Free Press; 2011.
- 10 Sreih S, Flavell S, Malcomson N, Butcher J. Developing a framework for resilience training amongst junior doctors. Poster session presented at The UK Foundation Programme Office Joint Foundation Faculty Sharing Good Practice event; 4 March 2016, London.
- 11 Aurelius M. Meditations. London: Penguin Books Ltd; 2004.
- 12 Pennebaker JW. Writing about emotional experiences as a therapeutic process. Psychological Science 1997; 8(3): 162-166.
- 13 Stewart I, Joines V. TA Today. Nottingham, Lifespace Publishing; 1987.
- 14 Connor KM, Davidson JR. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CDRISC). Depression and Anxiety 2003; 18(2): 76-82.