



EDITORIAL

Wellness and resilience: Beyond buzzwords and BS

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"The real problem with humanity is as follows: We have paleolithic emotions, medieval institutions and godlike technology."

– Edward O. Wilson

A friend recently quit after 25 years working in healthcare. His parting words were memorable and chilling: "When I started this job I was given a bag for cash and a bag for crap; both bags are now full, so I'm outta here." This ICU doctor did not know whether to cheer or cringe, but I understood where he was coming from. Hopefully you cannot relate, but I suspect many can. If so, then it's time for a proper chat. I'll share a few dark secrets, in the hopes that you feel safe doing the same.

My story is, I suspect, pretty typical. I recently finished back-to-back clinical weeks. They were not the most crushing in terms of patient numbers but, clearly, this job has taken a cumulative toll. What's more, the last three COVID years have felt more like 10. There are still moments of connection and satisfaction – even joy – but there is also regular frustration and exasperation. This should not be wholly surprising given that my job – just like your job, I suspect – comes with daft hours, byzantine bureaucracy, and widespread impatience. Heck, these feelings are likely familiar to anyone 25 years on the job, and 50 years on the planet. Whether you regard me as wimpy or wise, my point for healthcare workers is simple: for too long, we have avoided discussions about why we work the way we do. Let's rectify that STAT.

My job has me working in seven-day stretches, and the last few can feel like a slog. Regardless, I increasingly take stock the morning after returning to the "real world." While I would never have done so in my early career, I now regularly reach out to a "failure friend" and we do a quick mental pat down. We check our vulnerable bits first: that is to say, our emotional and mental health. More and more of our confidants are feeling perpetually tired, mildly despondent, somewhat listless, and frankly p****ed off. We are tired of being micromanaged and whip-sawed by buzzwords and double talk. Instead of merely pivoting from our

clinical jobs to academic projects, many of us are taking time to sit in the rubble. We are finally asking the middle-aged questions: why do we feel like we do, and, if we're "failing" at wellness, are we, or others, to blame?

The doctors and nurses I admired during my training seemed to be carved from steel and welded with stubbornness. They lived by the creed of "never complain, never explain." They showed no external signs of wanting to slow down: after all they had enemies to crush and programs to create. Its only now that I suspect they took many of the same frustrations home, slept too little, and maybe ate or drank too much. Eager to climb medicine's greasy pole, I fell into line: MD see, MD do, you might say. If I had ever stopped to think about what it all meant, I would likely have concluded that if you can resuscitate others, then it should be as easy as ABC to manage your own self. Unfortunately, the study data, and the water-cooler chatter, suggest otherwise.

Studies and surveys about burnout typically rely on self-reporting and can, therefore, be crude and biased. Regardless, at least a third of us, perhaps half, are experiencing long-term burnout symptoms and emotions can become contagious. As professions, we are also near the top for burnout, suicidal ideation and – that most unfortunate of terms – suicidal success. We "new-age types" seem to understand that resilience matters. Furthermore, we agree that to do well we must be well, and we should look after ourselves, so we can look after others. Unfortunately, actions do not follow deeds or dictates. Administrators and clinicians seem to understand the problem, but we either don't prescribe rest or we don't fill the prescription. To quote another disgruntled colleague: healthcare is a pie-eating contest where the only prize is more pie. Many of us are bloated.

Fortunately, there is no shortage of articles, committees, and workshops telling us how to grow our resilience and hone our wellness. Unfortunately, who has the time? Wellness could be a full-time job, but we already have full-time jobs. We have been told that resiliency is a muscle, so get out there and train. We are

told that mindfulness starts with peace and quiet, so pretzel into that lotus position and chant the mantra. We know we need to exercise, ought to meditate, and need to rebuild before the next onslaught. However, when exactly are we supposed to find the time, and how much of our hard-slogged money ought we to spend? Surely, the fact that I've made it through the medical sausage grinder suggests I am resilient; Why are so many people now telling me that I am not?

I fear that Wellbeing (i.e. with a deliberate capital W) has now become a buzzword and an industry with products to sell. As summarized in the 2019 book, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality* (Purser, 2019), it also has its high priests and its lowly sinners. It has morphed into a moral requirement during off hours, rather than a non-judgmental crux. No more eating ice-cream in your underwear or drooling on the couch while snoozing to Netflix. No, dear nurse, get out there and seize some Wellness. Don't rest, be better! It's all becoming rather exhausting.

Crudely defined, "resilience" refers to our ability to bounce back, and its antonyms include fragility and weakness. Fair enough, but however well-intentioned, it now feels like not engaging in this resilience culture (or is it a cult) comes with the smell of failure. It also fuels a vicious cycle ("Oh no, now I also suck at meditation"). For professions already driven by insecurity and the imposter syndrome, we don't need further reminders of our shortcomings. We can even end up in an exhausting catch-22. In other words, we end up working on resiliency during time when we should really be working at nothing at all.

The resilience industry also distracts us from awkward, but necessary, questions. For example, why does this job require so much (inset favoured expletive) resilience in the first place? Have we set ourselves up for longevity and success, or merely undertaken a 30-year endurance test? Why does a perceived lack of resilience feel like a personal failing akin to that 65% we got in chemistry class? At the very time when we should be doing less, we instead lean in ever harder, become ever grumpier, and leave the building with nothing for our long-suffering spouses and increasingly bewildered kids.

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Healthcare is a challenging and wonderful career, and other jobs can be similarly taxing without our job security or societal prestige. As such, it is important not to moan. Regardless, one of the rarely spoken about issues in healthcare is that to be truly empathetic we often take a small dose of the patient's distress on board. In other words, we need to let it in to understand it. Neuroscientists would explain this by talking about mirror neurons (Winnerman, 2005). In simple terms, these neurons re-create a small copy of the sadness within ourselves, as part of fashioning our response. Resilience is needed so that we can truly care for patients and not merely process them. Resilience is needed so we do not lose the humanity that led us to pursue a caring profession.

"Burnout," "resilience" and "wellness" ought not to be buzzwords, nor personal failings, nor products to buy. Just as with our patients, it should all be led by the simple principle of "how can we all help." Instead, it feels too much like a crafty technique or cynical life-hack so that we can endure crushing work hours, or chase prestige, or win promotions. With a quarter of a career to go, I am eager to get it right or just a little less wrong. Please excuse me if I have overshared. I will now get back to work. After all, there is a clearly lots of work to do.

About the author

Peter Brindley is first and foremost, a full-time Critical Care Physician. His clinical duties involve both General Systems Intensive Care and Neuro Sciences Intensive Care. Academically, Peter is a Professor in Critical Care and an Adjunct Professor in Ethics. His publications centre on resuscitation; its education and its ethics. These include prognostication; the use of simulation, and the importance of crisis management and human factors. Peter is a founding member of the Canadian Resuscitation Institute, its current vice-chair, and a current advisor to several national and international education groups. He is a former Medical Lead for Simulation; a former Education Lead for his University School, and a former Program Director. Peter's greatest achievements are two little kids, in whom he delights. These wise critics care little about what titles he may or may not hold.

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