Our goal here is to review some of our findings in this 5 year effort. (soon to be published). This unique and special collaboration has now gone on for five years and has resulted in enumerable presentations across the country and two related books: A Practical Guide to Resilience in Neurosurgical Residents and The Thriving Physician (soon to be published).

Background

Burnout has become a central concern across all specialties in medicine, and Neurosurgery is no exception. Neurosurgeon burnout rates are considered to be as high as 70%. This, despite a high level of inherent resilience to burnout in many neurosurgeons. But burnout is merely the tip of the iceberg. Surgeons can still function, for the most part with the entity, but the conditions that breed burnout also breed other more potentially harmful maladaptive behaviors and psychological disorders.

Certainty neurosurgeons face stressors that put them on the far end of the bell-shaped curve in medicine. In other discussions we have identified over 60 common stressors that the practicing neurosurgeon or neurosurgery resident faces, almost on a daily basis. These include some of the obvious culprits including: repeated interface with death and tragedy, overwork, hyper-multi-tasking, sleep deficit, time compression, lack of control, bad patient outcomes and complications, work-life balance, lack of exercise, litigation, pain patients, constant interruptions, and much more. They also include less obvious entities such as patient dependency, unrealistic patient expectations, realistic patient expectations, patient families, wrong fit (specialty, practice, system), ego battering, lost youth, and more. All too often these stressors lead to maladaptive behaviors that can be very destructive and painful. 5 years ago, we faced a related crisis on our team at a busy academic acute and tertiary care center. The team was infamous throughout the system and largely disliked if not despised. We were sustaining 30 to 50 complaints a month about the behavior or the practices of our team.

We chose to focus intensely on burnout and its causes. Our goal was to create a happier and less stressed-out atmosphere for all of our practitioners including faculty surgeons, residents and advanced care practitioners (“ACP’s”).

By happenstance, in upon a white steed rode a critical factor to our efforts, Dr. Wayne Sotile, a world expert on physician burnout. With his guidance and partnership, we explored, studied, and implemented enumerable strategies to counter the ubiquitous stressors.

The effort paid off. Within months he general indices of burnout amongst the team had dropped precipitously and the level of happiness and satisfaction with work expanded significantly. Complaints about the program and its members plummeted to just a handful in a year. The team’s reputation took a huge turn for the better. We began to reach out to other programs with our findings.

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Methods

We reviewed the “nuts and bolts” workings of our resilience program, changes made, and lessons learned. We evaluated, by “paper and pencil” survey and interview, the impact of the program on our providers and their opinions on the program’s contribution, or lack thereof, to their happiness, work-satisfaction, work-life balance, productivity, overall health, and more.

Results

Our program has included monthly 2-3 hour group sessions and subsequent informal dinners with physician resilience expert Dr. Wayne Sotile, and/or his proxy (Dr. Simonds). These have been supplemented with multiple individual sessions. Weekly short (30 minutes) resilience exercises are also engaged.

Sessions have been wide-ranging, exploring the stressors of neurosurgery practice and methods of ameliorating them. We began the effort with multiple assaults of personality types, intrinsic resilience assays, burnout assays, perfectionist tendencies, and the like. The individual results were not shared, but the assays helped group members better understand themselves and the entire group. This established a set-point reference for how members might approach and handle various stressors.

For months, we catalogued and discussed the day to day stressors that members were encountering. This included literally enumerating via hand counters entities such as negative interactions, encounters with the dying, interruptions during surgery and more. The concept was to avoid “itch sessions” about the stressors and focus on methods of ameliorating or riding through them. We also explored at length the the maladaptive responses that members of the team habitually employed in the face of the stressors.

Subsequently, the goal has been to focus “positive psychology” on approaching the entire milieu. Positive Psychology analyzes the habits, approaches, and behaviors of those who flourish under stressful situations rather than on the maladaptive responses (those that do not affect what the individual may want).

We built a program of over 75 strategies to help counter the stressors. These included such activities as: Expressing gratitude to support personnel, Debriefing: reviewing/analyzing/discussing one’s stressors, leaving the hospital when possible, focusing on positive desired goals, days off with absolutely no activity related to neurosurgery, roleplay stressful situations, exercise 2-3 times per week, get together outside of work with teammates, focus on the privilege and joy of being a physician, focus on the good that is happening in your life, focus on the silver lining: the good that you actually do despite all that is going on around you, picture how others see you: imagine a hidden camera- are you who you want to be, and more.

Overall response to the sessions have remained very positive with the grand majority of providers feeling they have had to significant impact. The majority of providers feel that the sessions have improved their happiness both at work and home, improved their work-life balance, given them important resilience and sustainability tools, helped with program and hospital interpersonal dynamics. The majority feel better able to function in a healthcare system, they are less hostile in the workplace, they open up more to trusted friends and colleagues, they trust others more, they handle disasters better, look after those around them more, they are more pleasant to others, they handle phone calls and pages better, they get less formal complaints, they understand others better, they are more empathetic and tolerant, they get into less altercations, they assume the worst in others less often, and more.

All providers felt the program was important and should be continued. ACP’s, as a group, seemed to derive the least from the program, yet were still very positive about it.

Lessons Learned

Self-care/ self-compasion must be learned – it is not an intrinsic skill of most neurosurgical providers.

Resilience does not come as an epiphany after one or two lectures. Repeated rehearsal of resilience measures is key.

Some measures need to be employed daily. Collective exercises ideally are performed weekly.

Large amounts of time are not required once the team is accustomed to resilience exercises.

Initially, the building of self-awareness and emotional intelligence is key. Be prepared for surprises and for discussions to go in unplanned directions. Be flexible with discussions but offer some structure and goals.

Buy-in is easier if leaders exhibit enthusiasm, and share. The goal is not to necessarily to remove stressors, or make the job easier – but to grow from the experiences encountered. Internal dynamics are important and often go unaddressed. Role playing stressful situations is very productive. It takes quite a few sessions for people to really open up and share. Measures do not have to be overly “touchy feely” – they can involve frank and very hard discussions about various experiences and peoples’ reactions to them.

Resilience programs need champions – those who will “keep the engine running” and generate new discussions and activities.

Trial and error various resilience measures, see what “sticks” for the group. If an expert is available – use him or her! Get involved with other groups. Help other groups. Don’t be afraid to experiment and explore. Discuss responses to stressors rather than dwell on the stressors themselves. Share what works and what helps far more than what does not.

Conclusions

This aggressive resilience effort has had significant objective and subjective positive impact on our program. We feel that elements can be easily reproduced at most neurological programs. We believe such efforts need to be disseminated to all specialties and to all levels of practitioners. We feel that the initiation of such a program importantly indicates to all providers that their institution cares about their well being. We wish to make sure that such efforts don’t forget non-physician providers and addresses the particular needs of our ACP teams and other health care professionals.