

# Resilience for Doctors

**Skills for enhancing well-being and  
manage stress**

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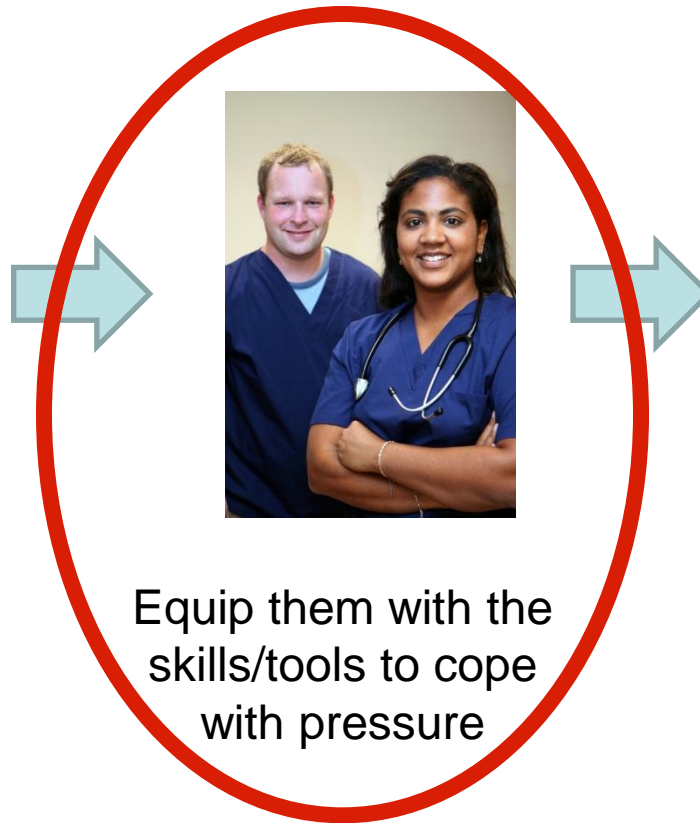
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# Why Resilience?

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Take away their pressures



Equip them with the skills/tools to cope with pressure



Take care of them when they are suffering from stress and eventually burnout

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# Agenda

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- **Introduction:** Explore the concept of resilience and why it's important for yourselves and for Junior Doctors
- **Building resilience:** Some tools and techniques we provide to Junior Doctors to develop their resilience, and personal reflection on your own resilience.
- **Your Role** The difference you can make to a junior doctor's resilience

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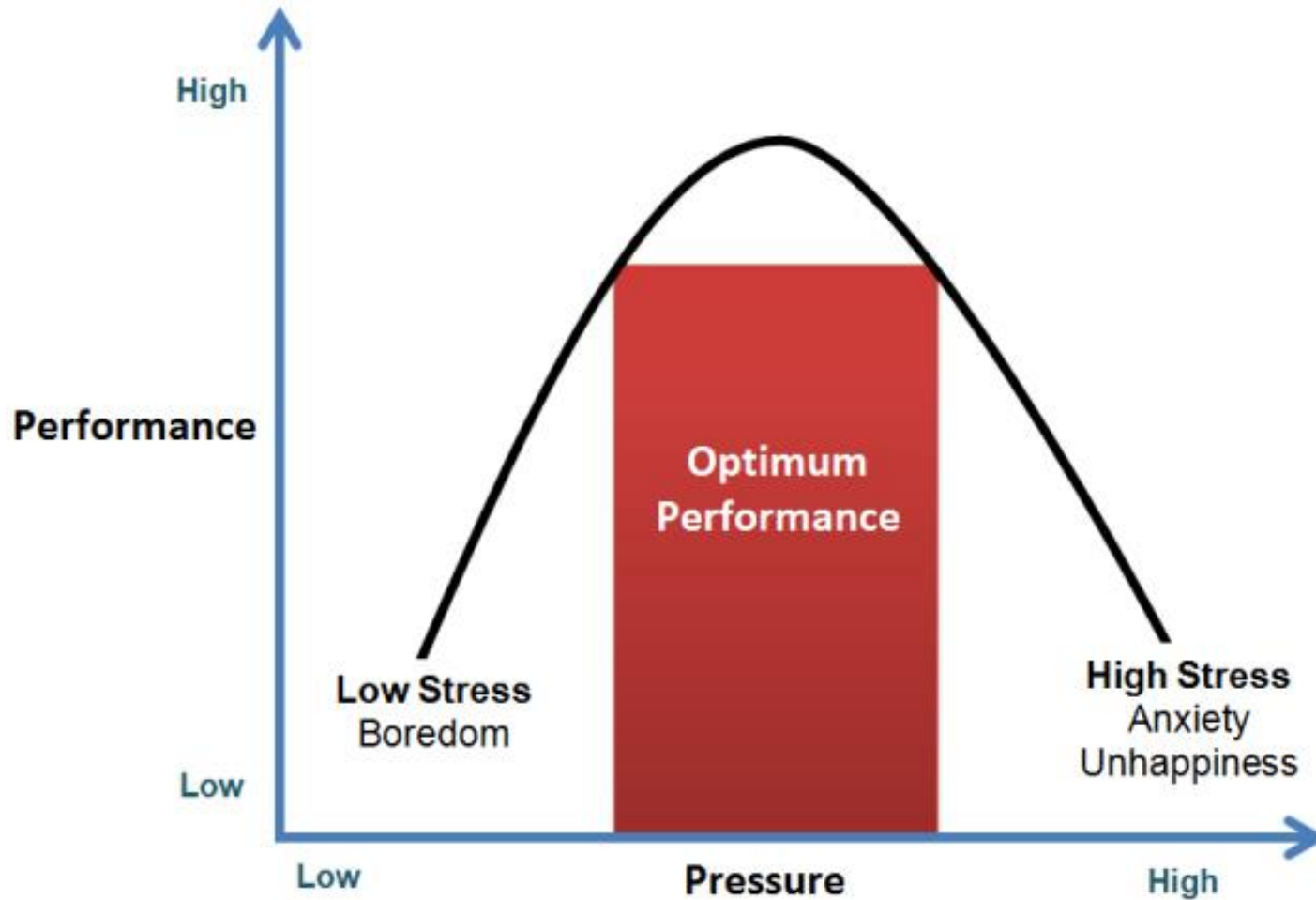
# WHY COULD JUNIOR DOCTORS BE AT RISK OF BURNOUT?



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# Impact of Pressure on Performance

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From Mindtools.com  
Based on Yerkes-Dodson Law

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# Perceptions

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# Resilient people...

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**Challenge** – resilient people view difficulty as a challenge, not as a paralysing event. They do not view them as a negative reflection on their abilities or self worth.

**Commitment** – resilient people are committed to their lives and goals. Commitment isn't just restricted to their work, they commit to their relationships, their friendships, the causes they care about, and their religious or spiritual beliefs

**Personal control** – resilient people spend their time and energy focusing on situations and events that they have control over. They put their efforts where they have the most impact, they feel empowered and confident.



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# What does it mean to be Resilient?

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- Bounce back when things don't go as planned
- Acknowledge the situation
- Learn from mistakes
- Move on
- Cope when the going gets tough
- Buffers you against additional pressures





# Personality and Resilience?

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Robertson Cooper

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# So how do we develop resilience?

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- Here are some tools and techniques!



# Resilient Thinking

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# Drains and Radiators: Cognitive Distortions (Burns, 1980)

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- Filtering
- Polarised thinking
- Overgeneralisation
- Jumping to conclusions
- Catastrophising
- Fallacy of fairness
- Shoulds
- Emotional reasoning
- Global labelling
- Always being right



# It's not whether you are successful or unsuccessful, it's how you place the cause....

		<u>Outcome</u>	
		<b>Success</b>	<b>Failure</b>
<u>Locus of Control</u>	<b>Internal</b>	Pride Confidence Competence Satisfaction	Guilt Shame Incompetence Depression
	<b>External</b>	Gratitude Thankfulness Luck	Anger Surprise Astonishment Frustration

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# Helping Junior Doctors Reframe

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- Opportunity to encourage reflection on their thinking patterns
- Opportunity to challenge their thought processes

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# SPOT THE THINKING ERRORS



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Building Resilience

**YOUR ROLE**

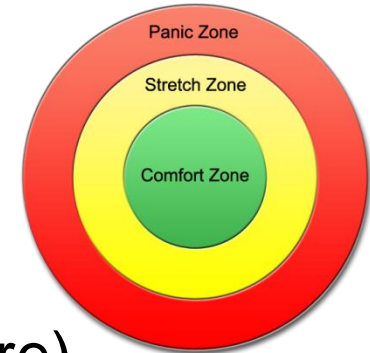
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# What do you see as your role in promoting the resilience of junior doctors?

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- Get to know your Junior Doctors (comfort, stretch and panic zones)
- Understand your responsibilities (duty of care)
- Consider how you impact upon them
- Talk about their work situation regularly (personal as well as professional)
- Identify early warning signs of excessive pressure
- Don't ignore the signs
- Intervene when there's a problem
- Draw on relevant support



# Know your Junior Doctors

Factor	Baby Boomers (Post WW2)	Gen X (Post 1960's)	Gen Y (Post 1980's)	Gen Z (Post 2000's)
<b>Decision Making</b>	<ul style="list-style-type: none"> <li>• Cautious</li> <li>• Authority vested in hierarchy</li> </ul>		<ul style="list-style-type: none"> <li>• Less risk averse</li> <li>• "I'll express my view"</li> <li>• Authority vested in competence</li> </ul>	<ul style="list-style-type: none"> <li>• Seem to prefer in person conversation</li> </ul>
<b>Development</b>	<ul style="list-style-type: none"> <li>• Privilege</li> <li>• Didactic Style</li> </ul>	<ul style="list-style-type: none"> <li>• Expected</li> <li>• Organisation Focus</li> </ul>	<ul style="list-style-type: none"> <li>• Expected</li> <li>• Personal Focus</li> <li>• Experimental Style</li> </ul>	<ul style="list-style-type: none"> <li>• Will train themselves, tend to regard education as "not worth it"</li> </ul>
<b>Career</b>	<ul style="list-style-type: none"> <li>• Progress with seniority</li> </ul>	<ul style="list-style-type: none"> <li>• Progress with capability</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against "my plan"</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to match expectations</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>• Loyalty to organisation</li> </ul>		<ul style="list-style-type: none"> <li>• Engagement earned by the organisation</li> <li>• Need purpose and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• More loyal, want meaningful work, learn from role models</li> </ul>

# Leadership Style - Research

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- Authoritarian leadership ineffective (Tepper, 2007)
- Authentic leadership is best (Laschinger & Fida, 2014)
  - A positive, relationship focused leadership style
  - Emphasises people's strengths rather than weaknesses
  - Encourages open sharing of information
  - Build trusting environments by applying consistent values, self-awareness and involving others.
  - Authentic leadership has been shown to play a protective role against burnout of others, in clinical settings

# Leadership Impact Model (Flint-Taylor and Robertson, 2007)

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- Important to balance challenge with support



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# Challenge-Led (Flint-Taylor and Robertson, 2007)

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- **Pace Driven**

- Fast Moving supervisory environment
- Flexible in approach
- Open to change, new ideas
- BUT
- Lacks structure or follow-through
- Risk of inefficiency, implications not thought through
- Risk of burn-out

- **Results-Focused**

- Focuses on results and goals
  - Sets high standards
  - Follows-through to completion
  - BUT
  - May drive results at any cost
  - Sets unrealistic goals
  - Lacks flexibility
  - Risk of burnout
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# Support-Led (Flint-Taylor and Robertson, 2007)

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- **Confident**

- Has confidence in capability of trainee
- BUT
- Over confidence, under estimates problems or difficulties
- Lacks emphasis on need to develop and improve
- Disengagement

- **Cooperative**

- Works cooperatively with the trainee
- Collaborates, shares in their goals
- BUT
- Avoids difficult conversations
- Suppresses debate/discussion
- Lack of challenge or innovation
- Disengagement

# Exercise

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- **Scenario: As Clinical Supervisor for a Junior Doctor, you are approached by the Ward Manager with concerns that they cannot contact the Junior Doctor. You have to give the Junior Doctor this feedback.**
  1. How do you think the experience of receiving this feedback could affect their resilience and well-being?
  2. How would you advise/coach them through this situation, ensuring you balance challenge with support?

# Today's Takeaways: What's your Impact?

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- How can you balance challenge and support?
- What are your take away lessons or actions relating to:
  - Your personal resilience?
  - Supervising resilient Junior Doctors?