JOURNAL OF WELLNESS

EDITORIAL

The Complicated Path to Wellness

Jennifer Reese, MD[1*], Martin Huecker, MD[2]

DOI: 10.18297/jwellness/vol3/iss1/7
Website: https://ir.library.louisville.edu/jwellness/
Affiliations: [1] University of Colorado School of Medicine, Department of Pediatrics, [2]University of Louisville, Department of Emergency Medicine
Recommended Citation: Reese, Jennifer; Huecker, Martin (2021) "The Complicated Path to Wellness," Journal of Wellness: Vol. 3 : Iss. 1, Article 7.

Publication Date: March 8, 2021

"Prepare the child for the road, not the road for the child." -Proverb

INTRODUCTION

Your patient presents to an office visit for hypertension, diabetes, obesity, and tobacco abuse. The ubiquity of fast food and sugary soft drinks, her sedentary desk job, her stressful home life, lack of free time to exercise represent a dangerous combination. She is hardly at fault, completely set up for failure in this system. She expects the respective medications to manage these conditions. She would like you to order the proper tests and take control of her health, using your authority to shoulder her responsibility. Like the subjects in Martin Seligman's early experiments, she has learned to be helpless. This patient's attitude toward her unhealth matches how many physicians approach burnout and wellness.

The burnout literature stresses the importance of job control and autonomy. The original self-determination theory described competence, autonomy, and relatedness as crucial for fulfillment [1]. In Drive, Daniel Pink summarizes research into the importance of autonomy, mastery, and purpose for workplace engagement [2]. In one study, having control over schedule and hours worked was the strongest predictor of work life balance and burnout [3]. In a pragmatic piece on resilience, physician Ronald Epstein provides evidence-based methods to increase resilience, focusing on enhancing self-awareness/monitoring and self-regulation [4]. These are not new ideas. Philosopher William Irvine describes the ancient Stoic approach to life with emphasis on personal locus of control [5]. Elaborating on work by Epictetus, Irvine created a trichotomy of control: life circumstances over which we have 1) full control, 2) partial control, and 3) no control. Now supported by modern research, this outlook leads to higher job satisfaction and a virtuous, happy life [6]. We argue here that while system level changes may reduce burnout, the responsibility and mechanism to achieve true wellbeing rests on the individual.

Systems

As physicians, what does fall within the controllable brAs physicians, what does fall within the controllable branches of the trichotomy? Mindset. Our mindsets determine whether a stressor is a challenge or threat, and thus whether we will achieve growth [7]. We can practice "positive reappraisal" (a cognitive technique to more accurately assess our resources as we confront a stressor), which leads to post-traumatic growth in a meta-analysis of 103 studies [8]. Avoiding or reducing stress is often counterproductive [9]. By believing (system-induced) stress is inevitable and debilitating, we make ourselves weaker. In the resilience article, Epstein also recommends "wholehearted engagement with - not withdrawal from - the often harsh realities of the workplace" [4]. Stress can be a positive, and the best way to become more tolerant of stress is by stress exposure [10, 11].

Recent commentaries on burnout claim that physicians are exploited victims; or assert that burnout itself is a symptom of our broken health care system [12, 13]. Others call into question the accuracy and appropriateness of using terms such as moral injury to label physicians, and wisely call for efforts to "fully refine and understand the ethical challenges physicians face and then focus on the answers and solutions" [14]. Paradoxically, systems efforts to address burnout can take away autonomy and competence [15].

Interventions in some cases worsen burnout due to the disconnect that occurs when the efforts are initiated in a top-down manner without individual effort and buy-in from physicians [16]. Relatedness must develop organically from the bottom-up. Individuals cannot expect the system to change their mindsets; but we can decide to change our mindsets regardless of what is happening in the system. Voluntary mindset changes are possible with surprisingly modest effort [9]. Your patient described in the Introduction lives within the same system as other patients who are healthy and thriving. Similarly, some physicians thrive and others struggle within the same system.

Elephants, Riders and The Path

Jonathan Haidt, who has pointed out the increasing dependJonathan Haidt, who has pointed out the increasing dependence of college students on administration to resolve their problems, depicts human decision making metaphorically as an elephant (emotions) with a rider (rationality) [17]. The elephant walks around doing what it wants, and the rider rationalizes that behavior post hoc. To change behavior, you must appeal to a person's elephant and rider, meeting their cognitive and emotional needs. In their book Change, Chip and Dan Heath expand on the elephant and rider analogy, asserting that to change culture one must appeal to the elephant and the rider, while also changing the "path" [18]. Our system is the path. Unfortunately, even if we make the path as safe as possible, the elephant can still do some damage.

By blaming the system for our problems, are we instilling

*Correspondence To: Jennifer Reese
Email: Jennifer.Reese@childrenscolorado.org

Copyright: © 2021 The author(s). This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

learned helplessness and even depression in healthcare professionals? Here is the original description from Seligman: “Learning that trauma is uncontrollable may produce more stress”… “Learning and believing that one is helpless and hopeless is the central psychological cause of depression” [19]. We must stop telling healthcare workers that they are powerless, doomed in the current system.

Burnout vs Wellness

The system can remove barriers (clear the path) and help prevent burnout, but this approach is unlikely to cultivate wellness [20]. Thriving happens on an individual level. Our hypothesis: System changes can prevent burnout, but individuals must achieve wellness. System changes occur at a “glacial pace,” while individual change can occur today [21]. When doctors assume control, they exert a “self-perpetuating prophecy of self-efficacy” [21]. Individuals can modify behavior with striking efficiency, while system changes are inherently inefficient and not applicable to “stressors and unique needs of different healthcare professionals” [22].

This does not attempt to negate the valid argument that physicians are already resilient, that this adaptability facilitated scholastic success [23]. Yes, we are tough, but have we all achieved our full potential of resilience. Grinning and bearing a difficult surgical rotation, powering through eight weeks of studying for the USMLE Step 1, missing your friend’s wedding due to demands of residency – these stubborn exertions of willpower may signal doggedness, but do they indicate mature resilience? Stress exposure without time and space for compensatory recovery does not allow for stress tolerance and growth. We should also consider that there is no apparent ceiling to resilience. A high school football player is extremely resilient, but becomes more physically fit in college, and if lucky enough to become a professional athlete, becomes even stronger. Psychologically we can all continue to build fortitude and become more content throughout our lives.

Synthesis

We could continue to conceptualize burnout as a dichotomy where we must assign blame to either an individual or a system, propagating the notion that we are helpless victims of a system in which we have no control. But what if we viewed the solutions as interrelated? We could choose the mindset that we have agency to achieve system improvements while cultivating individual wellness, with equal emphasis. Interventions that focus on how the individual and the system interact have shown positive outcomes [24]. Programs that teach perspectives of a total model of wellness, clarify values, encourage mindfulness and grit result in improved individual flourishing. When these curricula are offered in a team-based setting, camaraderie, connection and shared values emerge, resulting in improvements to the system.

While system solutions may seem daunting, complicated, costly and unattainable, certain themes may be easily addressed. Programs to increase focus on the emotional experience of work result in positive impact on group culture and well-being [24]. We are called to this profession knowing we will walk into the face of suffering every day. We must acknowledge that individual strategies play a pivotal role the skill of witnessing suffering with compassion and resolve. This comes not just from mindset and perspective shifting (noted above) but also from deliberately applying strategies that connect with us with our values and our patients.

Frame your career in medicine not as a futile attempt at grasping for “work-life balance,” but a constant adjustment on a “bosu ball” where you notice areas needing attention and make adjustments as necessary. Drawing on the expertise of Seligman and others, specific practices of positive psychology can improve overall wellness [20, 25, 26]. Again, this allows for agency over what we can control: how we scan our environment, how much time we spend in grateful reflecting, a practice of mindfulness, and living in alignment with our values—all of which reduce burnout and improve wellness and flourishing.

CONCLUSION

The diverse literature on the prevalence and impact of burnout has led to inconsistencies in treatment approaches [27, 28]. Recommendations to focus on organizational factors of burnout and show caution in providing individual strategies robs physicians of agency and autonomy. Authors of a systematic review on interventions for burnout found similar benefits for individual-focused and structural interventions, concluding that both are necessary [29]. Be careful viewing “insincere efforts” to enhance individual resilience with “skepticism” [30]. We can choose our response to “well-intentioned resilience training,” making sure it is not “a cynical one” [30]. Perhaps more than just one of the nine organizational strategies can encourage resilience and self-care, putting power in the hands of physicians [30].

It is time to stop blaming our discontent on the system. Indeed, investigation and implementation of solutions should continue: improved efficiency of electronic health record and clinical systems, more effective measures to track work output beyond traditional wRVU, application programming interfaces, etc [31]. Though these interventions may lessen markers of burnout, they are unlikely to galvanize wellness. We must spend our time and resources measuring and fostering human flourishing [32]. We need to assume agency and autonomy for our wellness just as we expect our patients to govern their own health. We need to support each other, reconnect with peers and with what brings us passion and joy. These processes are gratifying and will help us grow as individuals and as a collective group of dedicated, caring, resilient human beings called to the practice of healing.

REFERENCES

1. Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. Am Psychol. 2000 Jan;55(1):68–78.
2. Pink DH. Drive : the surprising truth about what motivates us. New York (NY): Riverhead Books; 2009.
3. 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 Mar;88(3):382–9.
4. Epstein RM, Krasner MS. Physician resilience: what it means, why it matters, and how to promote it. Acad Med. 2013 Mar;88(3):301–3.
5. Irvine WB. A guide to the good life : the ancient art of Stoic joy. Oxford; New York: Oxford University Press; 2009. xii, 314 p. p.
6. Wang Q, Bowling Na Fau - Eschleman KJ, Eschleman KJ. A meta-analytic examination of work and general locus of control. (1939-1854 (Electronic)).
7. O’Dowd E, O’Connor P, Lydon S, Mongan O, Connolly F, Diskin C, et al. Stress, coping, and psychological resilience among physicians. BMC Health Serv Res. 2018 Sep;18(1):730.
8. Prati G, Pietrantoni L. Optimism, Social Support, and Coping Strategies As Factors Contributing to Posttraumatic Growth: A Meta-Analysis. J Loss Trauma. 2009;14(5):364–88.
9. Crum AJ, Salovey P, Achor S. Rethinking stress: the role of mindsets in determining the stress response. J Pers Soc Psychol. 2013 Apr;104(4):716–33.
10. Loehr JE, Schwartz T. The power of full engagement : managing energy, not time, is the key to high

performance and personal renewal. New York: Free Press; 2003. x. 245 p. p.
11. McGonigal K. The upside of stress : why stress is good for you, and how to get good at it. New York: Avery, a member of Penguin Random House; 2015. xxiii, 279 pages p.
12. Ofri D. The business of healthcare depends on exploiting doctors and nurses. One resource seems infinite and free: the professionalism of caregivers. The New York Times. 2019 June 9, 2019.
13. Talbot SD. W. Physicians aren't 'burning out.' They're suffering from moral injury. wwwstatnewscom [Internet]. 2018 July 26, 2018. Available from: https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/
14. Asken M. It's not moral injury: it's burnout (or something else) [Internet]. Med Econ. 2019 Jun;2019. Available from: https://www.medicaleconomics.com/burnout/its-not-moral-injury-its-burnout-or-something-else
15. Shapiro J, Astin J, Shapiro SL, Robitshek D, Shapiro DH. Coping with loss of control in the practice of medicine. Fam Syst Health. 2011 Mar;29(1):15–28.
16. Hart D, Paetow G, Zarzar R. Does Implementation of a Corporate Wellness Initiative Improve Burnout? West J Emerg Med. 2019 Jan;20(1):138–44.
17. Haidt J. The righteous mind : why good people are divided by politics and religion. 1st ed. New York: Pantheon Books; 2012. xvii, 419 p. p.
18. Heath C, Heath D. Made to stick : why some ideas survive and others die. 1st ed. New York: Random House; 2007. 291 p. p.
19. Seligman ME. Learned helplessness. Annu Rev Med. 1972;23(1):407–12.
20. Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: application of the PERMA framework. J Posit Psychol. 2015 May;10(3):262–71.
21. Gridley K. Resilience training is just a band-aid solution for doctor well-being: no. Emerg Med Australas. 2018 Apr;30(2):261–2.
22. Shanafelt T, Trockel M, Ripp J, Murphy ML, Sandborg C, Bohman B. Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization. Acad Med. 2019 Feb;94(2):156–61.
23. Thiemt D. Resilience training is just a band-aid solution for doctor well-being: yes. Emerg Med Australas. 2018 Apr;30(2):259–60.
24. Pierce RG, Diaz M, Kneeland P. Optimizing Well-being, Practice Culture, and Professional Thriving in an Era of Turbulence. J Hosp Med. 2019 Feb;14(2):126–8.
25. Fredrickson BL, Joiner T. Reflections on Positive Emotions and Upward Spirals. Perspect Psychol Sci. 2018 Mar;13(2):194–9.
26. Sin NL, Lyubomirsky S. Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: a practice-friendly meta-analysis. J Clin Psychol. 2009 May;65(5):467–87.
27. Eckleberry-Hunt J, Kirkpatrick H, Barbera T. The Problems With Burnout Research. Acad Med. 2018 Mar;93(3):367–70.
28. Schwenk TL, Gold KJ. Physician Burnout-A Serious Symptom, But of What? JAMA. 2018 Sep;320(11):1109–10.
29. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet. 2016 Nov;388(10057):2272–81.
30. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 Jan;92(1):129–46.
31. Downing NL, Bates DW, Longhurst CA. Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause? Ann Intern Med. 2018 Jul;169(1):50–1.
32. VanderWeele TJ, McNeely E, Koh HK. Reimagining Health-Flourishing. JAMA. 2019 May;321(17):1667–8.