



The antidotes to toxic burnout: Grit and resilience

By Charles J. Lockwood, MD, MHCM

We've all heard reports of the alarming numbers of physicians, especially our younger colleagues, suffering symptoms of burnout. Some 45 to 60 percent of medical students and residents report symptoms such as depression, debilitating stress, and emotional exhaustion, according to the National Academy of Medicine's Action Collaborative on Clinician Wellbeing and Resilience.

I'm sure many of us have talked with, and tried to help, young physicians experiencing these issues, especially given the stresses of caring for patients during COVID.

But what if we've been offering them the wrong kind of help?

To attack the problem of burnout, we need to start by recognizing that young physicians' troubles mirror those of society at large. In 2021, the U.S. Surgeon General declared a "national mental health crisis" for young people. From 2009 to 2019, high school students reporting persistent feelings of sadness or hopelessness increased by 40%, affecting one in three students. Between 2007 and 2018, suicide rates among those aged 10-24 years increased by 57%.

As an educator, I am alarmed by this breakdown in child and young adult mental health. And I fear that, paradoxically, the more we tell young people they are fragile and need special treatment, the more fragile, depressed and burned out they become.

Today's young people undoubtedly face challenges we never dreamed of at their age: social media-induced anxiety and harassment, increased academic and global economic competition, information overload and a breakdown of civic and community norms. But too often, we respond to these and other challenges by overprotecting them rather than encouraging them to meet such challenges themselves, and in doing so becoming more resilient. This is the premise of authors Greg Lukianoff and Jonathan Haidt in their excellent book, *The Coddling of the American Mind*.

Last fall, New York University fired an award-winning organic chemistry professor after students complained his classes were too hard. Cornell University students recently asked for trigger warnings before professors teach any material deemed too distressing. Lukianoff and Haidt describe such phenomena as "safetyism" - a belief that young people need to be protected from as many risks as possible, both physical and emotional. That includes not being exposed to novel ideas or situations that make them uncomfortable. Safetyism also moves the locus of control from one's self to external agents - stripping young people of agency and self-reliance. Unfortunately, both learning and resilience occur when we reach outside our comfort zone - and thus our societal dilemma.

Worse, this kind of coddling exacerbates the problems it is meant to solve. We have taught our young people to exaggerate danger, magnify emotional reasoning, and cultivate dependency on authority figures to solve their problems and eliminate potential discomfort. This same philosophy promotes emotional choices, heuristic rather than deep reasoning, and the search for quick fixes, accounting for the accelerating propensity of young people to abuse opioids, blame others for their failures, and refuse to be accountable for poor choices.

What can we do better? We can teach our children, young adults, medical students, protégés and new associates the importance of grit and resilience. We all acquire grit the hard way: by learning the value of sustained and deliberate practice, by accepting new challenges and by a commitment to lifelong learning. Rather than “lawnmower parenting” (and mentoring) – mowing down every obstacle in a child or protégé’s way – we need to help them learn the ancient Stoic philosophy that, in fact, the obstacle IS the way (as explained in the excellent book by that title from author Ryan Holiday). Difficulties present them with a challenge to overcome – and overcoming challenges makes them psychologically stronger, more adaptable and innovative, more efficient and effective and more joyful!

How do these lessons apply to young physicians? As we describe coping strategies, we can look backwards.

In talking with young obstetricians, I recently described the challenges confronted by those who came before. For example, the first female obstetrician, Agnodice of Greece had to pretend to be a man to help women deliver. When her gender was discovered, she was put on trial for her life. Ignaz Semmelweiss discovered that obstetricians themselves were responsible for their patients dying of childbed fever (Group A streptococcal sepsis), was vilified by his peers and lost his job.

My own generation came of age practicing a 120-hour resident work week. We had only primitive ultrasound imaging, no MRI or CT scans, and no surgical robots. As OB residents we performed lots of mid-forceps and breech deliveries (often by ourselves) – and while the Cesarean rate was only 5 percent, rates of cerebral palsy were about the same as they are today!

I say all this not to minimize the stresses that today’s generation of physicians face, but to help them draw confidence from their strengths as they rise to meet the next obstacle. After all, they’ve already faced down a global pandemic – I’m pretty sure they can handle whatever the future brings.

When our residents or junior partners face challenges, ask them to remember why they went into medicine. Whether their motivations stem from finding a cure for the disease that robbed their family or helping patients improve their lives, remembering the “why” is surprisingly effective in moving past daily frustrations. Practicing empathy and humanism are also important, not only because they make us better doctors but because they make us feel better about ourselves and help stave off stress.

And finally, as simple as it sounds, practicing gratitude is a powerful antidote to burnout. On days when my work seems too demanding, I remind myself how truly fortunate I am. Every healthy baby I have delivered in my career has given me a sense of joy and wonder and the privilege of witnessing a new miracle. Recently, a prior patient sent me a picture of her daughter whom I had helped deliver after an exceedingly difficult pregnancy. The young woman had just found out she had matched in Surgery at a top national program - really, what could be better?

Dr. Lockwood is the executive vice president of USF Health and dean of the USF Health Morsani College of Medicine. As a high-risk obstetrician, he has delivered more than 5,000 babies; as a research scientist, he has authored more than 300 scientific publications and received multiple grant awards from the National Institutes of Health, the March of Dimes and other agencies.

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