

Review of papers on resilience

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McKinley N, McCain RS, Convie L, et al. Resilience, burnout and coping mechanisms in UK doctors: a cross-sectional study. BMJ Open 2020;10:e031765. doi:10.1136/bmjopen-2019-031765

This interesting study was conducted in 2018 looking at 1651 doctors across all grades in all specialties. The study used recognised scales to examine the incidence of Burn out, Traumatic Stress and coping mechanisms. The scales used were the Connor Davidson Resilience scale, the Professional Quality of life scale and the BRIEF Cope scale. The surprising finding was that there were almost 1/3 of those who were interviewed who had symptoms of Burn out, especially in the non surgical specialties and front end services such as Emergency Medicine and General Practise. In these areas it was noticed that there were higher levels of depression and compassion fatigue. Surgeons were less likely to suffer symptoms in keeping with burn out and depression and scored better on the resilience and Brief Cope scales. The reasons put forward for this situation include high stress, under resources environment with complexity of patient relationships and a litigious environment as particular problems. The ability for individuals to cope, their psychological resilience depended not only on their own support mechanisms but also on those of their organisation. Coping mechanisms mentioned included the most commonly used one; self distraction . The BMA has previously written in the Lancet (2017) about this situation , calling for better support and resources provision. In current circumstances this is most pertinent as demonstrated in the next paper.

Greenberg, N. Weston, D. Hall, C. Williamson, V. Fong, K. Mental health of staff working in intensive care during COVID-19 Occupational Medicine 2020 *MedRxiv*2020.11.03.20208322 [Preprint]. 2020. www.medrxiv.org/content/10.1101/2020.11.03.20208322v2.

This study was conducted in June of 2020, looking at the effects of the Covid 19 Pandemic on ITU staff. There were 709 participants of which 41% were doctors and 49% nurses. Of these 45% were judged to be significantly affected such that 40% scored high enough to be considered to have symptom of Post traumatic stress disorder. 11% demonstrated significant anxiety and 7% were judged to have problem drinking. Other mental health issues included depression (6%) .There was a general trend for doctors to be less affected than nurses although the common stressors of high stress environment, high death rates, difficulties with communication, fears over PPE and family were the same for both. The tools used were the Generalised Anxiety survey tool, the Patient health questionnaire, the Post Traumatic stress disorder checklist and the Audit to look at alcohol consumption. Lastly the Warwick Edinburgh Mental wellbeing scale was used to look at the feeling of wellbeing.

Although there have been previous reports of PTSD in ITU, these have been quoted as 8% for those working on adult ITU. Hence this paper received wide spread attention and the recommendations from the authors included: use of evidence based support for staff by NHS Managers, rapid access to formal treatments for staff. development of peer support networks and active ongoing monitoring of staff on ITU.

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