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### **Editorial: doctor's resilience: a cause for concern**

**David Peters**

School of Integrated Health

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# Editorial

**David Peters**

Editor-in-chief



## Doctors' resilience: a cause for concern

Unhappy doctors tend to perform poorly and they make their workplace unhappy too<sup>1</sup>, whereas happier doctors are better at their job.<sup>2</sup> And when their working lives improve, not only do they and their patients benefit, those they work alongside do as well. The NHS recruitment and retention crisis makes doctors' happiness a burning issue.

An outsider might think it odd that many doctors are unhappy; the medical life ticks so many job satisfaction boxes. But the reality of doctors' lives is less straightforward, and many are far from happy. Reports tell of declining medical morale worldwide; that doctors feel over-worked, under-supported and unable to meet the public's unrealistic expectations of modern medicine.<sup>3</sup>

Pressures and predicaments are something all professionals face, but doctors also face shocking events, and unrelenting strain often comes with the job. On top of this, their patients' expectations are sky-high, and in striving to meet them hi-tech medicine must juggle ever more technologised investigations and treatments. If only that were all: doctors having trained to diagnose and prescribe scientifically, are now expected to manage people and finances, navigate legal and ethical minefields, and solve problems that don't respond to drugs or surgery.

Against a backdrop of rapid and unpredictable change, these quandaries are even more stressful: small wonder that many UK doctors found the last 15 years' sweeping health service re-organisations more than they could cope with.<sup>4</sup> For though many patients consider healthcare workers – especially doctors and nurses – special, in reality they are of course only human. Doctors' levels of stress-related diseases and mortality figures certainly suggest there's a problem needing urgent attention<sup>5</sup>: their mental health statistics are poorer, their likelihood

of suicide greater, and their levels of alcoholism and drug abuse higher than any other profession's.<sup>6</sup>

Not all doctors are unhappy though, and some seem to thrive on pressure. A recent study<sup>2</sup> has confirmed what common sense tells us, that personality affects how well they deal with professional pressures. Of course for those struggling to survive inside dysfunctional organisations or with impossible workloads, it's the job that needs fixing, not the doctor. Still, if their training prepared them better all healthcare workers would bear the strain more gracefully. And since high levels of change and uncertainty are here to stay, promoting resilience will be crucial for high-risk groups like ours. Yet incredibly, even though doctors are dying for a lack of them, self-care skills seldom feature on the medical or nursing curriculum, even though there are ways of identifying high-risk people or groups.

In healthcare, the workplace itself or how we think about and practise healthcare will make or break resilience. It depends not simply on the body, or personal temperament and behaviour (influential though they are), but also on our values, community and environment. So this issue, which takes papers from the BHMA's 2005 annual conference, looks at resilience not simply as a personal characteristic, but as a holistic phenomenon – a property of whole systems.

## References

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