WHY MINDFULNESS?

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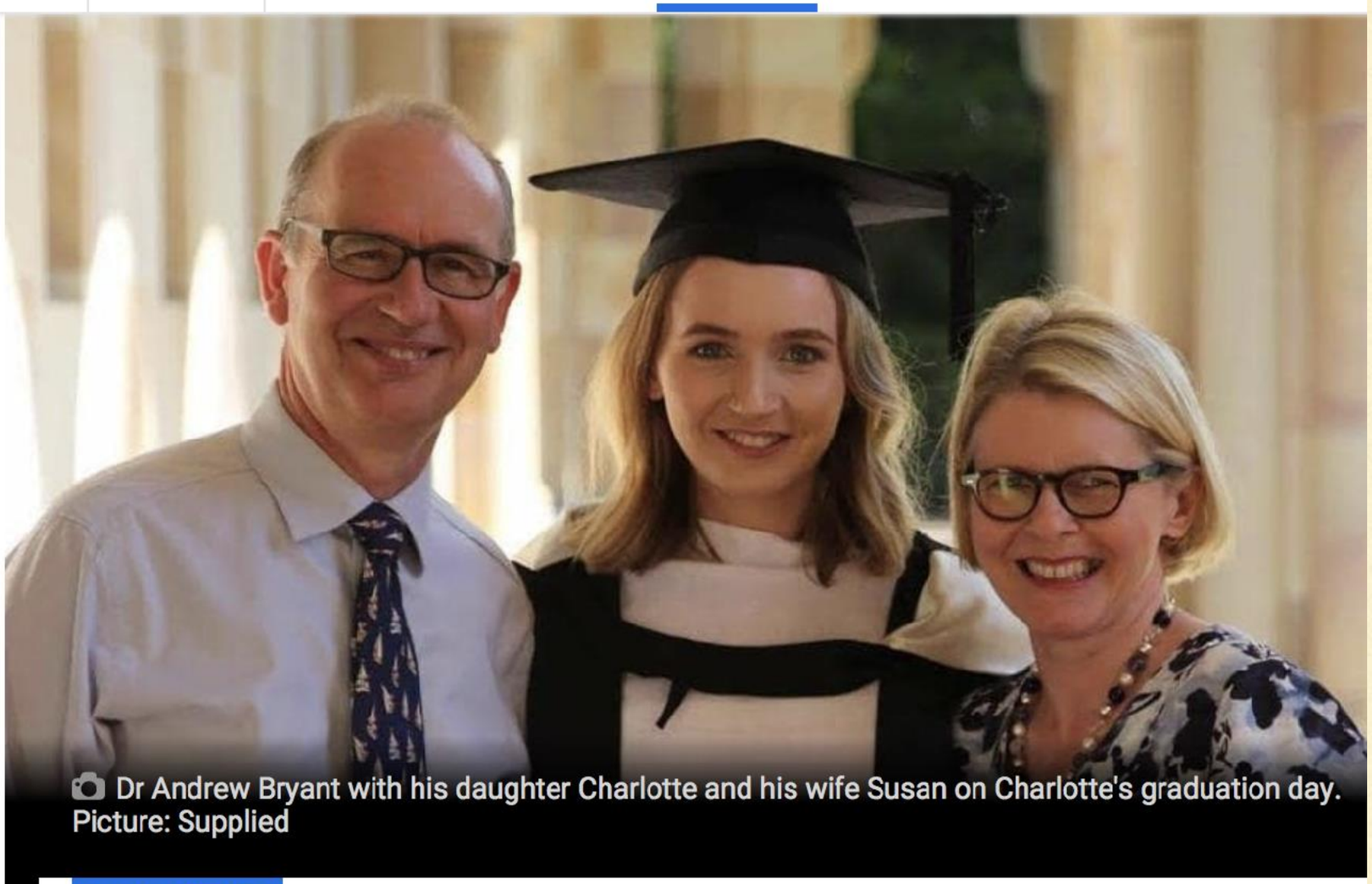
PART 1

WHO NEEDS THIS FLUFFY STUFF ANYWAY?

- We all do



Dr Andrew Bryant with his daughter Charlotte and his wife Susan on Charlotte's graduation day. Picture: Supplied

QLD NEWS

Wife of Brisbane doctor who died in his office issues note explaining his death to help others

Clare Armstrong, The Courier-Mail

WHO NEEDS THIS FLUFFY STUFF ANYWAY?

- We owe it to ourselves to investigate any tools that enhance our mental well-being, and resilience, to help us to not only survive, but thrive, in this career called “emergency medicine”

WHO NEEDS THIS FLUFFY STUFF ANYWAY?

- Mindfulness and meditation are tools that we might investigate for ourselves…firstly and foremost
- ….And our family interactions
- …..And our ED team interactions
- ….and our patient interactions

WHO NEEDS THIS FLUFFY STUFF ANYWAY?

- The evidence base is solid for its benefits

SOME OF THE EVIDENCE…

Aherne, D., Farrant, K., Hickey, L., Hickey, E., McGrath, L., & McGrath, D. (2016). Mindfulness based stress reduction for medical students: optimising student satisfaction and engagement. *BMC Medical Education.* https://doi.org/10.1186/s12909-016-0728-8.

Janssen, M., Heerkens, Y., Kuijer, W., van der Heijden, B. & Engels, J. (2018) Effects of MindfulnessBased Stress Reduction on employees' mental health: A systematic review. 13(1): e0191332. https://doi.org/10.1371/journal. pone.0191332

Linzer, M., Levine, R., Meltzer, D., Poplau, S., Warde, C., & West, C. (2013). 10 Bold Steps to Prevent Burnout in General Internal Medicine. *Journal of General Internal Medicine*, *29*(1), 18-20. http://dx.doi.org/10.1007/s11606-013-2597-8

BMJ 2015;351:h6919 doi: 10.1136/bmj.h6919 (Published 29 December 2015)

EDITORIALS

Does mindfulness work?

Reasonably convincing evidence in depression and anxiety

Edo Shonin *research director*[1 2], William Van Gordon *principal investigator*[1 2], Mark D Griffiths *professor*[1]

[1] Psychology Division, Nottingham Trent University, Nottinghamshire NG1 4BU, UK, ; [2]Awake to Wisdom Centre for Meditation and Mindfulness Research, Nottingham, UK

Mindfulness has been defined as the process of paying attention to the present moment in a non-judgmental manner.[1] In the early stages of mindfulness training, awareness of breathing is typically used as an attentional anchor to regulate ruminative thinking,[2] but mindfulness encompasses much more than observing the breath. It derives from Buddhist practice and has is arguably insufficient evidence from robustly designed randomised trials to support its use for conditions other than depression and anxiety.

Evidence is also accumulating that mindfulness may have a role in treating somatic conditions such as psoriasis, cancer, HIV

BUT WHO NEEDS THIS FLUFFY STUFF ANYWAY?

- Views that we FACEMs might commonly express:-
  - “We are trained as scientists”
  - “We become ‘battle hardened’ through long hours”
  - “We need to be ‘mentally tough’ to hold our ground in an adversarial hospital environment”

WE EXPECT OURSELVES TO BE…

- Competent ED doctors, who are
  - Able to perform under pressure
  - Able to make decisions when tired and understaffed
  - Resilient after adverse outcomes
  - Able to support others in the team
  - Able to maintain our own mental health
- …all of this is expected of us

…….BUT WE AREN’T PROVIDED WITH RESILIENCE TOOLS

- We are good at technical competencies
- We are good at role-modelling how we cope, as senior doctors
- We probably don’t share our concerns about burnout
- We internalise stress and don’t have effective processing
- We may stumble onto our own solutions…..or not

EMERGENCY MEDICINE IS IN THE FRONT LINE FOR BURNOUT

"Rates of burnout vary markedly by specialty, but generally the highest rates are found among front-line physicians: family medicine, general internal medicine, neurology, and **emergency medicine**, and the lowest rates were found among pathology, dermatology, general pediatrics, and preventive medicine, according to a **survey of burnout** [1] among U.S. physicians."

1. Shanafelt TD, Boone S, Tan L, et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Arch Intern Med.* 2012;172(18):1377–1385. doi:10.1001/archinternmed.2012.3199

A MAYO CLINIC STUDY ON HOSPITALIST BURNOUT

Another study, by the Mayo physicians who published the survey of specialties, found that 43.8% of hospitalists were affected by emotional exhaustion and 42.3% suffered from depersonalization.

Shockingly, 9.2% of hospitalists reported suicidal ideation in the previous 12 months. About 29% of hospitalists said they were likely to leave their current practice in the next 2 years, and 13 percent said they would definitely leave[1].

1

A national comparison of burnout and work-life balance among internal medicine hospitalists and outpatient general internists
Daniel L. Roberts MD Tait D. Shanafelt MD Liselotte N. Dyrbye MD, MHPE Colin P. West MD, PhD
First published: 16 January 2014 **https://doi.org/10.1002/jhm.2146**

HOW WE COULD VIEW “PROTECTIVE FACTORS”

- “Individual” factors
- “Organisational” factors
- “Intersectional” factors

PROTECTIVE FACTORS

- **Individual**
  - Coping skills, promoting healthy behaviours
- **Organisational**
  - Workflow, rostering, social support
- **Intersectional**
  - Mentoring, professional development

OTHER PROTECTIVE FACTORS

- Physical exercise
- Attention to health problems
- Social networks
- Activities outside medicine