

## Editorial

# Resilience and leadership for the challenges ahead

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As president of the Association of American Medical Colleges (AAMC), I speak with physicians across the country about the rapid changes in the health care landscape. Unquestionably, today's physicians face complex challenges: they are seeing more patients than ever, leading to shorter clinical visits and a decline in the personal relationships between doctors and patients. Rising costs have placed more pressure than ever on salary, reimbursement, and practice income. Private practitioners and academic physicians alike wonder what the consolidation of hospitals and health systems means for their futures. Physician scientists worry about stagnant NIH funding. Physicians also wonder how we can continue to make progress in our commitment to diversity in the medical profession in light of ongoing challenges to university admissions policies, including the return of *Fisher v. University of Texas at Austin* to the Supreme Court in the upcoming term.

Medical students see these changes to their profession and express concern about their own futures. They worry about the debt they acquired to attend medical school. They are anxious about competition for residency training slots, and worry about what they will do if they fail to secure a position in the Match. Some who aspire to careers as academic physicians express concern that this may no longer be a viable career option. Looking back over my experience of nearly four decades in our profession, I see today's students voicing an unprecedented degree of uncertainty about their future career paths, uncertainty that reflects the rapidly changing world they see around them.

As a psychiatrist, I find myself wondering how these challenges affect our overall well-being. In my conversations with colleagues across the country, the issues of stress and burnout come up more and more frequently. A 2012 paper published in the *Archives of Internal Medicine* documents this distress.<sup>1</sup> Surveying 7,000 physicians, Dr. Tait Shanafelt and colleagues found that nearly half—forty-six percent—reported at least one symptom of burnout, a significantly higher rate than in the general population. Burnout rates varied by discipline. Front-line clinicians showed the greatest vulnerability, with more than sixty percent of emergency medicine physicians reporting one or more signs of burnout. Even more alarming, more than forty percent of physicians screened positive for symptoms of depression, and seven percent reported having

suicidal ideation in the last year. In a relevant study, a 2013 survey of 31,636 suicide victims, more than 200 of whom were physicians, found that a physician who commits suicide is much more likely to have an identified job problem than non-physician suicide victims.<sup>2</sup> The authors, Dr. Katherine Gold and colleagues, posit that job unhappiness may be a factor in depression and suicide among physicians because of the extent to which their self-identities center on their professional roles.

Our identity as physicians and healers is one of the reasons that many physicians still see medicine as an exceptionally fulfilling and stimulating profession. But when professional challenges arise, they can cause genuine distress. These challenges frequently stem from all of the changes occurring in health care. An AAMC report documents the difficulty in keeping pace with change. This report made a number of observations about health care trends, including:

- “The future will see more health care demanded and provided than ever before. More physicians must be trained, and as quickly as possible.”
- “A clear trend of recent decades—and a virtually certain trend in the future—is the continuous rise in costs. All components of health care costs have risen. The cost of educating physicians has grown.”
- “The rise of specialization has resulted in the increasing trend toward team practice involving the contribution of a spectrum of specialists.”
- “Scientific advances have made vital the development of new skills to apply new knowledge.”

These are the same sentiments that I hear when I speak with physicians across the country. Yet while these observations could have been written yesterday, they actually are from *Planning for Medical Progress through Education*—more commonly known as the Coggeshall Report—published in 1965.<sup>3</sup>

In the half-century since its publication, the Coggeshall Report has been hugely influential in shaping American health care. It is important to note that while we face many of the same concerns we did fifty years ago, successive generations of physicians have made steady progress in improving our nation's health. Every time our nation has faced a new health challenge, the medical community has stepped up. In 1965, the same year the Coggeshall Report was published, Congress established the Medicare and Medicaid programs under the Social Security Act. While some physician organizations were opposed to the establishment of Medicare and Medicaid at the time, over the last half-century physicians have embraced these changes, and they now have become a vital component of our social fabric. Our profession continues to evolve with our changing



Illustration by Jim McGuinness

landscape, as doctors develop new payment and delivery models and explore innovative ways to respond to changes brought about by the Affordable Care Act.

Beyond the systemic challenges we face daily, the medical community also responds when faced with an urgent public health crisis. In the last year alone, hundreds of American and international physicians and scientists traveled to West Africa to address the Ebola outbreak, while physicians and researchers at Emory University, the University of Nebraska Medical Center, Bellevue Hospital Center, and the National Institutes of Health went to extraordinary lengths to care for patients here. In their response to the Ebola threat, physicians showed an essential quality seen in so many who choose careers in health care—a quality that makes it possible for us to work on problems that may require decades of persistent efforts to solve. That quality is resilience.

I see signs of resilience every time I visit medical schools and teaching hospitals and speak to leaders, faculty, staff, students, and residents. Academic medical centers are not retreating in the face of all the changes around them. As all these groups draw on their core resilience, they are seizing the opportunity to reinvent themselves and create a sustainable model for the future. Faculty teachers are creating positive environments for learners and patients. Faculty physicians, often assisted by learners, are improving clinical quality and safety. Researchers are finding ways to persevere in spite of historically low NIH grant funding rates. Beyond academic medicine, physician leaders are emerging with creative and assertive responses to the forces at work. Physicians are improving quality and safety in urban and rural clinics across the country. They are leveraging technology to do more with less and to communicate with patients outside of a traditional clinical setting. Across the country, the culture of medicine is evolving in response to the challenges we face.

Because of our shared resilience, medicine is thriving. So why, then, do we continue to see a high rate of burnout among an alarmingly high percentage of physicians? I believe it is because too many of us have become isolated, and we are not forming the support networks that are crucial to drawing on our inherent resilience. It is difficult for us to support our patients if we ourselves do not feel supported. Data from the AAMC Faculty Forward initiative show that two of the most significant drivers of physician faculty satisfaction, which is a likely surrogate for resilience, are connection to institutional mission and interaction with colleagues. When we lose these connections, we are at high risk for burnout and depression.

We all face disappointments and setbacks in our work—the ultimate failure being a poor clinical outcome, or even the death of a patient. In medicine, failure is part of daily life. Yet we maintain the strength to return to work with vigor by relying on support from our colleagues and a belief in our shared purpose. Our resilience allows us to face our daily challenges and accomplish more than we could imagine. It gives us a

sense of mission, self-confidence, and a willingness to embrace change.

If our resilience is fostered by groups of physicians supporting one another, it is all the more important that our organizations, both professional associations and health systems, support that network of connections. This requires skilled and sensitive leaders who understand how to manage change in organizations. All too often, when organizations are searching for leadership, they bring in an outside “expert” who comes with a set of prescribed answers to all of their problems. But this type of leader will not be enough to face the challenges of twenty-first-century health care. To address our current challenges, we need “multipliers”—leaders who do not pretend to have all the answers, but who instead recognize, develop, and extend the talents of those around them. That is why programs like the Alpha Omega Alpha Fellow in Leadership Award (see pages 52–55) are vital, not only to identify and recognize the leaders that we already have, but also to support their development into the health care leaders we will need tomorrow—leaders who not only inspire hard work and motivation, but also extend our talents and bolster our resilience.

It is incredibly important that we continue to draw strength from one another as we face the challenges ahead. For decades, medicine has faced obstacles, but we have continued to improve our nation’s health through a shared commitment to provide our patients with the best medical care possible, discover cutting edge treatments and cures, and develop the physician leaders of tomorrow. We need to maintain our connection to our mission by strengthening and securing our support networks so that, when we come up against challenges, we do not face them in isolation, but rather feel part of a mutually supportive group of colleagues with a shared commitment to achieving our goals. The medical profession has always epitomized resilience, and we will continue to thrive if we affirm our shared mission, reach out empathically to one another, and rise together to meet the challenges ahead.

### References

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