Improving resiliency and literacy



The reciprocal domains of physician well-being chart illustrating the three domains of physician well-being, with each domatin reciprocally influencing the others. Patty Purpur de Vries. ©2016 Board of Trustees of the Leland Stanford Junior University. NEJM Catayst ©Massachuesetts Medical Society

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he other side of 50 is upon me and it can be a challenge to stay in shape. It is dark when the alarm goes off at five a.m., but I perk up after I brush my teeth, walk the dog, and head to the gym. I hear a, "Yo, what's up?" and the familiar sound of a bouncing basketball when I arrive. Soon thereafter, teams are picked and the game starts.

There is a camaraderie among the guys and gals, but this is a serious "run." In the cult classic, *The In-Your-Face Basketball Book*, a run is described as "playing ball," and is typically a "full-court five-on-five" game that is the "ultimate test" of a player.¹ This is what gets me up so early in the morning. The players have all played some level of organized basketball; high school, many college, and a few professionally overseas. They range in age from their 20s to late 60s. The games are spirited.

I have some skills, but at my age it is a tricky balance between expectations and nagging injuries. I keep coming back because there is nothing more gratifying than getting key rebounds; beating younger players down the court; setting a critical pick to free up a teammate for the winning shot; blocking the occasional shot; and sometimes making the winning basket. The competition is tough, and I cannot play like I could in my 20s, 30s, or 40s, but it is worth the stiffness, discomfort, and pain I will suffer later. It is exhilarating to work as a team to beat a younger, more talented, and overconfident team. Win or lose, playing in the run is energizing.

My morning run gets me in shape, makes me sore, but it also invigorates me for a busy day to come at the hospital.

A few hours later I am about to see a two-year-old for an annual check-up. Before I enter the room, I select the book *Brown Bear, Brown Bear What Do You See?* from our Reach Out and Read bookshelf. After I say hello to the mother, I hand the book to the child. He takes the book, sits on a chair, begins looking at the book, and smiles. The child's eyes light up when I point out a few of the illustrations and describe the images, and he repeats the words to me. His mother also smiles, asks if the book is for him, and I say, "Of course."

This is such a simple, yet powerful, act that provides me with an opportunity to talk about a vital topic for many pediatricians: the importance of literacy and the promotion of reading aloud to children. This exchange is always one of the more gratifying moments of my day, and I owe it to the Reach Out and Read program.

Reach Out and Read is a national program that integrates reading aloud into pediatric care by providing books and coaching to promote literacy and make reading a daily routine for families.² The Reach Out and Read model is an integral part of thousands of pediatric practices across the United States and is supported by a wealth of compelling evidence.

A recent study highlighted how children who have family members who read books to them every day hear more than a million more words than children who are not read to at home.³ The simple act of giving a book to a child and discussing the importance of reading aloud has increased reading in homes, the vocabularies of low-income children involved in the program,^{4,5} and has developed the skills needed for children to be successful in kindergarten.^{6,7} Reach Out and Read is not only good for children, but also improves clinic morale and provider satisfaction.⁸ No wonder that giving a book to a child is one of the favorite parts of my day.

This scenario was not always the case for me. Several years ago, I was late for a patient panel one morning after a stressful night. The day before I had a panel of medically complicated patients who were difficult to manage. My panel went over the allotted time, and I had to complete my work at home. While I was completing charting and billing that evening, I also had to help my daughter with a paper that she was struggling to finish for school. I worked until after midnight. This scenario was compounded by the fact that my parents had recently died, I was tired and not sleeping well, felt overwhelmed, had stopped exercising, and realized my efforts to sustain our Reach Out and Read program had failed.

Finding a moment of clarity

I was a mess—tired, stressed, frazzled, and grumpy. I cursed out loud as I opened our electronic health record (EHR) and received a task to complete an overdue bill, made a sarcastic remark to a colleague, and almost yelled back at a mother who was angry about her lengthy registration process. Not my best self. I grabbed a book and went to see my first patient. As I was furiously typing mom's concerns into the EHR, I was startled when I felt a tap on my leg as the three-year-old patient walked up to me and asked me to open the book. Just like that, the child's touch and request changed the course of that encounter, and provided me with a moment of clarity.

It dawned on me that I was ineffectively managing my personal and professional duties, and was experiencing symptoms of burnout. Something needed to change.

The importance of wellness was recognized centuries ago by Greek philosophers. Aristotle believed that there should be harmony between mind and body, and the father of modern medicine, Hippocrates himself, stressed the importance of a healthy mind and healthy body in his famous oath. Physical activity was also recognized as a critical part of physical and mental health. These ancient ideas about wellness quite closely match our modern ideas about wellness. Wellness is defined as "the quality or state of being healthy in body and mind," and is impacted by work-life balance, social and family support, adequate rest, and regular physical activity.

A delicate balance

Many providers struggle to balance providing quality patient care, spending time with their family, exercising consistently, and getting enough sleep. Physicians are also known to put their patients' needs before their own, which can further exacerbate these challenges and lead to burnout.¹¹ Providers who experience burnout have "emotional exhaustion," "interpersonal disengagement," and a "low sense of personal accomplishment." ¹¹ This can lead physicians to feel "used up;" and view patients "as objects rather than as human beings." ¹²

Studies show that about one-half of physicians feel like their work schedule does not allow enough time for their personal life, and experience high levels of burnout.³ And, the problem is worsening.^{11,13,14} Physicians who once loved their practice are leaving because of the difficulty of balancing short visits, complicated patients, lack of control, EHR stress, and poor work-life balance.^{15,16} Burnout among physicians has become so common that it has become an epidemic,¹¹ and is considered a public health crisis that has been exacerbated by the COVID-19 pandemic.¹⁷ Physician wellness must be urgently addressed.¹⁷⁻¹⁹

Physician well-being is related to three domains: efficiency of practice, culture of wellness, and personal resilience. The first two domains require systemic level changes in physician culture and productivity. However, the last domain is primarily on providers. Changing behaviors can be challenging, but when successful they offer measurable return on investment as burnout is usually reversible and preventable.

Physicians should focus on their own personal resilience, should be able to maintain their health and wellness, 24 and have self-awareness of their vulnerability to burnout. 12

Studies show physicians can accentuate their own resiliency and productivity.¹² This improved wellness leads to increased career satisfaction, an improved sense of well-being, increased empathy, and decreased burnout.^{16,25,26}

Regaining ownership

After my encounter with the toddler, I realized I was emotionally exhausted, grieving the loss of my parents, and struggling to manage my clinical and family load. I had lost control and needed to take ownership of my personal resilience. I first made a conscious effort to get more sleep, regardless of the amount of work I had to do. The work is always there in the morning, and I will be better prepared to complete it if I am better rested. I then made a conscious effort to turn off technology (the phone, mostly). It is easy to waste valuable time on the phone. I also began running to get into shape. Running a few miles is an efficient way of getting exercise, even if I run half as far in the same amount of time as I did in my 20s.

These commitments meant leaving work on a timely basis to get in a run before picking up my children and eating dinner with my family. I also made sure to schedule time to play basketball at least once a week.

These changes represented a huge change for me to prioritize my own personal resilience. I quickly improved my outlook, fitness, and overall productivity.

A win-win for all

Since I reconnected with the basketball run I began to get in shape again, and experience that exhilarating feeling from playing basketball again. One Sunday at our pick-up game I was discussing our Reach Out and Read program and came up with the wild, but inspired, idea to combine our passions for basketball and literacy in a creative effort to raise more money. The fact that Reach Out and Read is so simple, evidence-based, and cost-effective made it easy to convince sponsors to support.

We created the Reach Out and Read Basketball Tournament, an annual, one-day, five on five, round-robin basketball tournament. For the first tournament we had seven teams, 10 sponsors and raised more than \$7,000. I was reinvigorated!

In the years since that first tournament we tweaked our format and recruited more sponsors. Last year, we celebrated the tournament's 10th Anniversary and raised over \$226,000. Simply, we are astounded. These funds will support a dozen different programs throughout the hospital, but we also have the opportunity to expand our programming in ways we never thought possible.

One key to happiness for physicians is to connect with our purpose. Whether that be basketball, knitting, singing in the church choir, or cooking, it can be an energizing force in our lives that can reduce burnout.²⁷

Being a physician is incredibly rewarding, but also quite stressful. I will always struggle with my work-life balance, but my improved personal resilience has reduced my burnout and improved my productivity. I consider myself fortunate that the tap of a toddler served as a wakeup call for me.

Amazingly, making time for one passion—basket-ball—saved another—our Reach Out and Read program. If physicians connect with their purpose it might prove to be an energizing and positive force in their lives that can serve a greater good.

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