

## Correspondence

### Personal resilience for psychiatrists: systematic review

I read with interest this article<sup>1</sup> which explores the factors that promote and maintain psychiatrists' well-being, particularly personal, workplace and non-work-related factors such as increased self-awareness, extending job roles, discrete work activities, and/or support from family or social environment.

John. D. Yoon and Brendan M. Daley, studying the association between a sense of calling and physician well-being,<sup>2</sup> reported that a higher sense of calling in primary care physicians and psychiatrists was associated with an increased level of job satisfaction and resilience from burn-out. This reflects the deeper sense of meaning and purpose that work can bring, which generates and even sustains motivation and enables working with vision. However, there are reported challenges relating to the bureaucratic and technological demands that physicians experience, which mean the sense of calling can be hard to sustain.

A report from the Association of American Medical Colleges published in February 2019 highlights the misalignment between practitioners' values and practices and those of organisations, which can contribute to burn-out and diminished well-being.

Authors Adam M. Brenner and John Coverdale, in their update on trainee wellness,<sup>3</sup> report on voluntary resident-led peer group reflective practice for medical students as an intervention for social connectedness. Although the study was of small sample size and lacked a control group, social belonging appeared to be a positive predictor of well-being, diminished imposter syndrome and tolerance of diverse perspectives, suggesting that this model deserves further attention as a potential means of improving resilience in trainees and professionals or psychiatrists.

The authors quote in their update Winston Churchill's famous saying: 'Now this is not the end. It is not even the beginning of the end. but it is, perhaps, the end of the beginning'. These words express hope for momentum towards victory; we are still in the early stages of addressing burn-out and improving well-being, but perhaps we are moving in the right direction.

Christine Montross, in her book *Falling Into the Fire: A Psychiatrist's Encounters with the Mind in Crisis*,<sup>4</sup> describes 'patients who are so difficult to diagnose or treat - uncertainty it arises', 'I hold my trust in medicine up to the light, I see that it is full of cracks and seams. In some places it is luminous. In others it is opaque. And yet I practice'. She discusses how over time she has developed trust in the daily work of talking, treating and attempting to heal: 'you have to be anchored to the shore - to the people and things that are central to your own life'.

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1 Howard R, Kirkley C, Baylis N. Personal resilience in psychiatrists: systematic review. *BJPsych Bull* 2019; doi: 10.1192/bjb.2019.12.

2 Yoon JD, Daley BM, Curlin FA. The association between a sense of calling and physician well-being: a national study of primary care physicians and psychiatrists. *Acad Psychiatry* 2017; **41**(2): 167-73.

3 Brenner AM, Coverdale J, Guerrero APS, Balon R, Beresin EV, Louie AK, et al. An update on trainee wellness: some progress and a long way to go. *Acad Psychiatry* 2019; **43**(4): 357-60.

4 Montrose C. *Falling Into the Fire: A Psychiatrist's Encounters with the Mind in Crisis*. Penguin Books, 2014.

doi:10.1192/bjb.2019.69



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### Addressing shame in medical professional identity: is there such a thing as a good enough doctor?

The author of 'Addressing shame in medical professional identity'<sup>1</sup> is to be congratulated for bringing this topic to the fore of our consciousness. It is welcomed along with the recent surge of popular literature focusing on the emotional challenges of medical practice (particularly among trainees), including Adam Kay's *This is Going To Hurt* and Danielle Ofri's *What Doctors Feel*.

We know that shame affects the self-care of doctors; it increases the risk of mental health problems by making us less likely to access support when needed. Mental health is currently a critical issue, especially among junior doctors, who have higher levels of clinically significant mental health problems than the general population;<sup>2,3</sup> junior trainees are less likely to disclose mental distress,<sup>2</sup> and the more junior a doctor is, the less likely they are to know how to access support.<sup>3</sup> Further, failure to disclose mental distress and access help perpetuates stigma. There remains a high rate of presenteeism,<sup>2</sup> probably mediated by shame.

We also know that shame affects patient care experiences. The author notes that shame leads to reticence among doctors to disclosure errors. This means that teams are less able to learn from the mistakes of members, and the service does not have the opportunity to improve.

The author discusses what is not helpful in addressing shame (mandated reflective writing) but is vague on practical solutions - although there is a citation of Brown, reflecting that self-compassion is the antidote to shame. To our minds, this notion comes from Prof. Paul Gilbert's school of thinking and his team's extensive research on compassion-focused therapy (CFT) to address shame in a variety of clinical settings. They found that CFT training (a three-day workshop) for healthcare providers increased self-compassion and reduced self-critical judgement in clinicians.<sup>4</sup>

We suggest that CFT training could be provided to doctors as part of our suite of regular training courses. Hand hygiene training is ubiquitous, and we propose that mental health hygiene training is equally important. This could be accessed through the training colleges or from employers directly, like hand hygiene education.

In considering self-compassion as a profession, we encourage doctors to view themselves as 'good enough'. Drawing on the work of Winnicott<sup>5</sup> in finding that 'good enough mothers' are what babies need, we suggest that 'good enough doctors', rather than perfectionist, shamed doctors, are what patients need.

Shame can only be addressed as above if we try to commit to a culture of disclosure and of self-compassion among doctors. As the author above describes, shame is endemic in medicine. As a step towards openness, and towards addressing shame, we ask readers to consider: can I (let myself) be a good enough doctor?

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- 1 Miles S. Addressing shame: what role does shame play in the formation of a modern medical professional identity? *BJPsych Bull* 2019; doi:10.1192/bjb.2019.49.
- 2 Hayes B, Prihodova L, Walsh G, et al. What's up doc? A national cross-sectional study of psychological wellbeing of hospital doctors in Ireland. *BMJ Open* 2017; **7**: e018023.
- 3 British Medical Association. *Caring for the Mental Health of the Medical Workforce*. BMA, 2019.
- 4 Beaumont E, Irons C, Rayner G et al. Does compassion-focused therapy training for health care educators and providers increase self-compassion and reduce self-persecution and self-criticism? *J Contin Educ Health Prof* 2016; **36**(1): 4-10.
- 5 Winnicott DW. *Playing and Reality*. Tavistock, 1971.

doi:10.1192/bjb.2019.70



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## Obituaries

### **Robert (Robin) George Priest, MD, FRCP (Ed), FRCPsych, DPM**

Formerly Professor of Psychiatry, St Mary's Hospital, London, UK



**Robin Priest**

28th September 1933 - 2nd October 2018

Robin Priest, who died recently at the age of 85, was a leading academic who took an active part in the affairs of the Royal

College of Psychiatrists. He was a member of the College Public Policy Committee (1972–1980), of Council (1982–1988) and of the Court of Electors (1983–1988). He served as Registrar from 1983 to 1988. He also served on various British Medical Association (BMA) committees, as well as committees of the University of London and the World Psychiatric Association. He was an effective and sensitive committee chair and, during the 1980s, in collaboration with the Royal College of General Practitioners, led the high-profile Defeat Depression campaign, designed to improve the recognition and further support of primary care patients with troublesome depressive symptoms.

He headed the small but vibrant Academic Department of Psychiatry at St Mary's Hospital, London, from 1974 until his retirement. In this capacity, he supported the academic environment in which Stuart Montgomery, Chris McManus, Mohsen Naguib, Brice Pitt and Peter Tyrer could flourish. Generations of trainees with interests in undergraduate teaching and research benefited greatly from his affable manner, encouraging mentorship, valuable statistical expertise and advocacy of psychopathological rating scales. He was an enthusiast for the Foulds' hierarchy of personal illness model for conceptualising psychiatric diagnoses and resolving treatment dilemmas.

He established rotational training schemes in cooperation with consultants in local units in the North West Thames Region and his trainees recall how enthusiastic he was about encouraging and nurturing them. In conjunction with consultants in local units, he was much involved in trials of new remedies, especially antidepressants. This led to many invitations to conferences across the globe.

He wrote or contributed to a number of books on a wide range of subjects, including: *Insanity: A Study of Major Psychiatric*