

I'M OKAY

MY PERSPECTIVE ON RESILIENCE

Christopher Mamrol, BSN, RN[♦]



“Chris, the Patient Safety Authority would like you to write a perspective piece on resilience.”

“Are you sure you called the right person?”

If pressed, I would say that I have resilience. I think everyone that works in healthcare needs some degree of resilience. I have thrived in high-stress situations in my life. I have learned from my past experiences. Upon reflection, I felt good about sharing my thoughts on resilience by the time I sat down to dinner with my wife and daughters.

“Chris, how was your day at work?”

“It was good. I was asked to write a perspective about resilience.”

“Are you sure they were talking to you?”

This was not as upsetting as it could be. Not just because my wife had the same initial reaction I did, but because resilience does not mean being okay all the time. Resilience is defined as “the ability to adapt successfully in the face of trauma, adversity, tragedy, or significant threat.”¹ Resilience does not mean that a person does not experience difficulties or stress; in fact, resilience *requires* a crisis or some form of distress. All of us have been in those situations, such as when responding to a code or trying to get a wireless printer to work. Most of the time we bounce back from them, although sometimes that is easier for one reason or another. Perhaps paradoxically, I’ve tended to bounce back much quicker following high-stakes code situations than after dealing with technology problems.

However, sometimes we do not bounce back. Without resilience, we experience things like burnout, sleep difficulties, and depression. I have been burned-out. I have had difficulty sleeping. I have been depressed. I know what it is like to not feel resilient, and maybe that is why I was asked to write this piece. I have been not okay for periods of time. There is a nearly endless source of studies exploring the prevalence and effects of burnout in various healthcare professions and specialties. While I acknowledge that burnout can be harmful, almost everyone will have moments when they lack resilience. It is okay to not be okay sometimes.

That being the case, it is still more common to have resilience than not.² I can think of far more situations in which I was able to bounce back and adjust to my experiences. I have been okay during crises and periods of stress. As I write this in the midst of a global pandemic, I remind myself of those times. While the COVID-19 pandemic has increased the conversation around resilience, it should not diminish how resilience impacts normal, everyday life. Resilience is always important. Sometimes, I have experienced situations that should have left me feeling

[◇] Patient Safety Authority
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disturbed but did not. During almost every employee evaluation in my career, my tendency towards humor has been mentioned. Joking during a crisis is not necessarily the result of being cold-hearted or oblivious. Coping skills are important and can manifest in unusual ways and at unusual times. It is okay to be okay sometimes too.

During my time working as a nurse on an inpatient behavioral health unit, I certainly witnessed numerous crises and, unfortunately, my share of violent incidents. However, when I think about resilience, one particular instance stands out in my mind. During a shift, we had a patient under close observation due to his history of violent behavior. He called a staff member, one of our psychiatric technicians, into his room, complaining that his roommate was acting inappropriately. As the staff member stepped in, I felt a tingle on my neck, and I moved down the hall to give myself a better angle to see into the room. As she began addressing the roommate, she was grabbed from behind by her lanyard. I saw it happening and immediately rushed into the room, with another staff member on my heels.

The patient had grabbed her lanyard on opposite sides of the breakaway clip, but I was able to get my fingers under the fabric in an effort to protect her airway. A struggle ensued, during which I looked into the staff member's face as she struggled to breathe and I tried my best to pull the lanyard away from her neck. Eventually, with additional help, the lanyard was freed from the patient's hands and the situation was brought under control. The staff member involved was relieved and I began documenting the event. I was shaken up, partly due to the natural adrenaline rush of any physical altercation, but also because I kept thinking about how much worse the situation could have turned out.

After about 30 minutes, I went back onto the unit to check on the patient and touch base with the staff about covering the psychiatric technician's remaining duties. I was shocked to see that she

had returned to the unit and was carrying on as if nothing had happened. I told her that she wasn't expected to finish her shift, and that we could cover for her. "Why? I'm okay." In the end, we came to a mutual agreement to at least assign her to another area of the unit.

During the debriefing with administration that afternoon, we watched the camera footage and discussed the event. As I shared my observations and thoughts, I felt physically ill. When I was done, I stepped outside to get some air. When I went to return to the debriefing, I overheard from just outside the room, "Imagine how bad that could have been if Chris wasn't there. His instincts probably saved her life." When I told my wife the story that night, she showered praise, but I just felt a flood of anger and shame that I still do not fully understand.

I do not tell this story very often because it makes me uncomfortable. I did not feel like a hero then, and I do not feel like a hero when I think about it now. I think about how the psychiatric technician responded to the situation and I am still in awe. There is no question that in this situation, she displayed more resilience than I did. Why? How?

There is definitely an innate aspect to resilience. Most of us know at least one person who is able, or at least appears able, to shrug off any stressor. I think some people are born more resilient than others. However, some of us are born with traits that might be good for our evolution as a species, such as constantly worrying about the future, anticipating bad outcomes, and remembering bad things, but these are not conducive to resilience or prolonged happiness.³ However, there are behaviors we can learn to help build resilience.

Resilience involves behaviors, thoughts, and actions that anyone can learn and develop. There are several traits that have been shown to be associated with higher levels of resilience.⁴

- Being able to reset easily following setbacks
- Being empathetic and compassionate
- Not wasting time worrying about what people think about you
- Maintaining healthy relationships
- Not bowing to peer pressure
- Focusing time and energy on changing things you have control over
- Learning from mistakes, post-traumatic growth
- Building and maintaining self-confidence
- Maintaining perspective and staying present in the moment

There are several tools and strategies for building those traits. We in healthcare often have found success looking towards other industries or professions for improvement ideas. This can once again be true when addressing the issue of resilience. Law enforcement and military personnel deal with life-or-death situations on a regular basis. Instituting practices such as critical incident stress debriefing could have an impact in reducing the occurrences of post-traumatic stress disorders in healthcare workers.⁵ In addition, widespread

industry efforts to improve organizational awareness, similar to the Officer Safety and Wellness Group for law enforcement officers, could have a positive impact in helping organizations promote an environment supportive of resilience, including peer support and outreach efforts.

In order to build these traits among healthcare professionals specifically, the American Psychiatric Association has identified several areas on which to focus on: self-awareness, attention, physical self-care, mental self-care, and cultivating positive emotions.⁶

To address self-awareness, identify areas of irrational thinking and use those to adopt a more balanced and realistic thinking pattern. Accept that change is a part of life and look back at who or what was helpful in previous times of distress. Formal interventions of cognitive-behavioral therapy have been shown to have success in building resiliency at minimal cost.⁷

Mindfulness is a key tool for training attention, specifically present-moment awareness that is receptive, accepting, kindly, and appreciative.⁸ Mindful journaling, yoga, and other spiritual practices like prayer or meditation can help. Building positive interpersonal connections that restore hope and focus on positive aspects of life and things to be grateful for is vital.

Physical self-care can be practiced by eating a healthy diet, getting ample sleep, and hydrating, in addition to including some form of physical activity in your daily routine. Also, be sure to participate in activities and hobbies you enjoy. Often, as healthcare workers we leave work thinking about healthcare issues, then we hear about health issues on the news, and then we watch medical drama shows. Make sure you take some time away from healthcare for outside interests.

Mental self-care is just as important as physical needs. Prioritize relationships with empathetic and understanding people, both within and outside your professional peer group. Develop realistic goals and stay motivated by doing something that gives you a sense of accomplishment and purpose every day. Most importantly, seek help when you need it. Help is available in many different forms, and we owe it to ourselves to utilize those resources when necessary.

Finally, do what is possible to cultivate positive emotions. An optimistic outlook empowers you to expect that good things will happen to you. Go against our evolutionary urges, and visualize what you want, rather than worry about what you fear.

A lot of material related to resilience is available. While I view this as a very good thing, it can be overwhelming. My perspective, provided here either intentionally or because there was a mix-up about whom to ask, is that it does not matter what your resilience looks like. Journaling may help you bounce back following trauma, or it may not help at all. You may need to surround yourself with loved ones or may prefer to be alone and think things through. Resilience is not a one-size-fits-all trait, for either challenges or individuals. There are many strategies for managing stress, and some will work while others do not. Sometimes we are okay. Sometimes we are not okay. The most important thing is that whatever we are doing, it is the best we can do at the moment—and that is okay.

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About the Author

Christopher Mamrol (cmamrol@pa.gov) is a senior patient safety liaison with the Patient Safety Authority for the Southeast region of Pennsylvania. Prior to joining PSA, Christopher worked at Montgomery County Emergency Service Inc. serving in multiple roles, including as a psychiatric technician, registered nurse, risk manager/patient safety officer, performance improvement director, and safety and quality systems director. Christopher is a member of the Delta Epsilon Iota Academic Honor Society, the American Psychiatric Nurses Association, and the American Society of Professionals in Patient Safety. Christopher also has a Lean Six Sigma Black Belt certification through Villanova University and is a Certified Professional in Patient Safety.

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