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Resilience toolbox

Dr Konsoulova: Good morning, good afternoon, good evening to everyone. I'm grateful to ESO. My name is Assia Konsoulova, and I'm happy to be able to discuss with Dr Uta Schmidt-Strassburger the very interesting topic that it's called resilience, Resilience Toolbox. I know it's a large topic and we are going to discuss further in depth with other problems as well. But just to present her, so she's the scientific director of the advanced oncology study programme at Ulm University in Germany and I'm really happy to be able to discuss with her. This is recorded, pre-recorded session so there will be no possibility for direct questions, but probably later on if there are questions that arise, of which I'm pretty sure, there will be a possibility to address those questions to be asked later and to be able to discuss because the resonance of what we have done and what we will do I think will be great and very important. So, it's now my pleasure to hand the floor to Dr Strassburger.

Dr Schmidt-Strassburger: Thank you very much, Dr Konsoulova. And I would like to introduce myself. I am not a physician, nor am I a psychologist, I'm a biochemist and my current position is that I'm the scientific director of this advanced psychology study programme of Ulm University. I don't have a conflict of interest to declare and this is the outline. So, I think it would be good to first assess how ESCO collegiates feel and I spoiled it already, then how they would like to feel and I will make some suggestions how to get there. So, our dear colleague, Corinne Hall of ESO has sent out a survey to the ESCO people and they were invited to complete a questionnaire. And this is what we learned from them, that many of them, not all, but many of them have expressed some aspects that fall within the framework of a burnout, of an occupational burnout. So, they describe a feeling of being exhausted, maybe cynical or ineffective at work. And unfortunately, this is something that may affect 50% of physicians or even more. And it has been shown that contributors to the situation can be the clinical workload and felt inefficiency, the reduced autonomy of the people at work, a difficult work life integration and an erosion of meaning. And it matters very much because burnout leads to more errors that will finally lead to an increased turnover. So, people will leave the workplaces and new people will arrive and they will probably go through the entire situation again. And it may lead, not necessarily, but it may lead to a higher inpatient mortality. And it does definitely lead to a reduced care time for the patients. So, the entire workplace setting of an oncologist is in a disbalance and we would like to learn more how to take care of this situation. So, how is burnout measured? There is one inventory that is quite frequently used for medical personnel. It addresses the emotional exhaustion, depersonalization, and the level of personal accomplishment. The users of this questionnaire are asked to indicate frequencies for different statements and there are many statements. So, we made the entire procedure way shorter and basically just touched on the surface of whatever's being covered by the general term of burnout. So, the

first question that we asked our audience was how old they were. And we see here in this graph that the majority of you are between 30 and 40. So, in full workforce, very well educated, you have finished your medical school, you are, probably already for a while, working in oncology. There are a few who are younger. So, you see that the second biggest proportion is 40- to 50-year-olds. But there are also very, very young colleagues among us. Those are the ones between 20 and 30. And there are also people of my age, those are the 51 to 60 ones. Okay. And most of the respondents to our survey were women and it is about two-thirds women and one third men. And as we can see here that most of the respondents are residents or attendings, some of them are senior attendings and there are even a few heads of a department or head of a unit among our listeners or among our audience, plastic surgeons, consultants, and even a student. So, the first question that we asked was, or the first content-related question that we asked was, have you ever experienced emotional exhaustion? And this was really the bummer, but probably by the age of 30, 40, it is normal to have experienced this. So, 60, almost 68% responded that they did. But interestingly, also some respondents said that they didn't know what emotional exhaustion is, and this is a so-called "word cloud." So, I have recorded frequency, so I divided the responses into minutes, hours, days, weeks, months, years, or intermittent. And what you can see is that those people who have entered a value here entered most frequently the years. So, it has been going on already for a while that they have felt emotionally exhausted, they feel drained and it is not difficult to imagine that they might feel challenged to get up in the morning to go into work. And even though intermittent sounds a little bit less difficult, there is for instance one entry here, that says it comes in periods of about two weeks. So, I don't know for how long that lasted, this is why I put it intermittent. So, it comes and goes and apparently it lasted for a while, but I don't know exactly for how long, which is why I chose this representation. And fortunately, not all of the people who said yes said that this feeling does persist until now. So, of the 86% who responded with a yes, half of the people said that it persists. So, this is still quite a huge percentage, but it is not as huge as, for instance, the response that we've had from the study of Susana Banerjee, which was conducted with ESMO a few years back. So, the next question was, have you ever experienced depersonalization? This means that you were no longer able to see patients or personnel as fellow human beings. And here the response rate of the 63 respondents was 30%. And the people who responded said that it took between weeks and years that they felt like this. And I couldn't really say what a short time is. So, I said that it was non-descriptive and also here, 11%. So, approximately, half after respondents say that the sentiment does persist until now. And the third dimension of burnout that we covered was, have you ever experienced the feeling of reduced personal accomplishment? And unfortunately, also almost three-fourth of the entire group responded here with yes and this feeling lasted between days and years. And unfortunately, also half of the people who have experienced it seem to experience it until now. So, the next question was, whom are people who are experiencing a difficult situation at work sharing this information with? So, the first question was, have you shared that with a family member, the chosen or your genetic family? A genetic family would be your parents or siblings or children or a chosen family would be maybe your spouse but maybe also any kind of person that you feel close, almost as close as a family member. And so, the majority has shared, of the respondents here, had shared this information with a family member and approximately the same percentage is true for the respondents who said they shared it with peers. So, maybe with a work bestie or somebody who is in a similar situation, however, there is a big reluctance to share these feelings with the superior because of course we would like to leave a good impression and we will never share our struggles with the superiors unless we are prompted to. And then there's the question if any of the people who have experienced the difficult situations have sought professional help. 40% said that they have seen somebody to resolve these problems. And I think this is a very important point in the entire discussion. So, if somebody really has a burnout and/or remarks that they are developing symptoms of a burnout, it is a totally valid thing to consult a professional. So, in our comprehensive cancer centre here at Ulm, we do have psycho-oncologists and there are balance groups, so peer groups where you can do a supervised discussion. And I think this is very important that if somebody has this feeling, any of these feelings and wants to make the situation better, it is a good option to seek professional help. So, now, let's talk about the main topic. So, the first topic is that

there is a considerable proportion who had to see someone professionally, who have experienced feelings of less personal accomplishment or being fatigued, emotionally fatigued. And so, what is resilience now that we are talking? So, it is the capacity to take on challenges, to bounce back from difficulties and to thrive at work, but of course also in relationship and in general. And the good news is that resilience can be modified and I would like to draw your focus on the aspects of resilience that are modifiable and a little bit hidden in the survey, were also possible solutions. So, it has been shown previously that people who are in a stable relationship are a little bit more protected from burnout than people who are trying to conquer the world all by themselves. And so, to have someone close by, this would be your chosen family, it is probably a little bit, even though it does not confer a particular percentage of protection, but it does help to balance work and life maybe a little bit better. Same is true for all those who have children. I think everyone who has children knows that there is, in addition to all the discussions that come with adolescent children or children once they start to talk, there's a great part of joy that comes from raising children and being able to educate children, raise children, provide for children and just spend time with them. And another possible solution is outsourcing some of the duties that you really don't like. So, of course, at work you would like to do that and sometimes it's not possible, but however, at home you can do that. And I'm very happy that some of you or the majority of you, two-thirds, are able to outsource at least some of your domestic duties like cleaning, like shopping, maybe sometimes driving, childcare, laundry, gardening, or accounting. And I think this is also a possible solution to really focus or keep the energy that you can keep to yourself and spend the energy on things that are of higher importance to you than your domestic duties. I'm not saying that childcare is not meaningful, but sometimes it can be quite draining, particularly if you have more than one child. And of course, if you are a well-educated oncologist, which I think you are, maybe childcare is one of your priorities and not the main one. So, during daytime, when you are taking care of your patients, it is good to have good childcare and maybe have part of your childcare being covered also during the hours that you are expected to work. So, another possible solution is within people themselves. So, this is why we ask the question, what makes you happy? And I see that Dr Konsoulova also smiles a little bit. So, you see that family is something that makes the respondents happy. So, my family, my friends, and my faith. So, faith is also a good resource for resilience, but it can also be like you can see here on the top, playing the piano, reading, friends, travelling, spending time with a pet. So, this is something that makes people happy and I think it's important to remind ourselves when we are in a difficult situation that the difficult situation will pass. So, sometimes it is helpful to think that if I persevere the situation, I will get to all those pleasant activities that make me happy and that make me feel better. There is a little bit of overlap here, but not enough for my like for the next question, what makes you feel to belong to a group or an institution? I think this is very important. If you think of resilience, or burnout, occupational burnout as something that happens in a work environment. And if you feel you belong in a work environment, then, this is I think the biggest resource that you've got and the biggest source of resilience that you may have. And we will come to this in a few moments. So, what I like particularly is take shared decisions or here, somebody put a multidisciplinary tumour board. Of course, being acknowledged is very, very important and a sense of solidarity among peers, a friendly atmosphere at a job. This is what makes a job really likeable and where you get up happier and you look forward to conquer the world or maybe conquer cancer together with your patients. And then next question was, what makes you feel accomplished? And some persons here really said to have a lot of work, so I can relate to this a little bit. So, if at the end of the day I see the entire pile of work that I could conquer, I'm really happy to have this work progress. And some persons here said fellowships or certificates. So, since we are here in the work-frame of ESO this is of course also something very important as an information, and somebody repeatedly seemed to have put my husband, which is also very nice. So, another person said praise, money and promotion. And somebody said they don't know. And so, I know for myself what makes me feel accomplished and it makes me of course quite unhappy to see that somebody put here I don't feel accomplished. So, I think maybe we need to re-learn some things in our lives. So, there are certain resilience skills. So, the toolbox that the entire lectures titled, there are certain skills that you can learn. So, managing energy, I've touched upon that with the domestic duties. So, if you can manage the energy that you have for the important task at work.

So, this is basically your patient care. If you can manage and discard or disregard for a little while things that are turning your attention from these tasks, this is very important. And also, this is the same thing, using your attention mindfully. So, the things where you pay particular attention, this should be of course your patient and everything else that may take energy or attention away from you is not very conducive to your job as an oncologist. Sometimes it is important to find healthy boundaries. I have recently seen a masterclass in oncology, clinical oncology and there I have several times encountered a stressful situation, that patients or their families were particularly demanding. And so, if you in your work position can find a healthy boundary and say, listen, you are transgressing here a boundary. Stop here, let us take a deep breath and let us regroup and let us start the conversation again. It is sometimes necessary. Then, it might be important or necessary to reframe cognitive distortions. I will come to cognitive distortions in a second, but what I found also very important in this list of resilience skills is to calibrate expectations. Positions as I have encountered them in the past and in the present are usually quite ambitious people. And so, yes, they want to conquer the world, they expect a lot of from themselves, they expect a lot from others. And so, it means they have a lot of expectations towards everyone including themselves and this feeling of feeling less accomplished they come from exactly this point. So, if I expect for myself that I am the best cancer researcher in the world, that I have model like appearance, that I am the perfect parent, that I have the best salary, I am prone to fail at some point or other because my reality is I am very tall, but I am also overweight and I am stressed, I am a stress eater. So, I think I need to be realistic in my expectations and sometimes I need to prioritise. And I think this is very important. I said I'm a stress eater. So, regulating emotions and also stress, feeling stressed out is very important. So, of course, it is important to be able to name your emotions and if you are angry, if you are anxious, if you are happy, it is important if you can regulate them to the extent that is conducive to your work. But that is also conducive to your mental health. So, I'm not saying that you should entirely disregard your emotions, but it is a good skill if you can name your emotion because the moment you can name your emotion, you can do something about it and you can feel whether it is conducive to your work at hand or not. And another resilient skill is to discover meaning on a daily basis. And this is really important because you have to get up every day to go into work to treat your patients or to conduct the clinical trials that you are conducting. And so, it is important to keep the sense of meaning, to keep the sense of belonging and being helpful, get doing something important. It helps you to persevere. So, how to get there? So, there is a framework that has been published by a very dear colleague who inspired me, to teach about resilience because he did that as well. It's Dr Back from I think Seattle. And he described in this paper that there are contributing factors to resilience and the good news is half of it is individual skills and half of it is workplace factors. So, you can work on your individual skills but there are workplace factors and the more junior you are in your position, the less you have control over this. So, it is totally normal to grow in your resilience. Also, the older you get, the more experience you get and experience does sometimes not feel very nice. I don't want to use a rude word now, but the experience that you get comes from sometimes a failure. And I will address this in a few seconds, but first, it is important to recognise that there are individual things that you can do and there is also a part about resilience that may be out of your control or where you have little to no-say. And so, it is important that you work from your own strengths, that you know what you are good at, what's really something that makes you so unique or a set of skills that makes you so unique in your approach to oncology. And so there are, I said it before, cognitive distortions or they can also be termed unhelpful thinking styles. And the most frequent one is, I should have done more. And along with it goes the myth and it's really just a myth, I wasn't good enough. And that's not true because there are points in the patient care continuum that you are pursuing that are out of your control. So, if you are losing a patient and if you've done the best to your ability, you did that. So, you cannot have done more. And so, there is no reason to blame yourself. And so, this makes the... or this notion that you weren't good enough, that's absurd because you did the best that you could and you couldn't do more. So, you should not go for this negative cycle of rumination so that you rehash old situations where you had and where you maybe don't know all the contributing factors but you should really analyse situations clearly. And another thing is, and I would like to point that out here that people tend to believe that more people take note of their actions and appearance

that is actually the case. And among peers, usually quite a lot of good points, but also, unfortunately also, quite bad points are being lost in a communication or in a situation if there are just many people, and this is normal and sometimes, yes, this may lead to the fact that something brilliant you said is going to be unnoticed or under-appreciated by others, but it means also that if you failed at some point or other that the others will not put that blame on yourself at a very high likelihood with as much rigour as you do to yourself. So, we are ourselves, our biggest critics and it goes back to this unhelpful thinking style or cognitive distortion that you aren't good enough and you do what you can and to the best of your ability every day. And this is my assumption that everyone goes into work to really do their best. And so, if you couldn't do more, you couldn't do more and sometimes it is important to let things rest. Okay, and already 12 years ago, and I think this was a discussion also with regard to healthcare, there has been a review in Harvard Business Reviews for strategies to learn from failure. So, there is an entire spectrum of strategies, how to learn from a situation that did not go the way you wanted it to go. And so, in this case there is, on one extreme, if an individual chooses to violate a prescribed process or a normal practise, of course, this is blameworthy so there's no doubt about that, yeah. But sometimes, and I think in the oncology world, we are usually at the task challenge that an individual faces a task that is too difficult to be executed reliably every time or that there is a huge, and this is even more frequent. So, the task challenge is probably at the beginning of your residency, but then, when time comes the process complexity where a process is composed of so many elements and it breaks down when it encounters novel interactions or that there is an uncertainty that there is a lack of clarity about future events. And this is I think quite frequently the case when you are facing patients with a certain diagnosis that you are in this situation. So, as you can see from this small diagram, this is more on the side of praiseworthy. So, you are doing something praiseworthy on a daily basis probably several times a day. And this is really a challenging task and I think it is important to every now and then to give yourself credit for that. I'm not saying you should go out there and boast about everything that you do at work, but I think sometimes at the end of the day, just reflect on the good things that happened to you. And this is what my suggestions are. So, in situations that are critical, just take a mindful moment. So, just a step back, try to distance yourself a little bit from the situation. Breathe, if you have the time, meditate or pray. And another situation that is when you are facing unhelpful thinking styles, acquaint yourself with your own unhelpful thinking styles and find strategies to break that cycle. And also, please be aware of your own demands and expectations. So, prioritise, stay or learn how to be kind to yourself and to others and start or continue a gratitude journal, so that at the end of the day you just put down somewhere what you are grateful for that day at that day. And I can assure you in my case it's my work. So, I am almost on a daily basis happy to do the work that I'm doing and for my family. But there are also all kinds of other things. If the weather, or if there's finally rain or if there's finally sun and if it's a great day, if you had good encounters, particularly good encounters, all these things can go into a gratitude journal. And if you like journaling, this is an occupation that can take you like maybe five minutes a day and it'll calm you down. It'll get your blood pressure lower, it'll get your breathing frequency lower or deeper breath, you will feel more revitalised and this should help to prevent your fatigue. So, in the end, the target is that you find the wellbeing that you strive with all the achievements that you aim at work while having pleasure and while feeling a closeness or a connection to the people at your workplace and the people that you're responsible for in the care that you are providing. And so, I'm at the end with my presentation, I would like to thank Dr Back who drew my attention to resilience and I'm indebted to Dr Rose who has unfortunately deceased, who drew my attention to burnout and I'm grateful to ESO, particularly to Corinne who launched the questionnaire and shared the data, which made the biggest part of my presentation. Thank you very much for your attention.

Dr Konsoulova: Thank you too, this was impressive. I can definitely share this from my point of view because you really focused on the positivity and what we can do because we frequently say that resilience is the way to manage in fact burnout and everything that is negative in our daily life. So, probably then just start a bit of the discussion with the question is burnout, in fact the dark side, the shadow side of resilience and in fact you showed us how to try to cope with it so we don't have to be pushed against the wall to start caring for

ourselves because it's important to take care of this for ourselves as well. But you said that those, they go together, burnout and resilience. So, do you think that this is really the dark side of, if I can say this, the shadow side of resilience is burnout?

Dr Schmidt-Strassburger: I think you will find out from former times, from war times. I mean we are in Europe and we are experiencing a war right now in Ukraine. And even if we are not physically there, we can say that we are all suffering with the people in the Ukraine but also with our Russian colleagues who have experienced severe cut-off from the scientific community. And those are the dark times and you will see that people are persevering these huge challenges and they come out resilience. So, nothing or little can face them. Some of them experience it more than others that they're suffering. But I think that it is really... so some people have... there are about 10% of physicians who have naturally high resilience scores. So, they are out there and I don't think they had to suffer quite a lot. I don't think resilience exists only in people who have suffered. But I think it is also noteworthy that if people are conscious of the fact that they have already developed resilience, they will experience that and they can live from this resource of their own experienced resilience to go through a difficult situation or a difficult period again. And so, I think it is a combination that there might be some natural resilience, like when learning an instrument that there are people, there are just people who are gifted and there are people who need to practise quite a lot. I'm one of those practise people. So, I really need to practise the instrument, the resilience, and I really need to learn it by doing and sometimes I need to fall down to become better at it.

Dr Konsoulova: In fact, yeah, thank you. This is really true. And when I prepared, for example, for the today's session, I read that, when you typed burnout, that people who are prone to burnout now are people who are passion driven and have such professions and caregivers, so very typically doctors. So, physicians are really one of the typical examples for burnout. And when you try to analyse the questions and the answers that you got, first of all, this was really interesting that most of the people, as you said, are in their full working hours. So, people by getting older, you get more and more resilient. So, this is kind of also motivating, the positivity of age because you really get more experienced and probably know how to deal with problems and probably become more confident. But I was in fact very impressed that when you have a problem, so the slide that you shared about how people share, when you have a problem, you share it with people whom you trust like family and like peers and you do not share with superiors. And if you take a look about 30, 35% of people in fact never share with others. So, probably this is a way also that when you said that we have to realise that we can improve and we can do much better just by sharing and asking for an advice. So, this was really I think a nice conclusion that we have to talk to our colleagues and probably to people who can contribute for us and probably, having a good role-model for a professional. Because if you are working in a nice environment with a leader, not just a boss, being a great leader and motivator, this might enhance because people say that they're happy about things that are outside of work and they feel accomplished and better for things that are at work. So, probably a frame can combine a good role-model or a mentor that can be motivating. What do you think?

Dr Schmidt-Strassburger: I think a mentor is a desirable set, but we cannot find them out of nowhere. And I have encountered very good leaders, I have encountered bosses as well. So, I think it is a very fine line, particularly if the workload gets higher. So, I think there is, that in my eyes, it's nice to have this perspective to be able to share it with peers. So, if already I am feeling confident enough to share it with peers, it means there is some closeness. I wouldn't feel so comfortable sharing my issues with my bosses or with my leaders because usually they have a different agenda, I dare say. And it's, maybe, it must be somebody out of my usual habitat.

Dr Konsoulova: Closer, yeah.

Dr Schmidt-Strassburger: But it must be, it must be somebody close, close to the heart. But yes, role-models are important and I was very inspired by research from... or several researchers. One is the pier that

encouraged me to persevere once upon a time. That's [Audio Not Clear] she's a professor at Stanford now, she's into ageing or Elaine Fox, she's a professor also into ageing stem-cell development. And those are people that I really look up to in so many ways, or Amy Wagers, she's I think even younger than I am. And they're just great scientists and great people too. And everyone who encounters them feels fortunate to encounter them. So, that's very nice to meet those people. But I also see many students of mine that I basically look up to as well. So, I think that's normal that you see the beauty in other people and their strength. And once you realise their strengths, that just makes you so happy that there are such people around.

Dr Konsoulova: In fact, the world has become so small that we don't only work in an office like we are now, but we communicate between ourselves. You can have your mentor abroad, in another country or rarely see the mentors, but meet them when you need them. And I really liked the way that you say the positivity because when you look at children or younger people, sometimes younger colleagues also make you feel like professionals, children. But these, you see how easy it's to be happy because for example, I see my younger colleagues, they're so happy from a patient that has achieved some great response to treatment. So, we really sometimes forget that we need to be happy and we need to, when we achieve something, we have to recognise it and be as you said, be kind to ourselves and be grateful to ourselves and probably calibrate our expectations to ourselves as well.

Dr Schmidt-Strassburger: But this is really the beauty of the gratitude journal. So, if you keep a physical journal and you write down, I was happy about the remission of this or that patient or that this patient had less side effects at the second round of whatever therapeutic agent you are administering, I think this is really the parts that you look at that and it's tangible. You can really touch it. So, it's nice. Or if you have a cell phone, you can download an app for a gratitude journal. You can do that also electronically if this is more up your alley. But if you're into nice stationary, you can of course make it an entirely new hobby.

Dr Konsoulova: We tend to forget what we have achieved and what made us happy. We just keep up and try to see what comes forth and yeah, might need to be achieved. But conquering the world is a big, really big task and not achieving it means that we really have to, as you said, calibrate our expectations. This might be helpful. Okay, I think that we can continue discussing for at least one hour more and I will be really happy to meet you in person. We've never met, but I will be really happy as anyone to talk because really helping ourselves is the way that we can help others as well. And we can learn from younger colleagues, from older colleagues, from patients, from family, and we are not alone. So, there is always somebody to help. So, we just probably have to think that sometimes we need support.

Dr Schmidt-Strassburger: Yeah, so 11 years ago there was a study published on Functional MRI about people with effects. So, how they aged. And basically, if you don't look back in anger, then it helps you quite a lot to really live a healthy life and a happier life. And so, I'm looking forward to meeting you in person one day. And I think also to really let go of the negative and keep the positive close at heart because this is what makes us happy and so we should just go for it.

Dr Konsoulova: And makes our life really better. So, we can do this. It's not from tomorrow, but still from today. I would like to thank you and I would like to thank e-ESO for the possibility to talk about this because this is really the way that we see also that we don't have to be patients to be taken care of. We have to take care of ourselves and it's really, really great and nice. There will be the possibility to have the CME test after this session, that will be distributed later. And in case there are some questions, I think that it will be a pleasure to respond to them and talk in person when we meet. So, I would like to thank you again and move forward to the closing of today's session. Hope to see you by the next session. Bye.

Dr Schmidt-Strassburger: Bye.