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EDITOR'S PAGE

Resiliency and Our Cardio-Oncology Community

Bonnie Ky, MD, MSCE, FACC, *Editor-in-Chief, JACC: CardioOncology*

Resiliency. If there is one quality that I hope for in my mentees, it is resiliency. *Why?* Because, as care providers in medicine, we have all experienced the sincere pain and the feelings of failure that come with loss—our patient who succumbed to a terrible metastatic disease or severe heart failure, and the inability, despite all our best efforts, to save him or her. We all know the realities of physician "burnout" and mental illness in our community (1,2), with 1 survey indicating that one-third of residents reported their lives were "quite a bit to extremely stressful" (3), and a recent meta-analysis suggesting that the prevalence of depression or depressive symptoms ranged from 20.9% to 43.2% among resident physicians (4). The risk of suicide is high among physicians; an older meta-analysis suggests that, compared with the general population, the rate ratio was 1.41 (95% confidence interval: 1.21 to 1.65) for men and 2.27 (95% confidence interval: 1.90 to 2.73) for women (5). And, in the era of this horrendous coronavirus disease 2019 pandemic, we have, regardless of our career stage or our primary calling—clinician or scientist, felt helpless and overwhelmed at times. Moreover, as academicians and scientists, we have all experienced the feelings of inadequacy associated with each failed experiment, each grant triage, and each rejected manuscript.

But, I would urge our cardio-oncology community to remain resilient. *What is resilience? What can we do to help each other build resilience?*

Defined by Hlubocky et al. (6), resilience is the "multi-faceted theory that places emphasis on the human capacity to cope with, overcome, and become strengthened by adversity," and has been noted as both a trait and a process. Various themes have emerged from qualitative research in physician resilience strategies (7). Gratification from the doctor-patient relationship and from medical efficacy have been noted as sources of strengths. We have all, at some point in our lives, felt that overwhelming feeling of joy and hope when our patients are cured of their cancer or recovered their cardiac function. Physicians have noted that "resiliency practices," such as leisure time activity, contact with colleagues, cultivation of personal relationships, and useful attitudes of acceptance and self-awareness, are key. A need to maintain boundaries is seen as essential by many, as is personal reflection. But, we also need programmatic support to foster wellness. Principles of organizational leadership that can promote clinician resilience and well-being include these 9 steps: "1) acknowledging and assessing the problem; 2) recognizing the behaviors that can increase or decrease burnout; 3) using a systems approach to develop targeted interventions to improve efficiency and reduce clerical work; 4) cultivating community at work; 5) using rewards and incentives strategically; 6) assessing whether the organizations actions are aligned with the stated values and mission; 7) implementing organizational practices and policies that promote flexibility and work-life balance; 8) providing resources to help individuals promote self-care; 9) supporting organizational science" (6).

Moreover, in academic medicine, papers and grants are more likely to be rejected or unfunded on their first or even second submission, particularly with some journal acceptance rates of 7% or less, and National Institutes of Health funding pay lines on the order of the 10th to 15th percentile. We have all experienced these rejections, and they feel quite discouraging. As noted by others, "Don't tie up too much of your self-esteem in someone else's evaluation of your work" (8). The physician scientist path calls for persistence, requiring a "fire in the belly." Ultimately, despite the challenges and struggles we face, we need to maintain excellence and

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perseverance. We need to be driven by rigor in study design and execution, and in an unbiased view, evaluate the strengths and limitations, as well as the potential significance and impact of our work (9). When confronted with my own academic disappointment, I give myself some time to critically reflect on the situation and determine what I can learn from it, but then I move on. We have to move forward to advance science and clinical care for our patients.

To my community, please believe in the greater good that you are each called to do, and please do not suffer in silence. We are in this together. Ask for help. As one great mentor once stated, "Even when you are able to do things [write your own grants, write your own papers, and direct a laboratory], you still depend on many people. Functioning as part of a team is the key to success" (10).

ADDRESS FOR CORRESPONDENCE: Dr. Bonnie Ky, Department of Cardiovascular Medicine, Perelman School of Medicine at the University of Pennsylvania, Smilow Center for Translational Research, 3400 Civic Center Boulevard, Philadelphia, Pennsylvania 19104. E-mail: bonnie.ky@pennmedicine.upenn.edu. Twitter: @penncardswomen, @pennmedicine.

REFERENCES

1. Bullock JL. Suicide—rewriting my story. N Engl J Med 2020;382:1196–7.

2. Gupta R. I solemnly share. JAMA 2020;323:1712–3.

3. Cohen JS, Leung Y, Fahey M. The happy docs study: a Canadian Association of Internes and Residents well-being survey examining resident physician health and satisfaction within and outside of residency training in Canada. BMC Res Notes 2008;1:105.

4. Mata DA, Ramos MA, Bansal N, Khan R, Guille C, Di Angelantonio E, Sen S. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. JAMA 2015;314:2373–83.

5. Schernhammer ES, Colditz GA. Suicide Rates among physicians: a quantitative and gender assessment (meta-analysis). Am J Psychiatry 2004;161:2295–302.

6. Hlubocky FJ, Rose M, Epstein RM. Mastering resilience in oncology: learn to thrive in the face of burnout. Am Soc Clin Oncol Educ Book 2017;37:771–81.

7. Zwack J, Schweitzer J. If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. Acad Med 2013;88:382–9.

8. Sternberg RJ. Career advice from an oldish not-quite geezer: you can't count on your publications and awards to take care of you. May 26, 2015. The Chronicle of Higher Education May 26, 2015. Available at: https://www.chronicle.com/article/Career-Advice-From-an-Oldish/230335. Accessed May 12, 2020.

9. London AJ, Kimmelman J. Against pandemic research exceptionalism. Science 2020;368:476–7.

10. Ince S. Valentín Fuster: From platelets to preschoolers, always with scientific rigor. Circ Res 2018;122:921–4.