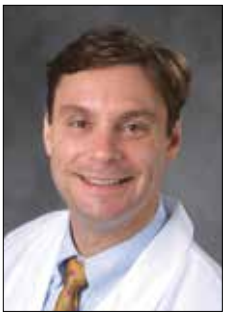
Feeling Siloed



I was out biking the other day with my daughters, passing by rolling farmland and pastures, when I pointed to a silo rising starkly in the middle of a field. I explained to them that a silo is a structure used to hold grain, but that the word has another meaning as well, referring to someone or something isolated in a way that hinders communication and cooperation with others. Looking at that tall silo with no trees or other large buildings around, it dawned on me how it must feel to be truly siloed, isolated and standing alone, as if in a lighthouse or a remote army post. Extrovert that I am, I find that prospect to be about as scary as I can imagine—OK, maybe a remote lighthouse with a bunch of snakes in it would be scarier. My experiences dealing with the COVID-19 pandemic have not produced that degree of isolation, but I have experienced periods of professional sequestration over the past few months that have left me feeling down.

In the past, when I had tough cases to manage, difficult decisions to make, or unpleasant results to convey, I leaned on my team for support. From colleagues to staff and even trainees, I always had a group of people who shared my burdens and commiserated with me as we struggled together. But now that COVID-induced social-distancing procedures are in place, I rarely share a workroom with another practitioner and have not had a student learner with me for months. Our tumor boards, clinical conferences, and research meetings are all virtual. Although all the usual people are present—virtually, that is—the experience is not the same. The spontaneity of interactions, the physical energy of others around me, the humor, and the opportunity to ask a curbside question or share an experience are missing.

I have asked around, and many of my peers are experiencing intermittent declines in mood similar to mine. Although a depressed mood may sound like a minor concern in light of the much greater hardships that many individuals have had to endure, I think it is worth recognizing, especially given that workers in the cancer field must already cope with a high degree of burnout.

Burnout is the process by which we experience physical and emotional exhaustion and lose our motivation to work. Chronic stress is the most common cause of burnout, and work itself can be the main contributor to such stress. Even under normal circumstances, providing cancer care is stressful. Add to that the massive shift in the way we now perform even the most basic of social activities, and we are all at increased risk for burnout.

I recently learned that resiliency is one strategy to combat burnout. My institution, Duke Health, already offers individual counseling and professional coaching for support. However, I worried that no mechanism was in place for the members of my team to develop and implement an interpersonal strategy to combat burnout among our ranks. Then, almost out of the blue, I was introduced to Patrick Jeffs, PhD, a psychologist by training, who started a company called "The Resiliency Solution." Intrigued by the name, we invited Patrick to present his approach to our disease group. Amazingly, everyone bought into the approach. I say "amazingly" because we have a lot of strong-minded and opinionated people in our clinical group and rarely all buy into any one thing, but on this issue we had a consensus. Over the past four months, we have worked with Patrick both individually and in teams to combat burnout, improve workflow and productivity, and build resiliency.

We are still early in the process, but already we are beginning to see results. In clinic, our engagement with one another is back. And drastic changes in our workflow or infrastructure were not required—just in our collective mindset, commitment to one another, and commitment to ourselves. This is not to say everything is perfect. Far from it, but for me and others, the feelings of isolation, stress, and decreased energy have eased.

Sincerely,

Daniel J. George, MD