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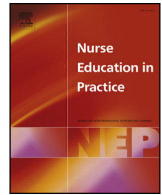

Guest Editorial

Hopelessness, helplessness and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic

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The build-up to our current "pandemic" state has felt like a long time coming. Social media, and various forms of news media, have made it near impossible to escape discussion of the oncoming storm heading for our National Health Service (NHS). Barely a waking hour passes in which a relative, colleague or friend does not wish to discuss the issue – *"you're a doctor. What do you think?"*

During this time, it is only natural that healthcare staff would enter a state of acute stress. As time passes, we have a duty, both to ourselves and to our colleagues, to reduce its chronicity and its insidious impacts on our own wellbeing as healthcare staff. If we do not look out for one another, then who will?

On a daily basis I now receive numerous text messages from friends and colleagues working as trainee doctors on the "front line" in our NHS hospitals around the United Kingdom. These messages express despair at the current situation – and also a sense of hopelessness, helplessness, and nervous anticipation at what may yet come to pass. With the permission of the senders, I will quote some of these messages throughout this editorial.

"I'm going to cry."

"Every day I think about quitting and just leaving [the NHS]."

"At work. It's crazy. I just want to cry!"

Shea and Hurley defined hopelessness as "the feeling that any effort aimed at constructive change … is doomed before it is even attempted" (Shea and Hurley, 1964). They also defined helplessness as "the conviction that everything that can be done has been done, which results in an inability to mobilize energy and effort …" (Shea and Hurley, 1964). It is hardly surprising that challenging times such as these may induce states of both hopelessness and helplessness in trainees', who may still be finding their feet in the clinical world. Furthermore, extreme life stressors such as this may also cause us to 'rubber band' back to negative emotions from our own past – further compromising our mental wellbeing.

Self-isolation, whilst an important measure for containing the outbreak, may lead to staff shortages across all workplaces, including the NHS. This may add three further stressors/dilemmas – the consideration of which may further tax trainees' mental wellbeing: How do units/departments function with significantly fewer staff on a daily basis? Are junior trainees being provided with adequate supervision and support in these difficult times? And how do we decide between self-isolation and leaving units un-staffed? Self-isolation will likely, by very definition, also reduce individuals' interaction with others. This in itself may put the mental wellbeing of trainees in further jeopardy as they begin to self-isolate, as we know that maintaining relationships with those around us are "important in supporting people and providing resilience" (Ivbijaro et al., 2019).

"We are just so under staffed due to people self-isolating."

"We have 1 nurse instead of 4 today, no consultant, no registrar, and no SHO."

"I feel bad leaving everyone here to cope without another doctor."

Recently, I have also begun to hear reports of NHS Trusts cancelling/postponing annual leave for staff and stopping trainee doctors rotating on to their next specialties – presumedly to ensure continuity of care from those familiar with departmental systems/processes. These may be reasonable measures to ensure that patient care remains both safe and effective during these difficult times, but they do form a double-edged sword. Research has shown that time off is important (Etzion, 2003). Holidays may lead to short-term reductions in stress levels, and a more prolonged reduction in the risk of burning out (Etzion, 2003). Etzion defines burnout as "a psychological strain caused by continuous Stressors which erode individuals' coping resources over the long term, until they reach the point of physical and emotional and mental exhaustion" (Etzion, 2003). To that end, the aforementioned measures may have the potential to prevent recuperation from work-related stress and, subsequently, may lead to staff burnout and more

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shortages later down the line.

> "No annual leave is allowed now. I've been looking forward to my week off. It's the only thing that's been keeping me going."

Peterson and Seligman define learned helplessness as "the emotional numbing and maladaptive passivity sometimes following victimization" (Peterson and Seligman, 1983). Put simply, this refers to a mental state of helplessness, which has been induced through repeated (failed) attempts to escape a harmful situation – they have *learnt* that their fate is out of their control. Whilst the cancellation of leave and rotations may yet prove to be a short-term measure, it still holds the potential to induce helpless states in trainees. The development of *learned* helplessness, however, may be dependent on our next move, and Trusts' openness to the humanity of the individual circumstances of trainees. We have a duty of care to these trainees and, where possible, should strive to prevent a culture of learned helplessness developing.

It is important in times such as these that we foster an open culture of trust and understanding amongst one another. It is also vital that we work to promote resilience in trainees – particularly when the current societal environment may hinder the development of resilient attributes. Goodman et al. defined resilience as "the interactive and dynamic process of adapting, managing, and negotiating adversity" (Goodman et al., 2020). Various ways of promoting resilience have been suggested throughout the broad, existing literature. For example, Denkova et al. found that offering short-term training in mindfulness improved markers of resilience in firefighters (Denkova et al., 2020). Furthermore, some research has suggested that feelings of empowerment and of belonging may help to promote resilience (Oldfield et al., 2020). These may be particularly important to consider in light of the aforementioned changes to annual leave and rotas.

I now invite readers to consider the following: Is there anything I could do to promote the mental wellbeing of my colleagues or trainees? Might we adapt any local systems to this end? And, most importantly, is there anything I need to focus on for my own wellbeing?

> *"Do not judge me by my success, judge me by how many times I fell down and got back up again."* (Nelson Mandela)

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