Letter to the Editor

Letter to the Editor: Editorial: Giving at the Office

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To the Editor,

I read Dr. Leopold's recent editorial [3] with great interest. I would like to suggest that if the goal is to improve workforce wellbeing among surgeons, our choices are not limited to either making the mine less toxic or making the canary more rugged. The editorial alluded to a third strategy, and although Dr. Leopold did not discuss it explicitly, he seemed to suggest that we follow it.

Dr. Leopold's personal choice was to become a better-adapted canary, yet he asked fellow surgeons to share stories of inspiration and strategies for

wellness from their own experience. His request is the essence of nourishing compassion in teams and on units.

Evidence suggests that compassion mitigates burnout [1, 6]. If we are to create a culture of compassionate, collaborative care, we must make investments at three levels: (1) At the individual level with self-compassion and resiliency training (the canary model [8]); (2) at the team or unit level where we nourish compassion in each other (the interprofessional model [5], which is what Dr. Leopold's editorial alluded to, though didn't state outright); and (3) at the organizational-leadership level where structured changes in the delivery of care can be made (the coal-mine model [7]).

Making time for honest discussion regarding one's social and emotional issues that arise from caring for patients helps nourish caregiver-to-caregiver compassion. The Schwartz Center for Compassionate Healthcare

(www.theschwarzcenter.org) is a national nonprofit leading the movement to bring compassion to every patient-caregiver interaction. More than 450 healthcare organizations are members and conduct Schwartz Rounds™ to bring doctors, nurses, and other caregivers together to discuss the human side of healthcare. Team-member to team-member compassion is essential for navigating the stresses of practice [2, 4]. As eating a quick lunch in front of one's computer or in isolation with a smartphone becomes the norm, and as traditional spaces for colleagues to connect—like nurses lounge, or physician dining rooms—continue to disappear, so does the opportunity for caregivers to have a safe place to escape. Those places, and the encounters that happen in them, help caregivers to reaffirm their humanity, to support their peers, and to receive that kind of support in return. The absence of such places and such opportunities is a loss we all will feel.

I heed Dr. Leopold's warning that we must not be left alone with our feelings, and I suggest we all find times and places to talk about what it feels like to care for our patients. The purpose of this is not to retell our patients' stories, but to share our own.

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