

Essential Oils: Initiating a Resident Wellness Program at a Community Hospital

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I had just switched my pager to “not available” after another pretty standard night shift—patient transfers, putting out cross-cover fires, and the occasional MRT/code. Walking home after my sign-out and ritual doughnut, the sugar rush did not lessen the dread of staring down 4 more weeks of this. There was no end in sight and I was exhausted.

It appeared that other residents felt the same way. Whether it was a complicated patient in clinic, the weight of administrative duties, or getting a “buzzer beating” admission, we were feeling chronically stressed and fatigued. Was there anything that would help us catch our breath?

Interest in resilience and physician burnout has increased and, with this added attention, intrinsic and extrinsic factors have been identified as moderators of the daily stresses of being a physician. Whereas extrinsic factors may be largely out of our control, intrinsic factors are more amenable to change.

As a resident, I shared my observations with my program director. I hoped we could develop an outlet for residents to discuss together what was on our minds. He was in full support and a dedicated meeting was scheduled. Outlook asked for a title. I named it “Essential Oils” or Internal Medicine Essential Oils (IMEO). Now I needed engagement from the other residents.

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It did not take long for my colleagues to figure out this was my brainchild. I can't say I relished informing them about the addition of yet another item to their agenda. They were thrilled with lunch being provided but glared at requests for openness, interaction, and reflection. Did I worsen stress and now alienate my peers when I was about to need them most? My role rapidly transitioned from friend to nuisance or perhaps even traitor.

At our first meeting, I was uncharacteristically prepared with 3 different presentations in case I had to pivot. The first was my defense: statistics on physician burnout, its common causes and trickle-down effects, and methods actively being employed to combat it. The others were humanities-based wildcards: one on the German physician and father of infographics, Fritz Kahn, and the other a brief (medical) history of Benjamin Rush. Gladly, I did not get to them.

The room was full. People were devouring Chinese food. There was a buzz. As I scanned the room, I was met with apprehensive eyes. Wellness question banks do not exist; no one could prepare. Then, during a lull in the conversation, IMEO began. I gave a brief background of why it is important for physicians to be well and attempted to diffuse any uneasiness. We agreed to make a set of rules for Essential Oils.

I went to the white board and wrote down the following:

- We will not actually be using essential oils.
- This is not intended to be psychotherapy.
- This is not intended to be more work for us.
- We do not have to meet during work hours.
- I do not want you to hate this.
- What happens here, stays here.

This is where it started. Three years later, this is where it remains. Of most importance to the residents was the last declaration. Having “colleague to colleague” confidentiality pro-

vided permission to be vulnerable with each other. Tears were shed, hugs were given, jokes were made, and food was eaten.

Personally, I did not hear anything from my fellow residents. But one could feel a sense of renewed support among many who attended. Having heard about this new meeting, staff colleagues asked to attend, and when asked for details, fellow residents said proudly, “What happens in oils, stays in oils.” It was our time and it was special to us. Residents who were off would come in for the meeting. If they were unable to attend, they were disappointed. Each meeting naturally took on its own agenda and I never needed those original PowerPoints.

Of course, the complaining associated with being a resident and a physician remained. However, it was attenuated. Although we have not performed objective analyses, we have been successful in strengthening intrinsic factors that in turn have influenced the extrinsic factors and our working environment.

As evidenced by the advent of electronic medical records, work hour restrictions imposed by the Accreditation Council for Graduate Medical Education, and the financial burden of becoming a physician, change is inevitable. With change, we also must change the way we approach our profession from one of perceived endless sacrifice at the expense of the patient, to one of balanced wellness. As illustrated by the success of IMEO, healing the healer with intermittent, resident-led wellness programs can be accomplished at community hospitals. Based on our experience, this type of meeting is a definite win-win for residents and patients.

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