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## Resilience

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Today there is much talk of resilience in health care. There are systematic reviews, training courses, and likely somewhere a Resilience Tsar seeking a 5-year plan to instil resilience into the healthcare workforce. But resilience cannot be learnt from a worthy and wordy PowerPoint presentation at an RCGP conference. For resilience is something indelibly woven into your psychological fabric. All resilience initiatives are pointless.

I am part of the generation of men and women who grew up through the 1960s, 70s, and 80s — dark and hard times for many. Bullying was endemic, unpleasant nicknames the norm, and the advice was always, ‘If they push you, push them back harder.’ Physical fighting was commonplace. Parents were critical and certainly never said they loved you, you never cried, and swearing was our adjectives, nouns, and verbs. Many people repressed their sexuality. You were an adult long before you went to university. University itself was spent on buses, trains, and visiting launderettes; you had one pair of shoes and two pairs of trousers, and you called home once a week from a payphone with a handful of 2p pieces. You binged on lager and smoked Embassy Regal. No choice; just put up and shut up.

Work was just a continuum. Contrary to the myth of the benevolent hospital ‘firms’, we were left hopelessly unsupported, consultants were frequently absent, and junior doctors did the majority of the caring for the most sick, always operating outside their experience. Working 70 hours a week was the norm, not the exception. ‘See one, do one, teach one’ as a mantra was no myth. General practice was no better. It was chaotic and dysfunctional with 40 consultations a day and a broken torchlight and a tongue depressor the height of our technology. Burnt-out GPs used alcohol and cigarettes to cope. Divorce was common and some doctors even took their own lives.

You became resilient but at a cost: you were emotionally repressed and left with destructive cynicism. There were no good old days.

There are no golden new days either. As the world got wealthier, families became smaller and children were venerated rather than berated. Anti-bullying and ‘everyone’s a winner’ policies were introduced and children are told they are clever and beautiful on a constant loop — a childhood battered by relentless hurricanes of meaningless praise. Our problems are always due to the faults and failings of others, never ourselves. It’s a life with a drop-down menu of choices and love is unconditional in this world of latter-day princes or princesses. Children are protected and cocooned throughout childhood into kidulthood.

Thus emotionally immature generations are being denied the opportunity to develop coping strategies. But time is the great leveller, and a gaping chasm of dissonance opens between the reality of life and those unrealistic, youthful fairy-tale expectations. Generations are now anxious and depressed like never before. They have become victims of affluence: a new and different type of deprivation and disadvantage. The simple truth is that generations are becoming less and less resilient.

We should stop wasting time, energy, and money on resilience initiatives. Health care just needs to adjust to this new unhappy reality and create a healthcare system that is less dependent on healthcare workers’ resilience. How we achieve this is the real debate — more staff and more resources seem the only way forward.

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