

# Reading list: Self management and prioritisation

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## 1 Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of self-management and prioritisation as a supplement to the Learning and Development webinar you attended on 12 April 2023.
- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.
- If you would like to request a literature search on any aspect of this topic please fill out a [request form](#) (this service is available to BMA Members only).
- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about [the benefits of BMA Membership](#) and [join here](#).
- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you [here](#).

## 2 Obtaining full text articles

### 2.1.1.1 Full text links

If available, the full text link has been included.

### 2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our [journal search](#) or [search by citation](#) options on the library website.

### 2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £4.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the [order an article form](#) on the library website (you must be signed in).

### 2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

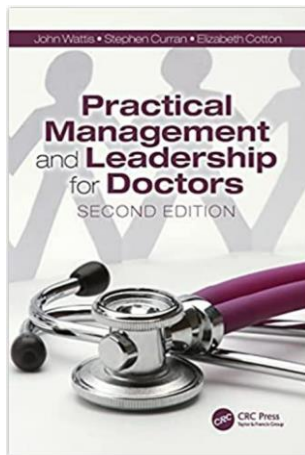
### 2.1.1.5 Further help

For any further help with getting full text articles, please contact the BMA Library Team ([bma-library@bma.org.uk](mailto:bma-library@bma.org.uk))

## 3 Results

### Results

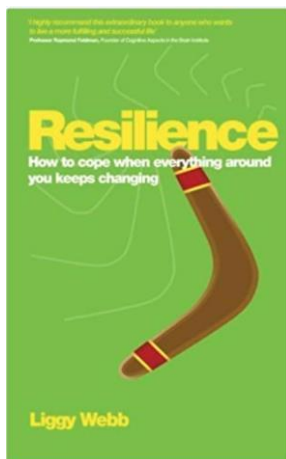
#### 3.1 e-Books



Wattis, John ; Curran, Stephen ; Cotton, Elizabeth. *Practical Management and Leadership for Doctors*. Boca Raton: CRC Press, 2019.

Available online [here](#)

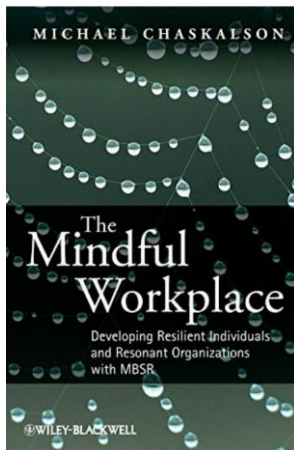
This practical, concise book will help every medical manager survive and thrive in the increasingly challenging world of healthcare. It offers a hands-on introduction to the knowledge, skills, attitudes and behaviour required to succeed in a modern healthcare setting.



Webb, Liggy. *Resilience: How to cope when everything around you keeps changing*. Wiley, 2013.

Available online [here](#)

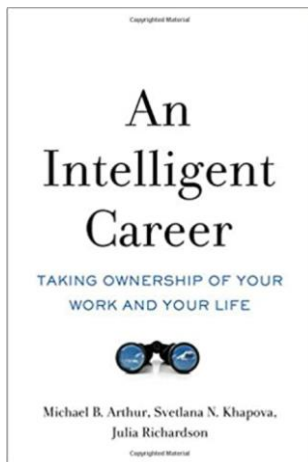
Arming you with a personal toolkit to handle day to day challenges, and providing strategies for thriving in uncertain times.



Chaskalson, Michael. *The Mindful Workplace: Developing Resilient Individuals and Resonant Organizations with MBSR*. Hoboken: Wiley, 2011.

Available online [here](#)

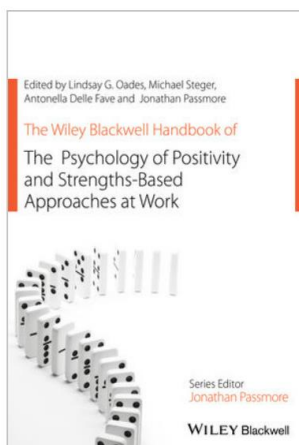
This book offers a practical and theoretical guide to the benefits of Mindfulness-Based Stress Reduction (MBSR) in the workplace, describing the latest neuroscience research into the effects of mindfulness training and detailing an eight-week mindfulness training course.



Arthur, Michael B ; Khapova, Svetlana N ; Richardson, Julia. *An Intelligent Career: Taking Ownership of Your Work and Your Life*. Oxford: Oxford University Press, 2017.

Available online [here](#)

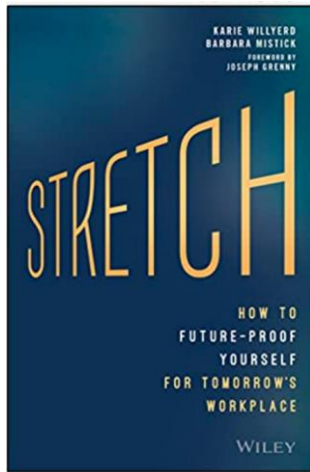
An Intelligent Career is a playbook for the modern knowledge worker, with clear guidance and support on taking charge of your own destiny, seeking continuous learning, collaborating with others, recognising and acting on fresh opportunities, determining when it is time to move on, and much more.



Steger, Michael ; Delle Fave, Antonelle ; Passmore, Jonathan ; Oades, Lindsay G. *The Wiley Blackwell Handbook of the Psychology of Positivity and Strengths-Based Approaches at Work*. New York: John Wiley & Sons, 2017.

Available online [here](#)

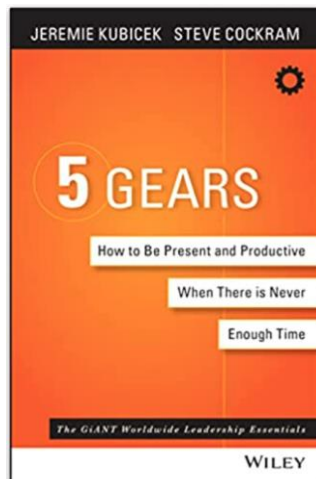
This handbook provides critical reviews of key topics such as resilience, wellbeing, hope, motivation, flow, authenticity, positive leadership and engagement.



Karie Willyerd and Barbara Mistick. *Stretch: How to Future-Proof Yourself for Tomorrow's Workplace*. Hoboken: Wiley, 2016.

Available online [here](#)

Built on solid, global research and dozens of personal interviews with people who have achieved new and inspiring goals, *Stretch* offers advice, valuable insights, anecdotes, and recommendations to make achieving your goals practical and within reach.



Jeremie Kubicek and Steve Cockram. *5 Gears: How to Be Present and Productive When There is Never Enough Time*. Newark: Wiley, 2015.

Available online [here](#)

Be present, connect more effectively, all while being as productive as possible *5 Gears: How to Be Present and Productive When There Is Never Enough Time* teaches you to shift into the right gear at the right time so that you can grow in your relational intelligence and increase your influence. This revolutionary text introduces you to the five different gears, or mindsets, that carry you through various facets of your day.

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## 3.2 Web links



Medscape UK

### Medscape UK

Guidelines in practice: How To Be a Resilient GP.

Available online [here](#)



### Royal College of Physicians

How to prioritise effectively.

Once you become a qualified doctor, prioritising tasks can be a challenge. The 'How to prioritise effectively' guide will give you some easy tips to help you make difficult decisions on who or what to prioritise.

Available online [here](#)



### Mind the Bleep

Prioritising jobs.

Practical tips for doctors on how to prioritise Jobs.

Available online [here](#)



THE DOC LIFE

At A Glance

### The Doc Life

How to Prioritise your ward tasks.

One of the main skills to pick up as a fresh junior doctor is the ability to prioritise and complete your ward jobs effectively. Knowing how to prioritise tasks will allow you to work safely and effectively.

Available online [here](#)

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**MDU Notes. The MDU student journal**

Staying strong - resilience in medicine.

MDU medico-legal advisers Dr Beth Durrell and Dr Nikki Lennard discuss the concept of resilience, and how to cope with the emotional challenges a medical career can throw at you.

Available online [here](#)

**Mind Tools**

Eisenhower's Urgent/Important Principle.

Using Time Effectively, Not Just Efficiently.

Available online [here](#)

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### 3.3 Google Scholar

**Resilience, self-management**

allintitle:(resilience OR resilient OR “self management”) AND (doctors OR physicians OR “general practitioners”)

Limited from 2020-2023

**Click link to see [Google Scholar results](#)**

**Prioritisation**

allintitle:(prioritisation OR prioritization) AND (doctors OR physicians OR “general practitioners”)

Unlimited

**Click link to see [Google Scholar results](#)**

BMA members can follow the instructions set out in [this library blog post](#) to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

*\*Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.*

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### 3.4 Journal articles

1. Brenner, M. J., et al. (2022).

**“Honesty and Transparency, Indispensable to the Clinical Mission-Part III: How Leaders Can Prevent Burnout, Foster Wellness and Recovery, and Instill Resilience.”**

*Otolaryngologic Clinics of North America* 55(1): 83-103.

[Click here to view reference](#)

The hidden epidemic of burnout exacts a staggering toll on professionals and patients, reflected in increased risk of medical errors, complications, and staff turnover. For surgeons, nurses, and other team members working at the sharp end of care, adverse events can amplify work exhaustion, interpersonal disengagement, and risk of moral adversity. Visionary leaders are not content to mitigate burnout and moral injury; they elevate the human experience throughout health care by modeling wellness, fostering moral courage, promoting safety of professionals, and restoring joy in work. Part 3, Health Professional Wellness and Resilience, introduces the final pillar for advancing the clinical mission.

2. Hiefner, A. R., et al. (2022).

**“Protecting Family Physicians from Burnout: Meaningful Patient-Physician Relationships Are More than Just Medicine”.**

*Journal of the American Board of Family Medicine: JABFM* 35(4): 716-723.

[Click here to view reference](#)

**PURPOSE:** Meaning in work has been identified as an important factor promoting physician resilience against burnout. However, research has only minimally explored meaningful patient-physician relationships in relation to physician burnout, and has largely focused on patient perspectives. To address this knowledge gap, this study explored the elements of relationships with patients that physicians find meaningful, as well as physicians’ perceptions of how those relationships influence experiences of burnout.

**METHODS:** In this qualitative study, 20 family medicine physicians recruited via convenience and snowball sampling participated in semistructured interviews. The research team then engaged in an iterative process of thematic analysis.

**RESULTS:** 5 main themes emerged in participants’ descriptions of meaningful relationships with their patients: Patient-centered care, continuity, effective care, trust, and purpose and mission. Participants described meaningful relationships as situated within a professional mission to connect with patients and make a difference in their lives. Meaning in these relationships centered around a trusting therapeutic relationship formed through continuity, person-centered care, and effective care. Participants strongly felt that meaningful relationships with patients are protective against burnout.

**CONCLUSIONS:** Though many burnout interventions have targeted change at the individual (physician) level, a growing amount of evidence points to the need for change at the health system level. The findings of this study suggest that system-level interventions aimed at enhancing and prioritizing physicians’ experiences of continuity and connection with their patients may be particularly impactful in efforts to reduce and prevent burnout.

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3. Sanatkar, S., et al. (2022).

**“Preliminary Investigation of Shift, a Novel Smartphone App to Support Junior Doctors’ Mental Health and Well-being: Examination of Symptom Progression, Usability, and Acceptability After 1 Month of Use.”**

*Journal of Medical Internet Research* 24(9): e38497.

[Click here to view reference](#)

**BACKGROUND:** Shift is a novel smartphone app for providing a digital-first mental health resource to junior doctors. It contains psychoeducational material, cognitive behavioral modules, guided mediations, information on common work stressors, and a section on help-seeking options for psychological problems through workplace and private avenues.

**OBJECTIVE:** This study aimed to conduct a preliminary investigation of the use and potential effectiveness of Shift on depressive and anxiety symptoms (primary outcomes) and work and social functioning, COVID-19 safety concerns, and help seeking (secondary outcomes). This study also sought feedback on whether Shift was seen as an acceptable tool.

**METHODS:** Junior doctors in New South Wales, Australia, were approached through promotional activities from the Ministry of Health, specialist medical colleges, and social media advertisements between June and August 2020. Consenting participants provided web-based baseline data, used the Shift app for 30 days, and were asked to complete a poststudy web-based questionnaire. Outcomes were analyzed under the intention-to-treat principle.

**RESULTS:** A total of 222 female (n=156, 70.3%; mean age 29.2, SD 4.61 years) junior doctors provided full baseline data. Of these, 89.2% (198/222) downloaded the app, logged into the app approximately 6 times (mean 5.68, SD 7.51), completed 4 in-app activities (mean 3.77, SD 4.36), and spent a total of 1 hour on in-app activities (mean 52:23, SD 6:00:18) over 30 days.

Postintervention and app use data were provided by 24.3% (54/222) of participants. Depressive and anxiety symptoms significantly decreased between the pre- and postassessment points as expected; however, physicians’ COVID-19 safety concerns significantly increased. Work and social functioning, COVID-19 concerns for family and friends, and help seeking did not change significantly. There was no significant relationship between symptom changes and app use (number of log-ins, days between first and last log-in, and total activity time). Most poststudy completers (31/54, 57%) rated Shift highly or very highly.

**CONCLUSIONS:** Despite high levels of nonresponse to the poststudy assessment and increases in COVID-19 safety concerns, junior doctors who used the app reported some improvements in depression and anxiety, which warrant further exploration in a robust manner.

4. Spilg, E. G., et al. (2022).

**“The impact of Stress Management and Resilience Training (SMART) on academic physicians during the implementation of a new Health Information System: An exploratory randomized controlled trial.”**

*PLoS ONE [Electronic Resource]* 17(4): e0267240.

[Click here to view reference](#)

**OBJECTIVE:** The Stress Management and Resilience Training (SMART) program is an evidence-based intervention designed to build resilience in physicians in clinical practice. The objective of the current study was to assess the impact of the SMART program on academic physicians’ levels of resilience, subjective happiness, stress, and anxiety, and specifically during the implementation of a new hospital-wide Health Information System (HIS).

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**METHODS:** A total of 40 physicians in a tertiary care academic hospital were randomized (allocation ratio 1:1) to either the SMART intervention or the control condition. The SMART intervention consisted of one mandatory two-hour in-person workshop and an optional 24-week online program, designed to support the materials delivered in the workshop. Outcome measures were assessed using validated scales administered online at baseline and at 3-months and 6-months follow-up.

**RESULTS:** After adjusting for baseline levels of each outcome, no statistically significant intervention effect was observed for resilience, subjective happiness, stress or anxiety at 3-months or 6-months follow-up. However, physicians in the intervention group demonstrated improvements in resilience, stress and anxiety at follow-up that were within the range of clinically relevant differences.

**CONCLUSIONS:** The findings of this exploratory study provide modest support that the SMART intervention may be beneficial for proactively addressing physician wellness during the implementation of a new HIS and that larger randomized trials are warranted.

Trial registration: Nct04384861.

5. Cordova, M. J., et al. (2020).

**“Foster Well-being Throughout the Career Trajectory: A Developmental Model of Physician Resilience Training.”**

*Mayo Clinic Proceedings* 95(12): 2719-2733.

[Click here to view reference](#)

Physician burnout is common across specialties and largely driven by demands of the current health care industry. However, the obvious need for systems change does not address the unavoidable impact of providing care to those who suffer. An intentional, developmental, longitudinal approach to resiliency training would not distract from fixing a broken system or blame physicians for their distress. Existing models and approaches to resilience training are promising but limited in duration, scope, and depth. We call for and describe a career-long model, introduced early in undergraduate medical training, extending into graduate medical education, and integrated throughout professional training and continuing medical education, in intrapersonal and interpersonal skills that help physicians cope with the emotional, social, and physical impact of care provision.

6. Melnyk, B. M., et al. (2020).

**“Interventions to Improve Mental Health, Well-Being, Physical Health, and Lifestyle Behaviors in Physicians and Nurses: A Systematic Review.”**

*American Journal of Health Promotion* 34(8): 929-941.

[Click here to view reference](#)

**OBJECTIVE:** This systematic review focused on randomized controlled trials (RCTs) with physicians and nurses that tested interventions designed to improve their mental health, well-being, physical health, and lifestyle behaviors.

**DATA SOURCE:** A systematic search of electronic databases from 2008 to May 2018 included PubMed, CINAHL, PsycINFO, SPORTDiscus, and the Cochrane Library.

**STUDY INCLUSION AND EXCLUSION CRITERIA:** Inclusion criteria included an RCT design, samples of physicians and/or nurses, and publication year 2008 or later with outcomes targeting mental

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health, well-being/resiliency, healthy lifestyle behaviors, and/or physical health. Exclusion criteria included studies with a focus on burnout without measures of mood, resiliency, mindfulness, or stress; primary focus on an area other than health promotion; and non-English papers.

DATA EXTRACTION: Quantitative and qualitative data were extracted from each study by 2 independent researchers using a standardized template created in Covidence.

DATA SYNTHESIS: Although meta-analytic pooling across all studies was desired, a wide array of outcome measures made quantitative pooling unsuitable. Therefore, effect sizes were calculated and a mini meta-analysis was completed.

RESULTS: Twenty-nine studies (N = 2708 participants) met the inclusion criteria. Results indicated that mindfulness and cognitive-behavioral therapy-based interventions are effective in reducing stress, anxiety, and depression. Brief interventions that incorporate deep breathing and gratitude may be beneficial. Visual triggers, pedometers, and health coaching with texting increased physical activity.

CONCLUSION: Healthcare systems must promote the health and well-being of physicians and nurses with evidence-based interventions to improve population health and enhance the quality and safety of the care that is delivered.

7. Robertson, R. and A. G. Hill (2020).

**“Building resilience in the face of adversity: the STRONG surgeon.”**

*ANZ Journal of Surgery* 90(9): 1766-1768.

[Click here to view reference](#)

Surgeons are already under stress but the last few months of bushfires, the White Island eruption and now coronavirus disease 2019 (COVID-19) have made things only more difficult for surgeons in New Zealand and Australia. Thus, there is now need more than ever for surgeons to build greater levels of resilience and systems and support frameworks to enable them. There are a myriad of publications on how professionals should handle these external threats but only a few have synthesized the literature in a way that is relevant to surgeons in Australasia.<sup>1–4</sup> There is a strong body of research that has identified the core components in building optimal resilience and well-being that have been captured in the following evidence-based STRONG model.

8. Shahid, Ramzan ; Stirling, Jerold ; Adams, William (2018)

**“Promoting wellness and stress management in residents through emotional intelligence training.”**

*Advances in medical education and practice, 2018, Vol.9, p.681-686*

[Click here to view reference](#)

US physicians are experiencing burnout in alarming numbers. However, doctors with high levels of emotional intelligence (EI) may be immune to burnout, as they possess coping strategies which make them more resilient and better at managing stress. Educating physicians in EI may help prevent burnout and optimize their overall wellness. The purpose of our study was to determine if educational intervention increases the overall EI level of residents; specifically, their stress management and wellness scores.