

The value of peer support in curbing moral injury: A resident's perspective

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ACKNOWLEDGEMENT: Thank you to the University of Manitoba residency program for supporting its residents. Thank you to my family and friends for their unshakable love. And thank you, Dr. Koyle, for your candidness. Hearing you share your story in front of several colleagues and unfamiliar faces (including me) inspired me to write this piece.

On a dark winter's night, snowflakes trickled from above and settled onto my windowsill. I stared at the snowflakes melt into nothingness until I drifted asleep. The following morning, before the sun rose (and still decaffeinated), I crossed the street to enter the sacred space of the hospital. Throughout the day (now caffeinated), I wondered if the sun had ever rose, how our patients and their loved ones were healing, and why we were fighting so many barriers to give our patients the best possible care. When I returned home from the seemingly divine house of care for the sick, I felt exhausted. For many days, I spiralled down this vicious cycle of lack of selfcare. Ultimately, with the support of my peers, I reframed my thoughts, rediscovered pure joy in my work, and relearned how to maintain balance in a surgical career. In retrospect, I was wounded by the lack of humaneness that I showed myself, which led to feeling burnout.

My story is not unique. Many medical students, residents, fellows, and staff have similar experiences. We have surpassed countless obstacles to reach where we are; a badge we wear with honour. We work grueling 24-, 48-, or even 72-hour shifts, contort our backs to complete our job, and barely eat or drink during the day. We are not weak nor soft, but rather, we are dedicated to greatness in our pursuits and altruistic with our energy, despite increased demands on us — complex patient care, academic excellence, and research productivity — all while trying to master the art of surgery. However, letting one's work define them catalyzes burnout. Unfortunately, we often ignore ourselves and self-inflict moral injury to exhaustion. Acknowledging this cultural phenomenon

and considering ways to lead more balanced lives will promote greater morale, productivity, and ultimately, care for our patients, teammates, and ourselves. From my personal experience, I propose that we can curb moral injury through peer support.

In his Grand Rounds speech at the University of Manitoba, Dr. Marty Koyle discussed burnout and how we can change the narrative. Surprise! Urologists are not immune to burnout! A 2016 AUA census revealed that nearly 40% of urologists met the criteria for burnout.¹ Closer to home, a 2018 CUA census demonstrated that rates of burnout were highest among those under financial strain, females, and early-to-mid career urologists.² Physicians have also become a hidden second victim — when negative outcomes occur, patients and their families suffer first, but we suffer as well, with trainees being particularly defenseless to attacks on their self-esteem. As Dr. Koyle pointed, we are good humans who intend well, yet often find ourselves in emotionally complex situations. His prescription: shift the culture in medicine, particularly in urology. Recognize the impact of self-care on the care of others. Encourage colleagues, learners, and yourself to seek peer support in formal and non-formal settings. Balance your life both within and outside of urology.

I hope that this piece will spur discussions and advancements in curbing moral injury through peer support, throughout our careers but particularly in its earlier stages. The good-natured and humorous urologists have yet another opportunity to define our practice's culture — we acknowledge our humanity and support each other to serve our nation to the best of our abilities, one DRE at a time. As Dr. Koyle puts it, "Our calling in healthcare is to help others, and that also means one another, not just patients... don't let your colleagues suffer in silence and alone."³

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