

What You Need To Know: How To Manage Your Stress

E K Ung

INTRODUCTION

Stress among doctors is a popular theme in television programmes such as ER. In 1997, the London Sunday Times commissioned Professor Cary Cooper to replicate a 1985 survey of 104 different occupations. Doctors, who had a 6.8/10 rating in 1985, scored 8.0/10 in 1997 (for highly stressed doctors contemplating a change of career, astronomers scored a low 2.3/10). The average rating was 5.3 for all health professionals. High levels of perceived distress and dissatisfaction in doctors⁽¹⁾; higher standardised mortality ratios for suicide (especially for women doctors in the US); high levels of anxiety and depression and higher than normal cortisol levels⁽²⁾, all indirectly point to doctors being highly stressed.

In general, overwhelming stress only becomes evident when doctors fall ill (mentally or physically). Otherwise, the majority of doctors appear to cope with stress fairly well or suffer in silence. There are few randomised controlled intervention studies for stress and the efficacy of particular interventions remain equivocal. One paradigm of stress suggests that distress occurs with mismatch of workload and autonomy. Junior doctors with high workloads and little autonomy would be expected to be the most distressed. Interestingly, a study of hospital consultants, general practitioners and senior health service managers showed high levels of distress in all three groups as well⁽³⁾.

Stress among house doctors and medical officers

"I'm not that stressed today but it varies. The worst things are bad calls – too frequent or very busy calls. Sometimes if it's very busy in the ward, I get stressed too. Generally I feel I'm coping OK with my stress. My impression is that the housemen I know are generally coping OK with stress too."

– Male house officer

Common sources of stress include overwork frequent "on-call" responsibilities, dealing with death and dying, loneliness and related problems. Having a good and supportive mentor for those most likely to need it helps considerably. Good time management is essential; always complete the urgent and important tasks first. Ask for help sooner rather than later. This may be difficult, especially for male doctors and is an exercise of self-awareness and humility. Well structured training programmes, regular career counselling, and feedback from superiors which temper truth with grace

help allay insecurities and career discontent to some extent.

Stress in women doctors

"I feel stressed. Most of my energy goes to my work – treating patients and supervising juniors. The worse things are the workload and the inflexibility. I get back home and my two young children fight for my attention. Sometimes I'm so tired I'm asleep by 8.30pm. I have to come in to hospital almost every day. Squeezing one day's work into half on Saturday leaves me dead tired when I'm finished. I'm worn out after a few months, but two days of leave refreshes me. I would definitely prefer part time work but it doesn't seem to be available."

– Female hospital doctor with two young children

Common stresses include: dual career stress (managing home and professional life) and difficulties in career progression. Although most Western studies point to women doctors especially suffering from stress, anecdotal reports suggest that this may not be true for our local female doctors. This may be partly due to the stringent entry criterion for female medical students and greater ease in obtaining domestic support. Unfortunately, many leave hospital practice for lack of options more than anything else. Accept that you may not be able to have it all. Wise and realistic juggling of the home:work interface is required. A Canadian study⁽⁴⁾ found single women doctors more likely to be severely depressed than married ones. Although the vast majority of doctors interviewed support part time work, few in hospital practice actually do so (most likely because it is not readily available).

Stress in general practitioners

"I do feel stressed. When I worked in hospitals before, I went to work, came home and got paid at the end of the month. In general practice, a lot of stress is money worries, for example when it rains, people don't come. Sometimes I feel tired and don't have that much time for my family but overall I'm more satisfied than when I was in hospital. I'm glad I had my hospital experience though, if I was a very young and inexperienced GP, I'd be panicking and worrying a lot about some of the cases. In hospital, I'm just a cog in the wheel. In practice, people really thank you for a job well done. This satisfaction, the flexibility of the job and being more my own boss offsets the stress."

– A male general practitioner with three children

Department of
Psychological Medicine
National University Hospital
5 Lower Kent Ridge Road
Singapore 119074

E K Ung, MBBS, MRCPsych
Senior Registrar

The top 5 stresses among local GPs⁽⁵⁾ are: work overload, time pressure, fear of making mistakes, difficult patients and home:work demands. Social, managerial and financial skills are likely to be as or more important than technical skills and abilities. Reconsider starting a practice if you have low emotional intelligence (EQ), poor social, managerial or financial skills. These skills can be improved by training. Know and accept your limits; refer for further help and advice where appropriate.

Coping strategies

Coping is a uniquely individual phenomenon and each doctor has his or her own personal strategies. As with most high functioning professionals, doctors prefer to individualise coping strategies rather than use formal programmes (for example progressive muscle relaxation programs).

A. Coping strategies for the mind

1. Know your stresses, typical responses, strengths and weaknesses: Capitalise on strengths and compensate for weaknesses. Discard the “superman” self-concept: Doctors are humans – they get stressed, fall sick and get burnt out. Doctors are often reluctant to acknowledge their needs fearing it may be perceived as weakness. The motivation to become a doctor differs from person to person. For some it may be a strong need to help, cure and make better (often commensurate with an inability to receive), triggered by earlier experiences of illness, death or helplessness⁽⁶⁾. An acknowledgment of your stress, emotions and needs (including need for help) is a prerequisite for re-adjustment and change. Do not take your physical and mental health for granted. Take physical, psychological, behavioural and social changes seriously – especially if such changes are persistent, severe and/or numerous. Seek help when your normal coping strategies have failed.
2. Handling difficult patients: Patients may have a strong emotional response towards the doctor (transference) and arouse similarly strong responses from the doctor (counter-transference). Underlying these are the patterns of relationships with key people early in the person's life. For example a doctor may “remind” a patient of his domineering and authoritarian father provoking a hostile reaction. Difficult patients may “unload” their negative emotions onto the doctor (projection) or require persistent reassurance and “downloading” from the doctor. Both reflect the interplay of the needs and psyche of the patient and doctor. More often than not, hostile reactions are not personal attacks but projections of anger towards an accessible and convenient target. Doctors need to avoid becoming receptacles for these and other strong negative emotions by stepping back mentally and asking themselves, “Why am I feeling like this towards this patient?” (and/or vice-versa). Problems occur when doctors

go to extremes, either becoming overly concerned and responsible, or angry and abrupt.

3. Seek social support: Meaningful emotional connections are amongst the most powerful stress buffers (pet animals and even plants may help). In most surveys, spouse and family are cited as the most meaningful things (rather than work). Having a supportive and understanding senior doctor as a mentor and being able to “talk things out” is a potent stress reliever. Seek genuine supporters and stay away from saboteurs. Spend time with your colleagues and peers to make the most of social support at work. A common source of stress is poor relationships at work. Seek first to understand before making yourself understood. Be assertive without being aggressive. Be clear about what are major and minor issues. Be flexible on minor issues and firm on major ones. Negative emotions are contagious and being with angry people leaves you angry.
4. Protect your personal time jealously: Few occupations place as much demands on personal time as medicine, with its “on call” demands and often long working hours. Time for yourself and with people closest to you should be guarded jealously. Few people on their deathbeds regret not spending more time on their careers or jobs. Having a life outside of medicine helps prevent burnout. This is a highly individual affair and examples amongst local doctors include bird watching, ballroom dancing, wine tasting and gourmet dining. It can be something as simple as going to the library.
Give priority to urgent and important matters and reduce non-urgent and non-important “time thieves” (gossiping, day dreaming, watching TV, reading papers and magazines, surfing the net) if you are stretched for time. Make use of little bits of time in between activities. If you are a poor time manager, keep a log of how you spend your time and list things to do in priority of importance and urgency. Learn to say “no” nicely to maintain priorities. Delegate where appropriate.
5. Take good records and be tactful: Complaints and litigation are amongst the most highly stressful experiences a doctor faces. Although serious ones are uncommon, prevention is better than cure.
6. Use quick stress management techniques to relax the mind and nip stress in the bud: Examples include positive self-statements like “relax”, “calm down”, etc., focusing on pleasant mental images and distractions. Stepping back mentally and thinking about your thinking (meta-cognition), for example asking yourself; “Is it really worth getting stressed?”, “Will it matter in a few weeks time?” helps one deal with common daily hassles (which often forms the bulk of our stress). Although sometimes looked on with disdain, slow deep breathing and muscle relaxation are amongst the quickest and easiest means of provoking a “relaxation response”.

7. Cognitive-behavioural strategies where thinking right, talking right and behaving right lead to feeling right and vice-versa may appeal to the logical-analytical mode of thinking to many doctors. Doctors are often very good at giving their patients counsel but not so good at receiving the same counsel. Have a positive mindset and start each day right by giving thanks for at least five things. If you are a pessimist by nature, you need to work towards realistic optimism. Develop a sense of humour and avoid taking yourself too seriously all the time. Learn to be able to laugh at yourself.
8. Be committed to a cause or causes: Commitment helps motivate us, enabling us to maintain our focus. Help yourself by helping others: This is satisfying and helps prevent us from being "over-occupied" with self.

B. Coping strategies for the body

9. Look after your body well: Have regular breaks and vacations – doctors are humans just like everyone else and are not robots. Get regular exercise. The problem is you always feel better only after doing it – so overcoming the inertia to start is a problem. Get enough sleep. It is surprising how many doctors feel they can function on 4 – 5 hours of sleep. Stanley Coren's book, *Sleep Thieves* has an excellent chapter on American residents and interns murmuring about

their sleep and the lack of it. The celebrated case of Libby Zion whose death in a New York Emergency Department was partly attributed to poor judgement due to lack of sleep forced a change in legislation of junior doctor working hours in that state. Lack of sleep for a night or two results in a sleep debt which can be easily "repaid" by a good night's sleep (well known to junior doctors who use their "offcall" days to "catch up" on sleep).

C. Coping strategies for the spirit

10. Have a higher frame of reference: many studies show that being committed to a faith acts as a buffer to stress.

REFERENCES

1. Rees D, Cooper CL. Occupational stress in health service workers in the UK. *Stress Med* 1992; 8:79-90.
2. Payne R, Rick J. Heart rate as an indicator of stress in surgeons and anaesthetists. *J Psychosomatic-Research* 1986; 30(4):411-4203.
3. Caplan R. Stress, anxiety and depression in hospital consultants, general practitioners and senior health managers. *Br Med J* 1994; 309:1261-3.
4. Hsu K, Marshall V. Prevalence of depression and distress in a large sample of Canadian residents, interns and fellows. *Am J Psychiatry* 1987; 144:1561-6.
5. Kok LP, Goh LG, et al. Work stress in general practitioners. *Singapore Fam Physician* 1995; xxi:68-80.
6. Holland JW. *A doctor's dilemma*. London: Free Association Press, 1998.