

## PHYSICIAN WORK STRESS – Part II

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### INTRODUCTION

It is useful to remember that physicians generally do not seek help early in the course of their difficulties. Stress must be at very high levels in order to get the doctor's attention. Most physicians will not seek formal or professional assessment even then, but will themselves decide that the diagnosis is work stress and conclude that something should be done about it. However, many doctors are quite unclear where to begin. In the "Practical Management" section below, I make some suggestions about how to conceptualize the process of helping oneself.

Though most physicians do not go such a route, formal assessment of stress is often a good idea. It is easy for physicians to underappreciate the cause, magnitude, or cost of the stress we experience. For instance, it may appear that the stress is caused by circumstances at work, when in fact the contribution from home, illness, loss, or other changes is more important. The doctor may actually be depressed, but experience the depression as stress. Any psychiatric or medical condition can feel like stress.

A young doctor complained that work was too stressful and had lost meaning for him. He attributed the problem to the demands of managed care. He said he knew that he was "stressed out" because of all his headaches. Like many doctors, he had no doctor of his own. When we encouraged him to have his headaches evaluated, he found out he had high blood pressure and medication for the condition resolved his headaches. He then had more energy and enthusiasm for work.

On the other hand, what feels like illness may actually be stress.

A young female doctor presented for evaluation wanting to understand why she could not shake her depression despite psychotherapy and pharmacotherapy. She was happy with her life except for work, which for her entire career had been with severely chronically ill patients. Though her values demanded that she not back off from such demanding work, she came to understand that she felt deeply disappointed at work and longed for a practice in which she could feel effective. She ultimately chose to change her work situation to one in which she felt appreciated and efficacious. Depressive symptoms promptly lifted.

The fact that it is very difficult to accurately assess oneself, especially when stressed, doesn't prevent us from trying to do so, but we should not forget that a professional opinion is liable to be better.

### PRACTICAL GUIDE TO MANAGING PHYSICIAN WORK STRESS

Activities that may help in managing work stress can be divided into three types: altering work, altering attitudes toward work, and promoting self care.

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Obviously, these are not mutually exclusive areas of activity, and in fact are probably mutually helpful. Luckily, for many stressed physicians, even a modest improvement in work stress can result in an enormous sense of relief and rejuvenation.

### ALTERING WORK

As discussed in Part I of this article (published in the last CPHP newsletter), work stress can be conceptualized as related to two aspects of the work environment. Mental workload is one function, which is related to the weight of decision making and responsibility on one's shoulders, as well as to actual workload, e.g., the number of patients seen. Decision latitude relates to the amount of control or influence one has over one's working conditions. So, in considering how to alter work, the first strategy listed above, one can examine how to increase decision latitude and reduce mental workload in one's work environment. If time spent in dealing with managed care entities is increasing mental workload, streamlining procedures or delegating responsibility may be helpful. If certain types of patients prove especially stressful for the doctor, decision latitude may be increased by getting more education about how to work with them, or by referring them elsewhere. If the organization which employs the doctor is demanding too much work, decision latitude may be enhanced and mental workload potentially reduced by the physician participating in the group that is responsible for assigning workload or designing schedules. These examples illustrate common problems that the average doctor knows full well how to approach. Doctors also know that such problems are not really so simple and that they are never resolved. Delegating responsibility may involve hiring employees which costs money. Joining a committee that determines workload may take more time from home and family. The problems physicians face at work are often best conceptualized as tensions that can be reduced or heightened, not as problems that will go away or admit of definitive solution. However, the dimensions of mental workload and decision latitude do describe a landscape in which one can search for effective strategies to reduce stress in the workplace.

### ALTERING ATTITUDE

Changing one's attitude toward work is a very powerful activity which is also closely linked with self care. The simplest example is to consider how a crisis changes one's perspective. In fact, as suggested above, many physicians make temporary changes in attitude toward work precisely when their spouse says they can't tolerate any longer the doctor's work orientation. There is a sudden, if time limited, realization that work isn't so important. A threatened marriage, illness in family members, illness in oneself, even a malpractice suit can all forcefully reframe for a physician where the true north of existence is to be found; it is usually not found at work.

A far more preferable way of changing one's attitude toward work is to initiate such change out of a wish to reduce stress and enhance meaning in life, rather than simply waiting for a crisis to knock wisdom into one's head. As many authors have pointed out, many physicians are more reactive than proactive. Attitude changes are more likely to be sustained if they arise out of a thoughtful process in which the needs, cares, and values of the doctor are the starting point for allocating investment of time and energy.

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Therefore, to begin the process of finding one's most beneficial attitude towards work, physicians should contemplate and articulate that which is important to them. Such an inventory should consider the physician's values, and extend to which people, relationships, activities, and states of mind are most central to meaningful life. The resulting creation, whether written or not, becomes the cornerstone for making decisions about how to spend time and other resources. It also becomes the touchstone for restoring perspective during the chaotic or murky moments in life. Such a touchstone must be used, however, to be of benefit. Crises will not be prevented, nor satisfaction enhanced, by just thinking through what is important once and not revisiting it on a daily or weekly basis. Discussing these matters with one's spouse, friend, mentor or mental health professional is also useful. All of the above effort requires time and energy. Making the effort, and taking sufficient time to do so is part of what may be called self care.

### SELF CARE

Self care is a phrase with intuitive appeal but which is defined in vastly different ways, leading to contrasting approaches to the problem. As noted at the beginning of this article, the use of this expression in the physician health field probably evolved out of the need for physicians recovering from addiction to actively apply 12-step principles to their lives. For Erica Frank, whose pioneering work in learning about the self care of women physicians employs some of the best methodology in this literature, self care involves wearing seat belts, drinking reasonably, refraining from smoking cigarettes, managing dietary fat and obtaining timely medical screens including PAP's and mammograms. For some authors self care is getting adequate sleep, nutrition, and exercise. From the social science perspective, self care has to do with the activities of lay people which, added to those of medical professional, aid in the amelioration of health problems. Such activities may include the use of support groups, getting proper sleep, nutrition, exercise, use of "alternative" medicines and treatment techniques, relaxation or meditation routines, and the use of a variety of educational tools. For the purpose of this article I will utilize the practical perspective: What can doctors do to appropriately care for themselves?

Self care challenges arise in association with work, with home and family and other relationships, and with solo existence. Time management issues weave through all areas. The essence of work related self care is to be realistic and limited in the amount of work. This involves not only the workday, but also involves what doctors do when they are away from work. For instance, making sure one shares call with colleagues, something many physicians take for granted, is basic. Taking regular vacations from work is also essential. This does not include going to professional meetings. When vacationing, doctors should not take work along.

CPHP has evaluated physicians who were so overloaded and behind that they did not have time to complete their licensure reapplication in a timely way. In interviewing one such physician, we discovered that he had neither taken a vacation nor taken a day off call since he opened his practice years earlier.

When at work it is necessary to set appropriate limits, not only in order to address specific situations, but in order to let staff, colleagues, and patients know that one has limits.

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In order to be successful at work related self care, physicians must confront their belief that they are indispensable. Physicians often deeply hold such a belief, even if they consciously deny it. Physicians often believe that only they can care for their patients. Further, doctors must look coldly at the other most common rationalization for problems in work-associated self care, that they will lose referrals or financial benefits if they share call, take vacations, set limits, or delegate work. While there are rare instances in which significant practice or financial consequences accrue, in the vast majority of situations, working more reasonably does not measurably alter the health of one's practice.

Physicians are taught to be self reliant and to never shirk the responsibilities of caring for patients. These teachings reduce the ease with which doctors are willing to use their emotional support system, and to take the time to do so. It is essential to spend sufficient time with spouse and family, and for that time to have the quality of emotional openness. This frankness should involve talking about work stress, "sharing the burden," but much more than this. It is equally important to share feelings of all kinds, and to listen to others. The rewards of life are not as tied to work accomplishment as many doctors think. Life's satisfactions are intimately tied to emotional connections with loved ones. Rewarding relationships further buffer the physician from work stresses. It is also important for doctors to develop and use a support system of colleagues. Colleagues will listen to physician's work stress complaints long after family is tired of hearing about them. Some doctors find it useful to use a "buddy" system, in which they identify a colleague who is willing to tell them when they look stressed, are behaving badly, or are otherwise in trouble.

A doctor in his 40's reported that he sought help with stress when confronted by his colleague. "We've had an agreement for 15 years that we'd tell the other guy if one of us was acting crazy. I've been pretty irritable. Its good to have someone call you on it."

Self care in the solo sphere is often the most difficult area for physicians. Having been trained, and often raised, to attend to others' needs, doctors sometimes feel selfish and self indulgent when they attend to themselves, especially if they believe another person will, as a result, feel deprived or angry.

A 60 year old physician reported overwhelming stress at work and at home. When asked what he'd considered doing about it, he replied, "Go to a desert island. That's all I can think of. If I take more time off work, my family will just expect more from me. I'd feel too guilty to take that time for me. I wouldn't even know how."

While few physicians would argue that sleep, nutrition and exercise are selfish activities, doctors are notorious for compromising these matters if patient care or family demands are high. Physicians, like all human beings, also require time alone. Many doctors do not consider contemplation, meditation, and relaxation to be "productive" endeavors; they are nevertheless essential parts of self care. Physicians often downplay the spiritual aspects of existence, but any view of self care places one's spirit in the center of the stage. All activities that nourish the self, soul, spirit (or whatever word best describes one's innermost being) are spiritual. This nourishment may be attained by watching a sunset, listening to a late Beethoven quartet, going to church or synagogue, praying, meditating, pursuing an artistic endeavor - the means are

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both personal and universal. Most physicians can identify for themselves the activities most likely to be so nourishing, but often put them off or reduce their frequency to an extent that is harmful. For many physicians, even a modest but regular increase in the experience of such nourishment leads to reduced stress, invigoration, and a more balanced approach to work and life.

If physicians pay attention to this issue of emotional or spiritual nourishment, they can often find sources of help, of all places, at work. Especially those doctors involved in clinical medicine have one invaluable resource – patients themselves. It is both simple and difficult to find a way to really listen to our patients, to allow ourselves to feel moved by their struggle, integrity, courage, and spirit. The experience of such interpersonal connection is by its nature nourishing. Interacting with that patient, being part of the process of helping them, is even better. It is possible that some of the stress we now experience is related to the lessening of these connection opportunities because of time demands, paperwork, the intrusion of third parties (e.g. managed care) and a resulting frame of mind which does not easily permit of true listening. Yet, if we approach work reminding ourselves of the privilege, and thinking of our patients as sources of meaning, we can often find a way to connect in spite of the obstacles.

Many doctors will be unable to implement better self care and reduce stress without help. Help may be informal or formal. Informal help may come from simply letting family, friends or colleagues know what one is intending to do to better the situation; these individuals can then inquire about the doctor's success, and thus serve to confront procrastination or ongoing distress. Formal help may be obtained from psychiatrists, other physicians, or other mental health professionals who have experience in working with doctors. CPHP offers such experienced evaluation and support. Intensive workshops or training are available from time to time for physicians wanting to gain skills for reducing stress. These are most effective when used in conjunction with ongoing counseling that aids physicians in maintaining their focus on effecting change in everyday life.

## CONCLUSION

Physicians are subject to significant work stress, which appears to be on the increase. Work stress negatively impacts both work and home life. Physicians are bred, if not born, to care for patients first, attend to their families later, and themselves last. Stressed doctors should examine ways to change their work situation (mental workload and decision latitude), their attitude towards work in the context of their life priorities, and to implement appropriate self care. These tasks require time and energy, support from family, friends, and colleagues, and sometimes professional assessment and assistance.