

# Stress Dissected...

## Or How to Get Off the Treadmill

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*What a terrible afternoon! Three hours line-up at the walk-in clinic! Since my colleague never says no to a replacement, I agreed to help him out. Okay, a bleeding thumb! Where's the nurse? No time to wait for her. I'll set up the patient for stitching, while I stop the bleeding. I have to hurry... there are just so many people! I should have eaten before coming here. I am starting to feel my blood sugar drop. Too bad, I'll just have to manage. Focus! Now let's see whether the tendons were injured...*

*If you could, what would you do to change this afternoon? What could you really change? What can you control? That's the whole point!*

THIS ARTICLE AIMS TO have you question your perspective of events, as well as your convictions regarding the effects of stress and stressors on your professional and personal life, as if you were exploring a given territory with Google Earth instead of Google Map.

First, let's look at the definition of the word "stress" according to Dr. Hans Selye: "Stress is the non-specific response of the body to any demands made upon it. Although stress-producing factors or stressors are of diverse qualities, they basically elicit the same biological response<sup>1</sup>." In other words, the brain receives all stimuli related to a situation. It interprets these stimuli as a threat to the body, and then sends a message to the adrenal glands, which then secrete catecholamines. These catecholamines then provoke a non-specific response from the sympathetic autonomous nervous system, affecting the entire body to ensure survival (*Fight or Flight*).

**To keep in mind: thoughts create the physiological response of stress.** We'll talk more about that later.

Now, let's look at what are the most common stressors in doctors<sup>2</sup>. There are two types: **external stressors**, related to work-organization structures (Table I) or personal and family life (Table II), and **internal stressors**, produced by the person himself (thoughts, interpretations, beliefs, prejudices, etc.).

After reading the clinical case presented at the beginning of the article, you have probably already identified a few stressors.

### How to Deal with External Stressors

There are many stressors related to the organization of work in the medical field (Table I). Since many situations cannot be controlled,

and the worst-case scenario for a doctor is often not having control, these situations become stressors<sup>2</sup>.

Therefore, the purpose of this article is to question the perception of doctors regarding this lack of control<sup>3</sup>. Remember, it is our thoughts which trigger the endocrine cascade (catecholamines) of stress in our body. No, we are not trying to tell you to look at life through rose-colored glasses. We would certainly not insult your intelligence, since some situations are and will remain absurd.

**Table I**

**External Stressors Linked to Medical Practice<sup>2,4,5</sup>**

- Overwork
- Fear of making a medical error and of possible lawsuits
- Overload of cases in the clinics, wards or emergency rooms
- Lack of resources
- Complexification of knowledge, fear of not keeping skills up to date
- The many restructurings of the healthcare system
- More cumbersome management of medical files due to repeated requests for information from insurance companies and governments
- The high level of responsibility at work
- Organizational conflicts with peers
- Intergenerational conflicts between doctors
- The risk of contracting certain diseases (AIDS, SARS, tuberculosis, etc.)
- The overly long wait for patients to access healthcare

However, we shall try to help you see stressful situations differently; for example, to distinguish which part of the stressor you have no

control over and which part you effectively do. In general, > 98% of a stressor cannot be controlled, but we can, however, act on the remaining 2%. Nonetheless, we will often try to modify the 98% that cannot be controlled<sup>3</sup>. We should try to put up with what we cannot change and focus more on what we can change. Remember: our personal life also plays a major role in our level of stress.

**TABLE II****External Stressors Related to Family and Personal Life<sup>2,4,5</sup>**

- Problems at home with spouse (criticism for often being away from home)
- Problems with one or more children
- Aging parents who require more time
- Financial problems
- Diseases or mental health problems
- Lack of sleep
- Poor lifestyle, alcohol abuse or abuse of other substances
- Family history of mental disease

Certain external stressors can be reduced, depending on the importance we give them (Table II). For example, we can decide to give more time to our family by turning down sitting on yet another hospital committee. We can prioritize our choices based on our values.

We should learn to classify, when possible, any activity proposed to us into two categories: NO, I am not interested or YES, I am interested. Next comes the more difficult part. Choose from the activities to which you said YES and turn down those for which you do not have enough time. We must prioritize activities that give us energy and recharge our batteries.

We will come back to personal external stressors in the toolbox section, where we can better identify our values, priorities and needs. First, let us look at the world of internal stressors (thoughts, interpretations, beliefs, prejudices, etc.). These are probably the most insidious and make the most damage in doctors.

### What Does the Autopsy of an Internal Stressor Reveal?

Let us see what the "treadmill" hides. We evaluate a situation through the filter of our perceptions, which is also called our internal discussion. It is further fed by our experiences, and their cognitive, emotional and sensorial content.

This content could come from different parts of our childhood (the seat of our "hamster" thoughts, also more elegantly called "our Historian"). Our total dependency and need to be mothered and loved when we were children have led us to draw sometimes

simplicistic conclusions and reasoning, centered on ourselves out of fear and the need to survive (e.g.: Why did he rush pass me without looking at me? Is he mad at me?).

Our intuition comes out of all these aspects of our past, whereas our cognition comes to conclusions based on our education and experience to allow us to decode the current situation. Our internal discussion produces our perception of a given situation. This perception therefore becomes **our** reality (what we see and feel). If we add into the mix our perfectionist personality, our internal discussion could become an internal tyrant.

Dr. Mamta Gautam, a psychiatrist in Ottawa who has treated many doctors, reminds us that, in dealing with a situation strictly based on our Historian, 90% of our creative abilities first pass through the filter of our old survival responses, and only 10% remain that really look at the situation or problem with our full attention in the present or "now"<sup>3</sup>.

Imagine a team meeting in which each participant had his demands, his frailties, his need to be recognized, and his way of reading the non-verbal reactions of his colleagues as interpreted by his Historian. This is our everyday reality!

### Possible Solutions

Here are some guidelines<sup>2</sup> on how to be less of a hostage to your inner dialogue:

- Do some personal work in order to get to know your Historian, so that you can identify it when it appears and gently push it out of the way when its presence is not appropriate.
- Stop looking at a situation by taking yourself as the point of reference. Try to look at it as an outside observer (Google Earth) in order to see it from another perspective.
- Stop judging yourself and requiring yourself to be perfect. You should have as much compassion and empathy for yourself as you do for your patients<sup>4</sup>.
- Stop intellectualizing your problems (the brain-heart gap to protect yourself). Remain connected by focusing on the practical and concrete, on what you have control over (see the Toolbox section later in this article).
- Stop feeling guilty! Guilt prevents you from making choices for yourself<sup>3</sup>.
- Allow yourself some fun and pleasure every day.
- Remember your employees!

Let us get back to the catastrophic scenario at the beginning of the text, in which the internal tyrant is operating (text box).

**TEXT BOX****Let Us Look at Where the Tyrant Comes Out**

- The Historian, disproportionate demands on oneself, and the fear of being wrongly judged are an insidious poison that forces the doctor to accept to replace his colleague on call even though he does not want to (I owe it to him, etc.).
- The doctor assumes that he does not have the time to look for the nurse, and starts the examination on his own, exposing himself to risks and errors (exaggerated performance demands, the feeling of being the only one responsible for the wait).
- The doctor did not respect his basic needs (supposedly because of lack of time): eating before going on call is just common sense!
- His personal requirements and the heavy workload involved force him to work at a pace that goes against his professional principles with regard to his respect for the patients who have to wait: a conflict of loyalty between his high standards for patients and respect for his needs and abilities. Who won? No one, because there is a risk for mistakes and the human cost paid by doctors.

**What Will Your Toolbox Contain?**

This part of the article will require your participation. In fact, by carefully reading the following information, suggestions and thoughts, you can create your toolbox based on your evaluation of your personal and professional situation.

**TABLE III****Statements and Reflections to Guide My Choices in Life****Diet**

- Meals should never be skipped at work. It is important to eat five portions of fruit and vegetables every day. When I am tired, is it because I ate too much? Or maybe too little?<sup>3, 7</sup>

**Physical Exercise**

- This is one of the first things that is dropped when the doctor is overworked, even though it is a valuable tool for fighting burnout.

**Sleep**

- We are genetically programmed to have a certain number of hours of sleep. What is my number? Do I respect this as often as I can? Am I taking care of my sleep debt? (see the article entitled *There is Nothing Relaxing About Medicine!* in this issue.)

**Emotional Needs**

- Do I respect my needs and values when making decisions?

**Alcohol**

- How much do I drink per day? Per week?
- Moderate consumption<sup>6</sup>:  
Men: Two glasses/day; 14/week  
Women: Two glasses/day; 9/week
- It is important to abstain from drinking 48 consecutive hours per week to prevent dependency.

**Vacation**

- Vacation is essential, whether taken at home or outside the country<sup>3</sup>.
- Once vacation is over, you should already be planning for the next one!

Following next page →

TABLE III (continuing)

**Mood**

- Work is the last place where a doctor experiencing problems will allow symptoms like irritability, tardiness, procrastination and isolation to become evident.
- Am I less effective than before?
- Do I need more time than before to do the same thing?
- Am I more often irritable?
  - With my staff?
  - With my patients?

**Recreation**

- Any type of activity other than work becomes a tool for preventing burnout<sup>3</sup> (see the Toolbox section).

**Family Life**

- This is the **first** area in which doctors give out alarm signals.
- The following situations could occur: missed appointments, being late, irritability, consumption of alcohol or another substance to relax, isolation.

**Social Life**

- Isolation is a distress signal.
- Not calling friends back because you're dealing with a tight schedule or because you do not know what to say when they invite you to dinner or to go out means tending to set conflicts, problematic situations and personal appointments aside. Everything becomes too complicated to fit into your schedule.

**Finances**

- Do I lose the ability to manage my line of credit when I am stressed or overtired?

**Personal Life**

- It is important to spend time **by yourself**, without any responsibilities to carry out and without having to take care of anyone else (cell phone, Blackberry and pager should be shut off).
- You must set aside one day a month or one evening a week in your schedule just for yourself.

**Know Your Own Alarm Signals**

Take a look at Table III, which contains a wealth of statements and reflections, including the ideas mentioned in the previous point, and take note of those which you feel are alarm signals particularly relevant to you.

**Remain Loyal to What Brings You Meaning in Life**

You should be aware of your values, needs, and goals in your personal and professional life<sup>4</sup>.

This exercise will help you make more informed decisions (life partner, team and work place).

"Many physicians seem to have painful and unstable marriages, because they married not **partners** but **patients**." "The prevalence of abused women physicians within their relationships is high, although numbers are unknown."<sup>3</sup>

This way you can organize your everyday schedule while respecting

your physical abilities and personal/family priorities. According to Dr. Hans Selye:

*"The best way to avoid harmful stress is to select an environment (wife, boss, friends), which is in line with your innate preferences-to find an activity that you like and respect. Only thus can you eliminate the need for frustrating constant readaptation that is the major cause of stress."*

**Dealing with Irritants and Simple Everyday Things<sup>3</sup>**

Change the colour of your office walls if you do not like them.

- Train your secretary so that she responds better to patients, and is more efficient in taking messages. This solution will lighten your workload a bit!
- Change your appointment schedule: allow yourself time for emergencies.
- Ask your spouse to allow you five minutes alone when you come home so that you can change from "work mode" to "family mode".

By applying these actions, you will feel that you have a bit more control over your life, which is a highly liberating feeling. Try it! You may find the result surprising.

### Vary Your Areas of Activity to Prevent Burnout<sup>1,2</sup>

This point was mentioned in Table III. However it should be completely understood and integrated, since it really is a tool of protection. Dr. Hans Selye reminds us of the basic reasons underlying the importance of varying the activities in our life<sup>1</sup>:

*“It is the manifestation of a deep-rooted natural law, presumably related to the cyclicity of biological phenomena. Countless are the instances in Nature of phenomena, which must run in cycles, such as seasonal and diurnal variations in various metabolic reactions, the periodicity recurring need for food, water, sleep, sexual activity.”* [...]

*“Blocking the fulfillment of man’s natural drives causes as much distress as the forced prolongation and intensification of any activity beyond the desired level.*

*“Ignoring this rule leads to frustration, fatigue, and exhaustion, which can progress to a mental or physical breakdown.”*

*“In stress research, we have found that, when completion of one particular task becomes impossible, diversion, a voluntary change of activity, is frequently as good as—if not better than—a rest.”*

Therefore, the “good news” is that we can recover from fatigue by stopping the activity in which we have invested excessively so that our adaptive energy may be replenished by doing something completely different<sup>2</sup>.

### Choose Your Battles!<sup>2, 4</sup>

In 1952, Ernest Hemingway wrote in his masterpiece *The Old Man and the Sea*:

*“Don’t think, old man. Sail on this course and take it when it comes.”*<sup>9</sup>

Or, as commonly known by others as the Serenity Prayer:

*“God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference.”*<sup>10</sup>

### Set Aside Time for Yourself

Nobody says it better than Jon Kabat-Zinn: “The more we are connected (cell phone, pager, MP3, etc.) to the outside world, the less we are connected to our own inside world.”<sup>11</sup>

LET US LOOK AT HOW our doctor at the walk-in clinic decided to manage his being on call. “I can say no to my colleagues and I must eat before going to work. I am not responsible for the weight of the workload. I therefore am going to try to respect my own pace and limits.”

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