

Are you stressed out?

Stress management tips during medical career

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Dr.S



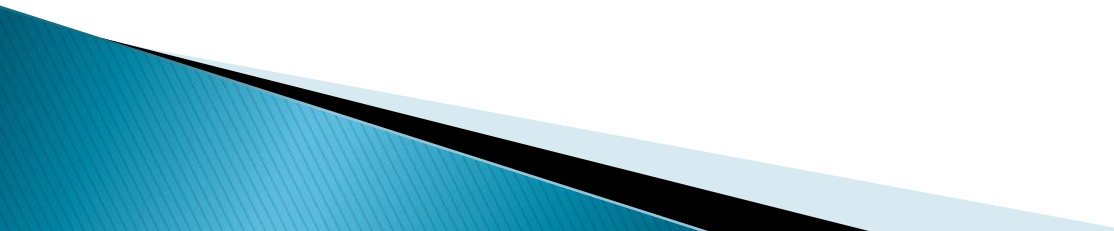
- ▶ He is a 45 year old physician.
- ▶ He works in a busy clinical service where his clinic is crowded with many walking pts!!!!.
- ▶ He feels overwhelmed with +++demanding clinical, educational & administrative responsibilities.
- ▶ He has a chronic conflict with the medical director who never been satisfied about his performance.
- ▶ A couple of patients raised a complaint against him because he shouted on them.

Dr.S

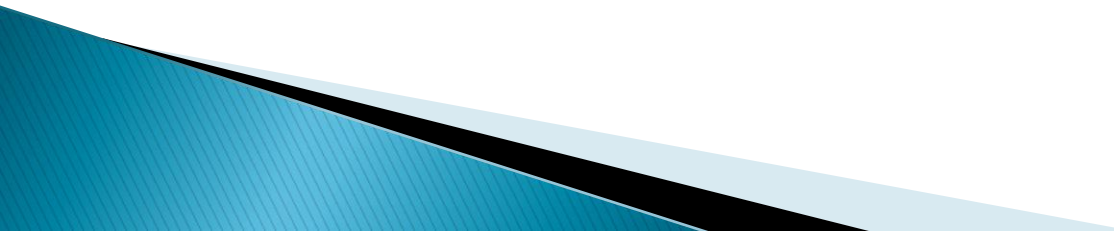


- ▶ He is married for 17 year but his marriage is deteriorating overtime as his wife has chronic depression & feels lonely always.
- ▶ He is a father of 6 kids & barely find time to take care of them.
- ▶ He struggles to build a house for his family & meet fees of his kids' private schools.
- ▶ He feels guilty of not praying on time & being not close enough to his parents & siblings.

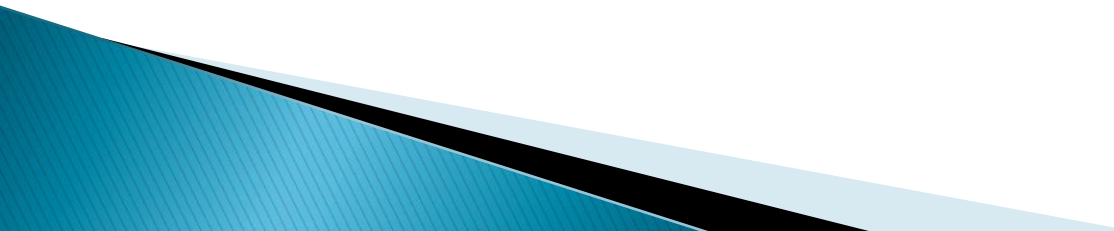
Dr.S

- ▶ For the last two years , Every morning while Dr.S is driving to his work for one hour in a crowded roads he used to **curse all**:
 - ▶ Medicine as a profession.
 - ▶ His own subspeciality
 - ▶ His own medical institute.
 - ▶ **& Himself !!!!!**
- 

Dr.A

- ▶ 27 year old single physician.
 - ▶ She is 3rd year surgical trainee.
 - ▶ She was admitted to medical floor because she collapsed in ER while assessing one of her patients.
 - ▶ She was investigated for severe hypoglycaemia.
 - ▶ She missed eating for two days because of being busy on her call.
- 

Dr.A

- ▶ She was referred to psychiatry as she is stressed out because of her training.
 - ▶ She is workaholic & has limited social life.
 - ▶ Her father works as a businessman & used to travel frequently.
 - ▶ Her mother is a teaching staff & lives away from her.
- 


Physician Health: A Collective Responsibility of Our Profession

“All of us must be our brothers’ and sisters’ keepers in the house of medicine”.

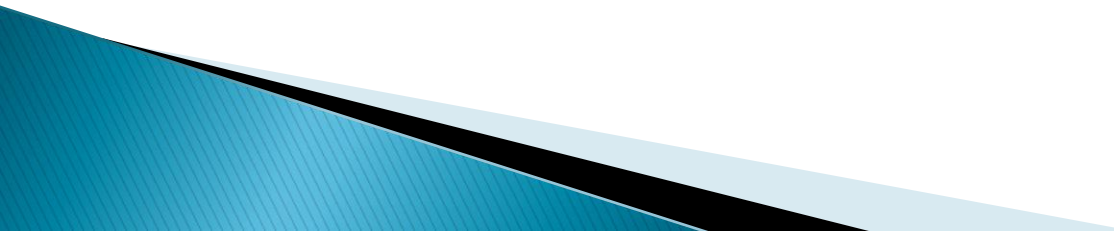
Myers M: Physician impairment: Is it relevant to academic psychiatry? Academic Psychiatry 2008; 32: 39–43

“Cultural change will be necessary to esteem highly the physicians who attend to their own feelings, live their own values and strive for excellence (rather than perfection), and appropriately rely upon others”.

Worley LLM: Our fallen peers: A mandate for change.
Academic Psychiatry 2008: 32: 8–12



Outline of the talk

- ▶ Definitions: stress, stressors, burnout.
 - ▶ Stressed physician: How common?
 - ▶ Stressed physician: what will happen?
 - ▶ Common Sources of physicians Stress
 - ▶ Pillars of Stress Management
 - ▶ Perfectionism..Is it good?
 - ▶ Are you spiritual enough?
 - ▶ Get rid of your mind & into your life!!!
 - ▶ 10 more coping strategies!!!
- 

▶ Stressor

- *any external condition which arouses the adaptational response. The external condition is neither necessarily negative or positive

▶ Stress

- *The non-specific *adaptational response* of the body to any demand or problem (Hans Selye).
- * Responses could be physical, psychological & behavioural.

Stress Vs burnout

Stress	Burnout
*associated with overengagement, unbalanced life.	*characterized by disengagement, blunted emotions, depression, exhaustion that affects motivation and drive, and demoralization.
*produces a sense of urgency and hyperactivity.	* produces a sense of helplessness and hopelessness.

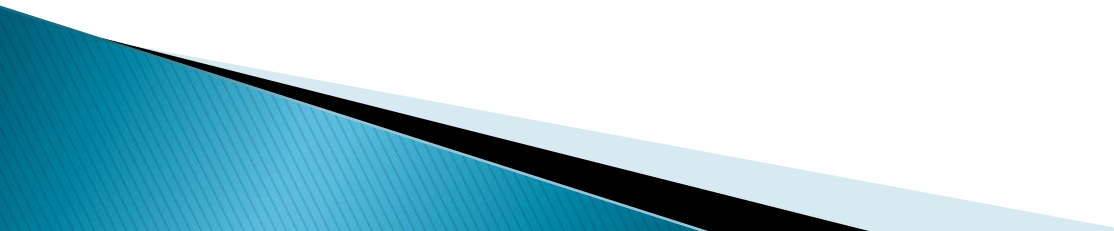
Impairment in Medicine is Common

- ▶ 15% of physicians will become impaired over the course of their career
- ▶ Male physicians have a suicide rate 2X normal; for females it is 3X normal
- ▶ Cross-sectional rates of depression in medical students and residents is 15–30%
- ▶ 2% of physicians have a current substance abuse problem (8–18% lifetime).
- ▶ Burnout is common even during residency.

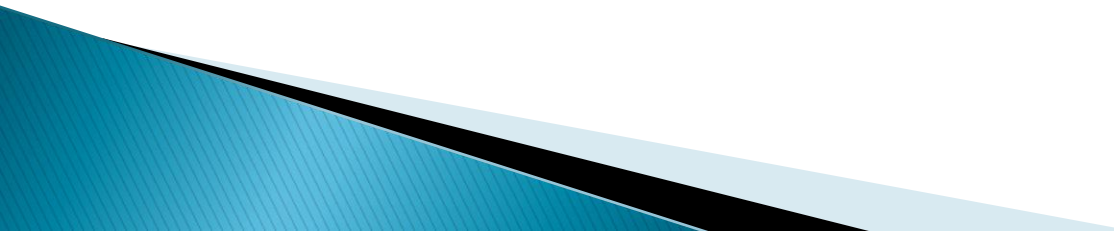
Worley L: Our fallen peers: A mandate for change.

Academic Psychiatry 2008; 32:8–12

Burnout in Medical Residents

- ▶ High rate observed.
 - ▶ Peak at end of first postgraduate year in one study.
 - ▶ In some residencies worsens each year.
- 

Outcome of Stress in Medical Training

- ▶ Increased medical error
 - ▶ Diminished safety and self-care
 - ▶ Isolation
 - ▶ Anxiety
 - ▶ Depression
 - ▶ Substance Use
 - ▶ Suicide
 - ▶ Hostility
- 

Profile of Physicians at High Risk for Suicide

- ▶ Sex: Male or Female
- ▶ Age: 45 (woman); 50 (man)
- ▶ Race: Caucasian
- ▶ Marital Status: Divorced, separated, single, or currently experiencing marital issue.
- ▶ Risk factors: Depression, alcohol or other drug abuse, workaholism, excessive risk taking.
- ▶ Medical status: Psychiatric symptoms (depression or anxiety) or physical symptoms (chronic pain, chronic debilitating illness)

Profile of Physicians at High Risk for Suicide

- ▶ Professional: Change in status or threats to status, autonomy, security, financial stability, recent losses, increased work demands.
- ▶ Access to means: Access to lethal medications, firearms.

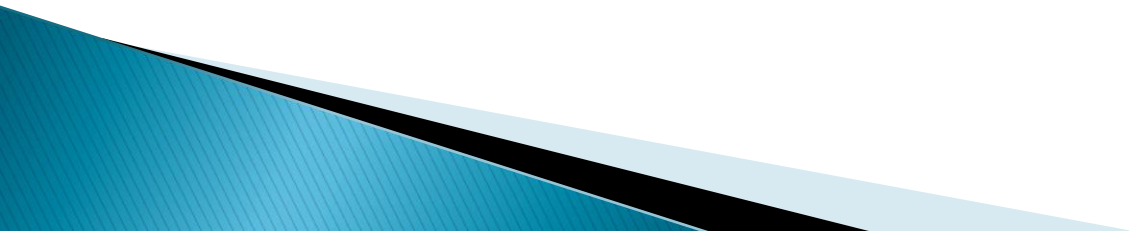
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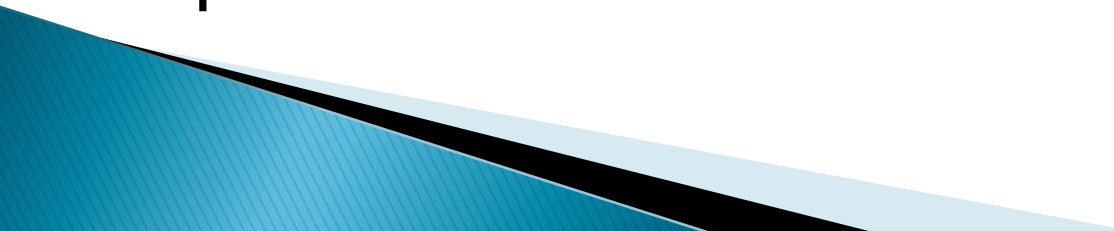
Burnout Is More Common Among Physicians

- ▶ U.S. national study of 27,276 physicians; 7288 (median age, 55; 72% male) responded to a survey request.
- ▶ Respondents worked a median of 50 hours weekly with a median of 1 night weekly on call, most worked in academic settings or private practice, and 26% provided primary care.
- ▶ Using various validated questionnaires, 45% scored positive for burnout (compared with 23% of the general population).
- ▶ 38% screened positive for depression, and 6% had thoughts about suicide in the past 12 months.
- ▶ Roughly half (48%) agreed that their work schedules left enough time for personal and family life.
- ▶ Burnout scores were highest for physicians in emergency medicine, general internal medicine, neurology, and family medicine and were lowest for those in dermatology, general pediatrics, and pathology.
- ▶ Satisfaction with work-life balance was highest in dermatology, general pediatrics, and radiology and was lowest in general surgery, obstetrics and gynecology, and neurology.

What Is Stressful In Your Life?



Common Sources of physicians Stress

- ▶ Financial debt
 - ▶ Competing family demands/dual roles
 - ▶ Limited time to learn
 - ▶ Social isolation from friends/family
 - ▶ Long hours
 - ▶ Ill patients
 - ▶ Limited resources
 - ▶ Intimidation
 - ▶ **Interpersonal conflict**
 - ▶ Inexperience–fear of failure/harming patient
- 

Pillars of Stress/Transition Management

- ☞ Controllability
- ☞ Predictability
- ☞ Understanding
- ☞ Support
- ☞ Plan and Purpose

**Lack of control/prediction over
aversive events increases distress and
dysfunction**

The Perfect is the Enemy of the Good

"Perfectionism is pervasive among physicians. It's a trait in the personality of most doctors, and it has adaptive qualities because it makes them thorough and careful about diagnosis and treatment."

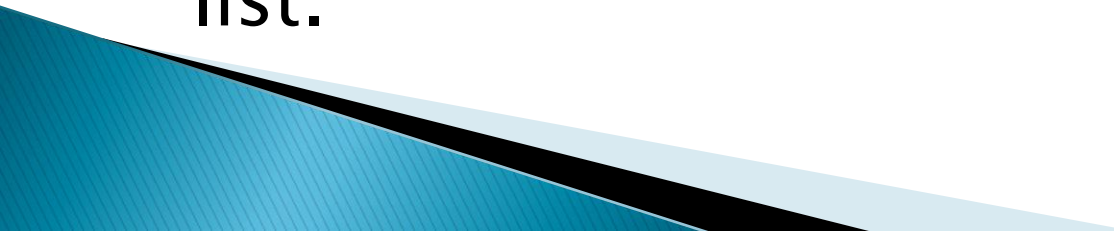
Glen Gabbard: The perilous plight of the perfectionist physician. **National Review of Medicine**, January 15, 2007



Ten Top Signs You Are A Perfectionist

1. You can't stop thinking about a mistake you made.
2. You are intensely competitive and can't stand doing worse than others.
3. You either want to do something "just right" or not at all.
4. You demand perfection from other people.
5. You won't ask for help if asking can be perceived as a flaw or weakness

Ten Top Signs You're A Perfectionist

6. You will persist at a task long after other people have quit.
 7. You are a fault-finder who must correct other people when they are wrong.
 8. You are highly aware of other people's demands and expectations.
 9. You are very self-conscious about making mistakes in front of other people.
 10. *You noticed the error in the title of this list.
- 

Dr. Gabbard's pearls of wisdom

- ▶ "We're made to think that a silver or bronze medal means failure."
- ▶ "Doctors suffer from exaggerated responsibility. We want to conquer death but most care is really just palliative."
- ▶ "Think of impairment as a continuum. Any of us could become impaired; we are all vulnerable."
- ▶ "As Voltaire said, **the perfect is the enemy of the good.**"

Some
coping
strategies



اللجوء لله Faith in Allah

*اللجوء لله أولاً وأخيراً فهو يلجأ إلى الركن الشديد .

▶ والله لن تصل إلى مطلوبك بغير الله فكيف تصل إلى الله بغير الله!!؟!!
الشيخ المغامسي

*الإيمان بالقضاء والقدر وأن يعلم أن ما أصابه لم يكن ليخطئه وما أخطأه لم يكن ليصيبه.

*أن يقطع الطريق على الشيطان (((ليحزن الذين ءامنوا))) والبعد عن اليأس.
*الصبر .

*الذكر الدائم والاستغفار في حالة الضغوط.

*الوضوء والصلاة ولو لركعتين.

First life journey to 2nd life



اركب الهليكوبتر حقتك؟؟؟؟!





أرحنا بها
يا بلال

إن الصلاة كانت على المؤمنين كتاباً موقوتاً


Mindfulness

- ▶ Mindfulness is “paying attention in a particular way: on purpose, in the present moment and non judgmentally”

**Jon Kabat-Zinn,
1990**



What is MBSR?

- ▶ MBSR began in University of Massachusetts Medical Center with Dr. Jon Kabat-Zinn.
 - ▶ The formal practices in MBSR are:
 - ▶ mindful movement (gentle hatha yoga with an emphasis on mindful awareness of the body);
 - ▶ the body scan (designed to systematically, region by region, cultivate awareness of the body—the first foundation of mindfulness—without the tensing and relaxing of muscle groups associated with progressive relaxation);
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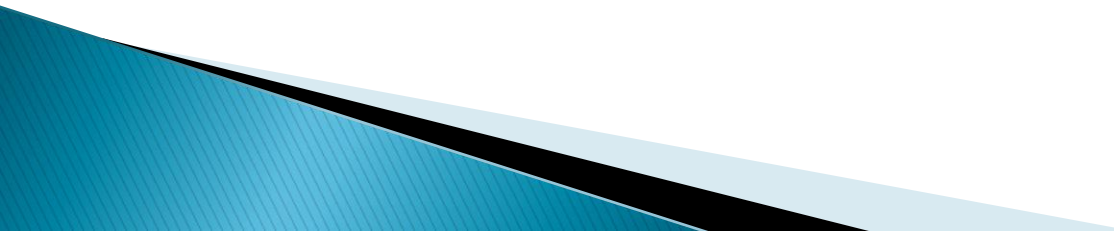
What is MBSR?

- ▶ sitting meditation (awareness of the breath and systematic widening the field of awareness to include all four foundations of mindfulness: awareness of the body, feeling tone, mental states and mental contents).
- ❖ Daily meditation practice over an 8-week period,
- ❖ each week new themes invite participants to explore mindfulness through different aspects of daily life (e.g., food, perception, relationships, work, stress).

Applying Mindfulness

- ▶ Human Suffering is exacerbated by:
 - Cognitions–thoughts/stories we tell ourselves
 - Buying our thoughts and Feelings (Fusion)
 - Avoidance
 - Automaticity
 - Craving
 - Lack of willingness to accept what is....
 - Being in the Past or Future

Obstacles to the Present Moment

- ▶ Wandering Mind
 - ▶ Avoidance of the difficult
 - ▶ Aversion
 - ▶ Problem Solving Attempts
 - ▶ Rumination on the past/future
 - ▶ Fusion – Buying your thoughts
 - ▶ Wanting
- 

Effects of MBIs on mental conditions

- ▶ Reducing the stress and anxiety that accompanies daily life and chronic illness” (A comprehensive literature review ,Praissman *2008*).
- ❖ depression (Jain et al. *2007*), relapse prevention (Segal et al. *2010*; Teasdale et al. *2002*)
- ❖ anxiety (Baer *2003*),
- ❖ substance abuse (Bowen et al. *2006*),
- ❖ eating disorders and binge eating (Baer *2006*),
- ❖ insomnia (Kreitzer et al. *2005*),
- ❖ attention-deficit/hyperactivity disorder (Zylowska et al. *2008*),

Effects of MBIs on physical conditions


- ❖ chronic pain (Morone et al. *2008*).
- ❖ psoriasis (Kabat–Zinn et al. *1998*),.
- ❖ type 2 diabetes (Rosenszweig et al. *2007*).
- ❖ fibromyalgia (Grossman et al. *2007*).
- ❖ rheumatoid arthritis (Pradhan et al. *2007*),
- ❖ HIV (Creswell et al. *2009*),
- ❖ cancer (Carlson et al. *2003*; Witek–Janusek et al. *2008*)
- ❖ heart disease (Sullivan et al. *2009*).

Core Mindfulness Ideas

- ▶ ***Intentionality*** – bringing mindful awareness to thoughts and feelings rather than responding with habitual, automatic patterns. e.g. to the act of eating
- ▶ ***“Decentering”*** – thoughts and feelings as mental events – not realities.
- ▶ ***Reducing Experiential Avoidance*** – mindful awareness. “Turning towards” difficulties allows for a wider choice of responses to distress.
- ▶ ***Anti-ruminative*** – experience is of current reality, not elaborative thinking about its implications.
- ▶ ***Transferable Skill*** – daily practice on non-bodily content prepares for experience with body-image judgments

Mindfulness and Stress

Why be in the present moment, non-judgmentally?

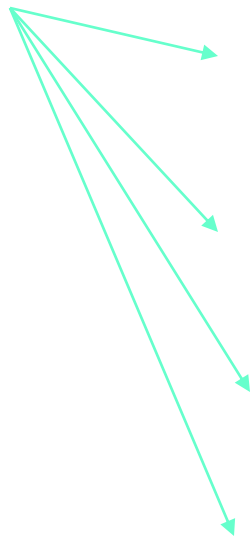
- Increases awareness; decreases automatic pilot and proliferative negative thoughts
 - Reduces rumination on the past, catastrophic future thinking, disrupts automatic craving (want)
 - Allows for a different relationship to problems; increases choice/decreases reactivity
 - Allows for the potential of increased pleasure
 - Decreases negative self-importance
- 

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

- ▶ Before-and-after study of 70 primary care physicians in New York, in CME course in 2007-2008.
- ▶ The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).
- ▶ **Conclusions:** short-term and sustained improvements in well-being and attitudes associated with patient centered care.
- ▶ Michael S, JAMA, 2009

How can Cognitive Therapy ideas enhance health?

Teaches People to:

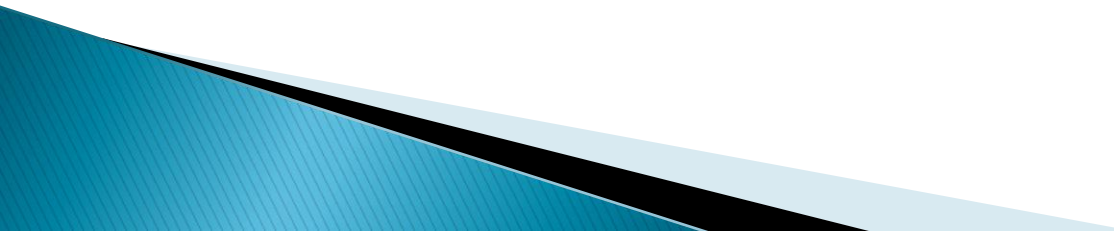
- 
- Switch out of a habitual cognitive mode of mind
 - Decenter – thoughts are not necessarily me or true
 - Turn towards the difficult
 - Change degree of belief

Essentially by teaching a mindful way to respond to thoughts and feelings

Mindfulness and CBT

- ▶ Mindfulness looks at the relationship to the body, feelings, sensations and thoughts (through attention/insight)
- ▶ Cognitive Behaviour Therapy helps identify thought content, processes and problem solving attempts
- ▶ MBCT aims to disrupt negative thought proliferation common in Anxiety and Depression through:
 - Observation
 - Enhancing the ability to be in the Present
 - Pattern Disruption
 - Challenging and Restructuring

Mindfulness Exercises

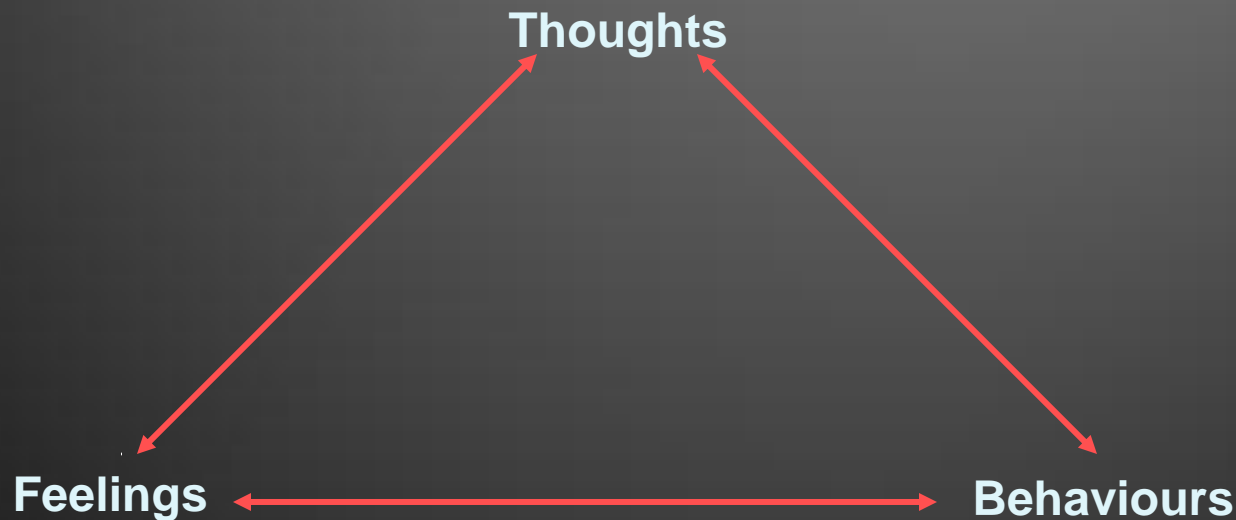
- ▶ Breath Awareness
 - ▶ Body Scan
 - ▶ Mindful Daily Activities: eating, teeth brushing
 - ▶ Mindful Walking, Hearing, Seeing
 - ▶ Alarms to increase present awareness.
 - ▶ ? praying
- 

الخلوة بالله

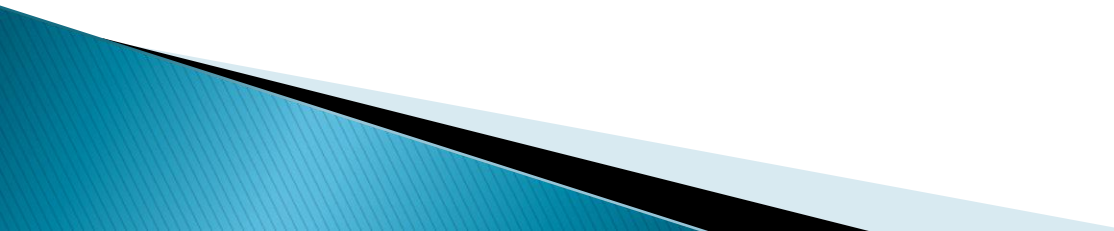


□ Cognitive Therapy

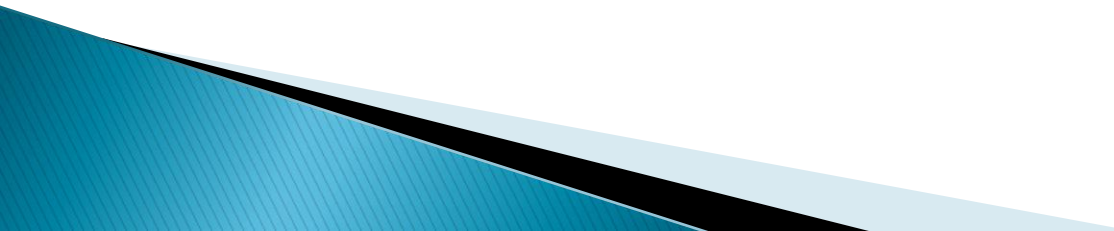
- *Identifies Thoughts/Feelings/Behaviours
- *Underlying Beliefs
- *Restructures/Challenges to enhance health



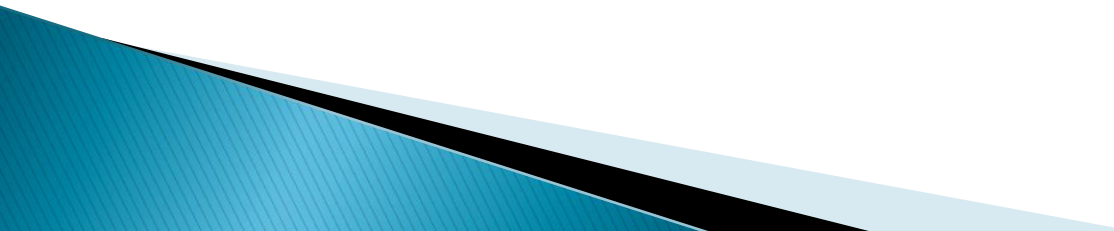
Cognitive Errors

- ▶ **All-or nothing thinking**: (also called black and white, polarized, or dichotomous thinking): You view a situation in only two categories, instead of on a continuum.
 - ▶ **Catastrophizing**: (also called fortune telling): You predict the future negatively without considering other, more likely outcomes.
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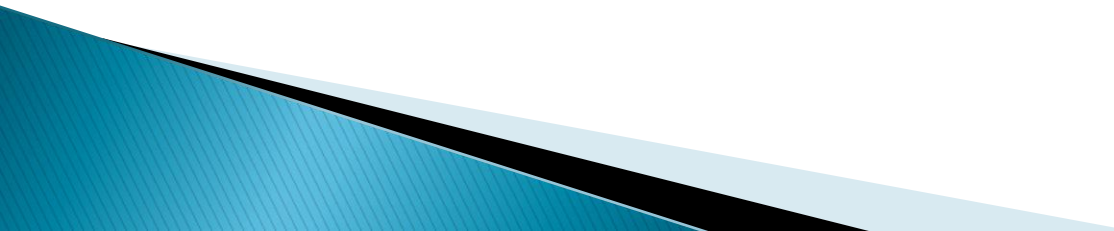
Cognitive Errors

- ▶ **Emotional reasoning:** You think something must be true because you “feel” (actually believe) it so strongly, ignoring or discounting evidence to the contrary.
 - ▶ **Labeling:** You put a fixed, global label on yourself or others without considering that the evidence might more reasonably lead to a less disastrous conclusion.
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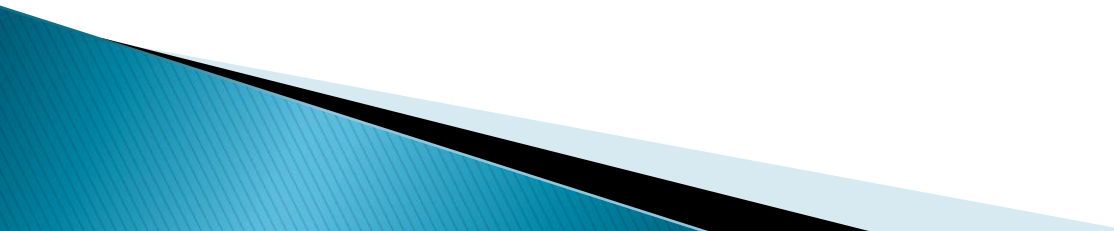
Cognitive Errors

- ▶ **Disqualifying or discounting the positive:** You unreasonably tell yourself that positive experiences, deeds, or qualities do not count.
 - ▶ **Mental filter:** (also called selective abstraction): You pay undue attention to one negative detail instead of seeing the whole picture.
 - ▶ **Tunnel vision:** You only see the negative aspects of a situation.
- 

Cognitive Errors

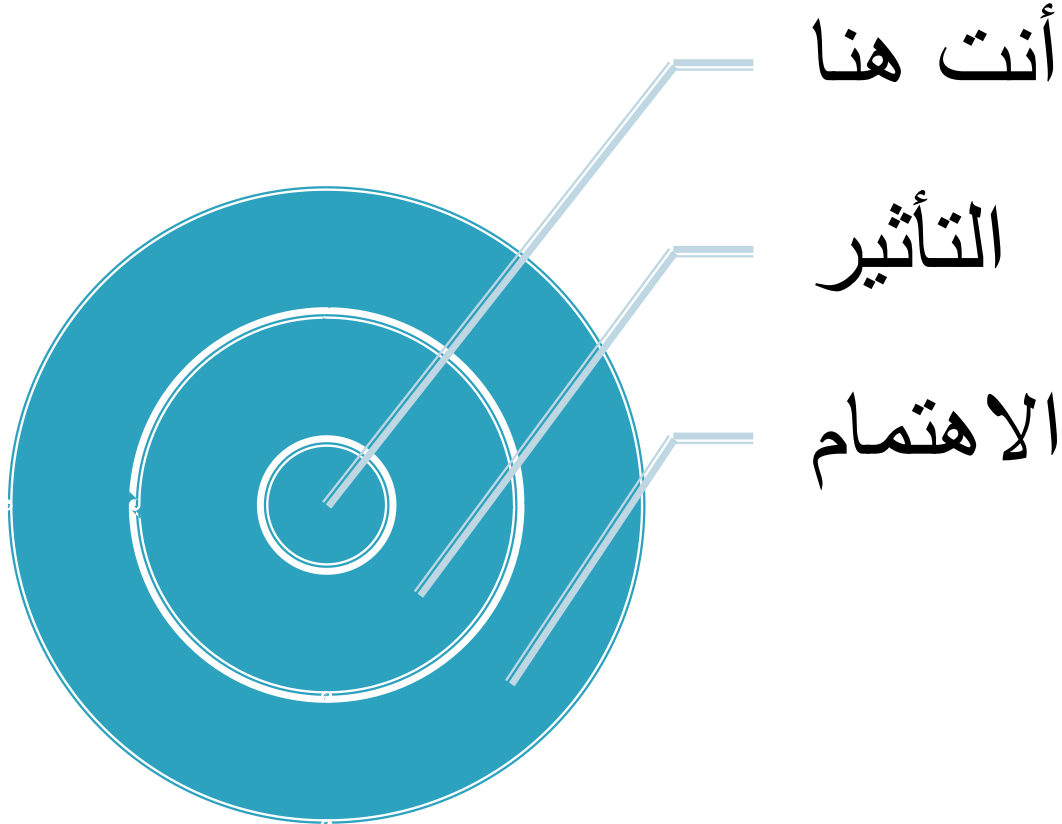
- ▶ **Mind reading:** You believe you know what others are thinking, failing to consider other, more likely possibilities.
 - ▶ **Overgeneralization:** You make a sweeping negative conclusion that goes far beyond the current situation.
 - ▶ **Personalization:** You believe others are behaving negatively because of you, without considering more plausible explanations of their behaviour.
- 

Cognitive Errors

- ▶ **“Should” and “must” statements:** (also called imperatives): You have a precise, fixed idea of how you or others should behave and you overestimate how bad it is that these expectations are not met.
 - ▶ **Magnification/minimization:** When you evaluate yourself, another person, or a situation, you unreasonably magnify the negative and/or minimize the positive.
- 

Where to focus?

- ▶ لا تستغرق فى الهموم *** خذ موقفاً



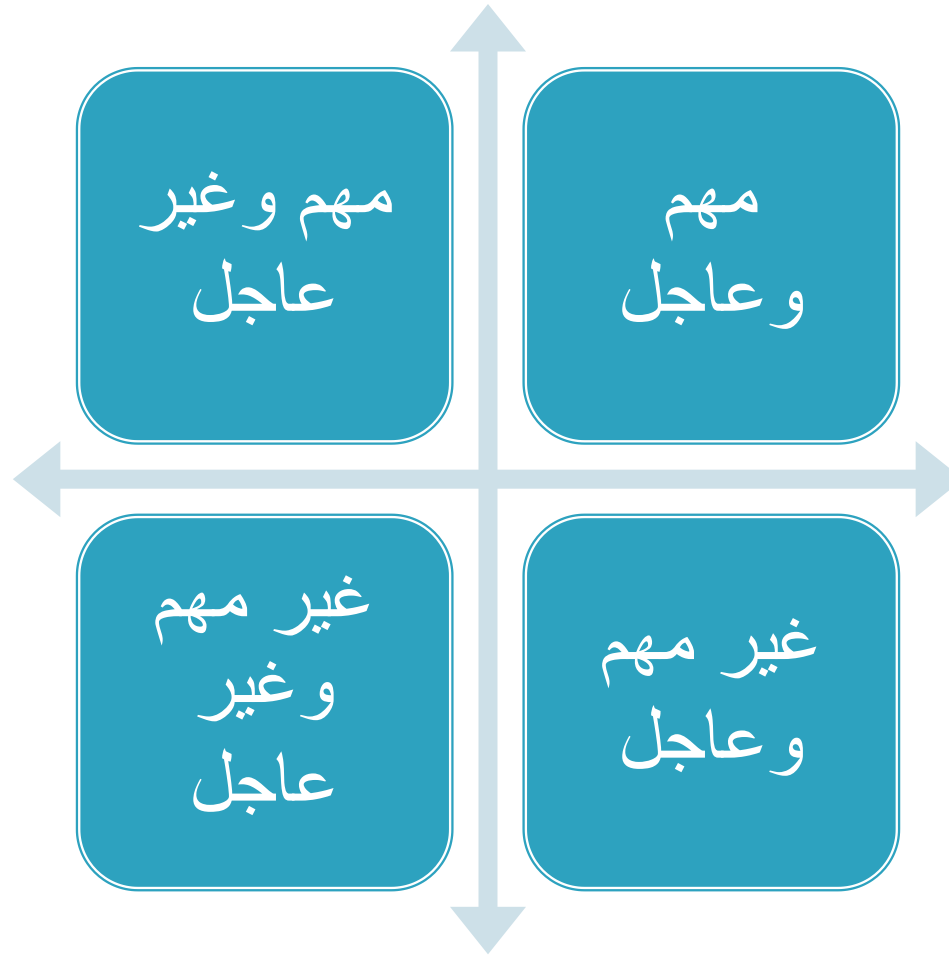
Prioritize:

رتب نفسك ضع أولوياتك

- ▶ ضع أولوياتك الأهم فالمهم .
- ▶ **سجلها** ، ثم تعامل معها بالترتيب ، وفى كل مرة تنهى عملاً أشطبه من القائمة .
- ▶ عند وضع الأولويات لا تنس احتياجاتك الشخصية وأهدافك ، وكن على رأس القائمة ، ثم يلى بعد ذلك الآخرين فى الأسرة والعمل والمجتمع حسب ترتيبك الخاص ومدى أهميتهم
- ▶ لا تضيع وقتك فى أمور لا أهمية لها ، واحفظ طاقتك للأمور الهامة فقط.

مصفوفة الوقت

Urgent Vs Important matters!!



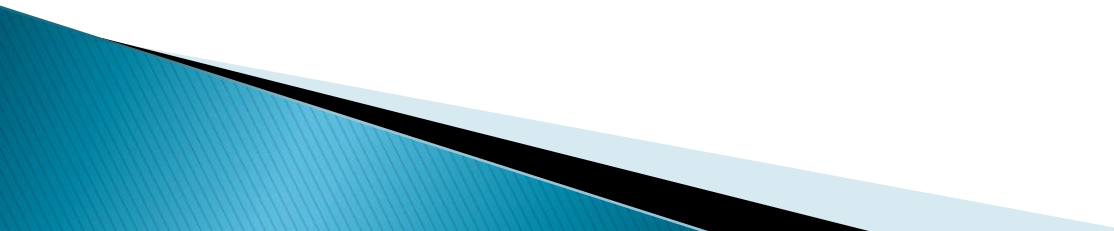
Rule of 20% & 80%

20% نتيجة

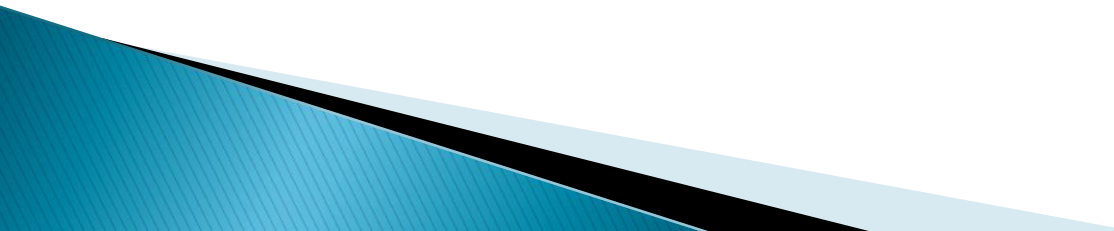
80% جهد

80% نتيجة

20% جهد

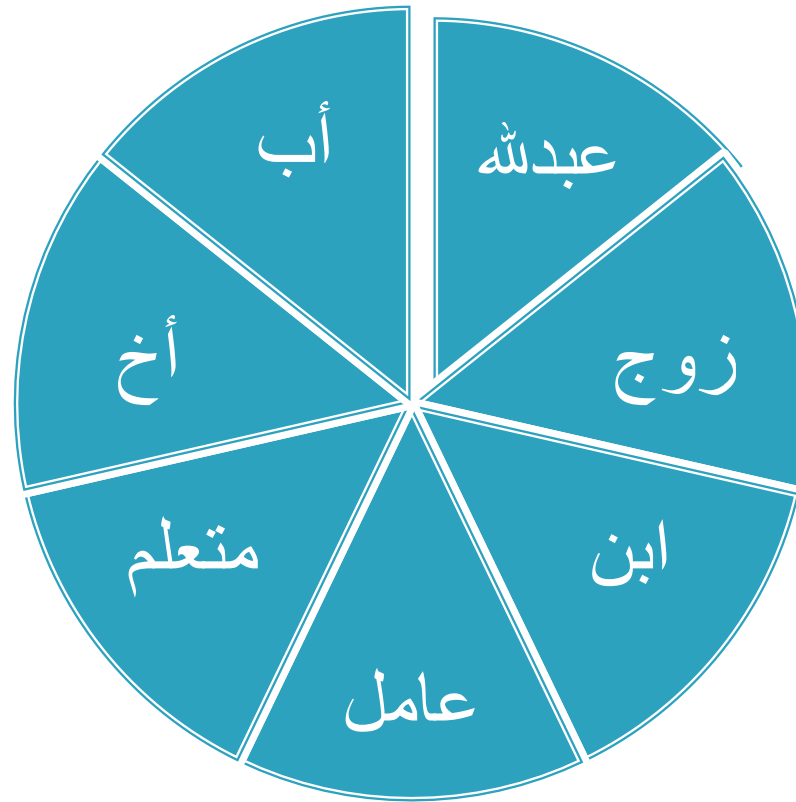
- ▶ Be kind with yourself & take rest when needed.
 - ▶ Exercise regularly ,eat healthy diet.
 - ▶ practice relaxation & sleep enough without pills if possible.
 - ▶ Ventilate your feelings regularly or write them down.
- 

I SAY
NO

- ▶ Do not try to be the hero all the times.
 - ▶ Enjoy the little things.
 - ▶ Help others to succeed in their lives.
 - ▶ Do not be overcritical of yourself or others.
- 



التوازن في أدوار الحياة Be balanced





Ask for help when needed

► إتصل بالطبيب النفسي أو متخصص بالصحة النفسية إن كنت تعاني من ضغط متزايد أو تعجز عن إتمام أعمالك بشكل طبيعي.....ولم تفلح في معالجتها شخصياً.



كتب مفيدة

- ▶ لا تهتم بصغائر الأمور فكل الأمور صغائر...ريتشارد كارلستون.
- ▶ العيش في الزمن الصعب.....د.عبدالكريم بكار
- ▶ ترتيب الأولويات ...ستيفن كوفي
- ▶ العادات السبع ...ستيفن كوفي

Thank you
شكرا