

Stress management 101



Taking control by letting go

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Disclosures

- This presentation is an initiative from the Canadian Medical Association (CMA)
 - Prepared by Catherine Laurin, opinions expressed do not necessarily represent those of the CMA

• Conferences, consultations: AbbVie, Shire



- Reviewing the definition of stress
- Learning how to identify the true "cause" of your stress
- Learning how NOT to manage

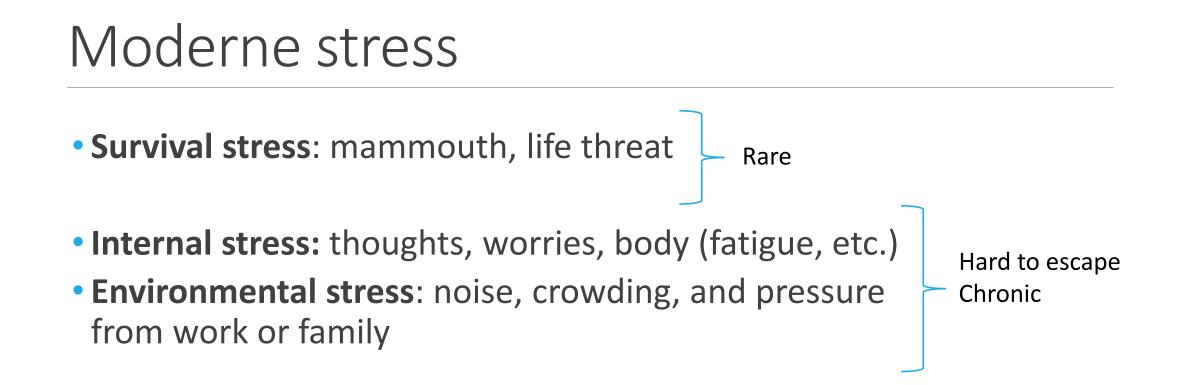
Learning objectives

• Learning how to manage: overview of tools to stay in the optimal stress zone!

What is stress?

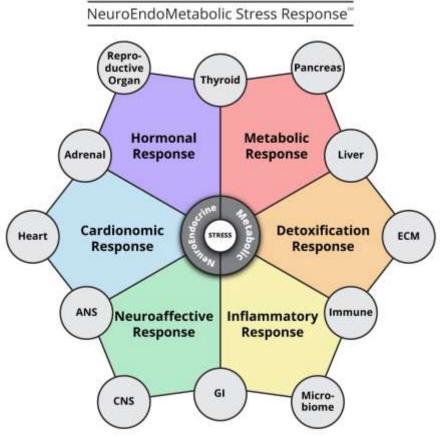
Stress is your body's way of responding to any kind of demand. It's essentially designed to **maintain homeostasis** and promote **survival** in face of threat/dangers





Survival stress or « modern » threat...

Your brain doesn't know the difference...



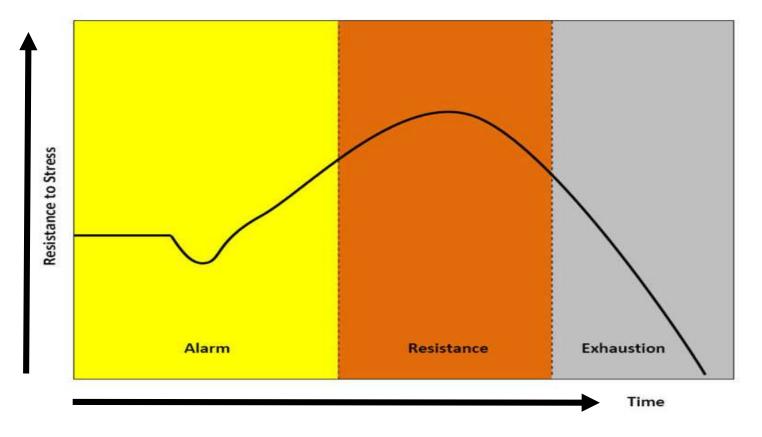
Physiology of the stress response

- Hans Selye was the first one to use the term "stress" to describe a series of non-specific physiological responses to external demands
- His theory was called
 - "General Adaptation Syndrome"

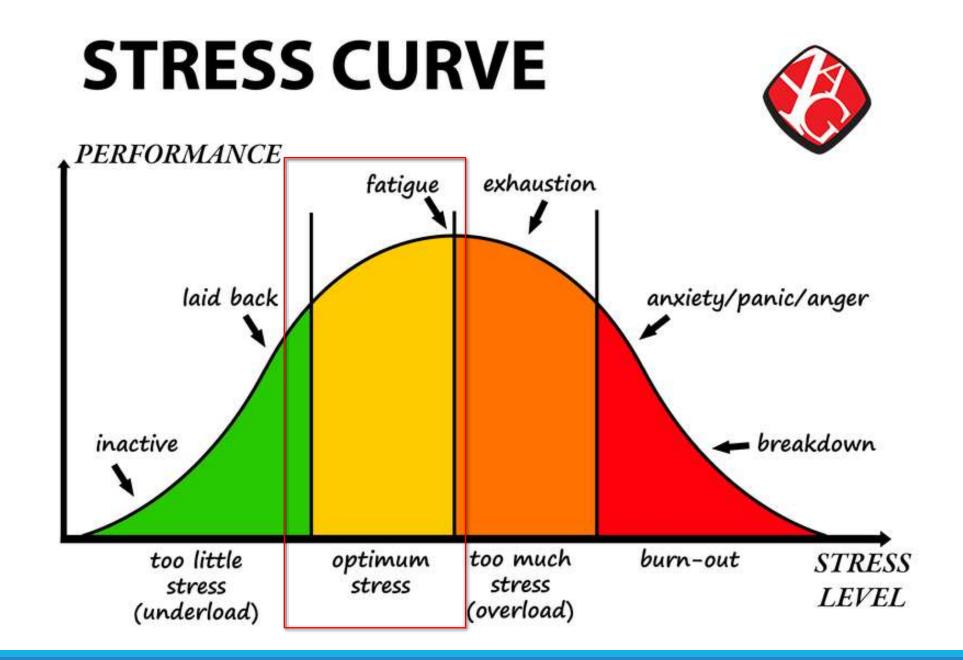


Hans Selye (1907-1982)

"General Adaptation Syndrome"



When stress is chronic and frequent, the body becomes exhausted and vulnerable to diseases



Stress

Stress is what we "feel" when there is an imbalance between life demands and our ability to effectively cope



In other words...



Burnout in ≈ 50% of physicians



EMOTIONAL EXHAUSTION, CYNICISM, FATIGUE

Chaos Time pressure Room availability Lack of team work Lack of control over work Lack of control over work Lack of values alignment with leaders EHR demands Work-home interference Difficult patients (helplessness) Isolation (remote area)

Fralick et al, Physician burnout: Who will protect us from ourselves? CMAJ 2014.

Exercise 1

Ultimately, any situation can be a source of stress and some situations are more stressful to you!

Identify your occasional sources of stress:

- Take a few moments to write them down.
- As a second step, see if you can order them from "most" to "least" stressful. This will give you a sense of where you need to make the most changes.





MOTIVATION COMES AFTER ACTIONS

Fight or flight: what is the alternative?



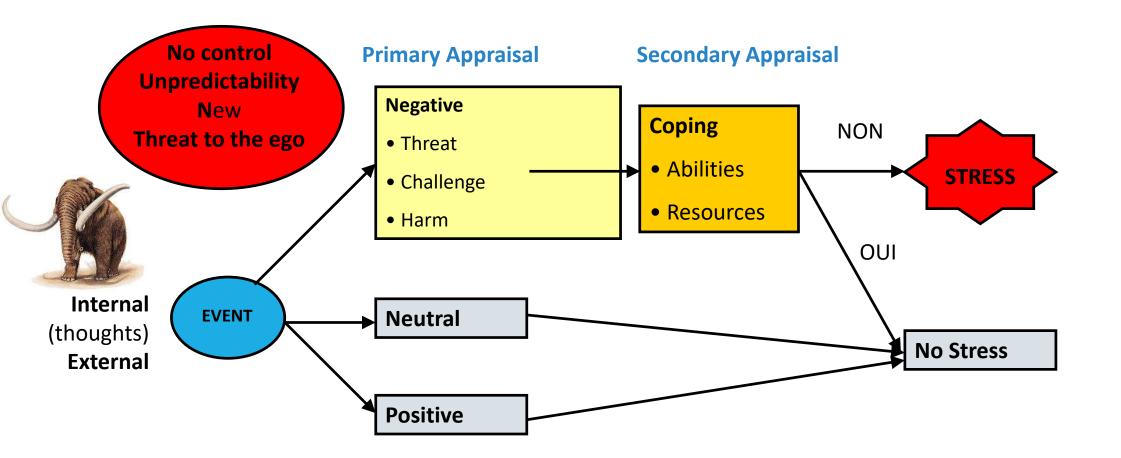
1) **Understand**: why am I stressed?

2) **Accept** (links T-E-B): building on your thoughts (learn from them)

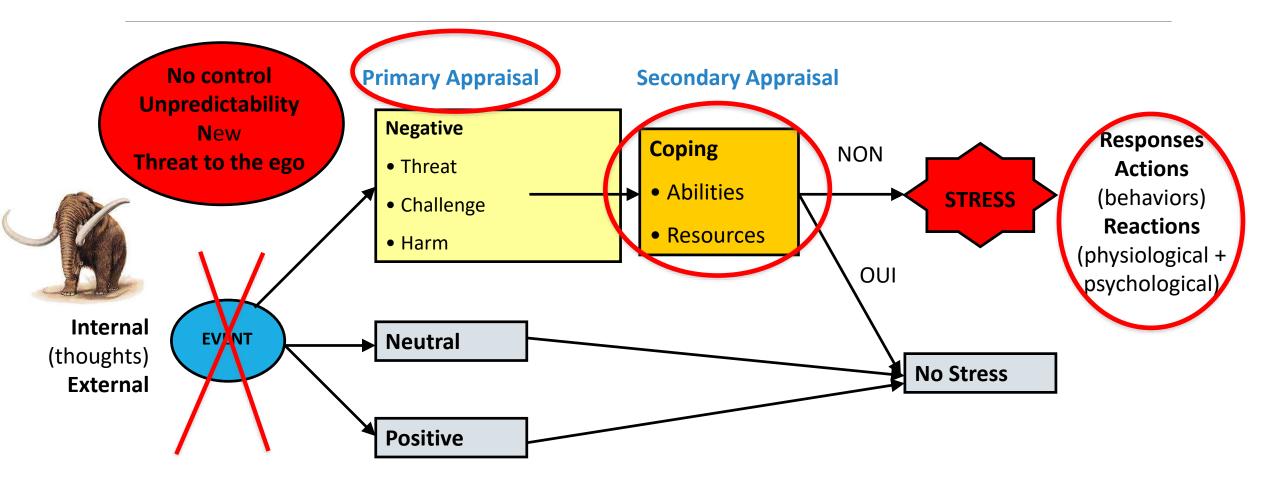
3) **Change**: priorities, values, assertiveness, sleep, time management, etc.

Why am I stressed?

Let's check our relationship with our environment...



Why am I stressed?



Exercise 2: how do you know you're stressed?

Look at your personal sources of stress and try to figure out **why** these events are stressful for you?

To help you recognize when you are under stress, you should examine:

- your emotions: are you feeling irritable, anxious, worried, or discouraged?
- your behaviours: are you procrastinating, disorganized or impatient?
- your physical symptoms: are you having trouble sleeping? Are you eating more or less than usual? Are you experiencing headaches, muscles aches, nausea, or dizziness?
- your thoughts: do you think about it while you're trying to sleep? Do you have negative/distorted thoughts?





Links T-E-B

SITUATION: A colleague leaves the service, I find myself with a double workload and I've been awaiting the arrival of a new colleague for a year

EMOTIONS: helplessness, anger, anxiety, issue of equity

CONSEQUENCES: irritability at work + home, migraines, + alcohol during the week



not enough resources, no sense of control, chronicity =



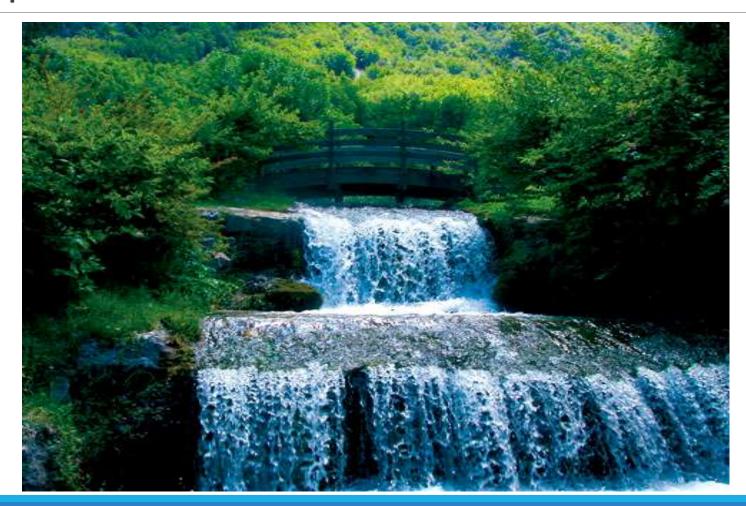
But why would other people react differently?

What do you see?



Take a step back...

...from the flow of your thoughts





...in order to identify the source of what's goin on in your thoughts

SITUATION: A colleague leaves the service, I find myself with a double workload and I've been awaiting the arrival of a new colleague for a year now!

« I tell myself why does this always happen to me? I will never make it. I need to increase my working hours. I can't let patients down. »

EMOTIONS: helplessness, anger, anxiety, issue of equity

CONSEQUENCES: irritability at work + home, migraines, + alcohol during the week



Getting into trouble by trying to escape intense negative feelings!

- By taking drugs and alcohol?
- By over eating/training/working (when it interferes with well-being)?
- By over taking meds?
- By taking it out on others (students, residents, family)
 - Aggression/physical violence



Escaping from negative emotions?

By avoiding them?



Escaping from negative emotions?

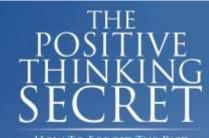


Avoiding them?

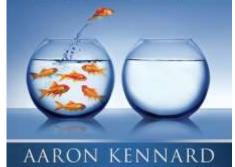
IMPOSSIBLE!!!

Escaping from negative emotions?

By being positive/optimistic?



How To Forget The Past. Smile at The Future & Laugh In The Face of Pain





How to really cope with negative emotions? *Negative emotions are uncomfortable, but useful!*

« I tell myself why does this always happen to me? I will never make it. I need to increase my working hours. I can't let patients down. »

- Emotions, good or bad, provide important inputs on ourselves
 - I am asking myself to much, I take all the responsibility on my shoulders. When I feel overwhelmed, my reflex is to take even more ...
- There is something wrong with my life, which make me unhappy (but what exactly?)
 - I am disengaged with my patients, I return at 8pm every night, I have no time for my daughter, I have no leisure or rest



Taking actions that are aligned with your life priorities

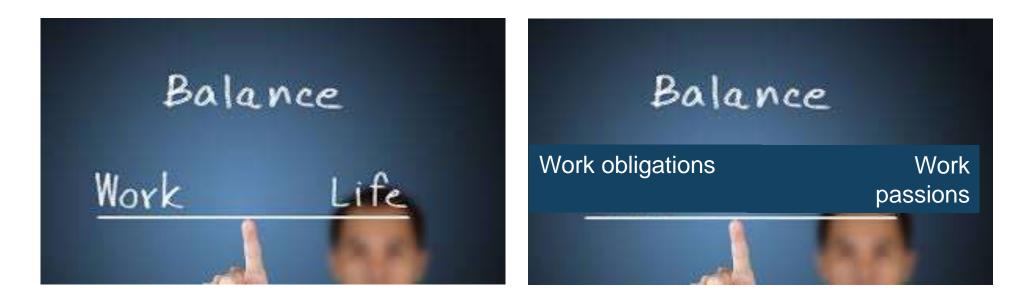


Exercise 3: what are your priorities?

- What is most important to me or things I want to keep close all my life?
- If I had only a month left to live, what would I do?
- What kind of person do I want to be? What kind of human relationships do I want to share?
- What qualities in others I admire the most?
- Imagine being 85: your though on your life so far? Any changes to make?
- What were your best moments so far? Why?

Living well...

Living by your values (or not) Mayo's Clinic researchers have demonstrated that: When physicians **pursue <10 to 20%** of the time on what they're **passionate** about... **burnout rise**s dramatically from **29.9% to 53.8%**



Shanafelt TD, West CP, Sloan JA, et al. Arch Intern Med. 2009;169(10):990-995.



Strategies with your personal time

- Having a housekeeper
- Organizing meals in advance (ziploc bags)
- Activity pacing:
 - What do you overdo? Make a time limit for this activity and then STOP and REST
 - Find good balance between planned and unscheduled activities
- Learning to say no
- Learning to ask for help



Strategies in the office

• No phone in the exam room (team work with secretary)

Paperwork and emails

- Do it everyday first thing
- For insurance reports: get your secretary to fill out as much as possible. Have patients to help (check the facts)
- Prepare in advance your stamps and templates
- Be brief with emails
- Planning specific schedules for last minute call in appointments



Strategies with colleagues and staff

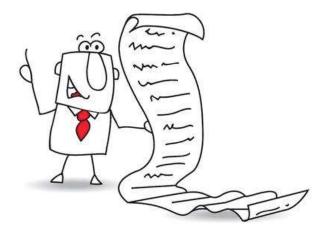
- Meetings with colleagues to feel less isolated and share knowledge, questionings, challenges (clinical discussions)
- **Properly delegate**: get your staff and co-workers to not dump all their problems on you but to bring you their solutions
- **Constant communication with secretaries** (be specific; meet with them for lunch monthly to discuss office efficiencies)

Strategies with patients (time management)

LIST OF PROBLEMS:

It's not fair to other patients or yourselves to let a patient reel off 5 problems that are to be fixed on the spot

- Look at the list and request the patient to pick their top 2 concerns (and rebook)
- If patient keep reeling off new complains, say « let's rebook to get in everything », stand up and walk him out to your secretary



Strategies with patients (time management)

AGENDA:

- Set up the agenda with the patient:
 - "Today, I wanted to come back on your blood tests and your insuline level. Did you have something else in mind?"
- ...and come back to the "shared-agenda" if your patient gets off the topic

NO MORE PATIENTS:

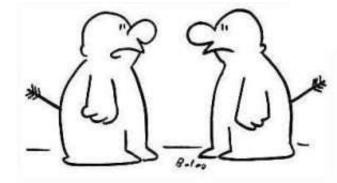
• If necessary, don't take any new patients (don't be guilty, it'll allow a better health care quality for your existing patients)

Strategies with difficult patients

Hostility, passivity, resistance, or non compliance are stressful

Clinical empathy and communication are the key (for doctor-patient trust relationship, therapeutic efficacy, more meaningful practice, and less frustration)

- Use a reflection strategy: « you seem upset about something, can you tell me what's happening? » (lead to a frank discussion, help diffuse stress before it builds up)
- A training in motivational interviewing could be very helpful...



"I know exactly how you feel."

Soothe your physical symptoms

Pay attention to your **body and your physical signs of stress**

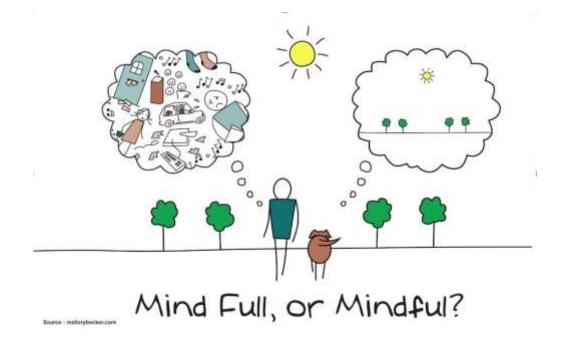
Take care of the '**basics**': rest, get enough sleep, eat well, and exercise! Increasing your levels of physical activity is great for your body AND mind!



Reduce your physical signs of stress

Breathing exercises, cardiac coherence, yoga and meditation, relaxation, and some forms of psychotherapy





Diaphragmatic Breathing

Place one hand on your chest and the other on your stomach

Try inhaling through the nose, expanding the stomach, without moving chest muscles

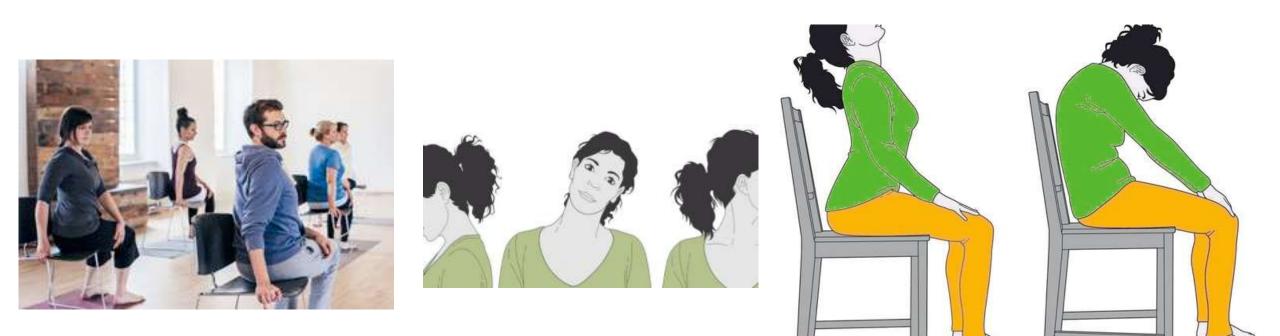
Inhale slowly...Exhale slowly

Slow down the pace of your breathing



While you are sitting in your office...





Invest in positive, creative experiences

Laugh more often (movies, friends, find humour in otherwise unpleasant situations) Play tricks to your colleagues or family

Practice random acts of kindness

(opening the door for someone, offering your seat on the bus)

Gratitude

(find 3 things for which you are grateful each day, and say why)

Unplug your smart phone

GRATITUDE Journal

Exercise 4

Identify 3 good things that have happened to you today (maybe you got a compliment or found a great parking spot!).

Recognizing all that is good is a great way to buffer all the stress in our lives. Consider keeping a 'gratitude journal' for recording things daily.

Exercise 5: Before the end of the week...

Sit down with your spouse or friend and block out 8 separate week's vacation (2 in a chunk) for the next 365 days / copy it to your staff

Take a red marker and circle them

These are sacred!



Dr J.W. Crosby. The impatient patient. Time and Stress Management for Doctors; 2015

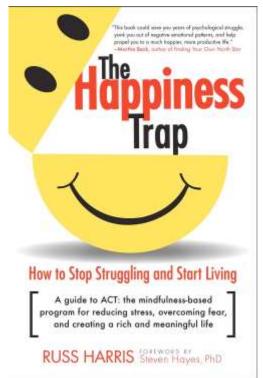
Take home messages

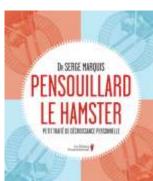
- Stress is inevitable and can be positive
- Burnout has significant consequences, for you and your patients
- Your ability to cope with daily demands is what matters most
 - 1) **Understand**: why am I stressed?
 - 2) Accept (links T-E-B): building on your thoughts (learn from them)
 - 3) Change: priorities, values, assertiveness, sleep, time management, etc.



Acklowledgment/references

Collaborator: Kim Lavoie, PhD







international behavioural trials network



Questions?



Stress management techniques

| Technique | Definition | Advantages | Disadvantages |
|--|--|---|--|
| Pharmacotherapy (SSRIs/SSNRIs) ¹ | Drugs that block the uptake of serotonin and NT responsible for mood regulation | Available +++ Affordable +++ Simple to take Efficacious ~1-2 mnths | Side effects ++ Won't treat thoughts Won't teach new skills Long term tmt ? |

¹ Jakubovski et al, Am J Psychiatry, 2016; ²Hunot et al, Cochrane Database, 2013; ³Amick et al, BMJ, 2005

Stress management techniques

| Technique | Definition | Advantages | Disadvantages |
|--|---|--|--|
| Mindfulness-based stress reduction (MBSR) ^{1,2} | Combines mindful meditation, body awareness, progressive muscle relaxation, and yoga practice. "Moment to moment non judgmental awareness" (JKZ) Tenets: non-judging, non striving, acceptance, letting go, patience, trust | Available +++ Affordable +++ No side effects Treats distorted/ dysfunctional thoughts Teaches new skills Improves negative mood, stress, focus, attention, coping with illness/pain | Must be taught be qualified instructor Requires self-discipline to practice Requires long term practice to see benefits *may increase anxiety and depression via 'access' to repressed trauma *may lead to cognitive, perceptual or sensory aberrations (rare) |