

The BASICS Part IV — “I” is for Intellect

Applying the powers of intellect to relieve stress and improve work-life balance



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The following article is the fourth in a six-part series on the fundamental principles of physician self-care. The “BASICS” series offers practical suggestions for stress management, improved health and well-being, and building resilience.*

“I” is for Intellect

Intellect refers to the power of the mind to grasp ideas, to understand concepts, and to make rational judgments and decisions.

Medical training and practice is all about developing our intellectual power, and using it to acquire the requisite skill and knowledge to be good physicians. We take pride in our intellectual prowess, and our rationality.

This article is about the application of a variety of our intellectual abilities and energy to personal stress hardness and resilience.

Intellectual diversion

I suppose the first consideration is diversion from the day-to-day demands upon our intellectual abilities. While many take a break through recreation, hobbies, time with family and so on, there are others who seek alternative intellectual challenges as a form of pleasure.

I have a colleague who is completing a degree in philosophy, saddened that the process is ending (for now), and another who is fascinated by astrophysics. He takes the latest book on quantum mechanics with him on vacation! I prefer historical novels.

Another physician friend is fascinated by Mayan culture and visits archeological sites on his vacations. Still another writes and records songs. These are but a few examples of replacing one kind of intellectual energy with another in order to relieve stress.

Occupational considerations

Suppose you could ask a sample of physicians who have achieved balance and healthy resilience for their advice in this area. This is exactly what was done by a team of researchers from McMaster University in Hamilton.¹ Seventeen physicians were interviewed, and several important themes emerged.

Resilient physicians are able to maintain a sense of value in their professional role. They retain a sense of contribution, and having a meaningful role in the lives of others. They like what they are doing and continue to cultivate interest and acquire knowledge through continuing medical education in their area of work. They understand and accept the demands of the physician role, learning such skills as task prioritization and time management to help them cope.

These doctors, like others who are

successful achieving balance in life, learn to set limits. They are able to say “no” when too much is asked of them, or when tempted to stray from important priorities and agendas.

Also reported was the need to understand that medical practice is a business. Efficient and effective work organization, staffing, use of technology, delegation to allied health professionals, and scheduling were but a few of the areas needing attention in order to minimize workplace stress.

Brown and Gunderman offer their viewpoint about ways to enhance professional fulfilment of physicians.² Their perspective reinforced the findings above by stating that enhancing motivators intrinsic to the work itself, such as the sense of achievement, responsibility and growth, increased fulfilment.

Interestingly, improving extrinsic factors, such as remuneration level and workplace conditions, contributes to fulfilment in the short term, but these gains aren’t sustained in the absence of intrinsic motivators. In other words, great pay and working conditions don’t make up for professional ennui if one isn’t interested in, and satisfied by, the kind of work they are doing. And, a focus

upon the intrinsically rewarding aspects of work is often more within our individual control than focusing primarily upon the extrinsic factors.

Control

It is my observation that most doctors like to be in control. This is especially true in some specialties, notably surgical specialties, intensive care, emergency medicine and, of course, anesthesia. After all, the directions for care that we write in a patient's chart are called orders, not suggestions, and we expect them to be carried out to the letter. We're trained to make critical decisions based on rational analysis and the application of our knowledge. We aren't afraid to be in charge.

I recall listening to an intensivist describe the stress she was experiencing at home. "Things go fine at work," she said. "Everyone there does what I ask them to do. But my husband and kids don't appreciate it when I give them orders." She was able to appreciate the obvious: we aren't in control of all aspects of life like we are (to a greater degree) in the clinical setting. And we aren't always in control there either. That's because our environment changes, constantly. Health institutions merge, split, and are redefined. Boards, lawyers, administrators, governments, even patients all "conspire" to alter the health-care landscape. The greater our need to control our circumstances, the more prone we are to the stress of being unable to do so.

I have often encountered doctors who believe that the best strategy, when faced with the stress of a changing and undesired situation, is to promote and pursue their preferred perspective with unrelenting, bloody-minded devotion. They might even strike out against people and institutions who do not share their understanding.

There are times when others might yield to this approach, but probably not that many. More often, the "digging in of heels" is self-destructive and makes things worse.

Change

How, then, do we apply our powers of intellect to manage the ever-present issues of control and change in our lives?

First, I think, is acceptance. I've heard it said that change is the only thing that is constant in life. We, everyone and everything in life, are ever-changing — sometimes in ways we like, often in ways that make us uncomfortable. Face it. We can't control everything in our lives. We must learn to accept the things we cannot change — but not with dispassionate resignation.

We can adapt to change in healthy ways. Resilient people are curious and open-minded. When necessary, they are able to put aside a rigidly held stance to consider other ones. They are able to learn, through inquiry and co-operation, the details of new realities and other points of view. They might still prefer their own opinion in the end, but are able to appreciate the merits of alternatives.

Resilient people are flexible and open to the opportunities change brings into their lives, even if born in

conflict. When the change to the environment is inevitable, they learn new skills and acquire new knowledge to adapt to that environment. How many of us, previously technologically unskilled and suspicious, now can't be parted from our laptops and iPods?

Some are courageous about change. They become proactive instead of reactive, waiting for change to pass over them, hoping to survive. They make reasoned, positive choices for themselves in areas where they can be in control.

This can mean choosing new occupational situations and leaving old ones. Making healthier lifestyle choices, such as increasing vacation time, would be another example. Developing leadership skills and becoming politically active, thus an agent of change, is another positive way to deal with the stresses of change.

Taking stock, or inventory, at a personal and occupational level, as illustrated in a previous Physician Health article,³ is another facet of coping with change and evolution in our lives.

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It's important to check periodically if our work and family circumstances are in keeping with our interests, values and goals. Do we still believe in what we are doing? Are our lives out of balance? How long has it been since we have tried anything new?

Choice

In his book, *Always Change a Losing Game*, Dr. David Posen reminds us that change implies choice, and that we always have choices.⁴

Once we become aware of a situation requiring action, we must make choices. Even choosing to do nothing, he says, is a choice. And every choice has a consequence. Dr. Posen offers four important principles:

1. *Any behaviour you persist in doing after you become aware of it is a conscious choice.*

So, once aware of a situation that causes stress or distress, including yelling at others, over-working, eating improperly and so on, continues as a matter of choice. It's true that some form of help or learning might be necessary to make a change, but seeking that assistance is also a choice that can be made.

2. *At times you don't see your choices clearly because of restrictions you put on yourself.*

So often I hear from doctors that they can't make important changes in their lives due to any number of self-imposed restrictions. They are concerned about what others will think about them, their financial obligations, their security in their present circumstances, and much more. They feel trapped. Later, once new choices are made — often after great suffering — they wonder why it took so long.

3. *Sometimes people don't feel they have a choice because they don't like any of their choices.*

There may be times, when all available choices are likely to have unpleasant outcomes, that the best of a bad lot must be chosen. Sometimes, this situation will be an improvement upon the current one.

4. *Occasionally, people get off track because they're looking for the ideal choice.*

This raises the spectre of perfectionism, which I described in the second article of this series.⁵ Doctors are prone to this condition. Those who look for the perfect choice paralyse themselves by ruling out every alternative, leaving themselves with the status quo.

There are always choices. Doctors are good at weighing options. Choose the best, or the least bad, alternative when change is required.

Accept that outcomes might not be ideal, but they might be an improvement over the current situation.

And, who knows, there might be pleasant surprises. It's possible that making positive choices for oneself

might also have a favourable impact upon other people and situations that were not anticipated.

This is the means to gain control over ourselves and our situations.

Suffice it to say, change is often stressful. But I believe that even the most rigid individuals will have the intellectual abilities to understand the realities of control in their lives, explore alternative choices, and learn to deal with their challenges in positive ways.

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* Part I of this series appeared in the October 2006 issue of the Review and is posted online (<https://www.oma.org/pcomm/OMR/oct/06physhealth.htm>). Part II appeared in the January 2007 issue of the Review and is posted online (<https://www.oma.org/pcomm/omr/jan/07physhealth.htm>). Part III appeared in the March 2007 issue of the Review and is posted online (<https://www.oma.org/pcomm/OMR/mar/07physhealth.htm>).

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