Healthy Approaches to Physician Stress

Timothy E. Quill, MD, Penelope R. Williamson, ScD

• **Many studies demonstrate that physicians in training and in practice experience considerable distress, with a high incidence of dysfunction and dissatisfaction. Little is known about the strategies employed by practicing physicians who find enjoyment and satisfaction in their work. We conducted an open-ended survey about how a group of physicians cope with common dilemmas they face today such as mistakes, death, self-care, uncertainty, patient demands, and time demands. We describe the techniques employed by those who felt they were effectively coping. Responses were organized into five general requirements for personal growth: (1) self-awareness, (2) sharing of feelings and responsibilities, (3) self-care, (4) developing a personal philosophy, and (5) nontraditional coping skills of reframing and limit setting. General descriptions of these requirements are followed by tables of specific examples from the survey. The application of these strategies to the dilemmas cited above are presented. These descriptive findings emphasize the need for training programs and governing bodies to incorporate strategies for physicians' personal growth into their priorities. The five basic areas described herein can provide a framework for formal attention to physicians' personal development.**

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Doctoring is stressful for most physicians. The literature reports a high incidence of depression, suicide, social isolation, alcoholism, and drug abuse among physicians, and in parallel, a declining satisfaction with the work of taking care of patients.[1-10] The information explosion within medicine, unstable reimbursement mechanisms, paperwork, patient consumerism, malpractice, and increased medical technology have all been cited as contributing factors to physician dissatisfaction. Ironically, in spite of phenomenal technical advances within medicine over the past 25 years, patients share this sense of disillusionment.[11-13] Patients are "doing better but feeling worse."[14] In the face of this pervasive lament, there is little exploration of how some physicians develop and maintain meaning and enjoyment in their work.[15-19]

As background for this article, we surveyed a group of physicians to learn how they make their work satisfying and adapt to the stresses of today's difficult environment. We asked them to comment on 10 common dilemmas faced by physicians. Responses were varied, and struggles were ongoing. However, many creative, sometimes unique approaches were expressed. We present these "solutions" and their implications for training and practice.

SURVEY DESCRIPTION

Ten problematic areas for physicians were selected following a literature review on physician stress.[1-10,15-19] An open-ended, two-page questionnaire asked respondents to "comment in any way you see fit about how you cope, don't cope, or creatively solve dilemmas in the following areas: self-care (physical); self-care (emotional); personal meaning; bad outcomes/ mistakes; uncertainty; time management; balance of professional and personal life; demands by patients; demands by external economic factors; and death/mortality." Respondents were informed that results would be used to present creative approaches to the problems physicians face.

The questionnaire was sent to the 550 readers of the *Medical Encounter*, the newsletter of the Task Force on Patient and Doctor of the Society of General Internal Medicine. The readers are primary care physicians in internal medicine, with a few family physicians and doctorate-level behavioral scientists. The response rate was 10%. Most respondents had a mixture of academic and patient care responsibilities. All responses were independently read by the two of us, and positive solutions were recorded. Each of us independently looked for common themes as well as unique solutions. The themes were then shared, modified, and refined into a coherent format for presentation. The results were not quantified or analyzed statistically because this was a preliminary survey of a highly select population of physicians, and because we did not want to lose unique or unusual solutions. Although references are cited as possible resources for the reader, the ideas and coping strategies presented came directly from the survey.

The 10% response rate may reflect the lack of successful coping by the majority of the group surveyed or the demands of the questionnaire for introspection and self-revelation. The length and depth of the responses we did receive favor the latter explanation. Responses included detailed descriptions

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From The Genesee Hospital and Strong Memorial Hospital, University of Rochester (NY) School of Medicine and Dentistry (Dr Quill); The Johns Hopkins University and Task Force on the Doctor and Patient, Society of General Internal Medicine, Baltimore, Md (Dr Williamson).

Reprint requests to the Department of Medicine, The Genesee Hospital, 224 Alexander St, Rochester, NY 14607 (Dr Quill).

of successful coping strategies, ongoing challenges and concerns, and indications of self-sustaining satisfaction achieved in various aspects of personal and professional life. Specific adaptations to stresses were reported, but also more basic underlying changes in thinking or approaches to problems. We recognize that given the open-ended nature of the questionnaire, the select population sampled, the low-response rate, and the potential for bias in synthesizing the data, the generalizability of our results is questionable. However, since so little is known about successful coping, we believe these findings are worthy of presentation.

SYNTHESIS OF SURVEY RESPONSES

We have organized the data into five general requirements for personal growth, and follow with how these requirements might be applied to some of the specific dilemmas presented in the questionnaire.

General Requirements for Personal Growth

Respondents who reported feeling in control of their lives had made adaptations in five general areas. We describe the general healthy adaptations in each domain, followed by a table of specific examples.

Self-Awareness.—Personal exploration of the emotional and existential sides of physicianhood is a critical precursor to individual growth and development of self-awareness. Many respondents learned to view vulnerable feelings and intense reactions as powerful resources rather than weaknesses to be overcome. Listening to and learning from one's internal monitors becomes a high priority skill. Instead of simply working harder and feeling overwhelmed in times of stress, one respondent wrote: "I now back off from work when I get depressed or angry and give myself a chance to recuperate." Taking care of oneself in addition to giving to others was a desired goal of many. As one physician put it, "I am finally learning to be more personally nurturing of myself."

Personal exploration allows one to explore limitations and develop new strengths. Unhealthy behavior patterns, feelings of isolation, or depression can become signals of the need for exploration and change, rather than unexamined states to be accepted, denied, or adjusted to. The self-aware physician can look inward as well as outside for sources of the problem and for potential solutions. The impossible demand to be "perfect" or always giving to others can be replaced by more balanced, attainable values. Table 1 outlines some specific individual adaptations used to increase self-awareness.

Sharing of Feelings and Responsibilities.—Explicit recognition of the human need for sharing and for feeling connected to others is the sine qua non for growth in this area.[20] Because powerful emotions and complex conflicts are repeatedly elicited in physicians' work, the need to share both reactions and responsibilities is especially strong. Mutual sharing, self-disclosure, and collective reflection in a safe environment can transform these experiences into powerful opportunities for feeling connected and growing. One respondent "discovered what 'meaning' meant through intense experiences with patients," and then deepened and further understood these experiences by sharing them with trusted colleagues.

Unfortunately, physicians often operate in isolation. This breeds an exaggerated sense of personal responsibility and power, but also contributes to feeling overburdened and eventually burning out. Many are reluctant to ask for help from physician and nonphysician colleagues. Informal discussions, formal consults, and referrals are powerful mediators of isolation. One respondent mentioned "hiring people to do the things I cannot" reflecting the ability to share domestic and professional tasks. The need to share feelings and responsibilities also extends to work with patients and students who can be required to make their feelings and requests explicit,[21,22] and then to take a much more active role in the processes of treatment and learning.[23-25] Many successful physicians have learned to relinquish substantial control and responsibility to patients, students, families, and colleagues. The burdens of medical responsibility become far easier when shared in this manner, and potential feelings of isolation are averted. Table 2 cites some of the specific adaptations reported that promote sharing.

Self-Care.—Learning to care for oneself requires increased awareness of and attention to one's own physical and emotional needs. Keeping work in perspective and balancing professional responsibilities with time for family, friends, and self are key ingredients. This almost invariably necessitated making hard choices between important competing priorities. Those who felt their life had balance placed considerable value on their personal needs in making choices, often going against dominant professional expectations of their colleagues and institutions.

As "helpers," it is often easier for physicians to give to others (patients, students, colleagues, friends, and family) than to take care of themselves.[26] Many respondents rigidly protected time for their own physical and emotional care against ever-expanding external demands. Awareness of one's individual warning signs of stress is vital to detecting when the balance between self-care and professional development is out of proportion. Specific adaptations for promoting self-care are listed in Table 3. These responses reflect the

Table 1.—Specific Individual Adaptations for Increasing Self-awareness

Keeping a personal journal
Provocative book reading
Religious practice
Continuing education outside medicine
Personal psychotherapy
Metaphysical exploration (meditation, yoga)

Table 2.—Specific Adaptations to Promoting Sharing of Feelings and Responsibilities

Protect informal time to spend with family, friends, and colleagues
Informal sharing
Storytelling
Discussing difficult issues
Laughing over human foibles
Complaining
Group interests outside of medicine (clubs, teams, courses)
Experiential courses/self-awareness groups
Balint groups[38]
Human dimensions of medical education courses*
Society of General Internal Medicine Task Force on the Doctor and Patient Course*
Consultations and referrals
Using multidisciplinary health care teams
Getting help with domestic or professional tasks

*Information about these courses available from the authors.

continuing challenges faced by physicians in a world of competing demands and needs.

Developing a Personal Philosophy.—Medicine is often a reactive world, where attention is given to the most pressing external demand of the moment. Professional demands within medicine, especially during the training years, often appear more urgent and powerful than do personal or family needs. Physicians who sacrifice their personal lives during training believe they will reap the rewards of a balanced life after graduation.[27] Unfortunately, without skills to clarify and prioritize values or to develop a personal philosophy that integrates professional, personal, and spiritual domains, such balance does not easily occur. Feelings of being arbitrary, exploited, stretched, angry, or overwhelmed often result. Recognition of the need to explore and clarify core values is the first step in the development of a personal philosophy.[28,29] Values that pertain to physicianhood cannot be developed or lived in isolation from total life beliefs. A comprehensive philosophy provides a framework for making choices in all domains of life, including medicine.

Prioritization of values and goals provides the most basic means for clarifying choices, organizing time,[30,31] and resolving ongoing conflicts in this demanding profession. Many respondents spent considerable time and energy explicitly prioritizing core areas to which to devote themselves. Priority values for our respondents included self-care, balance of family and profession, sharing, competence, success, and self-awareness. Most physicians who used this process felt the choices and compromises they made were difficult and often forced a break from traditional expectations, but they also experienced a greater sense of meaning and self-control as a result of making them. Some specific adaptations used to promote this process are listed in Table 4.

Nontraditional Coping Skills.—Reframing and limit setting were two nontraditional coping skills used extensively by the respondents for which there was little preparation during training. Reframing, or seeing things from a new perspective, involves the ability to step outside one's usual mode of perception and response, seeing a problem in an entirely new way that in fact changes the problem.[32,33] For example, a young academic physician felt she must sacrifice much of her teaching and personal enjoyments to publish enough to insure promotion. A serious illness forced her to examine her values and priorities, and she began to choose activities that had more value to her in the present, seeing academic promotion as a less dominant motivator.

Lack of open communication and rigid professional norms in many medical settings can severely limit the ability to reframe. When individuals are limited by their personal perspectives or by the dominant medical modus operandi, there is little chance for one's personal philosophy to evolve over time. For example, a physician with an exclusively biotechnical medical perspective felt he had little to offer a dying patient once traditional treatment became futile. However, when his job was "reframed" to include attending to the patient's personal, social, and spiritual needs, then he was able to find meaning in his patient's terminal care. Reframing can free physicians from unproductive responses and potentially unleash innovation, creativity, and new sources of satisfaction.

Many physicians are overwhelmed by external demands. There is a pervasive belief that one can and should always be doing more, a belief that is reinforced repeatedly during medical training. One respondent said, "There is no support or education for limiting work time or learning how to work well." A confounding variable is the confusion between medicine's inherent limitations and the physician's personal limitations.[34] The development of a more realistic view of both medicine's and of one's own personal limits and potential is a vital step in the process of setting clear boundaries. Respondents described setting limits by clarifying and scaling down personal, professional, and patient expectations, and by intentionally making choices and compromises that gave credence to their personal needs. Many wrote explicitly of setting limits at work by giving higher priority to family life. "My family is more important to me than anything else in my life" was a common sentiment. Most felt forced to give up some things of potential personal importance, but not of the highest priority. Their choices and limits had been necessary, but by no means easy. The pervasive struggle was captured by one respondent who wrote, "I have been trying to learn to say 'no' and not feel guilty."

Table 3.—Specific Adaptations for Promoting Self-care

Attention to scheduling
Limiting on-call and weekend work
Scheduling and taking frequent vacations
Limiting evening work
Taking minibreaks during the day
Taking moments to "get ready" to see next patient
Protecting time to be with family or friends
Expressing feelings
Grieving one's losses
Experiencing joy in victories
Laughing at one's foibles
Regular sleep, meals, and time alone
Interests and friendships outside of medicine (sports, music, cooking, gardening, theater, community events, religious activities)
Regular medical and dental care
Regular physical stimulation (exercise, sex, massage)
Regular attention to self-awareness and sharing (Tables 1 and 2)

Table 4.—Specific Adaptations in Developing a Personal Philosophy

Allocating time to clarify values
Developing short-term and long-term goals (realistic)
Prioritizing goals reflective of both professional and personal values
Developing a time-management system
Excluding low-priority commitments
Engaging in faculty development programs for values clarification and time-management training

Approaches to Specific Problematic Issues

We now turn to specific examples of how the general skills outlined previously were applied to several common physician dilemmas.

Death and Mortality.—Reframing death from a "villain" to be fought at all costs to a "friend" that can provide relief from suffering can allow a physician to care for rather than try to cure a severely ill patient. This dramatic shift in approach requires a recognition that medicine's power has limits. Freed from an imperative to always cure, many physicians felt they could concentrate on their personal potential to be therapeutic to dying patients and their families. Attending

funerals of patients, sharing sad or angry feelings with family members, colleagues, or friends were cited as specific examples of physicians attending to their own needs to grieve. Many respondents also needed to come to terms with their own mortality—some developed research in this area, others focused more intensely on the present rather than the future, and still others "avoided thinking about death" using "healthy denial."

Mistakes.—Mistakes must be distinguished from unavoidable bad outcomes. One respondent reported the liberating feeling he experienced learning that "all judgements leading to bad outcomes are not necessarily wrong." While true mistakes are difficult to live with,[35] respondents often reframed these experiences into powerful opportunities for learning and personal growth. Recognition of one's limits, and the reevaluation of one's personal standards and expectations for performance were necessities. Sharing bad outcomes or mistakes with colleagues, students, friends, and sometimes patients prevented isolation, and was usually a start to the necessary processes of grieving and learning.

Uncertainty.—Uncertainty presents an ongoing challenge for physicians.[34] Sharing the responsibility of decision making with patients and colleagues, and getting help when stuck were successful coping strategies. Reframing was used to acknowledge that much uncertainty stemmed from the nature of medical science rather than personal limitations. Risk management strategies that were helpful in understanding and coping with uncertainty included more openly sharing the risks with patients.[36] Successful copers had accepted the limits of their ability to decrease risk or lessen uncertainty, and had begun to clarify and help scale down patients' expectations as well as their own by being much more honest about medicine's potential and limitations. Although patients may be ambivalent about hearing the true risks of their situation, only a fully informed patient can be an active, full participant in medical decision making.

Demands by Patients.—A patient's demands for medicine, time, procedures, or more care can be reframed as a cry for help or a desire for connection. This shift in perception can be instrumental in improving the relationship between physician and patient for it can allow the physician to try to respond to the patient's underlying need if the specific demand is unrealistic. Limit setting is also a successful adaptation to patient demands. Negotiated limits might include regular, time-limited visits, and strictly defined prescriptions refilled or altered only at regular visits. Internal limits included recognizing and holding in check one's desire to be a "savior" for patients as well as separating realistic from unrealistic patient requests. Carefully defining the nature of conflict with patients and negotiating solutions was helpful.[22,37] Finally, the total size of one's practice (as well as the number of difficult patients) needs to be kept in manageable proportion.

Demands by External Economic Factors.—Successful respondents carefully differentiated "needs" from "wants." This separation allowed individuals to undertake risk-benefit analyses of their "wants," and to make choices based on their personal goals and values. Limit setting followed naturally. Some wrote specifically of analyzing the financial benefits of each endeavor vs the personal meaning it had. When fiscally possible, those activities that have little meaning could be limited. Although adequate financial compensation was clearly important and increased training debt was a problem faced by younger physicians, many tried to balance these realities with their core values to help make career choices.

Some respondents recognized that by sharing responsibility and joining with their colleagues they have had more power to negotiate with employers and third-party reimbursers. Several respondents stated their belief that physicians have a social responsibility and were personally involved locally and nationally in advocating for a more comprehensive system of health care delivery and reimbursement.

Time Demands.—Time management follows from values clarification and goal setting.[28-31] Physicians who understood their priority goals made clear choices and were more confident of their ability to set realistic limits. Many wrote of the increasing ability to say "no" to low-priority commitments. They lamented the impossibility of doing everything, but felt positive about the difficult choices they had made. Physicians spoke of the usefulness of learning to delegate and to share responsibilities with paraprofessionals such as secretaries and research assistants.

COMMENT

Healthy approaches to life as a physician often begin after medical school and residency. In training, survival strategies are used that are adaptive to overwhelming stress, but often maladaptive to subsequent professional and personal life. The values that originally attract people to medicine are routinely ignored rather than developed. Personal feelings, reactions, and needs are overwhelmed by rigorous educational and service demands given highest priority in training curricula. Lack of attention to diet, sleep, personal time, and play, combined with these extraordinary external demands, too commonly lead to feelings of being used, overburdened, and out of control. Furthermore, the human need for sharing experiences, vulnerabilities, and uncertainties is often not acknowledged much less developed during training. Instead the implicit rule is "I should be able to do (handle) it on my own," often leading to intense feelings of isolation and despair. The lack of attention to personal development in training often leaves physicians vulnerable and poorly prepared to subsequently take charge of their lives.

Key factors to reconsider in current training programs include the frequent lack of balance between the biomedically oriented curriculum and the technologically oriented patient care demands on the one hand, and virtually absent attention to values, support, and personal growth of trainees and their patients on the other. Medical schools and residency programs need to become more human, and to foster deeper personal connections between faculty and students, as well as students and patients. Simultaneously attending to the intellectual, technical, and personal needs of learners will necessitate setting limits and making difficult curricular choices. Such decisions must be guided by the underlying philosophy and core values of each program, not simply by economic demands or unexamined traditions.

Explicit attention to the general requirements for personal growth such as those outlined in this article should be part of the curriculum. They cannot be an add on; rather, medical educators and medical curricula need to undergo the same process of self-examination, attention to values, and assessing trade-offs that we would advocate for individuals. Medical trainees should have longitudinal experiences whereby they

can monitor and explore the personal changes they are going through, while exploring how to achieve balance and ongoing satisfaction in their profession.

There is substantial need for more aggressive outreach to established physicians who are experiencing difficulties in coping with the stresses of today's medical life. Such outreach must begin with a basic restatement of values and priorities by prestigious national medical societies, national and regional medical meetings, faculty development programs, and continuing medical education programs.

All physicians need opportunities to regularly express their needs, share, support, reflect, problem solve, and grow in a safe environment. Self-awareness, sharing, self-care, and the importance of developing a personal philosophy must be reaffirmed as basic abilities of the well-balanced physician.

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