

Physicians.

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 **naruvi**
THE OFFICIAL NEWSLETTER OF NARUVI HOSPITALS
Est. August 2017

Print

As we stand at the threshold of a new year, I feel very excited that we are entering a very special year – the year that Naruvi Hospitals is going to be born, after a long gestation of almost 6 years.

The idea was born 25 years ago. The seeds were sown in 2013-14. And finally, in 2020, Naruvi Hospitals is going to be in full bloom. The journey was amazing. I am sure the destination is going to be greater.

Working with an almost 1000 strong team on the site, came with its own set of troubles and strife. The amazing part was the way the leaders handled issues on the site and ironed out all the wrinkles.

The building that we all see towering in the skies of Vellore is evidence to the fact that a clear goal and a sense of commitment, smoothens out all differences between people, philosophies and beliefs. Kudos to the Building Team and the Project Team for their unrelenting efforts to make this Herculean task possible, and on time.

Jai Hind





THE
Wilter flower

Edition

the hatchbike company

“WILTER FLOWER” - apparently a very dismal theme, in sharp contrast to our earlier editions which were lively, was zeroed in on because of an alarming increase in the number of deaths among young physicians.



THE
Last Month

The Henry Ford team spent two days with us. As usual, these sessions were very useful, as they serve as the mirrors we need to look in, every now and again. Dr. Scott, Dr. Mosallam and Lisa Prasad were present for the meetings. They were taken on a detailed tour of the facility. They were very happy with the progress made so far.

Recruitment, on a larger scale, is planned for the first week of January. The entire team is busy sorting out resumés and shortlisting candidates department wise.

Our West Bengal team has been working very hard at spreading the Naruvi Philosophy across that part of India. We met a group of Pediatricians in Calcutta who were very interested in associating with us in the work we are proposing for West Bengal.

Work on the site is nearing completion. Loads of equipment have started to arrive on the site. Installations are underway. The building that was characterless all these months, has finally shaped up and towers over Vellore town, supremely becoming of a hospital of the highest order of professionalism.

The Naruvi Hospitals TEAM is being created with the utmost care to ensure delivery of the highest quality of medical care and a sense of satisfaction and happiness, leading to positivity in the minds of the patients who come there. The HR team is being groomed to ensure that all the staff of the hospital are approachable, gentle and compassionate, be it with patients or relatives.

Dress codes are being created. Signages, stationary etc. are being worked upon. The new website is being developed by a very high level design firm that works out of New Delhi.

There is so much more to write with the kind of hectic activity on the site. The building, and very soon, the functioning hospital will speak for itself.

THE
Last Month



Workplace

Stress Management

For doctors



Practising medicine can be stressful.

Conversations with colleagues invariably drift to anecdotes that illustrate how and why stress is inherent to our profession. Research evidence also suggests that doctors are vulnerable to stress at work and that we are highly susceptible to the ill effects of work stress, including an increased incidence of psychological distress and psychiatric morbidity.

While we readily endorse its ubiquitous presence, a simple definition of “stress” remains elusive. Broadly, stress refers to the psychological and physiological reactions that occur when we perceive an imbalance in the level of demand placed upon us versus the capacity to meet that demand. In the workplace, it refers to the times when we are simply not sure if we have what it takes to meet the challenges faced.

Why are doctors stressed?

A combination of factors contributes to why doctors may be especially vulnerable.

Some personality traits that make us good as professionals (eg. obsessive, perfectionistic, conscientious, approval-seeking) may cause us to be more prone to emotional distress. Doctors like to be in control but may harbour chronic self-doubt.

The nature of the job – long hours and heavy patient loads – is an obvious source of stress. At the outset of our careers, we have learnt to deal with difficult patients and relatives, often in hectic and trying environments. Dealing with issues of death, dying and suffering may take an emotional toll. Engaging in the “noble” mission of healing ostensibly makes sacrificing personal life acceptable, or even expected. The skewed emphasis on work may then contribute to poor family/social relationships and support.

The types of stress may be unique to the practice environments. Doctors in public service may feel a lack of control over factors like work schedules or workloads, or having to cope with a lack of resources.

Dysfunctional workplace dynamics such as bullying or feeling undermined or unrecognised are often cited by doctors in training. On the other hand, those in private practice may face isolation, both physically and psychologically.

Various factors pertaining to the culture and organisation of the workplace may also engender more stress for the doctor working there

Why does stress matter?

Stress in doctors matters because it leads to “casualties” among colleagues, including burnout, emotional exhaustion, disillusionment, a lack of personal accomplishment, depression, anxiety and drug/alcohol abuse or dependence.

Stress may manifest as psychological/emotional changes, physical symptoms, behavioural issues or organisational problems .

Occupational stress affects hospitals and organisations in terms of productivity and performance. Loyalty and commitment may suffer, ultimately affecting recruitment and retention of medical staff. A stressful

work environment invariably leads to poor morale and motivation.

Simultaneously, stress matters to patients as well. Surveys on doctors in the UK reveal that stress negatively affected patient care. Clinical judgement and decision-making may also be affected. A study of National Health Service hospital consultants found that those with poor mental health reported reduced levels of care towards patients.

On a more positive note, a case-control study found that the introduction of stress management courses to 22 hospitals led to a substantial reduction in the rate of malpractice claims compared with that in control hospitals. Patient satisfaction, improved safety and better clinical outcomes may result from reducing stress and improving the practice environments for doctors.

Challenges to tackling the problem

Unfortunately, some doctors can be very resistant to the idea of seeking help for themselves, particularly for emotional or psychological distress. Many hold an



unrealistic expectation that somehow doctors are not supposed to be ill, that we should cure ourselves or just “suck it up”. There is a potentially dangerous stigma attached to seeking help for psychological problems. Some may fear a lack of confidentiality or that their fitness to practise may become jeopardised. Even among those who recognise their problem or access help, there is often a reluctance to take time off to recuperate, even when medically advised.



Thus, there can be an element of collusion within our medical “culture” that allows the ill-effects of stress to go unchecked.

Casualties of work stress

Although there are rare instances when doctors may become impaired in their ability to practise safely because of the extreme effects of stress (usually due to the development of major psychiatric illness or drug and alcohol problems), the Medical Registration Act has regulations relating to Unfitness to Practise through illness and the need to voluntarily stop practice if we realise our ability to practise is affected. Indeed, the Act requires us to inform the relevant medical regulatory body if we believe a colleague may be unfit to practise.

A health committee may then be appointed to inquire into the case.

In practice, however, it is sensitive and difficult to report colleagues. We are usually

able to persuade impaired colleagues to voluntarily stop practice and seek treatment without having to resort to such drastic measures. Our profession’s principle of self-regulation means that we have a responsibility, both to our patients and colleagues, to ensure that a doctor who becomes impaired by illness should temporarily stop practice. Our colleagues should, in turn, be treated in a confidential, caring and non-judgmental manner.

Overseas, impaired physician programmes that emphasise early, proactive identification and confidentiality have been set up to encourage voluntary self-disclosure by impaired doctors. Treatment, support and follow-up are provided. Disciplinary and coercive actions should always be the last resort, with the goal being reinstatement and resumption of practice, but with patient care and the interests of the profession being paramount.

What can be done about stress in the profession?

Efforts to prevent the ill-effects of stress should begin at the earliest stages of medical training.

Mentoring and peer support networks, occurring in both formal and informal manners, should begin in medical school.

Thus, students can become aware of the importance of maintaining their own physical and emotional health at the onset of their career. This type of early intervention may have the added benefit of lessening the stigma associated with seeking help. For junior doctors, adequate supervision and support, along with realistic working hours and healthy work-life balance, ought to be encouraged. Medical training should include helping doctors recognise their own limitations and develop skills to better track how stress affects their well-being and professional practice.

What Can You Do To Help Yourself?

Awareness

Awareness of the sources of stress and how one reacts to different stressors is a crucial first step. Individuals differ in the nature and intensity of the stress that they are susceptible to.

Acceptance

Coming to terms with one's own vulnerabilities is not always easy. The stringent standards and rigorous nature of medical training sometimes inculcates a distorted message that not pushing ourselves to the limit amounts to personal "weakness".

The competitive nature of medical school and residency may spill over to professional rivalry, and this culture of competitiveness can be a major source of stress. Striving to be "the best"



may demand a high emotional cost. Perhaps an attitude more aligned with simply doing our professional best is healthier, both for the patients and doctors.

Attitude

Along with the inherent need to “compete”, certain mental attitudes serve to perpetuate workplace stress. The notions of service, sacrifice and putting the needs of patients first, which are “noble” attributes of the profession, may easily become distorted to unhealthy proportions. Some doctors, while appearing to lament their extended work hours and lengthy appointment lists, may derive gratification from the same; their popularity as the most widely sought out specialist, therefore, justifies what is actually an imbalanced and stressful practice.

Nevertheless, acquiring a healthy work-life balance is not easy to achieve, but prioritising the basics of rest, relationships, relaxation and recreation go a long way to preventing the ill-effects of stress.

Stress-reduction techniques include elements of deep breathing, muscle relaxation, mindfulness and meditation. Exercise and physical activity stimulate the production of endorphins and counter the deleterious effects that stress has on the immune system.

Coping styles

Having negotiated the rigours of many years of medical education and training, most doctors would have developed their own repertoire of strategies to cope with stress.

Their effectiveness depends on the type of stressor, the particular individual and circumstances. There are two types of coping responses: emotion- and problem-focused.

Emotion-focused coping

This involves trying to reduce the negative emotional responses (eg, fear, anxiety, depression, frustration or embarrassment) associated with stress. Emotion-focused coping techniques include distraction and suppressing emotions or experiencing them through talking about how they feel. These strategies may be ineffective, as they ignore the root cause of stress or delays the dealing of the specific problem. However, it can be a good strategy if the source of stress is beyond the person's control.

Problem-focused coping

This targets the causes of stress in practical ways by tackling the problem or situation that is causing stress, consequently directly reducing the stress level. These strategies, which include problem-solving, time-management and

accessing instrumental social support, aim to remove the stressor or reduce the cause of stress. They deal with the root cause, thus providing a long-term solution. It is the default strategy employed in our professional approach to tackling our patie-



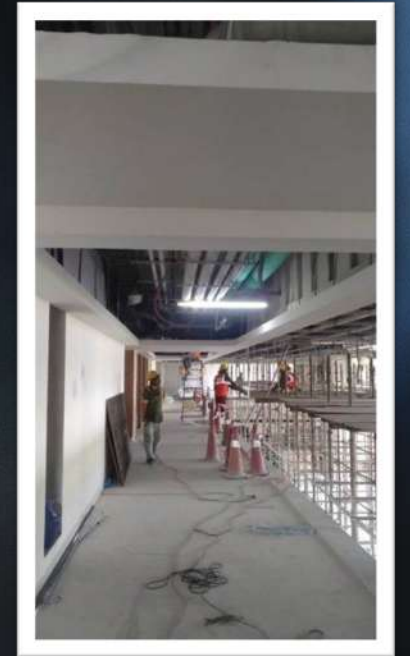
nts' problems. However, it is not always possible to use these strategies such as when dealing with loss and bereavement, which requires emotion- focused coping.

Making the choice of less stress

For some doctors, a stressful professional life has become a longstanding and deeply ingrained habit. Others seem resigned to the view that stress itself is an inevitable part of life as a doctor. The reality is that there are proactive choices that we can make, especially when we realise that negative

effects have already begun to set in. Making a decision to take the necessary steps to better manage and control work stress can be tremendously empowering. Change may not come easily, but the patience, persistence and commitment required would be worthwhile across all areas of life.







Only a life lived for others,
is a life worthwhile.