

## STRESSED DOCTORS LIE

### Three Reasons Why Doctors Won't Ask for Help

Perhaps this is a generalisation, but there may be some truth to the idea that stressed doctors lie. Ask a worn-out over-worked doctor how they are coping and the answer may well be: "fine!"

As a specialist training provider of stress-reduction, resilience and well-being strategies, our company, Innervate, has been facilitating the *Self-care in Healthcare and Team Well-being* programmes through a number of New Zealand's District Health Boards and PHOs. This has, in-part, being a response to research by the Association of Salaried Medical Specialists (ASMS) who reported that 30 – 50% of senior doctors are experiencing stress-related problems, including workplace accidents, exhaustion, illness, and other symptoms of burnout. (This research appears similar to other health professions' surveys.)

Yet, interestingly, we have not seen many doctors attend our burnout-prevention programmes. Is the research incorrect? Perhaps doctors are immune to stress, or is something else going on?

We believe there is. From a social psychology perspective, there are at least three psychological biases that create a defence mechanism designed to protect the doctor – but in effect prevents them from asking for help.

The first bias is called the Knowledge Bias. It is not surprising doctors have it. The incredibly difficult training they have to go through, often from a young age, fuses their still-forming personality with their emerging professional identity, through the achievement of years of written and clinical exams. Every academic goal achieved creates a boost in identity-forming self-esteem and self-efficacy – every failure can feel catastrophic!

Doctors are trained to know more about human health / illness and medical science than anyone else. This forms a strong knowledge bias – an assumption that under-estimates the value of help from anyone who has not had their training (unless the relationship is highly significant, such as a close partner or spouse). The thinking can be something like: "*What would they know about the pressure I am under? They are not a doctor!*"

The second bias is the In-group Bias. Doctors belong to an incredibly brilliant, talented and elite group of people called "doctors". They have all been through the same rite-of-passage called "medical school" and perhaps "fellowship exams" to specialise in their chosen field. The word 'Fellowship' itself denotes an in-group bias.

The challenge here is the ingroup bias tends to create an assumption that over-estimates the knowledge and abilities of peers, which in-turn makes it difficult to ask for help. A request for support may be seen as a failing, a weakness, an inability to cope with the job. Exposing any vulnerability to an ingroup colleague can be perceived as a lapse in professional competence - something many doctors are unwilling to risk.

The third bias is known as the Self-serving Bias. This assumption highlights their own knowledge and abilities. The academic brilliance that has taken them through a successful career – from secondary school to medical specialist creates a superiority of mind that is hard to penetrate when others are questioning their decisions or behaviour. A 'side-effect' of the self-serving bias is to be unwilling to accept constructive criticism, believe everyone is simply wrong, and become angry and intimidating if they are pushed into a corner.

A further risk for doctors with a strong self-serving bias is to isolate themselves as a strategy to protect their professional competence when it is being threatened by others. This isolation can lead to serious problems, including drug and alcohol abuse and marital problems.

Innervate's approach to assist doctors, (and health professionals in general), is to provide training to help shift the current well-being paradigm that suggests asking for help is a weakness. Dr Sam Hazledine's amendment in the Declaration of Geneva gives doctors permission. The Physician's Pledge now reads: "*I will attend to my own health, well-being and abilities in order to provide care of the highest standard.*"

Self-care in healthcare must become normalised as a key professional competence if our brilliant doctors want to prevent serious symptoms of stress and burnout.