Life is stressful—a condition that can be compounded for physicians. One solution to the dilemma of managing stress lies in prevention. Some proponents of this method have suggested prescreening medical school applicants for their ability to handle stress and teaching values clarification during medical school (Spears 1981). Others have suggested making support groups, stress management techniques, and methods for early identification of problems during medical training a part of every medical school (Gerber 1983; Hoferik 1981).

Dealing with the problems and stresses of being a physician is not easy. There continues to be a macho attitude underlying the commonly held view that internships and residencies should be trials by ordeal. Until this basic underlying attitude changes, it will be difficult to address the stresses of medical training. In the meantime, courses or workshops in primary prevention techniques such as stress recognition, stress management, and interpersonal skills could be highly beneficial for medical students, residents, and, in the long run, physicians.

The literature is long on identifying the problems of physician stress and impairment but short on adequate solutions (Spears 1981). Although about one in five Fortune 500 companies has developed some sort of stress management program for their top-level executives (Walics 1983), this practice has not been widely adopted by medical schools.

There is no single approach to stress management that is right for everyone; as the response to stress varies widely, so does the treatment. However, the same advice that physicians give patients for identifying stress and learning to
respond adaptively is applicable to physicians themselves (Spears 1981): one person may need a prescription for exercise and time off, whereas another may need psychotherapy.

DEALING WITH STRESS

The current lay literature abounds with help on dealing with the stresses of life. In many ways the answers for physicians are the same. Several recent studies have helped delineate the coping strategies of physicians who seem to remain happier and more contented in their lives than most of their counterparts. Some patterns for coping among these individuals are (Post 1997):

1. Stress monitoring: Physicians who are constantly aware of their feelings were able to identify when they are overly stressed.
2. Action: This is a specific planned activity to counter the identified stress.
3. A positive perspective: Successful physicians were always looking for the positive aspects of their situations.
4. Support: Healthy doctors had a full range of support including family, friends, and colleagues.
5. Self-care: All of the physicians who were successful took time to care for their own emotional and physical needs.
6. Spiritual life: The contented doctors in this study all had a spiritual side of their life that they nurtured.

Successful women physicians use these coping strategies. Other factors that correlate with better mental health and well-being in women physicians are having well-educated parents and certain personality characteristics, such as being less hostile, cynical, and angry, and more open-minded, fluid, and optimistic (Cartwright 1987). There are other personality characteristics that are effective in coping for women physicians (McLean 1982; Wallis 1983):

1. A sense of being in control of one’s life
2. The ability to change and be flexible
3. Optimism—the attitude that there is hope in most circumstances
4. A deep commitment to some goal or belief

Barnett (1987) described a similar concept called, “hardiness,” which combines commitment (to something one is doing), control (actions and belief that one can influence outcome), and challenge (belief that change is normative).

RECOGNITION OF STRESS

It may be difficult for professionals to recognize and especially to admit that stress may be affecting them and their health. But by watching for the effects of stress, it is possible to take early corrective action to prevent impairment. The