

Coaching for physicians

Building more resilient doctors

W. Joseph Askin MD FCFP CLC

7ith the unprecedented rate of change in health care, it has become even more difficult for family physicians to balance their practices and personal lives. Studies are beginning to show high levels of "burnout" among family physicians. Lee et al found that 69.2% of family doctors participating in their study were moderately or highly stressed and discovered a correlation between stress and burnout and a desire to leave practice.1 Given the human resource implications, attention is increasingly being paid to the importance of physician resilience. In the May issue of Canadian Family Physician, the study by Jensen et al identified 4 elements associated with successful adaptation: attitudes and perspectives, balance and prioritization, practice management, and supportive relations.2 The authors argued that resilience is not only a product of inherent personality traits, but can also be improved by way of learned behaviour. This raises the following question: How can an already harried physician move toward more adaptive behaviour? Good intentions alone will not pave the way.

Over the past decade or more, business and finance executives have employed life or business coaches to improve their clarity of purpose, focus, creativity, productivity, and work-life balance, among other goals. Physicians and executives have much in common: they strive for excellence in their respective fields, experience time constraints, bear heavy workloads, and perform under scrutiny (from patients or clients, colleagues, and authorities). Add to this the fact that family physicians feel undervalued and unsupported in the current health care climate and it is no wonder that they often feel tense, tired, indecisive, apathetic and even, at times, trapped. Most of these doctors do not suffer from formal psychiatric diagnoses and do not require psychiatric or psychological support. Nevertheless, it can be difficult for them to objectively reflect on their lives and summon adequate discipline and motivation to make and maintain critical changes. This is where life coaching can be helpful.



What, how, and why?

Life coaching is a nondirective process that draws upon techniques from positive psychology and both cognitive-behavioural and solution-focused therapies to help people thrive personally and professionally, by increasing their self-awareness, building on their strengths, and applying their insights creatively so they can move forward. Unlike counseling, it is for people free of meaningful psychopathology and is concerned with growth rather than healing. Carol Kauffman, PhD, Assistant Clinical Professor and Director of the Coaching and Positive Psychology Initiative at Harvard Medical School, strongly states the following:

Positive psychology theory and research will provide the scientific legs upon which the field of coaching can firmly stand There are psychometrically robust measures to assess strengths and empirically testable positive interventions that have been found

Praxis

to increase happiness, productivity and life satisfaction.3

For example, in one study, Seligman et al confirmed that 3 of 5 purported happiness interventions resulted in sustained improvement on measures of happiness and depressive symptoms.4

The coach is a catalyst for change

Another study showed that thirdyear medical students with positively primed emotions arrived at an accurate diagnosis more efficiently and with greater curiosity and less disorganization than control subjects. 5 Fredrickson and Losada concluded that "positivity can transform individuals for the better, making them healthier, more socially integrated, knowledgeable, effective and resilient [emphasis added]."6

A life coach will partner with a physician-client to take a critical look at his or her life and practice, thereby identifying counterproductive attitudes and behaviour as well as existing personal strengths that might offset them. These insights are then applied to develop a more adaptive perspective, a wider behavioural repertoire, efficient practicemanagement strategies, tighter personal boundaries, and improved interpersonal skills, while respecting the individual doctor's needs and priorities. Life coaching can give family doctors a rare opportunity to establish parameters for evaluating their own success, which can be difficult to recognize when treating chronic illnesses with little time to reflect. The coach will encourage the clients and hold them accountable if they procrastinate or become distracted. Simply put, the coach is a catalyst for change.

Readers who are interested in life coaching for themselves, colleagues, or patients can obtain additional information by visiting the International Coach Federation website at www.coachfederation. org/ICF or Harvard Medical School's Coaching and Positive Psychology Initiative website at www.harvardcppi.org.

Dr Askin is a sleep consultant and certified life coach at the Centre for Sleep and Human Performance in Calgary, Alta.

Competing interests

Dr Askin is a practising life coach.

Correspondence

Dr Joseph Askin, 106-51 Sunpark Dr SE, Calgary, AB T2X 3V4; telephone 403 254-6663; e-mail jaskin@centreforsleep.com

References

- 1. Lee FJ, Stewart M, Brown JB. Stress, burnout and strategies for reducing them. What's the situation among Canadian family physicians? Can Fam Physician 2008;54:234-5.e1-5.
- 2. Jensen PM, Trollope-Kumar K, Waters H, Everson J. Building physician resilience. Can Fam Physician 2008:54:722-9
- 3. Kauffman C. Positive psychology: the science at the heart of coaching. In: Stober D, Grant A, editors. The evidence based coaching handbook. Hoboken, NJ: John Wiley & Sons, Inc; 2006.
- 4. Seligman M, Steen TA, Park N, Peterson C. Positive psychology process: empirical validation of interventions. Am Psychol 2005;60(5):410-21.
- 5. Isen AM, Rosenzweig AS, Young MJ. The influence of positive affect on clinical problem solving. Med Decis Making 1991;11(3):221-7.
- 6. Fredrickson BL, Losada MF. Positive affect and the complex dynamics of human flourishing. Am Psychol 2005;60(7):678-86.

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Praxis articles can be submitted on-line at http:// mc.manuscriptcentral.com/cfp or through the CFP website www.cfp.ca under "Authors."