



Stress Management Strategies for Leaders

NAMS Leadership Development (LEAD) National Workshop, 9-11 May, 2024

Dr. Rajesh Sagar
Professor of Psychiatry
AIIMS, New Delhi



Outline

- Understanding stress
- Occupational stress in the healthcare industry
- Signs and symptoms of stress
- What is Burnout?
- Stress management for healthcare leaders

What is Stress ?

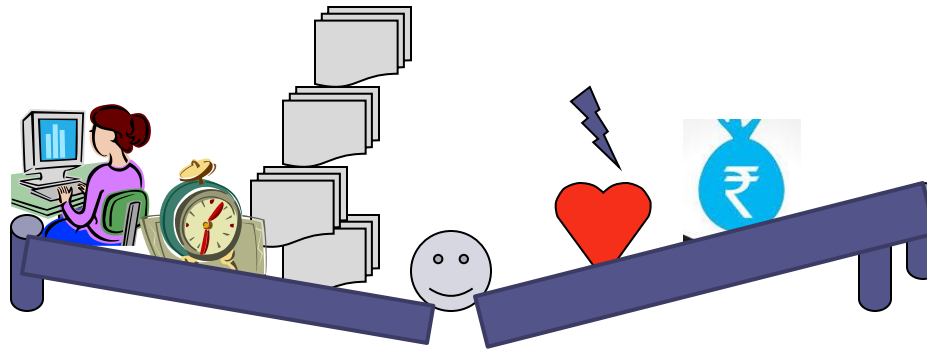
Demands > Resources



Stress is the emotional and physical response one experiences, whenever there is an imbalance between demands and resources

Concept of stress

Demands > Resources



- Like the ‘weight on a bridge’, various sources of *stress* act in a similar manner on our body and mind
- It may continue ‘bent and strained’ or, after a certain threshold, it may ‘break apart’



Types of Stress

Acute Stress

- Short-lived
- Might interfere with safety or **functioning**
- What you **feel** after a critical incident
- Once the situation is resolved, it diminishes



Chronic Stress

- Long-term burn out
- Might be the **result** of traumatic or loss events or other ongoing stressors
- Feelings may not have been dealt with and chronic stress remains
- Chronic **physical** conditions linked to stress



Cost/Longevity

- Lowered morale or absenteeism/presenteeism
- Increased **turnover** of employees due to burnout
- Increased **cost** associated with hiring and training new employees
- Negative **impacts** to patient care

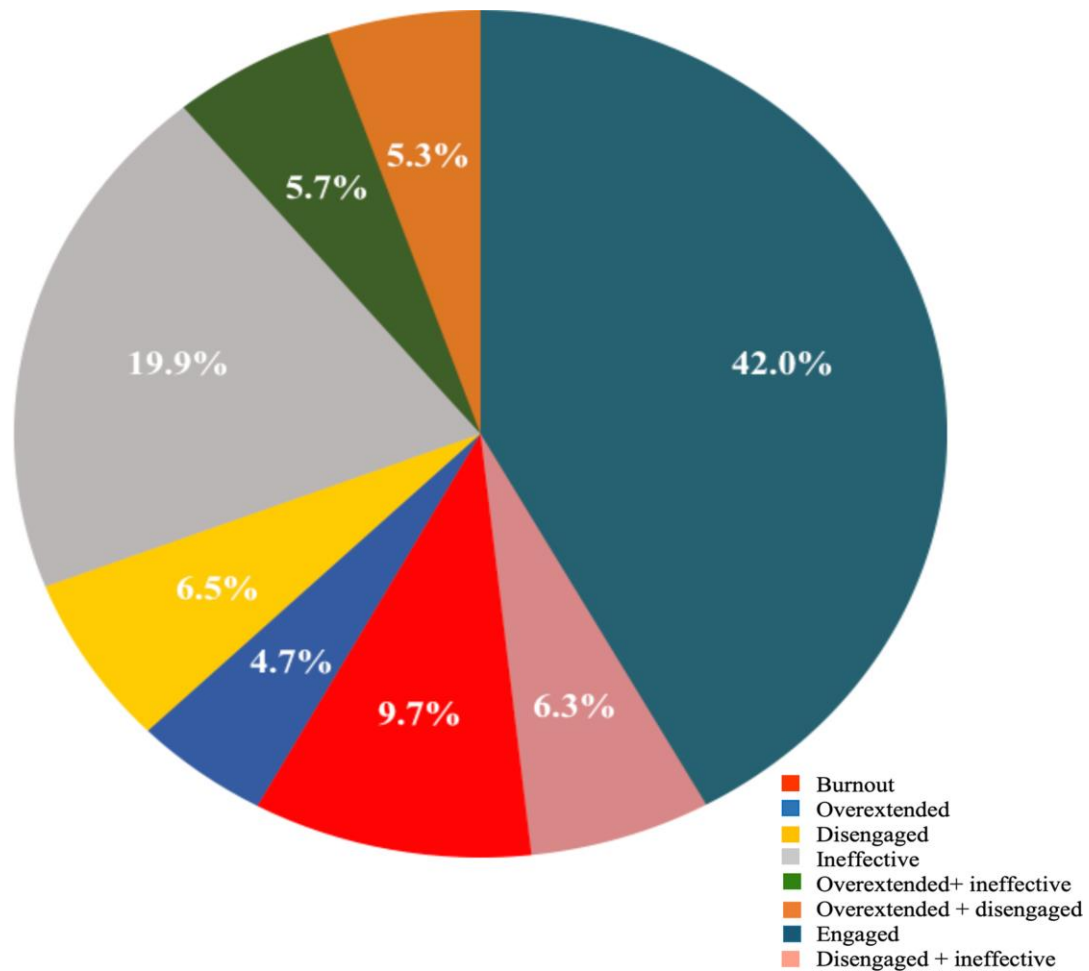


Since the pandemic...

Healthcare workers reported:

- **93%** experiencing stress
- **86%** experiencing anxiety
- **76%** exhaustion and burnout
- **75%** feeling overwhelmed
- **70%** trouble sleeping
- **68%** physical exhaustion
- **63%** work related dread
- **55%** questioning their career path
- **52%** compassion fatigue
- **39%** not having enough emotional support
- **60%** felt unappreciated
- **45%** worried about exposing a loved one to covid-19

Psychological Distress and burnout among health care workers during COVID-19 pandemic



- COVID-19 exacerbated **anxiety, depression, stress** among healthcare workers.
- Gender disparities: **Females** at higher risk of psychological distress.
- **Doctors and nurses** report higher distress levels compared to other health workers.
- Factors contributing to distress: **workload, lack of resources, societal stigma.**

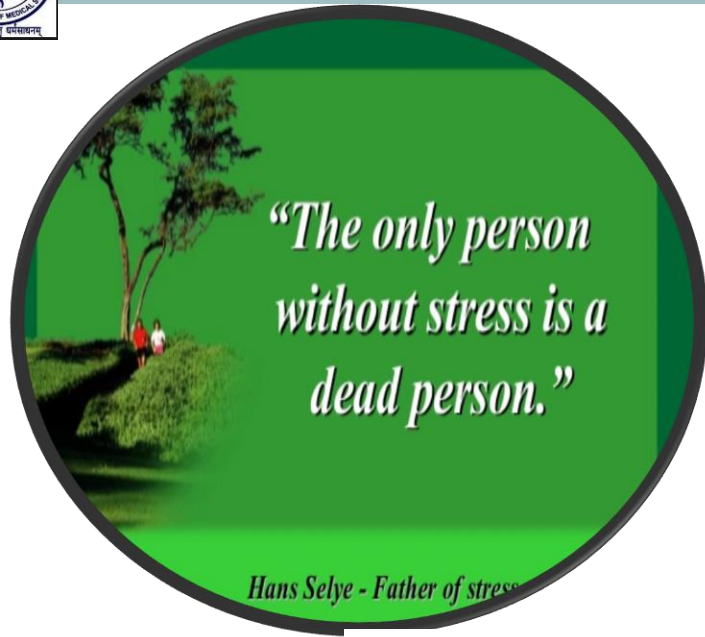


Why Do We "Stress Out"?

- For two major reasons:
 - We *perceive* a situation as dangerous, difficult, or painful.
 - We don't believe we have the *resources* to cope.

Our Perceptions = How Stressed We Feel





Is Stress always Bad?

- **Not necessarily !**
- **Moderate levels of stress may actually improve the performance and efficiency**
- **‘Necessary for survival’ : fight /flight response**
- **Inverted U-shaped curve**





- When is stress experienced as **bad**?
- Why same stressor evoke different **reactions** in different people ?
- Why different people are **affected** to a varying degree with same stressor?

Among other individual factors, the role of perception is very important

Stress among health care workers/leaders





The Importance of Stress Management for Healthcare Leaders

- Healthcare leadership roles are inherently stressful due to high **workloads**, complex **decision-making**, and the **responsibility** of managing diverse teams.
- Prolonged exposure to stress can lead to **burnout**, resulting in emotional exhaustion, reduced job satisfaction, and decreased productivity.
- Leaders experiencing stress may face challenges in maintaining **empathy** and **compassion**, leading to compromised patient care.



How occupational stress impacts leadership in the healthcare services

- **Decision-Making:** Occupational stress can **impair leaders' ability to make clear and timely decisions**, leading to indecision or poor choices.
- **Communication:** Stress may **hinder effective communication** skills in leaders, resulting in misunderstandings, miscommunication, and breakdowns in teamwork.
- **Employee Relations:** High levels of stress among leaders can **negatively impact relationships with team members**, causing tension, conflict, and decreased morale.
- **Strategic Planning:** Occupational stress may **disrupt leaders' focus on long-term strategic planning, hindering the organization's ability to adapt and innovate.**
- **Workload Management:** Stress can make it **challenging for leaders to effectively manage their workload, leading to feelings of overwhelm, burnout, and decreased productivity.**

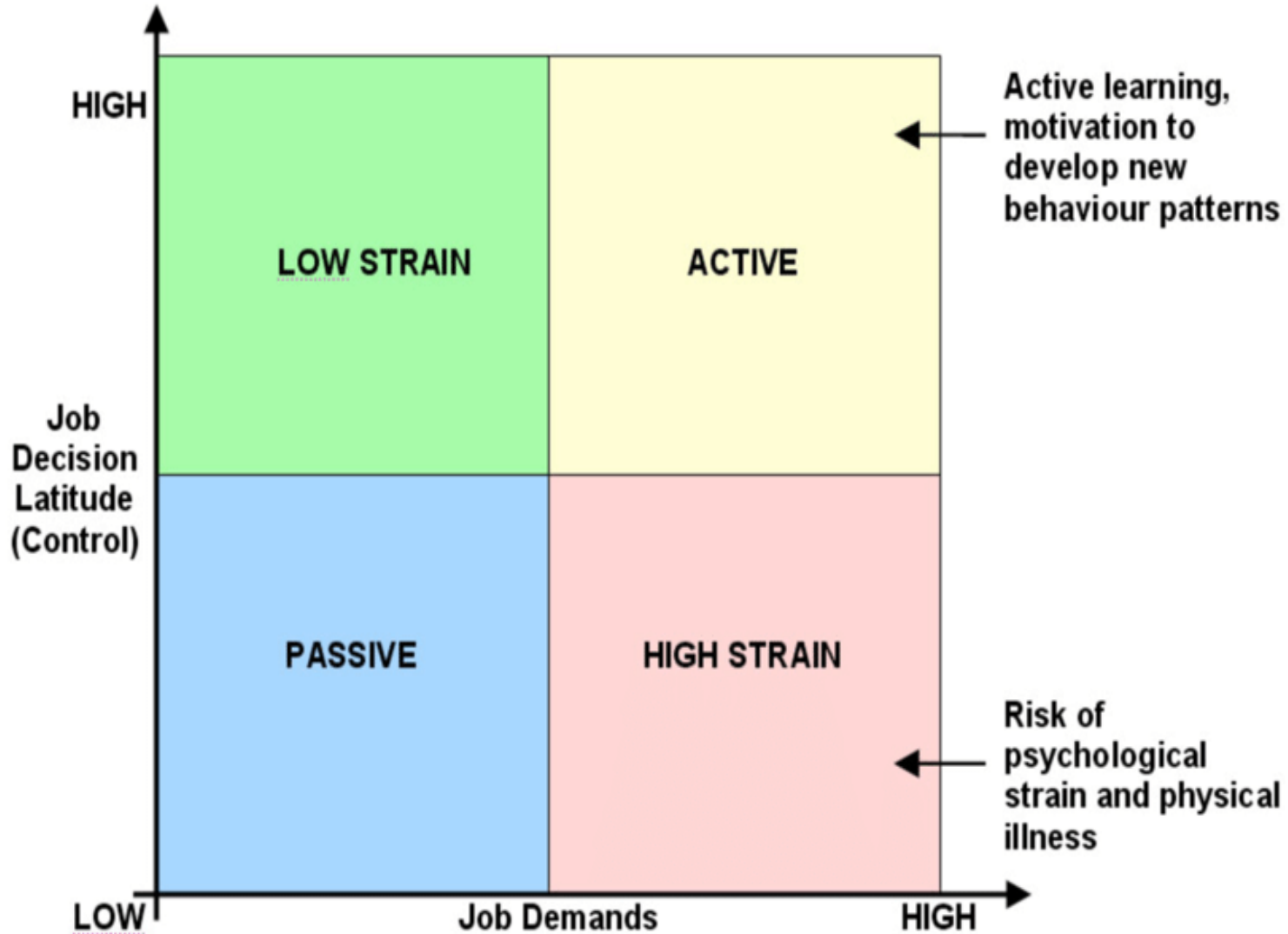


Common stressors among medical professionals

The Job	Workload, Time pressure, Administrative duties, Sleep deprivation, No regular meals, Threat of malpractice.
The Organisation	Career structure, Career uncertainties, Inadequacy of resources and staff, Lack of senior support, Culture and climate of the organisation.
The Doctor	Personality (e.g. Hardy and non-hardy), High demands on self and others, Dealing with death and dying, Confrontation with emotional and physical suffering
Relationships with other people	Staff conflict, Professional isolation, patient's expectations and demands, level of support from friends and family.
Work-life balance	Stress over spill from work to home and vice-versa, Lack of exercise and other leisure activities, lack of free time, Home demands, Disruptions to social life



Job Demand Control Model



The Job Demand-Control Model suggests that doctors' well-being is influenced by

the balance between job demands (**workload, time pressure, emotional strain**) and

control (**decision authority, skill variety, autonomy**),

with interventions focusing on workload management and

enhancing autonomy to alleviate strain and foster well-being.

(Adapted from Karasek 1979)



Stress and burnout among Healthcare Leaders

MGMAStat

80%

of healthcare leaders report their level of stress or burnout **increased** in 2022.

80%
INCREASED



14%
STAYED
THE SAME



6%
DECREASED



MGMA Stat poll. September 6, 2022 | How has your level of stress and/or burnout changed in 2022?
691 responses. MGMA.COM/STAT, #MGMASTAT

MGMA.



COVID-19 COULD EXASPERATE DOCTORS' EXISTING MENTAL HEALTH BURDEN

More than
60,000
U.S. health care workers have
contracted **COVID-19**.
300 have died.

SOURCE: CDC

An estimated
300 to **400**
physicians die by **suicide** every year.

SOURCE: Journal of Medical Regulation

Of the health workers
who treated patients during
China's COVID-19 outbreak

50% showed signs
of **depression**
45% showed signs
of **anxiety**

according to preliminary research.

SOURCE: JAMA Network Open

abc NEWS

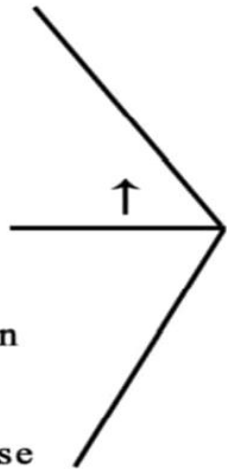


Experience of HCW's during COVID-19

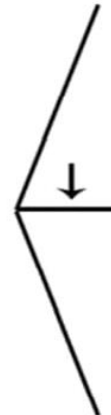


Initial experience

1. Lack of knowledge
2. Lack of awareness about consequences
3. No fixed protocol
4. No predecided treatment for novel virus
5. Unfamiliarity with working in infectious disease
6. Media portrayal about increase in disease
7. Lack of resources



**Constant fear
Recurring thoughts
of being infected**



Later experience

1. Encountered with more number of cases and recoverings
2. Gained more information and knowledge about infection
3. Provided information about usage of protective gears
4. Exposure and treating number of patients with similar condition
5. Staffs tested COVID- positive and recovered
6. More resources availability

Shift from onset of pandemic to new normal



Common Stressors

- **Personal Changes**
Illness, end of relationship, financial shifts
- **Family Changes**
Marriage/divorce, children, death, moving
- **Work Changes**
New Job/Boss, unemployment
- **Environmental Changes**
War, natural disaster, relocation





Causes of stress

External

- ✓ Environmental (physical surroundings)
- ✓ Family and relationship problems
- ✓ Work-related (e.g. dissatisfaction, overload)
- ✓ Social stressors (e.g. financial constraints)
- ✓ Major Life changes, events
- ✓ Daily hassles and demands

Internal

- ✓ Uncertainty or worries
- ✓ Pessimistic attitude
- ✓ Self-criticism
- ✓ Unrealistic expectations or beliefs
- ✓ Perfectionism
- ✓ Low self-esteem
- ✓ Excessive or unexpressed anger
- ✓ Lack of assertiveness



How to Identify the Symptoms of Chronic Stress ?



Common Symptoms of Stress

Physical

- Fatigue
- Exhaustion
- Headache (band-like)
- Body aches, muscle ache, stiffness (esp neck, arms, lower back)
- Disturbed sleep
- Nightmares
- Early morning awakening
- Appetite changes, binge eating

Autonomic symptoms

- Dry mouth
- Heart palpitations
- Chest pain
- Abdominal cramps
- Trembling
- Cold extremities, flushing or sweating

Social symptoms

- Withdrawing from others
- Poor interpersonal relationship
- Few friends
- Unable to trust on others



Behavioral

- Withdrawn from others or, excessive dependency
- Lack of self-care
- Lack of initiative, procrastination
- Agitated, on minor issues
- Interpersonal issues or
- Poor productivity
- Absenteeism
- Accidents, Errors

Cognitive /thinking

- Memory complaints
- Inability to concentrate
- Indecisiveness
- Sense of 'cognitive slowness'
- 'Negative' thoughts
- Cognitive distortions
- Loss of objectivity

Emotional symptoms

- Tearfulness, or feeling a desire to cry ;
- Mood swings, irritable;
- Anger (at self or others);
- Impatience;
- Feelings of helplessness and inadequacy;
- Self –critical, pessimistic thoughts
- Feeling different or isolated from others;
- Feeling overwhelmed or unable to cope with situations
- Feeling rushed all the time
- Loss of sense of humor Excessive worrying
- Restlessness
- Pacing, fidgeting
- 'sense of ghabrahat'



Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p><u>DEFINITION</u></p> <ul style="list-style-type: none">•Optimal functioning•Adaptive growth•Wellness <p><u>FEATURES</u></p> <ul style="list-style-type: none">•At one's best•Well-trained and prepared•In control•Physically, mentally and spiritually fit•Mission-focused•Motivated•Calm and steady•Having fun•Behaving ethically	<p><u>DEFINITION</u></p> <ul style="list-style-type: none">•Mild and transient distress or impairment•Always goes away•Low risk <p><u>CAUSES</u></p> <ul style="list-style-type: none">•Any stressor <p><u>FEATURES</u></p> <ul style="list-style-type: none">•Feeling irritable, anxious or down•Loss of motivation•Loss of focus•Difficulty sleeping•Muscle tension or other physical changes•Not having fun	<p><u>DEFINITION</u></p> <ul style="list-style-type: none">•More severe and persistent distress or impairment•Leaves a scar•Higher risk <p><u>CAUSES</u></p> <ul style="list-style-type: none">•Life threat•Loss•Moral injury•Wear and tear <p><u>FEATURES</u></p> <ul style="list-style-type: none">•Loss of control•Panic, rage or depression•No longer feeling like normal self•Excessive guilt, shame or blame•Misconduct	<p><u>DEFINITION</u></p> <ul style="list-style-type: none">•Clinical mental disorder•Unhealed stress injury causing life impairment <p><u>TYPES</u></p> <ul style="list-style-type: none">•PTSD•Depression•Anxiety•Substance abuse <p><u>FEATURES</u></p> <ul style="list-style-type: none">•Symptoms persist and worsen over time•Severe distress or social or occupational impairment

SIGNS OF STRESS AT WORK PLACE

- Poor decision-making
- An increase in mistake during work
- Inattentive and poor concentration
- Increased sickness and absence
- Poor employee/work place relations
- Disinterest in work
- Fatigue



Assessment of Psychological Well-being Among Medical Professionals Working with Patients Who Suffer from Physical Trauma: An Observational Study from India

Sahil Gupta¹, Gayatri Bhatia², Rajesh Sagar³, Sushma Sagar⁴

Received on: 27 May 2023; Accepted on: 17 June 2023; Published on: 30 June 2023

ABSTRACT

Background: Healthcare providers working with victims of physical trauma are exposed to significant human suffering at work. This may place them at risk of burnout, secondary traumatic stress (STS), and other psychological disturbances. This study aimed to evaluate the professional quality of life and psychological well-being among trauma professionals.

Methodology: This was a cross-sectional study conducted among 153 staff members (nursing officers, resident doctors, and faculty) of a Level 1 trauma center in North India. The Professional Quality of Life (ProQoL-5) and Depression, Anxiety, and Stress (DASS-21) Scales were used.

Results: More than 50% of the participants had a moderate risk of burnout and STS. In addition, 54% of participants reported having anxiety, 40% stress, and 36% depressive symptoms. Depression, anxiety, and stress were all strongly predicted by burnout and STS.

Conclusion: Psychological distress symptoms were seen in a significant portion of professionals working in the trauma center. Workplace interventions for the promotion of psychological well-being among trauma professionals are recommended.

Keywords: Burnout, Healthcare professionals, Professional quality of life, Secondary traumatic stress, Trauma.

Indian Journal of Critical Care Medicine (2023): 10.5005/jp-journals-10071-24488



Stress and suicides among medical students: Time to act?

Rajesh Sagar

*“Getting things right for patients means first getting things as good
we can for those who deliver their care.” (Firth-Cozens)*

Students, residents, and young physicians appear to be at an increased risk for suicidal thoughts and even actual suicide.¹ Interestingly, students begin their medical college with almost similar rates of depression as their non-medical counterparts. Unfortunately, the mental health worsens throughout the course of medical school as indicated by numerous studies.^{2,3} The prevalence rates of depressive and anxiety symptoms in medical students may reach as high as 25-56%, exceeding those of students' age cohort as well as the general population.^{3,4} Stress is a major underlying factor for mental morbidity among medical students/residents. Only a few previous studies and commentaries have highlighted the stress/suicidal ideation among medical students in India.^{4,5}

Current issue of *Journal of Mental Health and Human Behaviour* has published two original articles,^{6,7} which have focused on stress and suicidal ideation among medical students/residents in India. First, the study by Goyal et al⁶ has assessed the prevalence of suicidal ideation amongst medical students of Delhi, which was found to be as high as 53.6%; nearly 5% contemplated it seriously and 2.6% attempted at least once in their lifetime. Second, the study by Jain et al⁷ assessed the perceived stress and subjective well being among residents from clinical and non clinical departments in a medical college of Rajasthan. The residents

from the clinical departments were found to be particularly affected.

Perceptions of stress among medical students/residents may have serious professional and personal ramifications. Stress negatively impacts the medical students' empathy, interest in caring for patients, ethical conduct and professionalism.⁸ Students/residents with burnout are less likely to hold altruistic views regarding physicians' responsibility to society and even consider dropping out of medical school.⁹ Stress also predisposes the student/resident to adverse personal consequences e.g. likelihood of substance abuse, difficulties in interpersonal relationships and suicidal ideation.⁹

A variety of stressors (personal, academic, social) may contribute to the stresses of medical students.^{3-5,9} The first year medical student is still an adolescent, relocated away from his home to a hostel where he is yet to make close friends. The initial period is an especially vulnerable period, with a multitude of adjustment problems and possibly, a limited reservoir of coping skills. Many students do adjust well eventually, but it may not be true for all students. As the college progresses, the academic pressures, expansive curriculum and frequent assessments begin to put an increasing higher demands on the students. There may be ongoing personal problems and social stressors, which if

Burn-out

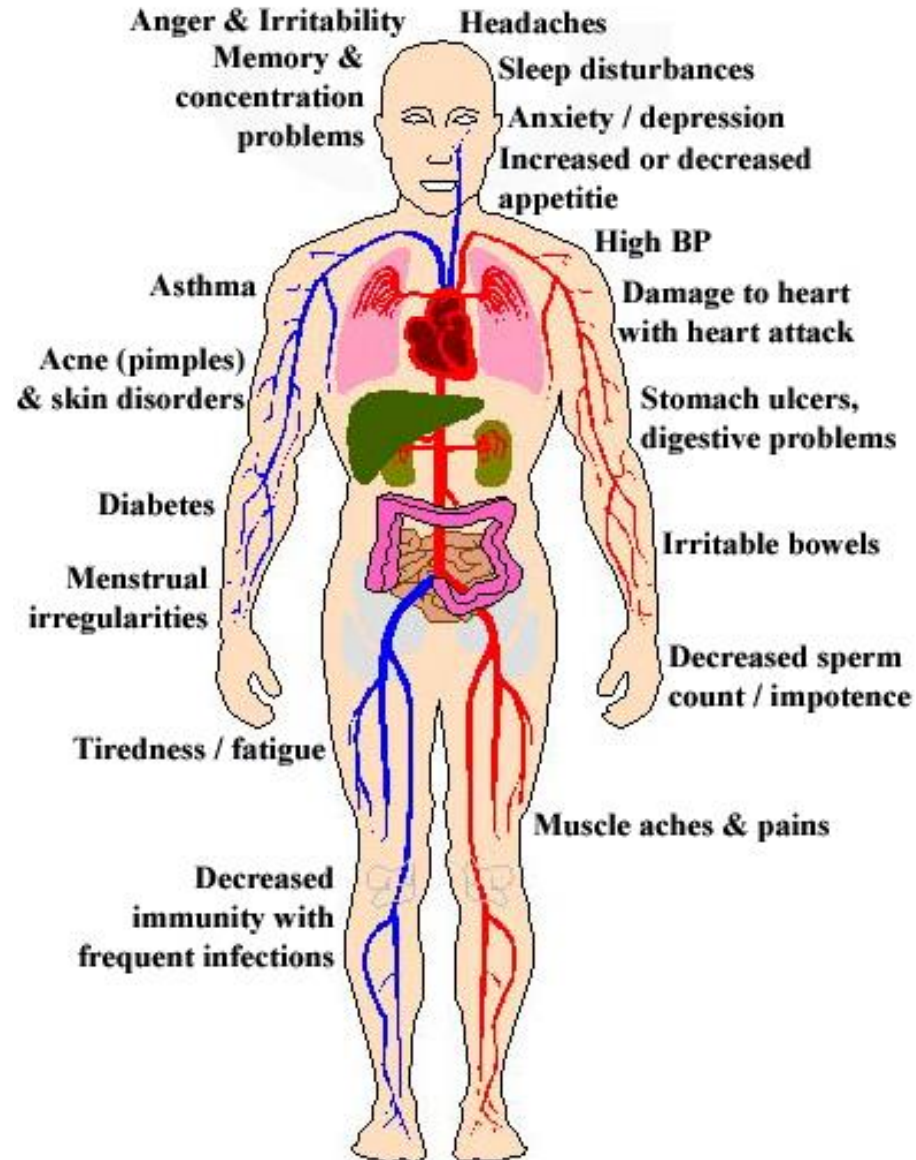
- State of emotional, mental, and physical exhaustion caused by excessive and prolonged stress.
- As the stress continues, one begins to lose the **motivation** that led to take on a certain role in the first place.
- Commonly seen among the health professionals or caregivers of chronic illnesses

SYMPTOMS OF BURNOUT SYNDROME

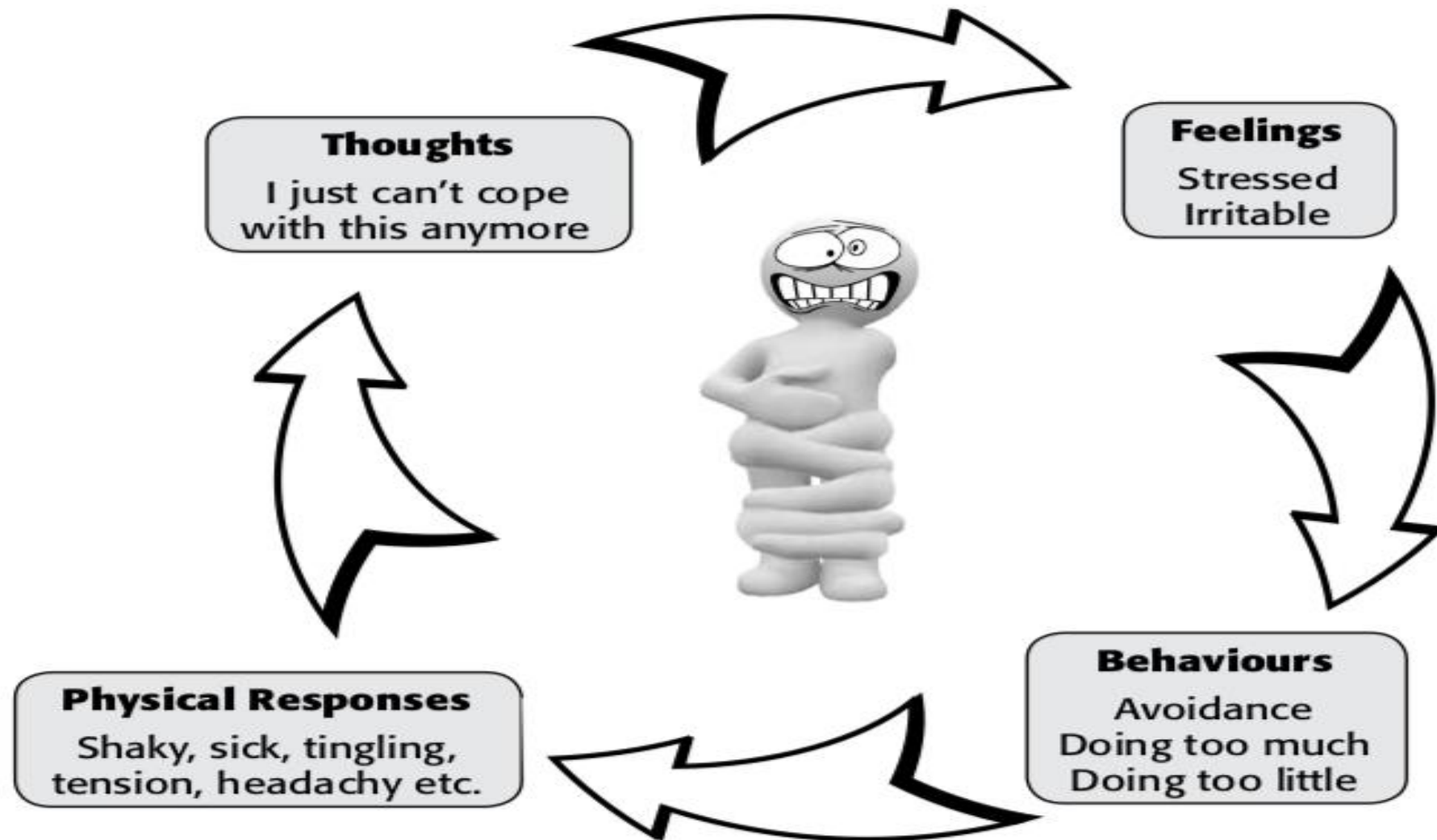
1.  EXHAUSTED THROUGHOUT THE DAY	2.  FALLING FREQUENTLY SICK	3.  LOW MOOD
4.  WEIGHT LOSS OR WEIGHT GAIN	5.  HYPERTENSION	6.  LOW SELF-ESTEEM
7.  ABSENTEEISM	8.  ANXIETY	9.  LOW COMMITMENT TO WORK
10.  REDUCED PERFORMANCE AND PRODUCTIVITY		

MINDJOURNAL MIND HELP

Physical and Psychological Illnesses due to Chronic Stress



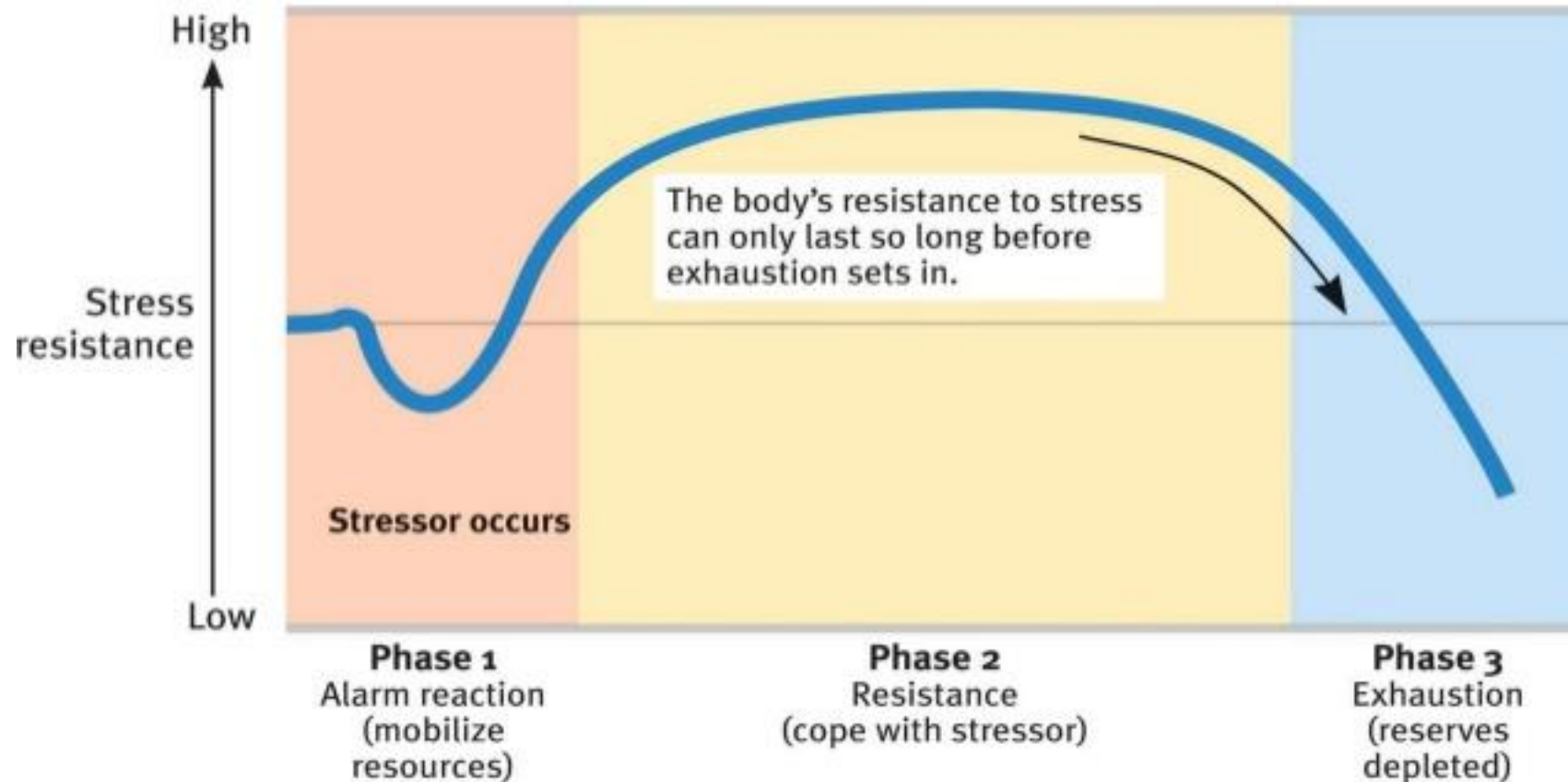
Vicious Cycle of Stress



General Adaptation Syndrome [GAS]

(Identified by Hans Selye):

Our stress response system defends, then fatigues.








Stress Management

What is PFA?

- Psychological First Aid (PFA) is described as a **humane, supportive** response to a fellow human being who is suffering and who may need **support**.
- PFA involves the following 7 themes:



Action Principles

Principles	Actions
 LOOK	<ul style="list-style-type: none">• Check for safety.• Check for people with obvious urgent basic needs.• Check for people with serious distress reactions.
 LISTEN	<ul style="list-style-type: none">• Approach people who may need support.• Ask about people's needs and concerns.• Listen to people and help them to feel calm.
 LINK	<ul style="list-style-type: none">• Help people address basic needs and access services.• Help people cope with problems.• Give information.• Connect people with loved ones and social support.



Stress First Aid (SFA)

- A practical, flexible framework that gives guidance on how to **quickly assess and respond** to stress reactions resulting from both personal and work stress.
- A way to preserve well-being, prevent further harm, and promote recovery.
- A practical tool which should be used whenever needed for yourself or your peers.
- The primary goals of SFA are to promote:
 - Safety
 - Calming
 - Connectedness
 - Sense of self and collective efficacy
 - Sense of hope

(Hobfall, Watson, Bell, et al., 2007).



Modified Psychological First Aid during COVID-19

Dear Editor,

Psychological first aid (PFA) is a “humane, supportive response” to someone who has been distressed due to a traumatic event.^[1,2] The widely used PFA guide was prepared by the War Trauma Foundation, World Health Organization (WHO), and World Vision International^[3] to provide direction to those who have the capacity to help other individuals who are in distress during a crisis in low-and-middle-income countries (LMICs). The need for this guide was felt to fill the mental health gaps in LMICs and having a wider reach during a public health emergency.

WHO’s PFA guide is expected to be modified to meet the needs of the culture, the population, and the situation.^[3] There has been a sudden upsurge in mental health problems during the COVID-19 pandemic, widening the treatment gap. Within the purview of mental healthcare, the overburdened mental health professionals in India will be unable to meet the mental health requirements within the country.

The need to train the local bodies and community workers in a modified PFA for physically distanced delivery, considering the lack of human resources and infrastructural deficiencies, is of utmost importance to reach the masses and empower the local persons to provide support to their communities.

Modified Psychological First Aid

Keeping in view the need for modifying the current action principles of PFA, we have removed the first action principle: “look” and added “observe,” “communicate,” and “assure.” We suggest the following action principles for their physically distanced delivery (**LOCAL**):

- **Listen** to the person in distress. Here, the provider would directly ask for what they need and what their immediate concerns are. Enable them to crystallize their requirements
- **Observe** sudden pauses and hesitation in communicating in the presence of someone in the room. The provider can convey audio signals which the caller may use in responding to questions to avoid someone overhearing the conversation
- **Communicate** their understanding of the individual’s situation. This would require the PFA provider to convey connectedness and safety^[4] without physical touch, even if they are in the same physical space

- **Assure** them about a hopeful situation and the presence of external help.^[4] The PFA provider would provide them with the possibilities lying ahead of them and the resources which can be utilized for a hopeful future
- **Link** them to helplines, services, and professionals to provide further assistance. If insisted by them, connect them with a local religious leader or their community-specific body.

Conclusion

Localizing the implementation of these action principles is a proposition to provide psychosocial support to larger numbers while maintaining physical distancing. This proposition will increase the reach of PFA to remote areas while reducing the chances of contagion. India is the second most populated country in the world, and delivering a localized PFA could be more useful than no support at all.

Acknowledgments

WHO permitted the authors to translate or reproduce the PFA: Guide for Field Workers.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Rajesh Sagar, Shivangi Talwar

*Department of Psychiatry, All India Institute of Medical Sciences,
New Delhi, India*

*Address for correspondence: Dr. Rajesh Sagar,
Department of Psychiatry, All India Institute of Medical Sciences,
New Delhi, India.*

E-mail: rsagar29@gmail.com

Submitted: 02-Feb-2021

Revised: 25-Jul-2021

Accepted: 26-Jul-2021

Published: 15-Jan-2022

References

1. The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response. Geneva: The Sphere Project; 2011.
2. Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC; 2007.

WHO South-East Asia
Journal of Public Health,
2022



Leadership skills important for stress management in Healthcare Industry

Leadership Skill	Description
Emotional Intelligence	Ability to understand and manage one's own emotions and empathize with others' feelings.
Communication	Effective communication of expectations, support, and encouragement , fostering open dialogue.
Supportive Leadership	Providing support, recognition, and empowerment to team members, creating a supportive environment.
Delegation	Distributing workload evenly among team members to prevent burnout and manage responsibilities.
Problem-Solving	Addressing challenges and conflicts proactively and constructively, fostering innovation.
Time Management	Prioritizing tasks, setting realistic goals , and managing time effectively to prevent overwhelm.
Conflict Resolution	Resolving conflicts promptly and fairly to maintain a harmonious work environment.



[Healthc \(Amst\)](#). 2021 Dec; 9(4): 100577.

Published online 2021 Aug 13. doi: [10.1016/j.hjdsi.2021.100577](https://doi.org/10.1016/j.hjdsi.2021.100577)

PMCID: PMC8361146

PMID: [34411923](https://pubmed.ncbi.nlm.nih.gov/34411923/)

Leadership communication, stress, and burnout among frontline emergency department staff amid the COVID-19 pandemic: A mixed methods approach

[Rohit B. Sangal](#), MD, MBA,^{a,*} [Alexandra Bray](#),^b [Eleanor Reid](#), MD,^a [Andrew Ulrich](#), MD,^a [Beth Liebhardt](#), RN, MSN,^c
[Arjun K. Venkatesh](#), MD, MBA, MHS,^{a,d} and [Marissa King](#), PhD^b

Effective local leadership communication, characterized by **information consolidation, consistency, and bi-directionality**, leads to higher perceptions of support and lower stress and burnout among ED frontline workers.



Managing Stress

- *Acknowledge and Normalize distress*

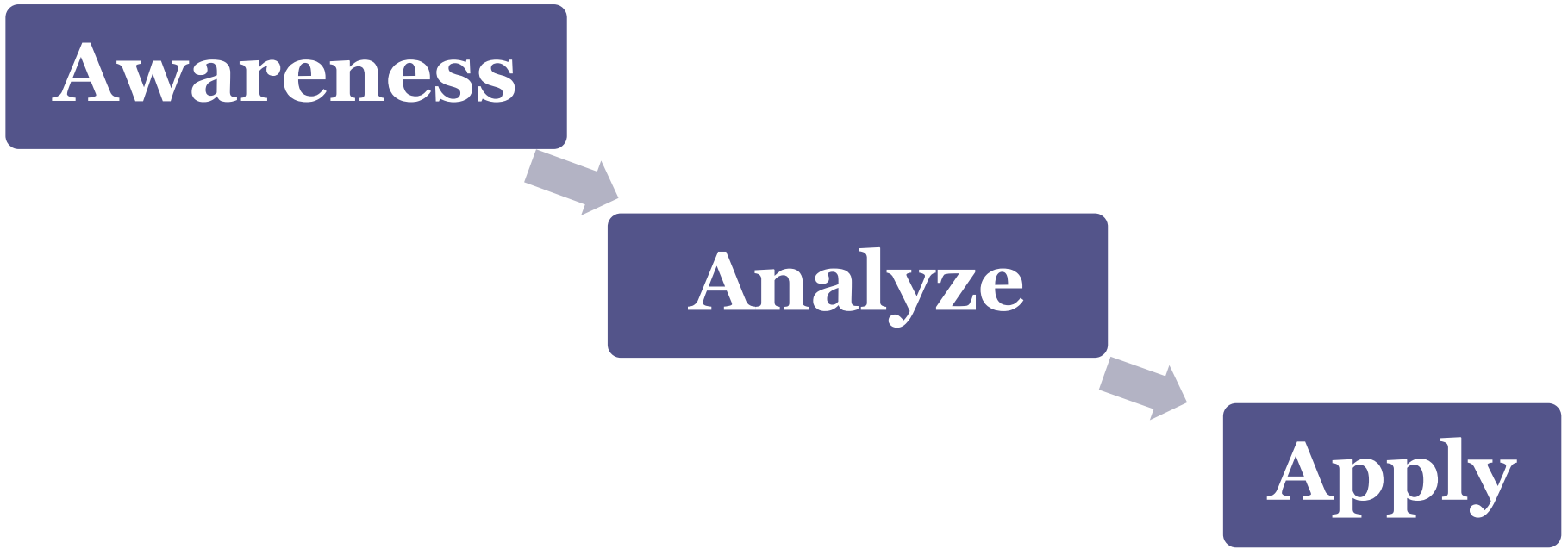
Help people gain perspective that its normal to feel overwhelmed during times of stress. Discourage any attempt to suppress emotions or distract from them as ignoring distress escalates it in the long run. Acknowledge and validate all their concerns.

- *Encourage Ventilation of Emotions*

Encourage patients to reconnect with their existing support network (family members and friends) and regularly express them about all their emotions and thoughts. Maintaining a daily journal also allows one to engage in this process regularly.



3 A's of Managing Stress





Psychosocial Support in Managing Stress

- Stress do not mean that you are **weak**
- Managing your well-being or emotional health during this time is as **important** as managing your physical health
- Basic needs to be taken care and employ helpful coping strategies
- Strategies used in the **past to benefit** now at times of stress
- If your stress worsens and you feel overwhelmed, you are **not to blame**

Simple Strategies to Overcome Stress

- **Acknowledging** that one is stressed,
- Taking care of **self**
- **Distracting** oneself through simple chores, routine activities
- Engaging in **physical activities, simple exercise**
- Viewing stress as a **normal and obvious reaction** to the circumstances
- **Communicate** with your colleagues
- Be **well-informed**





- Understanding your **limits** in managing the crisis
- Stay **connected** with family & friends
- Stepping back for a **break** when needed
- Engage in **hobbies**, interests
- **Relaxation** techniques, breathing exercise, yoga, meditation
- **Ask** for help/support from peers, colleagues
- Healthy eating habits, **sleep hygiene**
- **Avoid unhealthy** methods such as smoking, drinking etc
- Practice your own method to **de-stress**
- Important role of **Team leaders/supervisors**



WHY STRESS MANAGEMENT IS IMPORTANT?

- It can improve your mood
- Boost immune function
- Promote longevity
- Improve work performance
- Increase your stress tolerance level
- Strong your coping skills
- Facilitate interpersonal relationship



What You Must Have Known By Now

1. Healthy eating habits
2. Getting regular exercise
3. Maintaining sleep hygiene
4. Thinking Positive

What More??



3 Types of Stress Management Strategies

Cognitive Techniques

- Identifying & Reframing the Cognitive distortions
- Positive Self-Talk

Emotional Techniques

- Ventilation/ Sharing Emotions
- Build up daily positive emotions
- Relaxation Skills

Behavioral Techniques

- Time Management
- Organizational Skills



Cognitive Techniques

WHAT WE THINK DRIVES OUR EMOTIONS



WHAT ACTUALLY DRIVES OUR EMOTIONS

Reframing

- It is not about changing the stress but **the way you think about stress**
- In psychology, we call them as cognitive errors/ cognitive distortions

Cognitive Reframing

I can't handle this.



This is hard but my support system will help me.

I'm not good at this.



It's okay to be a work in progress (we all are).

I don't have many friends.



I will continue to make friends throughout my life.



Thoughts	Cognitive Errors	Rational Thoughts
I never do anything right	Overgeneralization	There may be many reasons behind my poor performance today. I will try better next time
Everyone must be thinking I am so bad	Mind Reading	Since we cannot read others mind, lets not assume what other must be thinking
I am a unlucky person	Labelling	May be things didn't work out this time, but good things have also happened to me. I am not that unlucky overall
Nothing good can ever happen to me	Fortune Teller	None knows the future. Then, why predict it. Lets focus on what we have now.

Positive Self-Talk

- Using positive language and statements to ourselves.
- For example, “I can do this or understand this” or “I’ll try my best”. These work best when they are realistic and tailored to your needs and goals.

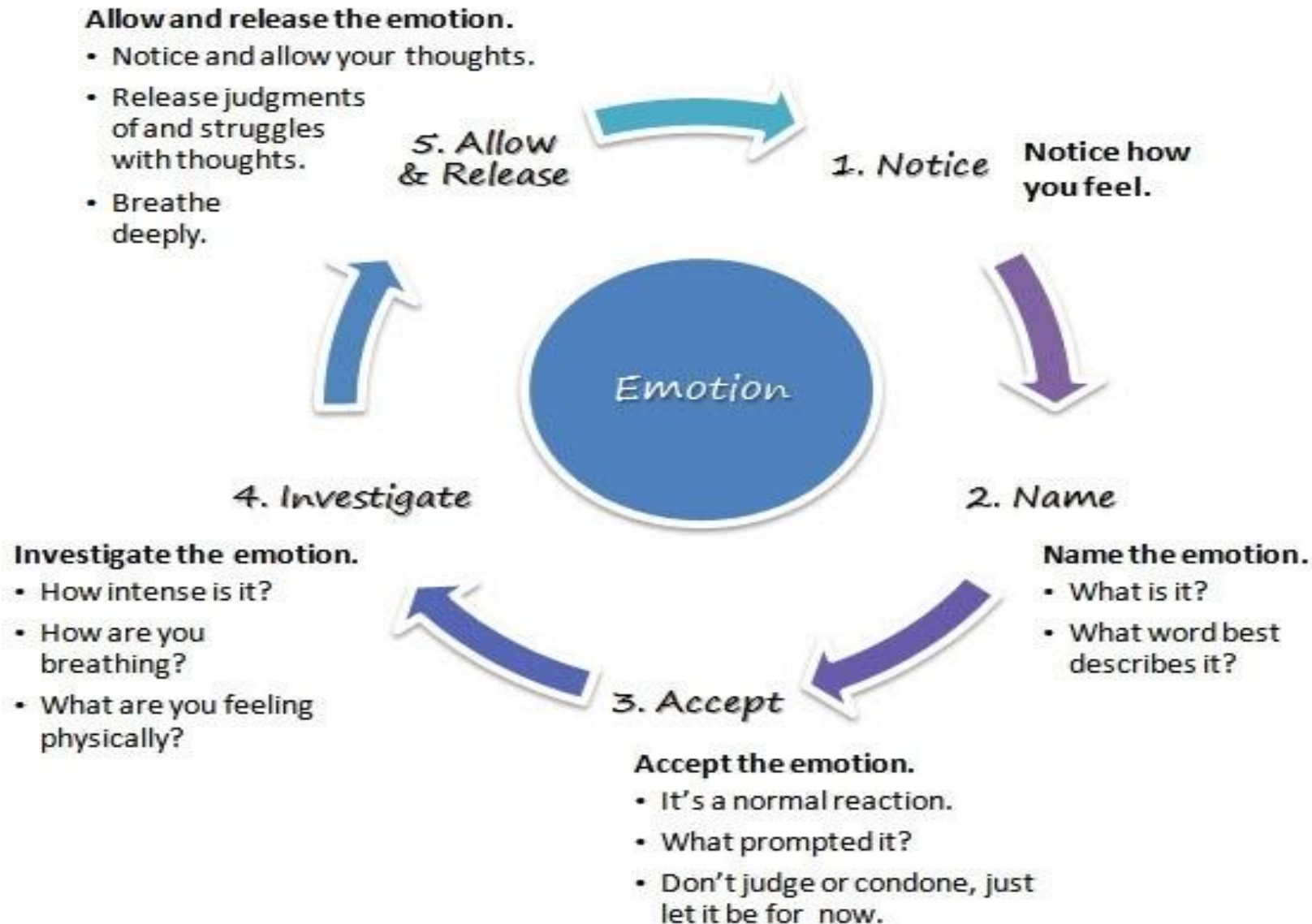




Emotional Techniques



Emotional Regulation





Ventilation

- *तकलीफ बाटने से कम होती है... छुपाने से नहीं!*
- Develop a support network (through family members and friends) and talk about all your emotions
- It's not events always which are stressful but how we perceive them. Others emotional support helps us to gain better perspective over the stress
- Maintain a journal and express your emotions regularly



Build Up Daily Positive Emotions

- Regularly engage in activities that evokes positive emotions in you
- Keep up your hobbies
- It can be as simple as listening to music, going to a park, drawing or playing with your child etc.
- Find “Your Time” everyday



Relaxation training

- **Breathing techniques**
 - Deep Breathing Exercise
- **Progressive Muscle relaxation**
 - Tense and relax you muscle groups one-by-one by which *we learn to feel the difference between tension and relaxation and release muscle tension when we feel it.*
- **Use Imagery/ Visualization**
 - Imagining yourself in a pleasant or a successful situation to help reduce stress.



Mindfulness



Mind Full, or Mindful?

Mindfulness Meditation



- Practicing mindfulness meditation
 - Sit on a straight-backed chair or cross-legged on the floor.
 - Focus on an aspect of your breathing, such as the sensations of air flowing into your nostrils and out of your mouth, or your belly rising and falling as you inhale and exhale.
 - Once you've narrowed your concentration in this way, begin to widen your focus. Become aware of sounds, sensations, and your ideas.
 - Embrace and consider each thought or sensation without judging it good or bad. If your mind starts to race, return your focus to your breathing. Then expand your awareness again.



Behavioral Techniques

Time Management

- Effective time management
 - keeps us organized
 - helps us manage the daily schedules effortlessly
 - reduce the work-related stress and hurry
 - frees up personal time /time for relaxation etc





Time Management

Know Your Time-Wasters !!

- Not Setting Priorities or Planning Effectively
- Drop in Visitors or Interruptions
- Procrastination
- Inability to Say “No”
- Disorganization
- Too much socializing
- Not valuing the time.
- Lack of skills



Organizational Skills

- It is defined as the **ability** to use your time, energy, resources, etc. in an effective way so that **you** achieve the things **you** want to achieve
- Learning to prioritize is the key

		URGENCY	
		High	Low
IMPORTANCE	High	1 Urgent and important Do it now	2 Important not urgent Decide when to do it
	Low	4 Urgent not important Delegate it	3 Not important not urgent Dump it



Other Techniques

Self-Gratification

- Many scientific studies have shown the importance of realistic self reinforcement, meaning to recognize the **positive** in us instead of seeing only the negative.
- This increases **motivation**, decreases emotional tensions and helps us develop a feeling of inner security.

*What matters most
is how you see yourself.*

Louie Bryan M. Lapat





The C.O.O.L method of Stress Management

C.O.O.L. Leader method is a comprehensive approach to stress management specifically designed for healthcare leaders

- Cultivate Self-Care
- Optimize Time Management
- Overcome Challenges
- Leverage Emotional Intelligence



Assertiveness Skill Training



- | | |
|--|---|
| Use "I" statements | Practice eye contact |
| Use your body language | Get comfortable saying "no" |
| Rehearse your conversations | Watch your emotions |
| Remember that you can't control others | Remain open to positive and negative feedback |
| Express yourself positively | Practice in low-risk situations |

Emotional Intelligence and Resilience Skills

Resilience and Emotional Intelligence

Intra-Personal

Inter-Personal

Awareness

Self-Awareness:

Internal Resources; Mindfulness; Positive Perspective; Self-Assurance, Worth & Confidence; Hardiness; Character

Empathy/Social-Awareness:

Social Support; Participation; Relationships; Two-Way, Holistic Communication; Compassion & Kindness; Engagement; Feedback

Regulation

Self-Management:

Focus; Center; Cultivate Resources & Response; Maintain a Positive, Optimistic Perspective; Operate with Fortitude & Grit: Target Goals & Be Deliberate; Persevere & Commit

Relationship Management:

Form & Maintain Mutually Beneficial Connection; Collaboration; Synergy; Serendipity; Creativity; Risk Reduction; Recovery Resources; a Positive Sense of Belongingness



Maintain Work-Life Balance

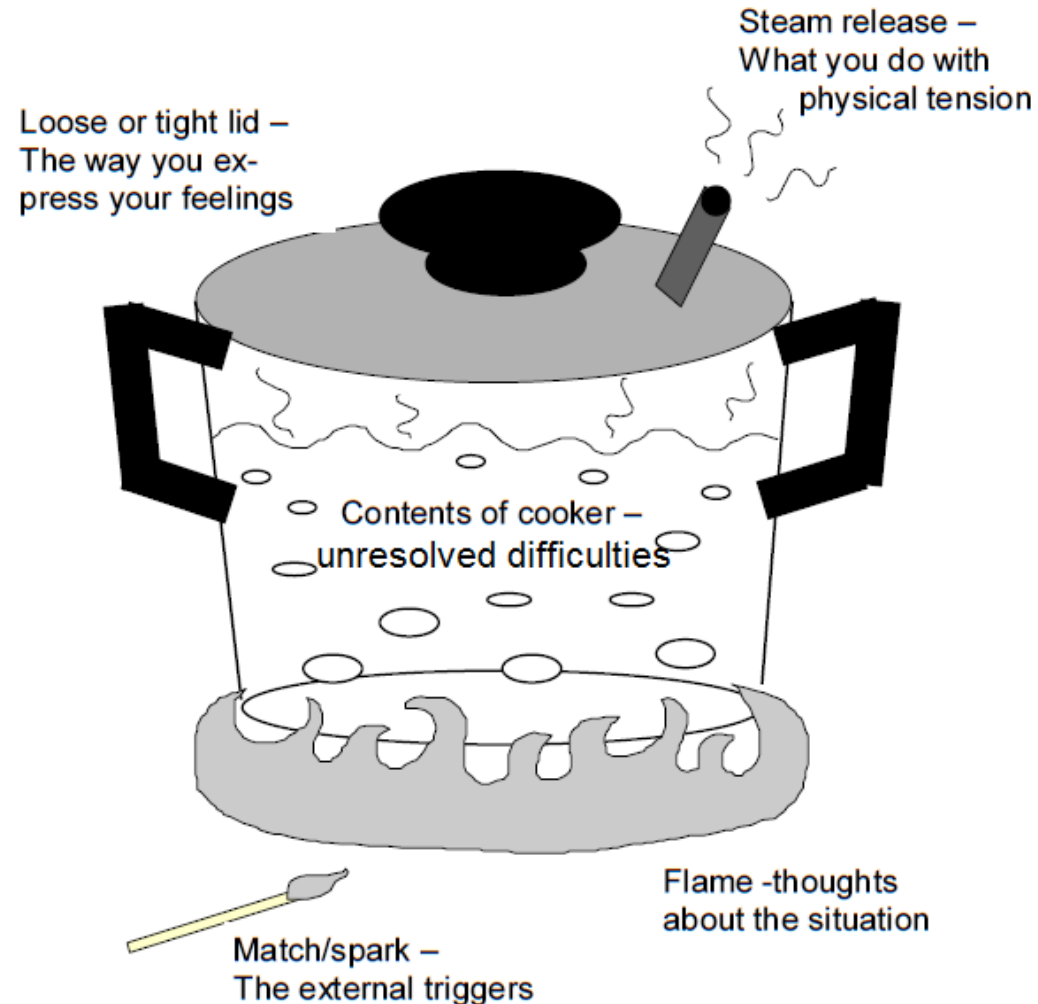
- It is defined as a fine balance maintained between work and life such that each doesn't adversely impact the other and you are able to enjoy both



Pressure Cooker Model (of Stress/Anger/Emotions)

Talk things through?
Write things down?
Sing?
Joke?

Arguments/relationship breakdown
Physical Illness
Exams
Poor sleep



Relaxation?
Exercise?
Sport?
Hot bath?

“They’re trying to make me look stupid”

“I can’t do this anyway, so why try?”

- Medications
- Counselling & psychotherapy
- Yoga/ meditation

Consult a mental health professionals in case of high level of distress





Take Home Message

- Stress management is not just a personal responsibility; it's a critical leadership skill in the healthcare profession.
- As leaders, our ability to effectively manage stress sets the tone for our teams, impacts patient care, and influences organizational outcomes.
- By prioritizing our own well-being and equipping ourselves with practical strategies for stress management, we not only enhance our own resilience but also create a culture of health and resilience within our teams and organizations.
- Together, let's embrace stress management as a cornerstone of effective leadership, empowering ourselves and our teams to thrive in the face of challenges and uncertainty.



Thank You

rajeshsagar@aiims.edu

- *“Grant me the courage to change the things I can change, the serenity to accept those that I cannot change and the wisdom to know the difference”*

