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Short Communication

Proposal for Recognizing "Chronic Traumatic Stress Disorder" as A Psychological Disorder in Health Care Practitioners

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As health care physicians our core focus is on treating our patients and following up on their well being and progress through an illness. Through years of study and practical experience we forget that the physician is also a human and therefor also a patient. Who will focus on the health of a physician?

Health care physicians are trained to work in high stressed environments, dealing with different types of patients and cases. These different types of cases include different emotions not just experienced by the patient but also by the physician.

According to research which involved emergency physicians the following was discovered:

- 45% of emergency physicians suffered from symptoms related to anxiety.
- 48% of critical care physicians suffers from symptoms related to anxiety.
- 57% of emergency practitioners (this include 1st responders) contemplated suicide.
- 6.6% of emergency practitioners successfully committed suicide.

These are extremely high percentages and begs the question: "Why are emergency end critical care physicians prone to higher percentages of experiencing these symptoms?"

A diagnosis which fits their profile best is Post Traumatic Stress Disorder (PTSD). A condition that can occur in people who have experienced or witnessed a life-threatening event, such as a natural disaster, serious accident, terrorist incident, sudden death of a loved one, war, rape and violent personal assault.

Physicians do not experience a traumatic event, they experience multiple traumatic events daily.

Due to this fact we cannot diagnose physicians with PTSD.

This cause me to propose a new diagnosis: Chronic Traumatic Stress Disorder (CTSD). A condition that occur in professionals who are chronically dealing with, exposed to or witnessing consequences of life-threatening events such as natural disasters, serious accidents, terrorist incidents, rape or assault.

Physicians are more prone to chronic mental disorders as they are exposed to risk factors more frequently. Apart from dealing with variable emotions the following risk factors have an extreme role in being more prone to chronic mental disorders:

- High demanding careers interfere with personal life and result in an unbalanced lifestyle.
- Medico-legal concerns.
- Increased workloads combined with understaffed work environments.
- Long hours with cognition focus (on average a physician works 235 hours a month)
- Lack of respect from peers due to work place violence.
- Prolonged care for patients which result in death.

These risk factors mentioned will result in mental health disorder symptoms. These symptoms include:

- Anxiety
- Depression
- Depersonalization
- Emotional Exhaustion
- Intrusive thoughts
- Avoidance and procrastinating
- Low sense of accomplishment

Physicians tend to deny these symptoms as they are reluctant to show weakness. They will treat themselves unconsciously in order to attempt reaching emotional homeostasis.

Three different mechanisms are used to temporarily treat and cope with above mentioned symptoms.

Task orientated mechanism

- Exercise
- Conversations with relatives and colleagues

Emotion orientated mechanism

- Reflect emotions onto relatives and colleagues
- Using black-humour to deflect from a difficult situation

Avoidance orientated mechanism

- Excessive use of alcohol
- Smoking of tobacco products
- Using prescribed and/ or illegal drugs
- Isolation
- Excessive sleep

With a new hypophysis a new treatment plan needs to be developed that will be suitable for the specific needs.

Firstly, to review previous treatment types for disorders comparable to CTSD. Two treatment options are used:

Self-treatment options

- Social support
- Relaxation techniques
- Resilience training
- Personal reflection
- Setting personal limits.

Professional treatment options

- Stress management workshop
- Safe environment to discuss stressors
- Trauma focused cognitive behavioural therapy

Research has stated that combining both treatment options has proven be more effective, though many of them are not successful. According to Anthony Townsend, Trauma focused cognitive behavioural therapy is the only therapy to show positive results in treating health care practitioners.

Untreated CTSD have severe consequences

- Reduced physical performance due to complete mental exhaustion.
- A lower ability to treat patients efficiently which may lead to an increased risk of errors and complications.
- Increased inner conflict leads to thoughts of quitting rather than seeking solutions.
- Hormonal imbalances of cortisol, adrenaline and aldosterone levels in the body. This can result in hyperglycaemia and hypertension.
- Suicide

40% of practitioners contemplating suicide had access to professional psychological help but refused to use it.

Refusal of seeking help are due to the stigma associated with physicians being weak. Physicians are trained to take charge in difficult situations and are therefore not allowed to show any weakness, physically, mentally or emotionally.

An important concept to develop is improving Emotional intelligence of the health care practitioner.

Through research the following pneumonic is developed to aid the improvement of a physician's emotional intelligence

"ESERAL"

E – Empathy: Show understanding and interest in the mental and physical health of colleagues

S – Self-awareness: Understanding and recognising stimuli that will provoke reactions.

E – Emotional vocabulary: The ability to accurately identify and express emotions

R – Respond: Diffuse a difficult situation, put in in perspective.

A – Aware of limitations: When dealing with high amount of stress and pressure, know your limitation and when to seek professional help.

L – Listen: Conflict and stress in work environments are usually products of poor listening skills.

ESERAL is a primary tool to create awareness in work environment and in personal life. It is important to put focus on detecting a mental or emotional disorder at an early stage.

Emphasis should be directed to changing the stigma regarding hierarchy of the health physician in the work environment. More research should be conducted to establish a standardized international protocol and treatment plan to prevent CTSD [1-7].

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