



STRESS AMONG DOCTORS –A PROSPECTIVE STUDY

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ABSTRACT**INTRODUCTION;** Stress is a universal and inevitable component of life, the occurrence of which cannot be avoided. It plays a major havoc in doctors' life now a days due to many reasons

AIM OF THE STUDY; The purpose of our study was to find out the sources of stress for doctors working in government medical college hospitals and to find a solution for the same **MEN AND MATERIALS;** A questionnaire was prepared based on few dimensions like, working conditions, work overload, sleep deprivation and unrealistic demands (expectations) of the patients, night shifts and leave given to doctors working in Government Medical College Hospitals in Tamil Nadu south India, during November 2016 to February 2017, the results are analyzed and the problem statement and solution for the same are tabulated. **RESULTS;** Medical Profession is a highly stressful profession and many of the senior consultants are aware and manage them easily, but the junior professionals are not able to cope up with it as there is no proper guidance for them from any corner resulting in various problems in their professional, social and personal life. The doctors at supervisory level experienced more occupational stress because of increased accountability than the doctors below their level. Casualty medical officers, surgeons, physician in ICU, gynecologists, anesthetists have expressed more stress in our study **CONCLUSION;** Management of stress is having two goals - changing ourselves or changing our environment and few solutions (ways and means) are suggested

KEYWORDS : Doctors - Stress - Burned out solutions**INTRODUCTION;**

Present era is considered as the era of enjoyment, comfort and console, but at the same time creates a lot of rising demands that strain human beings physiologically and psychologically. This strain results in stress that has crossed the entire population despite of their social and economic backgrounds, Stress is an element of everyday living and so is barely avoided (Nayak, 2008).

Stress is defined as a challenge, dare, warning or threat that interrupts with the normal functioning and pace of an individual's life (Sanderson, 2004) Occupational stress is defined by Akinboye et al (2002) as a rational, physical and emotional deterioration that is brought about by the dissimilarities between what is required of the job (the demand) and the performance, which in turn depends on the capability and the competence of the individual, the resources available that the employee needs in order to manage and deal with the demands of the job According to Nayak (2008), the three important sources of stress are the individual by himself, the organization and environment. When the individuals are ought to perform several roles in family and occupation, they need to fulfill several demands and requirements of the desired roles and due to this individuals are confronted with conflicting demands that causes stress.

Cox (1978) states that stress does not only poses threat to the individual's quality of work but also deteriorates his physical and mental well-being. Stress is a worldwide component of everyday life that is experienced by all the individuals specially doctors universally.

Medical Profession is considered as high stress profession and all others like air force, teaching, mining, social work are considered secondary to it (Cooper et al., 1988).

Considerable work has been done in the area of stress among doctors and health providers throughout the world, but most of the work has been done in European countries (Aziz, 2004) This study aims at finding the major causes of stress among the doctors working in Government Medical College Hospitals in Tamil Nadu, south India, during November 2016 to February 2017 and also tries to make them understand its impact on their performance. It not only aims at improving their clinical practices but the quality of their own health as well as their patients.

Present medical workplace comprises of an intricate environment where medical professionals feel differently; some are contented and happy and are more inspired to work while others feel burned out, strained and stressed due to extreme load of work (McManus et al., 2004) Job autonomy and occupational stress have an inverse relation which means that doctors at supervisory level with higher job autonomy suffered from less occupational stress where as the doctors with lower job autonomy suffered from high levels of occupational stress.

On the other hand those doctors at supervisory level experienced more stress because of increased accountability than the doctors at below the supervisory level.

Dealing strategies or coping strategies basically comprise of two goals. One is changing ourselves the other one is changing our environment.

Coping refers to "a person's active efforts to resolve stress and create new ways of handling new situations at each life stage" (Erikson, 1959). The present study also highlights the strategies that senior doctors use to cope up with stress.

Doctors are under continuous evaluation as their work produces immediate results and their mistakes are more obviously visible than any other profession which is also a main reason of stress (Payne & Firth Cozens, 1987).

Medical profession is considered as one of the most challenging profession as it demands not only physical but also mental involvement of doctors. The situation of the Doctors is even more critical in Asian context especially in South Asian Countries like India, where the literacy level and understanding of the patients and their relatives are very poor against their very high expectations so that stress in their life cannot be avoided.

Stress is a term that is a result of the physical, mental and emotional strains that a person is exposed to because of the interactions with the people and the environment and that exceeds their capacities to adapt and pose a threat to their well-being (Ghaleb, 2008).

Smith et al (2011) have highlighted various symptoms of stress and categorized them under four headings i.e.,

- 1) Cognitive symptoms - problems of memory and inability to concentrate
- 2) Emotional Symptoms- Moodiness and short temperedness
- 3) Physical Symptoms: Pains and aches, diarrhea and constipation, nausea, palpitation and frequent colds
- 4) Behavioral Symptoms: Eating disorder, sleep deprivation or enhancement, isolation, neglecting responsibilities, drugs usage and alcohol.

warning signs of stress

poor judgment, depression, agitation, overwhelmed feelings, racing thoughts, pessimistic feelings etc. The external causes of stress include difficulties in relationships with children and family, financial problems and major life changes and the internal causes include unrealistic expectations, perfectionism, lack of assertiveness and negative self-talk Some of the doctors are discontented with their work that can be marked as stress or burnout. Burnout is also defined as “an experience of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding” (Mateen & Dorj, 2009). It is composed of three elements as emotional exhaustion, depersonalization and reduced personal accomplishment.

Burnout is related with reduced job performance, decreased commitment towards job, health related problems and low satisfaction from career (Shanafelt et al, 2002).

	Psychic Workloads	Specific strain for each
	PsychicWorkload	DISEASE
Psychic aggression	Stress	High blood pressure
	Irritation	Lack of motivation
	Physical and mental strain	Anguish
	Anxiety	Felling of impotence
Monotonous and repetitive work	Panic Syndrome	Mental strain
	Depression	
	Stress	Sleep
Constant attention	Irritation	Disregard
	Physical and mental strain	
	Stress	High blood pressure
	Irritation	Stomachache
	Physical and mental strain	Anxiety
	Visual discomfort	Insecurity

Female workers	Headache	Depression
	Insomnia	Somatic diseases
	Stress	Depression;
	Tiredness	High blood pressure
	Strain of interpersonal relations	Insomnia
	Existential crisis	Increase of sensibility

Recommendations

Problem: There is too much of work load on Doctors in general.

Solution

This is a fact that doctors have to perform a hectic duty and there is no substitute for that. One thing which can be done is proper scheduling. Posting more doctors according to demand by the Government is a permanent solution. Yet another thing which can be done is to create a comfortable environment for them to relax like arranging Weekly or fortnightly get together at lunch time or dinner time in hospital so that they can enjoy at workplace and can have some break from their monotonous routine.

Benefits of Solution

Doctors will remain energetic. There will be some attraction at workplace. A soft corner towards the hospital administration will also be created in their minds that they think for employees' personal welfare also rather than just thinking about their own financial interest.

Problem: Unfavorable working condition of the hospital:

Solution

A peaceful and comfortable atmosphere must be given to doctors, that is necessary to improve their performance. Doctors must feel free to work there. They must have autonomy to work at their own. Security should be provided to doctors for their personal safety especially to female doctors performing night duties. Moreover doctors should be provided with adequate resources such equipments and medicines so that they full fill the patients requirements according to their needs.

Benefits to Solution

Providing security will give them mental relaxation and because of that they will work more diligently at workplace. Moreover providing with adequate resources will ensure to some extent that doctors will not face undesirable circumstances facing aggressive patients and their attendants when their needs are not fulfilled. Trained security guards(Bouncers) should be there who are armed with weapons and must have enough potential to face every kind of situation.close circuit televisions,

Cctv, displaying boards regarding hospital protection act in each ward should be there , Moreover hospital administration should work on effective resource allocation programs .like emergency rescue force they should assemble within minutes of untoward incidences and provide relief measures immediately a cascade of phone calls and alarm systems should be available for emergency

Problem: Unrealistic hopes and adverse situations.

Solution

Doctors should not give unrealistic hopes to patients but should be extra realistic while Diagnosis.

Benefits to Solution

This will prevent patient's attendants accusing doctors for everything afterwards and also some undesirable circumstances like physical violence. Doctors should not start treating any patient if there is any risk associated in it unless patient or his/her attendants' fill a "CONSENT FORM" that doctor will not be accused afterwards(?).

Problem:Night Shifts**Solution**

Night shift in hospitals is a must and there can be no escape from it. Patients cannot be left all alone in hospitals. Doctors presence is a must and for this reason doctors have to perform day and night duties. To stay awake whole night is really tough job. To manage this there must be at least 2 doctors at a time in a night shift, so that they can divide duty among them. which will not only give lot of relief to doctors during such a hectic routine but also will prevent human errors and save many precious lives.

Problem pertaining to

the surgical team – there is no facility to have refreshments for the surgical team after a major emergency surgery at night . sometime they will even miss their dinner.

Solution

The administration should provide with a pantry service in the hospital at night, so that the surgical team as well as other workforce will have a refreshment after a bake breaking procedure.

Problem – inadequate or lake of supply of dressing materials,suture materials and workforce in the accident and emergency wards at night due to the indenting proceedure.

Solution - a store persanale with power to supply the dressing materials and drugs as per the needs should be available in the night shifts.

Few other peculiar situations pertaining only to government hospitals are leave. Though government rules give lots of leaves in the calendar, the doctors cannot enjoy them because they are inessential service. We cannot avail many of them including casual leave. Weekly offs cannot be combined with post duty off. And in situations like impending medical council visits especially in recently started or up graded medical colleges the inspection team will not accept any kind of leave (even leave due to communicable diseases like chicken pox) except Court duty or University Exam duties. So that the doctors cannot plan any of their personal activities like vacation trips or pilgrimages to complete the final rituals of their demised family members. Because they have to report to the duty immediately on arrival of MCI TEAM which constantly keep the doctors and also the administrators under highest form of stress.

Recommendation:

A Blue Book to be kept in office – which will tell what is the problems in day to deny practice and whom to approach what is the problem in day to day practice and whom to approach what is the best solution should be written by senior consultation of Administrators.

References

1. Psychic Workloads and Strain Processes in Nursing Workers of Brazilian University Hospitals. Nayak, J. (2008).
2. International Review of Business Research Papers, 4 (5), 64-73. Sanderson, C. (2004).
3. Occupational stress: acute and chronic stress factors, Eleftherotypia. special issue on Occupational stress: the secret enemy , 100. Medical Journal , 114, 540-544. Aziz, A. (2004)
4. Supporting GPs. Brit Med J, 326:s100. Cooper, C., Rout, U., & Faragher, B. (1989).
5. Mental helath, job satisfaction and job stress among general practitioners. BMJ , 298, 366-70. Cox, T. P., Randall, R., & Griffiths, D. A. (2002).
6. Adapting the SERVQUAL Scale to Hospital Services: an Empirical investigation. Health Service Research, 26 (6), 767-780. Erikson, E. H. (1959).
7. The problem of ego identity. Psychol. Iss., 1., 101-164. Firth-Cozens, J. (2003).
8. Doctors, their wellbeing, and their stress. 326, 670-671. French, D., Mackinley, R., & Hastings, A. (2001).
9. Stress of Medical Practitioners in Private Healthcare Industry, Hassan Danial Aslam 1, Published by Canadian Center of Science and Education
10. Macro think Institute, I International Journal of Learning and Development , Hassan Danial Aslam, Vol 3, No 2 (2013)