

Work Stress in Doctors

Rateesh Sareen *

**Department of Pathology, Santokba Durlabhji Memorial Hospital and Research Center, India.*

Received November 14, 2019; Accepted November 25, 2019; Published January 22, 2020

ABSTRACT

The 21st century is the century of stress with ever-growing demand, fierce competition, globalization and ever increasing demand to deliver more and more, has given rise to new phrase 'work place stress'. It's a paradox indeed that where we all strive for livelihood, pick up jobs to full fill our basic needs and work relentlessly for the fulfillment of our aspirations, work places that promise as life lines become source of stress. The work place stress syndrome is ubiquitous phenomena spanning all professions and various professionals from blue collared manual working staff to the professionals in white collar job and in white dress - health care professionals. Stress has become a part and parcel of everyday life and each one of us a victim.

INTRODUCTION

The word stress originates from the Latin word 'stringere' that means starvation, sting, pain and physical hardship or suffering [1,2]. It was first referred to by Hans [3] in 1936 and referred to the non-specific response of the body to any demand placed upon it. Further it was defined as an external event or internal driver which threatens to upset the equilibrium of the organism. When the individual is confronted with an opportunity to what he or she desires and for which the outcome is uncertain and especially where the resources with the individual are not adequate, the environment and psychological pressure results in stress [4,5].

Health care professionals are among the most stressful profession [6] which itself has varying levels of stress depending upon their area of work from intensive care unit, to internal medicine, surgical unit, pediatrics, diagnostic facilities and administrative section [7,8].

Health care profession is unique in the sense that they are entrusted with the responsibility of maintaining human life and that their actions have direct reflection on patients' well-being [9]. The practice of medical profession in developing country with lack of resources, high patient load, rampant poverty, illiteracy and in dwelling medical paternalism puts professionals at enhanced levels of stress [10]. There are array of factors that play significant role in workplace stress like ethical dilemmas at workplace anxiety and tensions never ending interactions with patients, their families, relatives when solutions to patients problem is lacking and lack of support from workplace colleagues [11].

There has been a major thrust on the interpersonal, interdisciplinary and managerial administration related issues as factors of stress generation which roped in professional with management qualifications to help health

care and transform it into an industry keeping aside the age long nobleness of profession, emphasizing on financial returns and failing to draw distinction between industrial turn over- profit making and providing services to humanity. There has been resurgence of portfolios like hospital management team, hospital administrators and many other designations rampant in especially private sector health care settings but they are altogether absent in government set ups, nursing homes, clinics and small hospital. It is irony that in a sector with paramount objective for providing affordable health care to people and with major chunk of resources vested and owned by government, how white collard executives of private hospitals can help in reducing the stress of white aprons or making an impact on patient care. Most common reasons for increased work stress include completion with colleagues, conflicts with higher rank staffed, vague roles, poorly defined policies and lack of functional effective organizational structures.

The literature studies have shown that the major contributory factor of work place stress are long duty hours, problems during night shift, inadequately skilled workers, barriers in enhancing medical skills and lack of opportunities to full fill personal development plans [10,12]. As a result doctors themselves are mentally, emotionally, psychologically not in good health and for this reason migrate abroad to seek better work conditions. Health care stress is largely attributed to one to one interaction with patient/relatives and with an

Corresponding author: Rateesh Sareen, Department of Pathology, Santokba Durlabhji Memorial Hospital and Research Center, India, Tel: 9414216471; E-mail: drateeshsareen@yahoo.co.in

Citation: Sareen R. (2020) Work Stress in Doctors. J Nurs Occup Health, 1(1): 13-15.

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additional requirement of keeping oneself calm under all situations puts enormous pressure on doctors [13].

Long hours of work with heavy workloads, increasing disparity between career and family, lack of proper time management to spend with children or family, financial pressures, discontentment, delayed gratification and lower level of job satisfaction [14-16].

Literature studies have documented that doctors have higher threshold for stress in comparison to general working population [17] but at the same, such stress puts adverse impact on general health of doctors.

According to Smith et al. [18] the stress related symptoms fall in four categories: Cognitive (memory and concentration problems, emotional (short temperament, physical (pain, diarrhea, constipation, heart rate) and behavior problems (sleep deprivation disorders eating disorder and drug abuse).

The prodromal stage of success could be identified by alarming signs like agitated behavior, depression and delusions. External factors like family, children, financial issues, high goals. Stress leads to burn out. It is defined as an experience of physical, emotional and mental caused by long term involvement in situations that are extraordinarily demanding [19]. The burn out is characterized by emotional exhaustion, and evolution of exhaustion, depersonalized and reduce personal accomplishments.

WAY AHEAD

In India and other countries the major challenge is handling of excessive work, load. Enormous population and scarcity of resources for attainment of Alma Atta Health for all, there is no substitute for a doctor to perform tight hectic duties. What can be done additionally is to create an environment that fosters energy, makes work attractive, provision of safe residential facilities (for hospitals away from cities), work place get together in a week or fortnight to break monotonous schedule. For corporate it's of paramount importance that people handling hospital management imbibe humanitarian values, consider doctors as human beings as themselves and let doctors participate as well as take decisions, with corporate keeping aside their financial interest. It is prudent for doctor to avoid giving unrealistic hopes to patients. As far as night duties are concerned a provision of two doctors so that they can divide duty among themselves as the saying holds true-one plus one makes eleven.

Working environment should be comfortable, peaceful, safe (female employees) with greater autonomy to work; this in turn shall provide doctors the required mental relaxation and eventually will lead to efficient working.

REFERENCES

1. Pestonjee DM (1992) Stress and Coping - The Indian Experience. 2nd Edn. Sage Publications.

2. Nayak J (2008) Factors influencing stress and coping strategies among the Degree College teachers of Dharwad city, Karnataka.
3. Hans S (1936) Thymus and adrenals in the response of the organism to injuries and intoxications. *Br J Exp Psy* 17: 234-248.
4. Robbins S (2001) *Organizational Behavior*. 9th Edn. New Jersey: Prentice Hall.
5. Khuwaja AQ, Qureshi R, Andrades M, Fatmi Z, Khuwaja NK (2004) Comparison of job satisfaction and stress among male and female doctors in teaching hospitals of Karachi. *J Ayub Med Coll* 16: 23-27.
6. Cooper CL, Cooper RD, Eaker LH (1988) *Living with stress*. Harmondsworth: Penguin.
7. Rees D (1995) Work-related stress in health service employees. *J Managerial Psychol* 10: 4-11.
8. Cooper C, Rout U, Faragher B (1989) Mental health, job satisfaction and job stress among general practitioners. *BMJ* 298: 366-370.
9. Boumans N, Landeweerd JA (1996) Dutch study of effects of primary nursing on job characteristics and organizational processes. *J Adv Nurs* 24: 16-23.
10. McManus I, Keeling A, Paice E (2004) Stress, burnout and doctors' attitudes to work are determined by personality and learning style: A twelve year longitudinal study of UK medical graduates. *BMC (Bio Med Central) Medicine*.
11. Salleh AL, Abu Bakar R, Keong WK (2008) How detrimental is job stress? A case study of executives in the Malaysian furniture industry. *Int Rev Bus Res Papers* 4: 64-73.
12. Edwards, N, Kornacki M, Silversin J (2002) unhappy doctors: what are the causes and what can be done? *BMJ* 324: 835-838.
13. Antoniou AS (2001) Occupational stress: Acute and chronic stress factors, *Eleftherotypia*. Special issue on Occupational stress: The secret enemy, 100. *Med J* 114: 540-544.
14. Anon (2009) *Stress & Burnout. Even Doctors Get It Too*.
15. Lazarus R, Folkman S (1984) *Stress, appraisal and coping*. New York: Springer.
16. Caplan RP (1994) Stress, anxiety and depression in hospital consultants, general practitioners and senior health service managers. *BMJ* 12: 1261-1263.
17. Firth-Cozens J (2003) Doctors, their well-being and their stress. *BMJ* 326: 670-671.

18. Holt-Lunstad J, Smith TB, Layton JB (2010) Social relationships and mortality risk: A meta-analytic review. *PLoS Med* 7: e1000316.
19. Mateen F, Dorj IC (2009) Health-care worker burnout and the mental health imperative. *Lancet* 374: 595-597.