

An overview of stress in medical practice

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Stress can be generally defined as undue, inappropriate or exaggerated response to a situation. Whereas anxiety about a situation could be positive, stress is always negative with attending adverse psychological and physiological changes leading to decreased productivity, disease and sometimes death⁴.

Stress in medical practice has always been a topical issue¹. This is partly because medical service involves taking care of other peoples' lives and mistakes or errors could be costly and sometimes irreversible. It is thus expected that the medical doctor himself must be in a perfect state of mind devoid of morbid worries and anxieties. This is however not usually the case, because the doctor apart from being affected by the same variables that impose stress on the general population, is also prone to stress because of the peculiarities of his work situation and the expectation of the society at large. The British Medical Association (BMA) published a treatise on stress in junior doctors⁵ and later in senior doctors⁶. The conclusions were similar, to the effect that stress existed to a significant proportion in both groups and that it is inimical to the doctors' health and service delivery to patients. The magnitude of the problem was further emphasized in the report of the American Foundation for Suicide Prevention⁷ which claimed that on the average, death by suicide is about 70% more likely among male physicians than among other professionals and 250-400% higher among female doctors. The major cause being stress and depression thereof.

Specific stressors include Peer pressure- within the profession and across professions. Social expectation- The doctor is still perceived as a very comfortable person in our society and expectations are usually high financially and otherwise. Failure or inability to 'meet up' may constitute a significant stress factor in some physicians.

Training- at both the undergraduate and postgraduate levels are long and tedious. Getting into the few medical schools is like passing through the proverbial eye of the needle, yet the remunerations and the so-

cial acceptability and recognition are not commensurate.

Hostile Job Environment- Administrative ineptitude and bureaucratic bottlenecks can make the job situation very frustrating. Inadequate infrastructure, unavailable and obsolete equipments make the long years and fortune spent in training at home and abroad a waste. Unsecured future, delays in promotion and inappropriate capacity utilization are some of the causes of unfulfilment and stress in the job place. Long working hours was specifically identified in the BMA report. This could be compounded in our environment by denied and 'monetized' holidays, sometimes because of manpower shortages and/or poverty. Inadequate personal training and retraining, and lack of continuous education can lead to loss of self esteem and frustration in our profession where changes and development go on at jet speed. Fear of mistakes and litigations are becoming increasingly important.

Early individual behavioral reactions may include onset or increased smoking and alcohol use. Individuals may tend to keep late nights in clinics/offices without accompanying increased productivity. While others might become irritable, some will tend to intense seclusion and individualism. There may be intense religiosity without adequate spiritual content. There may be a tendency to unstable jobs. Anti- social behavior like extra-marital affair is not uncommon. In developed economies, the risk of suicide is real.

The 'burnt out phenomenon', a terminology made popular by Felton (11) consists of a triad of emotional exhaustion, depersonalization (treating patients and other people as if they were objects) and low productivity/achievements. It is particularly common in health professionals under stress. These invariably lead to 'impairment of health, grief and suffering'. It compromises the quality of care which may lead to litigation and a vicious cycle. In some cases it may lead to premature retirement due to physical and/or mental health. Premature death, even by suicide is a distinct possibility.

In view of the deleterious effects of uncontrolled stress on the physician, the patient and the public at large, definite steps are required to stem this tide and proffer solutions.

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There is need to control excess workload particularly in the junior doctor cadre. This point was particularly noted in the BMA report.

Holidays are refreshing and should be taken at least once a year. The tendency to 'monetize' holidays or pick up a locum job during holiday period should be discouraged.

The medical curriculum, particularly in developing countries should be strengthened with courses such as administration and financial management. Investments in shares and bonds should be encouraged early in the professional careers of doctors. Diversification of resources into money-yielding ventures should not be viewed as phillistine attitude but part of planning for old age and retirement. Health and life insurance policies are still not popular with some of our colleagues and they should be encouraged. Some doctors particularly those in private medical practice still practice without professional indemnity policies! This is dangerous and counterproductive.

Our hospitals and clinics need to be more job-friendly. The various authorities have a responsibility to provide the minimum implements required to perform our duties.

References

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