

EDITORIAL

STRESS AND BURNOUT AMONG PHYSICIANS : CARING FOR THE CARER

Medical doctors, by the nature of their training and the practice of their profession, are constantly under intense pressure to cope with work, and to balance this with family and societal expectations.^{1,2} In a resource-poor setting like Nigeria, ill-equipped facilities, inadequate and poorly motivated personnel make the doctor's work environment less than optimal to work in.^{3,4} There are also concerns of rising rates of litigations, increasing risks of violence from patients and/or relatives as well as constant demands and high expectations from the patients despite huge limitations in the doctors' workplace.^{5,6} These put doctors under a lot of stress.⁷

Stress reaction has been reported in 17% to 33% of medical doctors.⁸ The stressors include inadequate sleep, fatigue, excessive time demands, inadequate social support, uncertainty about treatment issues, role ambiguity, inexperience, the need to make life-and-death decisions, increased responsibility for patients' care, long working hours, financial constraints, stressors in private life, frequent conflicts with other healthcare professionals, inadequate supervision, inadequate staff and lack of leisure time.^{9,10}

Stress appraisal, coping, problem solving skills and personality characteristics of an individual among other factors contribute to resilience or vulnerability to stressful situations.¹¹ When coping strategies fail, a psychological process known as burnout sets in and develops unnoticed over a period of time. It manifests as physical, emotional and mental exhaustion, fatigue and diminished work output.¹² It is accompanied by distress, a sense of reduced effectiveness, decreased motivation and development of dysfunctional attitudes and behaviors at work. It can result in physical, psychological and occupational impairment if not put in check.^{13,14,15}

Though the general physical and mental health of the doctor is at risk as a result of chronic stress and burnout, psychological disorders are underdiagnosed and undertreated among physicians because of stigma, the culture of "always coping", fear about damaging job prospect, and uncertainty about who to tell.^{16,17,18} This results in a hesitance to admit to personal problems and to seek help.¹⁹

It is essential then to educate doctors, whether in training or not, on the concept of burnout resulting from stress and its consequences and impact on the quality of their life, work and ultimately patient care. They should be educated on the need: for adequate sleep and rest; to stop using alcohol and other substances as coping strategy; for continuous support by peers, colleagues, mentors and family members; and to present themselves for assessment when they begin to experience burnout.

Periodic assessment by a psychiatrist would help to detect burnout early so that appropriate client-focused psychotherapeutic and /or pharmacological interventions can be instituted to maintain good health for the physician, and to keep the tempo of his/her performance at optimal levels for optimal patient care.

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