

# WORKPLACE STRESS MANAGEMENT FOR DOCTORS

By A/Prof Calvin Fones

**PRACTISING MEDICINE** can be stressful. Conversations with colleagues invariably drift to anecdotes that illustrate how and why stress is inherent to our profession. Research evidence also suggests that doctors are vulnerable to stress at work and that we are highly susceptible to the ill effects of work stress, including an increased incidence of psychological distress and psychiatric morbidity.

While we readily endorse its ubiquitous presence, a simple definition of “stress” remains elusive. Broadly, stress refers to the psychological and physiological reactions that occur when we perceive an imbalance in the level of demand placed upon us versus the capacity to meet that demand. In the workplace, it refers to the times when we are simply not sure if we have what it takes to meet the challenges faced.

## Why are doctors stressed?

A combination of factors contributes to why doctors may be especially vulnerable.

Some personality traits that make us good as professionals (eg. obsessive, perfectionistic, conscientious, approval-seeking) may cause us to be more prone to emotional distress. Doctors like to be in control but may harbour chronic self-doubt.

The nature of the job – long hours and heavy patient loads – is an obvious source of stress. At the outset of our careers, we have learnt to deal with difficult patients and relatives, often in hectic and trying environments. Dealing with issues of death, dying and suffering may take an emotional toll. Engaging in the “noble” mission of

healing ostensibly makes sacrificing personal life acceptable, or even expected. The skewed emphasis on work may then contribute to poor family/social relationships and support.

The types of stress may be unique to the practice environments. Doctors in public service may feel a lack of control over factors like work schedules or workloads, or having to cope with a lack of resources.

Dysfunctional workplace dynamics such as bullying or feeling undermined or unrecognised are often cited by doctors in training. On the other hand, those in private practice may face isolation, both physically and psychologically.

Various factors pertaining to the culture and organisation of the workplace may also engender more stress for the doctor working there (Table 1).

**Table 1. Organisational factors that affect work stress**

<b>Lack of autonomy and control</b>
Work schedule (eg, call rosters and clinic schedule)
Work load (eg, patient load and administrative duties)
<b>Lack of resources to work effectively and safely</b>
Manpower constraints
Fear of mistakes and litigation
Risk management
Administrative ineptitude and bureaucratic bottlenecks
<b>Career expectations</b>
Uncertainty about authority and responsibilities
Balancing clinical load, administrative, research and teaching
Unclear/unrealistic targets
Career development/advancement and training opportunities
<b>Job fit</b>
Different personal values from the workplace environment, (eg, generating professional fees vs financial/social needs of patients)
Congruence with interests, training and skills
<b>Dysfunctional workplace dynamics</b>
Hierarchy
Promotions and recognition
Rivalries and peer pressure
Bullying, feeling undermined and harassment
<b>Work environment</b>
Monotonous, routine
Chaotic and disorganised
Safety, workplace violence and risks
<b>Organisational support</b>
When patients complain or threaten litigation
Leave/holiday coverage

## Why does stress matter?

Stress in doctors matters because it leads to “casualties” among colleagues, including burnout, emotional exhaustion, disillusionment, a lack of personal accomplishment, depression, anxiety and drug/alcohol abuse or dependence.

Stress may manifest as psychological/emotional changes, physical symptoms, behavioural issues or organisational problems (Table 2).

Occupational stress affects hospitals and organisations in terms of productivity and performance. Loyalty and commitment may suffer, ultimately affecting recruitment and retention of medical staff. A stressful work environment invariably leads to poor morale and motivation.

Simultaneously, stress matters to patients as well. Surveys on doctors in the UK reveal that stress negatively affected patient care. Clinical judgement and decision-making may also be affected. A study of National Health Service hospital consultants found that those with poor mental health reported reduced levels of care towards patients.

On a more positive note, a case-control study found that the introduction of stress management courses to 22 hospitals led to a substantial reduction in the rate of malpractice claims compared with that in control hospitals. Patient satisfaction, improved safety and better clinical outcomes may result from reducing stress and improving the practice environments for doctors.

## Challenges to tackling the problem

Unfortunately, some doctors can be very resistant to the idea of seeking help for themselves, particularly for emotional or psychological distress. Many hold an unrealistic expectation that somehow doctors are not supposed to be ill, that we should cure ourselves or just “suck it up”. There is a potentially dangerous stigma attached to seeking help for psychological

**Table 2: Manifestations of work stress**

<b>Psychological/emotional changes</b>
Poor concentration and memory
Insomnia
Fatigue
Anxiety, depression
Guilt, denial
Anger, aggression, irritability
Resentment, cynicism
Poor appetite, over-eating
<b>Behavioural changes</b>
Indecision
Resistance to change, being uncooperative
Social withdrawal and isolation
Apathy, avoidance
Alcohol and drug abuse
<b>Physical changes</b>
Chest Pain, palpitations
Shortness of breath
Headaches, dizziness
Bowel symptoms
Muscle tensions
<b>Organisational problems</b>
Absenteeism
Decline in productivity
Resignations and poor retention of talent

problems. Some may fear a lack of confidentiality or that their fitness to practise may become jeopardised. Even among those who recognise their problem or access help, there is often a reluctance to take time off to recuperate, even when medically advised. Thus, there can be an element of collusion within our medical “culture” that allows the ill-effects of stress to go unchecked.

## Casualties of work stress

Although there are rare instances when doctors may become impaired in their ability to practise safely because of the extreme effects of stress (usually due to the development of major psychiatric illness or drug and alcohol problems), the Medical Registration Act has regulations relating to Unfitness to Practise through illness and the

need to voluntarily stop practice if we realise our ability to practise is affected. Indeed, the Act requires us to inform the Singapore Medical Council if we believe a colleague may be unfit to practise. A health committee may then be appointed to inquire into the case.

In practice, however, it is sensitive and difficult to report colleagues. We are usually able to persuade impaired colleagues to voluntarily stop practice and seek treatment without having to resort to such drastic measures. Our profession’s principle of self-regulation means that we have a responsibility, both to our patients and colleagues, to ensure that a doctor who becomes impaired by illness should temporarily stop practice. Our colleagues should, in turn, be treated in a confidential, caring and non-judgmental manner.

Overseas, impaired physician programmes that emphasise early, proactive identification and confidentiality have been set up to encourage voluntary self-disclosure by impaired doctors. Treatment, support and follow-up are provided. Disciplinary and coercive actions should always be the last resort, with the goal being reinstatement and resumption of practice, but with patient care and the interests of the profession being paramount.

## What can be done about stress in the profession?

Efforts to prevent the ill-effects of stress should begin at the earliest stages of medical training.

Mentoring and peer support networks, occurring in both formal and informal manners, should begin in medical school. Thus, students can become aware of the importance of maintaining their own physical and emotional health at the onset of their career. This type of early intervention may have the added benefit of lessening the stigma associated with seeking help. For junior doctors, adequate supervision and support, along with realistic working hours and healthy work-life balance, ought to be

encouraged. Medical training should include helping doctors recognise their own limitations and develop skills to better track how stress affects their well-being and professional practice.

### **What can you do to help yourself? Awareness**

Awareness of the sources of stress and how one reacts to different stressors is a crucial first step. Individuals differ in the nature and intensity of the stress that they are susceptible to.

### **Acceptance**

Coming to terms with one's own vulnerabilities is not always easy. The stringent standards and rigorous nature of medical training sometimes inculcates a distorted message that not pushing ourselves to the limit amounts to personal "weakness".

The competitive nature of medical school and residency may spill over to professional rivalry, and this culture of competitiveness can be a major source of stress. Striving to be "the best" may demand a high emotional cost. Perhaps an attitude more aligned with simply doing our professional best is healthier, both for the patients and doctors.

### **Attitude**

Along with the inherent need to "compete", certain mental attitudes serve to perpetuate workplace stress. The notions of service, sacrifice and putting the needs of patients first, which are "noble" attributes of the profession, may easily become distorted to unhealthy proportions. Some doctors, while appearing to lament their extended work hours and lengthy appointment lists, may derive gratification from the same; their popularity as the most widely sought-out specialist, therefore, justifies what is actually an imbalanced and stressful practice.

Nevertheless, acquiring a healthy work-life balance is not easy to achieve, but prioritising the basics of rest, relationships, relaxation and recreation

go a long way to preventing the ill-effects of stress.

Stress-reduction techniques include elements of deep breathing, muscle relaxation, mindfulness and meditation. Exercise and physical activity stimulate the production of endorphins and counter the deleterious effects that stress has on the immune system.

### **Coping styles**

Having negotiated the rigours of many years of medical education and training, most doctors would have developed their own repertoire of strategies to cope with stress. Their effectiveness depends on the type of stressor, the particular individual and circumstances. There are two types of coping responses: emotion- and problem-focused.

### **Emotion-focused coping**

This involves trying to reduce the negative emotional responses (eg, fear, anxiety, depression, frustration or embarrassment) associated with stress. Emotion-focused coping techniques include distraction and suppressing emotions or experiencing them through talking about how they feel. These strategies may be ineffective, as they ignore the root cause of stress or delays

the dealing of the specific problem. However, it can be a good strategy if the source of stress is beyond the person's control.

### **Problem-focused coping**

This targets the causes of stress in practical ways by tackling the problem or situation that is causing stress, consequently directly reducing the stress level. These strategies, which include problem-solving, time-management and accessing instrumental social support, aim to remove the stressor or reduce the cause of stress. They deal with the root cause, thus providing a long-term solution. It is the default strategy employed in our professional approach to tackling our patients' problems. However, it is not always possible to use these strategies such as when dealing with loss and bereavement, which requires emotion-focused coping.

### **Making the choice of less stress**

For some doctors, a stressful professional life has become a longstanding and deeply ingrained habit. Others seem resigned to the view that stress itself is an inevitable part of life as a doctor. The reality is that there are proactive choices that we can make, especially when we realise that negative effects have already begun to set in. Making a decision to take the necessary steps to better manage and control work stress can be tremendously empowering. Change may not come easily, but the patience, persistence and commitment required would be worthwhile across all areas of life. ■

**"THE YOUNG DOCTOR SHOULD LOOK ABOUT EARLY FOR AN AVOCATION, A PASTIME, THAT WILL TAKE HIM AWAY FROM PATIENTS, PILLS, AND POTIONS..."**

**— WILLIAM OSLER**



*Dr Calvin Fones is a consultant psychiatrist in private practice who assesses patients who are stressed every day. He also listens to stressed colleagues who vent their angst in hospitals' doctors' lounges and occasionally helps stressed medical colleagues in a clinical setting. Not immune to workplace stress himself, he tries to follow the advice he dispenses.*