

Does Work-related Stress among Doctors Deserve a Public Debate?

Kunwar D

A country like ours is well known for having renowned workaholic doctors who work late hours and even on holidays. This started way back when there were very few doctors in Nepal. This trend still continues in some extent among young doctors and they are getting stressed all the time. Hans Seyle, founder of stress theory stated it to be a non-specific response of the body to any demand for change.¹ As we may know there are various kinds of stress. Among them, work related stress which is also well known as "Job stress" is a harmful physical and emotional response that occurs when the requirement of any job doesn't match the capabilities, resources or the needs of the worker as defined by Centres for Disease Control (CDC).² Lately, stress has been getting attention from various researchers and academicians. Work-related stress has become the cause of concern in present-day scenario because of the hectic and long working hours. Recently, number of studies have been ongoing to study the work-related stress.³ American institute of stress reported that 83% of workers suffer from occupational stress and it was also responsible for nearly 120,000 deaths.⁴ Hassard et al. did a systematic review and meta-analysis on the cost of work-related stress and they found an estimated cost of \$221.13 million to \$187 billion with 70-90% productivity-related losses seen in different countries.⁵ When it comes to occupation and its relation to stress, some occupations are more stressful than others. Health workers especially doctor's experience high level of work-related stress in comparison to other professions.⁶

Research has shown that during exceptional conditions like disasters and pandemics, work-related stress among health workers is even higher. The major stress related studies done worldwide from forty different countries for healthcare professionals during the first wave of the COVID-19 pandemic revealed that, the stress level was 65.3 ± 29.1 in medical doctors, and 73.6 ± 27.7 in paramedical staff.⁷ Research has also shown an important finding in respect to doctors working in different environments. The data collected from different areas, i.e. peaceful ambience and disturbed ambience, indicated that overall stress scores for doctors performing their role in a disturbed environment was significantly higher than the doctors operating in a peaceful ambience.³ Why are health professionals facing high levels of stress?

On one hand, the nature of work like continuously dealing with chronic diseases, constant time pressure, sufferings of the patients, and even death of patient's results in more stress. As a health professional, there is no room for off duty, as one has to be prepared for any emergency calls as it is a matter of life and death for the patients.

In recent days, health professionals are unable to deliver to the patient's expectations and demands, especially in a country like Nepal where there is a lack of knowledge regarding health. On the other hand, this profession no longer adjures high regard, respect and prestige as in the past as the potential for gratification and satisfaction has been eroded. Ongoing exposure to all these chronic stressors may lead doctors to a variety of mental disorders and dysfunction, including depression, anxiety, sleep disturbances, fatigue, relationship problems and addictions, and perhaps most seriously suicide.⁸

It is mandatory to take care of doctors' mental health because under stress doctors are prone to make errors in assessment and decision making which may lead to poor patient handling. It is high time for the policy makers to bring about a change to the working conditions of doctors in order to reduce work related stress. This can be achieved by reducing work load and long working hours and by giving rewards like timely promotion, forced leave, job security and above all, respect and prestige. As a psychiatrist I recommend to my fellow colleagues doctors to give their mental health as much importance as it requires. "Save yourself first to save others."

Dipak Kunwar
Department of Psychiatry,
Kathmandu University School of Medical Sciences,
Dhulikhel, Kavre, Nepal.
Email: drdipak.kunwar@gmail.com

REFERENCES

1. Selye H. A syndrome produced by diverse nocuous agents. 1936. *J Neuropsychiatry Clin Neurosci*. 1998 Spring;10(2):230-1. doi: 10.1176/jnp.10.2.230a. PMID: 9722327.
2. The National Institute for Occupational Safety and Health N. Stress at work. Centre for Disease Control and Prevention. 2014.
3. Rashid I, Talib P. Occupational stress and coping styles among doctors: role of demographic and environment variables. *Vision*. 2015 Sep;19(3):263-75.
4. American institute of stress (AIS): 42 Worrying Workplace Stress Statistics. In.; September 25th, 2019.
5. Hassard J, Teoh KRH, Visockaite G, Dewe P, Cox T. The cost of work-related stress to society: A systematic review. *J Occup Health Psychol*. 2018 Jan;23(1):1-17. doi: 10.1037/ocp0000069. Epub 2017 Mar 30. PMID: 28358567.
6. Cooper CL, Kirkcaldy BD, Brown J. A model of job stress and physical health: The role of individual differences. *Pers Individ Differ*. 1994 Apr 1;16(4):653-5. [https://doi.org/10.1016/0191-8869\(94\)90194-5](https://doi.org/10.1016/0191-8869(94)90194-5)
7. Couarraze S, Delamarre L, Marhar F, Quach B, Jiao J, Avilés Dorlhiac R, et al. The major worldwide stress of healthcare professionals during the first wave of the COVID-19 pandemic - the international COVISTRESS survey. *PLoS One*. 2021 Oct 6;16(10):e0257840. doi: 10.1371/journal.pone.0257840. PMID: 34614016; PMCID: PMC8494302.
8. Balch CM, Freischlag JA, Shanafelt TD. Stress and burnout among surgeons: understanding and managing the syndrome and avoiding the adverse consequences. *Arch Surg*. 2009 Apr;144(4):371-6. doi: 10.1001/archsurg.2008.575. PMID: 19380652.