

## Doctors and Stress

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### Introduction

It is well-known that being a doctor is stressful. Previous studies have shown a higher level of stress amongst doctors when compared to the general population. Firth-Cozens<sup>1</sup> noted that the proportion of doctors showing above threshold levels of stress is around 28%, in cross-sectional and longitudinal studies, compared to around 18% in the general working population. There is also evidence to show an increased rate of psychological morbidity, for example, depression, anxiety and substance abuse amongst doctors. Local data are still limited, but there is preliminary evidence to suggest elevated anxiety, depression and stress in Hong Kong medical students<sup>2</sup> and interns (unpublished data). Rates of stress are elevated in all doctors, regardless of the setting in which they work, but junior doctors and female doctors are particularly at risk. As doctors, we are accustomed to identifying stress in our patients. We inform them about health consequences of excess stress and advise them on lifestyle changes and relaxation. The pathology is usually in others, in patients we look after. Are we then able to identify stress in ourselves, manage our stress in an adaptive manner and seek help when such stress becomes too much to handle?

### Transactional Model of Stress

Before we go further, it is important to understand what stress is. The transactional model of stress by Lazarus & Folkman<sup>3</sup> conceptualises stress as resulting from an imbalance between demands and resources, or as occurring when pressure exceeds one's perceived ability to cope. Therefore, what appears stressful to one person may be a welcome challenge or all-in-a-day's-work for someone else. More importantly, the transactional model introduces room for intervention. Stress can be reduced by enhancing the individual's resources, for example by helping people change their perception of stressors and by enabling them to cope and improve their confidence in their ability to do so. In addition, the demand can also be modified, for example by increasing its predictability and controllability through contingency planning, training and risk management. Primary and secondary prevention strategies are valuable interventions that modify the stress itself and response to stress. These will be discussed in detail later in the paper.

### Sources of Stress

The sources of stress in medical practitioners vary with

the type of medical practice (private vs. public, hospital-based vs. community-based) and specialty. There are many potential sources of stress that relate to the job, the organisation, the doctor himself/herself, work-life balance and relationships with other people (see Box 1). Usually, a number of these factors are present in an individual doctor, and therefore the difficulties faced by the doctor are compounded and complicated.

In addition, there is an apparent mismatch between what doctors are trained for and what they are required to do. For example, in the medical curriculum, there is much focus on patho-physiology, diagnosis and treatment. There is now increasing emphasis on communication skills, law and ethics in medical education. However, other key aspects of a doctor's job like administrative and financial management are poorly addressed, and these often cause stress amongst doctors.

#### Box 1 Sources of Stress for medical practitioners

##### The job

- Workload
- Time pressure
- Administrative duties
- Sleep deprivation
- No regular meals
- Threat of malpractice suits

##### The organisation

- Career structure
- Career uncertainties
- Inadequacy of resources and staff
- Lack of senior support
- Culture and climate of the organisation

##### The doctor

- Personality (e.g. perfectionistic, Type A)
- High demands on self and others
- Dealing with death and dying
- Confrontation with emotional and physical suffering

##### Relationships with other people

- Staff conflicts
- Bullying
- Professional isolation
- Patient's expectations and demands
- Level of support from friends and family

##### Work-life balance

- Stress over-spill from work to home and vice versa
- Lack of exercise and other leisure activities
- Lack of free time
- Home demands
- Disruptions to social life

### Consequences of Stress in Doctors

Physical complications of increased stress are well-known. These include: insomnia, gastrointestinal disturbance, tension headaches, hypertension, fatigue, lowered immunity, menstrual irregularities and sexual



dysfunction. Adverse effects of stress may affect not only the individual doctor, but also his/her family life, marriage and social life. Furthermore, stress is associated with burnout<sup>4,5</sup> (Box 2) in which 'what started out as important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism and efficacy turns into ineffectiveness'. Burnout has been shown to be associated with increased depression and physical illness, notably musculoskeletal disorders in women and cardiovascular disorders in men. Burnout is also associated with an increase in malpractice suits to the extent that American insurance carriers are sponsoring stress reduction seminars as a liability prevention strategy<sup>6</sup>. Emotional exhaustion and detachment can fundamentally change a doctor's perception of the doctor-patient relationship, and can also affect interactions with family members. Stress also leads to increased rates of minor and major psychiatric illness, including mood disorders, anxiety disorders, substance abuse. As a result of stress, quality of patient care may be compromised and medical errors may increase<sup>7</sup>.

#### Box 2 Burnout

##### Components of burnout (Maslach et al, 2001):

- (1) Emotional exhaustion: feeling emotionally drained by one's contact with other people, lack of replenishment, unable to face another day or another person in need (individual stress dimension of burnout)
- (2) Depersonalisation/ cynicism: negative feelings and cynical attitudes towards the recipients of one's service of care, can turn to dehumanisation (interpersonal dimension of burnout)
- (3) Reduced personal accomplishment: a decline in feelings of competence and productivity at work, growing sense of inadequacy about ability to help others, may result in self-imposed verdict of failure (self-evaluation dimension of burnout)

##### Warning signs of burnout

- Chronic fatigue - exhaustion, tiredness, a sense of being physically run down
- Anger at those making demands
- Self-criticism for putting up with the demands
- Cynicism, negativity, and irritability
- A sense of being besieged
- Exploding easily at seemingly inconsequential things
- Frequent headaches and gastrointestinal disturbances
- Weight loss or gain
- Sleeplessness and depression
- Shortness of breath
- Suspiciousness
- Feelings of helplessness
- Increased degree of risk taking

## Barriers to Care

Despite the high prevalence of stress in doctors, and a myriad of physical and mental health consequences, doctors are notoriously reluctant to seek help for themselves<sup>8</sup>. The subjective experience of being ill is not taught or much discussed at medical school. Doctors are often perfectionistic, self-sacrificing people with high levels of personal drive and altruism. This predisposes them to put others' needs before their own, thus increasing stress but their personality also makes it hard for doctors to self-reflect or to seek help. For most doctors, stress or illness is what happens to other people, and doctors are there to help them get better. It is sometimes very difficult for doctors to acknowledge their own stress and distress, and even more difficult to acknowledge that their work performance is affected as a result. Some doctors deal with stress by engaging in

wishful thinking and emotional distancing, but these do not work long term. Doctors are also 'poor' patients due to maladaptive health behaviours<sup>9,10</sup> like self-medication, not seeking a formal medical consultation when ill and continuing to work when unwell. Most doctors do not have their own general practitioner. Some doctors regard falling ill as shameful, especially when the illness is psychological in nature. Some think that they should always be able to master and control their emotions and it is a sign of weakness when they experience emotional distress. There are also concerns about being stigmatised by fellow doctors or being discriminated against in their career development if they are in the mental health system.

These attitudes reflect widespread stigma towards mental illness in the general population and within the medical profession<sup>11</sup>.

## What Can We Do About This?

### Prevention is Better than Cure

Stress is inevitable, but it is mismanaged stress that is damaging in its consequences. There is now much attention on measures that promote mental health and wellbeing in medical students and doctors, and prevention of stress-related morbidity. In considering preventative measures, it is important to address both primary and secondary prevention. Primary prevention aims to enhance mental health literacy and psychological wellbeing generally, in the population in question (in this case, doctors and medical students). This might include workshops on time management, stress management, mindfulness-based stress reduction, coping skills training, relaxation training, etc. Secondary prevention measures target the 'at risk' group such that help and support can be provided in a timely and proactive manner, to prevent further deterioration and impairment. Doctors themselves also have a role to play in looking after their own mental health and managing stress. Self help strategies are often adequate without having to seek outside assistance (Box 3).

### Examples of Services Available

Below are examples (not an exhaustive list) that illustrate primary and secondary prevention resources currently available to medical students and practising doctors.

## Medical Students

There are good reasons for starting prevention work in medical school. Medical students are our future doctors. Medical education is in itself a stressful process. A previous study found elevated depression, anxiety and stress in local medical students<sup>2</sup>. Students' mental health (or rather the lack of it) affects their academic attainment, social life, and the quality of service they provide to the community as future doctors. Moreover, their own mental distress may influence the way they perceive mental health and help-seeking in the care of their future patients. In a 2003 Royal College of Psychiatrists Report<sup>12</sup>, it outlined a key responsibility of medical schools to ensure that their graduates are (1) aware of their personal and professional limitations; (2) willing to seek help when necessary; and (3) aware of the importance of their own health, and mental health and its impact on their ability to practise as a doctor.



One example of resources within medical school that address psychological wellbeing of the student body is the Programme for Effective Transition and Student Support (PETSS) at the medical faculty of the University of Hong Kong<sup>13</sup>. PETSS aims to promote mental health literacy, with student support services and activities to develop leadership within the student body. There are primary prevention activities that aim to enhance mental health awareness and resilience in medical students e.g. an educational website on mental health issues designed by medical students in a Mental Health Support Group<sup>14</sup>, workshops on time management, study skills, mindfulness-based stress reduction, emotional and social competence, etc. In addition, there is a buddy scheme in which Year 1 students are mentored by more senior medical students to help them adapt to life in university.

Secondary prevention strategies that aim at helping 'at risk' medical students include the establishment of a Wellbeing Committee that consists of a group of volunteer teachers who provide support and counselling to students in need. The issues that students bring to the Wellbeing Committee include emotional problems, relationship issues, study difficulties, doubts about commitment to the course, etc. In addition, the Mental Health Support Group<sup>14</sup>, a pioneering student-initiated peer support network for fellow medical students runs a discussion forum and offers email counselling for individuals. Mental Health Support Group members are trained in Mental Health First Aid and basic counselling such that they can respond appropriately if they come across students in distress. Preliminary evaluation suggests that MSG services are welcomed by medical students. These are specific services for medical students. Students can also access generic support services provided by the university itself through its health service or counselling centre.

## Practising Doctors

For practising doctors, organisational and occupational changes such as increasing support for staff, reducing non-medical workload, and reducing working hours are all likely to reduce mental stress in doctors. The establishment of Oasis<sup>15</sup> at the Hospital Authority in 2002 was one example of how primary prevention can be initiated by an employer. Oasis, Centre for Personal Growth and Crisis Intervention, aims to promote a culture of care within the Hospital Authority. It organises primary prevention activities to enhance staff members' ability to develop and mobilise their own inner resources to overcome life's difficulties. There are educational talks, workshops (for example on resilience training, life education) and quiet rooms which provide an environment in which to meditate and have time to oneself. There is also training of critical incident management teams in each hospital in order to facilitate and coordinate timely staff support in case of a crisis, for example suicide of a colleague or a serious medical error. In addition, Oasis also provides treatment by clinical psychologists for health care workers (including doctors) who are at risk or already impaired, in a safe and confidential setting away from their usual workplace.

It is heartening to see that seeds appear to be sowed for a culture change within the medical profession such that high stress is acknowledged and taking steps to enhance one's own mental health is no longer embarrassing or

burdensome. There is an increasing recognition that we need to 'care for the carers'. However, there is still room for improvement since services for doctors working outside the Hospital Authority is still lacking. For doctors under stress and in distress, it is important that they feel able to seek help and advice from a service that is confidential, accepting and accessible.

## Ethical Issues in Treating Doctors as Patients

While primary and secondary prevention strategies are important, there will always be doctors whose psychological distress becomes so severe that clinical intervention becomes necessary. Although the ethical duties owed to a doctor-patient is the same as those to a member of the general public, there are unique challenges in treating doctors as patients and in establishing a therapeutic alliance<sup>8</sup>. As outlined earlier, there are barriers to a doctor seeking help for psychological distress. Sometimes, a doctor-patient may be unaware of or unwilling to accept the severity of his/her mental difficulties. In some situations, issues arise regarding the fitness of a doctor-patient to practise medicine. These present a difficult dilemma for the treating doctor as there is a conflict between his/her loyalties to a doctor-patient and his/her duty to report a doctor who may pose a risk to patient safety. Any disclosure of concerns about patient safety would affect the livelihood of the doctor-patient, and may result in suspiciousness and anger within the therapeutic relationship, with minimisation of symptoms, distress and functional impairment. The relationship between the treating doctor and the doctor-patient can turn from what should be supportive to adversarial. Whilst this dilemma is similar to other situations in which patient confidentiality conflicts with public safety, the treating doctor may find this particularly difficult because the doctor-patient is a colleague. The best approach would be one of frankness and open discussion about the treating doctor's concerns. It is likely that the doctor-patient would opt for voluntary sick leave or a temporary withdrawal from frontline clinical service, rather than making it necessary for the treating doctor to report him/her to the licensing authority.

## Reflections and Conclusions

Being a doctor is physically and emotionally demanding. There is good evidence to show that doctors are at higher risk of stress than the general population. There needs to be a culture change within the profession for doctors and their employers to pay closer attention to how doctors deal with the demands of the job, how they look after their own mental health and attain wellbeing and a sense of balance between their working and personal lives. Doctors are expected to be conscientious, compassionate and self-sacrificing. However, we must remember that doctors need to nurture themselves, address their own spiritual needs and engage in self-care practices, in order to be able to give their best to patients.

Peer support and a sense of community are important. Sometimes, doctors feel that their problems cannot be understood by people outside of the profession, therefore developing and maintaining a professional network is valuable. Some private doctors work in a single-handed



practice, thus adding to a sense of professional isolation. Hong Kong may need to follow in the footsteps of other countries e.g. Australia<sup>16</sup> and Britain<sup>17</sup> in developing multi-faceted support services for doctors under stress. We quote a wise and insightful comment from Firth-Cozens 'Getting things right for patients means first getting things as good we can for those who deliver their care.' We look forward to further discussions about how psychological wellbeing of doctors in Hong Kong can be promoted.

### Box 3 Self help

Doctors can help themselves to reduce the impact of stress and avoid burnout or other psychological morbidity.

- (1) Identify the most important sources of stress in your life
- (2) Time management: enhances doctor's sense of control, increased productivity, reduces overload strain therefore reduces anxiety.
- (3) Managing political and people problems: make sure you give enough time to the people that matter, keep a distance from people who drain you of emotional energy, seek social support
- (4) Avoid exhaustion: make sure you get enough rest, take a break from time to time, engage in a leisure activity, exercise regularly, have a healthy diet
- (5) Protect the meaning of your job: manage your workload, focus on aspects of your job that gives you satisfaction, delegate when you can, learn to say no
- (6) Maintain a good work-life balance
- (7) Do not expect perfection
- (8) Learn relaxation techniques
- (9) Don't sweat the small stuff!

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