

Editorial

Occupational Stress of Young Doctors

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Doctors like other professionals are also prone to stress and stress-related behaviours. Occupational stress has been found to be the cause of psychosomatic symptoms in workers and what is to stop doctors from suffering the same symptoms? I have written about this problem in the Malaysian Medical Council Bulletin but as not many have access to it, some of the important issues will be highlighted here.

Doctors start learning to live with stress early in life as they struggle for a place in medical school. But when medical training starts, it serves as another unforgettable jolt to the emotions for it is the beginning of a process that can change the medical student's emotions, beliefs and even character. The traumatic first visit to the anatomy dissecting room can be as early as the first week of medical studies. Most students may not have seen a corpse before. The sight can be repulsive especially for those who are from upper class families and have had it easy. From this instance, they have to learn to develop strategies to cope with their emotions. Then comes clinical training in a hospital; here medical students come face-to-face with incurable diseases and death in their youth. A student recently described her first experiences in the hospital as "disgusting and dirty". Another student found it "revolting" that some patients are denied the very much needed treatment because there is not enough money or equipment or that there is a long waiting list. How do newly qualified doctors cope with the stress? I notice some distance themselves emotionally from patients by depersonalising them.

Instead of referring to the person needing attention, the staff may say, "there's a broken leg in room 4". This simple stress relieving technique may escape most people but is indicative of early signs of pathology if left unattended. In our medical school, future doctors are trained to be scientists but for many the greater part of their work consists of talking to patients. Some young doctors feel unprepared for the emotion of doctor-patient relationships. Another aspect that we do provide training but perhaps not adequately is breaking bad news. Some have to do it daily, for example, those working with cancer and terminally-ill patients. More reports are now evident that young doctors working in these areas suffer more mood disorders than their counterparts working in other fields. People in crisis often need to ventilate their anguish and these young doctors are expected to listen. Dealing with anxious, frightened people can be so tiring that some doctors suffer burn out and fatigue. How does stress affect doctors? The habit of distancing oneself emotionally from patients can carry over into family relationships and other relationships. Then there are the difficult patients, demanding patients and the know-all patients, now that information is so freely available on the Internet.

These are challenges to the young doctors. As pressure on doctors continues to mount, many of them wonder what the future holds. Admittedly, the stress faced by the young doctors is overwhelming. Unfortunately, it is intrinsic to the job itself, where competing

demands and pressures cannot be escaped. The sheer volume of work can also be overwhelming at times. Anyone in this kind of job knows, either from their own direct experience or from observing colleagues, that stress can have very serious consequences. The signs of stress can include sleeplessness, aches and pains and sometimes physical symptoms of anxiety about going to work. What is more, people who are chronically stressed are no fun to work with. They may be irritable, miserable, lacking in energy and commitment, and self-absorbed. They may find it hard to concentrate on any one task and cannot be relied on to do their share and of course for our profession, they can be dangerous.

It is not easy to find a generally acceptable definition of 'stress'. Doctors, engineers, psychologists, management consultants, linguists and lay-persons all use the word in their own distinctive ways with their own definition. A useful definition would be that stress is a demand made upon the adaptive capacities of the mind and body. If these capacities can handle the demand and enjoy the stimulation involved, then stress is welcome and helpful. If they cannot, and find the demand debilitating, then stress is unwelcome and unhelpful. This definition is useful in three ways: (1) stress can be both good and bad; (2) it is not the number of events that determine whether we are stressed or not, it is our reactions to them; and (3) the definition tells us that stress is a demand made upon the body's capacities. If our capacities are good enough, we respond well. If they are not, we give way.

Most doctors surveyed in USA and Canada said they would have liked counseling or other help when they find it difficult to cope with stress, but that hospitals and other health care organisations did not offer much assistance. The survey involved 3,171 doctors in St. Louis, Seattle and Canada who answered mailed or e-mailed questionnaires. The results appear in the August edition of *The Joint Commission Journal on Quality and Patient Safety*, published by an affiliate of The Joint Commission, a hospital regulatory group involved in nationwide efforts to reduce medical errors. While the survey's scope was limited, the results echo smaller studies and likely apply to doctors elsewhere. Of the surveyed doctors, 61% said they felt increased anxiety about the potential for future mistakes, 44% said they became less confident in their job abilities, 42% experienced sleep problems and 42% experienced loss in job satisfaction. Only 10% said hospitals offered them adequate resources for dealing with stress.

Looking at our own backyard, in 2007-2008, the Medical Review Panel (MRP) of the Malaysian Medical Council (MMC) reviewed 34 cases of young doctors with medical or psychiatric problems that affected their performance. Of these, 20 or 59% were males and 14 females. The majority, that is, 18 or 52.9% had Mood Disorders (mainly Major Depression and a few Bipolar Disorders), and only 5 or 14.7% had schizophrenia. Three doctors had Anxiety Disorders especially social phobia and 2 had substance dependence. Four doctors however had Personality Disorders which are very difficult to treat and do not respond to medication generally.

Another area of concern is the lack of policies surrounding issues in managing medical students with mental ill-health. We being lecturers and people closest to them should be able to ensure that students who are prone to developing stress are identified early and intervention given as early as possible. The establishment of the Academic Adviser system needs to be enhanced and meetings with students made very regular. We may need to make

efforts to meet them as they always shy away from meeting lecturers until it is too late. The practice of medicine has always been through apprenticeship and in these modern times, the apprenticeship needs to continue though perhaps in a different form. We have started to see cases of our graduates being discussed at MRP meetings of the MMC even though our graduates are only around 500 odd in number so far. One even had a suicidal attempt. I sincerely hope we take seriously the possibility of stress among our students and future graduates and act positively to prevent more cases in future. Let us put our heads together and find some possible workable solutions. We have to help them. But those with potential to be impaired and with no possibility of improving must be prevented from joining or continuing in the system before it is too late. This is our biggest challenge.