

## Occupational Stress among Doctors: A Review of Literatures

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### Abstract:

Stress has become a common factor in healthcare departments especially for doctors as they deal with large number of patients with variety conditions and work overload. So, effective coping strategies are important to reduce stress among doctors. The present article is discussed about the presence of occupational stress among doctors and their findings with suggestions to reduce the levels of stress. This study recommended that all the sources of occupational stress especially heavy workload, financial and family concerns should be dealt with through restructuring of words and rising satisfaction of physicians about their job.

**Keywords:** 1.Doctor, 2.Satisfaction, 3.Stress, 4.Workload

### Introduction

Doctors are highly skillful professional and usually require broad knowledge. These health professional consists of physicians, dentists, midwives, radiographers, physiotherapists, nurses, optometrists, pharmacists and other. Doctor regularly works in hospitals, healthcare centers educational training, research, administration. Stress is a feeling of tension or pressure that people experience when demands placed on them exceed the resources they have to meet these demands. According to Selye (1956), any external event or internal drive which threatens to upset the organism's equilibrium is stress. In health organization occupational stress is prevalent problem particularly in emergency departments in which doctor deals with large number of patients who have different conditions and they have to make a quick diagnosis and work efficiently all of these contribute to stress.

### Review of Literatures

**Simpson L A (1991)** described sources and magnitude of job stress among physicians. The study made four scales of job sources of job stress: patient relationship, financial issue, time pressures and competence concerns. The last one is a stronger source of stress for doctors in early practice. Early career doctors appeared to experience only moderate levels of stress and stressors were not related to impaired mental health.

**Ismail R (2006)** determined the prevalence of occupational stress and the factors influencing it among doctors. The result showed that the prevalence of occupational stress among doctors to be 40.4% significant associations were found between occupational stress and job categories age groups, sex, length of service and monthly income. The study concluded that doctors are actually at high risk of getting occupational stress and the relevant authorities should take proper action to overcome this problem.

**Dhar N (2008)** presented a review of existing empirical studies and literature on the nature and types of environment demands and pressure that doctors have to face globally. These studies have focused on the impairment that stress causes among hospitals doctors and general practitioners with respect to workload, demands and challenges, problems in interpersonal communication, family life etc. Stress management skills would improve the way doctors perceive sources of stress and enhance their coping repertoire.

**Wang LJ (2011)** assessed the levels and association of occupational stress and depressions rate among physicians. The results indicated that 13.3% of physicians were screened as having depression status. This study suggests that job stress plays an important role in depression in physicians.

**Arya M (2012)** studied the occupational stress among doctors. This study results highlights that there are stressful behavior of doctors while dealing with patients. Stress level is much higher in volume and intensity in case of serious patients. Result showed that a large number of doctors feel stress at their work place due to

length volume which directly effects their physical and psychological health. The management of the hospital should minimize the length of working hours up to 8-10 hours at a stretch which helps the doctors to manage and handle their work with

**Aslam HD (2013)** determined the sources of stress among doctors of private and public hospitals. This study revealed that sleep deprivation was the most important sources of stress, and workload, working condition, role overload and unrealistic demands of patients. Workload, nights shift and relation with peers have a positive relationship with levels of stress.

**Triveni S (2013)** explained the level of stress and also tried to identify specific personal and work related factors that may contribute to the occupational stress of doctors. Occupational stress index along with a bio data sheet were administrated on a sample of doctors. Descriptive statistics reveal moderated level of occupational stress.

**Chen X (2013)** described health problem and occupational stress among Chinese doctors. It indicate that doctor in general hospital have worse mental situation. Chinese doctors usually suffered were spondylosis, hypertension, fatty liver and hyperglycemia. It could be important for health administrators to note that mental health appears to be an increasing problem in Chinese doctors and corresponding helping measure should be made.

**Shoba G (2014)** described the level of stress among the private medical practitioners. In the study out of 335 respondents, 119 (35.5%) respondents had high job stress, 121 (36.1%) respondent had moderate stress and 95 respondents (28.4%) had low job stress. It was also found that only 2 variables, fear of assault during night visits and visiting in extremely adverse weather condition have significant effect on job stress among private medical practitioners.

**Yesboah MA (2014)** studied determinants of workplace stress among health care professionals in Ghana. Result showed that specialist physicians, general family physicians had a statistically elevated work stress relative to other health care providers. This study provided policy direction to support stress management in healthcare professional.

**Rashid I (2015)** examined the nature and levels role stress experienced by doctors in government hospitals across gender, experience, specialization and geographical areas in India. The findings of the study revealed that female doctors experience more stress than their male counter parts. On the basis of geographical areas stress score for doctors in disturbed ambience is significantly higher than the doctors in peaceful ambience. There exists a difference in the nature and quantum of role stress among doctors belonging to various specialization and different experience groups.

**Eltarhuni A (2016)** described the sources of job stress and to know the general level of job stress among doctors. Questionnaires distributed to 140 health workers in emergency departments and response rate was 93.5%. The overall level of stress among doctors was quite high. The results revealed that most common causes of job stress were the insufficient technical facilities available at hospitals to meet the patients need followed by violence from patients and their relatives during the work, then lack of opportunity for training and education at the hospital. To reduce the level of job stress, it was recommended that working should be promoted and improved training programme to deal with stressful conditions.

**Moizzuddin KM (2016)** described the prevalence of occupational stress among doctors. The prevalence of occupational stress in doctors was 18.11%. In this majority of doctors were having moderate stress as compared to stress and major stress. The prevalence of occupational stress in males was more than females. It was found that the early age groups doctors who were beginners and settings practitioners were having more occupational stress as compared to their seniors.

**Pappathy BPL (2016)** carried out a study on occupational stress among doctors at various hospitals in Chennai. This study result showed that survival is the major cause, psychological background and economic factors are the other and where as work related factors are lesser among the doctors. It is found that the impact due to status in society on occupational stress significantly differ among doctors based on their designation. The patient relationship management has become an imperative tool in the present day hospital services.

**Madhuchandra (2017)** observed occupational stress among 600 medical professional occupational stress index and socio demographic data sheet were used for collecting the data. Results revealed that doctors and nurses did not differ significantly on occupational stress. There was no main effect of professional groups and sex on occupational stress.

**Tavakoli Z (2017)** described the sources of stress and coping strategies among Iranian physicians and results showed that both workplace and non job sources can affect the physicians performance and there is an associations between gender and coping skills.

### **Conclusion**

Hospitals as modern organizations must do everything possible to ensure that employees on related stress that impact on employee's productivity and other are completely eliminated. With passing days jobs are getting more complex, patient expectations have scaled new heights, hence surging workload have affected personal and working life doctors, To reduce stress doctor have to follow some stress reducing steps.

- a) Stress level may be decreased if there is clarity of working responsibilities.
- b) Doctors must always be ready for the service; this mindset may be reducing the occupational stress in doctors.
- c) The management must be able to understand the factors of working and personal life of doctors in order to manage the stress.

Doctors are equivalent to the God and they are burden of high responsibilities to save the lives of the patients. This causes the stress among doctors. Thus it is necessary to take steps to reduce the level of occupational stress among doctors. It is recommended that all the sources of occupational stress especially heavy workload, financial and family concerns should be dealt with through restructuring of words and rising satisfaction of physicians about their job.

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