

Stress among Women Doctors

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Abstract

The objective of this research is to assess the level of stress among women doctors, with special reference to obstetrician/gynecologists. Medical profession is far more complicated and sensitive than it actually appears to be. Doctors face challenges in many forms. Doctors are not immune to work related health and psychological issues. It is only quite logical that doctors will be plagued with mental and physical illnesses caused by the very nature of their profession.

Women are evolving in all professions and proving their mettle. Women have to cope up with innumerable demands exerted by people around them. The biological framework of women is not designed to bear too much of such exertion, both physical and mental. However, the emergence of new challenges for women has no bounds. One such important issue is "Stress". Twenty-first century is the "Era of Stress". Medical field is not a new field to women, but the issues related to it are staggering in the current scenario. It is needless to question whether women doctors experience stress or not. It will be only erudite to assess the extent of stress experienced by women doctors, the significant reasons behind their stress and also the strategies they adopt to cope up with the stress. A survey was conducted to explore and analyse the intensity of stress experienced by women obstetrician/gynecologists in Coimbatore, Tamil Nadu, well known world over for its multi-specialty hospitals and medical services. The study revealed that women obstetrician/gynecologists in general experience stress due to various stressors and adopt different coping strategies as well to manage stress.

Key Words: *Women doctors, obstetrician/gynecologists, stress, stressors, coping strategies*

Introduction

All professions are stress-laden. Grobler C, Hiemstra LA (1998) state that work may generate emotional, mental and/or physical disturbances in many people, and the quality and nature of people's experience at work may therefore have major health implications. Demanding or frustrating work or an inability to cope with stressors at work can have various short and long term effects. These effects can be physical, mental or physiological, psychological/emotional or behavioural.

Medical profession is no exception. Medical profession is far more complicated and sensitive than it actually appears to be. Doctors face challenges in many forms. The job of doctors is such that it could save or end a life. Hence, the responsibility that the doctors shoulder is very intense. Doctors are not immune to work related health and psychological issues. It is only quite logical that doctors will be plagued with mental and physical illnesses caused by the very nature of their profession. One such important issue is "Stress". Twenty-first century is the "Era of Stress". As per Couper (2005), the specific response of the body to all nonspecific demands is commonly called stress. Selye H (1976) opines that defining stress is a challenge and that perceptions, attitudes, cultural backgrounds, academic theories and operational approaches all have a bearing on the way stress is defined.

Women are evolving in all professions and proving their mettle. Women have to cope up with innumerable demands exerted by people around them. The biological framework of women is not designed to bear too much of such exertion, both physical and mental. However, the emergence of new challenges for women has no bounds. Medical field is not a new field to women, but the issues related to it are staggering in the current scenario. It is needless to question whether women doctors experience stress or not. It will be only erudite to assess the extent of stress experienced by women doctors, the significant reasons behind their stress and also the strategies they adopt to cope up with the stress.

Numerous studies have been conducted all over the world to identify the prevalence of stress among doctors, the intensity of stress experienced by doctors, the various factors that cause stress among doctors, the impact of doctors' stress on their job satisfaction and also the strategies adopted by the

doctors to cope with their stress. Some studies have focused on the aspect of gender of doctors while documenting and explaining the stress experienced by doctors. However, very limited studies have been conducted on women doctors, with special reference to stress.

The specialisation of obstetrics/gynecology is more complicated. An Obstetrician/gynecologist is a physician specialist who provides medical and surgical care to women and has particular expertise in pregnancy, childbirth and disorders of the reproductive system. It is literally the specialisation of saving or ending lives, not one but two, that of the mother and the child. This specialisation requires a high degree of commitment and involvement of the doctors. As a consequence of the nature of the specialisation, stress is inherent and inevitable among obstetricians/gynecologists.

Review of Research Literature

Promecene PA and Monga M (2003) conducted a study with the objective to assess occupational stress in obstetrician/gynecologists using a standardised validated tool. The Osipow Occupational Stress Inventory, which measures occupational stress (occupational roles questionnaire [ORQ], psychological strain (personal strain questionnaire) and coping resources (personal resources questionnaire) was distributed to 277 obstetrician/gynecologists in Houston. Sixty-nine surveys were analysed. It was found that abnormal scores occurred more frequently in the ORQ domain. The researchers concluded that occupational stress is common among obstetrician/gynecologists and that it appears to be balanced by good coping skills. Barbara White et al., (1997) in their study on women doctors have focused on a critical life stage, 25-35 years, during career establishment and early 30s transition. They have examined the driving factors behind career choices of women doctors as well as the stressors due to which they experienced stress, on the basis of their career choices, such as hospital medicine and general practice. Their study identified that the stressors for those women doctors who opt hospital medicine were career development and organisational climate and in the case of general practitioners, perceived stressors and predictors of mental well-being were related to ongoing daily pressures such as balancing work and family.

Apart from a very few studies on stress among women doctors and on specifically obstetrician/gynecologists, the rest of the studies are conducted among doctors in general. Rahul Amte et al., (2015) aimed to evaluate the stress level and the causative stressors in doctors working in critical care units in India. The authors have concluded that despite the higher workload, stress levels measured in their survey in Indian critical care doctors were lower compared to International data. Hassan Danial Aslam et al., (2013) determined the sources of stress among doctors of private and public hospitals in Bahawalpur District (Pakistan). Empirical study revealed that sleep deprivation was most important source of stress, second was workload, third factor was working conditions, fourth was role overload and last factor with respect to the importance was unrealistic demands of patients. Moreover workload, night shifts and relation with peers have a positive relationship with the level of stress. Xiaojun Chen et al., (2013) provide an overview of research into mental health problem and occupational stress among Chinese doctors in the recent 10 years. It indicates that doctors in general hospitals have worse mental status. Govender, I et al., (2012) conducted a cross-sectional study among medical doctors working in four hospitals in the NMM district using the 12-item General Health Questionnaire (GHQ), designed and validated by the World Health Organisation to ascertain the prevalence and the level of stress among doctors in the Ngaka Modiri Molema (NMM) district, North West Province. Dinesh Bhugra et al., (2008) have studied the levels of burnout of doctors/dentists from North India. They concluded that being in private practice gives professionals more control over their job style and may be responsible for low levels of burnout. Pestonjee D M and Prabhat Kumar Mishra (1999) conducted a study with the intention of examining the nature of role stress and job satisfaction among doctors and to explore the relationship between these variables. The results of the study revealed no significant differences between the two groups except in the management area of job satisfaction and the inter-role (IRD) dimension of role stress. Further, job satisfaction variables correlated negatively with all the dimensions of role stress in the case of both the groups. Caplan (1994) examined the presence of depression among physicians and found that 27% of the physicians included in the study scored in the clinical range in the indices of depression. General practitioners were more likely to be depressed than managers in the hospital setting.

It was concluded that the levels of stress, anxiety and depression in senior doctors in the National Health Service were high, and perhaps, higher than generally expected.

Objectives of the study

- To assess the level of stress among women doctors, with special reference to women obstetrician/gynecologists
- To identify the stressors causing stress among women obstetrician/gynecologists
- To know the stress coping strategies adopted by women obstetrician/gynecologists

Method

A survey was conducted to explore and analyse the intensity of stress experienced by women obstetrician/gynecologists in Coimbatore city, Tamil Nadu, well known world over for its multi-specialty hospitals and medical services. A self-developed questionnaire consisting of four sections, each pertaining to the socio-demographics, perceived stress levels, factors causing stress and the strategies adopted for coping with stress was used to gather relevant required data from the sample. The questionnaire was administered among 87 women obstetrician/gynecologists. The response rate was 83.90% with 73 completed questionnaires received. Statistical analyses were done using SPSS Statistics 22 to derive meaningful findings from the study.

Results

The obstetrician/gynecologists, who are the respondents in this study are in the age group between 29 years and 55 years. 38.36% of the doctors are in private practice and the rest are working in hospitals. The families of 93.15% of the doctors are nuclear families. The responses to the questions on perceived stress indicated that majority of doctors are experiencing moderate to high levels of stress. According to Olkinuora M et al., (2004), the prevalence of stress among the general working population is around 18%, while among doctors it is 28%. In line with this, the present study revealed the prevalence of moderate to high levels of stress among majority (89.33%) of the obstetrician/gynecologists. The remaining (10.67%) of the doctors seem to be suffering from low to moderate levels of stress. The common stressors, as perceived by the respondents are: nature of their specialty, complicated cases, family, personal health and exhaustion, finances, work overload i.e., the number of patients they were expected to consult or treat per day (especially in the case of obstetrician/gynecologists who were in hospital practice). Younger doctors have reported that they experience intense stress when unique situations arise which require them to make vital decisions and also emotions exhibited by the patients and their kith and kin in certain critical situations. The responses to the queries on coping strategies adopted by the doctors to overcome stress brought to light the fact that only a very few of them adopted coping strategies to tackle or overcome their stress. 27.4% of the doctors resorted to meditation, time-out for self, reading and watching television to cope up with stress.

Discussion

Robbins (1989) defined stress as a dynamic condition in which the individual is confronted with an opportunity, constraint or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important. Couper (2005,2006) states that stress and burnout (which is an extreme response to stress) among health care professionals, including doctors and nurses, are among the highest of all professions.

The results of the current study show that women obstetricians/gynecologists are victims of their own profession. Prevalence of moderate to high levels of stress among the respondent doctors evidences the stressful nature of their jobs. One of the demographic characteristics, the type of family, namely, nuclear family is another stressor. This is so because nuclear families imply that the women of the families have comparatively more responsibilities in the home front as well, since unlike joint families they do not have other elders and women to take care of the families. Informal interviews with the respondent doctors also revealed that the doctors feel they are on the run most of the waking hours and do not find sufficient time and energy at the end of the day to de-stress themselves.

The finding of this study is contrary to what was revealed in another study earlier by Olkinuora M et al., in 1990. The results of the study indicated a polarisation between "higher burnout specialties", often dealing with chronically ill, incurable or dying patients (e.g. specialties such as oncology, pulmonary diseases and psychiatry), on the one hand and "lower burnout specialties", often dealing with

curable diseases and favourable prognoses (e.g. specialties such as obstetrics and gynecology and ophthalmology), on the other. So, as per that study, obstetrics and gynecology was on the side of "lower burnout specialties". However, this study reveals that women obstetrician/gynecologists are experiencing higher levels of stress in their jobs. This may be explained by the current scenario in the medical field, with all technological developments, medical implements, over exposure of patients to information and details which they may not be able to interpret in the right ways as could be done by technical experts or specialists, the constant need for being updated in the field etc. Topping all these factors is the medico-legal aspect which is almost a threat to the doctors, who have to work under constant fear of being involved in certain legal issues with regard to the treatments provided to their patients. Common human-errors too have the chances of being manipulated as intended negative behaviour or negligence of the doctors.

Very few of the doctors adopted coping strategies to tackle or overcome their stress. This is the fact in the case of the doctors who are experiencing moderate to high levels of stress. Some of the reasons cited by the doctors who do not take any measure to cope up with stress are lack of time, physical exhaustion, other pressing commitments in the family and society. This is very alarming since unmanaged stress could lead to catastrophic consequences. A very few cautious doctors resort to meditation, time-out for self, reading and watching television as stress-busting strategies.

Suggestions for coping with stress

Stress is inherent in medical field. Stress in medical profession cannot be done away with completely. Unmanaged stress could endanger the physical and mental wellbeing of both the doctors and their patients. In the field of obstetrics/gynecology, due to the very nature of the inherent complications of the issues involved therein, the possibility of prevalence of high levels of stress among the practitioners is inevitable. The findings of this study too state that women specialists in obstetrics/gynecology are experiencing stress and that majority of them do not resort to any coping strategies. Hence, it is suggested that awareness be created among the doctors about the need for self-wellbeing of themselves as care providers through effective methods such as discussions in the medical associations and distribution of handouts and articles in medical journals. In addition, corporate hospitals can organise stress management/de-stressing programmes to train their doctors to cope up with stress. Proven coping strategies such as yoga, meditation, relaxation therapies and hobbies like reading, gardening and listening to music may help the doctors.

Conclusion

The study of stress among women obstetrician/gynecologists aimed at assessing the level of stress among women doctors, with special reference to women obstetrician/gynecologists in Coimbatore city, Tamil Nadu, India, identifying the stressors causing stress among women obstetrician/gynecologists and knowing the stress coping strategies adopted by the respondent women obstetrician/gynecologists. The results of the analyses of the data collected using a questionnaire indicate that majority of women obstetrician/gynecologists are stressed between moderate to high levels. As per the responses given by the women obstetrician/gynecologists, the common stressors, as perceived by the respondents are: nature of their specialty, complicated cases, family, personal health and exhaustion, finances, work overload i.e., the number of patients they were expected to consult or treat per day (especially in the case of obstetrician/gynecologists who were in hospital practice). Younger doctors have reported that they experience intense stress when unique situations arise which require them to make vital decisions and also the emotions exhibited by the patients and their kith and kin in certain critical situations. The responses to the queries on coping strategies adopted by the doctors to overcome stress brought to light the fact that only a very few of them adopted coping strategies to tackle or overcome their stress. Since unmanaged stress could endanger the physical and mental wellbeing of both the doctors and their patients, it is suggested that awareness be created among the doctors about the need for self-wellbeing of themselves as care providers through effective methods such as discussions in the medical associations and distribution of handouts and articles in medical journals. In addition, corporate hospitals can organise stress management/de-stressing programmes to train their doctors to cope up with stress. Proven coping strategies such as yoga, meditation, relaxation therapies and hobbies like reading, gardening and listening to music may help the doctors in the long run.

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