

THE STRESS IS IT A RISK FACTOR FOR THE MEDICAL STAFF?

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Abstract: *Stress represents a psychological and physiological dimension, which explains its introduction among the risk factors of pathogenesis. The physicians are affected all the time by stress; they are not only the people who treat the results of stress. The causes of stress which affects the medical staff overlaps upon the usual causes and there are also some other specific causes that induct greater psychological and physiological effects than usual. Causes like contamination, failure fear, loose of patient, the long work time, have bad effects. They determine tiredness. These terms are included by the medical staff in the definition of stress. The purpose of this article is to show the perception of stress in a group of physicians.*

Key words: *stress, physicians, perception.*

1. Introduction

The term of stress was created by Selye with the intention of grouping the variety of organism responses, towards the multitude of environmental aggressions, in the distinct setting of general adaptation syndrome [6].

Oxford Dictionary defines stress in several ways:

- In one definition stress is seen as a constraining force, an example being the stress determined by poverty, another is seen as an effort or an excessive energy consumption [2].
- Other definitions make an extension from mental towards physiological [4].

The human being during biological evolution was and is subject to various stressors, physical, biological, psychological [7]. Although in general the

term stress is associated with the influence of harmful factors, it is demonstrated that great joy can cause the same organic reactions as a great pain [5]. Stress has become the general term that means “*any nonspecific reaction to a request of the body*” [3].

In modern society, more than ever this term is used, and it is associated with a multitude of aspects the life of individuals.

2. Objectives

The identification of physician’s perception related to professional stress, the identification of physician’s opinion towards the notion of professional stress and the identification of the consequences of work-related stress to physicians (stress influence perceived on the performance of medical act).

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3. Material and Methods

The work was made using a questionnaire as a research tool [1,8], which was administered by interview on a randomly chosen group consisting of 35 physicians with different specialties. Theoretical data on the interview survey were selected from literature.

4. Results and Discussions

Most of those interviewed are female - 60% and 40% male as seen in the graphic number 1:

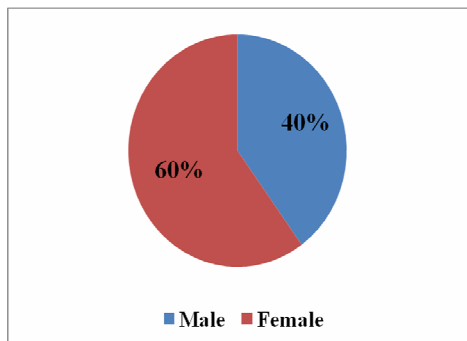


Fig. 1. *Distribution according to sex*

Most of those interviewed, 34,3% are found in the 35-55 years group as seen in the graphic below.

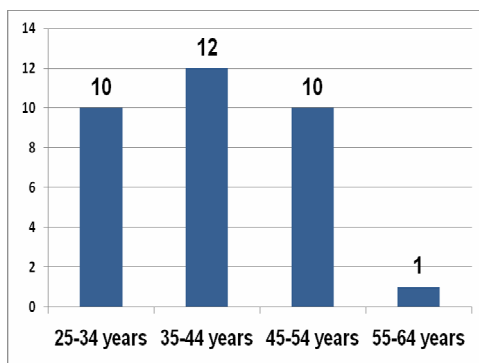


Fig. 2. *Distribution according to the group age*

Distribution of physicians according to the professional degree and gender was the following: most of physicians were MD and specialized physicians. The MD where 20% males and 17.1% female, and the specialized physicians 14.4% were males and 11.4% females.

Regarding the work period, 80% answered that they have been working for more than 5 years, and the rest of 20% have been working in a period between 1 and 5 years.

Based on speciality, most of interviewed physicians were general practitioners, then epidemiologist physicians, pediatricians and hygienist physicians.

Regarding the “clear image” of physicians about what they have to do professionally, 88.6% responded that they have a clear picture and 8.6% responded that they only have sometimes a clear picture of what is to be expected from them professionally.

Another questioned tracked the number of free hours the physicians have in one week. To this question 34.3% of them answered that they have an average 20-30 free hours, 31.4% answered that they have an average of 10-20 hours a week, 11,4% have more than 40 free hours a week, 8.6% between 30 and 40 free hours and 14,4% did not answer.

When asked about the existence of persons with which the physicians can discuss professional problems, 82,9% of them answered that there are such persons to talk to, 14,3% stated that there are no such persons, and 2,9% did not answer.

Another question aimed at identifying the perception of physicians related to major goals that they have proposed in life (especially professional). Most of them, 62,9% consider they achieved these goals, but a high percentage, 37,1% consider they did not achieved the intended goals. As main reasons they mentioned: financial problems, inadequate structure of the system, insufficient time for studies, family and personal problems, the social

condition of the physician in the Romanian society, not recognizing the value of work carried out by physicians. Another question tried to capture those aspects of routine and lack of variety in the activities of physicians. Thus, they were asked if they feel bored at work. The answers to this question can be followed in the table number 1:

Table 1

	No. of subjects	%
always	-	-
often	1	2,9
sometimes	13	37,1
seldom	15	42,9
never	6	17,1
TOTAL	35	100,0

Most of those interviewed said they sometimes and rarely feel bored at work.

In the same context the following question was asked, about the interest the doctors have towards the activity they carry out.

Most of those interviewed said they sometimes and often they are eager to go to work. Notice that none of the physicians interviewed said that they are not eager to go to work.

Another section of the questionnaire tried to identify physicians' perceptions opposite the proper evaluation of their work by patients, colleagues and bosses.

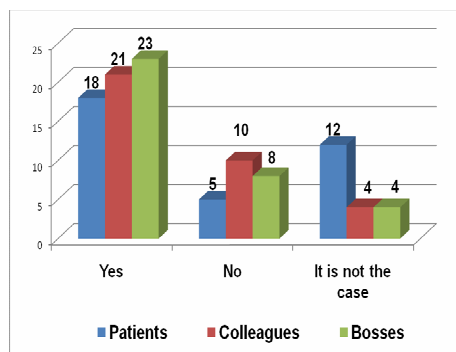


Fig. 3. *Physicians' perceptions opposite the proper evaluation of their work*

Another aspect of the study was carried on the activity of physicians, meaning that this activity is appropriate to each subject. To this question 82.9% responded that it suits the work they have, and 17.1% consider that the work they have is not suitable for them. Among female subjects, 85.7% also believes that the work suits them, and the remaining 14.3% consider it is not right.

Another question was: "Do you feel properly appreciated as status, promotions?".

To this question 74.3% said they are satisfied with how they are valued, and 25,7% said they are not satisfied with how they are appreciated. This question refers to the appreciation from the viewpoint of social and professional status, and "manifested" appreciation through various promotions, etc.

Among those interviewed, 88.6% said that the chief or chiefs support them in their activity, and the remaining 11.4% responded that this does not happen.

When asked if they would choose again the same profession, 68.6% responded that they would choose again the profession of physician, unlike the remaining 31.4% who said they would not do the same thing. 4 out of those 11 who responded negatively said they would like to do another specialty, three said they would like to become businessmen, 1 lawyer, 1 to study international relations, one artist, one said he would not do the same thing because of financial reasons.

Another section of the questionnaire tried to identify the physical and mental condition seen by the physician during the interview.

To the question about fatigue, 22.9% said they feel tired lately, and the remaining 77.1% did not feel so; the same was answered to the question about personality change, 22.9% answered that they have

become more cynical lately, and the remaining 77.1% denied this.

Another question was about how pleased they with their professional life. 42.9% said they are not satisfied with it and 57.1% said they are.

When asked about the management position, 42.9% responded that they have management positions and 57.1% don't have such a job.

Most physicians with management positions classify within the age group 45-54 years, then follow the age group of 35-44 years.

The distribution of interviewed physicians according to where they operate is as follows: 42.9% work in a hospital, 42.9% work in Health Department, 8.6% work in dispensaries, and 5.7% in clinics.

Another question tried to capture those aspects of bureaucratic activity which the physician is forced to perform, and highlight what the physicians think about this activity. 60% of those said that it bothers them this work that has to be done during office hours.

Regarding the perception on how much the physicians are supported by their family, 77.1% said their family is by their side, 22.9% said they do not feel this way.

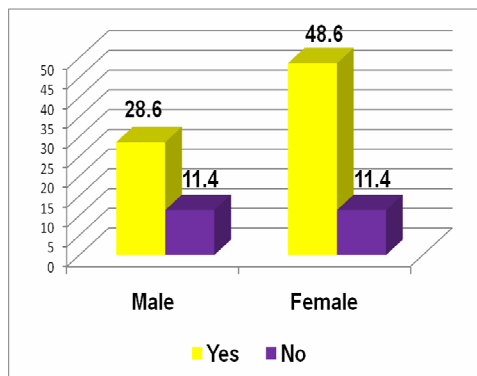


Fig. 4. Gender distribution according to the perception of physicians support provided by family

17 of the female doctors said that their family supports their activity, and a number of 4 said they do not consider this to be true. 10 of the male doctors said that their family supports them in their work, and 4 said this does not happen. Most that said their family does not support them in this activity are within 30-49 years category.

Regarding the mechanism of decision in the organization they belong to, 97.1% of physicians consider it necessary for them to be involved in making decisions in the organizations they belong to, 2.9% do not consider it necessary. 80% of those interviewed do not consider that responsibility to make decisions would be stressful and 20% consider it would be stressful to make other decisions besides the ones about medical act.

One of the questionnaire tried to capture the perception physicians have on stress. Therefore, physicians were asked if they consider themselves as stressed, 42.9% said they consider them stressed, 31.4% said they are stressed sometimes, and the remaining 25.7% gave a negative response. The gender distribution can be traced in the chart below.

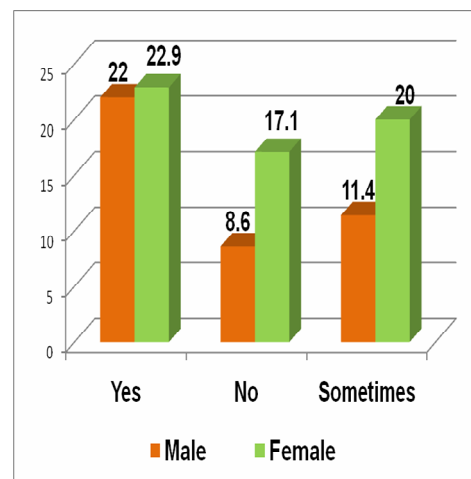


Fig. 5. Are you a stressed person?

Physicians that answered the question "Do you think you are stressed?", 42.9% belong to the young age group (29-46 years). Of those who answered "sometimes", the majority, 25.7% are in younger age groups (29-47 years) and the rest responded negatively or they are in older age groups.

Most physicians that consider themselves stressed are those from these specialties: general medicine, cardiology, pediatrics and epidemiology. On the other hand, most who don't consider themselves stressed are physicians with the specialties: general medicine, pediatrics and epidemiology. These results are probably due to the fact that in the group interviewed were included more of these specialties, so these results do not allow us to draw firm conclusions about the perception of stress, particularly in certain specialties.

Another section of the questionnaire included questions with open answer.

One of the questions followed the doctors wish to change something about their professional activity. The answers were focused more on changing salary, culture in organizations they belong to, equipment and working conditions, legislation. The same question was asked about the personal life of physicians. To this question they said they would like to have more time for family, cultural activities, some even said they would like to change the way they spend their leisure time or source of income.

To the question where they were asked to define the term of stress, most physicians defined stress as an inability to adapt to some disturbing factors, a state of tension and fatigue, even a sensation of frustration, fear, nagging, etc. In the context of stress the physicians were asked to indicate if any illness was acquired during their professional activity. Only a small number of 7 subjects said yes to this question, and the affections are: peptic

ulcer, obesity and vicious position deviation of backbone, and some said they have certain medical conditions that could be aggravated by stress.

This paper makes no claim in drawing final and definite conclusions on this vast problematic of professional stress. What it wanted is to be the beginning of extensive and detailed studies because in a society in transition, with many changes in all sectors of social and economic life, under a very fast pace of life certain professions are more exposed to stress factors than others, and physicians represent one of those categories.

It seems very important to start researching this matter and try if possible to prevent the effects of this new disease of the century "stress".

Although much has been written about this topic and from many points of view, here is still the need for data on this topic because stress is a threat to the quality of life and to the physical and psychological wellbeing.

5. Conclusions

As mentioned above, the objective of this work was to bring out the degree of stress to the medical staff, particularly to physicians.

Although, sometimes it is not perceived as such, nowadays, stress is a problem for physician.

Besides the common reasons for stress, the physician faces with specific problems of his activity and with problems resulting from communicating with his patients. Therefore, at some time he can take the emotional charge of the patient which leads to psychological strain for him.

From the study it can be seen that most physicians consider themselves as stressed. Among the subjects interviewed the percentage of female doctors who consider

themselves stressed is higher than the percentage for male physicians.

Most physicians that consider themselves stressed are those from these specialties: general medicine, cardiology.

This study can be considered as a pilot study for testing the methodology used in professional stress research, particularly, professional stress to physicians, to be followed by a wider study on a representative sample for the population of physicians in Romania.

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