

**STRESS MANAGEMENT OF SPECIALIZED DOCTORS IN
THEIR ROUTINE WORKING LIFE**



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ABSTRACT

This research paper analyses the stress management of specialized doctors, especially those working at private hospitals, in their daily work life. It explores factors contributing to the causes of stress, personal and professional experience, and coping mechanisms. Ten participants from different specialties with diverse experiences in private hospitals are interviewed. The interviewed questions are based on occupation stress, personal experience, coping mechanisms and professional perspective and the study identified specific causes of occupational stress and numerous coping mechanisms. The paper concludes by offering recommendations for both individuals and organizations to enhance the well-being of medical personnel.

KEY WORDS: STRESS MANAGEMENT, SPECIALIZED DOCTORS, PRIVATE HOSPITALS, OCCUPATIONAL STRESS

25 pages



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CHAPTER I

INTRODUCTION

Due to the COVID-19 pandemic situation, stress and mental issues have come into the spotlight for several reasons, including layoffs and economic downside in various professional industries. However, even before the pandemic situation, the characteristics of some professions, such as medical fields, lawyers, and financial professions, are stressful. The nature of work is changing at a whirlwind speed, and as a result, job stress poses a threat to the health of workers and to the organization (National Institute of Occupational Safety and Health, 1999). "Any condition in which there is a marked discrepancy between demands placed on worker's capacity or perceived capacity to respond" (Howard, 2008) will lead to job stress.

Among all professions, the healthcare industry is one of the top professions in the search when it comes to stressful work. The characteristics of the healthcare environment itself are changing continuously; stress is also one of the common situations when it comes to healthcare personnel. The most common stress factors can be divided into personal level and organizational levels. The personal situation means work-life balance and personal conflicts, either family or college, because doctors' responsibilities are to provide the best quality of care to patients and not harm them. When the job demands disturb personal life, the doctors find an imbalance between working life and personal life, which can gradually impact when delivering care to patients and can lower patients' experience.

Furthermore, at the organizational level, the most common stressful situations include communication problems within the teams, between management teams and employers, role ambiguity, and administrative factors. Additionally, interpersonal conflicts between specialties, departments, and management teams are not usually clearly spelled out when hierarchy is observed, especially in Asia countries, because of cultural relations. As a result, when conflicts are not properly solved, there can be problems and stressful situations may arise (Sardiwalla, 2007). In

2021, according to a report that surveyed 4,000 doctors, due to unmanageable workloads and overwhelming working hours, 44% of doctors reported that they were struggling while delivering care to patients because of occupational stress and emotional demands.

The objective of this research paper is to identify stressful situations experienced among various specialized physicians and the way to manage stress to be balanced in daily life. In the healthcare setting, especially for physicians who deal with the life and death of patients in their routine lives, stress is one of the conditions that they cannot escape; however, there are ways to handle stress without causing consequences. The reason for choosing the topic is that the researcher herself is a medical doctor and was working in the healthcare industry at a junior rank and observed how specialists struggle a lot, not only to deliver the best quality care to patients but also to balance between organization and administration.

The content of the paper will mainly focus on specialized physicians in healthcare settings who are currently working at private hospitals. Furthermore, the research questions are like

1. How do doctors perceive occupational stress in their working life?
2. When doctors deliver care to patients, how do they handle stressful situations?
3. How do doctors detach from stress at work and what strategies are they using to detach?

The paper will first present the literature on stress management of medical doctors, and based on the information from the literature, qualitative interviews with specialized doctors will be conducted. Lastly, the findings, conclusions, and recommendations will be summarized.

CHAPTER II

LITERATURE REVIEW

2.1 What is stress?

Stress is a word that is hard to define and rarely understood, and there is nothing that expresses its meaning (Stranks, 2004). The Health and Safety Commission (1999) stated that "stress is the reaction that people have to excessive pressures or other types of demand placed upon them." Also understood as "load" – an external force(stimulus), "pressure" – an internal response to an external force, and "tension" – a change in state caused by the external force (Lazarus, 1984). The perception of stress will be divergent since the threshold of stress from person to person can be different; in other words, it is mostly related to how well each person copes with situations. In addition, stress is one of the psychological forms that result from people's insights, personality, cognitive perception, and nature of their work.

Job stress is a kind of body response emerging in a situation of interaction with people and their jobs and is characterized by changes within people that force them to deviate from their normal functioning (Beehr & Newmand, 2010). As a result, job stress or occupational stress can affect job performance. In the medical industry, stress is also a factor of concern for healthcare personnel, especially specialized doctors. WHO (2009) stated that occupational stress is defined as "the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker" (NIOAH, the National Institute of Occupational Safety). Among the professions, the medical profession is in the top five, which has several job stressors, according to Gallup Research. In addition, it is also stated that medical personnel are one of the most burdened with responsibilities due to the nature of the work itself (Cox, 1993). Also, the proportion of doctors having a stress threshold is around 28%, while the threshold of the general working population is 18% (Firth-Cozens, 2003).

2.2 What are the causes of stress due to work and impacts, especially in the medical industry?

Stress due to work has a long history in organizations (Bliese, Edwards, & Sonnentag) due to various causes such as time pressure, organizational constraints, and interpersonal conflicts for organizational well-being (Cavanaugh, Boswell, Roehling, & Boudreau, 2000 ; Katz & Kahn, 1978). Work-related stress can be categorized into two factors: exogenous factors, such as the working environment and lack of communication within the organization, and endogenous pressure, related to personality characteristics, mindset, and perception (Antonioni, 2006). In the medical industry, the significant sources of stress are overwhelming workload, long working hours, dealing with patients' lives, conflicts within the organization and healthcare staff, higher expectations from patients, role ambiguity, regulations, and responsibilities that doctors should take care of and as a result, the nature of the profession itself has physical and psychological demands which lead to becoming more stressful situations and challenging.

Furthermore, medical doctors are categorized into several specialties and bear responsibilities of various kinds. As an example, according to the American Medical Association, in 2022, emergency medicine doctors are the most burnout and stressful specialists, followed by internal medicine, pediatrics, and OB/GYN. In overall specialties, the most common stressors are heavy workload, long working shifts, interprofessional conflict, and role ambiguity. However, each specialty has its own characteristics of stressors; for example, according to research about stress in medical oncologists' lives, overwork and haste, excessive bureaucratization, and seeing of facing patients dealing with life and death are some of the top causes, and these kinds of situations present in the working environment can strain doctors' well-being and performance.

An additional example is emergency doctors, where a significant cause is a shortage of skilled healthcare workers, leading to prolonged stress for current doctors attributed to the negative working environment, overcrowding, and the presentation of mass casualties. In conclusion, the nature of work is changing, accompanied by an increasing mental and emotional workload (Paoli, 1997). It is proved that the cumulative effect of the conditions mentioned above causes doctors to increase stress, burnout, frustration, and anger. Consequently, the effects can cause errors in their work

life, conflict in organizations, complaints from patients, and eventually can lead to a mental breakdown.

Within the medical industry, numerous stressors contribute to the burden experienced by healthcare professionals, especially doctors. The expectations of a high degree of professionalism, responsibility for patient well-being, and maintenance of relationships with patients and health workers, as well as concerns about medical errors and malpractice litigation (Firth-Cozens, 2001) impact their performance. When occupational stress becomes a daily routine, repetitious exposure can negatively impact the physical and mental well-being of doctors (Healy & Tyrrell, 2011).

2.3 Relationship between stress and job demand

The job Demand-Control model is one of the influential theories in occupational stress, with the hypothesis of a link between job demands and job control, indicating the impact upon stress and the well-being of a person. The model is based on kinds of demands, such as psychological job demands and physical demands, together with a measure of decision latitude, which is job autonomy to evaluate employee health. The model has two characteristics: (1) psychological job demands, which are present in the working environment as job stressors (Karasek 1979), and (2) job decision latitude, which is described as the ability to control his own activities and skill usage (Karasek and Theorell, 1990). In Figure (1), X-axis represents job demands, and Y-axis represents job decision latitude, leading to four different job conditions. As shown in the diagram below, when a person has high job demand but has control over job authorities, it can be an active job, and employees can be motivated and growth behavior. On the other hand, if a person has high job demands but low decision latitude, it will gradually lead to a risk for psychological and physical stress.

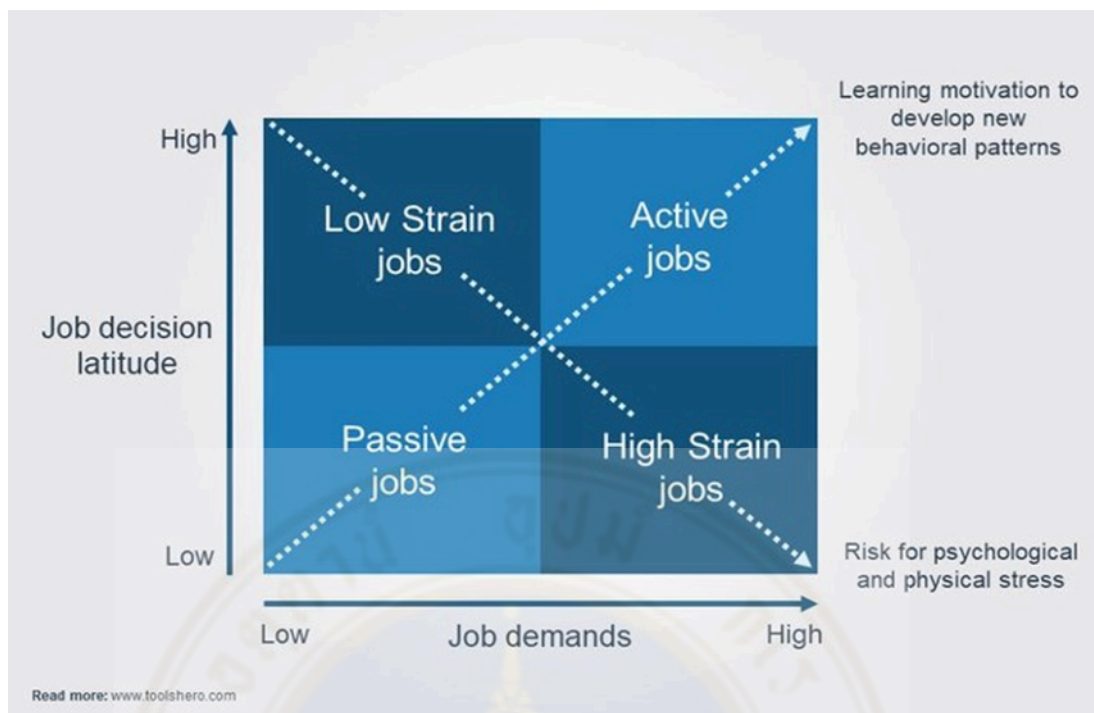


Figure 2.1 Job Demand Control Model

To implement this model in the healthcare industry, many researchers agreed that the healthcare industry is suitable for testing JD-C assumptions (Ganster and Fusilier, 1989 and de Jonge et al., 1996) since the healthcare industry is divergent and has many professional specialties. According to the diagram, job characteristics of doctors fall into the category of active jobs, meaning that doctors have high-demand jobs and, on the other hand, have high decision latitude. In a practical setting, doctors face high job demands, as mentioned above, low manpower, time pressure, long working hours, and emotional drainage from patient care, and have to work around an environment that is quite combative and unforgiven (Myers, 2008). Moreover, bureaucratic requirements, changes, and advancing medical techniques and findings that have to keep in touch are also some of the demands for doctors (Hudges, Burke and Hickie, 2002).

Furthermore, the job characteristic of specialized doctors is the high-level expertise and full autonomy when treating patients; however, within their specialties, there are certain limitations in some kinds of situations. In addition, doctors have to carry on some administrative issues within organizations and regulations (Hudges, Burke, and Hickie, 2002). With the combination factors, higher emotional demands

and physical demands can impact the job authority, as well as limitations of autonomy in each specialty and organization. As a result, there is an imbalance between job authority and demands, resulting in high-strain jobs, which is very risky for having more stress and can increase the turnover rate in healthcare settings.

2.4 How to deal with stress?

The career characteristic of doctors is prone to exposure to high levels of stress as some specialized doctors must work with traumatized patients, which can cause chronic exposure to stress, having wide-ranging effects on doctors. To create a positive working environment with less stress, it is important to create factors such as organizational functionality, individual satisfaction, family-work balance, opportunities for the growth of career life, and competent leadership (Wiskow, Albreht & Pietro, 2010). As a result, to reduce the tendency of stress in doctors, positive attributes of the working environment, ensuring the health, safety, and well-being of physicians must exist so that doctors can deliver standard quality care to patients (World Medical Association, 2008). For example, the quality of the work environment would be impacted by flexible working hours, professional development, social benefits, and work quality as autonomy, organizational culture, and trust (Munoz, 2009)

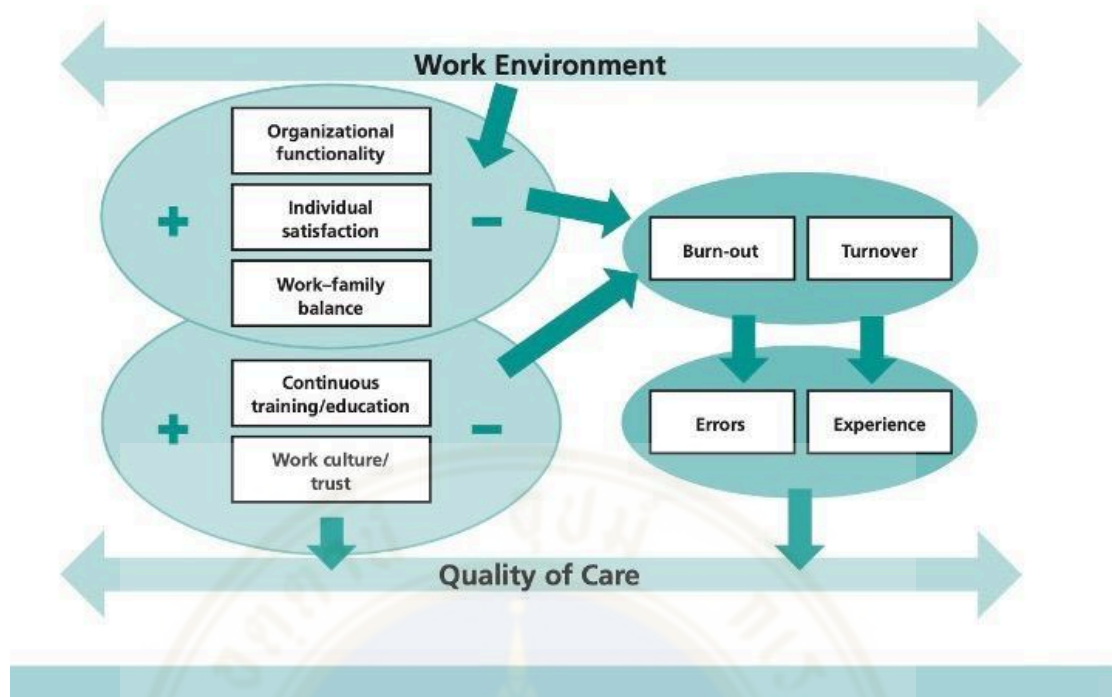


Figure 2.2 Link between work environment and quality of care

Not only within the working environment but also across the organizational level, efforts to enhance working engagement should include the implementation of strategies like organizational functionality as promoting better integration of communications to combat causes that can create high physical demands, such as shortage of staff and long working hours for individual satisfaction to increase external motivation (Needleman, 2002).

Lastly, on an individual level, building resilience among doctors is recommended as a preventive strategy (Carver, 1998). Resilience can be defined as the "ability to bounce back or recover from stress" (Hakanen, 2008). Applying a resilience mindset to career life is like having herd immunity, resulting in greater capability to reduce stress levels. In addition, stress is one form of psychological response, and in terms of recovery, individuals do not recover, but they learn to adapt, change and, as a result, they can recover more by facing realities in a particular situation, thinking about solutions positively, and can set priorities, face challenges, and enhance resilience (Afsaneh, 2015).

Social support is another form of coping with stress at the individual level. Social isolation is a major risk, and the amount and quality of social support are

related to how well a person can manage stress. Positive relationships with support from people we are with can be acted as a mediator to occupational stress (Rollinson, 2008).

In summary, stress in specialized doctors is a global phenomenon, and the profession itself is a vulnerable group. Job design and organizational support at organizational level and building up resilience, self-awareness, mindfulness, and social support as personal strategies can enhance work engagement and reduce stress significantly (Kranser, 2009)



CHAPTER III

RESEARCH METHODOLOGY

3.1 Primary Data Collection Method

The purpose of this research study is to investigate the occupational stress of medical doctors in the healthcare industry. Recently, there has been controversy and conflict among doctors regarding the imbalance ratio between doctors and patients, long working hours, and exogenous causes that can indirectly affect patient care delivery.

The research paper uses qualitative research methodology, with in-depth interviews involving 10 participants who are specialized doctors working at various private hospitals. The management and workload can be different from each hospital and are also based on their working experience. As a result, when conducting interview questions, it can identify the various perspectives of specialized doctors at their workplace.

This research paper will use qualitative interviews to gather primary data to support its purpose. These interviews will be interactive, in-depth interviews between interviewees and interviewers, and sample questions are as follows:

3.1.1 List of interviewees

Table 3.1 Interviewee information

Interviewee	Experience	Specialty
A	10 years	Medical oncologist
B	7 years	Medical oncologist
C	15 years	Gastroenterologist
D	5 years	General Surgeon
E	4 years	Orthopedics
F	6 years	General Physician

G	3 years	Pediatrics
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Table 3.1 Interviewee information (Cont.)

Interviewee	Experience	Specialty
H	4 years	Gynecologist
I	1 year	Emergency Physician
J	8 years	Neurologist

3.1.2 Interview Questions

When conducting the interviews, to analyze the participants' deeper insights into real conflicts, qualitative research with open-ended questions is used. Because of the open-ended nature of the research, qualitative research design is not linear and one of the strengths is that the design can explain process and patterns of human behavior and mindset which is difficult to quantify (Cleland, 2017). Moreover, conditions such as experience, attitudes and behaviors are somehow difficult to explain quantitatively and conversely, with qualitative approach, participants can explain why, how, what they were thinking, feeling at a certain time or during the event (Foley and Timonen, 2015)

In this research, the interview questions are open-ended, and the interviewer adapts to the responses. It is constructed based upon the literature review, for instance, understanding of stress, their personal experience, perception and perspective of individuals and characteristics of profession. The sample questions are as below:

Table 3.2 The sample questions

Factors to investigate	Open-ended Questions
Causes	1. What kind of situation makes you stressed? Can you provide a situation as an example?
	2. Do you have any specific causes that make you stressed?

	3. While working at a private hospital, do you have conflicts between management and clinical teams, leading to stress?
	4. As you are a specialized doctor, do you find that when treating patients, is there any situation that makes you stressed?

Table 3.2 The sample questions (Cont.)

Factors to investigate	Open-ended Questions
Personal experience, perspective, and Coping Mechanism	5. How do you feel when you are stressed?
	6. How do you handle stress?
	7. What strategies do you use to handle stress?
	8. How do you detach yourself from work? What strategies do you use to relieve stress?
	9. Is there any activity that you prepare before facing stressful situations?
	10. How would you prepare to face stress without causing burnout?
	11. Are there positive or negative outcomes because of dealing with stress?
	12. At first encounter with a patient, how do you build up mutual respect and when pursuing, are there any obstacles that make you stressed?
Professional Perspective	13. Compared with other professions, what is your opinion of the healthcare industry regarding occupational stress?

3.3 Probing Technique

The probing technique is used to certify the validity of the data. Probing technique means that when asking the questions, using the replies from interviewees to

obtain deeper information and insight by continuing to ask questions (McDaniel & Gates, 2015). Starting from open-ended questions about understanding and perspectives and depending upon the replies by using probing techniques allows the interviewer to be able to understand the insights and more understanding to provide reliable data.



3.4 Interview

The interviews are done by having direct interaction and observing their facial expression and gestures. However, there are some interviewees who request online Zoom call meetings because of time conflicts, and there are limitations when accessing the physical reactions. The interview avenue is in the individual room of each doctor at the hospital. The time taken for each interview is about 30 minutes, including the introduction and probing questions.

3.5 Research Framework

The framework can explain how specialized medical doctors struggle and manage stress professionally. By conducting in-depth interviews with probing techniques, the insight of medical doctors, and understanding of themselves, characteristics of the profession can be explored. The framework is divided into four categories: understanding of stressors leading to occupational stress, own opinion, and coping mechanisms from a personal and professional perspective. All factors are linked to the management of stress by medical doctors.

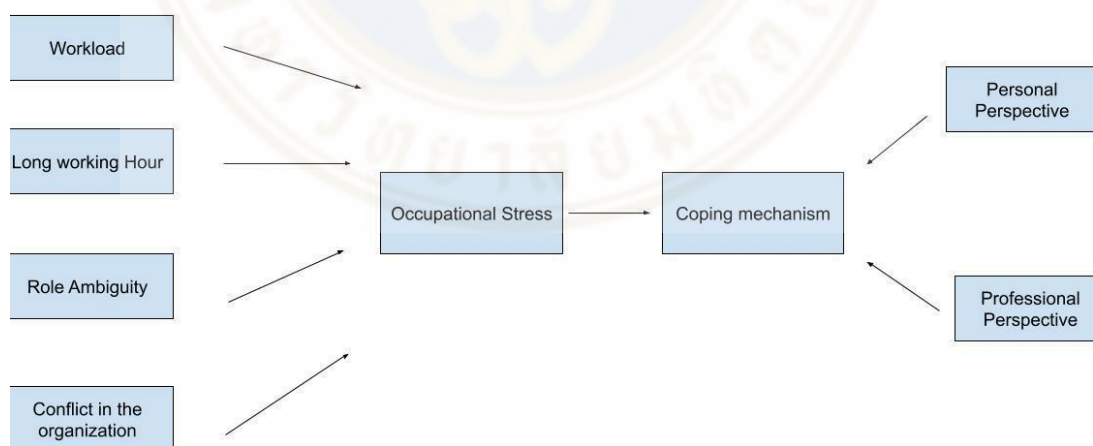


Figure 3.1 Research Framework

CHAPTER IV

DATA ANALYSIS

After conducting the qualitative interviews with the participants, the data from the interviewees' responses is summarized and analyzed. There are mainly three categories: the root causes, personal perspective, experience, and professional opinion as medical doctors manage stress in their daily life.

4.1 The Root Causes of Stress

To identify the root causes of stress in the medical profession, questions were asked about situations and conditions. The responses are as follows:

4.1.1 Overwhelming workload

Every specialist involved in the interview specified the overwhelming workload as the primary cause of stress in their daily working life, even if they are working at private hospitals. Mostly, they said that increased patient demand and limited resources lead to overload and cause them stress. The gastroenterologist, person C, said, "I have to see patients at the outpatient department, and I have to do endoscopy procedures; for example, I consulted three patients at OPD, and I have to go to the procedure room to do an endoscopy. Only six pairs of equipment are available in the endoscopy room, and patient demand is more and causing delay".

4.1.2 Communication with patients

When interviewed, 6 out of 10 stated that communication with patients stresses them on the first visit because of building trust and relationships, which is a part of communication. The general physician, person F, stated that the situation that causes him to be stressed is communicating with patients, especially on the first visit. He said, "For me, the communication with patients stresses me a lot. When they first

come to the hospital, patients do not bring old medical documents and cannot elaborate on their history. At that time, to have a definite diagnosis, communicating with patients makes me stress. However, I know their behavior at the follow-up visit and can find a proper way to communicate.” Both medical oncologists, person A and B, provide the same answer to the question about the causes of stress: communication. They both worked at an international hospital in Bangkok, and medical travelers are among their patients. Dealing with cancer patients is quite different from other specialties, which needs extra precaution when communicating. The language barrier is also part of the cause, although medical interpreters are present during consultation.

4.1.3 Conflict with specialists from different specialties

When conducting the interview and asked about the conflict, 4 out of 10 specialists mentioned that they have conflict with different specialties. The general surgeon, person D, said it could be because they are specialists and have autonomy. On the organizational chart of the clinical setting, they are at the upper level and critical players in the delivery of patient care.

The orthopedics, person E shared “We have conflicts between specialties rather than with the management team.” He gave an example: “A patient with underlying chronic disease has a broken hip with septicemia and needs to do the operation. Because of his comorbidities and septicemia, I must consult with an internal medicine physician. During that time, we shared our opinion from the specialized perspective, and when setting the priorities for patients, we had a conflict between doctors, which made me stressed.” The gynecologist, person H, also shared her experience, similar to the above situation. Conflicts can arise from various factors among them; however, the most prominent one is different perspectives and different priorities when delivering patient care without considering other factors of patient needs. The narrow focus like this can cause misunderstanding and disagreements among specialists.

4.1.4 Conflict with administrators and managers

Half of the interviewees said that conflicts between managers in the management team and medical doctors are common, especially in private hospitals. It arises due to several factors, such as different perspectives and opinions, expectations, and some differences in priorities. Although they are teams working under the same mission and vision of hospitals, occasionally, there can be conflicts in organizational goals and the quality of patient-centered care. The emergency physician, person I, shared his experience that the common source of stress is the administration burden, such as documentation and compliance with regulations. When the management level sets a new system or new rule regulations and requirements with the system, it can disturb when delivering care, and the doctors propose the other way, but they disagree. At this time, the doctors can have stress while fulfilling the two conditions.

However, the neurologist and pediatrics, person G and Person J, shared their opinion that conflict with the management level happens only occasionally and it could be because they work at a private hospital, where better facilities are available, unlike public hospitals. Additionally, they work as specialists, which is a prominent position in the clinical setting, and the organization respects their opinions and requests.

4.1.5 Competition and advanced technology

The healthcare industry is well known for higher competition, especially among medical doctors and specialists. Moreover, continuous learning is also a characteristic of the healthcare profession since newer treatments and new technologies are constantly advancing. Medical doctors must learn and read about newer treatments to treat patients effectively and efficiently, which can be stressful in a highly competitive environment. The general surgeon, person D, mentioned, “I do not know much about other specialties, but for surgery, the operation techniques are advancing, and currently, robotic surgery is the trend among us. So, I have to attend training to perform the procedure. I have to work and also have to learn and train so I can perform the procedure. If not, I will be left behind among my colleagues, and these things cause me stress.”

In addition, the neurologist, person J, mentioned that when specialists work at private hospitals, they have their own KPIs, and it also causes them a lot of stress. He also added, “When I worked as a neurologist at this hospital, I had to complete KPIs such as the number of outpatients, operated cases, and some kind of assessment within the first year. I had a lot of stress at that time with building relationships with patients to have them continue treatment here.

4.2 Effects of Stress in Clinical Decision Making

There can be positive or negative effects when dealing with stress as individuals or as an organization. Since stress is inevitable for medical doctors, its impact can vary from person to person, depending on the perception of stress. When a doctor cannot handle stress, adverse outcomes can affect clinical decision-making and patient-care delivery in some way, resulting in reduced job performance. 5 out of 10 participants mentioned that rather than positive outcomes, there are more negative outcomes of stress. The gynecologist, person H, mentioned that stress can influence upon patients and teams; as an example, she elaborated that “if a patient is pregnant with underlying disease, she needs to observe closely and must plan a birth plan. Although doctors plan and closely follow up, some situations cannot be controlled. She can have emergency delivery, and when doing surgery, doctors must save two lives. In that situation, if a doctor is under a lot of stress, and cannot take immediate action, it affects the teams, resulting in negative performance”.

4.3 Stress Management of medical doctors

4.3.1 Learning from Experience

In the medical industry, to become a specialist, doctors need to graduate with bachelor’s degrees in medicine, choose their specialties, and continue studying for around 3-4 years, including theoretically and practically. All interviewees said that the stress they experience during their residency and specialties is different. They emphasize that when being the specialist, although they have autonomy over their

patients, they must take full responsibilities, which make them more stressful. The pediatrician, person G, shared her experience, that she stresses when she cannot find the exact diagnosis or complicated case. She said that from that moment, she always prepared beforehand by reading more, searching for information, and asking for opinions from seniors, and as a result, she feels less stressed. The gastroenterologist, person C, shared his experience that throughout his working life, he learned a lot from his own experience, and he integrated himself from those events. As a result, he said that he manages well and prevents burnout from being too stressed.

4.3.2 Detaching from Stress through work-life balance

After conducting the interviews, it was found that it is challenging for medical doctors to detach from stress because of several factors, such as emotional engagement, high responsibility, continuous learning, and work-life integration. There are also some unpredictable and unexpected events like emergency and critical cases. The general physician, person F voiced that, at first, she could not separate work from her personal life, which caused her stress. As a result, she has conflicts with her family, even with minor matters, and cannot give her family time, and becomes more stressed. She said that after noticing this, she tried to adjust to have a work-life balance and detach from stress by doing her favorite hobbies and going out with family and friends.

The orthopedics, person E, also mentioned that he detaches stress from work by doing hobbies like playing guitar, traveling on day trips, and rewarding himself. Medical oncologists, person A and B, expressed that in the early years of being specialists, adjusting their work-life balance is challenging, and they cannot escape stress. Lately, they can handle stress properly without burnout. The neurologist, person J, mentioned that it relates to their working years and experience. On the other hand, the emergency physician, person I and the pediatrician, person G, with less working experience mentioned that they still struggle with stress a lot and try to relax more by doing their hobbies and favorite activities. Lastly, all interviewees agreed that they always try to talk with their families and spend time with them to relieve stress and prevent burnout.

4.3.3 Building Up Resilience

When the demand exceeds, the individual will adapt to these by experiencing coping mechanisms, either problem-focused or emotional-focused (Narayanan, Menon, and Spector, 1992). When asked about how they deal with stress, the participants gave various interesting answers; however, the most common way of dealing with anxiety for them is resilience, defining that rebound or bounce back, ability to adapt well in the face of adversity or significant stress, even returning stronger afterward (Wingo, Fani, and Bradley, 2010). The medical oncologist, person A, said that being specialists, their responsibilities are tremendous. Also, he continued “making a clinical decision is solely on us” and causes them more stress and resilience and relaxation are their coping strategies.”

After interviewing, the significant fact is that the way to perceive stress and resilience depends upon the working experience. The gastroenterologist, person C, said, “To cope with stress, I do not have much technique. I struggled as a first-year postgraduate, but I always reminded myself to go forward and train my mind to be stronger and more resilient. After being a specialist, these kinds of stress are becoming daily routine, and I am getting used to them despite the overwhelming workload.” Moreover, the orthopedics, person E said “the first year of being a specialist, I was stressed a lot from working and at that time, I had stress eating and gained weight significantly. My health declined and I managed myself not to be stressed a lot and as I worked more and experienced a lot, I can manage myself not to be stressed a lot by building resilience and doing some of my hobbies.”

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

After conducting the interviews, the identified factors that contribute to the root causes of stress are similar with each interviewee, although they are from different specialties. Most interviewees mentioned that communication with patients is a cause of stress for them, especially on the first visit when they have to build relationships and trust. In addition, when the medical oncologists addressed that when breaking the bad news, they had to choose words carefully, and it was quite challenging and stressful for them as these are sensitive issues in medical contexts. Moreover, the shortage of medical staff, the imbalance of doctors and patients and increased demands cause an overwhelming workload, leading to occupational stress.

In the literature review, conflict with the management teams involve one of the causing factors. However, after analyzing the data, it is found that for the specialized doctors in a clinical setting, conflict with the management level does not cause them stressful situations compared with other factors. This can be due to their positions as specialized doctors and their authority in the operation process. However, they have conflicts with other specialties, and all situations caused by differences in perspective, prioritization, and expectations between each party can impact the delivery of patient care. Furthermore, by analyzing the research, it becomes apparent that medical doctors face a challenging environment, such as competition among them, continuously learning, practicing skills for development, and studying advanced medical technologies while simultaneously providing patient care. These factors contribute to the stressful environment and suggest that managing stress within the medical profession is burdensome. When analyzing the effects of stress, it can indeed impact the performance of doctors when delivering care; for example, a doctor is under a lot of stress, it can also impact the teams when performing surgery or procedure.

Moreover, after conducting the interview, it was found that the participants already expected a high threshold of occupational stress in their professions. Compared with other professions, medical doctors have significant stressful situations and work-life imbalance. In addition, each specialty has its significant stressor; however, they expect and prepare for stress. They learn from their experience, prepare in advance to avoid stressful conditions, and prepare their physical and mental conditions not to be burned out. They try to balance work and personal life and try to set the boundaries for their personal life, for example, try to set family time, set plans for trips, and enjoy hobbies and activities.

5.2 Recommendations

It is evident that the medical profession is one of the most stressful jobs, and managing stress properly is a concerning factor for healthcare professionals. It needs individuals and organizations to promote well-being and, as a result, can provide proper patient care.

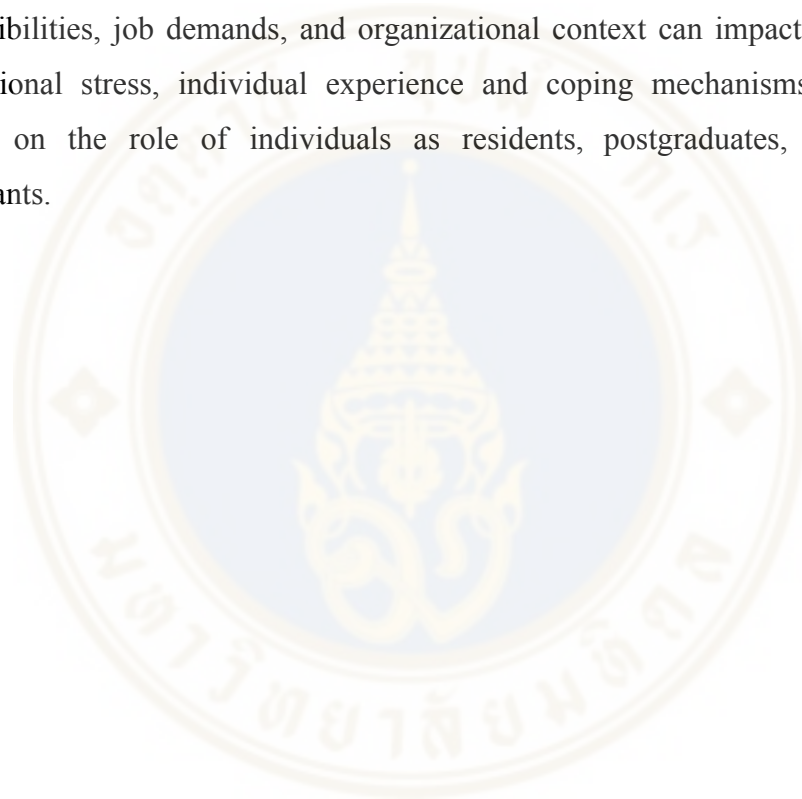
To give some recommendations, as an individual, it is essential to cope with stress, which is an unavoidable characteristic of this profession. The interviewees mentioned their coping practices, and in addition, when dealing with stress, it is an excellent method to seek support from peers, especially close colleagues, because they are also medical doctors, and they can understand the struggle better than others. Moreover, sharing experiences and seeking advice can provide valuable insights into different perspectives. Additionally, building resilience is vital in managing stress effectively and helps in concentration and prioritization.

Regarding the organizational level, an overwhelming workload is the leading factor of stress for medical doctors, and managing workload effectively involves optimizing staffing levels, providing adequate resources, and streamlining processes. Moreover, to motivate medical doctors, the management should provide incentives and benefits such as providing training and educational resources for their professional skills, accessing workshops, seminars, and medical professional training in stress management techniques. Lastly, creating a healthy and supportive environment would be one factor for medical doctors, encouraging them to initiate

addressing problems and occupational stress, implementing the protocols within the whole organization, and promoting collaboration, teamwork, and individual welfare.

5.3 Limitation

While the research study specifies the stress management of specialized medical doctors, it is essential to acknowledge that findings and recommendations may not be applicable to all healthcare personnel. In addition, various job responsibilities, job demands, and organizational context can impact to variations of occupational stress, individual experience and coping mechanisms as differences depend on the role of individuals as residents, postgraduates, specialists, and consultants.



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