



Managing Professional Stress is Every Doctor's Business

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Dear Editor,

We would like to congratulate you and your team for highlighting an important, if often neglected, aspect of medical practice, self-care of doctors in your editorial in the September/October 2023 issue of this journal. Too often, doctors fail to recognise stress, especially professional stress. This can, as you rightly pointed out, lead to burnout or sadly, more disastrous consequences such as suicide.

We feel that a major issue around professional stress is often the failure to seek help. There are several barriers to help-seeking including the stigma of mental disorders, stoic attitudes to suffering, worry about being seen as a weak person, fear of bothering a colleague, a tendency to normalise symptoms, adoption of the “doctor role” and the fear of financial and job loss [1]. These need to be addressed by creating a narrative, a dialogue within the medical fraternity around professional stress. With this aim, we formed a not-for-profit organisation, ASHA, to support narratives and discussions around professional stress in doctors with the hope of generating local solutions. ASHA stands for *Accept Support Help Another*. We work with the basic view that one needs to understand that stress is universal, and it is every doctor's business to address it and find solutions. We care for doctors caring for patients. We at ASHA hope to do this through enhancing discussions at various fora. We hope several of your members will support the cause as you have rightly promoted through your editorial.

A second, often less understood aspect of interventions for professional stress is around the types of interventions.

The commonest are interventions (termed “tertiary interventions”) targeted at the management of mental disorders (anxiety, depression, substance misuse), or treatment for burnout or suicide prevention helplines [2]. All of these are useful but only address the issue after impairment has set in. In addition, the blame is placed on the shoulders of the individual doctor, for becoming stressed. This leads to further stigmatisation. The barriers towards help-seeking are only strengthened.

We at ASHA believe that the focus should be on “primary prevention” which includes addressing issues such as heavy on call rota's, poor staff retention, difficulties in interpersonal relationships in departments and a perceived lack of autonomy [3]. These are institutional issues beyond the ability of the individual doctor to address and need concerted action. Organisations, institutions, hospitals and departments could begin this dialogue by providing safe spaces such as reflective practice or Balint groups where staff could speak about such issues [4].

We also believe that “secondary prevention” through healthy lifestyle choices, better time management skills and conflict management training for doctors' groups would go a long way towards offsetting the effects of stress. There is evidence that primary and secondary interventions are more effective as compared to tertiary interventions in professional stress management [2].

At ASHA we would also agree that a certain amount of professional stress is inevitable in any job. This may even constitute a positive “eustress” effect towards better performance. The core issue is to prevent this from becoming “distress”.

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Disclaimer All authors are founder members of ASHA (Accept Support Help Another), a not-for-profit association operating in India.

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