# Emotional distress in doctors: sources, effects and help sought

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## Summary

All doctors in a London Teaching Hospital were sent a self-administered, anonymous questionnaire, to study past episodes of emotional distress. We enquired about frequency of past and current emotional distress, sources of distress, effects on work and home life, type of help sought and perceived outcome of that help. Of 320 doctors, 210 (66%) responded. One hundred and forty-one (68%) reported previous episodes of moderate or severe emotional distress. Logistic regression revealed that distress was significantly more common in younger doctors and in women. Many respondents reported work problems as causing their distress and work was frequently adversely affected by episodes of distress. Professional help was rarely sought; non-professional help was from family and friends. Current emotional distress was related to a history of past distress, especially among the most junior doctors.

We conclude that past emotional distress is reported by most doctors, with work pressures an important contributing factor. Doctors do not appear to use available sources of professional help. Our findings confirm that doctors have difficulty disclosing psychological problems. Specific programmes aimed at prevention and management of distress in doctors need to be initiated and evaluated.

## Introduction

Concern about the psychological health of doctors has led to several editorials in leading medical journals in the last 5 years[1-4]. Rates of suicide for doctors are approximately 2-3 times that of populations of comparable social class[5-7], although no particular specialty predominates[7]. Substance abuse may be up to 30 times more common among doctors than the general population[8].

Levels of emotional distress among junior doctors are known to be high and have been related to the particular demands of this part of medical training[9]. However, despite an extensive literature, we remain unsure of the exact levels of emotional distress among doctors who are beyond their junior years. Reported prevalence of emotional distress, variously defined, ranges between 0.5% and 46% reflecting the difficulties inherent to this type of research. Although research into the attitudes and behaviour of general practitioners has shown that doctors have difficulty disclosing either physical or psychological problems[10], very little is known about how doctors cope with personal distress.

Our aim was to study past episodes of emotional distress among doctors employed by a London District Health Authority. Our particular emphasis was on the source of that distress, the effects it had had on work and home life, the type of help sought and the perceived outcome of that help. We focused on previous emotional distress in order to gain more complete information about the episodes and their effects. By this approach we avoided intrusive questions about possible current emotional problems, although we did seek some overall estimation of current emotional state.

## Method

All hospital doctors practising in an inner London Health District were posted an anonymous questionnaire concerning past episodes of emotional distress. Each mailing included a letter of introduction explaining the aims of the study and stressing absolute confidentiality. With each questionnaire, subjects received a postcard; the questionnaire was returned anonymously, while the postcard, containing the name of each respondent, was returned under separate cover to indicate that the subject had responded. In this way, non-responders could be identified and sent a reminder letter and further questionnaire.

The questionnaire was constructed by the authors and piloted on 20 doctors working in a neighbouring hospital. Minor modifications were made as a result. The design was semi-structured with room for additional comments and the following areas were covered:

(1) Demographic details. Age data were requested only in three bands and specialty in three categories, to ensure that individual respondents could not be identified.
(2) Past experience of psychological distress and its causes and effects on work and home life.
(3) Reactions of colleagues or other staff.
(4) Type of help sought and outcome or reasons for not seeking help.
(5) Brief assessment of current emotional state, using a visual analogue scale with the ends labelled as 'no emotional distress' and 'extremely distressed'.
(6) Current alcohol intake.

An option was given to return only the first sheet of the questionnaire concerning demographic details and whether or not the doctor had ever suffered an episode of emotional distress. This was to allow us to collect some information from doctors who might have found the remainder of the questionnaire too intrusive. Similarly, for reasons of sensitivity, we only included one question on current emotional state.

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*Table 1. Details of respondents*

| | | | |
|---|---|---|---|
| **Age** | | **Sex** | |
| <40 years | 126 | Men | 139 |
| 40-55 | 58 | Women | 65 |
| >55 | 23 | Not answered | 6 |
| Not answered | 3 | | |
| **Civil status** | | **Home circumstances** | |
| Single | 53 | Living alone | 36 |
| Married | 123 | With one or more adults | 169 |
| Cohabiting | 20 | | |
| Separated/divorced | 10 | Not answered | 5 |
| Not answered | 4 | | |
| **Grade** | | **Specialty** | |
| Pre-registration | 19 | General medical | 75 |
| Junior doctor | 87 | Surgical | 38 |
| Consultant | 101 | Other | 89 |
| Not answered | 3 | Not answered | 8 |

## Analysis

The answers to the questions about perceived causes and effects of previous emotional distress were analysed descriptively. Two response variables were examined in more detail: episodes of previous emotional distress and current emotional state. The effects of age group, sex, whether living alone or not, marital status, grade and speciality on the risk of previous distress were tested using the Mantel-Haenszel procedure. The effects of variables in combination were further examined using multiple logistic regression. A score based on the current emotional state was analysed by the above variables and by previous emotional distress, using tests for differences in means. Again, the effects of variables were further examined using multiple linear regression.

## Results

We undertook a total of three mailings to 320 doctors. One hundred and forty-three doctors (45%) responded to the first, 45 responded to the second and 22 to the third, an overall response of 210 or 66%. Twenty-two (11%) doctors returned only the first sheet of the questionnaire. Consultants were more likely to reply (72%) than junior doctors (59%). Overall, 33 doctors returned their questionnaire but did not return a postcard. Thus, we could not accurately identify non-responders on the staff listing, in order to examine their demographic characteristics. Demographic details for the responders are shown in Table 1.

### *Frequency of past emotional distress*

One hundred and forty-one (68%) of respondents replied Yes to the question: 'Have you ever had periods of moderate or severe emotional distress?' Eight of these returned only the front sheet of their questionnaire. There was no difference in the proportion reporting past emotional distress between groups responding to the three mailings.

The risk of previous emotional distress was significantly greater in the younger age groups, in women, in unmarried people (including divorced and separated) and in pre-registration and junior doctors (Table 2). Logistic regression revealed that marital status and grade did not significantly affect the risk of past emotional distress once the effects of age and sex were taken into account. The model for estimating the effects of age and sex on risk of previous distress is given in Table 3. The log odds ratio (a measure of relative risk) of previous emotional distress is reduced with increasing age group; it is increased, however, in women, uniformly across all age groups (Figure 1). In addition, when current alcohol intake was added to this model, it was found to have an effect, such that those with higher levels of current alcohol consumption had a higher risk of previous emotional distress.

*Table 2. Associations with past emotional distress*

| | | *Relative risk ratio of past emotional distress* | *95% CI* | *Mantel-Haenszel* |
|---|---|---|---|---|
| Age (years) | <40 | 1.0 | | |
| | 40-44 | 0.841 | 0.671-1.05 | $\chi^2$=8.84 |
| | >55 | 0.589 | 0.365-0.950 | $P$<0.005 |
| Sex | Men | 1.0 | | $\chi^2$=6.62 |
| | Women | 1.29 | 1.08-1.55 | $P$<0.01 |
| Marital status | Married* | 1.0 | | $\chi^2$=6.20 |
| | Unmarried* | 1.28 | 1.07-1.54 | $P$<0.05 |
| Grade | Pre-registration | 1.0 | | |
| | Junior doctor | 0.932 | 0.715-1.21 | $\chi^2$=5.22 |
| | Consultant | 0.752 | 0.567-0.998 | $P$<0.05 |

*Married includes cohabiting and unmarried includes single, separated and divorced

*Table 3. Model of age and sex effects on risk of previous emotional distress*

| *Factor* | *Odds ratio* | *95% CI* |
|---|---|---|
| Age 40-45 years | 0.67 | 0.34-1.33 |
| Age >55 years | 0.29 | 0.11-0.73 |
| Female sex | 2.07 | 1.02-4.21 |

The odds ratios are for the risk of having previous emotional distress. Those for age are relative to the age of <40 years and that for sex is relative to men

### *Causes and effects of emotional distress*

The following results relate only to those 133 doctors who indicated past emotional distress and returned the whole questionnaire. Doctors could give more than one answer to each question. The three most commonly reported causes of distress were excessive work load (62), stresses related to work (88), stresses related to home life (61). Other causes reported included stresses from relationships outside home (18), personal difficulties (24) and financial problems (18).

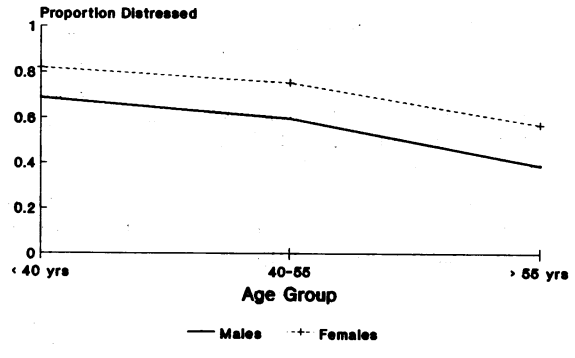


*Figure 1. The estimated relative risk ratio of past emotional distress in men and women in different age groups, from logistic regression model*

Ninety-four doctors considered that emotional distress had affected their work and reported irritability, inability to concentrate and reduced work capacity. Only 12 admitted that distress had resulted in time off work. The personal lives of 103 doctors had been affected by their emotional distress. The commonest problems were difficulties with partner (69), withdrawing from people (37) and personal disorganization (33).

Reactions of medical colleagues were mixed. The commonest perception was that colleagues did not notice the doctor's distress (71). Twenty-two doctors considered that some colleagues actively ignored their distress, and 15 that they were irritated by it. However, 53 doctors reported sympathy from some colleagues and 31 of them had been offered help.

*Help sought*

Only a quarter of the doctors (36) had not sought help from non-professionals, almost all of whom felt that it was unnecessary or would not have helped. Those who did seek help most commonly sought it from partners (50) and other family and close friends (53). Thirty-four had informally approached their medical colleagues. Of the 71 doctors who commented, 69 considered that this non-professional help had been useful.

One hundred and six doctors had not sought any form of professional advice for their distress, mainly because they thought it was not needed or would not help. Ten were embarrassed to seek help and seven were worried about confidentiality. Those who did seek help, sought it from hospital colleagues (5), general practitioners (4), psychiatrists (6), psychologists (5) and counsellors (3). No-one reported contacting the Sick Doctors' Help Line[1]. Eighteen (90%) of those who sought professional help reported that it was useful.

*Other means of help*

Few doctors reported using other means to help with their emotional distress. Eighteen admitted to increased use of alcohol and six had turned to meditation or religious involvement.

Forty-seven doctors, however, commented on other forms of help which would have been useful to them. Nineteen of these suggested the provision of an informal, confidential counselling service. Others mentioned reduction in work load and better communication with management and greater understanding from senior colleagues.

*Current emotional state*

The distribution of responses to the visual analogue scale exploring current emotional state was highly skewed with many doctors reporting virtually no emotional distress. The scores were normalized by taking square roots and these figures were used in the analysis. Mean scores were significantly higher in those reporting previous emotional distress ($P<0.0001$, two-sample $t$-test), older age groups ($P<0.001$, one way ANOVA), unmarried (including separated and divorced) ($P<0.001$, two-sample $t$-test) and pre-registration and junior doctors ($P<0.001$, one way ANOVA). Multiple regression analysis demonstrated that age group and marital status did not significantly improve the model once the combined effects of previous distress and grade were taken into account. The score for current emotional distress was higher amongst those who had reported previous distress; it decreased, however, from pre-registration doctors through to consultants. There was evidence of an interaction between previous distress and grade, such that the effect of past distress was greater for pre-registration and junior doctors than for consultants (Figure 2).

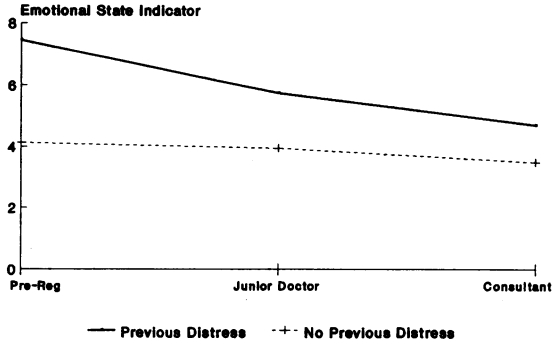


*Figure 2. The estimated score for current emotional state (sqrtEMS) in those with and without previous distress in different grades, from linear regression analysis*

*Current use of alcohol*

Median alcohol intake for the 187 doctors who replied to this question was 6 units per week. Of the 182 with complete data, 10 (8%) of the men and seven (11%) of the women were drinking more than the recommended 'safe' limit (21 units per week for men and 14 units per week for women)[11].

## Discussion

Our findings confirm that doctors in the health service are subject to high levels of personal distress. This is in keeping with recent studies of junior doctors[9]. It is also clear that doctors experiencing emotional distress have difficulty disclosing this to anyone outside their immediate family and friends.

The doctors taking part in our study were all employed in one London teaching hospital. Nevertheless, we believe they are likely to be representative of doctors working in other large hospitals in British cities. Frequency of past distress did not differ between early and late responders, suggesting that the 34% who did not reply at all were likely have similar levels of past distress.

Although we cannot be certain of the severity of the reported episodes, there is evidence to suggest that they were disruptive to work and home life and were associated with higher levels of current emotional distress. Given that the ethos in the medical world is to deny health problems, particularly psychological, this level of reported distress is striking.

Past emotional troubles were commonest among young, women doctors. Although higher levels of reported distress among women are a frequent finding, this can be explained by social differences, including career prospects[12]. Women doctors, however, face particular pressures in a traditionally male dominated career[13]. There are several possible explanations for higher rates in the young doctors. The older doctors may have forgotten long past episodes; perhaps only those doctors less vulnerable to stress have remained in hospital medicine; or with the increasing complexity of modern medical practice and career uncertainty, there may be a cohort effect such that stresses on doctors beginning their careers are greater than in previous times[14].

It is very difficult to determine whether the reported emotional distress was mainly secondary to work pressures or whether work suffered as a result of emotional distress of other origins. Nevertheless, excessive work load and stresses related to work were most commonly cited as causes of past emotional distress. There is continued concern about long hours worked by junior doctors and adverse effects on mood and cognition have been demonstrated after periods on call[15]. It is unlikely that the pressures on doctors decrease with seniority, but the stresses differ, the doctors have more control over management of their workload and with experience comes adaptation to the stress. Studies in other professional groups do not always link emotional problems with work-related pressures[16], which might indicate that particular pressures in medicine place doctors at greater risk.

Not only was work a common source of stress, emotional problems were frequently reported to disrupt work, thus setting up a vicious cycle. Nevertheless, doctors rarely took time off work or discussed their problems with colleagues, who were usually perceived as unaware of the situation. Their difficulties were compounded by the negative effects of their emotional problems on partners, who normally would be expected to be an important source of support. Marital problems among doctors are well recognized[17].

Although about 10% of doctors in this study reported that they consumed more alcohol than the recommended safe limits, alcohol was rarely cited as being related to previous episodes of emotional distress. Nevertheless, current intake may be an index of past consumption of alcohol and it is notable that there was a strongly positive association between level of current alcohol intake and risk of past emotional problems.

Few doctors experiencing past distress had sought professional help and none reported using the Sick Doctors Help Line; most had relied on family and friends. Community studies[18] also indicate that many people suffering emotional distress seek non-professional forms of help. Thus, studies based on doctors receiving professional treatment are only dealing with the tip of the iceberg and their findings may not be applicable to the majority of doctors with emotional problems. However, many doctors in our study would have welcomed some form of informal counselling in the workplace and perhaps this sort of service should be set up and evaluated.

It is not surprising that the more junior doctors and those reporting past emotional problems had scores indicating greater current distress; past emotional health is a good predictor of current emotional state. The effect of past distress may have been greater in the junior grades may be because their previous distress was more recent, or even overlapping with, their state when answering the questionnaire. Senior doctors may have learned to adapt to stress, following episodes of distress long ago. For reasons of sensitivity and confidentiality, we did not ask when or how often previous episodes of distress had occurred.

Emotional distress is common in hospital doctors of all grades, many of whom do not seek professional help or support from their colleagues. The effects of this distress are considerable, both on work and home life. Work stresses are important precipitants and many doctors in our study called for changes in the workplace and the provision of informal counselling. What is needed now is the implementation and evaluation of programmes of prevention, including action to reduce identified work stresses and to support individual doctors.

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