Stress Levels, Attitudes towards Specialty and Job Satisfaction among Indian Urologists- A Cross Sectional Study

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ABSTRACT

BACKGROUND

Urology is a vast specialty in medical science and a career as a urologist is demanding, both physically and mentally. The attitudes towards specialty, stress levels, causes of stress, and job satisfaction were assessed among Indian Urologists.

METHODS

Three hundred pretested questionnaires were provided to the Urologists attending various national level conferences in India out of which 208 were received back. The collected data were statistically analysed using SPSS Version 20.

RESULTS

Around 39% of urologists expressed that they are not happy, being a urologist. Given a chance, 52.9% of urologists denied taking Medicine again as their career choice at this point of time and wished to change their profession from medicine to different fields. Around 42% of urologists feel stressed at workplace and stress is more among young urologists and urologists involved in private practice.

CONCLUSIONS

There is high prevalence of stress among Indian urologists especially young and free-lancing urologists. MCI and USI need to look into these matters and initiate problem preventing and problem solving strategies as there is a large amount of evidence regarding the ill effects of high stress levels and burnout.

KEY WORDS

Urology, Stress, Burnout, Job Satisfaction

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BACKGROUND

India has more than eight lakh allopathic doctors who play an important role in the management of health care system. But their own mental health condition is alarming which Indian Medical Association calls it as Public health crisis. Reasons for the stress and burn out vary among various medical specialties. Surgeons are prone for high stress levels, burnout and psychiatric morbidity.¹ Personal and familial factors are protective but professional factors play significant role in these phenomena.¹

Urologists often find themselves in stressful environments that are detrimental to their personal health and their social wellbeing and more often than not, this affects their professional judgement. There is a huge gap in the knowledge pertaining to the understanding of these stress levels and their subsequent effect on the performance of the doctor and this chasm is particularly glaring in Indian Urologists. This study aims to bridge this gap and provide a better understanding and open newer avenues toward accessing help with respect to stress related problems and evaluate job satisfaction in one of the highly lucrative and yet immensely stressful medical field. Several studies have been done to assess the stressors and Job satisfaction among Urologists among developed countries, but studies related to stress among Indian urologists are very limited which prompted us to design this study to evaluate stress and Job satisfaction among Indian Urologists.

METHODS

The study design included a questionnaire which was required to be answered anonymously. It was a cross sectional survey and included various national level conferences across different regions of India which saw a confluence of urologists with varied levels of experience and seniority and hailing from different parts of the country. It was a yearlong study conducted between January 2018 and January 2019. The institutional ethical committee clearance was obtained. Data was collected through the questionnaires. It was pretested at a state level conference. Necessary permits were obtained from the organizing authorities of the event. An informed verbal consent was obtained from urologists. The urologists were selected on the basis of their availability and questionnaires were handed out by the study team. They were asked to return the completed questionnaires to members of the study team. The questionnaire covered demographic characteristics, seven multiple choice and seven open-ended questions. Possible influences were selected on the basis of literature reviews and discussions with senior urologists.

The initial part of questionnaire was related to attitudes towards specialty, reasons for selecting urology as a career choice, views regarding the urology subject and super specialty, and reasons for considering change of specialty. Second part of the questionnaire enquired about stress factors, job satisfaction and effect of various government schemes on their clinical practice in Urology. Last two questions were open-ended where the urologists had an

opportunity to write comments about their opinion regarding the good and the bad aspects in urology. Data were double entered by two operators and was statistically analyzed using IBM SPSS version 20 statistics software. Percentages were computed for categorical outcomes, mean and standard deviation for numerical outcomes.

RESULTS

Three hundred pretested questionnaires were provided to the Urologists attending various national level conferences in India out of which 208 were received back. Response rate was 69%. Minimum age noted was 26 years and maximum aged person was 63 years old with the mean age of 39+/- 12 years. Around 22% of the urologists belonged to suburban areas, 56% belonged to urban and 22% were from metro cities. The Area of practice is displayed in Table 1. Maximum work experience in Urology noted was 25 years and minimum was 1 year. Around 16 % of urologists have done fellowships in various fields majority being in Paediatric urology. Other fellowships mentioned were Laparoscopy, Endourology, minimal access and Rnal Transplant and dialysis access fellowships.

Around 55.5 % of urologists express that they are happy being urologist. 39% say they are not happy and around 6% say they are somewhat happy. Given a chance 52.9% of urologists denied taking Medicine as their courier again, at this point of time. And they would shift to other fields of their interest like business (23%), lawyer (3.8%), engineering (3.2%), politics (2%), music and art, consultancy/job advisor, administrative service, army, farmer, photography etc. Four percent of urologists mentioned that they would do anything else other than Medical work and did not mention what exactly they want to do. Around 8% of urologists want to be doctors only but would love to switch to other specialties of Medicine.

42% of urologists are stressed at workplace whereas 58% of urologists don't feel stressed at workplace. Various causes for stress are mentioned in Table 2. Around 45.8% of people expressed that they are affected by the various government laws and schemes like National Medical Commission bill (NMC), Ayushman Bharat schemes, consumer protection act, KPME act in Karnataka, fear of litigation and fear of violence by public etc. Out of 208 urologists, 112 of them (54.2%) expressed, they are not affected by the government acts. Question on how government laws are affecting urologists; revealed many interesting facts (Table 3). Question on job satisfaction revealed around 40% of urologists are very satisfied. 48% are somewhat satisfied 10 % are ambivalent and 2% of them express they are somewhat dissatisfied. Our study revealed, average monthly income of Indian urologists 0-2 lakhs - 45.2%; 2-5 lakhs- 35.7%; 5-10 lakhs- 14.3%; 4.8% - >10 lakhs. Comments on what is one best thing and one bad thing about Urology are mentioned in Table 4 and 5.

	Frequency	Valid Percent
Teaching institute	68	33.3%
Private Practice	80	39.2%
Both	56	27.5%

Table 1. Area of Practice

High workload, Operative stress, Challenges to perform better/ decision making
Too many stringent government laws and schemes and interference in the work
Fear of violence from public
Dealing with Management, Administrative work
Limited Resources, Poor support staff
Urology is getting saturated, Peer competition, Difficult colleagues or staff
Lower remuneration, Bargaining by patients on costs
Table 2. Causes of Stress in Urology; Some Common Comments

I feel helpless; I feel my hands are tied
Less incentives work double
Politicians are dictating terms for Medicos
No freedom to practice and flourish
There is high difference between the Indian medical charges and medical charges abroad; One of the reasons for the doctors leaving the country
Stringent laws and rate fixing by government should not be tolerated by doctors in India
Politicians should not control medical professionals; medical professionals should by themselves have a morality
Feeling low in confidence in every attending patient. Don't want to take up scheme or low yield patients
Becoming more n more conservative n less risk-taking behaviour
Table 3. Effect of New Government Schemes and Acts like NMC Bill, Ayushman Bharat Schemes, Consumer Protection Act etc.

Nothing
Can practice anywhere
Least emergencies, Voluminous elective surgery, Less postop care
JOB satisfaction due to patient satisfaction, Patient compliance, Rewarding, Cures, less mortality, good and fast and Complete pain relief after stone removal
Interesting subject, Easy to learn and good income, Ever growing, advancement
Minimally invasive, Endourology challenges, Stress relieving, Variety
Minimally invasive, good outcome, independency, minimal emergency
Many
Table 4. What is One Best Thing about Urology- Some of the Common Comments

Nothing
Occupational hazards- Operating surgeon's position, Radiation exposure
Getting Saturated, trained general surgeons encroaching on our procedures; Surgery fees going down with increasing competition
Cost of instruments: Fiberoptic scopes and Laser are costly
Reoccurrence
Not on par with CTVS/Neuro
Lack of teaching institutes and good teaching
My son feels shy in telling others that my father is a urine surgeon
Society is still not well aware of the branch as a specialty
Table 5. What is one Bad Thing about Urology- Some of the Common Comments

DISCUSSION

The present study is the first to analyse stress levels, job satisfaction and attitudes towards specialty among Indian urologists. For decades urologists are considered as very happy, charming and satisfied personalities. But in the last decade many research works revealed high levels of burnout among Urologists. Even in our study, given a chance, 52.9% of urologists denied to take Medicine again as their courier at this point of time and they would do anything else other than medical work. Today patients and public have high expectations. And this attitude of not being happy and satisfied with our own medical field is being observed not only in urology but in all the medical specialties in India.

A study done at UK and Ireland revealed self-reported level of chronic stress and burnout experienced by urologists was 52%². This is higher than urologists in the USA which has the incidence of 40% and also higher than other reported specialties such as general surgery (50%), orthopaedics (45%), and plastic surgery (45%).^{3,4,5} Our study results were comparable to stress levels among USA urologists.

In a study done by O'Kelly et al., the highest stress and burnout scores were seen in urologists aged more than 45

years, in private practice, a leadership role in the workplace including hospital management.² The factors that correlated with burnout were identified as administrative work load, volume of work, lack of institutional resources or management support, lack of pension, patient expectations, on-call responsibilities and salary.² Unlike our study results, factors which had the least impact include operating room decision making, research, and medico-legal pressures, probably due to change in working environments, various responsibilities assigned by the institutions, and government schemes and laws in UK and India.

In a multi-centric review revealed that doctors are more at risk of stress and burnout as compared to the general population and among doctors; surgeons had high prevalence of burnout, psychiatric morbidity, and depression, with suicidal ideation rates above those of physicians¹. They found that workload was the most significant contributor to burnout¹. For some of the urologists, high workload is the cause of stress. Urologists are getting busier day by day as the life expectancy has increased leading to high old age population with high risk comorbid conditions and urological complaints. India lacks strict guidelines on uniform working hours for doctors as well as remuneration for doctors. Professional factors, such as poor professional relationships, malpractice claims, and work-home conflicts appear to contribute significantly to these phenomena¹. Even though, the presence of familial and social supports, were supposed to alleviate stress; the impact of professional factors is high enough to cause burnout.¹

Majority of urologists are affected various state and central government health laws and schemes which are governing doctors like consumer protection laws, Ayushman scheme, NMC bill etc. Sometimes doctors become the soft targets in the game of politics. This is an important aspect upon which authorities like Indian urological society, Indian medical association and other medical organizations should look into and to take further actions as it is harming the health of the doctors.

On evaluating how the laws are affecting the life of an urologist, Majority expressed that they feel helpless and as though their hands are tied; feeling of frustration. These emotions can affect both the quality of medical care and the physician's own sense of well-being, since unexamined emotions may also lead to physician distress, disengagement, burnout, and poor judgment.⁶ Working with such kinds of helpless feelings is neither good for the patients or for the surgeons and the hospital. Job satisfaction can act as a protective factor against stress and burnout.⁴

In our study stress levels were more among free lancing urologists as compared to urologists attached to teaching institute or an organization. But a Germany study revealed, urologists who practiced in academic institutions had higher burnout compared to urologists practicing in a private/community setting which was attributed to multiple administrative roles. But there is evidence that academic practice acts as a protective factor against stress and burn out¹. Other protective factors included marriage or spousal support, career satisfaction and autonomy¹. Young urologists aged less than 45 years are more stressed than old urologists. Our results were similar to study done among Germany urologists⁷ and urologists in UK and Ireland.² Sharma et al. reported that Depersonalization was more common in

younger colorectal and vascular surgeons, and that those surgeons planning to take early retirement were more likely to have psychiatric morbidity associated with burnout⁸. The possible explanation for higher levels of stress among free lancing urologists could be due to lack of stability at one place or could be due to arranging operating theatres, anaesthesiologists, and lack of well-trained staff.⁹

When stress persists for a long time it leads to a syndrome of Burnout. The term "burnout" was first coined by Dr. Herbert J. Freudenberger in his 1980 book *Burnout: the High Cost of Achievement*, where he defined it as, "The extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results¹⁰. Though there is huge medical research and increased awareness about burnout, still the incidence of burnout amongst doctors continues to climb.¹¹ One of the largest studies, involving more than 35,000 physicians in the United States, revealed 10% rise in burnout and 8% decline in the satisfaction of work-life balance (WLB) in 2014 as compared to 2011 studies.¹² Urologists had high rate of burnout (67%) and lower satisfaction rates. Other specialties with high burnout and low satisfaction with WLB were family medicine, neurology, orthopaedic surgery and general internal medicine. Specialties ranking lowest on the burnout inventory included general surgery, paediatric subspecialties, psychiatry and preventative and occupational medicine.

When more than one third of surgeons experience burnout and low job satisfaction, there is a risk of losing a major component of our work force to early retirement and potential substance abuse which could adversely affect the quality of care provided to patients across the medical spectrum¹¹. Today young urologists are more stressed and burnout permeates our medical culture as early as residency training and continues to be a major factor in job dissatisfaction, interpersonal conflicts and substance abuse even for urologists who are well into their senior years of practice.^{11,13}

Several risk factors have been identified by the American Medical Association to be associated with higher rates of physician burnout¹⁴ which include: demanding clinical workload, increased number of nights on call, a partner who also is a physician, young children to raise, a recently encountered medical error, mid-level career, conflicts between work-life balance, and less than 20% of their time spent on the most meaningful aspects of work.¹⁴ These principles have been reported across many surgical subspecialties; including obstetrics/gynaecology, otolaryngology, and orthopaedic surgery, where the investigators found that increasing hours worked per week were a statistically significant predictor of burnout, decreased career satisfaction, and poorer overall quality of life.¹⁵ In line with these reports, dissatisfied physicians were up to 3 times more likely to leave medicine than satisfied physicians, with surgeons being the most likely to retire early.¹⁶

Stress= Pressures/Resilience. Pressures are as a result of environmental (Workplace related stressors) or Interpersonal (Interaction with others wherein one perceive themselves as powerless to change or control the situation) or personal. Resilience is the inner strength, which when adequate person develops problem solving strategies alleviating the stress. When resilience is inadequate person

develops Emotional focused strategies enhancing the effects of stress. Yoga and meditation are one of the tools to develop Inner strength. Yoga and Meditation improve psychological well-being, self-confidence, relieve stress, facilitate positive experience, reduces pain perception, headaches and improve sleep.^{17,18}

Measures that can be taken by Urology Faculty, USI and other National Medical Bodies like IMA

- Strengthen USI at local, state and National levels- encourage membership.
- Initiate large scale multicentre studies and rephrase the rules and regulations regarding working hours, various state and central government health schemes, remuneration given to various physicians and surgeons⁹. Voice of national associations should become public voice and fight for doctors rights with a strong representation of doctors at central level.
- Accident and incident conferences should be organized in positive environment where in urologists present the critical situations they encountered, provide opportunity to share practices and discharge overload and emotional stress; could also play a role in the social support.
- Develop web-links (Blogs, videos, etc.) and address the topics like physician wellness, maintaining work-life balance, and tips on handling the first years of practice, provide contact numbers for confidential counselling, suggested readings etc. Online program was launched by the American Medical Association in June 2015 called STEPS Forward, which addresses physician burnout via online educational modules covering key areas such as: practice efficiency and patient care, patient health, physician health, technology and innovation. Same programs can be developed in India as well
- Involvement of local bodies: Society is becoming more litigious- consider local USI/ IMA or similar agencies to provide legal advice, indemnity insurance etc. Local bodies should also ensure adequate staffing at work place like small nursing homes, develop reasonable financial expectations/goals, reduce prolonged stress, restore a sense of control, reduce call obligations, restore lifestyle balance, improve efficiency, reduce isolation and seek professional help.¹⁹
- To cope with modern work practice, it is essential that additional management and administration skills be included in training and in continued medical education². Increasing intellectual stimulation, allowing better quality of care, improving interaction with patients and providing adequate operating room assistance should be seriously considered.
- Consider Yoga, meditation and other mindfulness-based interventions, counselling sessions/workshops/ seminars are excellent strategies for the prevention and treatment of burnout.²⁰
- Our study had many limitations. We have not measured the actual stress levels, which could be another level of study. It is also uncertain whether the associative factors proposed are in fact causal; a follow-up survey would provide longitudinal evidence. Future studies could probe more deeply into urological surgeons' personal lives in order to determine the extent this may play in stress and burnout.

CONCLUSIONS

There is a high prevalence of stress among Indian urologists especially young and freelancing urologists. There is evidence in the literature that persistent stress leads to a syndrome of burnout which in turn affects health, personal and professional life, ultimately leading to lack of patient care. As an organization with a strong national presence, MCI and Urological Society of India should address these matters and initiate multicentre studies and problem solving strategies involving local bodies as well. Ultimately, it is the responsibility of all the urologists to adapt to stress free life styles and attain work-life balance.

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