

Clinicians' Stress and Loneliness: A review

This article was published in the following Scient Open Access Journal:

Abnormal Psychology and Clinical Psychiatry

Received June 28, 2018; Accepted July 04, 2018; Published July 13, 2018

Ami Rokach*

York University, Toronto, Canada

Abstract

Little research is available on loneliness of clinicians. This brief paper has amassed those studies that are available to demonstrate that there are, indeed, multiple negative effects of the stressful work of clinicians: physicians, psychiatrists, nurses, psychoanalysts, and psychotherapists. Loneliness is the most severe of them, and needs to be addressed. The common suggestion, now, is via professional social support, from supervisors and peers alike.

Key words: Burnout, Physicians, Nurses, Psychotherapy, Stress, Loneliness, Social Support

Clinicians' Stress and Loneliness: A Review

Due to budget constraints at least in the U.S. but not only there, there are mental health staff cuts which result in health workers working overtime, which has been described as a trigger for burnout that involves chronic work-related stress, characterized mainly by emotional exhaustion and loneliness [1]. In a study examining work experiences of 182 clinicians, it was found that many (52% of their sample) reported working more than they bargained for, and have consequently experienced burnout, feelings of alienation, and reduced work satisfaction [1].

They noted that "While there are many positive aspects in this field of work there are also qualities that can be frustrating for practitioners. These qualities include feelings of isolation, depletion of emotional resources, lack of expressed ... constant exposure to negativity in the form of client complaints, legal/ethical dilemmas... and more recently, dealing with the added strains of the managed care system. Mental health clinicians (for the purpose of this study: psychiatrists, psychologists, and social workers) are continuously exposed to psychosocial stressors throughout their career that, if persistent, can lead to burnout" (p. 1).

Croke reviewed the various 'ingredients' burnout, and observed that loneliness and detachment, are salient ones. He noted that burnout can create or increase the clinician's isolated, withdrawn, and depressive state.

Too often work relationships are not included in lists of things that make life worth living. And that, despite the fact that commonly people spend much of their waking hours at work, and work relationships become central to how they perform their work and it affects their work quality [2]. Dutton and Ragins [2] in commenting on how important work relationships are, noted that those relationships "can be a generative source of enrichment, vitality, and learning that helps individuals, groups, and organizations grow, thrive, and flourish" (p. 3). Complex organizations, such as hospitals, where physicians and psychologists are employed, and which are stressful hubs of demands, crises, and high requests for services, have been shown to significantly and at times negatively affect the staff's personal lives by the stress it inflicts on them. It was also reported, on the other hand, that the ability to develop positive human connections has been identified as an important factor influencing the well-being of workers and their professional performance [3-5]. Stress has been shown to be positively related to loneliness which may hamper psychological wellbeing, and affects negatively the immune system [6]. Lonely and disconnected people are less trusting of others and thus their ability to develop relationships, those very relationships that can help them, is impaired [6-7].

*Corresponding author: Ami Rokach, York University, Toronto, Canada, Email: arokach@yorku.ca

Loneliness of Clinicians

Clinicians are given to high levels of stress and burnout, and their loneliness is exacerbated as the clinician must arrive at conclusions and make decisions which he alone will be responsible for [8]. Some, like physicians for example, may need to make life and death decisions frequently, while mental health professionals rarely do so. Let's look at physicians and other mental health professionals this paper will examine physicians and other mental health professionals and how they handle their work demands.

Physicians who work within the medical system, may be called on to make decisions that affect their patients' lives, at times they do not even have the luxury of consulting their peers. Mental health professionals may experience loneliness when they strive to hold on to their concern for their clients, their loyalty to their peers, their caring for the organization, and their commitment to their family. As a result, professional's loneliness and self-doubt may be enhanced [7].

The medical profession puts pressure on physicians from the beginning of their educational journey. This leads has been shown to lead to anxiety, depression, loneliness, and burnout in physicians and additionally, it affects their psychological well-being, job and life satisfaction [9]. In their study, carried out in Turkey, Karaoglu, et al. [9] explored the various feelings that may lead medical students and physicians to burnout and eventually suicide. The stressors include professional demands, feeling, at times, caught between their loyalty to their patients, their debt to their employer, and their wish to be with their family [10]. They found that men and women experienced loneliness with a similar frequency, and that has devastating effects.

Physicians are amongst the highest risk group for suicide. depression and loneliness were identified as main causes of those high suicide rates [10]. In the United States for example, 300 to 400 physicians commit suicide annually [11]. Suicide deaths are 130% higher among female physicians and 70% higher among male physicians than among women and men in other professions [11].

Kushnir, Rabin and Azulai [12] observed that occupational stress has been detrimental for emotional and physical well-being and has been positively correlated with emotions such as anxiety, depression and anger, and additionally, contributing to absenteeism and job related, interpersonal conflicts. Stress has been known to be associated with physical illnesses such as cardiovascular illness, gastrointestinal conditions, also lowered immune functioning which may bring about prolonged strain which may then culminate in exhaustion and depletion of personal resources [13-14] reviewed a variety of studies concluded that the nature of the work renders mental health professionals particularly vulnerable to stress which negatively affects their service delivery and quality of care. They argued that burnout research mostly examines "the external" story" as Rabin, et al. [14] referred to it, and not paying enough attention to systemic or personal narratives which get lost in the 'wastebasket' "wastebasket" termed burnout. Addressing their work environments, at least those mental health workers who work in hospitals or organizations, their managers know that psychotherapists are often very demanding of themselves striving to find the 'ultimate cure' or the perfect approach in

helping their clients. Managers, contend [15] should assist their workers manage their subjective stressors, as outlined above.

Herzog [16] wrote about the isolation of psychoanalysts and psychologists who are in private practice, where for them loneliness may be an occupational hazard. Clinicians, like all of us, may go through losses, illnesses, and disappointments, all which require of the clinician to handle and address them while helping and attending to his/her clients. It is not uncommon that during periods of stress, trauma, and loss the office becomes an island of sanity and an anchor to life. Herzog related that when his wife died suddenly, he experienced grief and loneliness and was glad [and that is not necessarily encouraged of mental health professionals] that some of his more caring and sensitive clients offered supportive words and gestures. Clinicians cannot separate their personal lives from their private practices, since clinical work is not a one-way arrangement. The person, who offers treatment, is the same person who may have gone through loss and pain. As [17] observed "Individual psychotherapy occasionally evinces feelings of loneliness in the therapist. The therapist has to contend with his patient's powerful feelings and try to contain them" (p. 104).

Melamed et al. chose to focus not on inpatient serving clinicians but on those who work in outpatient ones. In the outpatient clinic, the situation differs greatly. In such a clinic, the therapist is situated in his office and only occasionally meets colleagues for group discussions and debriefing. The therapist usually works without a team and knows that he should deal with most of the issues by himself, which he capably does [18]. Looking at the situation in a public clinic, the therapist faces tremendous burden and responsibility with clients who may have, at times, severe disturbances. The therapist, as we alluded to earlier, finds himself with dual loyalties: to his clients, and to "the system" for which he works. The therapist, in thus facing demands to treat patients according to the clinic's schedule, to participate in staff meetings, study and in some cases also to teach [19]. "The therapist who wishes to share his experiences or difficulties with other staff members might be confronted with the chronic problem of the public clinic: pressure and lack of time. He might be disappointed and alone"(p. 105). Melamed, et al. suggested that offering therapy in a public clinic demands overcoming challenges for the individual therapist and for the staff in general. In that situation, there seem to be tensions between the need to treat, and the demand of the work to provide satisfaction and enjoyment for the staff, giving rise to growth and maturation rather than burnout and disintegration.

The Importance of Social Support in Assisting Lonely Clinicians

Van den Berg, et al. [20] highlighted the importance of social support, by peers, organizations and personal friends, of medical personnel and educators, in preventing loneliness on the job. They suggested that social support, on and off the job, are a versatile resource that can help cope with job demands due to its positive effects on stress which may even prevent stressful events from occurring, or lower the level at which they are harmful. Social support can also serve as an extrinsic motivator for endeavouring to achieve work related goals, which may rely on others' help and suggestions. However, additionally social support can be an intrinsic motivator for personal growth when it provides a sense

of relatedness [21]. Van den Berg et al highlight the contribution of the self-determination theory (SDT) in describing feelings of competence and autonomy as the driving force of motivation. "Our finding that social support may also lead to feeling reassured and confident and to feeling encouraged and determined may be explained by the competence component of the SDT: restoration or strengthening of the feeling of competence makes an act supportive" (p. 312).

Helping Mental Health Workers Address Stress and Loneliness

Understanding the loneliness of psychotherapeutic work may help managers become aware of the emotional drain incumbent in constantly treating patients. Psychotherapists are, often, secluded in their work [even in organizations] and managers, according to Rabin, et al. [15] need to encourage them to overcome their isolation by seeing clients together with the clinician in joint counselling sessions, and that enhances managers' realization of the importance of adhering to an inter-professional cultural approach, rather than complying with a narrow uni-professional culture [22]. In the U.S., managers may consider initiating of consultation and liaison with community-based HMOs as another way of preventing professional loneliness and stagnation in their workers.

The strength of effective teamwork and consultation, a-la-Rabin, et al. [15], lies in the collegial support and liaison with other professionals from within and without the organization. It may serve as an effective buffer against professional loneliness and isolation. An interesting relatively recent development, that of narrow specialization, leads, a-la-Rabin, et al [15] mental health specialists to estrange themselves from other professional groups, which may keep them isolated in their offices and enhance their feeling of alienation and professional estrangement. The setting up of interdisciplinary team meetings may serve as a venue for professional discourse and collaboration, helping different professionals to learn to understand the dilemmas of the other. The authors advocate, for out of work life, regular exercise, regular leisure time activities, engaging in regular vacations and keeping a well-balanced psychological equilibrium.

Melamed, et al. [17] concluded, based on their study that feelings of satisfaction prevent staff burnout and loneliness. They observed that dealing with loneliness is, basically, a process of maturation in which the therapist learns to contain the client's and his own distress and loneliness. They suggested that this process develops slowly; requiring the presence and accompaniment of a supervisor whose presence is quiet, empathic and companionable, encouraging dialogue and thought. The clinic's staff, the various meetings and the clinic's director, all comprise the supervisory experience that [17, 23] were referring to.

Conclusion

This article was written in order not only to highlight the stress and loneliness that clinicians experience, but to also call for action initiated by their managers, the organizations that employ them, and professional associations and regulatory boards, in order to not only help clinicians to reduce stress, and cope with it better, but more importantly, make students and future generation clinicians aware of what their chosen -as far as stress and loneliness are concerned - profession entails, and

prepare them to handle it. The mere recognition, by professional organizations that clinicians do suffer stress, and sometimes, quite a lot of it, will make clinicians want to learn how to identify it, and acquire tools for handling, minimizing, and sometimes even preventing it all together.

References

- Luther L, Gearhart T, Fukui S, Morse G, Rollins A L, Salyers MP. Working overtime in community mental health: Associations with clinician burnout and perceived quality of care. *Psychiatr Rehabil J*. 2017;40(2):252-259.
- Dutton JE, Ragins BRE. Exploring Positive Relationships at Work: Building a Theoretical and Research Foundation. Mahwah, NJ: Lawrence Erlbaum 2007.
- Gittel JH. Relationships and resilience: care provider responses to pressures from managed care. *J Appl Behav Sci*. 2008;44:25-47.
- Gittel JH, Godfrey M, Thistlethwaite J. Interprofessional collaborative practice and relational coordination: improving healthcare through relationships. *J Interprof Care*. 2013;27(3):210-213.
- Powley EH. Reclaiming resilience and safety: resilience activation in the critical period of crisis. *Hum Relat*. 2009;62(9):1289-1326.
- Papadakis MA, Teherani A, Banach MA, et al. Disciplinary action by medical boards and prior behavior in medical school. *N Engl J Med*. 2005;353(25):2673-2682.
- Soler-Gonzalez J, San-Martín M, Delgado-Bolton R, Vivanco L. Human connections and their roles in the occupational well-being of healthcare professionals: A study on loneliness and empathy. *Front Psychol*. 2017;8:1475.
- Rokach A, Sha'ked A. Together and lonely: Loneliness in intimate relationships - causes and coping. NY: Nova Pub. 2013.
- Karaoglu N, Pekcan S, Durduran Y, Mergen H, Odabasi D, Ors R. A sample of pediatric residents' loneliness-anxiety-depression-burnout and job satisfaction with probable affecting factors. *J Pak Med Assoc*. 2015;65(2):183-191.
- Schernhammer ES, Colditz GA. Suicide rates among physicians: A quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004;161(12):2295-2302.
- Zisook S, Young I, Doran D, et al. Suicidal ideation among students and physicians at a U.S. medical school: A Healer Education, Assessment and Referral (HEAR) program report. *OMEGA-Journal of Death and Dying*. 2016;74(1):35-61.
- Kushnir T, Rabin S, Azulai S. A descriptive study of stress management in a group of pediatric nurses. *Cancer Nurs*. 1997;20(6):414-421.
- Di Martino V. Preventing stress at work. Overview and analysis. In: V. Di Martino, B. Casaneuva, J. Ishi, et al., (Eds.). Conditions of work digest. Geneva: International Labor Office, p 11, 1992.
- Rabin S, Matalon A, Maoz B. Loneliness. Tel Aviv: Hakibutz ha'meuchad.
- Rabin S, Shorer Y, Nadav M, Guez J, Hertzanu M, Shiber A. Burnout among general hospital mental health professionals and the salutogenic approach. *Isr J Psychiatry Relat Sci*. 2011;48(3):175-181.
- Herzog B. The loneliness of the traumatized analyst and the self-righting function of his private practice. In B. Wilcock, L.C. Bohm, & R.C. Curtis (Eds.), Loneliness and longing: Conscious and unconscious aspects (pp. 187-196), New York, NY: Routledge/Taylor & Francis.
- Melamed Y, Szor H, Bernstein E. The Loneliness of the Therapist in the Public Outpatient Clinic. *J Contemp Psychother*. 2001;31(2):103-112.
- Olfson M, Pincus HA, Dial TH. Professional practice patterns of U.S. psychiatrist. *Am J Psychiatry*. 1994;151(1):89-95.
- Muller R. The trainee and the transfer case: Why is this case different from all other cases? *Am J Psychother*. 1986;60(2):265-276.
- van den Berg JW, Verberg CPM, Scherpbier AJJA, Jaarsma DC, Lombarts KMJM. Is being a medical educator a lonely business? The essence of social support. *Med Educ*. 2017;51(3):302-315.
- Bakker AB. An evidence-based model of work engagement. *Curr Dir Psychol Sci*. 2011;20(4):265 - 269.

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22. Norman I, Peck E. Working together in adult community mental health services: An interprofessional dialogue. *J Ment Health Couns.* 1999;8(1):217-230.
23. Yerushalmi H. Psychoanalytic supervision and the need to be alone. *Psychotherapy.* 1992;29(2):262-268.