Introduction

Stress and psychosocial risks at workplace are among the biggest challenges for health and safety at work in recent years. They have a significant impact on the health of individuals. Fourth European survey of working conditions shows that 20% of workers in the European Union believe that their health is at risk due to professional stress (Fourth European Working Conditions Survey, 2005). According to Taber's Cyclopedic Medical Dictionary, stress is the result obtained when on a structure, system or organism act forces that violate its equilibrium or cause surge. Therefore, stress as a result of any emotional, physical, social and other factor requires a response or...
change in functions. Although adaptation capabilities of the organism often leads to symptoms of fatigue. Fatigue is temporary and reversible condition of the body's ability to perform physical, mental or psychological activity, which can be overcome with an adequate rest (Dincheva, 2014).

Medical profession and particularly the work of GP is associated with increased responsibilities in connection with the execution of many and various tasks, increased requirements of patients and the Health Insurance Fund, working conditions economical crises. These activities as a source of constant stress in the daily activities of GP lead to neuro-psychiatric, sensory and neuro-psycho-emotional load and display signs of fatigue, especially at the end of the working day (Papp, 2004). That is why the assessment of stress and fatigue on family physicians need to apply modern approach.

The purpose of this study is to identify the key events of the fatigue caused by the impact of a number of stressors in the work of general practitioners at their workplace and on this basis to develop a system of measures to reduce their negative impact.

**Materials and Methods**

A survey of 58 GPs from Stara Zagora in the period May-June 2014 was made. The questionnaire included questions related to emotions and feelings of the GP, physical and mental manifestations of fatigue caused by the stress factors. Respondents identify the manifestations of fatigue and subsequent health problems as “frequently”, “rarely” and “sometimes” hymns came up. The results obtained were processed with the following statistical methods: grouping the data and an alternative, graphical analysis using MS Office Excel 2003.

**Result and Discussion**

This survey covers GPs aged 30 to 50 years. The age distribution is as follows: 78% of family doctors are in the age group of 41 to 50 years, and 22% - from 30 to 40 years. The study included 34 women (59%) and 24 men (41%). 26 of the respondents (45%) have no specialty, 17 (29%) - with other specialty and 15 (26%) have specialty general medicine. With service from 6 to 15 years are 41 (71%) of family physicians and 17 (29%) with experience of over 15 years. In 46 of those surveyed, ambulatory primary care are located in Stara Zagora, served as contingent patients includes all age groups and gender. Only 12 or 20.69% of the practices found in the villages.

Workplace stress in primary care practices comes from the need to take quick and thoughtful decisions concerning the patient's health. It is quickly and adequately conduct by the doctor based on 86.21 percent of respondents, regardless of the small response time and limitation in the number of referrals to medical specialists available to GPs. Other stressful factors predisposing psycho-emotional stress and symptoms of fatigue 89.66% are changes in regulations governing the activities of primary aid, the permanent control of the Regional Health Insurance Fund (NHIF) and other state institutions, leading in some cases to administrative sanctions for family physicians.

Nevertheless, more than half of respondents are satisfied with their work (51.72%), but in certain situations are tense (17.24%) experiencing irritation (13.79%), unwillingness to exercise their profession (10.35%), in some cases, apathy and resignation (6.90%) to health problems in conditions of economic crisis (fig. 1).
Fig.1 Characteristic of the emotional condition and feelings of the GP

![Pie chart showing the percentage distribution of emotional conditions.]

- Apathy and acquiescence: 13.79%
- Tension: 10.35%
- Satisfaction: 6.90%
- Irritation: 17.24%
- Unwillingness: 51.72%

Fig. 2 Most common health problems caused by stress and fatigue among GPs

![Bar chart showing the frequency of various health problems.]

- Headache
- Palpitation
- Infections
- High blood pressure
- Depression
- Bad indigestion
The performance GP is also affected by stressful situations often for 56.90% and for 34.48% sometimes. Only 5 doctors or 8.62 percent manage to abstract from stressful situations. The impact of stress on the manner and quality of life should not be underestimated, especially among younger doctors. According to 67.24 percent stress often affects their personal lives, and 32.76% sometimes allow the problems and anxiety from their work to be transferred to their family.

The study found signs of both physical and mental fatigue. Family physicians reported rapid fatigue in the performance of their tasks. They easily start their implementation, but during their solution, as a result of stress and fatigue, they get tired quickly (36.21%). At 25.86% “often” is affected the concentration, while 24.41 percent “often” have trouble in thinking. For errors in completing the documents reported 41.38 percent. Common symptoms are fatigue (24.14%), lack of energy (29.31%) and memorizing disorders (43.44%). Fatigue leads to changes in the health status of GPs: headache, palpitations, high blood pressure, digestive problems, weight gain, sleep, frequent infections and depression experiences (fig. 2). The reasons for these complaints according to the GPs are systematic mental stress, difficulties in work organization, the large number of documents processed by them and communication with various institutions. As a result, 63.79% of GP “sometimes” losing interest in usual duties. To restore the body 75.86% of GPs need more rest and relaxation time Several studies offer different ways to prevent stress and fatigue (Balichev, 2002; Tsenova, 2005). Coping with stress and overcome the manifestations of fatigue GPs use their free time. Our study shows that the number of GPs, who cannot cope with stress in the workplace, is very small (8.62%). For economic reasons GPs rarely use SPA procedures (20.69%). The most frequent answer is talks with friends and family (63.79%) and travel (50.00%). The relative
part of GPs who eat healthy and follow a rational daily schedule of work and rest is 39.66%. Because of its professional engagement only 15.52% of respondents can devote time to their favorite pastime (hobby) (fig. 3). The results of the study confirm research Valentinova & Balashkova in this area of medicine, in another region of the country.

Conclusions

The daily activity of GP is associated with a number of stressful situations. In some of these the body adjusts, while in others occur physical and mental manifestations of fatigue. Inefficient organization of the workplace can lead to fatigue and harm to the GP. The nature of the GP to work hard minimizes the chances to reduce stress. Therefore it is necessary to take measures for prevention and reduction of stress, combat fatigue and improvement of the working environment (Bishop, 2002; Shapiro et al., 2005; Carmody and Baer, 2008; Valentinova and Balashkova, 2011). The complex of events includes:

Creating more group practices among GPs with the possibility of implicating doctors and opportunity for more free time;
Reducing the volume of documentation that GPs work;
Increasing health awareness and awareness among patients about the activities of GP, which saves time and reduces stress during medical examination;
Training techniques for dealing with tension and stress;
Promotion of healthy lifestyle, rational nutrition;
Providing a regular and enjoyable relaxing vacation trips and nature walks, activities with hobby conversations with friends and others. The system is open and can be changed according to the conditions of the present and the appearance of new risk factors

References