

## Stress and motivation

Sir,

The study of stress among house officers by Firth-Cozens et al (Vol 61(12), 2000, p. 859) and its relation to the organization of the job reinforces a lot of what has been written on motivation theory. The 'geographical stability' and the 'better sense of working within a multiprofessional team' which were seen to be important factors in reducing stress allowed the doctors to become part of a social grouping both within work and also in the wider community.

All basic motivational theories recognize that a fundamental psychological need is the desire to identify oneself as part of a social grouping. Herzberg et al (1959) did not consider that the meeting of social needs by work acts as a motivating factor, merely as a 'hygiene factor', the absence of which would cause dissatisfaction. Maslow (1954) interpreted personality in motivational terms. He described the attainment of affiliation and social needs as a prerequisite to achieving fulfilment of the higher needs such as self-esteem and self-actualization. There is clearly a need to incorporate these ideas when designing any job.

Geographical stability is important because it allows the house officer to gain a sense of belonging in the community. The management writer Charles Handy (1984) has cautioned against the over-engagement of an individual with his/her work acknowledging that we all need the 'opportunity to be more than someone who sleeps to eat to work to live. There is the wellbeing that comes from a

rounded life, with access to sport, recreation, friend and community...'

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Handy C (1984) *The Future of Work: A Guide to a Changing Society*. Blackwell, Oxford  
Herzberg F, Mausner B, Snyderman BB (1959) *The Motivation to Work*. John Wiley, London  
Maslow AH (1954) *Motivation and Personality*. Harper and Row, New York

## Thinking before prescribing

Sir,

Professor Hawkey (Vol 62(3), 2001, p. 134) wishes to place the conservative nature of British prescribing under the spotlight, by citing selective cyclooxygenase (COX) 2 inhibitors as a leading example of outdated prescribing. Yet curiously, there was no mention of solid reasons why most physicians prefer to prescribe the older non-steroidal anti-inflammatory drugs (NSAIDs) as first-line treatment for arthritis.

There can be no doubt that the development of COX-1 sparing agents represents a triumph for target-directed drug development, and may also reflect progress in the chemoprevention of colorectal cancer as celecoxib's licence in the USA reflects. This scientific enthusiasm has been tempered somewhat by clinical experience showing a side-effect profile similar to that of non-selective NSAIDs (Drug and Therapeutics Bulletin, 2000). Fortunately, the gastrointestinal hazards appear less likely for selective COX-2 inhibitors than mono-prescription of an older NSAID.

Writing a prescription for ibuprofen, diclofenac or naproxen rather than

rofecoxib or celecoxib relates to familiarity with the long-term efficacy and adverse event profiles of these NSAIDs, and in which patients to co-prescribe a gastroprotective drug. A monthly prescription of the lowest effective dose of enteric-coated diclofenac plus a proton pump inhibitor costs £16.63, compared to a monthly £21.58 for the starting dose of rofecoxib. Unfortunately, no trials have yet evaluated the safety and efficacy of the more expensive monotherapy against NSAIDs co-prescribed with gastroprotective drugs, as is so often the case in clinical practice. These trials will offer the ultimate verdict on whether British physicians are truly conservative or simply prudent.

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Drug and Therapeutics Bulletin (2000) Are rofecoxib and celecoxib safer NSAIDs? *Drug Therapeut Bull* 38(11): 81-6

## Corrections

In the article *Sample size determination in clinical research: 2* (Vol 61(11), 2000, p. 797) there was an error in relation to the calculations using Altman's nomogram. The sample size obtained from Altman's nomogram should in fact be the total sample size for the study, rather than the size of each group, as stated in the article. We apologise for any confusion caused.

In the April issue of *Hospital Medicine* (Vol 62(4)), the article *Intrauterine growth restriction: diagnosis and management* was incorrectly attributed on the front cover. The correct authors were Jason Waugh and Mark Kilby. We apologise for any embarrassment or confusion caused.

## Correspondence

If you would like to comment on any articles published in *Hospital Medicine*, or any issues relevant to our readers, please write in no more than 250 words to:

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