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PSYCHOLOGICAL MORBIDITY AMONG MEDICAL HEALTH PROFESSIONALS: A CROSS SECTIONAL TERTIARY CARE CENTRE STUDY

Psychiatry

Keshav Jee Senior Resident, Department of Psychiatry, RIMS, Ranchi

Uday Narayan Sharma* Assistant Professor, Department of Chest & TB, ANMCH, Gaya, Bihar *Corresponding Auhtor

Ashok Kumar Prasad Professor & HOD, Department of Psychiatry, RIMS, Ranchi

Ajay Bakhla Associate Professor, Department of Psychiatry, RIMS, Ranchi

ABSTRACT

Background:
Psychological stress is well documented in workplace and widely present among the health care professionals considering the kind of work involved. Stress among this group impedes level of functioning and interferes with treatment of patients increasing the healthcare costs.

Aims
1. To assess psychological morbidity among medical health professionals
2. To assess relation of psychological morbidity with lifestyle factors

Methodology
A proforma for socio-demographic details, consent and clinical data sheet for assessing lifestyle factors associated with stress was given to medical staff in different departments of Rajendra Institute of Medical Sciences (RIMS), Ranchi. Psychological morbidity was assessed using General Health Questionnaire- 28. GHQ-28 score > 4 amounts to 'caseness'. GHQ-28 scores and its relation with lifestyle factors was assessed.

Results
Caseness was reported in 46% of medical health professionals. Maximum psychological morbidity was reported among physicians 48%. Factors like increased stress at work,substance use and greater number of working hours were associated with psychological morbidity.

Conclusion
Periodic check up of health professionals both physical and mental is essential to provide quality health care to the community.

KEYWORDS

medical health professional, psychological morbidity, lifestyle

INTRODUCTION

Healthcare workers, particularly physicians, are exposed to high levels of distress at work. Persistent tension can lead to exhaustion, psychological, and/or physical distress. Burnout is a syndrome seen in demanding jobs and in people who care for others such as social workers, teachers, and healthcare professionals. It may lead to negative impacts on patients due to impaired medical judgement of physicians. [1,2,3,4]

A study in northern Jordan among 402 healthcare professionals involving physicians, general practitioners, dentists and pharmacists reported 27% of the sample being stressed with highest prevalence among General practitioners (33%) and lowest in physicians (12%).[5]

Issa et al. reported a point prevalence of 14.9% among doctors in a tertiary care hospital of Nigeria using GHQ-12.[6]

Suha B in a longitudinal study of psychological stress among undergraduate (UG) dental students in Jordan using GHQ-12 reported increase in cut off score from 58 % in first year to 89 % in fifth year.[7]

Makhal M from India reported a study among UG students in dental college in West Bengal, a psychiatric morbidity prevalence of 52.8% overall using GHQ- 28.[8]

In a recent study from Karnataka, India psychological morbidity among medical health professionals was reported to be 41.1%.[9]

A periodic assessment of health professionals is warranted so that they remain efficient in their work and take effective intervention without delay which will prevent burden of healthcare cost on the part of patients.

MATERIAL AND METHODS

The study was approved by the ethical committee of RIMS, Ranchi. A proforma for socio-demographic details and consent details along with GHQ-28 was given to all medical health professionals. Those returning the form complete with consent were included in the study.
GHQ -28 given by Goldberg is a tool for screening of minor psychiatric conditions which can then be evaluated by clinicians for psychiatric disorders by clinical interview. It has four subscales: somatic symptoms, insomnia, social dysfunction and severe depression. It is a likert scale with scoring response as 0, 0, 1 and 1 for not at all, not more than ususal, rather more than usual and much more than usual respectively. Score > 4 is considered as 'caseness'.[10]

RESULTS

Table 1: Showing various socio-demographic variables with frequency

Sociodemographic variables	Frequency(N)
AGE(in years)	
20 -30	156
30-40	250
40-50	125
50-60	16
>60	10
GENDER	
Male	382
Female	175
OCCCUPATION	
Physician	146
Surgeon	215
Paraclinical	196
Total	557

The total number of participants in the study were 557. 'Caseness' or probable psychological morbidity was reported in 46% of the participants as depicted in figure 1.

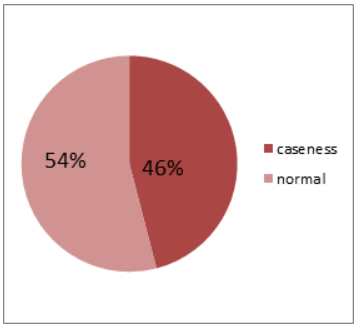

Figure 1: Representing percentage of 'caseness' in medical health professionals

Maximum psychological morbidity was reported in the age group of 20-30 years (52%) and more among females (56%).

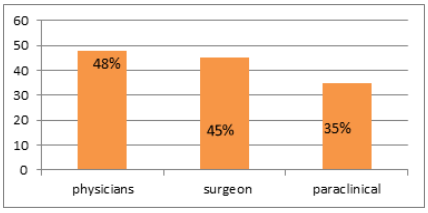

Figure 2: Representing percentage of 'caseness' in different group of medical health professionals

The group of physicians comprising medicine and allied branches reported maximum psychological morbidity (48%) and least among paraclinical group (35%) as shown in figure 2. Lifestyle factors like substance use, greater number of hours of work, decreased hours of sleep/rest and stress were associated with higher psychological morbidity.

DISCUSSION

Our study showed 46% of medical health professionals suffering from psychological morbidity. The finding is comparatively higher than reported among physicians in Nigeria but comparable to earlier findings reported in our country. The causes of higher psychological morbidity identified were greater stress at workplace, lesser number of employees and greater hours of work. The study reports highest psychological morbidity in the youngest age group of medical health professionals which mostly comprised of residents who have maximum number of emergency duties and therefore greater number of hours spent at workplace. Higher caseness among females could be a gender based finding or a result of additional burden related to home/ family which were not assessed in the present study. Greatest fraction of caseness was reported among physicians i.e medicine and allied branches which could be as a result of greater workload. Our findings however require to be reproduced in similar studies with greater sample size before the finding can be generalized.

CONCLUSION

Mental health at workplace has been a burning issue in recent times. Regular evaluation of medical health professionals is essential to safeguard their efficiency and prevent burden of increased healthcare costs on part of patients and country at large.

LIMITATION

1. Sample size
2. Other factors associated with stress have not been evaluated

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