



Original Research Article

HEALTH CONCERNS OF PRACTICING PHYSICIANS DURING THEIR PROFESSIONAL WORK

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ABSTRACT

Background & Objective:

Physicians work long hours under stressful conditions and seem to have sedentary, unhealthy lifestyle. Recently, an increased incidence of sudden mortality among physicians was observed in our community. This study was aimed to access the attitude and practice of physicians regarding their own health care

Methods

A cross-sectional study using non-probability convenient sampling was conducted among 150 practicing physicians in Faisalabad. After getting ethical approval, a pre-tested validated questionnaire was used for data collection in May 2019. Results were analyzed using SPSS 25.

Results

Only 35(23.6%) subjects met recommended criteria of exercising at least 5 days a week. Majority, 116(77.3%), failed to get optimal sleep of 7-9 hours per day. 111 (75.5%) subjects said that they get themselves regularly investigated in recommended time. Major barrier in assessing regular health services was limited time availability (56%) followed by self-medication 37(25.2%), medical knowledge 16(10.9%) and embarrassment 7(4.8%). 134(89.3%) did self-medication. Physicians who thought they spend enough time with their family were less stressed during duty as compared to those who thought they didn't spend enough family time. Physicians were unaware about job details regarding vacations, employee and family healthcare as provided in other organizations. 132(89.2%) were not being provided annual health checkups by employers.

Conclusion

Study concluded that physicians are not leading healthy life. Neither physicians themselves put effort to maintain their own health nor do their employers adopt standard health practices for them. More research should be done to understand the situation better and seek out reliable solutions.

Key words: Physician's Health, Healthcare Professional's Health, Health Concern.

Authors' Contributions:

1 Conception, study design, data collection & processing, critical review. 2 & 4 Conception & study design, data collection & processing. 3-4 Data analysis and/or interpretation. 3 Drafting of manuscript. 4 Drafting of manuscript, critical review.

Acknowledgement: We would like to acknowledge the extensive support of the Faisalabad Medical University, Faisalabad, Pakistan.

History:

Received: July, 15, 2021
Reviewed: August 3, 2021
Revised/ Corrected: August 7, 2021
Accepted: August, 15, 2021
Published: August .23, 2021
Collection year: 2021
Status: Published

Identifiers and Pagination:

Year: 2021
Volume: 6
First Page: 1
Last Page: 9
Publisher ID: 10.21065. AdvBioScie.6.1
doi: http://dx.doi.org/10.21065/AdvBioScie.6.1

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Citation:

Umar et al., Concern of doctors about their own health care. AdvBioScie., 2021 vol 6, p 1-9

Funding: The authors received no direct funding for this research.

Competing Interests: The authors declare no competing interests

Additional information is available at the end of the article.

INTRODUCTION

In the past few years, stress and workload has imposed major effects on the health of professional workers all over the world which is highly applicable in the case of doctors. They work long hours under stressful conditions¹. During their routine clinical work, doctors usually have less physical activity and tend to have a sedentary lifestyle. They live a fast-paced life and are inclined to consume more junk food as they spend most of their time at duty. These conditions affect the health of doctors. It is a well-known fact that continuous stress, unhealthy diet and sedentary lifestyle increase the incidence of diseases like Hypertension², Obesity, Diabetes Mellitus³ and Cardiovascular conditions.

Recently, there has been an increase in incidence of sudden morbidity and mortality among doctors. There was, however, limited data available regarding doctor's physical health and their health maintenance behavior. So, with this concern in mind, it was of great value to establish how vigilant doctors are regarding their routine health checkup. Regular health checkups and investigations can help diagnose disease in early stages which leads to prompt treatment and good prognosis.

It is a well-established fact that poor health conditions negatively affect efficiency⁴ of doctors so this study aimed to explore how many doctors were leading a healthy lifestyle, what percentage of doctors went for regular health checkups, barriers they faced in assessing health services, how their work affected their life and role of health policies by employers/organization in their health. It can also be used to influence policy making and further research.

RESEARCH METHODOLOGY

¹REFERENCES

- i. Koinis A, Giannou V, Drantaki V, Angelaina S, Stratou E, Saridi M. The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: the case of a local general hospital. *Health Psychology Research*. 2015;3(1).
- ²ii. Kulkarni S, O'Farrell I, Erasi M, Kochar MS. Stress and hypertension. *WMJ*. 1998;97(11):34-38.
- ³iii. Kelly SJ, Ismail M. Stress and Type 2 Diabetes: A Review of How Stress Contributes to the Development of Type 2 Diabetes. *Annual Review of Public Health*. 2015;36(1):441-62.
- ⁴iv. Abdulghani H, Alharbi M, Irshad M. Stress and its association with working efficiency of junior doctors during three postgraduate residency training programs. *Neuropsychiatric Disease and Treatment*. 2015;:3023.

Ethical permission was taken from Institutional Ethical Review Committee of Faisalabad Medical University before conduction of research. Observational descriptive cross-sectional study with 150 participants (71 males, 79 females) including House officers, Post graduate residents, General Practitioners and Consultants which were selected by using non probability convenient sampling, excluding non-practicing doctors. It was carried out in Faisalabad in May 2019. Data was analyzed using IBM SPSS version 25.

Results:

The responses of participants regarding important health aspects were as follows.

		Gender		Total
		Male	Female	
Exercise	Daily	23(32.4%)	12(15.3%)	35(23.4%)
	Weekly	18(25.3%)	19(24.3%)	37(24.8%)
	Monthly	6(8.4%)	7(8.9%)	13(8.7%)
	Rarely	19(26.7%)	28(35.9%)	47(31.5%)
	Never	5(7%)	12(15.3%)	17(11.4%)
Junk Food	Daily	4(5.6%)	13(16.6%)	17(11.4%)
	Weekly	31(43.6%)	36(45.5%)	67(44.9%)
	Monthly	12(16.9%)	16(20.5%)	28(18.7%)
	Rarely	21(29.5%)	12(15.4%)	33(22.1%)
	Never	3(4.2%)	2(2.5%)	5(3.3%)
Sleep	<6 Hours	18(25.3%)	18(22.7%)	36(24%)
	6-7 Hours	40(56.3%)	40(50.6%)	80(53.3%)
	7-9 Hours	12(16.9%)	13(16.4%)	25(16.7%)
	9-10 Hours	1(1.4%)	5(6.3%)	6(4%)
	>10 Hours	0	3(3.7%)	3(2%)
Smoking	Yes	12(16.9%)	0	12(8%)
	No	59(83.1%)	79(100%)	138(92%)

It was observed that 24 out of 52 (47%) senior doctors (consultants) adopted a healthier lifestyle as compared to 38 out of 95 (40%) junior doctors (House Officers & Residents). 127(85.8) subjects were vaccinated against Hepatitis B virus whereas 21(14.2%) were not.

111(75.5%) doctors had done their recommended regular investigations. The detailed results are as followed

Investigations	In 6 Months	In a Year	In 5 Years	In 10 years	Never
1.Blood Pressure	68.7%	16.7%	8.7%	0%	6%

2. Blood Glucose Level	45.3%	24%	14.7%	1.3%	14.7%
3. Weight Checkup	91.3%	7.3%	0.7%	0%	0.7%
4. Complete Blood Count	38%	31.3%	18.7%	2%	10%
5. Hepatitis Screening	28%	32.7%	22.7%	6.7%	10%
6. Renal Function Test	22%	14%	18.7%	5.35	40%
7. Liver Function Test	24.7%	13.3%	20.7%	6.7%	34.7%
8. Blood Lipid Profile	19.5%	10.1%	13.4%	2%	55%
9. Pap Smear (Females only)	1.4%	5.1%	3.8%	0%	89.7%

It was observed that limited-time-availability was considered a major barrier in accessing regular health services by 84(56%) subjects followed by self-medication 37(25.2%), medical knowledge 16(10.9%), embarrassment 7(4.8%) and economic insufficiency 3(2%).

77(51.7%) subjects visited related consultant when they got ill while 134(89.3%) subjects did self-medication. Majority, 101(67.4%), of them were either not sure or thought they don't pay enough attention towards their own health. 67(44.7%) subjects thought that they were spending enough time with their families while 83(55.4%) thought they were not or they were unsure. 60(40%) subjects felt stress during their duty while 90(60%) were either not sure or did not feel any stress.

85(57.4%) subjects got detailed job contract from their organization while 62(42.6%) did not. 55(37.2%) subjects knew details about their permissible vacations while 93(62.8%) didn't. 71(48.6%) were allowed up to 15 paid leaves per year, 48(32.9%) up to 30 leaves, 17(11.6%) up to 45, 10(6.8%) more than 45 days. 46(31.1%) subjects were provided family health coverage by their employer while rest 102(68.9%) were not. Majority, 132(89.2%), of subjects were not being provided annual health checkups by their employer.

DISCUSSION

It is a well-known fact that regular exercise is a necessary part of a healthy lifestyle so we asked our participants about their exercise routines and found that 76.4% didn't meet the recommended criteria of exercising for 30 minutes per day for at least five days a week. Only 23.6% said that they do exercise daily. This behavior of healthcare workers was consistent with those of other countries. In a study⁵ published in British Journal of Sports Medicine, it was found that 80% percent of healthcare workers didn't get enough exercise according to recommended criteria. It might be due to the fact that lack of time due to long working hours, lack of motivation and lack of workout facilities at workplace are major barriers in this regard. This concerned us that if doctors were not regular in doing exercise, how they were going to motivate and

⁵v. Gupta K, Fan L. Doctors: fighting fit or couch potatoes?. British Journal of Sports Medicine. 2008;43(2):153-154.

council their patients for exercise. The condition can be improved by providing workout facilities for healthcare workers within healthcare settings.

Exploring dietary habits, it was found that only a small fraction (11.3%) of doctors were consuming junk food on daily basis which was more than the health guidelines while rest were within guidelines. While this situation seemed better than expected, it is a general observation that majority of healthcare facilities and associated hostels do not have adequate facilities for provision of healthful food due to which a large fraction of doctors consume junk food during their duty and off time as well. This can be rectified by provision of hygienic and healthful food at their hospital canteens as currently happening in some private institutes at economical rates.

The next question was about their sleep schedule. Compared to the recommended sleep time of 7 to 9 hours for adults by National Sleep Foundation⁶, unfortunately, more than $\frac{3}{4}$ th (77.3%) of the subjects were devoid of sleep. This situation of chronic sleep deprivation is not unique to our healthcare setup rather it is prevalent elsewhere as well⁷. Considering the alertness required during duty of a healthcare professional, it was concerning that such a large number of doctors did not get recommended sleep. This might be due to long working hours which can be improved by rescheduling duty hours with the involvement of doctors themselves.

The response of subjects on the question of smoking was particularly surprising. Only 8% percent of subjects accepted that they smoke regularly, which were all male, while a whopping 92% of doctors said that they didn't. Comparing this to other related studies around the world, the results were quite opposite. A study performed to check smoking behavior among medical fraternity showed that the smoking rates varied from country to country in the developed world, while it was approximately 50% in developing countries⁸, much higher than our findings. It infers that majority of doctors were probably dishonest in answering this question because they knew that they were not expected to smoke being a healthcare professional. From public health perspective, patients, attendants, colleagues and medical students might take a wrong impression and may indulge in smoking. There should be proper counselling sessions for healthcare workers regarding this menace and it should be banned in healthcare premises.

Considering the role of recommended regular investigations in evaluation of health of a person, we asked our subjects how often they get themselves investigated for common health problems. Findings showed

⁶vi. Hirshkowitz M, Whiton K, Albert SM, Alessi C, Bruni O, DonCarlos L, et al. National Sleep Foundation's sleep time duration recommendations: methodology and results summary. *Sleep Health*. 2015;1(1):40–3.

⁷vii. Olson E, Drage L, Auger R. Sleep Deprivation, Physician Performance, and Patient Safety. *Chest*. 2009;136(5):1389-1396.

⁸viii. Cattaruzza M, West R. Why do doctors and medical students smoke when they must know how harmful it is?. *The European Journal of Public Health*. 2013;23(2):188-189.

that around 3/4th of doctors got themselves investigated in line with the recommended duration^{9,10, 11, 12, 13}. It reflects a positive attitude of doctors for routine medical investigation and this behavior should be maintained and promoted further.

It is observed in our community that a doctor doesn't like to visit a physician for management of his own medical condition. So we asked our subjects whether they consult a specialist when they fell ill and found that 51.7% accepted that they sought help from a specialist. It was observed that doctors do not formally consult another doctor rather prefer an informal or 'corridor' consultation. This behavior was similar when compared with other countries¹⁴. We also asked whether they did self-medication when ill and majority (89.3%) of them agreed. While this conduct of doctors doing self-medication was consistent with that of other countries but our ratio was much higher. A study conducted in India¹⁵ showed that 53% of respondents did self-medication in last 6 months which is similar to that of other countries like Turkey

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- ⁹ix. Chobanian AV, Bakris GL, Black HR, et al. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report. *JAMA*. 2003;289(19):2560–2571.
- ¹⁰x. Grundy S, Stone N, Bailey A, Beam C, Birtcher K, Blumenthal R, et al. 2018
- xi. Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;139(25).
- ¹¹xii. Publishing H. How often should you get your blood sugar checked? - Harvard Health [Internet]. Harvard Health. 2020 [cited 14 June 2020]. Available from: <https://www.health.harvard.edu/diseases-and-conditions/how-often-should-you-get-your-blood-sugar-checked->
- xiii. Committee Opinion No. 463: Cervical Cancer in Adolescents: Screening, Evaluation, and Management. *Obstetrics & Gynecology*. 2010;116(2, Part 1):469-472.
- ¹²xiv. Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson A. CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020. *MMWR Recommendations and Reports*. 2020;69(2):1-17.
- ¹³xv. Committee Opinion No. 463: Cervical Cancer in Adolescents: Screening, Evaluation, and Management. *Obstetrics & Gynecology*. 2010;116(2, Part 1):469-472.
- ¹⁴xvi. Kay M, Mitchell G, Clavarino A, Doust J. Doctors as patients: a systematic review of doctors' health access and the barriers they experience. *British Journal of General Practice*. 2008;58(552):501-508.
- ¹⁵xvii. G. K. Nalini, Self-Medication among Allopathic medical Doctors in Karnataka, India, *British Journal of Medical Practitioners* 2010;3(2):325

(45.8%), Jordan (40.7%), Sudan (48%) and USA (43%). This is worrisome because of possible loss of objectivity associated with self-medication.

To elaborate the cause of this behavior, we also asked them what in their opinion were major barriers for doctors in assessing healthcare services. According to them the major barrier they face was limited time availability (56%) followed by self-medication (25.2%), medical knowledge (10.9%), embarrassment (4.8%) and economic insufficiency (2%). Limited time availability was considered biggest barrier among our doctors. This might be due to long duty hours, poor time management and laziness. These findings are consistent with other studies^{xiv}. Because of having medical knowledge themselves, doctors take their symptoms insignificant and resort to self-medication thus preventing them from seeking formal consultation unless they were really ill. In a study, it was concluded that 70% doctors justified formal consultation when they felt really sick^{xiv}. One peculiar observation was that embarrassment of visiting another doctor is comparatively a small barrier here (4.8%) in our community while it is considered a major hurdle in other communities. Davidson and Schattner concluded that 71% doctors felt embarrassed when they visited another doctor¹⁶. The percentage in our community is small, maybe due to the embarrassment of admitting that they feel embarrassed visiting another doctor. Economic insufficiency was considered a small barrier which could be quite true based on the general thinking that doctors belong to upper socioeconomic class in our community. The condition can be improved by improving duty schedule, counseling about proper time management, harms of self-medication and promoting a culture of seeking formal medical advice which in turn will lessen the factor of embarrassment.

To evaluate if doctors were giving enough attention towards their own health, we asked their opinion about themselves, majority were either not sure (32.7%) or agreed (34.7%) that they didn't give enough attention towards their own health. This shows that despite being doctors and knowing the harms of ignoring one's own health, preceding points clearly show that they don't put enough effort for their own health. This could be due to general attitude and cultural aspect of our population.

Next we tried to study social aspects of a doctor's life working in our community. Studies show that quality family time improves well-being of a person¹⁷. In this perspective, we asked them whether they thought they were spending enough time with their families or not. 44.7% were of the point that they were spending good time with their families while 55.4% of doctors were either not sure or were not spending enough time with their families. Interestingly, there was a significant difference between response of junior doctors (House Officers, Post Graduate residents) and senior doctors (Consultants) in this regard. Only 39% of junior doctors were of the opinion that they were spending enough time with family, while this percentage rose to 58% for seniors. This could be due to the fact that in our setup, a junior doctor performs a duty of about 60 to 100 hours per week while a consultant performs duty for 30 to 36 hours.

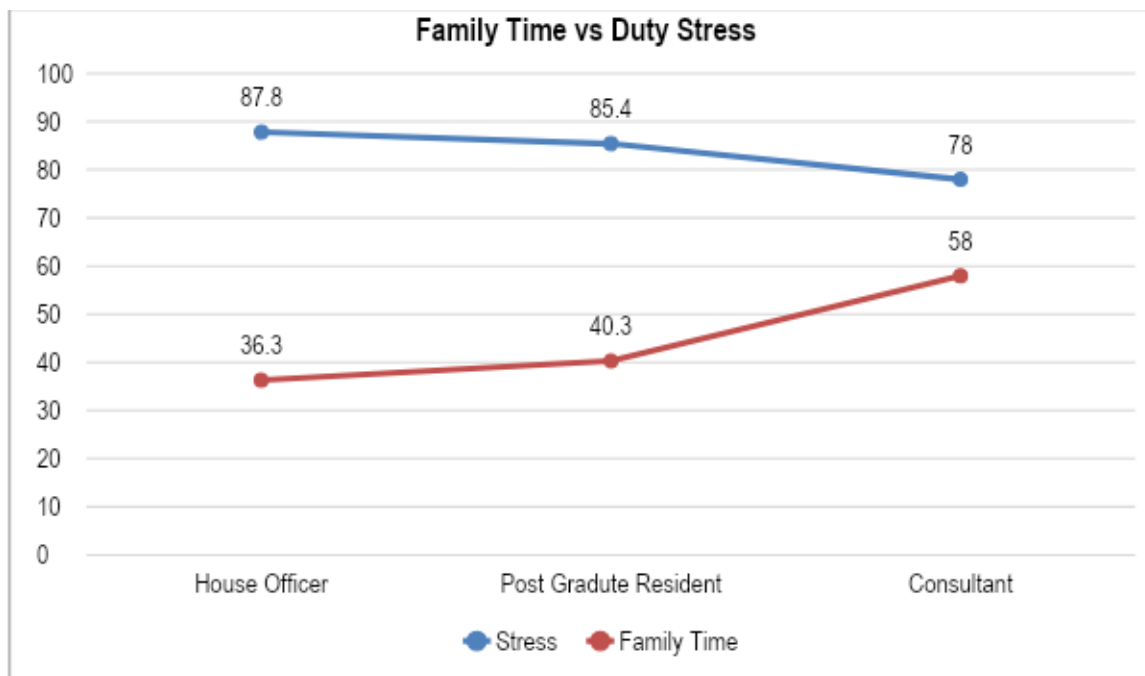
Considering that a doctor performs a stressful duty, we questioned them how they felt during their working hours. 86.3% of junior doctors and 78.8% of senior doctors were either not sure or felt stressed during their

¹⁶xviii. Davidson S, Schattner P. Doctors' health-seeking behaviour: a questionnaire survey. Medical Journal of Australia. 2003;179(6):302-305.

¹⁷xix. 15. Thomas P, Liu H, Umberson D. Family Relationships and Well-Being. Innovation in Aging. 2017;1(3).

work. This could be due to stressful working environment, lack of meaningful input from doctors in policy making and feeling of insufficient reward¹⁸.

One interesting finding we got by combining results of duty stress and family time was inverse relationship between the two. Junior doctors who were spending less time with their families felt more stressed during their work while on other hand senior doctors who were spending more time with their families were relatively less stressed on duty. This signifies that long duty hours combined with less family time leads to more duty stress, inefficient performance and reduced productivity. This can also lead to strained family relationships¹⁹. This condition can be improved by reducing duty hours and taking various steps to make working environment less stressful.



Taking into account the central role of working environment on a doctor's health, we tried to evaluate effects of policies of health employers. We asked them if they signed a detailed job contract, with proper information of paid vacations and provision of health coverage for family members. Unfortunately we got variable responses from individuals working at similar posts in the same hospital. It portrays that they were

¹⁸xx. Riley G. Understanding the stresses and strains of being a doctor. Medical Journal of Australia. 2004;181(7):350-353.

¹⁹xxi. Aazami S, Akmal S, Shamsuddin K. A model of work-family conflict and well-being among Malaysian working women. Work. 2015;52(3):687-695.

not well informed about their job contracts and labor rights. There is a need for better policies to make sure that doctors are well aware of their labor rights, job details and duty requirements.

We also asked whether employers provided annual health checkups to employees, 89.2% were not provided with this facility. Comparing it with other corporate sectors, majority of employers provide annual health checkups and family health coverage to their employees. Being aware of the benefits of annual health checkup²⁰, it should be made mandatory for the employers to arrange such facilities for employees. This study is limited because participants were selected by non-probability convenient sampling and sample size is relatively small, so results cannot be generalized for entire doctors' community of Pakistan.

CONCLUSION

The study concludes that health condition of doctors in our community is unsatisfactory. Neither doctors themselves put effort for maintenance of their own health nor do their employers adopt standard health practices for them. More research should be done in this regard to better understand the situation completely and seek out reliable solutions.

²⁰xxii. Hakro S, Jinshan L. Workplace Employees' Annual Physical Checkup and During Hire on the Job to Increase Health-care Awareness Perception to Prevent Disease Risk: A Work for Policy-Implementable Option Globally. *Safety and Health at Work*. 2019;10(2):132-140.