

Psychological Well Being Among Doctors And Nurses: Age Comparative Study

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Abstract: The present study assesses the psychological well being among doctors and nurses, and their age group. A total of 600 (doctors-300, nurses-300) samples were selected randomly from Bangalore City. Information was collected from using an instrument developed by Carol, D, Ryff's Medium Form of Psychological Well Being Scale (PWBS). Results of the study revealed that doctors and nurses working in Bangalore City did not show significance differences in overall psychological wellbeing. However they showed significance differences in the domains of autonomy and environmental mastery. Whereas nurses score higher on autonomy and environmental mastery compare to doctors. An age wise comparison on over all psychological wellbeing shows significance differences between age up to 30 years and above 30 years respondents, whereas age above 30 years respondents was observed higher on psychological wellbeing than age below 30 years. However Domain wise non-significant difference was observed in their Personal growth, purpose in life and self acceptance. There is no interaction effect between group and age among doctors and nurses.

Keywords: Psychological well being.

I. INTRODUCTION

The main purpose of the present study was to assess the psychological well-being in a sample of doctors and nurses from various government and private hospitals and health centres in Bangalore city. Medical professionals such as doctors and nurses play a very important role in caring the patients and accepting them as they are. There are many aspects like increasing job responsibilities, multitasking, need to adept self with emerging technologies, stricter consumer rights along with job insecurities and a competitive workplace make health care a challenging sphere to work in. Thus it is important to check well being status of health care professionals, as first and foremost they are directly involved with health care of the people. With this back ground the current study aims to explore and assess psychological well being among doctors and nurses. The significance of the study is to analyzes two different types of health professionals (doctors and nurses), and their age influence on psychological

well being, since the majority of previous research has concentrated on one type of medical professional.

Physicians or medical doctors are the professionals who practices medicine, which is concerned with promoting, maintaining and restoring health through the study, diagnosis and cure of disease, injury, and other physical and mental impairments (WHO, 2010). Doctors are considered to be different types according to their specialty. There are doctors for heart problems, ENT problems, and bone and muscle problems to name a few. Certain designations for doctors are general. These contain general practitioner, who is a neighborhood doctor and provides medicines for almost every sickness and trauma who offer medical aid in emergency rooms (WHO, 2010).

Nurses are the group of medical professionals who have direct contact with patients and play an important role in treating and curing with proper procedure. Nursing encompasses autonomous and combined care of individuals of all ages, families, groups and communities, sick or well and in all conditions. Nursing is considered as promotion of health,

prevention of illness, and the care of ill, disabled and dying people. Encouragement, support of a safe environment, participation in shaping health policy, health systems management, research and education are also key nursing roles. Florence Nightingale laid the foundations of professional nursing during the Crimean War (Winkel, 2009). The Nightingale model of professional education have set up the first school of nursing that is associated to a continuously operating hospital and medical school spread widely in Europe and North America after 1870 (Quinn, 2014)

Levi (1987) defined 'psychological well-being as a dynamic state characterized by reasonable amount of harmony between individual's abilities, needs and expectations, environmental demands and opportunities'.

Ryff (1995) Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. These facets include the following: There are six components of psychological well-being. having a positive attitude towards oneself and one's past life (self acceptance), having goals and objectives that give life meaning (purpose in life), being able to manage complex demands of daily life (environmental mastery), having a sense of continued development and self realization (personal growth), possessing caring and trusting ties with others (positive relation with others); and being able to follow one's own convictions (autonomy) (Khan 2009).

Ronald J. Burke et al., (2012) examined the Psychological Well-Being among nurses in Spain. The result of the study shows that Nurses with higher levels of work-family interference and emotional demands reported lower levels of psychological wellbeing in terms of greater anxiety and depression respectively. Nurses indicating higher levels of all three sources of social support (supervisor, co-workers, spouse/partner, family and friends) also reported higher levels of psychological well-being respectively.

Alberto A K et al., (2009) in their study entitled burnout and psychological wellbeing among health professionals in the Basque (Spain) country. Data were collected from 1275 (619 doctors, 430 nurses, and 208 auxiliary nurses) health professionals. Well being at work assessed Smith Work Dispositions Inventory was administered. The result shows that 28.8% of the sample showed high levels of emotional exhaustion, and only 8% of our sample presented high levels of psychological well-being. Work overload, lack of recognition and lack of career development were significantly related to high levels of burnout and low well being levels at work respectively. As expected, psychological wellbeing and emotional hardness were negatively related to burnout.

Lindo J L et al., (2006) studied the relationship between mental well-being of doctors and nurses in two hospitals in Kingston, Jamaica. Sample size consists of 212 doctors and nurses. A self-administered questionnaire (to gather social and biomedical data) and the General Health Questionnaire-30 (GHQ-30) used to determine general mental well-being. The result of the study shows Cases and non-cases were not different in age, gender or hospital of employment. However, case less was associated with years of professional experience, work-related and non-work-related stress, fears of coming to work and serious financial difficulties. Focus group discussions show that non-work stress was related to financial

difficulties, commuting and child care, especially among nurses.

OBJECTIVES

The objectives of the present study are as follows: A) to determine the psychological well being of doctors and nurses in Bangalore city. B) To assess age variance of psychological well being among doctors and nurses.

HYPOTHESES

The following hypotheses were framed for the study: A) doctors and nurses differ in Psychological wellbeing. B) There will be age influence on Psychological wellbeing.

II. METHOD

SAMPLE

Based on random sampling technique, the overall sample for this study covered 600. Out of them, 300 doctors (age up to 30 years-141, age above 30 years-159) and 300 nurses (age up to 30 years-200, age above 30 years -100) were included in this study. Sample was drawn from different private and government hospitals of Bangalore city.

TOOLS

PSYCHOLOGICAL WELL BEING SCALE (1995)-MEDIUM FORM: The test of psychological well-being was developed by Carol Ryff (1995), which consists of 54 questions. Each item has to be rated on 6-point scale on the continuum of strongly disagree to strongly agree. This test consists of 6 different sub-areas namely Autonomy, Environment Mastery (EM), Personal Growth (PG), Positive Relation with Others (PRWO), Purpose In Life (PIL) and Self-Acceptance (SA). The minimum scores of a subject on this scale will be 54 and the maximum possible scores will be 324. In this test high score indicates that the respondent has a mastery of well-being in his or her life. Conversely, a low score shows that the respondent struggles to feel comfortable with that concept.

PROCEDURE

After taking permission from the consent authority, subjects were assessed on Psychological well being (PWB). Further, data were analyzed using descriptive statistics and two way ANOVA.

RESULT

Group	Age (years)	N	Domains of Psychological wellbeing												TOTAL_PWB	
			Autonomy		Environmental mastery		Personal growth		Positive relation with others		Purpose in life		Self-acceptance			
			Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Doctors	up to 30	141	33.34	5.18	34.30	5.66	35.63	4.88	34.44	6.83	34.89	6.55	35.24	5.94	206.95	28.46
	Above 30	159	34.80	5.89	34.82	6.36	34.12	5.80	36.10	7.31	34.56	6.62	35.48	6.32	210.81	29.17
	Total	300	34.12	5.61	34.58	6.04	34.88	5.40	35.32	7.13	34.72	6.58	35.37	6.14	208.99	28.85
Nurses	upto 30	200	34.38	4.78	35.67	5.40	35.04	6.38	34.73	5.73	34.91	6.57	35.62	5.13	209.64	24.98
	Above 30	100	36.37	5.44	37.35	5.66	34.46	5.48	35.84	6.44	35.40	7.09	36.29	5.56	216.87	28.39
	Total	300	35.04	5.09	36.23	5.54	34.75	5.94	35.10	5.98	35.07	6.74	35.84	5.28	212.05	26.34
Total	upto 30	341	33.95	4.97	35.10	5.54	35.34	5.68	34.61	6.20	34.90	6.55	35.46	5.47	208.53	26.47
	Above 30	259	35.40	5.76	35.79	6.21	34.29	5.64	36.00	6.98	34.88	6.80	35.79	6.04	213.15	28.97
	Total	600	34.58	5.37	35.40	5.85	34.81	5.68	35.21	6.58	34.89	6.66	35.60	5.72	210.52	27.64
F (Group) _{1,196}			F=8.490, p=0.004	F=15.978, p=0.000	F=0.043, p=0.836	F=0.000, p=0.988	F=0.579, p=0.447	F=1.517, p=0.219			F=3.560, p=0.060					
F (age) _{1,196}			F=14.856, p=0.000	F=5.103, p=0.024	F=2.830, p=0.093	F=6.283, p=0.012	F=0.012, p=0.889	F=0.884, p=0.348			F=5.711, p=0.017					
F (interaction) _{1,196}			F=0.349, p=0.555	F=1.423, p=0.233	F=1.074, p=0.300	F=0.248, p=0.619	F=0.522, p=0.470	F=0.191, p=0.662			F=0.526, p=0.469					

Table 1: showing Mean, SD, and F-value of group and age on domain wise psychological well being and results of two way ANOVA

GROUP AND PSYCHOLOGICAL WELLBEING: Two ways ANOVA revealed overall psychological wellbeing scores were analyzed across group, age and interaction between group and age. On the whole the result found that doctors and nurses did not differ significantly on psychological wellbeing scores (F=3.560; P=0.060). Domain wise significant difference was observed between doctors and nurses on Autonomy (F=8.490; p=0.004) and Environmental mastery (F= 15.978; p=0.000). Further, mean values clearly indicated that nurses' respondents had higher scores on autonomy (mean 35.04) than doctor's respondents (mean 34.12), and nurses were found to be more on environmental mastery (mean; 36.23) than doctors (mean; 34.58). However, doctors and nurses did not differed significantly on other domains of psychological wellbeing, such as personal growth (F=0.043; P=0.836), positive relation with other (F=0.00; P=0.98), Purpose in life (F=0.579; P=0.447), and self-acceptance (F=1.517; P=0.219).

AGE AND PSYCHOLOGICAL WELLBEING: Result indicates significant difference between age of doctors and nurses on over all psychological well being with F value of 5.711 and significance level of 0.017. The mean value obtained for the respondents in the age group of up to 30 years is 208.53 and age of above 30 years is 213.15 respectively. Further, mean values clearly indicated that age of above 30 years had higher scores on psychological wellbeing than age of up to 30 years.

Domain wise significant differences was observed in their score of autonomy (F= 14.856; p =0.000), environmental mastery (F=5.103; P=0.024) and positive relation with others (F=6.283; P=0.012). Further mean value of age above 30 respondents had more autonomy (mean 35.40) than age group up to 30 years respondents' score (mean 33.95). In the case of environmental mastery, age above 30 years (mean 35.79) showed to be higher environmental mastery than age up to 30 years (mean 35.10). In the case of positive relation with others age above 30 years respondents (mean 36.00) had high positive relation with others than age of up to 30 years respondents (mean 34.61) respectively. Two way ANOVA revealed non-significant difference on the domains personal growth (F=2.830; P=0.093), purpose in life (F=0.020; P=0.889), and self acceptance (F=0.884; P=0.348).

GROUP, AGE AND PSYCHOLOGICAL WELL BEING: Overall interaction between age and group not differ significantly on psychological well being (F=0.526; P=0.469). Domain wise interaction effect between groups and gender was also found to be non significant on autonomy (F=0.349; P=0.555), environmental mastery (F=1.423; P=0.233), personal growth (F=1.074; P=0.300). Positive relation with others (F=0.248; P=0.619), purpose in life (F=0.522; P=0.470), and self acceptance (F=0.191; P=0.662) respectively.

III. DISCUSSION

MAJOR FINDINGS OF THE STUDY

- ✓ From the study it was observed that doctors and nurses working in Bangalore City did not differ significantly on overall psychological well being. However in the Domains of autonomy and environmental mastery, doctors and nurses differed significantly.
- ✓ For Age group, there is a significant difference between above 30 years of age respondents and below 30 years of age respondents on overall psychological well being. Domain wise significant difference was observed in their autonomy, environmental mastery and positive relation with others among.
- ✓ Study revealed non-significant interaction effect between group and age of doctors and nurses.

HYPOTHESIS RELATED DISCUSSION

Hypothesis-1 states that: 'doctors and nurses differ on Psychological wellbeing'. Outcome of the study it was found that overall score of doctors and nurses did not differ significantly in their psychological wellbeing. However Doctors and nurses differed significantly in the domain of autonomy and Environmental mastery score, whereas Nurses are shown to be higher on autonomy and environmental mastery than doctors. Non significant differences were observed on personal growth, positive relation with others, purpose in life and self-acceptance between doctors and nurses. The finding was supported by Vicenta and Santiago (2007) reported that doctors demonstrated a greater prevalence of poor vitality, mental health, and emotional exhaustion than did nurses. Greater demands were associated with all three outcomes for both doctors and nurses

Hypothesis-1 formulated in the present study, which states that 'doctors and nurses differ on Psychological wellbeing' is not accepted, as it was found that doctors and nurses were not significantly differ to each other. However, domain wise hypothesis is accepted for autonomy and Environmental mastery.

Hypothesis-2 states that: 'There will be age influence on Psychological wellbeing'

GROUP, AGE AND PSYCHOLOGICAL WELL BEING: Two way ANOVA revealed significant differences between respondents with different age groups, whereas age group above 30 year respondents are higher scores on psychological wellbeing than age up to 30 years. Result revealed significant

difference on domains of autonomy, environmental mastery and positive relation with others, whereas age group above 30 years had more autonomy, environmental mastery and positive relation with others than age group up to 30 years respondents. Age group shows non-significant influence on Personal growth, Purpose in life and Self acceptance. Interaction effect in group and age shows non-significant on overall psychological well being and their domains. Study by Creed and Tania (2003) revealed that the young unemployed reported higher wellbeing than the mature group. Interaction between group and age not differ significantly on overall psychological well being and also for domains of psychological well being.

Hence Hypothesis 4 is accepted, as result shows age is influenced on psychological well being. Hypothesis is not accepted for domains such as Personal growth, Purpose in life and Self acceptance.

IV. CONCLUSION

From the study it was observed that doctors and nurses working in Bangalore City did not show any difference in overall psychological wellbeing. However in the Domains of autonomy and environmental mastery doctors and nurses differ significantly. When compared age group, age above 30 years respondents was observed higher on psychological wellbeing. Domain wise age group above 30 years shows more autonomy, environmental mastery and positive relation with others. The Finding of the study may be utilized for setting of specific designed training programs for medical professionals, and also educational institutions should begin to develop programmes to foster psychological well being among doctors and nurses to enhance their performance. This may be as a part of training programme for doctors and nurses in earlier age.

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CONFLICT OF INTERESTS

The author declared no conflict of interests.

REFERENCES

- [1] Alberto, A. K., Sabino, A. E., & Jonathan, C. S. (2009). Assessment of burnout and psychological Wellbeing among health professionals In the Basque country. *Journal of Psychology in Spain*, 13(1), 62-71.
- [2] Creed, P. A., & Watson, T. (2003). Age, gender, psychological wellbeing and the impact of losing the latent and manifest benefits of employment in unemployed people. *Australian Journal of Psychology*, 55(2), 95-103.
- [3] Levi, L. (1987). Fitting work to human capacities and needs. In Katme et al (Eds.) *Improvements in contents and organization of work: Psychological factors at work*.
- [4] Lindo, J. L. M., McCaw, B. A., LaGrenade, J., Jackson, M., & Eldemire, S. D. (2006). Mental Well-being of Doctors and Nurses in Two Hospitals in Kingston, Jamaica. *West Indian Medical journal*, 55 (3), 153.
- [5] Mobarak, H. Khan. (2009). A systematic review of arsenic exposure and its social and mental health effects with special reference to Bangladesh. *International Journal of Environmental. Research and Public Health*, 5, 1609-1619.
- [6] Quinn, S. M. (2010). Agnes Warner and the Nursing Sisters of the Great War. *Goose Lane editions and the New Brunswick Military Heritage Project*.
- [7] Ronald, J. Burke., Scott Moodie., Simon Dolan., & Lisa Fiksenbaum. (2012). Job demands, social support, work satisfaction and psychological well-being among nurses in Spain. *Esade working paper*, 233, 60-62.
- [8] Ryff, C.D. (1995). Psychological Well-Being in Adult Life. *Blackwell Publishing on behalf of Association for Psychological Science*, 4(4), 99-104.
- [9] Vicenta, E. A., & Santiago, P. H. (2007). Psychological well-being and psychosocial work environment characteristics among emergency medical and nursing staff. *Stress and health*, 23 (3), 153-160.
- [10] Winkel, W. (2009). Florence Nightingale. *Epidemiology*, 20 (2), 311.
- [11] World Health Organization. (2010). *Classifying health workers*. Geneva.