Correlation of perceived stress and psychological well-being among doctors serving at various government and private hospitals of Faisalabad

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Objective: To analyse the relationship between perceived stress and psychological well-being among doctors serving at various government and private hospitals in Faisalabad, Pakistan.

Methodology: This cross-sectional study was conducted at Government and Private Hospitals of Faisalabad. Perceived stress and psychological well-being scale were used to collect data. SPSS version 20 was used for data analysis.

Results: Significant negative correlation was found between perceived stress and psychological well-being among doctors (-.288**, p<0.01). Mean score of purpose in life (sub scale of psychological well-being) for the male doctors was 27.10 (SD = 7.627), whereas mean score in same dimension for female doctors was 29.85 (SD = 6.186). Female doctors were found to have significantly higher purpose in life scores as compared to their

male colleagues (p<0.05). Young doctors score on Positive relations (mean =27.20, SD = 7.587, while 36.4% (n=59) aged 31-40 (PR mean score, 29.03, SD = 7.151) however 12.3% (n=20) aged 41-50 (mean = 31.85, SD = 6.377) and 5.6% (n=9) aged >50 (mean = 31.78, SD = 8.643, p<0.05). Doctors aged 41-50 and above had significantly higher score on positive relations as compared to younger doctors. Doctors aged 21-30 had least score on positive relations.

Conclusion: There was significant negative correlation between perceived stress and psychological well-being among doctors. Female doctors enjoyed high purpose in life as compare to their male colleagues. (Rawal Med J 202;45:886-889).

Keywords: Psychological well-being, stigma, perception.

INTRODUCTION

It is a well-acknowledged fact that the job of healthcare professionals is amongst the most stressful occupations to exist. To ignore the mental health and wellbeing of these individuals would not only put them at significant risk, but also have unforeseen adverse effects on their jobs.² Doctor's profession requires the utmost care, precision, attention, professionalism, and a great deal of optimism. Stigma to mental health is widespread amongst doctors, and many prefer to be secretive about their psychological issues rather than get proper medical assistance.³ Perceived stress is the individual's perception of the severity of their respective stressors (actual stress) and the affects it has on them.4 Psychological well-being is about lives going well and is combination of feeling good and functioning effectively.

Psychological wellbeing refers to six aspects of

wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Recurrent work-related stressors, unrewarding job environment, troublesome family situation, negative social interactions, unsatisfactory relationships, and pressure to maintain a strong work ethic are just few of the variables that can adversely affect a doctor's psychological wellbeing. An Italian study found the rate of psychiatric morbidity among physicians to be as high as 25%. Long-term effects of poor psychological well-being include severe physical illnesses such as cardiovascular diseases and blood sugar problems. A study indicated that environmental mastery and autonomy increased with age however purpose in life and personal growth decreased with age, but there was no significant age difference on selfacceptance and positive relations with others.¹⁰

Another study indicated that women scored significantly higher than men on positive relations with others and personal growth. The objective of this study was to assess the doctors' mental health in Faisalabad, Pakistan.

METHODOLGY

This cross-sectional study was conducted from July to December 2019 at Allied Hospital, DHQ hospital, Government General Hospital and Independent Hospital, Faisalabad. A sample of 181 doctors was selected and given appropriate questionnaires hand-delivered by the principal investigator. Out of the 181 forms, 19 were half filled. Since the identity of the subjects of these 19 questionnaires couldn't be confirmed, the forms had to be discarded.

One of the most widely used psychological instruments, Perceived Stress Scale-14 (PSS) and Psychological Well-being Scale-42 (PWB), were used to measure the perception of stress and psychological well-being of doctors. PSS-14 comprises 7 positively-stated and 7 negatively stated items. The perceived stress score was calculated by reverse coding the negatively-stated items and then sum the scores of all 14 items. The final scores range from 0 to 56. The higher scores indicate the higher levels of perceived stress. The instrument was not intended by its developers as a diagnostic tool, and hence there is no cut-off score.

The RYFF Scale 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: self-acceptance, the establishment of quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life and continued growth and development as a person. Respondents rate on a statement on scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement. For each category, a high score indicates that the respondent has a mastery of that area in his or her life. Conversely, a low score shows that the respondent struggles to feel comfortable with that particular concept.

Statistical Analysis: SPSS version 20 was used for

analysis. Pearson Correlation was used to see the association of perceived stress and psychological well-being. p<0.05 was considered significant.

RESULTS

Correlation between perceived stress and psychological well-being among 162 doctors is shows in Table 1. Significant negative correlation was found between perceived stress and psychological well-being among doctors (-.288**, p<0.01). Doctor's score on six dimensions of the psychological well-being, gender wise are given in Table 2. Majority of the respondents were male doctors (n=87, 53.7%). Mean score on purpose in life (sub scale of psychological well-being) for the male doctors was 27.10 (SD=7.627), whereas mean score on same dimension for female doctors was 29.85 (SD = 6.186). Female doctors were found to have significantly higher purpose in life scores as compared to their male colleagues (p<0.05).

Table 1. Correlation of perceived stress and psychological well-being.

		Perceived Stress	Psychological well-being
P. Stress	Pearson Correlation	1	288**
	Sig. (2-tailed)		.000
	N	163	163
PWB	Pearson Correlation	288**	1
	Sig. (2-tailed)	.000	
	N	163	163

Table 2. Psychological well-being by gender.

Ryff	Gender	N	%	Mean	SD	F	Sig.
Subscale							
Autonomy	male	87	53.7	26.03	6.186	0.004	0.952
Total	female	75	46.3	26.09	6.149		
Emotional	male	87	53.7	25.55	5.527	0.383	0.537
Mastery	female	75	46.3	26.12	6.160		
Personal	male	87	53.7	28.51	7.109	0.799	0.373
Growth	female	75	46.3	29.52	7.310		
Positive	male	87	53.7	28.32	7.618	0.473	0.492
Relations	female	75	46.3	29.13	7.331		
Purpose in	male	87	53.7	27.10	7.627	6.221	0.014*
Life	female	75	46.3	29.85	6.186		
Self-	male	87	53.7	28.37	7.648	0.096	0.756
Acceptance	female	75	46.3	28.73	7.253		
PWB Score	male	87	53.7	161.16	38.907	2.596	0.109
	female	75	46.3	170.05	29.897		

Table 3. Psychological well-being in doctors by age group.

Ryff	Age	N	%	Mean	SD	F	Sig.
Subscale	(years)						
Autonomy	21-30	74	45.7	25.72	6.486	0.356	0.785
Total	31-40	59	36.4	26.02	6.407		
	41-50	20	12.3	27.30	4.450		
	>50	9	5.6	26.44	5.247		
Emotional	21-30	74	45.7	25.28	5.456	0.471	0.703
Mastery	31-40	59	36.4	26.10	5.967		
	41-50	20	12.3	26.30	5.273		
	>50	9	5.6	27.22	8.899		
Personal	21-30	74	45.7	28.41	7.408	0.499	0.683
Growth	31-40	59	36.4	29.05	7.800		
	41-50	20	12.3	30.00	5.361		
	>50	9	5.6	30.89	4.781		
Positive	21-30	74	45.7	27.20	7.587	2.814	0.041
Relations	31-40	59	36.4	29.03	7.151		*
	41-50	20	12.3	31.85	6.377		
	>50	9	5.6	31.78	8.643		
Purpose in	21-30	74	45.7	28.74	6.468	0.441	0.724
Life	31-40	59	36.4	27.76	7.426		
	41-50	20	12.3	29.40	6.700		
	>50	9	5.6	27.11	10.982		
Self-	21-30	74	45.7	27.34	7.015	1.714	0.166
Acceptance	31-40	59	36.4	28.92	8.052		
	41-50	20	12.3	31.30	6.783		
	>50	9	5.6	29.78	7.242		
PWB Score	21-30	74	45.7	163.41	31.094	0.735	0.533
	31-40	59	36.4	163.64	40.800		
	41-50	20	12.3	175.95	26.195		
	>50	9	5.6	167.67	45.558		

Table 4. Psychological well-being by marital status.

Ryff	Marital	N	%	Mean	SD	F	Sig.
Subscale	Status						
Autonomy	married	123	75.9	26.27	5.474	0.575	0.449
Total	single	39	24.1	25.41	7.966		
Emotional	married	123	75.9	26.05	5.694	0.826	0.365
Mastery	single	39	24.1	25.08	6.209		
Personal	married	123	75.9	29.21	6.447	0.548	0.460
Growth	single	39	24.1	28.23	9.238		
Positive	married	123	75.9	28.97	7.134	0.665	0.416
Relations	single	39	24.1	27.85	8.502		
Purpose in	married	123	75.9	28.37	7.183	0.001	0.973
Life	single	39	24.1	28.41	6.965		
Self-	married	123	75.9	28.88	7.078	1.072	0.302
Acceptance	single	39	24.1	27.46	8.519		
PWB Score	married	123	75.9	166.33	33.700	0.451	0.503
	single	39	24.1	161.97	39.869		

Most of the respondents were young doctors aged 21-30 years (n=74, 45.7%) their score on positive relations (mean =27.20, SD = 7.587, while 36.4%(n=59) aged 31-40 (PR mean score, 29.03, SD = 7.151) however 12.3% (n=20) aged 41-50 (mean = 31.85, SD = 6.377) and 5.6% (n=9) aged >50 (mean = 31.78, SD = 8.643, p<0.05) (Table 3). Doctors aged 41-50 and above had significantly higher score on positive relations as compared to younger doctors. Doctors aged 21-30 had least score on positive relations. Majority of the respondents were married (n=123, 75.9%). There is no statistically significant association was found between the marital status of the doctors and their mean psychological well-being scores (F= 0.451, value=0.503). Moreover, no statistically significant association was found in other dimensions of psychological well-being with doctor's gender and age group (Table 4).

DISCUSSION

The current study depicted the relationship between perceived stress and psychological well-being among doctors. Results indicated that correlation is significant at 0.01** levels (2-tailed) which shows significant negative relationship between perceived stress and psychological wellbeing among doctors. These results similar to already reported studies. 12,13,14 We found that females had altruistic behaviours and attitudes, which in turn enabled a stronger purpose in life. 15 High score in this domain indicates that someone has goals in life and a sense of direction, feels there is meaning to present and past life, holds beliefs that give life purpose, and has aims and objectives for living. Since the sample was selected from only one city, the generalization power might have been affected.

CONCLUSION

There is a significant negative correlation between perceived stress and psychological well-being among doctors. Middle age doctors are more likely to have positive relations with others than young doctors. This research shows that stress has a disastrous effect on the personal well-being of doctors.

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