

Psychological Well-being among Doctors and Nurses: A Comparative Study

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ABSTRACT

The present study examines the level of psychological well being among doctors and nurses. 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. Gender wise comparisons on over all psychological wellbeing did not show significance differences. However male and female differ only in the domain of personal growth, male respondents scored higher on Personal growth has compare to female respondent.

Keywords: *Psychological Well Being, Doctors, Nurses,*

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 centers 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 background 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), since the majority of previous research has concentrated on one type of medical professional.

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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'. Psychological well-being has more to do with the management of the existential challenges of life such as having meaning in one's life growing and developing as a person.

According to Diener (1999) Psychological well-being is 'how people evaluate their lives, these evaluations are may be in the form of cognitive or affective'. The cognitive part is an information based appraisal of conscious evaluative judgments about one's satisfaction with life, and the affective part is a hedonic evaluation guided by emotions and feelings such as experience of pleasant/unpleasant moods in reaction to their lives.

The concept of psychological wellbeing explained by Ryff (1989) Well-being is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. The concept of psychological or emotional well-being was originally construed as a challenge in overcoming the hedonistic concept of well-being in psychology and with the aspiration of making a distinction between the hedonistic state of comfort and eudaimonic process of growth and development by which happiness, and finally also pleasure, is achieved.

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 ($r = -.31$ and $-.26,$) 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 ($r = .09, .08,$ and $.04$) respectively.

Gardiner M et al., (2005) examined the role of psychological well-being in retaining rural general practitioners. The sample consists of 187 general practitioners in South Australia. The Questionnaire includes questions about their level of support in rural practice, psychological health and intentions to leave rural practice. The finding revealed that rural general practitioners who were seriously considering leaving rural practice had higher work-related distress, higher

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distress related specifically to working in a rural general practice and lower quality of work life. General practitioners who considered leaving rural practice also reported having fewer colleagues with whom to discuss professional issues.

Babalola E O & Olumuyiwa O (2015) studied Job Satisfaction and Psychological wellbeing among mental Health Nurses on the Sample of 110 psychiatric nurses. The Minnesota Satisfaction Questionnaire (MSQ) and General Health Questionnaire (GHQ- 12) were used. Result revealed that 84.5% of nurses reported positive psychological wellbeing, while 15.5% had psychological distress. Job satisfaction had a positive significant relationship with psychological wellbeing. Majority of the respondents in the study reported that they were satisfied with their work. Many of them also reported positive psychological wellbeing. There was a significant positive relationship between job satisfaction and psychological wellbeing.

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 gender 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 Gender influence on Psychological wellbeing

METHOD

Sample

Based on random sampling technique, the overall sample for this study covered 600. Out of them, 300 doctors (male-150, female- 150) and 300 nurses (male-150, female-150) were included in this study. Sample was drawn from different private and government hospitals of Bangalore city.

Tools

Socio Demographic Data Sheet: This includes details about age, sex, gender, Length of service, marital status, and Annual income.

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

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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.

RESULT

On the whole the result found that doctors and nurses did not differ significantly on psychological wellbeing scores ($F=1.83$; $P=0.17$). With respect to gender wise score ($F=0.18$; $p=0.89$) of male and female and the interaction between group and gender score ($F=0.23$; $p=0.63$) was also found to be non significant.

Group, gender and autonomy: Doctors and nurses differed significantly in their autonomy scores ($F=4.48$; $p=.03$), whereas nurses were found to be more autonomous (mean; 35.04) than doctors (mean; 34.12). Further, gender wise a non significant difference was observed between male and female respondents and the interaction effect between groups and gender was also found to be non significant.

Table showing the domain wise Psychological Wellbeing (PWB) scores of doctors and nurses [follow last page]

Group, gender and environmental mastery: Doctors and nurses differed significantly in their environmental mastery scores ($F=12.11$; $p=0.001$), whereas nurses were found to be more on environmental mastery (mean; 36.23) than doctors (mean; 34.58). Further, gender wise a non significant difference was observed between male and female respondents and the interaction effect between groups and gender was also found to be non significant.

Group, gender and personal growth: Doctors and nurses found to be not differed significantly in their personal growth scores ($F=0.07$; $p=0.784$). Further, gender wise significant differences was observed between male and female ($F=5.11$; $P=0.24$), whereas male (mean; 35.34) were found to be more personal growth than female (mean; 34.29) respondents and the interaction effect between groups and gender was found to be non significant.

Group, gender and positive relation with others, purpose in life and self-acceptance: doctors and nurses did not differed significantly on other domains of psychological wellbeing, such as positive relation with other ($F=0.178$, $P=0.673$), Purpose in life ($F=0.430$, $P=0.512$), and self-acceptance ($F=1.038$, $P=0.309$). Further, gender wise no significant difference was observed in the area of positive relation with other ($F=0.96$, $P=0.757$), Purpose in life ($F=0.997$, $P=0.318$), and self-acceptance ($F=1.845$, $P=0.358$). Interaction effect between groups and gender was also

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found to be non significant in positive relation with other ($F=1.963$, $P=0.162$), Purpose in life ($F=1.285$, $P=0.257$), and self-acceptance ($F=0.925$, $P=0.337$).

DISCUSSION

The main objective of the current research is to study psychological wellbeing of doctors and nurses in Bangalore city. The hypothesis states that: 'doctors and nurses differ in Psychological wellbeing'. Statistical method of ANOVA has been applied to measure between-subjects by SPSS (version 20) to test the hypothesis.

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 Emotional maturity score. Nurses scored high on autonomy and environmental mastery compare to doctors. Other domains of psychological wellbeing such as personal growth, positive relation with others, purpose in life and self-acceptance, there is no significant differences between doctors and nurses.

The finding was supported by Vicenta E A & Santiago P H (2007) in their study entitled Psychological wellbeing and psychosocial work environment characteristics among emergency medical and nursing staff. The result of the study shows 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. Lower job control and co-worker social support were predictive of poor psychological well-being only for doctors. In addition, low supervisor social support was related to poorer mental health for doctors, whereas low supervisor social support was related to more emotional exhaustion for nurses.

Susmita Halder, & Akash Kumar Mahato (2013) studied on Stress and psychological well being status among health care professionals. Result of the study shows that stress level was highest among nurses followed by Paramedical staff and finally doctors. Depression traits among all health professionals were in the range of 33.3% - 66.6%. Traits in majority of the above sample also showed anxiety symptoms to the extent of 40% - 60%. A small percentage of nurses had neurasthenic and traits of hysteria among the entire sample. Majority of the subjects had evidence of psychological distress however Stress level was present in varying degree among all health care professionals.

The second objective of the current research is to assess gender variance of the psychological wellbeing among doctors and nurses. Hypothesis of the study states that: 'There will be Gender influence on Psychological wellbeing'.

Findings of the study revealed that male and female doctors and nurses' do not differ significantly on overall psychological wellbeing, however domains wise result indicate that male

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and female doctors and nurse differ significantly on Personal Growth. Male nurses and doctors were found to be more on personal growth as compare to female respondents. In the rest of the domains like autonomy, environment mastery, positive relation with others, purpose in life and self-acceptance male and female doctors do not differ significantly.

The finding was supported by Escriba & Burillo (2004) in their study entitled Psychological well-being among hospital personnel: the role of family demands and psychosocial work environment. Result revealed that gender role and psychosocial work environment have a negative influence on the psychological well-being of hospital staff.

Fakir M S and Lisa M (2009) in their study entitled Psychological Well-Being in Professional Groups. Result of the study shows that woman are as happy as men are. In the context of group comparison, it was shown that doctors and teachers experience maximum happiness whereas administrators experience the least. Engineers and executives were placed in the intermediate positions. The findings were explained in light of profession specific role demands and expectations.

CONCLUSION

It may be noted from the above studies that doctors and nurses working in Bangalore City do not show any difference in overall psychological wellbeing. However in the Domains of autonomy and environmental mastery doctors and nurses differ significantly. Nurses were found to more autonomous and were found to be high on environmental mastery as compare to doctors. Between genders comparison reveals that male and female do not differ significantly on over all PWB. However on the domain of personal growth male were found to score high than female respondent. The Finding of the study may be utilized for setting of specific designed training programs for male and female medical professionals.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Table showing the domain wise Psychological Wellbeing (PWB) scores of doctors and nurses

Group	Gender	N	Domains of Psychological wellbeing												Total	
			Autonomy		Environmental mastery		Personal growth		Positive relation with others		Purpose in life		Self-acceptance		TOTAL_PWB	
			Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Doctors	Male	150	34.52	5.92	34.4	6.31	35.63	4.88	35.62	7.24	34.14	6.93	35.38	6.07	209.69	30.11
	Female	150	33.72	5.28	34.76	5.78	34.13	5.81	35.03	7.03	35.3	6.19	35.36	6.24	208.30	27.63
	Total	300	34.12	5.61	34.58	6.04	34.88	5.41	35.33	7.13	34.72	6.58	35.37	6.14	208.99	28.86
Nurses	Male	150	35.18	5.59	36.27	5.86	35.05	6.38	34.64	6.15	35.11	7.27	35.41	5.43	211.66	28.7
	Female	150	34.91	4.55	36.19	5.23	34.46	5.49	35.56	5.81	35.04	6.2	36.29	5.1	212.45	23.84
	Total	300	35.04	5.09	36.23	5.54	34.75	5.95	35.1	5.99	35.08	6.75	35.85	5.28	212.05	26.34
Total	Male	300	34.85	5.76	35.34	6.15	35.34	5.68	35.13	6.72	34.63	7.11	35.39	5.75	210.68	29.38
	Female	300	34.32	4.96	35.47	5.55	34.29	5.64	35.3	6.45	35.17	6.19	35.82	5.71	210.37	25.85
	Total	600	34.58	5.37	35.41	5.85	34.82	5.68	35.21	6.58	34.9	6.66	35.61	5.73	210.53	27.65
F (Group)			F=4.48 ;p =0.03		F= 12.11; =0.001		F=0.07 ; P=0.78		F=0.17 ; P=0.67		F=0.43; P=0.51		F=1.03 ; P=0.30		F=1.83 ; P=0.17	
F (Gender)			F= 1.48;p =0.22		F=0.08 ; P=0.77		F=5.11 ; P=0.02		F=0.96 ; P=0.75		F=0.99 ; P=0.31		F=0.84 ; P=0.35		F=0.18 ; P=0.89	
F (interaction)			F=0.37 ; P=0.54		F=0.22 ; P=0.63		F=.98 ; P=0.32		F=1.96 ; P=0.16		F=1.28 ; P=0.25		F=0.92 ; P=0.33		F=0.23 ; P=0.63	

How to cite this article: M Madhuchandra, N Srimathi (2016), Psychological Well-being among Doctors and Nurses: A Comparative Study, International Journal of Indian Psychology, Volume 3, Issue 4, No. 68, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.212/20160304, ISBN:978-1-365-39398-3