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Hospital is a place where so many people come to get cared get cared for no matter what illness they suffer from in the increasing demand for care, the care givers and life providers are often ignored and forgotten. Medical professionals who are visualized as God are merely another human, also prone to illnesses and nervous breakdown. This reality has been the causes of many such professionals' disintegrate in life.

The research among the medical professionals was focused on 4 major objectives like studying their socio-demographic details, measuring their psychological wellbeing and understanding its impact in the personal as well as social life and finally to suggest suitable measures to improve their psychological wellbeing. Descriptive research design was used to investigate and study the problem and survey method was used for sampling. The universe of the study comprises of 145 medical professionals working in Paalana institute of Medical Sciences, Palakkad.

Research shows that medical professionals are chronically aroused. Burnout is often defined as emotional and physical exhaustion, resulting in poor self-image, negative attitude to work and a drop in personal involvement. Specifically, medical professionals need to change their lives in ways that address the imbalance between excessive demand and perceived low control, and between effort and insufficient extrinsic reward. This study throws light to the depth of psychological problems face by the medical health professionals and to suggest various coping strategies to restore the pleasure of work — the satisfaction inherent in meaningful work done well thus intends to help these 'healers' to 'health and heal themselves, as they are!

INTRODUCTION

A medical professional is an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. Medical professionals include a team comprising of physicians, dentists, physician assistants, nurses, midwives, pharmacists, dietitians, therapists, psychologists, chiropractors, clinical officers, phlebotomists, physical therapists, respiratory therapists, occupational therapists, audiologists, speech pathologists, optometrists, emergency medical technicians, paramedics, medical laboratory scientists, medical prosthetic technicians, radiographers, social workers, and a wide variety of other human resources trained to provide some type of health care service. They often work in hospitals, health care centers and other service delivery points, but also in academic training, research and administration. Some provide care and treatment services for patients in private homes.

Psychological well being/mental health

Mental or emotional health refers to the overall psychological well-being. It includes the way you feel about yourself, the quality of your relationships, and your ability to manage your feelings and deal with difficulties.

Good mental health isn't just the absence of mental health problems. Being mentally or emotionally healthy is much more than being free of depression, anxiety, or other psychological issues. Rather than the absence of mental illness, mental and emotional health refers to the presence of positive characteristics. Similarly, not feeling bad is not the same as feeling good. While some people may not have negative feelings, they still need to do things that make them feel positive in order to achieve mental and emotional health.

These positive characteristics of mental and emotional health allow you to participate in life to the fullest extent possible through productive, meaningful activities and strong relationships. These positive characteristics also help you cope when faced with life's challenges and stresses.

Carol Ryff believes wellbeing can be described through a number of components:

- self-acceptance
- personal growth
- purpose in life
- environmental mastery
- autonomy
- positive relations with others

While the above characteristics are goals to strive toward, it is rather unrealistic for a person to feel all of these elements at the same time. Thus most of the articles refer to a person with "psychological well-being" as a happy, satisfied person.

Factors affecting the psychological well-being of medical professionals

The current system that medical professionals work in discourages them from seeking help. There have been some studies showing that 30% of surgeons exhibit signs of depression! Other studies have shown that 10% of medical students think about suicide. Medical profession is a tough field that is both demanding physically and emotionally. The pressure to perform at a high level is always there. The threat of medical lawsuits, unhappy patients writing letters, hospital quality committee review, and state medical board investigation always looms in the background. This is superimposed on constant reimbursement cuts and oversight by the government. Health professionals can experience vicarious traumatization when working with a large number of people exposed to a distressing situation. In this condition, caregivers experience symptoms

that are similar to those of the patients they are treating. Physicians also can develop compassion fatigue, which likened to doctors burning out. To prevent these conditions, health professionals need to exercise, get adequate sleep and take time off from work. They can also debrief with a colleague at the end of each day. Medical professionals need to know when to give care and when to get it.

Some studies suggest that workplace stress is pervasive in the health care industry because of inadequate staffing levels, long work hours, exposure to infectious diseases and hazardous substances leading to illness or death, and in some countries threat of malpractice litigation. According to a report from the United States' National Institute for Occupational Safety and Health, "health care workers have higher rates of substance abuse and suicide than other professions and elevated rates of depression and anxiety linked to job stress." Elevated levels of stress were also linked to high rates of burnout, absenteeism and diagnostic errors, and to reduced rates of patient satisfaction. In Canada, a national report *Canada's Health Care Providers* also indicated higher rates of absenteeism due to illness or disability among health care workers compared to the rest of the working population, although those working in health care reported similar levels of good health and fewer reports of being injured at work.

Female medical professionals may face specific types of work place-related health conditions and stress. According to the World Health Organization, women predominate in the formal health workforce in many countries, and are prone to musculoskeletal injury (caused by physically demanding job tasks such as lifting and moving patients) and burnout. They are exposed to hazardous drugs and chemicals in the workplace which may cause adverse reproductive outcomes such as spontaneous abortion and congenital malformations. In some contexts, female health workers are also subject to gender-based violence including from coworkers and patients.

Factors that affect a person's psychological well-being at work

This includes:

1. Feeling of accomplishment
2. Feeling of using one's abilities to the fullest
3. Recognition of work by superiors
4. Recognition of work by peers
5. Promotion opportunities
6. Pay

REVIEW OF LITERATURE

✍ **Crawford, et.al (2010)** conducted a study to examine levels of burnout among staff working in community-based services for people with personality disorder (PD) and to explore factors which add to or lower the risk of burnout among people working in such services. In-depth interviews with staff working at 11 dedicated community-based personality disorder services in England together with a cross-sectional staff survey using the Maslach Burnout Inventory. Levels of burnout were generally lower than those reported in previous studies among mental health workers and levels of personal accomplishment were higher. Staff reported positive as well as negative experiences of working with people with PD.

✍ **Bressi and Altamura (2009)** conducted a study to evaluate the prevalence of job burnout and estimated psychiatric morbidity among 81 psychiatrists in Milan. The study reveals that psychiatrists showed high levels of emotional exhaustion and depersonalization than other physicians. Main sources of stress were related to work environment.

- ✎ **Rossberg, (2008)** conducted a exploratory study among psychiatric staff members revealed that the working conditions of staff are related to both patient satisfaction and the patients' perceptions of the treatment environment. A satisfactory working environment for psychiatric staff members seems important for the quality of care perceived by patients. Study also revealed a strong correlation between patient satisfaction and staff satisfaction.
- ✎ **Strine et. al (2008)** in their study among medical professionals, came out with a conclusion that "Inadequate social and emotional support is a major barrier to health relevant to the practice of medical professional and medicine, because it is associated with adverse health behaviors, dissatisfaction with life, and disability"
- ✎ **Power and Swanson (2007)** conducted a study on stress of medical health professionals .Medical professionals are among the most highly stressed occupational groups. Perhaps because of ramifications for doctor health and patient care, many research studies since the early 1970s have focused on occupational stress in doctors. Structural and cultural changes in medical care have taken place in recent years at both the macro- and micro-level, including accelerating improvements in treatments and technology, shifts to more efficiency-orientated and patient-centered ways of working, and increases in patients' expectations.
- ✎ **Paris & Hoge . (2005)** conducted a study to explore job satisfaction, professional role and burnout among community mental health staff in Austria. The Minnesota Job Satisfaction Questionnaire, the GHQ-12, the Maslach Burnout Inventory and a questionnaire exploring staff's professional role and team identity were administered to 195 community-based mental health professionals in two Austrian regions. Staff's job perception was assessed in open questions. Predictors of burnout scores were identified in multivariate analyses. While the mental health professionals had elevated scores on the GHQ-12, their levels on the three burnout subscales were low. Social workers and psychologists showed the lowest job satisfaction, social workers also had low role identity scores. Being in the current job for a short time and disposing of psychosocial skills were predictors of high job satisfaction. High burnout scores were predicted by the lack of basic psychosocial competence and a lack of general knowledge in mental health care. The effect of caseload on psychological well-being was positive as well as negative. Even if the mental health professionals in our study show high levels of general stress, they seem to have less emotional problems resulting from extensively dealing with troubled individuals.
- ✎ **Pram (2005)** conducted a study among 195 community-based medical health professionals to explore job satisfaction, professional role and burnout among community medical health staff in Austria. The studies show high prevalence of burnout among the medical staff.
- ✎ **Terhi et. al (2004)** conducted a study on wellbeing of Occupational Health Nurses which aims to promote occupational wellbeing by actions that maintain the staff's ability to work in 12 school communities in Eastern Finland. This study describes occupational health nurses' evaluations of the occupational wellbeing some factors related to it and the results suggested empowerment as a social and an individual process to develop the organizational culture and also recognized the significance of leisure time and family as social capital.
- ✎ **Maslach (2003)** conducted a study on burnout among medical health professionals. Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job. It is defined by the three dimensions of exhaustion, cynicism, and inefficacy. The experience can impair both personal and social functioning, and thus contributes to a decline in the quality of work and interpersonal relationships. As a reliably identifiable job stress syndrome,

burnout clearly places the individual stress experience within a larger organizational context of people's relation to their work.

- ☞ **Ghazala et al (2002)** the study examines the relationship of psychological well-being and work motivation in a sample of Pakistani medical professionals. The study was conducted in private and public sector hospitals in the twin-cities of Islamabad and Rawalpindi. The environment of public sector is perceived to be more challenging. Similarly, older medical professionals seem to be having higher psychological well-being and work motivation, compared to the younger medical professionals. However, these findings suggest the need for further exploration of some interrelated variables, which might give us insight for future policy implementation, suggesting ways for further improvement in the psychological facets of the work environment of this dynamic group of professionals.
- ☞ **John Wiley (1999)** studied the differences in perceived stressors among 72 male and female physicians. Although both men and women physicians felt pressured by the amount of time demanded by their profession, women had the additional pressure of family obligations. Male physicians were most distressed by relationships with patients, the inability to cure, and the threat of malpractice. Female physicians, on the other hand, were more likely to be concerned about the responsibility inherent in the doctor's role. Although physicians have many similar attitudes and behaviors because of their professional socialization, their reactions to the pressures of medical practice are also influenced by sex-role socialization.
- ☞ **Lazarou et. al (1996)** Conducted a study about the common medical health problems in nurses. Depression is regarded as one of the most common mental disorders, but available data point out that only less than one third of adults with depression obtain appropriate professional treatment. This is attributed (amongst other reasons) to the under-recognition of the problem by the health professionals including the general practice nurses. This overview presents basic epidemiological data and the potential consequences on daily functioning and other aspects of life that depression may have as to become aware and sensitive regarding to depressive clients.
- ☞ **Victor (1996)** conducted a study and examined occupational stress among medical health professionals (staff and trainees). The sample consisted of 36 physicians and 22 nurses from different public centers in Galicia, Spain. The variables evaluated included stress situations at work, psycho physiological symptoms and some social and work indicators. Our results showed that nurses experienced less stress than doctors, and suggest specific associations between situational stressors and state of health.
- ☞ **Moore et al (1996)** conducted a study on Stress in Medical Health Professionals: a Theoretical Overview The study reveals clearly, medical health professionals are subjected to similar organizational stressors as other workers. They also face additional emotional strain by the very nature of their professions in dealing with troubled persons often over extended periods of time. Further understanding of these problems and development strategies, such as insight-oriented training, requires a greater appreciation of the interactions between home-work and the individual.

RESEARCH METHODOLOGY

Pilot Study

The researcher visited the hospital to find out the feasibility and scope of the study. Researcher reviewed books and journals about the topic and discussed it with experts. Then the researcher discussed the problems of medical professionals with doctors, nurses, paramedical staffs in the hospital. All these processes gave the researcher further details how to go along with the study and also helped to assess the feasibility and reliability of the study.

Objectives of the study

- To study the socio-demographic profile of the respondents
- Measure the psychological wellbeing of the respondents
- Understand the effect of psychological wellbeing of the respondents with socio-demographic.
- To suggest suitable measures to improve psychological wellbeing of the respondents.

Hypothesis

1. There is no association between age of the respondent and lack of confidence.
2. There is no association between age of the respondent and happiness with present life.
3. There is no association between qualifications and getting well on with the seniors.
4. There is no association between marital status of the respondent and controlling emotions.
5. There is no association between marital status and time to attend cultural ceremonies
6. There is no association between monthly income of the respondent and feeling to be secured.
7. There is no association between gender and doing duty in adverse condition.
8. There is no association between years of experience and unable to concentrate fully in my works.
9. There is no significant difference among the age of the respondents with their confidence level
10. There is no significant difference among the marital status of the respondents with their mood change.
11. There is no significant difference among years of experience and psychological wellbeing.
12. There is no significant difference among the qualification of the respondent and getting well on with coworkers
13. There is no significant difference among the years of experience and feeling underworked

Research design

The researcher had adopted descriptive research design to investigate and study the problem. The major goal of descriptive research is to describe events, phenomena and situations. Since description is made on the basis of scientific observation, it is expected to be more accurate and precise than casual.

Universe of study

The universe of the study comprises of 145 medical professionals working in Paalana institute of Medical Sciences, Palakkad.

Sampling design

The researcher adopted survey method.

Tools of data collection

The tool of the data collection was questionnaire. Questionnaire consisted of a number of questions printed or typed in a definite order on a form. In this method a questionnaire was given to the medical professionals concerned with request to answer the question and return the questionnaire.

The questionnaire contains 8 questions related to personal data, psychological assessment (48 questions) social problems (25 questions) coping strategies (5 questions).

Source of data

1) Primary data

To conduct the study the researcher used primary source for collecting the data. Questionnaire was used as a tool for collecting primary data.

2) Secondary data

The researcher used secondary data for his research study through books, journal, magazines, articles, reports and other projects.

Difficulties faced by the researcher

1. As the respondents were medical professionals they were busy with their work.
2. The researcher is not allowed to collect data on working hours.
3. Some medical professionals finished their night duty and they take rest in day time, the researcher found tough time to collect data from them during day time.

Limitations of the study

- The study was only applicable to medical professionals of Paalana hospital, Palakkad, so it can't be generalized for all the medical professionals.
- Being medical professionals, the respondents are aware about the interpretation of their response and may tend to hide or alter the real feelings.

Operational definitions**• Doctor/Physician**

A doctor is a medical professional with doctor of medicine (MBBS), or an M.D or even higher degrees, who examine the sick, prescribe medicines, different treatments, and can give health advice.

• Nurse

Nurses, or registered nurses, help doctors and specialist take care of ill and injured people. Nurses usually assist doctors when dealing with patients. They will be generally pursuing degrees/diplomas (GNM, B. Sc/ M. Sc nursing) in nursing which is recognized by the Nursing Council of India

• Paramedical staffs

They include Physiotherapist, Medical Social worker, psychologists, Occupational therapists, Speech therapists, Recreational therapists, Diagnostic services staffs, Medical Lab technicians, Radiographers/scanning technicians, Pharmacist, Dietician who holds degrees/diplomas in their respective field and are also part of the multidisciplinary team in any hospital.

MAJOR FINDINGS

- Majority (65%) of the respondents are under the age group of 20-30
- Majority of the respondents(75.2%) are female
- 46% of the respondents are Hindus and 45% of the respondents are Christians.
- More than half of the respondents(51%) are married
- Almost half of the respondents (49%) are graduates
- Majority of the respondents (55.9%) are nurses.

- Half of the respondents (50%) are having less than 1 year of experience.
- 42.8% have salary less than 10,000 who constitute the majority of the respondents.
- Majority of the respondents (74.5%) sometimes feel lack of confidence
- Half of the respondents (50.3%) never feel they are losing self respect.
- Majority of the respondent (76.6 %) sometimes feel irritation.
- Majority of the respondent (72.4%) sometimes feel depressed.
- Majority of the respondents (74.5%) sometimes feels that their relations with others are not satisfactory.
- Half of the respondents (50.3%) sometimes feel that their responsibilities are like burden to them.
- More than half of the respondents (57.9%) never suffer from inferiority complex
- Majority of the respondent 73.8% of the respondents never have anxiety about future,
- Majority of the respondents (55.9%) always have definite plans about future.
- Half of the respondents (51%) most of times are able to take decision easily even in difficult circumstances.
- Majority 74.5% of the respondents are always satisfied with most aspects of life
- Majority of the respondents (74.5%) sometimes feel that they are unable to concentrate fully in their works.
- Almost half of the respondents (49.7%) most of times solve their problems themselves.
- Majority of the respondents (69.7%) sometimes feel they are unable to continue his task for long time.
- Majority of the respondents (60%) most of times feel secured themselves amidst friends / groups.
- Majority of the respondents (66.9%) most of time consider themselves useful for the society.
- Majority (73.1%) of the respondents sometimes get disappointed with common worries of life.
- Majority (66.2%) of the respondents most of times feels their group intimacy is increasing gradually.
- Majority (74.4 %) of the respondents most of times feel pleasure in taking responsibilities.
- Majority (73.8 %) of the respondents always get enough time in a week to get their personnel work and official work done.
- Majority (74.5%) of the respondents sometimes are unable to meet deadlines.
- Most of the respondents (75.2 %) are never affected with the minor illness frequently.
- Majority of the respondents (73.3%) sometimes says that their mood changes momentarily.
- Majority of the respondents (71.7%) most of times take decisions himself what they should do.
- Half of the respondents (50.3%) says that are able to sleep for more than 6 hours.
- Majority of the respondents (73.1%) sometimes are able to attend the cultural ceremonies.
- Half (51%) of the respondents sometimes have time to attend the family gathering
- Half (51%) of the respondents get time to spend with family sometimes
- Half (50.3%) of the respondents sometimes able to get on well with your co workers
- Majority (73.8%) of the respondents never worry about money regularly.
- Majority of the respondents (74.5%) says there is no relation with age and stress.
- Majority (73.1%) of the respondents never feel unable to control the emotions now than before.
- Majority (74.5%) of the respondents sometimes react when conflict arises more than before.
- Majority (75.2%) of the respondents never feel that his level of concentration is not decreased
- Majority of the respondents (75.2%) always happy with their present life.
- Majority of the respondents (74.5%) think that yoga and exercise help to cope up with stress.

- All the respondents (100%) always think that religious chores and prayer and medication help to maintain a peaceful mind.
- All the respondents (100%) always think that recreational activities and hobbies help to improve their psychological wellbeing.
- Almost all the respondents (99.3%) always think that that friends and peer group has an important role in reducing the stress level of day to day activities.
- Majority of the respondents (75.2%) sometimes think that societal attitudes have a major influence in the mental health of an individual.

Correlation results

- Age of the respondent is significant and positively correlated with lack of confidence. It indicates that as the age of the respondent increases the confidence level also increases.
- Age of the respondent is significant and positively correlated with happiness with present life. It indicates that as the age of the respondent increases the happiness in the life is also increasing.
- Qualification of the respondent is significant and positively correlated with getting well on with seniors. It indicates that as the qualification increases, getting well on with seniors also increase.
- Marital status of the respondent is significant and positively correlated with controlling emotions. It indicates that the marital status also play a major role in controlling emotions.
- Monthly income of the respondent is significant and positively correlated in feeling secured. It indicates that the as monthly income increases the security feeling also increases.
- Gender of the respondent is negatively correlated with doing duty well on adverse conditions. It indicated that there is n relationship between doing duty well and gender.
- Years of experience is positively correlated with unable to concentrate fully in works. And it indicates that there is a positive association with years of experience and unable to concentrate fully in works.

Annova results

- F-value corresponding to the dimensions psychological wellbeing was found to be non significant at 0.05 levels. Hence there is no significant difference among age of the respondents with their confidence level.
- F value corresponding to the psychological wellbeing factor was found to be non significant at 0.05 level. Hence there is no significance difference among marital status of the respondent and their mood change.
- F value corresponding to the psychological wellbeing factor was found to be non significant at 0.05 levels. Hence there is no significance difference among years of experience and the psychological wellbeing.
- F value corresponding to the getting well on with coworkers was found to be non significant at 0.05 levels. Hence there is no significance difference among qualification and getting well on with seniors.
- F value corresponding to the feeling underworked and years of experience was found to be non significant at 0.05 levels. Hence there is no significance difference among years of experience and feeling underworked

SUGGESTIONS

- ✓ Ensure that the workload is in line with workers' capabilities and resources.
- ✓ Design jobs to provide meaning, stimulation, and opportunities for workers to use their skills.
- ✓ Clearly define workers' roles and responsibilities.
- ✓ Give workers opportunities to participate in decisions and actions affecting their jobs.

- ✓ Improve communications-reduce uncertainty about career development and future employment prospects.
- ✓ Provide opportunities for social interaction among workers.
- ✓ Establish work schedules that are compatible with demands and responsibilities outside the job.
- ✓ Combat workplace discrimination (based on race, gender, national origin, religion or language).
- ✓ Introducing a participative leadership style to involve as many subordinates as possible to resolve stress-producing problems
- ✓ It is good to organize the work of medical health professionals

- ✓ They should maintain a good relationship with their co-workers, seniors and juniors and the non-clinical staff.

- ✓ When medical professionals feel they are under stress they should adopt stress relieving methods such as yoga or meditation
- ✓ Management should motivate the medical professionals to take membership in some clubs which include recreational activities that helps to maintain psychological well being.

CONCLUSION

Man must know how to live in good terms with himself, how to manage and control and sometimes improve himself. "Make it thy business to thyself", said Cervantes. "Which", he added is the most difficult lesson in the world. Most of the time stress occurs due to our extra demands on us without knowing our capabilities. So knowing our self is very important for maintaining psychological well-being.

The present study clearly depicts the mindset of the professionals who are working in health services. Medical field is considered as the most service oriented one so it is evident that the medical and Para- medical people should have a positive aspect of mental health. As far as concerned varied studies conducted by researchers proved that majority of the respondents are subjected to stress and related emotional outbursts. If they are not in a condition to handle their stress and stressors then it will adversely affect the people who are subjected for the services rendered by them.

Hectic work schedule without a sense of relaxation will not work. It is the duty of the management to provide a well structured job pattern with adequate supplementary aids to feel more secure and comfortable. This will bring a positive outlook towards the work and will result in more commitment. Implementation of new strategies will ensure the mental health of individuals those who are working in medical field like relaxation techniques to avoid unwanted worries, have a clear understanding of hazardous situations and finding out the ways to resolve the conflicts, introduce fiscal advancement according to the work they do, provision of accolades and sanction of free time. Comfortable infrastructure with opportunities for socialization with colleagues can bring a sense of togetherness. If the employers are providing opportunities to use the optimum of their skills for the employees, it will enhance the self confidence and self esteem. Monetary benefits also can contribute to the psychological well being to some extent.

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