

Relationship of Psychological Morbidity and Quality of Life in Professional Females

Hemantha Perera, Supipi Karunanayake, Pubudu de Silva

ABSTRACT

During peri and menopause, a variety of psychological issues crop up and the most likely ones are depression, burnout, alcohol abuse and chronic fatigue. The aim of this study was to describe the prevalence of psychological disturbances in female health workers and female media personnel, and it was observed that, health workers, majority were anxious and depressed 51 years and above, compared to the media staff, where anxiety was mainly noticed between 41 and 50 years, and depression was common in less than 40 years.

Keywords: Depression, Anxiety, Media staff, Health workers.

How to cite this article: Perera H, Karunanayake S, de Silva P. Relationship of Psychological Morbidity and Quality of Life in Professional Females. *J South Asian Feder Menopause Soc* 2013;1(1):24-26.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

Work and family are the two domains from which most adults derive satisfaction in life; equally, they are the common sources of stressful experiences. The implications of work-related stress include the effects on worker satisfaction and productivity, their mental and physical health, absenteeism and its economic cost, the wider impact on family function and finally, the potential for employer liability. While depression is the most likely adverse psychological outcome, the range of other possible 'psychological' problems include 'burnout,' alcohol abuse, unexplained physical symptoms, 'absenteeism,' chronic fatigue and accidents, sick building syndrome and repetitive strain injury.¹

In white-collar workers, there have been several large prospective studies. In a 4-year Finnish study,² records linkage was used to access psychiatric morbidity data (suicides, hospitalization, prescription of psychotropic drugs). Interpersonal conflict at work predicted 'physician-diagnosed' psychiatric morbidity even after controlling social class, prior health and prior 'mental instability/stress'.² In the impressive Whitehall II study,³⁻⁹ psychological morbidity was predicted both by poor work social supports and by high job demands.³

The nature of the speciality and the duration of professional experience influences risk of morbidity in doctors. For instance, in junior doctors¹⁰ low autonomy predicted psychological morbidity, while work demands

were most predictive in older doctors. In relation to medical specialities for instance, work-related stress and specifically, 'low task—role clarity' predicted later depression in emergency medicine residents,¹¹ while in general practitioners (GPs),¹² routine work administration, job demands, interference with family and interruptions with work, predicted their negative mental well being.

Health care workers generally have psychological morbidity rates higher than the general population; in a large National Health Scheme (NHS) sample in the UK, the relative risk of disorder was 1.5 and was most marked in direct care staff and women in particular.¹³ In nurses,¹⁴ 'burnout-related absenteeism' was predicted by 'ambiguity about authority' and perceived lack of social support at work; this study was, however, limited by a low 43% response rate. In another sample of nurses,¹⁵ psychological well being was predicted by the congruence of work status (full- or part-time) with the desire for that degree of employment.

Thus, while different occupational groups may differ in the nature of their work environments, the 'social environment' (usually conflict in relationships or poor social support) seems to predict depressed mood or burnout in most occupational groups. Also reasonably consistent as a predictor are 'client-related' stressors in the caring professions. The objective of this study is to describe the prevalence of psychological disturbances in female health workers and female media personnel.

METHODS

This was a cross-sectional descriptive study conducted among 151 health care workers and 71 media personnel. A pretested self-administered questionnaire of a language of their preference was given to the study participants. The questionnaire required the participants to answer the questions on the demographic details, socioeconomic status and to complete two validated tool namely Center for Epidemiological Study from Depression (CES-R) to assess depression and hospital anxiety and depression scale (HADS), to assess anxiety and depression and Utian quality of life scale (UQOL) to assess quality of life. In both scales, 1 to 7 was taken as normal 8 to 12 as intermediate and above 13 was taken as suggestive of depression or anxiety.

The data was collected from May 2011 to September 2011. During the study period all medical officers and nursing officers present in the wards of Sri Jayewardenepura

General Hospital participated in the study, while those who were present in three television stations, five newspaper press and four radio stations were included.

RESULTS

Among the study participants of Sri Jayewardenepura General Hospital, there were 60 medical officers, 68 nursing officers, one orderly staff member, 17 paramedical staff and three clerical staff participated in the study. Among those from the media, 49 (69%) were from the government institutions, while 22 (31%) were from the private institutions. There were 39 television stations, 24 from newspapers and eight from radio stations. The Table 1 describes the distribution of the demographic details and psychological disorders of the study participants.

The Table 2 describes the distribution of the psychological disorders by selected demographic characteristics.

Among the study participants from Sri Jayewardenepura General Hospital, majority were in the age category of 18 to 30 years, while it was 51 to 60 years among the media staff. In both the groups, majority were Sinhalese in ethnicity

and were married. Among the health care staff, majority had passed either ordinary level or advanced level exam, compared with the media staff where majority has educated only up to grade 5 to 10. Both the staff groups had mainly a monthly family income of ₹ 25,000 to 50,000.

Among those from the health staff, 125 (82.8%) had anxiety, while 75 (49.7%) were depressed. Among the media staff, 55 (77.5%) had anxiety and 42 (59.2%) were depressed. In the health care staff, majority who were anxious and depressed were 51 years and above, compared to the media staff where anxiety was mainly noticed between 41 and 50 years and depression was common in less than 40 years.

In both groups married as well as single participants were equally anxious, while married participants were depressed than the single. Considering the level of education, in the health care group majority, who were anxious had passed either ordinary or advanced level examination, while majority who were depressed were educated above advanced level. In the media staff those who had passed ordinary or advanced level examination showed highest percentage of having anxiety or depression.

Table 1: Demographic characteristics and psychological disorders

	Health care staff		Media staff	
	Number	Percentage	Number	Percentage
Age categories (years)				
18 to 30	81	55.5	09	12.7
31 to 40	23	15.8	12	16.9
41 to 50	10	06.8	21	29.6
51 to 60	32	21.9	27	38.0
61 to 70	00	00.0	02	02.8
Missing	05	—	00	—
Ethnicity				
Sinhalese	147	97.4	68	95.8
Tamil	04	02.6	00	00.0
Muslim	00	00.0	03	04.2
Missing	00	—	00	—
Marital status				
Married	85	56.3	54	76.1
Single	66	43.7	09	12.7
Widowed	00	00.0	04	05.6
Divorced/separated	00	00.0	04	05.6
Missing	00	—	00	—
Level of education				
Less than grade 5	01	0.7	14	19.7
Grade 5-10	04	2.7	43	60.6
Ordinary level to advanced level	96	63.6	13	18.3
Advanced level and above	50	33.2	01	01.4
Missing	00	—	00	—
Monthly family income				
Less than ₹ 25,000	04	03.3	08	12.1
₹ 25,001-50,000	31	25.2	15	22.7
₹ 50,001-75,000	30	19.9	28	42.4
₹ 75,001-100,000	23	15.2	14	21.2
More than ₹ 100,001	35	23.2	01	01.5
Missing	28	—	05	5.2
Psychological disorders				
Anxiety	125	82.8	55	77.5
Poor UQO level	139	92.1	15	21.1
Depressed	75	49.7	42	59.2
Total	151	100	494	100

Table 2: The distribution of the psychological disorders by selected demographic characteristics

	Healthcare staff (n = 151)			Media staff		
	Anxious	Depressed	Poor UQO	Anxious	Depressed	Poor UQO
Age categories						
Less than 40 years	82 (78.8%)	38 (48.1%)	11 (10.6%)	17 (81.0%)	15 (93.8%)	05 (23.8%)
41-50 years	09 (90.0%)	05 (55.6%)	01 (10.0%)	18 (85.7%)	09 (60.0%)	04 (19.0%)
51 and above	30 (93.8%)	29 (90.6%)	00 (00.0%)	20 (69.0%)	18 (90.0%)	06 (20.7%)
Missing	05	05	05	00	00	00
Marital status						
Married	70 (82.4%)	55 (70.5%)	04 (04.7%)	42 (77.8%)	31 (81.6%)	14 (25.9%)
Single	55 (83.3%)	20 (42.6%)	08 (12.1%)	07 (77.8%)	07 (87.5%)	01 (11.1%)
Missing	05	05	05	00	00	00
Level of education						
Below ordinary level	04 (80.0%)	01 (25.0%)	00 (00.0%)	44 (77.2%)	30 (76.9%)	13 (22.8%)
Ordinary level to advance level	85 (88.5%)	43 (55.1%)	12 (12.5%)	10 (76.9%)	11 (100%)	02 (15.4%)
Above advance level	36 (72.0%)	31 (68.9%)	00 (00.0%)	01 (100%)	01 (100%)	00 (00.0%)
Missing	00	00	00	00	00	00
Monthly family income (₹)						
Below 50,000	31 (88.6%)	06 (25.0%)	07 (20.0%)	18 (78.3%)	09 (64.3%)	09 (39.1%)
50,000-100,000	47 (88.7%)	34 (73.9%)	04 (07.5%)	33 (78.6%)	30 (88.2%)	05 (11.9%)
Above 100,000	24 (68.6%)	24 (72.7%)	01 (02.9%)	01 (100%)	00 (00.0%)	00 (00.0%)
Missing	28	28	28	05	05	05

Among the health care staff those who had monthly family income less than ₹ 50,000 as well as those who had between 50,000 and 100,000 equally showed anxiety, while depression was mainly noticed in those who had ₹ 50,000 to 1,00,000 monthly family income. In the media staff those who had monthly family income of ₹ 50,000 to 1,00,000 showed highest percentages for anxiety as well as depression.

REFERENCES

- Hotopf M, Wessely S. Stress in the workplace: Unfinished business. *J Psychosom Res* 1997;43(1):1-6.
- Romanov K, Appelberg K, Honkasalo ML, Koskenvuo M. Recent interpersonal conflict at work and psychiatric morbidity: A prospective study of 15,530 employees aged 24 to 64. *J Psychosom Res* 1996;40(2):169-76.
- Stansfeld SA, Fuhrer R, Head J, Ferrier J, Shipley M. Work and psychiatric disorder in the Whitehall II study. *J Psychosom Res* 1997;43(1):73-81.
- Stanfield SA, North FM, White I, Marmot MG. Work characteristics and psychiatric disorder in civil servants in London. *J Epidemiol Community Health* 1995;49(1):48-53.
- Stansfeld SA, Bosma H, Hemingway H, Marmot MG. Psychosocial work characteristics and social support as predictors of SF-36 health functioning: The Whitehall II study. *Psychosom Med* 1998;60(3):247-57.
- Stansfeld SA, Head J, Marmot MG. Explaining social class differences in depression and well-being. *Soc Psychiatry Psychiatr Epidemiol* 1998;33(1):1-9.
- Ferrie JE, Shipley MJ, Marmot MG, Stansfeld SA, Smith GD. An uncertain future: The health effects of threats to employment security in white-collar men and women. *Am J Public Health* 1998;88(7):1030-36.
- Ferrie JE, Shipley MJ, Marmot MG, Stansfeld S, Smith GD. The health effects of major organisational change and job insecurity. *Soc Sci Med* 1998;46(2):243-54.
- Ferrie JE, Shipley MJ, Marmot MG, Stansfeld SA, Smith GD. Health effects of anticipation of job change and non employment: Longitudinal data from the Whitehall II study. *BMJ* 1995; 311(7015):1264-69.
- Kapur N, Borrill C, Stride C. Psychological morbidity and job satisfaction in hospital consultants and junior house officers: Multicentre, cross-sectional survey. *BMJ* 1998;317:511-22.
- Revicki DA, Whitley TW, Gallery ME, Allison EJ. The impact of work environment characteristics on work-related stress and depression in emergency medical residents: A longitudinal study. *J Community Appl Soc Psychol* 1993;3(4):273-84.
- Rout U, Cooper CL, Rout JK. Job stress among British general practitioners: Predictors of job dissatisfaction and mental ill-health. *Stress Med* 1996;12(3):155-66.
- Wall TD, Bolden RI, Borrell CS, Carter AJ, Golya DA, Hardy GE, et al. Minor psychiatric disorder in NHS trust staff: Occupational and gender differences. *Br J Psychiatry* 1997;171:519-23.
- Firth H, Britton P. 'Burnout' absence and turnover amongst British nursing staff. *J Occup Psychol* 1989;62(1):55-59.
- Burke RJ, Greenglass ER. Work status congruence work outcomes and psychological well-being. *Stress Med* 2000;16(2): 91-99.

ABOUT THE AUTHORS

Hemantha Perera

Consultant, Department of Obstetric and Gynecology, Sri Jayawardenapura General Hospital, Sri Lanka

Correspondence Address: No 112, Model Farm Road, Colombo 08 Sri Lanka, Tel/Fax: +94112699211, e-mail: hemanthawasantha@gmail.com

Supipi Karunanayake

Registrar, Department of Psychiatry, Colombo North Teaching Hospital, Ragama, Sri Lanka

Pubudu De Silva

Senior Registrar, Department of Community Medicine, National Intensive Care Surveillance, Ministry of Health, Sri Lanka