The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.186/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Study of Psychiatric Morbidity among Health Professionals of Different Groups Using the General Health Questionnaire-28: A Cross-Sectional Study

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ABSTRACT

Background: Psychological stress is well documented among the health care professionals. An assessment of individuals in this field is warranted for screening of minor psychiatric disorders which impedes their quality of life, adversely affects the patients being treated and adds to the burden of health care costs. ***Aims and Objectives:*** 1. To assess psychiatric morbidity in the different group of health professionals. 2. To compare psychiatric morbidity in government and private set up. ***Materials and Method***: A sample of 448 health professionals completed the GHQ-28 which comprised of 64 dentists, 64 medicine & allied group, 85 surgery & allied group, 88 pre and Para clinical group , 71 nursing group and 76 medical officers(MO) and program officers(PO) group . Descriptive statistics was used. Frequencies and percentages were calculated and Chi square test was applied to find significant relationship between the variables. ***Results:*** Psychiatric morbidity defined as 'caseness' was present in 41.1% of the sample. The morbidity was maximum in the age group 25-30 (45%) and more among females (45.6%). The group of MO & PO reported highest distress (51.3%) while lowest was reported in the pre and paraclinical group (23.9%). Higher 'caseness' was reported in the government sector (45.8%). The relationship between 'caseness' and occupation was found to be statistically significant. ***Conclusion:*** The Medical officer & Program officer group and nursing group suffer from greater degree of morbidity probably due to increased workload and working environment. Further

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Received: March 4, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

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studies with larger sample are required to assess significant relation between gender and sector of work with psychiatric morbidity.

Keywords: *Workload, Psychological Stress, Health Professionals, Psychiatric Morbidity/ Caseness*

Numerous studies show high levels of psychological distress in doctors, nurses, and healthcare professionals working in various situations. It is well documented that health professionals experience high amount of job stress when work exceed their ability to cope. Work itself is not usually considered as the sole cause of psychic disorders but it may decompensate vulnerable states of psychic stability. Recent studies have shown that workers in occupations involving intense social contacts experience symptoms related to the loss of mental resources, known as the "burnout phenomenon".

According to Maslach et al., burnout has three interrelated dimensions: emotional exhaustion, depersonalization, and low personal accomplishment. This phenomenon has often been described in healthcare occupations but only among one occupational group, nurses, and mainly in intensive care or pediatric units. Descriptive studies of the frequency of work stressors among hospital staff have been published and assessments of mental well being using the General Health Questionnaire (GHQ) have been made among nurses and medical students.

A study in northern Jordan among 402 healthcare professionals involving physicians, general practitioners, dentists and pharmacists reported 27% of the sample being stressed with highest prevalence among General practitioners (33%) and lowest in physicians (12%). Grassi & Magnani reported morbidity of 20.3% and 24.6% among Italian general and hospital physicians respectively. Issa et al. reported a point prevalence of 14.9% among doctors in a tertiary care hospital of Nigeria using GHQ-12. Suha B in a longitudinal study of psychological stress among (UG) dental students in Jordan using GHQ – 12 reported increase in cut off score from 58 % in first year to 89 % in fifth year. Makhal M from India reported a study among UG students in dental college in west Bengal, a psychiatric morbidity prevalence of 52.8% overall using GHQ-28.

Aims and Objectives

1. To assess psychiatric morbidity in the different group of health professionals.
2. To compare psychiatric morbidity in government and private set up.

MATERIALS AND METHODS

The study was approved by the Ethical committee of S. Nijalingappa Medical College, Bagalkot, India. The sample for study included the healthcare professionals of S. Nijaliingappa medical college, Bagalkot and health professionals working in both government and private set up.

GHQ -28 given by Goldberg is a tool for screening of minor psychiatric conditions which can then be evaluated by clinicians for psychiatric disorders by clinical interview. It has four subscales: somatic symptoms, insomnia, social dysfunction and severe depression. It is a likert scale with scoring response as 0, 0, 1, 1 for not at all, not more than usual, rather more than usual and much more than usual respectively. Score > 4 is considered as 'caseness' or probable psychiatric morbidity.

A total of 520 healthcare professionals were explained regarding the GHQ-28 by the investigator and given the General Health Questionnaire (GHQ-28) for assessment of psychiatric morbidity. A total of 448 forms were returned with completion and included in the final assessment.
Statistical analysis was done by calculating frequencies and percentages and the Pearson's chi square test was used to find significant relationship if any between two variables .P value < 0.05 was considered significant.

RESULTS

A total of 520 health professionals were enrolled out of which 448 were included in the study. 19.6% belonged to Pre and Para clinical field, 19% were surgeons, 14.3% were dentist and 17% were Medical Officers, Public health Officers each, 15.8% were physicians and nursing staff each. 57.6% of the participants belonged to 25-30 years age group. Out of the 520 participants 277(61.8%) were males and 171(38.2%) were females. 78.6% of the participants worked in private sector. (Table 1)

Table 1: Characteristic of Participants

	FREQUENCY	PERCENTAGE
AGE		
25-30	258	57.6
31-40	129	28.8
41-50	26	5.8
51-60	24	5.4
>60	11	2.5
OCCUPATION		
Dentist	64	14.3
Physician	64	14.3
Surgeon	85	19
Pre and Para clinical	88	19.6
Nursing	71	15.8
Medical Officer and Program Officer	76	17

GENDER		
Male	277	61.8
Female	171	38.2
SECTOR OF WORK		
Government	96	21.4
Private	352	78.6

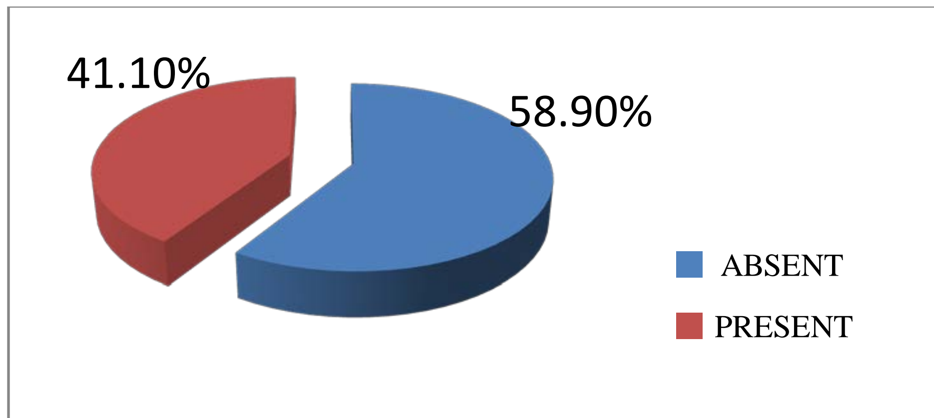

Figure 1: Caseness

Among 448 participants interviewed 41.1% had psychiatric morbidity, defined as 'caseness', Score > 4 is considered as 'caseness' or probable psychiatric morbidity.

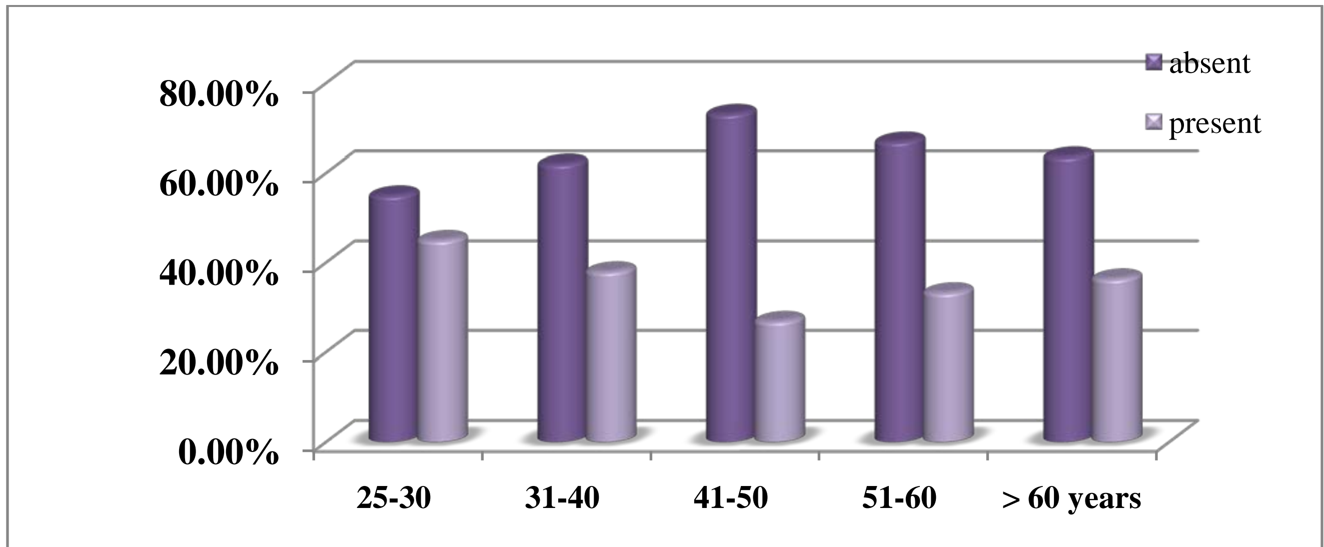

Figure 2: Age (Years) Versus Caseness

Psychiatric morbidity was maximum in the age group 25-30 years i.e., (45%) and minimum in the age group 41-50 years

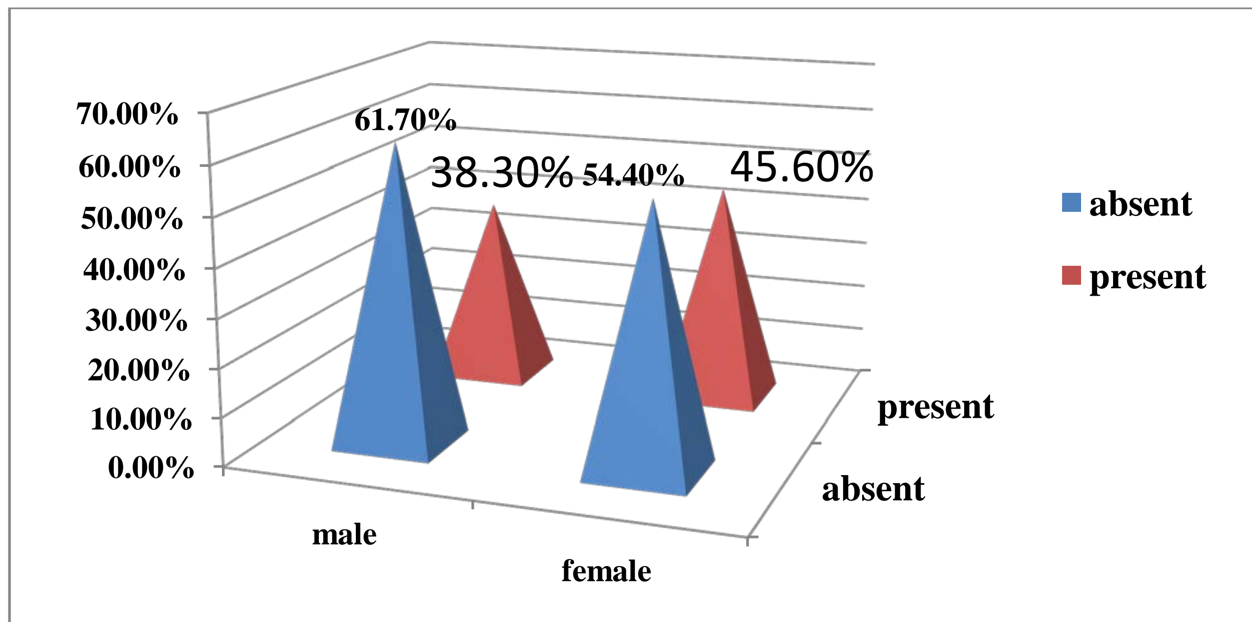

Figure 3: Gender versus Caseness

Psychiatric morbidity was more among females (45.6%) as compared to males (38.30%)

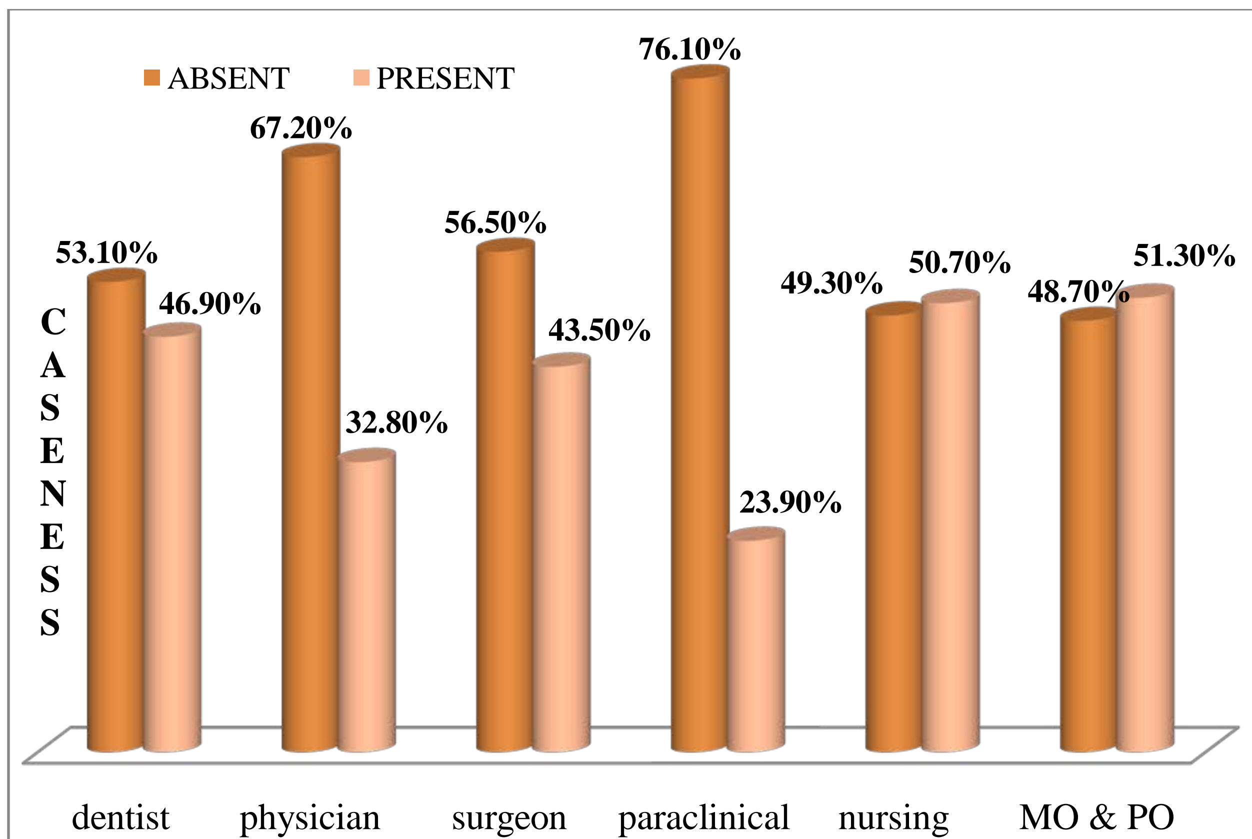

Figure 4: Occupation Vs Caseness

Psychiatric morbidity was reported highest among MOs & POs (51.3%) and lowest in pre and Para-clinical group (23.9%)

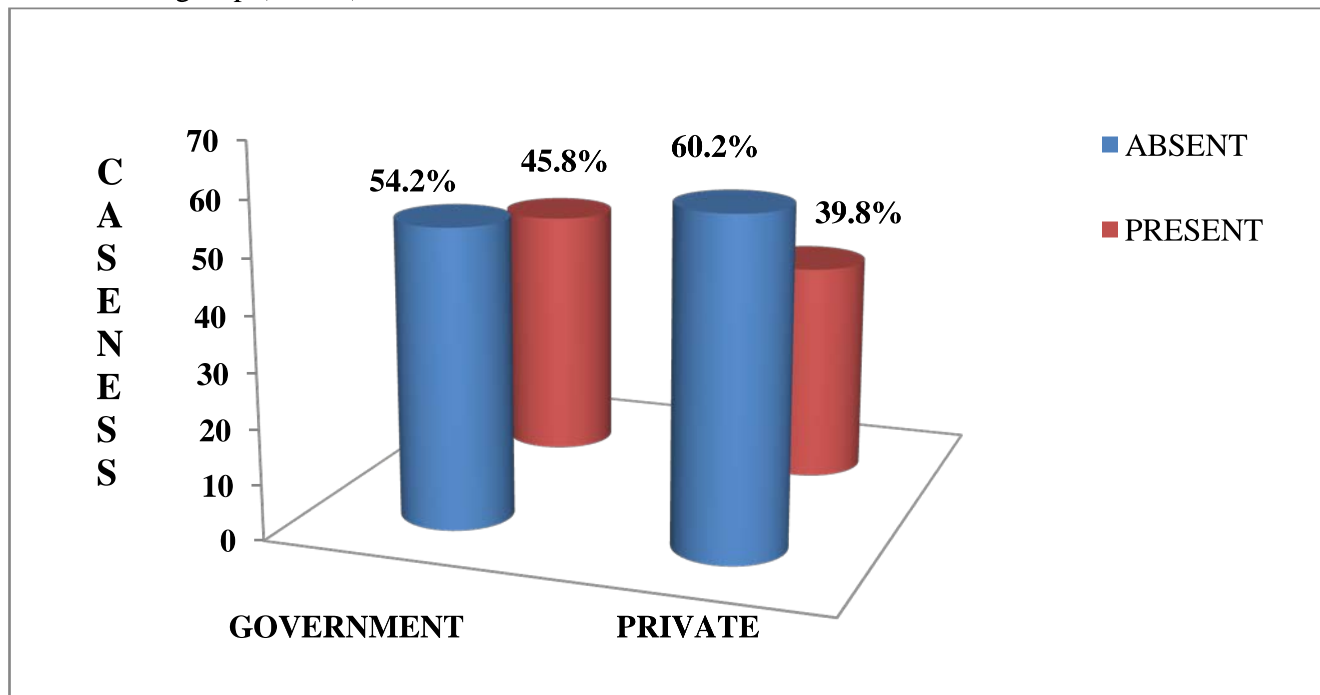

Figure 5: Sector Vs Caseness

Higher psychiatric morbidity was reported in the Government sector (45.8%) than Private sector (39.8%).

DISCUSSION

The response rate for our study turned out to be 86.1% which can be considered adequate as compared to previous studies. Our study reported higher psychiatric morbidity in the age group of 25-30 years which was the age group for residents and the younger staff . Increased workload, on call duties, recent stressors in form of marriage, birth of offspring, financial problems, academic stress and lack of job satisfaction could explain the finding. Higher morbidity reported among females as in previous studies[4] though this may be a cultural factor, presence of family responsibilities, balancing work and family. This needs further evaluation.

The significant relationship between the occupational group and psychiatric morbidity in the group of MOs and POs can be explained by the kind of work they are involved into, requiring interaction with many a patients, handling organizational and administrative work which can be stressful. Responsibilities regarding National Health Programmes, ANC checkups, school health visits, legal issues like post mortem reports, Medico-legal cases i.e., attending court duties/summons, and CMEs, training programmes for peripheral health workers add on to the job pressure of Health officers. Program officers have added work of surveillance and statistic

submission of their allotted area. Previous studies showed prevalence of stress among health care workers with the highest levels among general practitioners and dentists followed by pharmacists and specialist physicians. Subjects in government sector face greater morbidity considering their working environment, lack of discipline and increased workload.

Limitations

The study was cross sectional in nature. Factors associated with stress have not been studied. Also with the limited sample size, significant relation between age, sex and sector with psychiatric morbidity could not be assessed which requires further studies with greater sample size. Follow up studies are needed in future for assessing longitudinal outcome of the study group. Studies regarding psychiatric morbidities per se need to be taken up using disorder specific scales.

CONCLUSION

This study highlights the importance of need of periodic mental health assessment of healthcare professionals who are suffering from significant stress but not reporting, correct information regarding stress and its management would help health care professionals to improve their working capabilities and better coping strategy development.

The present study has enlightened that there is significant psychiatric morbidity among health professionals which is required to be assessed and further treated. This would lead to better management of health planning in our economy and help health care professionals in treating their patients better.

***Acknowledgements*: We wish to extend our sincere gratitude to all the participating MO, PO, physicians, surgeons, dentist, private practitioners, pre-para clinical staff, nursing staff and post graduate students for their valuable time and responses for this study, in spite of their busy schedule and stigma attached to the issue. We thank the college authorities for their kindness of giving permission to conduct this study and for their cooperation.

***Conflict of Interest*:** None declared

***Source of Support*:** Nil

***Abbreviations*:** GHQ-General Health Questionnaire, MO- Medical Officer, PO-Programme Officer, ANC- Antenatal Check up, UG- Under Graduate, CME - Combined Medical Education.

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How to cite this article: Vinod A, Choudhari S, Waghamare S, Rajshri, Dewani K, Moni S (2017), Study of Psychiatric Morbidity among Health Professionals of Different Groups Using the General Health Questionnaire-28: A Cross-Sectional Study, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.186/20170402, ISBN:978-1-365-84232-0