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Original Research Paper

Distress and Professional Quality of Life among Clinical Psychologists and Psychiatrists

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ABSTRACT

Clinical psychologists and psychiatrists are helping professionals. They provide direct care and help for individuals suffering from different mental illnesses and trauma that can affect their own mental health. The present study aimed to explore distress that is experienced by clinical psychologists and psychiatrists while helping others and to assess professional quality of life among them. In this correlational study, 150 clinical psychologists and psychiatrists working in different public and private hospitals of Rawalpindi, Islamabad, Lahore and Sargodha were recruited. Demographic questionnaire, Professional Quality of Life Scale (version v) and Psychological Distress scale were used for data collection. Result indicated that 23.3 % participants reported mild distress, 14% reported moderate and 4.7% reported severe distress. Moreover Burnout and Secondary Traumatic Stress are positively linked with Distress and Compassion Satisfaction is negatively linked with Distress. Findings suggest that it is very important to assess the mental health of clinical psychologists and psychiatrists so that appropriate strategies can be developed to minimized Distress, Burnout and Secondary Traumatic Stress among helping professions.

Keywords: *Distress, Professional Quality of Life*

Mental health professionals including both clinical psychologists and psychiatrists are constantly in contact with individuals having stressful life event in their daily life and they are actually at a higher risk for the harmful outcomes of stress. Psychological distress can be described as feelings and thoughts of an individual that are unwanted, disappointing, irritable and anxious (Shaheen & Alam, 2010).

Jenaro, Flores and Arias (2007) found that stress is considered as intrinsic part of mental health professions. It can also be described as powerful relationship between individual and his surroundings, in which specific environmental activities or circumstances are considered as demanding, going over to the individual's capabilities and skills, or threatening his psychological wellbeing.

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Moreover Araujo, Aquino, Menezes, Santos and Aguiar (2003) conducted a study and found that job control was statistically and positively related with psychological distress. The results indicated that difference between non exposed low strain group were significant. They focus on intervening the structure of organization to enhance more job control and to adjust the psychological distress.

According to Jenkins and Baird (2002) it is quite likely that mental health specialist acquire personal symptoms of trauma because they constantly encounter the traumatic stories and hostility of their clients that suffered from traumatic experiences. Secondary Traumatic Stress (STS) is known as the establishment of symptoms of trauma following the exposure to the individuals experiencing trauma. It is also known as Vicarious Trauma as it develops after encounter with traumatized individuals.

Conrad and Kellar-Guenther (2006) conducted a study on child protection employees and found that they are at increased risk for developing Compassion Fatigue(CF). They have significantly low levels of Burnout (BO). Individuals with high Compassion Satisfaction(CS) found to have low levels of CF and BO. The potential risk of BO appeared to be significantly low.

CF was examined by Sprang, Clark, and Whitt-Woosley (2007) among mental health care professionals. Results suggested that higher levels of CF were reported by females and high levels of CS were reported by mental health professionals who were having specific training in trauma related work. Psychiatrists reported high levels of compassion satisfaction than their non-medical colleagues. Results also indicated that higher levels of BO were reported by most of rural mental health care professionals. Level of CF and CS were similar in rural and urban mental health care professionals.

Simon, Pryce, Roff and Klemmack (2006) conducted a study in which they explore inverse relationship of CS with STS and BO. A high risk to develop job dissatisfaction and BO is found to be present among social workers who experience STS.A study conducted by Thompson, Amatea and Thompson (2014) revealed that high levels of CF were reported by female psychologists. Factors that contribute to the CF may include reduced CS and feelings related to minimal personal achievements.

The purpose of the current study was to determine the prevalence of distress among clinical psychologists and psychiatrists and relationship of distress with STS, BO and CS among clinical psychologists. According to Bearse, McMinn, Seegobin and Free (2013) mental health challenges and related barriers that are faced by mental health professionals are not properly being addressed in mental health profession.

METHODOLOGY

Objectives

1. To identify the relationship between distress, CS, BO and STS among clinical psychologists and psychiatrists.
2. To explore gender difference in distress, CS, BO and STS among clinical psychologists and psychiatrists.

Research Design

Current study was correlational research. It was aimed to investigate the relationship between distress and ProQOL among clinical psychologists and psychiatrists.

Sample

Sample of the study comprised of 150 participants, including 75 clinical psychologists and 75 psychiatrists. The data was collected from different public and private hospitals of Rawalpindi, Islamabad, Lahore and Sargodha.

Instruments

Three measures were used in this study,

1. Demographic questionnaire

Demographic form was prepared to collect personal information of the participants that includes age, gender, educational, designation and other relevant personal information.

2. Kessler psychological distress scale (Kessler, 1992)

Kessler psychological distress scale was developed by Kessler in 1992. It consists of 10 items related to depression and anxiety that individual suffer from the past 30 days. It is 5 point likert scale. It doesn't have any subscale or reverse scoring items. Its reliability is 0.74 that indicated this instrument is moderately reliable.

3. Professional quality of life scale (Stamm, 2009)

Fifth version of professional quality of life scale was used in this study. It was developed by Stamm in 2009 and consists of 30 items. It is 5 point likert scale. It measures two phenomena compassion fatigue and the other one is compassion satisfaction. Compassion fatigue is further divided into two components including secondary traumatic stress and burnout. Compassion satisfaction subscale includes item no 3, 6, 12, 16, 18, 20, 22, 24, 27 and 30. All these items do not involve reverse scoring. Its alpha reliability is 0.88. Burnout subscale composed of item no 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29. Item no 1, 4, 15, 17 and 29 are reversed scored. Its alpha reliability is 0.75. Secondary traumatic stress scale is comprised of item no 2, 5, 7, 9, 11, 13, 14, 23, 25 and 28. It does not involve any reverse scoring. Its alpha reliability is 0.81.

Procedure

Study was conducted after approval from Review Committee (Institute of Professional Psychology) Bahria University, Islamabad. Permission was taken from the authors of the scales (Kessler psychological distress scale and Professional quality of life scale). Around 190 Clinical psychologists and psychiatrists were approached from different public and private hospitals out of which 150 responded. Informed consent was taken from willing participant. It was assured that their information would be kept confidential and they can withdraw any time during research. After their agreement demographic sheet and questionnaires were administered.

RESULTS

Table No. 1Sample characteristics

Variable	Groups	*f*	%
Gender	Male	48	32.0
	Female	102	68.0
Qualification	PGT	50	33.3
	FCPS	25	16.7
	MSC/BS ADCP	43	28.7
	MS and above	32	21.3
Designation	psychiatrist	75	50.0

Variable	Groups	*f*	%
Distress	clinical psychologist	75	50.0
	Normal	87	58
	Mild	35	23.3
	Moderate	21	14
	Severe	7	4.7

The sample comprised of 150 participants. 75 (50%) were clinical psychologists and 75 (50%) were psychiatrists. 48 (32%) were males and 102 (68%) were females. 50 (33.3%) were PGTs of Psychiatry, 25 (16.7%) were FCPS Psychiatrists, 43 (28.7%) were Master's degree holders in psychology and 32 (21.3%) were having M.S or above in psychology. 23.3% of overall sample have mild, 14% have moderate and 4.7% have severe distress (Table 1).

Table No. 2Psychometric Properties of study Variables

			Range			
Variables	**M**	**SD**	**Potential**	**Actual**	**Skew**	**Kurtosis**
Distress	18.74	5.62	10-50	10-32	.67	-.43
CS	32.53	8.56	10-50	19-47	.14	-1.41
BO	28.94	2.60	10-50	23-35	-.04	-.14
STS	23.47	7.16	10-50	10-37	.25	-.90
ProQOL	83.49	8.32	30-150	63-98	-.22	-.28

M=Mean, SD= Standard Deviation.

Mean value of distress among clinical psychologists and psychiatrists was found to be 18.74 (SD=5.62), potential range 10-50 and actual range 10-32. Mean value of CS was 32.53 (SD=8.56), potential range 10-50 and actual range 19-47. Mean value of BO was 28.94 (SD=2.60), potential range 10-50 and actual range 23-35. Mean value of STS was 23.47 (SD=7.16), potential range 10-50 and actual range 10-37. And mean value of ProQOL was found to be 83.49 (SD=8.32), potential range 30-150 and actual range 63-98 (Table 2).

Table No. 3 Pearson Bivariate Correlation among Distress Scale and sub scales of proqol

		1	2	3	4	5
1	Distress	-	-.624**	.268**	.717**	.695**
2	CS		-	-.050	-.779**	-.455**
3	BO			-	.344**	.475**
4	STS				-	.866**
5	ProQOL					-

***. Correlation is significant at the 0.01 level (2-tailed).*

Significant negative correlation was found between Distress and CS. However there is significant positive correlation between distress BO, STS and ProQOL. CS has a significant negative correlation with STS and ProQOL. It has negative correlation with BO scale but it is not significant (Table 3).

Table No. 4Mean Difference in Study Variables across Gender (N=150)

	Male n=48		Females n=102				95% *CI*		
Variables	***M***	***SD***	***M***	***SD***	***t***	***P***	***LL***	***UL***	***Cohen's d***
Distress	19.27	5.43	18.49	5.73	.79	.43	-1.18	2.74	0.14
CS	33.77	8.56	31.95	8.56	1.22	.23	-1.15	4.79	0.21
BO	29.60	2.29	28.64	2.69	2.18	.03	0.10	1.88	0.38
STS	22.58	7.08	23.89	7.21	-1.04	.30	-3.80	1.18	0.18

Males (M=29.60 & SD=2.29) had significantly high level of BO than females (M=28.64 & SD=2.69). No significant difference was found in distress, CS and STS across gender (Table 4).

DISCUSSION

Present study aimed to investigate the relationship between distress and professional quality of life among clinical psychologists and psychiatrists. Sample consisted of 150 participants. Sample was taken from different public and private hospitals of Rawalpindi, Islamabad, Lahore and Sargodha.

The findings of the study showed significant positive correlation between distress, BO and STS (Table 3). As distress increases participants are more likely to experience BO and STS. The results are consistent with a previous report by Adams, Boscarino and Figley (2006) who found that BO and STS are significantly correlated with distress and they are also good predictors of distress.

It was also aimed to investigate the relationship between distress and CS. Results indicated that distress is negatively correlated with CS (Table 3). Individuals having high levels of distress are more likely to experience low levels of CS. In 2013, Ray, Wong, White and Heaslip found that CS is negatively correlated with different areas of work life that includes workload, control, reward, community, values and fairness.

Results indicated a significant positive correlation between BO and STS, but negative correlation between CS and BO is not significant. There is significant negative correlation between CS and STS (Table 3). It was found by El-bar, Levy, Wald, and Biderman (2013) that there is a strong positive correlation between BO and STS and there is strong negative correlation in CS and BO. They do not find any significant negative correlation between CS and STS. Another study conducted by Alkema, Linton and Davies (2008) found negative correlation between CS and BO and between CS and STS. They also found strong positive correlation between BO and STS. This is consistent with current research findings.

It was also aimed to study differences between male and female participants on distress, BO, STS and CS. Results indicated (Table 4) that males scored significantly high on BO, no significant difference was found on distress, STS and CS. Fife et al. (1994) found no significant difference in distress among males and female participants. Khan (2013) found that BO is more significant among men than women. That is in accordance with the current findings. In 2013 El-bar, Levy, Wald and Biderman conducted a study in which they found that there is no significant difference of gender in STS and CS.

CONCLUSION

The aim of the study was to explore the relationship between distress, B.O, STS and CS. It was found that distress is positively correlated with B.O and STS and its have negative correlation with CS. It was also found that males scored significantly high on BO but no significant difference on gender was found on distress, STS and CS.

Implications

It is revealed that a large number of clinical psychologists and psychiatrists are at risk of distress, STS and BO. Early recognition of these may help to develop intervention plans to improve mental health of professionals so that the can help individuals in a better way.

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Conflict of Interest

The authors clearly declared this paper to bear no conflict of interests

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