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Original Article

Assessment of Psychological Well-being of Doctors Working in Public and Private Hospitals of Gilgit-Baltistan, Pakistan

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ABSTRACT

Healthcare workers are prone to develop psychological distress due to overwhelming responsibilities. This can lower their job performance as well as patient satisfaction. **Objectives:** To assess the psychological well-being of doctors who were working in public and private hospitals of Gilgit-Baltistan, Pakistan. **Methods:** A cross-sectional study was conducted for six months, during which data were gathered from a sample of 214 participants chosen through non-probability convenient sampling at various public and private hospitals in the region. Data were analyzed using SPSS version 26.0. An Independent sample t-test was applied to compare the psychological well-being of doctors working in the public and private sectors. DASS scale and self-rated held were used to assess the mental health of doctors. **Results:** Among the 214 respondents, the majority were male doctors. Moreover, the study population's majority was working in the public sector. It was noted that the majority of the study population lies in the normal to mild range of depression, anxiety, and stress. Results also revealed that there was no significant difference in the psychological health of doctors in public and private hospitals. **Conclusions:** It was concluded that the psychological health of doctors working in public and private hospitals of Gilgit Baltistan has no significant difference.

INTRODUCTION

Psychological well-being is an important aspect of health. World Health Organization (WHO) describes health as a combination of multiple factors and not merely the lack of disease. Psychological well-being and mental health are crucial tenets of the definition of health as developed by WHO [1]. Mental well-being is the mental state of an individual, how they feel, and how well they can handle day-to-day life challenges [2]. Healthcare providers are disposed to burnout due to their exhausting schedules. Burnout develops gradually and takes some time to show its symptoms. Twelve different phases of burnout are verified in literature: an obligation to prove oneself, doing hard work, undermining personal needs, shifting disputes, revising standards, not being able to accept new issues, withdrawal, significant alteration in attitude, depersonalization, loneliness, despair, and fatigue [3]. The time of these phases differs from person to person and sometimes, various stages occur simultaneously. This can greatly disturb the physician himself, his family, and the patients. Nowadays, due to increasing struggles and competition, the stressors have increased leading to the corrosion of mental health. Workplace stress is usually caused by increased demands, pressure, competition, and expectations at the workplace. Healthcare professionals are more susceptible to developing stress [4]. A load of different diseases, epidemics, developing and reemerging health problems, multitasking, and job responsibilities make it even more difficult for doctors to accomplish their

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jobs competently and proficiently. These issues contribute to the departure from normal mental state among health care professionals [5]. Healthcare professionals require improved mental wellness so that they can complete their duties professionally. This is mainly important in primary healthcare where health professionals are exhausted with increased work, unsatisfactory working places, and family conflicts which can probably impact their mental and psychological well-being and disturb their work performance [6]. The frequency of psychological issues among health professionals all over the world is increasing day by day. These depressive symptoms start developing during medical school and undergraduate training years [7]. This causes an absence, where health professionals skip their duties because of disturbed mental health; presentism where they perform their duties regardless of their poor psychological health; and a decreased number of staff where health professionals quit the medical profession completely. [7, 8]. Satisfaction with work-life equilibrium has declined extremely from 2011 to 2014 among physicians in the United States (48.5% versus 40.9%) with increased reported burnout. In Pakistan, mild to moderate anxiety and depression are reported by 34% and 24.8% of health professionals respectively [2] and these levels are continuously increasing. Persons with good mental health can understand and properly operate their abilities, can manage ordinary pressures of life, work efficiently and effectively, and are proficient in contributing towards the economy of the society as well as the country. In recent years, psychological well-being has come to attention due to its role in handling and protecting against different psychiatric illnesses [9]. Xiao *et al.*, carried out research in 2020 in China. The main objective of this study was to find out the frequency of psychological issues among different health professionals during the COVID-19 pandemic. The results indicated that 40% of respondents reported having anxiety, 45% of them reported symptoms of depression, 29% of the participants indicated that they have insomnia, and 57% of the respondents reported overall psychological problems. Higher levels of psychological problems were reported by nurses and public health professionals [10]. Azoulay et al., conducted research in France in 2020. The primary objective was to assess the mental health problems among healthcare providers. The findings of the study showed that, out of the total participants, 50.4% showed anxiety and 30.4% were suffering from depression [11]. Jalili et al., carried out research in Iran in 2021. The research was aimed at determining the level of burnout among healthcare professionals dealing with COVID-19 patients. Findings revealed that, out of the total participants, 53% experienced extreme levels of burnout [12]. Rasool *et al.*, carried out research in 2020 in Pakistan. The main objective of the study was to determine the level of anxiety, depression, and stress among healthcare workers during COVID-19. The findings revealed that out of the total participants, 41% experienced a moderate level of depression, extreme levels of anxiety were reported by 30% of the respondents while moderate levels of stress were found in 22% of the participants [13]. Various studies have been conducted worldwide to address the hidden aspects of this vital public health issue however, in Pakistan, there is still a lack of literature regarding this important issue. The present study was conducted in Gilgit-Baltistan, Pakistan to determine the levels of psychological well-being among doctors practicing there and also determine the different socio-demographic characteristics that can affect their subjective well-being. The results of the study have provided important insights regarding psychological well-being among doctors. The study also highlighted some subgroups among the study population that need more attention while developing policies for the betterment of the psychological well-being of doctors.

This research aimed to find the psychological well-being of doctors working in a remote area of Pakistan creating a path for future researchers to explore more aspects of this issue.

METHODS

A cross-sectional study design was used to assess the psychological well-being of doctors who are working in public and private hospitals in Gilgit-Baltistan, Pakistan. The research was conducted for a period of six months from March 2022 to August 2022. Ethical Approval Letter was taken from the Institutional Review Board (MSPH-IRB/13-19). Moreover, consent was taken from every respondent before the data collection. The respondents from public and private hospitals in Gilgit-Baltistan were included in the study through a non-random convenient sample strategy (Figure 1). A total of 25 hospitals were included in the study of which 15 were public sector hospitals. The sample size was determined using OpenEpi Menu software. The prevalence of psychological issues among healthcare workers used in the formula as a reference was 16.7% [14]. Taking a 95% confidence interval, the sample size was 214 for this study. Data were collected using self-administered questionnaire from the respondents. Doctors from all departments and those who were permanent residents of Gilgit-Baltistan were not included in the study. Doctors with diagnosed psychiatric disorders and who were on leave were excluded. The desired sample was collected using non-probability convenient sampling. A questionnaire was developed to collect data regarding the sociodemographic characteristics of the doctors to assess psychological distress, depressive and anxiety symptoms, stress, and

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well-being, a validated, widely used instrument was used including a 21-item Depression, Anxiety, Stress Scale (DASS-21)[15]. For determining subjective self-rated health status, a single-item question was included with five response options ranging from excellent to poor. Scoring of the DASS scale (Table 1).

Table 1: Scoring of Depression, Anxiety and Stress

Score	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

It is a 4-point Likert scale ranging from 1 (did not apply to me) to 4 (applied to me very much or most of the time). Pilot testing was performed before starting the formal data collection procedure by including 10% of the actual sample size. Performa was tested for any future changes; no major changes were made after pilot testing. Cronbach alpha of DASS-21 was found to be 0.91 (Figure 1).

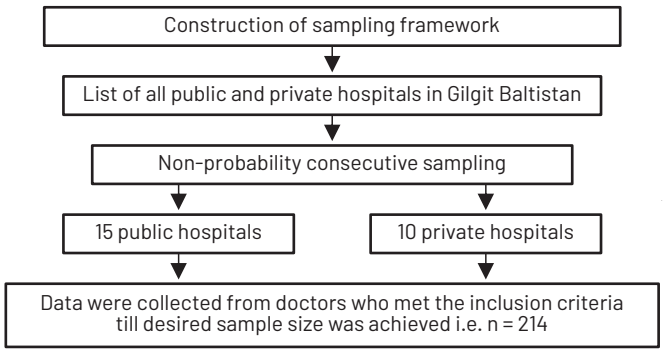

Figure 1: Non-Probability Convenient Sampling Strategy

RESULTS

Results indicate that out of 214 respondents, a larger proportion lies between 25-35 years of age (n= 123, 57.5%). Similarly, more than half of the respondents belong to public health sector (n=124, 58%). A detail of the sociodemographic characters of the respondents (Table 2)

Table 2: Sociodemographic Characters of Respondents

Variables	n (%)
Age	
Less than 25 Years	13 (6.1)
25-35 Years	123 (57.5)
36-45 Years	48 (22.4)
46-55 Years	16 (7.5)
More than 55 Years	14 (6.5)
Gender	
Male	146 (98%)
Female	68 (32%)
Marital Status	
Single	61 (28.5)
Married	150 (70.1)
Widow	3 (1.4)
Qualification	
MBBS	94 (43.9)
BDS	29 (13.6)
FCPS	53 (24.8)
MCPS	12 (5.6)
MPhil	26 (12.1)
Education of Spouse	
Illiterate	3 (1.4)
Matric	12 (5.6)
Graduation	30 (14.0)
Masters	73 (34.1)
Higher	96 (46.9)
Working Status of Spouse	
Working	95 (44.4)
Non-Working	119 (55.6)
Working Hours in a Week	
Less than10 Hours	6 (2.8)
10-20 Hours	22 (10.3)
21-30 Hours	55 (27.6)
More than 30 Hours	127 (59.3)
No. of Patients in a Month	
Less than 100	37 (17.3)
100-500	87 (40.7)
More than 500	90 (42.1)
Job Sector of Respondents	
Public	124 (58)
Private	90 (42)
Work Experience	
Less than 1 Year	22 (10.3)
1-5 Years	84 (39.3)
6-10 Years	43 (20.1)
More than 10 Years	65 (30.4)

The mean and standard deviation of the computed score for psychological well-being. These results revealed that overall depression, anxiety, and stress levels among respondents are normal to mild (Table 3).

Table 3: Mean and Standard Deviation of Psychological Well-Being of the Doctors

Variables	Range	Mean ± SD
Overall Psychological Well-Being of the Doctors	55	13.81 ± 10.19
Depression Among Doctors	16	7.02 ± 3.37
Anxiety Among Doctors	17	7.74 ± 3.31
Stress Among Doctors	25	11.92 ± 4.10

Self-rated health of respondents was reported as very good by the majority (Figure 2).

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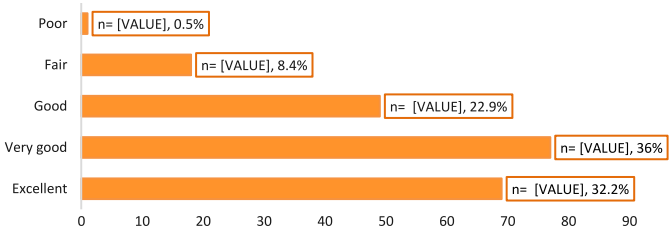

Figure 2: Self-rated Health of the Doctors

A comparison of public and private hospitals showed that there is no significant difference between doctors working in public and private sectors (Table 4).

Table 4: Comparison of Psychological Well-Being of Doctors in Public and Private Sectors

Sector of Job	n	Mean ± SD	t-test (df)	p-value
Public	124	14.55 ± 10.07	1.16 (212)	0.245
Private	90	12.90 ± 10.33		

DISCUSSION

In the present study, the psychological well-being of doctors working at public and private hospitals was assessed. The study was carried out in hospitals in Gilgit Baltistan, Pakistan. A valid questionnaire was used to collect data from doctors. The study tool was adapted from a previous study, which was a 21-item Depression, Anxiety, Stress Scale (DASS-21). The main objective of the study was to assess the psychological well-being of doctors working in public and private hospitals. In the current study, different sociodemographic characteristics and psychological well-being of doctors were tested. It was found that the mean score of depression among the study population was (7.02 ± 3.37). Similarly, anxiety levels were reported to be (7.74 ± 3.31) among the study population. Stress levels were also reported to be (11.92 ± 4.10). These findings are somehow consistent with the previous studies. A study that was conducted in India in 2020 found that a moderate level of stress was reported among doctors during the COVID-10 lockdown [16]. Similarly, some other studies also indicate that the stress level of healthcare workers is reported in a moderate range [17, 18]. The mean score of overall psychological well-being among the study population was (13.81 ± 10.19) on a scale ranging between 0-55. This shows that the current study population experienced an overall good psychological well-being. In the present study, mild and moderate level of stress, depression, and anxiety was testified. As the current study was conducted in remote areas of Pakistan, the burden of disease and also the burden on the healthcare system is low and people follow a healthy lifestyle. Due to all these reasons, the workload on healthcare workers is very low and overall, they have good mental health. It was also observed that the psychological well-being of doctors who worked in public and private hospitals, there was no statistically significant difference between their mean scores ($p < 0.050$) but the mean score of psychological well-being of the doctors who were working in public hospitals was reported more (14.55 ± 10.07) as compared to the doctors who are working in private hospitals (12.90 ± 10.33). The current study results did not follow the previous study. A study that was conducted in Ethiopia in 2022 found that healthcare workers have more stress work who are working in the public sector as compared to the private sector [19]. Furthermore, a study conducted in Punjab, Pakistan found that healthcare workers working in the public sector reported comparatively less stress and anxiety than those working in the private sector [20]. The possible reason for this could be that the workload on doctors is maximum in public hospitals as compared to private hospitals. Due to this reason, the psychological well-being of doctors is more chances to be affected.

CONCLUSIONS

Doctors and other healthcare providers work simultaneously for the well-being of the community and strive to provide a disease-free society with a healthy lifestyle. The results of the current study found that doctors working at public and private hospitals in Gilgit Baltistan presented mild symptoms of depression, anxiety, and stress.

Authors Contribution

Conceptualization: NUS, ABK
Methodology: NUS, ABK, YK, SB
Formal analysis: NUS, ABK, SJ
Writing-review and editing: NUS, SAK

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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