

Risk of Psychiatric Morbidity among the Medical and Nursing Staff of a Greek Public General Hospital

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Abstract

Background: Psychiatric morbidity follows a slow and gradual course, resulting in chronic psychiatric conditions among healthcare professionals, such as professional burnout. The literature review has shown that psychiatric morbidity does not have a sudden, short-span onset, but it builds up gradually; hence, it can give rise to chronic psychiatric conditions, such as professional burnout, depression, anxiety disorders, or even make people resort to anti-anxiety medication, conditions that have an impact on every aspect of their lives. Working conditions of medical/nursing staff, excessive working hours, bad or poor relationships with other colleagues (especially when they are interns), and also lack of sleep, can lead to the development of psychiatric symptoms that could result in depression in the long run. More specifically, lack of adequate sleep has been linked to anxiety, frustration, moodiness and sadness. It is noteworthy that healthcare professionals are more prone to mental disorders, because on one hand they are responsible for other people's lives, and on the other because their actions (or lack of action) can have a severe impact on the patients. Medical and nursing staff has high stress levels in the workplace, since they often have to cope with pain and death. More specifically, ER nurses find the following factors to be very stressful: picking up too many shifts too often; role conflicts; non-stop communication with different people; insecurity when their contracts are about to expire; excessive workload; severity of incoming cases; dealing almost daily with death. At the same time they have to deal with their own family issues, which add to their stress levels and are transferred in the workplace. In Greece, recent studies have shown high rates of stress, anxiety, depression and lack of professional fulfillment. Other recent studies have shown that a high percentage (22-46%) of doctors in residency programs have clinically significant levels of psychiatric morbidity.

Aim: The present study was to investigate the risk for psychiatric morbidity in the medical/nursing staff of a medium sized local general hospital and its impact on their quality of life. The main research objective of our study is to investigate the quality of life of health at professionals.

Methods:

Study sample Our study sample consisted of 201 healthcare workers from a 240-bed general hospital, in a prefecture of Greece, aged 21-58 years, from whom 29%

were males and 71% were females. Two hundred and twenty two questionnaires were handed out, and 201 were returned. All participants completed and signed written informed consent forms. Stratified random sampling was the method of choice, so that all professional groups would be included in the sample. A questionnaire that investigates psychiatric morbidity, its Greek standardized version that is, was used as our instrument of choice and it was tested for validity and reliability which were found to be satisfactory (Cronbach's $\alpha = 0.883$). Strict anonymity was observed. The SPSS 16.0 was used for the statistical analysis.

Statistical Analysis: T-Test Groups were used for analyzing hypotheses about two independent groups and also dispersion analysis (One-Way Anova). Null hypotheses were tested by linear regression, using quality of life as the dependent variable, and psychiatric morbidity as the explanatory variable. Demographics were tested for correlation with quality of life by using Pearson's r . The SPSS v.16 was used for data analysis.

Results: Almost three out of four females ($n=109$, 77.3%) lived with someone else, and only one out of four ($n=32$, 22.7%) was living alone. Pearson's χ^2 showed a statistically significant difference among those two groups ($P=0.004$). As far as family status was concerned, married males ($n=27$, 46.6%) and females ($n=76$, 53.2%) outnumbered single males/females. Fisher's Exact Test did not show any significant difference ($P=0.587$). Regarding education level, ($n=65$, 45.8%) of female and only ($n=9$, 20%) of male participants were higher level graduates. Male participants were for the most part ($n=34$, 58.6%) university graduates (Table 1). Fisher's Exact Test showed a significant difference among the two groups ($P=0.001$). Most females were higher-level nurses ($n=63$, 44.6%), while most males were doctors ($n=34$, 58.6%). Fisher's Exact Test showed a very significant difference regarding education level between the two groups ($P=0.001$). Likelihood Ratio test also showed a significant difference among workplaces between males and females, since ($n=18$, 12.7%) of female participants were working at the Blood Donation Department, while only ($n=1$, 1.7%) of males were working at that Dept. Participants showed heavier emotional burden regarding physical symptoms (Table 2), while psychotic symptoms remained lower compared to the general population.

To examine the effect of psychiatric morbidity on the quality of health and the sub-factors, used the linear

regression method (linear Regression Analysis -enter). Initially the influence of psychiatric morbidity and quantitative variables correlated significantly with the parameters of health quality. Then added to the model as age, sex, marital status and education. From the original model emerged four models one for each sub factor quality of life.

Conclusions: The regression analysis showed that the null hypothesis (that quality of life is not affected by psychiatric morbidity) should be rejected, consequently we accept that psychiatric morbidity does have an impact on quality of life, since signs of anxiety may be a risk factor for all four quality of life factors included in the WHOQOL-BREF, and signs of somatization can be a risk factor regarding Domain 1 (physical health and level of independence). Finally, gender can be a risk factor that explains a part of the variation in physical health and level of independence; moreover, if there are children that could explain part of the variation regarding environment (WHOQOL-BREF).