# Quality Of Life among General Practitioners in Rural Areas around Chennai- A Cross Sectional Study

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Abstract: Quality of life is an important health assessment tool which can evaluate the living environment and the satisfaction of the individual in their environment. The quality of life of general practitioners suffering from burn out appears significantly increased, that may lead to deleterious consequences on the care provided to their patients. The study was conducted to assess the quality of life of general practitioners in rural areas. Materials and methods- The study was structured as descriptive cross sectional with 20 pre validated questionnaire conducted among 300 the general practitioners in rural areas around Chennai. Results: The General Practitioners are suffering from health related issues, their social life is also compromised

by spending their time with family and they are not able to fulfill their economic needs from their profession. Conclusion: The qualities of life of general doctors are in risk in the rural areas. Stress, burnout, dissatisfaction, overloading of work affecting their quality of life in all aspects of health, social and financial fields.

Keywords- Health, quality of life, general practitioners, stress, burn out.

Date of Submission: 08-02-2019 Date of acceptance: 23-02-2019

#### I. Introduction

World Health Organization defines health as physical, mental and social well-being not merely absence of disease. Quality of life is an important clinical health assessment tool and can be determined by previous experiences, personalities, mental conditions and expectations. It is a concept affected by all life aspects. It measures the feeling evaluate the individual activities like disease, work, economic and social life <sup>1</sup>.

SjorenVentegodt et al<sup>2</sup>considered three areas are important to quality of life, namely subjective wellbeing, health and welfare. Subjective well-being refers to a person's perception of their life situation. Health can be defined in objective and subjective terms and imply an evaluation of physical and mental status.

Doctors are appeared to be healthier than the general population. But in recent years they are having a stressful life with illness including cardiac, musculoskeletal disorders and psychiatric problems. Research shows that young doctors are suffering from depression, burn out and thoughts of suicide<sup>3</sup>. The study by CREMESP (State of São Paulo Regional Council of Medicine) states that the doctors had long working hours with unsatisfactory working conditions without adequate pay<sup>4</sup>. These conditions increase stress which negatively affecting quality of life and their family life.

The study was conducted to evaluate thequality of life of general practitioners in rural areas around Chennai.

## II. Materials and Methods

The study was structured as descriptive cross sectional with 20 pre validated questionnaire conducted among 300 the general practitioners in a rural area around Chennai during a periodof 3 months from June to August 2018. The questionnaire (Proforma- annexure I) focused on general details (1-5) Health related quality of life (HQL- 6-11), Social quality of life (SQL-12-17) and Economical quality of life (EQL-18-20). The data were collected and results were tabulated in percentage.

## **III. Results**

The doctors participated were ranged from 27 to 68 years. They were grouped into four based on age in which males were predominant 75% and females were 25%. Undergraduate doctors occupy (62%) more than half of the population than diploma holders (31%) and postgraduate doctors (7%). Doctors practicing continuously less than 4 hours (76%) with less than 20 patients per session. 23% of doctors were taking break at

DOI: 10.9790/0853-1802117073 www.iosrjournals.org 70 | Page

every 2 hours, 51% are taking 4-8 hours of break and 26% of the doctors taking break in more than 8 hours in a day.

## Health related quality of life (HQL):

In total number of 300 participants, there were 27% doctors having diabetes mellitus, 10% having angina with cardiac related issues and 40% doctors were hypertension. 50% doctors were suffering from back pain and 19% had diagnosed cervical spondylitis or neck pain(Graph -1)

#### Social related quality of life (SQL):

Only 20% of doctors spent their time with family member, interact with children and visiting their school frequently. Almost 70% spending their time with family were less than 4 hours per day.

### Economic related quality of life (EQL):

23% of doctors are satisfied with their income from practice which is fulfilled their needs. 87% doctors rely on their income only by the profession and 77 % were the only earning member of the family(Graph-2).

#### IV. Discussion

Most of the doctors' respondents were in the age group of 35-45 which is similar to the study conducted by Chen et al <sup>5</sup> [16] who reported 75% of their respondents were male and that most were between the age of 30 and 50. The decline in the female group clearly states that their personal and family responsibilities restrict them to continue their professional career.

The doctors practicing in the rural areas are with undergraduate degree. The specialized doctors are in demand.

### Health related quality of life (HQL):

In this study the distribution of diabetic among participants is 27%, angina (10%), hypertension (40%) which is similar to Ramachandranet al<sup>6</sup> studies. The experience of backpain (50%) and cervical spondylitis (19%) are common among the general practitioners which is comparable with the study conducted byBansal et al <sup>7</sup>. The percentage of health related issues implies that general practitioners are under burnout syndrome due to continuous clinical practice. Various studies have shown a higher level of stress amongst doctors when compared to the general population<sup>7,8</sup>. The sources of stress for medical practitioners can be in different forms that involves the workload, time pressure, sleep deprivation, no regular meals. Hence the consequences of these can lead to insomnia, tension,headache, gastrointestinal disturbances, hypertension, fatigue and skeletal disorders. Doctors can themselves reduce the stress by identify the source of stress, proper time management and reduce the overload of strain.

## Social related quality of life (SQL):

The social interaction of the doctors with their family and friends like spending time with family, interacting with children, participate in their school activities are also reduced due to work patterning and irrelevant time of practicing<sup>9</sup>. Every family event, birthday, and anniversary has to be adjusted around the work schedule and should give importance in relaxing themselves from the professional duties. Weekends are traditionally seen as family time. These measures should improve their quality of life.

#### Economic related quality of life (EQL):

In assessing economic aspects of practicing doctors 87% of them are earning their income only by the profession and they are the only earning member in the family. These creates more financial burden to them in spending their time in the clinic. In most hospital they are underpaid and do not have the job security <sup>10</sup>. In rural areas due to financial constraint, specialized doctors are relocating their practice to the cities. This creates demand of specialist in the rural areas and work load was increased for the general practitioners.

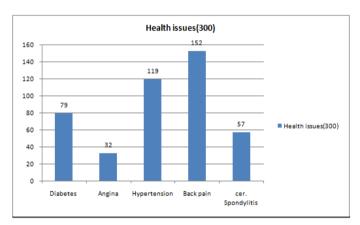
## V. Conclusion

The general practitioners in the rural areas are vulnerable to life style disorders. Their qualities of life in all aspects like health, social and financial are in questionable. Efforts should take to improve their lifestyle by conducting workshops to make them more fit to facilitate them rendering service to humanities. The health authorities should establish new hospitals with advanced infra-structure in all fields of medicines to provide specialty care to the rural population.

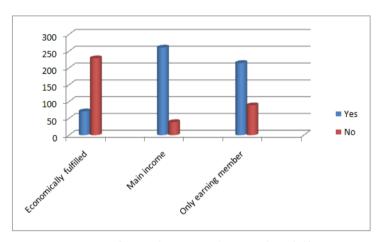
Conflicts of interest- Nil

#### References

- [1]. Firth-Cozens J. Doctors, their wellbeing, and their stress. BMJ 2003. Mar 29; 326:670-671
- [2]. Ventegodt S<sup>1</sup>, Merrick J, Andersen NJQuality of life theory II. Quality of life as the realization of life potential: a biological theory ofhuman being. Scientific World Journal. 2003 Oct 13;3:1041-9
- [3]. Bergman B, Ahmad F, Stewart, DE. Physician health, stress and gender at a university hospital. J Psychosom Res 2003; 54: 171-178.
- [4]. The Royal College of Psychiatrists. The mental health of students in higher education. London: The Royal College of Psychiatrists; 2003.
- Bergman B, Ahmad F, Stewart, DE. Physician health, stress and genderat a university hospital. J Psychosom Res 2003; 54: 171-178
- [6]. Ramachandran A<sup>1</sup>, Snehalatha C, Yamuna A, Murugesan N. High prevalence of cardiometabolic risk factors among young physicians in India.J Assoc Physicians India. 2008 Jan;56:17-20.
- [7]. A Bansal, P Bansal, S Kaur, A Malik .Prevalence of neck disability among dental professionals in North India.J of Evolution of Med and Dent Sci, 2013
- [8]. Josephine GWS Wong .Doctors and Stress.. The hongkong diary medical Bulletin. VOL.13 NO.6 JUNE 2008 4-7
- [9]. Richards JG. The health and health practices of doctors and their families. N Z Med J. 1999; 112:96-99.



Graph -1 Health related quality of life



**Graph 2- Economical quality of life** 

## Annexure -1 PROFORMA (Questionnaire)

#### QUALITY OF LIFE ASPECTS AMONG GENERAL PRACTITIONERS

S.No.	Questionnaire	Please Tick or Fill the appropriate options
1	Age	
2	Gender	
4	Qualification (List all)	
5	Specialty	
6	Do you have any of the following during practice?	Yes
0	Neck pain or Cervical spondylitis.	No
7	Do you have Back pain?	Yes

				1
			No	
	A) Do you have Diabetes? If yes duration?		Yes	
			No	
8	B) Do you have Hypertension? If yes duration?		Yes	
			No	
			110	I
			Vag	
	C) Do you have any recent episode of angina?		Yes	
	If yes duration?		No	
			Less than 4	
			hours	
9	How many hours in a day do you practice?		4 hours to 8	
			hours	
			More than 8	
			hours	
10		5 to 20		
	How many patients do you see per day?	20 to 40		
		40 and above		
		Every 2 hours		
11	How often will you take break in a day's practice?	Every 4hours		
		No break		
1	•			
		1 to 2		
	How many times you go on vacation with your family in a calendar year?	1 to 2		
12		2 to 4		
		4 and above		
		None		
		_		
13	How often you interact with your kids about their education and needs?	Every day		
		Every week		
	education and needs:	Every month		
	How frequent have you visited your children's school in the past 2 years?	1		
		2		
14		3 and above		
		Never visited		
	•			· ·
15	How often you attend a family function with your family?	Every function	18	
		Most of them	·	
		Rare		
	l	Raic		
		Daily		
	How often you go out with your friends?		12	
16		Once in a week		
1			Once in a month	
			Once in 6 month	
	How long in a day will you spend time with your family?	Less than 4 hours		
17		4 hours to 8 hours		
		More than 8 h	ours	
18	Are all your economic needs are fulfilled by your income from practice?	Ye	s	
		No		
19	Earnings from clinical practice would be your main	YE	S	
		NO		
	source of income?	110		
20	Are you the only earning member in your family	<b>T</b> 7		
		Ye	S	
	The job die only canning member in your family	No	)	
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Shaik Mohamed Shamsudeen. "Quality Of Life among General Practitioners in Rural Areas around Chennai- A Cross Sectional Study." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 2, 2019, pp 70-73.