



HEALTH AND WELL-BEING OF ARMENIAN PHYSICIAN AS A GUARANTEE OF BETTER QUALITY OF MEDICAL CARE

ANNA G. MARGARYAN

MD, PhD, Associate Professor

**Dpt of Internal Medicine, Yerevan State Medical University,
Armenia**

EAPH Conference 2015



HEALTH OF PHYSICIANS

- high rate of morbidity
- huge social and economic importance
- parameters of a health status of physicians, duration of their life differ from average parameters in the worse party
- physicians are not health-maintenance oriented

DOCTORS AS PATIENTS?

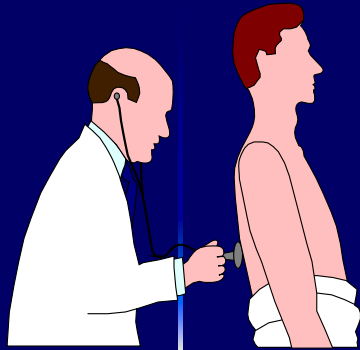


WE DO NOT GET SICK!

- Physicians dread being patients because they feel helpless and vulnerable
- “Physicians do want to be taken care of, but feel guilty at accepting care and shame for needing it”



Physicians tend to be overcontrolling and noncompliant patients, and as a result, they often get poor quality, on-the-fly care from colleagues. Among them there are high rate of stress, depression₄ and drug abusing.



HEALTH OF PHYSICIANS

Objective:

- To study a health state of physicians who are working in the different level of healthcare system of Armenia.

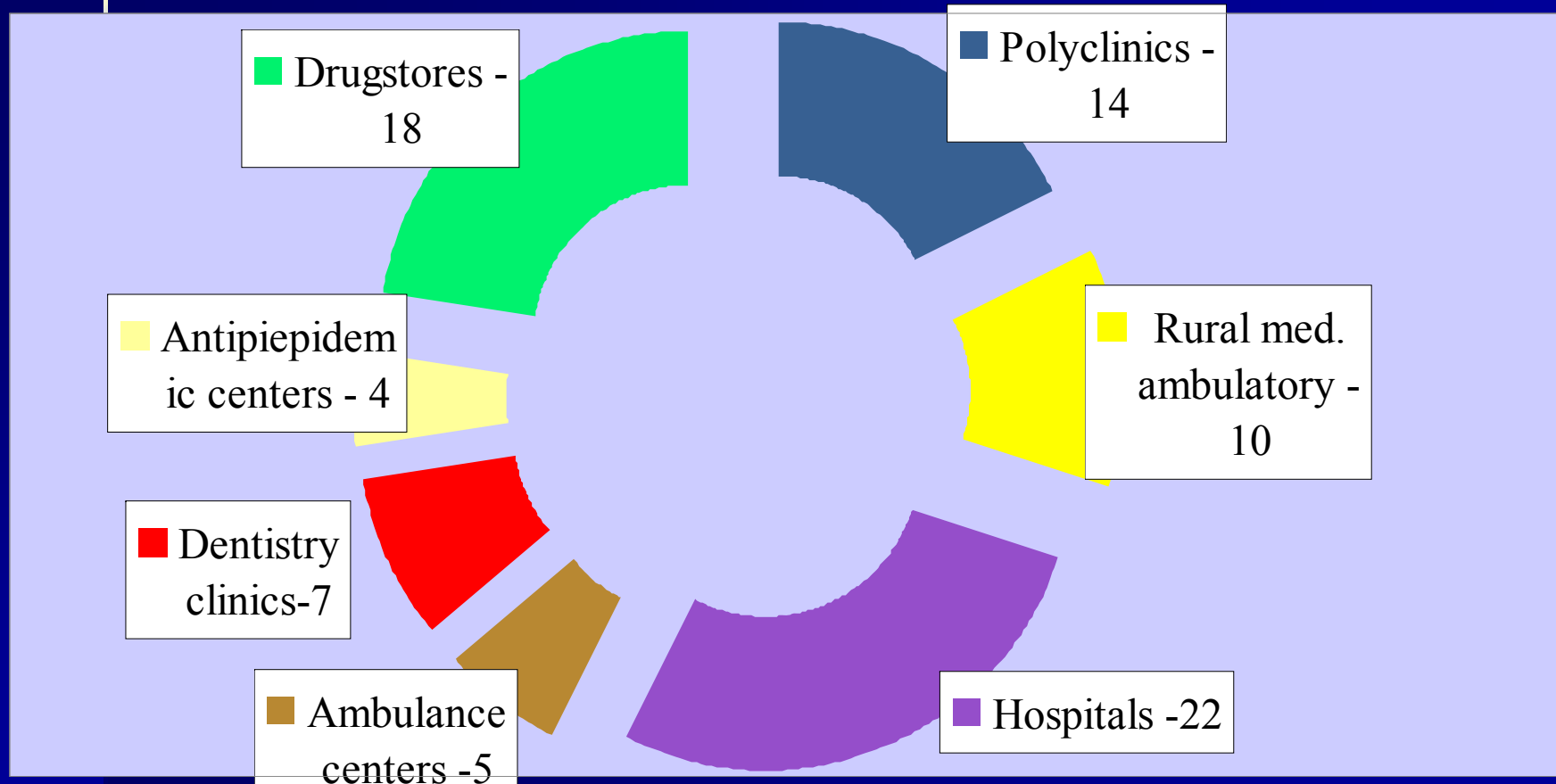
Design and methods:

- Survey was conducted among 1050 doctors.



DESIGN AND METHODS

80 healthcare setting across Armenia





HEALTH OF PHYSICIANS

Design and methods

Physician's Health Examination Questionnaire

Please answer the questions proposed. The survey is anonymous, and the confidentiality of the information you provide is guaranteed. Thank you for cooperation.

Date of the survey _____

1. **Gender** - male (1); female (2)
2. **Age** _____
3. **Marital status** - married (1); single (2)....
4. **Socioeconomic conditions** – unsatisfactory (1); satisfactory (2); good (3)
5. **Have you experienced sleep disorders within the last year?** - yes (1); no (2)
6. **How long do you spend in fresh air?** – 1-3 h (1); 3-5h (2); 5-7h (3); more than 7 h (4)

7. **Do you smoke?** – I have never smoked (1); I only tried it a couple of times (2); I have given it up (3); Less than 15 cigarettes a day (4); 15 – 20 cigarettes a day (5); more than 20

8. **If yes, since what age have you started smoking?** – before I was 11(1); 12-14(2); 15-17(3); ...

9. **If yes, would you like to give up smoking?** - yes (1); no (2)

10. **In your opinion, smoking is** – mainly hazardous (1); mainly beneficial (2); both hazardous and beneficial (3);

11. **Anti-smoking campaign should include:** – prohibition of cigarette advertising (1); fines for smoking (2); expelling from the university (3); awarding for giving up smoking (4)

150...

PHYSICIAN'S HEALTH EXAMINATION QUESTIONNAIRE

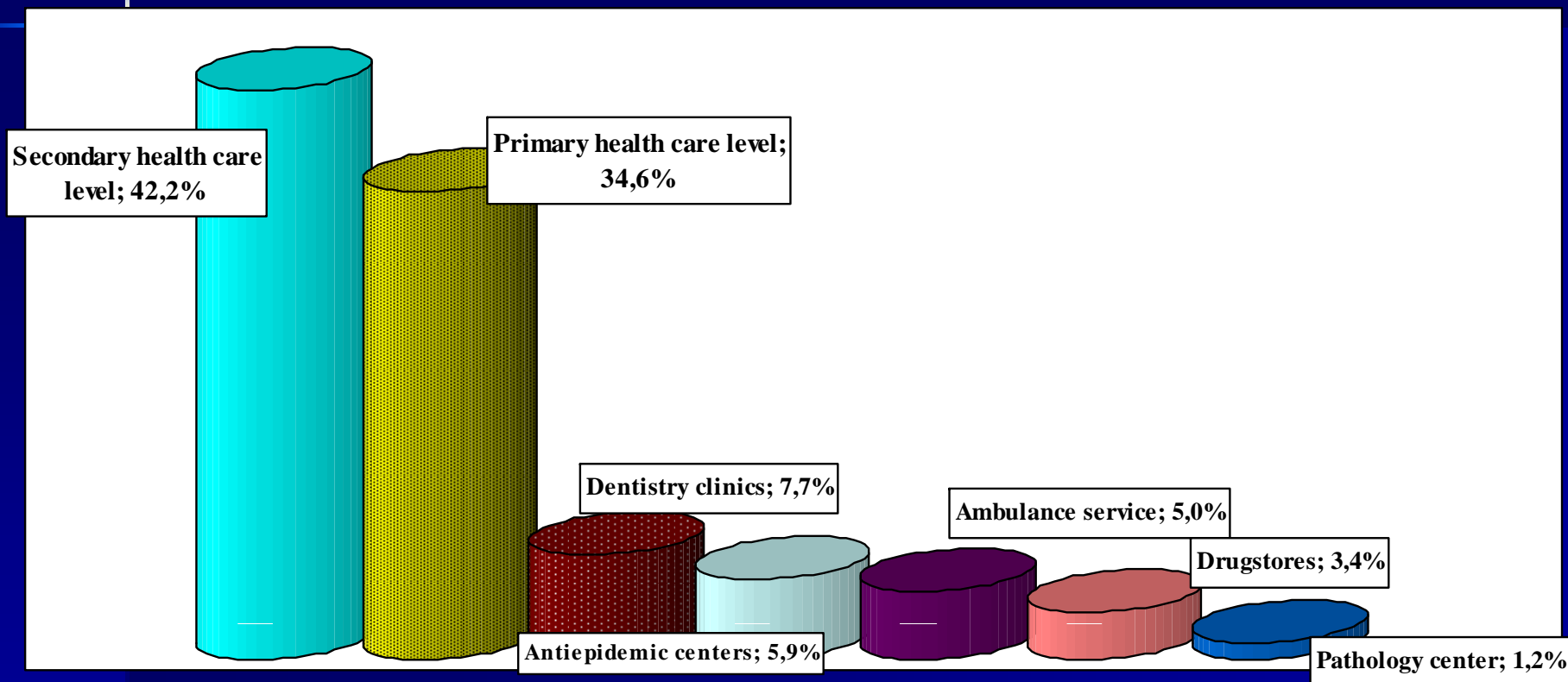
- general questions (age, gender, marital status, years in current workplace, working conditions)
- questions relating to the physician's health
- physician's lifestyle
- Maslach Burnout Inventory (MBI)



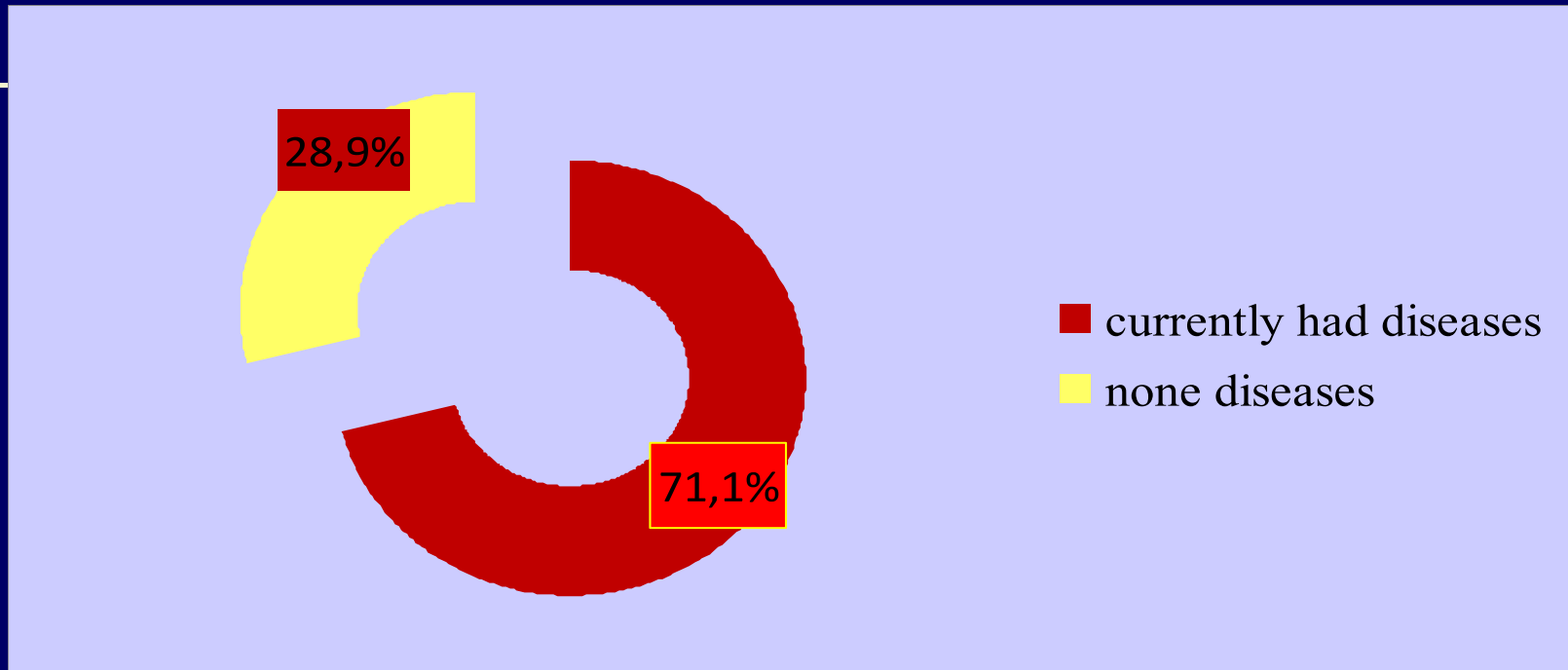
RESULTS

- Of the 1050 physicians 832 physicians responded to the survey (79.2% response rate).
- Of the respondents 203 physicians (24.4%) were males and 629 physicians (75.6%) were females.
- The mean age of participants were a 45.3 ± 0.4 year.
- 50.8% had graduated 20 years previously to filling in the questionnaire.
- The mean estimated that physicians worked 7 hours per day⁹ and saw 13 patients per day.

RESULTS

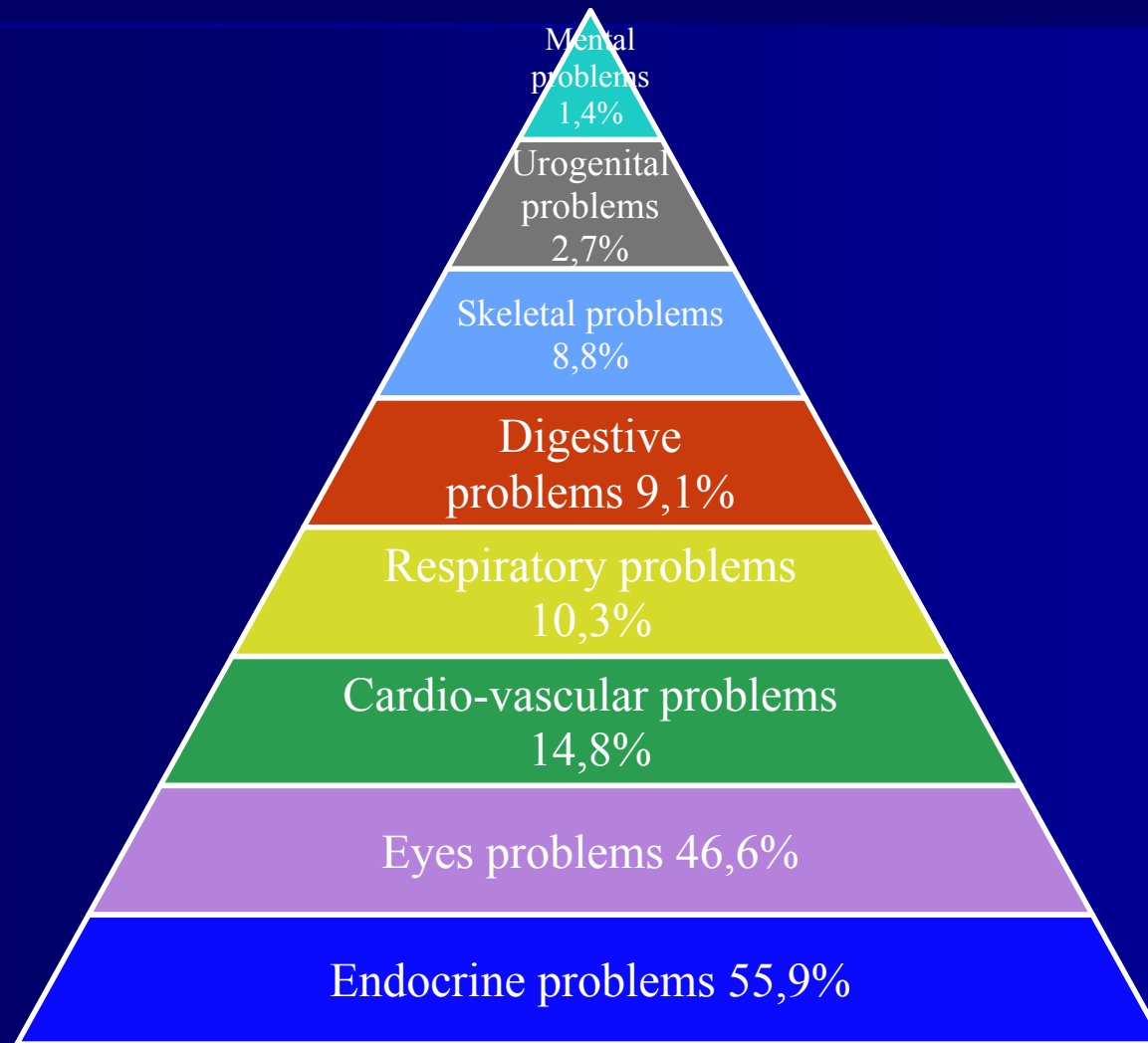


HEALTH OF PHYSICIANS

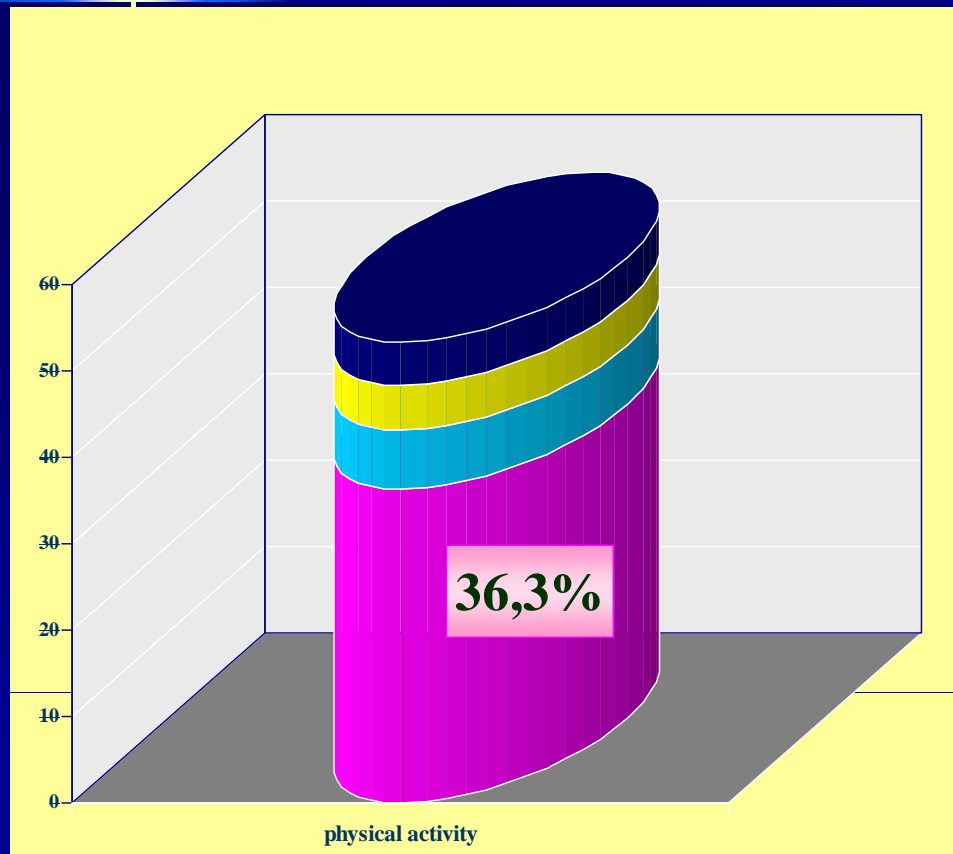


- $\frac{1}{3}$ of them had simultaneously two and more pathologies
- 18.1% of respondents said they followed their polyclinics physician's instructions
- 11.7% followed their hospital physician's instructions
- 48.2% were self-prescribed
- 21.1% physicians did not receive treatment

PROBLEMS OF HEALTH



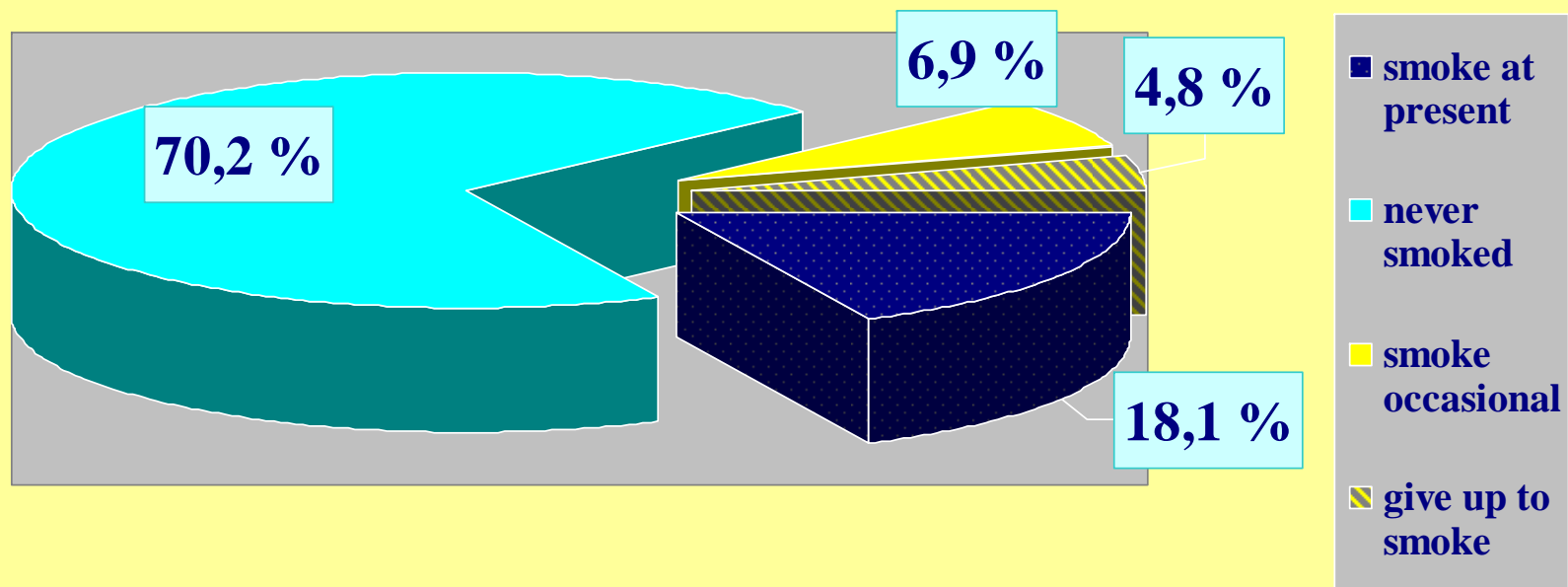
PHYSICAL ACTIVITY OF PHYSICIANS



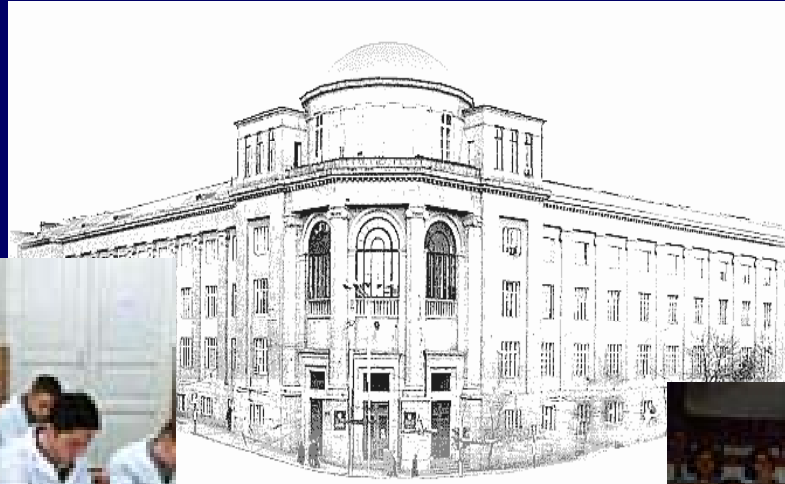
- Visit sport's halls – 5,0%
- Visit pools – 5,2%
- Regularly do physical exercises – 6,8%



PREVALENCE OF CIGARETTE SMOKING AMONG PHYSICIANS



- 18,1% physicians were current smokers
- 4,8% were former smokers
- 59,0% of smokers had smoking habits more than 10 years



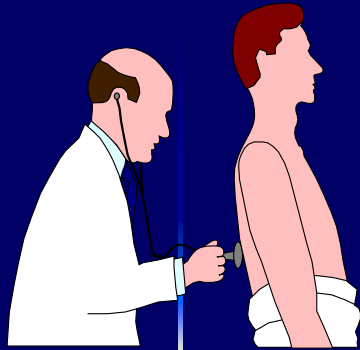
SUBJECT "A HEALTHY LIFESTYLE"





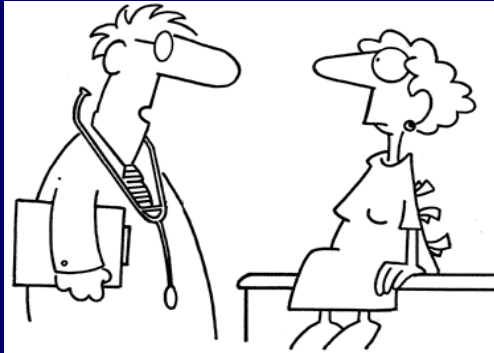
“BURNOUT” AMONG PHYSICIANS





“BURNOUT” AMONG PHYSICIANS

- Burnout is a psychological term for the experience of long-term emotional and mental exhaustion and diminished interest.
- Job-related “burnout” has been identified as an occupational hazard for various professionals involved in people-oriented services.
- It most frequently affects human service professionals, like educators, job nurses and physicians, due to chronic emotional and interpersonal job related stressors.



“BURNOUT” AMONG PHYSICIANS

The MBI consists of 22 items each scored from 0 to 6.

MBI three subscale

- emotional exhaustion (EE, nine questions, maximal score 54)
- depersonalization (DP, five questions, maximal score 30)
- personal accomplishment (PA, eight questions, maximal score 48)
- The score of each subscale are considered separately, three scores were calculated for each respondent.



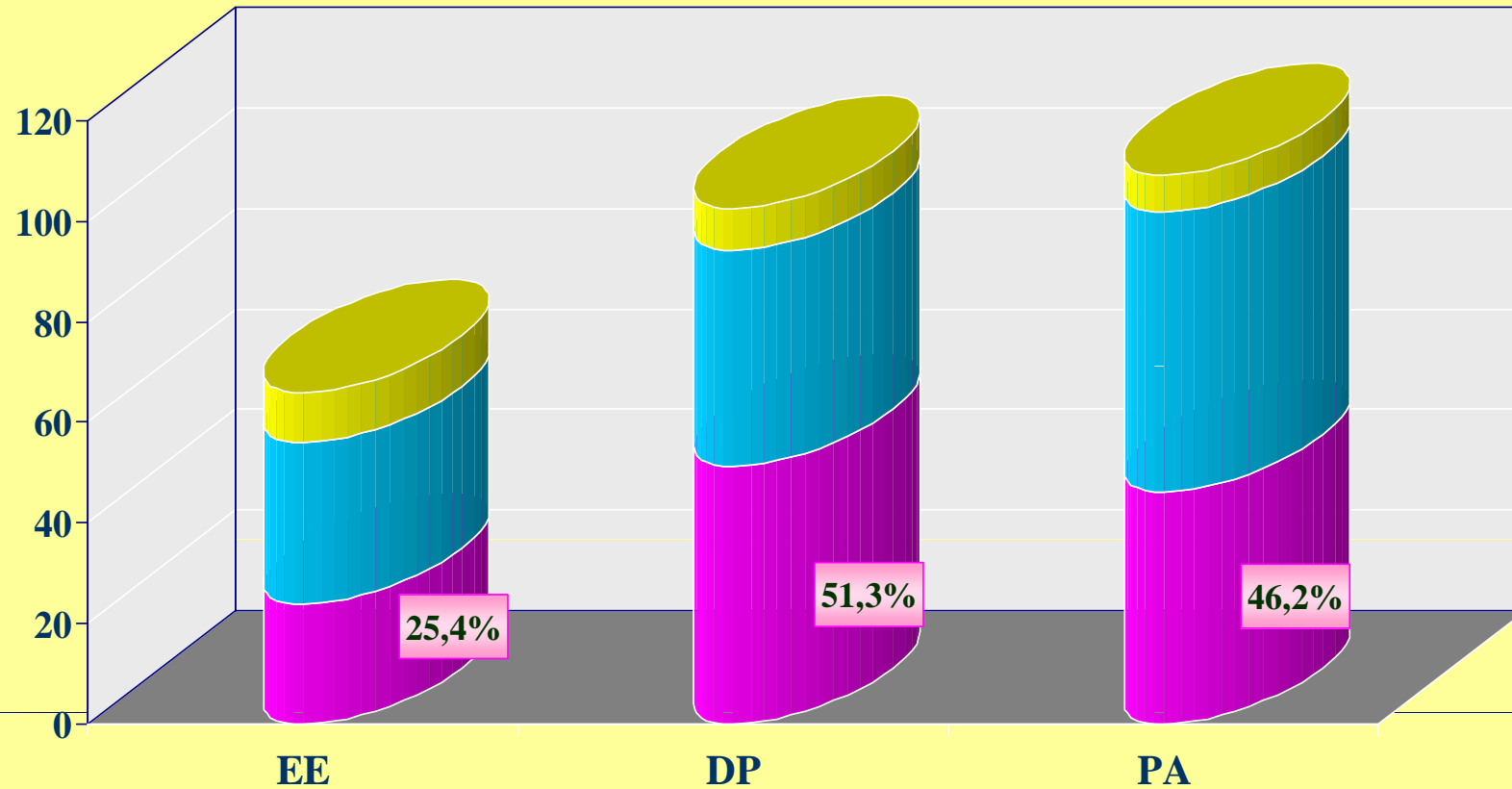
“BURNOUT” AMONG PHYSICIANS

The mean score

- on the EE subscale of MBI scores was 23.1 ± 5.9
- on the DP subscale were 10.2 ± 3.3
- on the PA subscale were 33.9 ± 5.2

“BURNOUT” AMONG PHYSICIANS

Frequency distributions of physician by degree of burnout





HEALTH OF PHYSICIANS

Conclusions

- Physicians had not only a high level of morbidity, but also a high level of burnout.



- One of necessary conditions of a health care professional trade is own physical, mental and social well-being.



- Implementation a physician's health programs, which include early identification, intervention, evaluation, treatment and long-term monitoring is very important.



HEALTH OF PHYSICIANS

Conclusions

- In modern conditions of a social and economic reorganization the question of the analysis of the psychosocial factors influencing to the health of physician, who devoted the professional life to the questions of prevention and treatment among the population is not less important.



- Health of doctors should be in sphere of attention as administrations of healthcare establishments, and the government.



DOCTORS AS PATIENTS? “WE DON’T GET SICK”

“Doctors need to be taught to be ill. We need permission to be ill and to acknowledge that we are not superhuman”

McKevitt C, Morgan M.
Illness doesn't belong to us
J R Soc Med 1997; 90: 491-495

Thank you!





HEALTH AND WELL-BEING OF ARMENIAN PHYSICIAN AS A GUARANTEE OF BETTER QUALITY OF MEDICAL CARE

ANNA G. MARGARYAN

MD, PhD, Associate Professor

**Dpt of Internal Medicine, Yerevan State Medical University,
Armenia**

EAPH Conference 2015