Original Research Article

Self-care among medical professionals: a cross sectional study

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ABSTRACT

Background: High rates of burnout, moral distress, anxiety and depression and suicide tendencies are found among medical professionals who continue throughout their career. It can lead to personal crisis as well as suboptimal patient care. Self-care strategies among medical professionals can minimize harm due to these burnouts. Self care have multiple dimensions including nutrition, interpersonal relations, health responsibility, physical activity, spiritual growth, and stress management to promote and maintain emotional and physical well being. This study was aimed to assess the self-care among medical professionals in Mysuru. To assess self-care among medical professionals.

Methods: It's a cross sectional study conducted using pretested semi structured questionnaire on self-care among 376 medical students, both undergraduates and postgraduates. Questionnaire included various domains of self care. Data was entered in Microsoft Excel and analysed using SPSS version 25 (Licensed to JSS AHER). Descriptive statistics like mean, median and interquartile range and inferential statistics like Mann-Whitney Test were used.

Results: Among 376 participants, social well-being among undergraduates were found to be better than post graduate students. No other domain had differences in the self-care scores with respect to year of study or with respect to gender.

Conclusions: Markedly decreased self-care practices among medical professionals calls for urgent attention and strategies multilayered at the individual, institutional, and national levels need to be promoted.

Keywords: Self-care, Burnout, Anxiety

INTRODUCTION

Right from the start of medical school, medical professionals have high chance to develop stress and anxiety. Vast syllabus, deadlines, little tolerance for mistakes and long hours of duty take a toll on physical and mental health. Throughout their career, medical professionals are at risk of developing burnouts, moral distress and compassion fatigue. They experience high emotional toll several times in their career.¹ Academic pressure, workload, financial problems, lack of adequate sleep and nutrition and constant exposure to patient suffering and death etc cause physical as well as mental

exhaustion leading to poor academic performance, substance abuse, burn outs, moral distress and compassion fatigue.² Burnout seen among medical professional is characterised by progressive loss of idealism, energy, and purpose in leading to physical and emotional exhaustion, cynicism, and inefficacy.¹ Interference of institutional and other external constraints can force to compromise personal and professional values which in turn can lead to moral distress. Compassion fatigue is the emotional exhaustion which makes it difficult to take care of patients.¹ Self care practises play an important role in reducing the chance of burnouts, compassion fatigue and moral distress or at least

decreased the effect of them in personal as well as professional life.¹

Self-care practises are activities done by an individual on his own to improve and maintain his physical and mental health.¹ It play an important role in treating as well as preventing diseases.³

Self-care practises like healthy life style modifications ,managing stress, monitoring for symptoms in case of illness etc can positively influence health outcomes.³Self-care not only minimize stress and related adverse effects but also positively influence personal and professional life.¹ Even though medical curriculum and long work hours make it difficult for medical students and physicians to nurture self-care practises, it's need to be acknowledged as an important commitment that cannot be compromised at any cost.

Both physicians as well as medical schools and hospital managements should put effort in helping the medical professionals to balance the professional demands and self-care practices. Self-care not only make them commit to self awareness, healthy life style, adequate sleep and rest but also make them aware of their medical conditions and take appropriate care without delay. This will thereby increase efficiency and job satisfaction among medical professionals.⁴ Hence, this study was conducted to assess the self-care among medical professionals.

Objectives

Objective of current study was to assess self-care among medical professionals.

METHODS

It's a cross sectional study conducted using pretested semi structured questionnaire on self-care among 376 medical students, both undergraduates and postgraduates. Questionnaire included various domains of self care: physical, mental, professional and social. scoring ranged from never to always on a 6-point Likert scale and the total possible score was 45. Data was entered in Microsoft Excel and analysed using SPSS version 25 (Licensed to JSS AHER). Descriptive statistics like mean, median and interquartile range were used and inferential statistics like Mann-Whitney Test was used to know the association between gender and year of study with respect to self-care in various domains. Informed consent was obtained from the participants after explaining the purpose and procedure of the study.

RESULTS

Average age of participants was 22.59 and 69.68% percent were females. Median scores of physical, mental, professional and social domains of self-care were 23.5 (19-28), 28 (22-35.25), 25 (20-30.25) and 31 (23-29.25) respectively. Median scores of social domain was found

to be significantly different with respect to year of study (Table1-3)(Figure 1).

Figure 1: Distribution of participants based on score.

DISCUSSION

Ayala et al study done among medical students in United States found significant difference in self care practices with respect to year of study.⁵ Our study didn't find any significant difference in self care practices with respect to year of study except for the social domain. It can be due the difference in questionnaire used for data collection. Also our study was carried out during COVID-19 pandemic with lockdown restrictions, online classes putting pressure on under graduates while long duty hours and increasing COVID cases leave no time for postgraduate to take care of themselves. Increasing morbidity, mortality, uncertainty and negative social media contents markedly decreasing mental wellbeing in both under graduate medical students as well as post graduate medical students. Social wellbeing was found to be better among undergraduates as they got time to spend with their family due to closing of college and conversion of offline classes to online. But, with respect to post graduates longer working hours, inability to meet family members might have resulted in reduced self-care practices among postgraduates compared to undergraduates. Dean et al studied people over 45 years to find out self care practices and found gender as an important factor in self care practices.⁶ Contrast to this study, in our study we didn't find any difference in self care practices with respect to gender. Our study participants were relatively young compared to this study with an average age of 22.59. As age increases, marriage, childbirth, increasing non communicable diseases, increasing responsibilities lead to more pressure on medical professionals specially among women.

Mills et al in a study among 372 palliative care nursing and medical professionals in Australia to find out self care practices, perceptions, education about self care, found out that 86% opined that self care is important. But despite that very less participants practiced self care. Only 6 percent used self-care strategies respondents (6%)

while 70% opined to consider self-care plans if training is provided.⁷

Table 1: Various domain score with respect to gender and year of study.

Variable	Gender		Year of study	
	Median (IQR) in females	Median (IQR) in males	Median (IQR) in undergraduates	Median (IQR) in postgraduates
Physical wellbeing	23.5(19-28)	23 (19-29)	23 (19-28)	23 (18-29.5)
Mental wellbeing	28 (22-35.25)	28 (23-37)	28 (22-36)	28 (23.5-34)
Professional wellbeing	25 (20-30.25)	25 (20-32.25)	31 (23-40)	25 (17-34)
Social wellbeing	31(23-29.25)	28 (20-39)	25 (20-32)	25 (19-30.5)

Table 2: Association of various domains of self care s with respect to gender.

Variable	Gender		Z value	P value
	Median (IQR) in females	Median (IQR) in males		
Physical wellbeing	23.5 (19-28)	23 (19-29)	-0.011	0.991
Mental wellbeing	28 (22-35.25)	28 (23-37)	-0.484	0.249
Professional wellbeing	25 (20-30.25)	25 (20-32.25)	-1.153	0.249
Social wellbeing	31 (23-29.25)	28 (20-39)	-1.613	0.107

Table 3: Association of various domains of self care with year of study.

Variable	Gender		Z value	P value
	Median (IQR) in females	Median (IQR) in males		
Physical wellbeing	23 (19-28)	23 (18-29.5)	-0.338	0.735
Mental wellbeing	28 (22-36)	28 (23.5-34)	-0.24	0.811
Professional wellbeing	31 (23-40)	25 (17-34)	-0.691	0.489
Social wellbeing	25 (20-32)	25 (19-30.5)	-3.258	0.001

Even though domain and questionnaires we used were different from this study, we also found decreased self-care practices among medical professionals with only 44.7%, 26.1%, 37.5% and 25% having more than 50% score in physical, mental, professional and social domains. Burnouts, academic pressure, long hours of duty, compassion fatigue might be the causes leading to decreased self-care practises among medical professionals.

In a study conducted among 265 medical students at Barretos school of health sciences by Boni et al 70.6% were found to have emotional exhaustion, 52.8% had high cynism and 48.7% had low academic efficacy. 44.9% were found to have burnout and first year of medical school was found to cause more burnout.⁸ In our study, we found decreased self-care practises among medical professionals and this study support our findings as we could see majority of the participants in the mentioned study having emotional exhaustion. This study doesn't measure self-care practises among medical professionals so we couldn't compare the results. Though in our study we didn't get result to support the finding of this study which shows maximum burnout during first year of medical school. Since the study was conducted during pandemic, that might have influenced the results.

Ross et al in a research conducted in National institutes of health clinical center among registered nurses found out

several barriers to self care practises that need to be addressed on an institutional, inter-personal and intrapersonal levels to long duration of work, work overload, unhealthy food culture, lack of sleep, outside commitments etc causing them to ignore self-care practises.⁹ The questionnaire we used had only domains pertaining to self-care practises and not regarding barriers of self care practises and hence we were not able to compare this study with our study. Though we could understand that there was decreased self -care practises among the participants similar to our study. This study reveals the barriers of self care and initiatives that need to be taken to increase self -care practises and also make us realise the need to focus on this topic. The strength of this study is that there are not many studies conducted in this regard, but the limitation would be that the presence of pandemic might have biased our study results.

CONCLUSION

Among 376 participants only 44.7%,26.1%,37.5% and 25% were found to have more than 50% score in physical, mental, professional and social domains. Post graduates had lesser scores with respect to social domain of self care compared to undergraduates, which was statistically significant. No other domain had differences in the self care scores with respect to year of study or with respect to gender.

Recommendations

Self-care practices need to be encouraged among medical professionals to reduce burnout, compassion fatigue and moral distress. The strategy to improve self-care practices among medical professionals should be multilayered at the individual, institutional, and national levels.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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