

PERSONAL HEALTH BEHAVIORS AMONG DOCTORS AT A TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Doctors' health is receiving accumulative courtesy. Very least is known about preventive health and lifestyle behaviors among Doctors. **Objective:** To determine the lifestyle and personal health behaviours of graduate and post graduate doctors at Nishtar Hospital Multan. **Methodology:** Study Design: Cross-sectional study. Duration of Study: 20th January to 25th February 2017. Sampling Technique: Non-probability convenient sampling. A survey was carried out after designing a semi-questionnaire concerning five most important aspects of the lifestyle of doctors at Nishtar Hospital Multan. One hundred and thirteen doctors (graduates and postgraduates) were interviewed directly after taking their consent and by using a questionnaire. One male and two female doctors were involved in collecting data under the supervision of a chief researcher. The data was entered and analyzed by using SPSS version 21. **Results:** Only 28.78% graduates and 31.91% postgraduates washed hands before approaching the patient. 87.87% of graduates and 91.48% of postgraduates washed hands after approaching the patients. 42.42% of graduates vs 29.78% of postgraduates showed compliance with regarding the use of gloves while dealing with the patients. The graduate doctors were getting unhealthier foods as 30.30% took junk food every day, and 57.57% drank carbonated drinks daily, whereas in postgraduates 19.14% took junk food every day and 34.04% drank carbonated drinks daily. 9.7% graduates and 6.2% postgraduates did physical exercise for half an hour at least five days a week. 12.12% of graduates were involved in smoking, out of it 9.09% started smoking due to peer pressure while 21.27% postgraduates did smoking and primary initiating cause in 70% was to get rid of stress. 15.15% graduates and 19.14% post graduate were using anxiolytic drugs. **Conclusion:** Most of the doctors were not fulfilling the healthy lifestyles and health-related behavior. Their preventive healthful habits, diet and exercise practices were not decent. Some of doctors adapted some risky behavior like intake of anxiolytic drugs and started smoking to reduce their stress.

Keywords: Lifestyle, Personal Health behaviours, Hygienic practices, Eating habits, Smoking

INTRODUCTION

Doctors' individual lifestyles, behaviors, and health-related issues have been shown associated with their prevention-related psychotherapy and screening practices with patients.¹ Moreover, health behaviors among doctors are a significant indicator of how the community recognizes dangerous lifestyle behaviors.² Doctors with abridged physical and psychological health can have a direct influence on patient health care and well-being.^{1, 2} There is a strong correlation between the healthy lifestyle of a doctor and prevention of diseases.^{3,4} For having a healthy and peaceful mind it is necessary for doctors and other health workers to adopt healthy behaviours such as doing exercise daily, eating a healthy and balanced diet, having a good sleep of 8 hours per day, avoids smoking and tranquilizers.⁵

According to previous researchers in America and the United States, most of the doctors do not adequately follow health promotion guidelines.^{3,5} Sleep deprivation, depression, anxiety and addiction are having negative impacts on training and daily practices of doctors.^{6,7,8}

Previous studies show that there are many reasons for which doctors are unable to choose a healthy lifestyle and behaviours, such as having the long duty hours, fatigue, lack of motivation, giving much importance to the patients' and neglecting themselves.⁹⁻¹²

A survey on these issues such as eating habits, physical activity and hospital sleep among doctors showed that Canadian doctors were found to be healthier than the general population.¹³ More than 90% were enjoying a good physical and mental health. Only 5% had unhealthy life mainly because of their workload and anxiety.¹⁴ Another research was done among lifestyle of medical students at Multan and most students were having a dangerous and unhealthy lifestyle.¹⁵ The purpose of our study was to determine the personal and preventive lifestyle behaviours of doctors both graduate and post graduate working at Nishtar Hospital Multan.

METHODOLOGY

This was a cross sectional study, conducted from 20th January to 25th February 2017. 113 doctors were included in this study by using convenient sampling technique.

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One hundred and thirteen doctors (Graduates and Postgraduates) who were working in Nishtar Hospital Multan were interviewed directly after taking their consent by using structured questionnaire to fill in. One male and two female doctors were involved in collecting the data. They went from ward to ward and approached all those doctors who came in 1st contact and to those who were found free. Brushing teeth, Washing hands, Use of Gloves, Breakfast intake, Number of meals per day, Junk food, Carbonated drinks, Fruits intake, Milk or Yoghurt intake, Physical exercise, Sleep before midnight or after midnight, Anxiolytic drugs used, smoking habits. The data was entered in SPSS (Statistical Package for Social Sciences) version 21 and analysed by descriptive statistics included frequencies and percentages of all the variables. The association among different variables was measured by applying Chi-square test with 0.05 level of significance. The results presented in the form of table and figures.

RESULTS

A total of 113 doctors (Male 48.7% and female 51.3%) including graduate and postgraduate were included. About 58.4% of the respondents were graduate, and 41.6% were postgraduate. The mean age of doctors was 32±9.1 years. Majority (85%) doctors belonged to the urban area.

Graduate doctors (12.12%) and Postgraduate doctors (21.27%) showed a habit of smoking. (P=0.4) Peer pressure and to get rid of stress as the reasons to start smoking is shown in figure I. This study showed that 9.7% graduate and 6% postgraduate doctors were doing exercise weekly.

Figure I: Smoking among doctors and reason to start

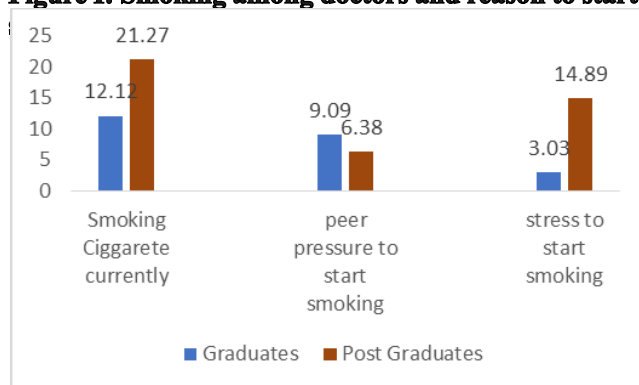


Table I: Preventive practices and dietary habits among doctors.

Variable	Category of Doctors	n (%age)	P value
Washing hands before approaching patient	Graduates	19(28.78)	0.09
	Postgraduates	15(31.91)	
Washing hands after examination of Patient	Graduates	58(87.87)	0.2
	postgraduates	43(91.48)	
Brushing teeth twice a day	Graduate	35(53.03)	0.08
	Postgraduate	31(65.95)	
Occasional Brushing of teeth	Graduate	31(46.96)	0.06
	Postgraduate	16(34.04)	
Washing hands before taking a meal	Graduate	51(77.27)	0.001
	Postgraduate	22(46.80)	
Washing hands after taking meal	Graduate	45(68.18)	0.04
	Postgraduate	40(85.00)	
Gloves use before Patient checkup.	Graduate	28(42.42)	0.17
	Postgraduate	14(29.78)	
Taking breakfast daily?	Graduate	39(59.09)	0.01
	Postgraduate	17(36.17)	
Taking junk food daily	Graduate	20(30.30)	0.18
	Postgraduate	9(19.14)	
Taking carbonated drink daily	Graduate	38(57.57)	0.013
	Postgraduate	16(34.04)	
Taking fruits Daily	Graduate	21(31.81)	0.02
	Postgraduate	25(53.19)	
Taking milk/yogurt	Graduate	31(46.96)	0.07
	Postgraduate	30(63.82)	
Sleeping hours <8h/day	Graduate	55(83.33)	0.04
	Postgraduate	45(95.74)	
Sleeping hours > 8h/day	Graduate	11(16.66)	
	Postgraduate	02(04.25)	
Time for going to bed till 12.00-midnight	Graduate	40(60.60%)	0.09
	Postgraduate	21(44.68%)	
Taking Anxiolytic drugs	Graduate	10 (15.15%)	0.57
	Postgraduate	09 (19.14%)	

Preventive and personal life style findings are shown in table I.

DISCUSSION

To our information, this is the first study to quantitatively observe the lifestyle and preventive health behaviors of doctors at Multan. A study was done in Denmark among adults in which 68% respondents did brushing twice a day, and 32% did occasionally.¹⁶ This is consistent with the current study, where 53% of graduates and 65% postgraduates did brushing of teeth twice a day while 46% graduates and 34.04% postgraduates did brushing of teeth less frequently. There was no association of graduate doctors and post-graduate doctors regarding teeth brushing. (p= 0.08)

In medical practice hand hygiene is a very important aspect of reducing the risk of infection and cross-infection. WHO Guidelines¹⁷ on hand hygiene in health care have been developed to improve the personal and patient safety. A study was done in a tertiary care facility in southern Nigeria among

doctors,¹⁸ in their settings 36.2% doctors washed their hands before approaching the patient and 96.9% after the patient's examination, showed better results as compared to our study in which 28.78% graduates and 31% postgraduates washed their hands before and 88% graduates and 91% postgraduates washed their hands after approaching the patient. Another study¹⁹ among health professionals was done in a tertiary hospital in Kano on hand washing practices in which 70% nurses and 30% doctors were involved in their study, they reported that 82.1% health professionals washed their hands before and 95% washed their hands after touching the patient, their results were better and not consistent with current study. This was because of careless behaviors of our doctors and lack of awareness workshops and symposia's on hand washing importance and risk of cross infections. Gloves are an important tool to prevent nosocomial transmissions. A KAP study²⁰ in the tertiary care hospital of Pakistan among health care professionals regarding needle prick injury was done in which 38% doctors were using gloves while dealing with patients. This study correlates with the current study in which, 42.42% graduates and 29.78% postgraduates doctors were using gloves. In a study,²¹ in Pakistan showed that 47.9% doctors do breakfast daily, 9% doctors take the recommended fruits and 8.2% take recommended amount of dairy, 12.2% doctors take fast foods > 5 days per week, 11.4% do recommend physical exercise as compared with current study, were 59% graduates and 36% postgraduates do breakfast daily. As regards junk food intake was concerned, 32% graduates and 19% postgraduates ate junk food daily, 30% graduates and 53% postgraduates took fruits, and 46% graduates and 63% postgraduates took milk/yogurt. 9.7% graduates and 6.2% postgraduates did physical exertion. Results are much different in eating habits, although fruits and dairy intake were good, the consumption of junk foods was much increased. A study among adults and children in the US on fast food consumption reported that 37% of adult took fast food and showed a higher incidence of using carbonated water.²² Similarly in our study 57.57% graduates and 34.04% postgraduates drank carbonated drinks.

A survey to know barriers to healthy eating was conducted by National Health Service's doctors, and it was found that 70.8% of doctors do

breakfast most of the days of the week and 70% doctors reported using their hospital canteen.²³ To know the lifestyle behavior and health practices a study was conducted in Brazil, and it was concluded that 46.9% physicians slept 7 to 8 hours per day and about 50% had slept 3 to 6 hours per day. About 5.6% were current smokers and 46.9% did physical activity during their leisure time²⁴ while in our study there was much less incidence of physical exertion. The United Kingdom's chief medical officer recommended that adults should undertake at least 150 min per week of moderate to severe physical exertion.²⁵

This level of activity results in a marked reduction in the rate of morbidity and mortality.²⁶ But only 39% males and 29% females have achieved this goal in a survey conducted in 2008 in England.²⁷ A research was done in Brazil²⁸ in 2011 which showed that community health worker who practised 150 minutes per week of physical activity in their leisure time was high, i.e. 64.9 %.

In our study this ratio was comparatively small, i.e, only 9.7% of graduates and 6.2% of postgraduates did such level of physical activity for a week, and most of them used to have a sedentary lifestyle. In a previous study²⁹ consistent to current study use of anxiolytics was a principal concern because of their dependence and possible harmful effects. Women were more in numbers than men to use anxiolytics and other psychotropic drugs.

CONCLUSION

Most of the doctors were not fulfilling the healthy lifestyles and health-related behavior. Their preventive healthful habits, diet and exercise practices were not decent. Some of the of the doctors adapted some risky behavior like intake of anxiolytic drugs and started smoking to reduce their stress. Doctors are the health role models of the society. Their lifestyles and health-related behaviours directly affect their patients. It would be effectual and helpful to improve the lifestyle and health-related behavior of the entire population by refining the health of the small proportion of the doctors. This would be possible by the implementation of health promoting programs like seminars, personnel meetings, training sessions and periodic evaluation.

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