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# Evaluation of the quality of life and general health of medical residents

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### ABSTRACT

**Introduction:** This study was conducted to determine the mental health and quality of life (QoL) of residents receiving education in preclinical, internal medical, and surgical medical sciences at Akdeniz University Medical School (AUMS). The participants were compared according to their fields of specialization. Additional factors were also assessed.

**Method:** A total of 120 residents were chosen by drawing lots. The questionnaire used in the study encompassed personal characteristics and fields of specialization, and also included a general health questionnaire and the World Health Organization Quality of Life scale. T-tests, variation and regression analysis were used for statistical testing.

**Results:** Residents in surgical medical sciences had lower scores for QoL and mental health compared with those undergoing education in internal medical sciences and preclinical science ( $p < 0.05$ ). Presence of a disease, engagement in sports, the proportion of freshmen to veterans, and long shifts were determined as factors affecting QoL.

**Conclusion:** Residents working in surgical medical sciences had lower QoL scores in the physical health and social and environmental relationships domains than those working in preclinical and internal medical sciences. An educational environment, high quality of education, and measures to improve working conditions may help increase the QoL of residents.

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## 1. Introduction

Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, standards, and concerns. It is a broad concept that is heavily influenced by an individual's physical health, psychological wellbeing, personal beliefs, social relationships, and relationship with the environment. This definition reflects the point of view that quality of life is a subjective assessment that is deeply embedded in cultural, social, and environmental concepts [1].

Medical specialization training is an educational process in which equilibrium needs to be achieved between the desire to provide care for and treat people and the feeling of incapability [2]. The quality of life of medical professionals is important not only because they lead healthcare teams, but also because it may affect the overall safety of healthcare services and, on a broader scale, the health of the community itself. Compared with other professions,

medical professionals are at a higher risk of work stress [3]. It has been determined that poor quality of life is associated with a decrease in performance at work, as well as early retirement [4]. There are many factors affecting the physical health and quality of life of medical residents. Thus, assessment of the quality of life of these individuals may encourage interventions to improve their personal and professional quality of life. By extension, such an assessment process may also improve the quality of services provided to patients [5].

The present study was conducted to determine the mental health and quality of life of medical residents receiving education in preclinical, internal medical, and surgical medical sciences at the Akdeniz University Medical School (AUMS). To achieve this aim, the participants were compared according to their fields of specialization and several additional factors were also assessed.

## 2. Methods

This study recruited AUMS residents in 2016, studying preclinical, internal medical and surgical medical sciences ( $n = 358$ ); the residents were randomly selected by drawing lots. A total of 120 residents, 40 from each field of specialization were

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included. The questionnaire used in the study encompassed personal characteristics and fields of specialization, and also included a general health questionnaire and the World Health Organization Quality of Life scale (WHOQOL). The General Health Questionnaire (GHQ-12), which was developed by Goldberg, provides a measure of current mental health. In Turkey, the validity and reliability of this questionnaire have been demonstrated among patients of community health centers [6]. The items in the GHQ-12 pertain predominantly to the symptoms of anxiety and depression. The questionnaire items are scored as 0, 0, 1, and 1. Each score refers to a symptom, the highest being 12, and high scores correspond to a greater potential for mental health problems. According to previous studies conducted in Turkey, the cut-off score on the GHQ-12 for diagnosis of a mental disease is between 1 and 2 [6].

The World Health Organization Quality of Life Brief Form, Turkish Version (WHOQOL-BREF-TR) is an instrument developed by the WHO in collaboration with 15 centers worldwide, which allows subjective assessment of quality of life. The WHOQOL-BREF-TR includes two items concerning perceived general quality of life and perceived general physical health status; it consists of 26 questions in total, spread across four domains [7] including physical health, psychological health, and social and environmental relationships. The WHOQOL-BREF-TR measures how an individual perceives and experiences concrete/physical findings originating from a disease, and the way in which the disease is associated with physical activity and social and environmental relationships. The questionnaire encompasses both the severity and frequency of the patient's experiences and any comments regarding them. The physical domain includes questions related to the capability of performing daily activities, degree of dependence on medicines and treatment, vigor and languor, liveliness, pain and ailments, sleep and rest, and the capacity for work. The questions pertaining to the psychological domain address positive and negative feelings, self-esteem, body imagery and bodily appearance, personal beliefs, and attention, while the social relationships domain focuses on relations with other individuals, social support, and sex life. Finally, the environmental domain includes questions concerning the domestic environment, physical security and safety, economic means, access to healthcare services, opportunity for leisure activities, the physical environment, and transport. The domain scores can range between either 4 and 20 (as in this study) or between 0 and 100. An overall score is not calculated. The validity and reliability of the WHOQOL-BREF-TR was assessed previously by Eser et al. [8]. *T*-tests, variation analysis, and regression analysis were used for the statistical testing done in this study.

This study was approved by the Research Ethics Committee of Akdeniz University Faculty of Medicine.

### 3. Results

#### 3.1. Characteristics of the residents

Of the residents who participated in the study, 58% were women, 47.8% were single, and 71% had been working as medical

residents for less than 4 years. Of the participants, 44.4% stated that their income was equal to their expenses, while 43.3% stated that their income was less than their expenses. Moreover, 72.2% of the participants stated that they were nonsmokers, 40% did not consume alcohol, and 13.3% regularly engaged in sporting activities.

A total of 48% of the participants gave a positive response to the question, "Has your specialization field fulfilled your expectations?" and 61.1% stated that they perceived a hierarchy at work (referred to as "uncritical obedience").

Another item included in the questionnaire explored the greatest hardships that residents were currently facing. According to 45.9% and 35.1% of the residents working in the department of preclinical medical sciences, the greatest hardships that they faced concerned money and research, respectively. Moreover, 37.3% and 20.9% of the internal medicine residents, and 30.3% and 34.8% of the surgical residents, indicated that their greatest hardships were night shifts and money, respectively.

#### 3.2. Findings regarding residents' mental health

A total of 57.7% of the residents responded "yes" to the question: "Do you have a disease?". The diseases included both mental and physical complaints, such as burnout, depression, stress, headache, languor, and palpitation.

Regarding the mental health of the residents, 50% had scores equal to or above 2 on the GHQ-12, which is considered the cut-off point in Turkey for diagnosis of a mental disease. In the surgery, internal medicine, and preclinical medicine departments, 66%, 43.3%, 50.0% of the residents, respectively, had scores above the cut-off point of 2. When the residents were grouped according to department, no significant differences in GHQ-12 scores were found among the three groups (Table 1).

#### 3.3. Quality of life of the residents and related factors

The WHOQOL-BREF-TR includes the question: "How would you rate your quality of life?"; 17.8% of the residents answered "very poor" or "poor", 51% answered "neither poor nor good", and 31.1% answered "good" or "very good". When asked the question: "How satisfied are you with your health?", 17.7%, 30%, and 52.2% of the participants responded "very dissatisfied" or "dissatisfied", "neither satisfied nor dissatisfied", and "satisfied" or "very satisfied", respectively.

No significant association was found between the mean scores on the quality of life sub-dimensions and gender ( $p=0.562$ ).

Examination of scores on the quality of life sub-dimensions by department revealed that residents working in internal and preclinical medicine generally had similar scores, while the physical, social, and environmental quality of life of the surgical medicine residents was significantly lower (Table 1).

Personal characteristics possibly affecting quality of life were also examined; the quality of life of residents who stated that they had certain ailments was lower compared with those who did not. Moreover, the physical, social, and environmental quality of life of residents who engaged regularly in sporting activities was higher

**Table 1**  
Comparison of the mean QOL scores of the residents according to their departments.

Dimension	Surgery (1)	Internal M (2)	Preclinical (3)	P	ANOVA
Physical	12.4 ± 3.3	13.8 ± 2.8	14.1 ± 1.8	0,05	1 < (2=3)
Psychological	17.0 ± 3.6	17.0 ± 2.8	16.9 ± 2.4	0.991	–
Social relationship	13.1 ± 3.4	14.5 ± 3.4	14.6 ± 1.9	0.75	–
Environmental	11.9 ± 1.8	13.9 ± 1.8	14.4 ± 1.4	0.03	1 < (2=3)
GHQ	4.9 ± 4.1	3.3 ± 3.9	3.6 ± 3.5	0.218	–

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