



## PHYSICIANS' AND HEALTHCARE SPECIALISTS' BEHAVIOR TOWARDS THEIR OWN HEALTH

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### ABSTRACT

Healthcare professionals are expected to be committed to the profession and patients, competent, high-performing and always healthy. But being a physician and a healthcare specialist is also a great challenge.

The *purpose* of this article is to investigate physicians' and healthcare specialists' behavior towards their own health.

*Methodology* - a direct and anonymous survey was carried out with a specially designed questionnaire. The medical and social significance of physicians' and healthcare specialists' behaviour had been investigated. The study was conducted in June / July 2018 among 109 workers (46 physicians and 63 healthcare professionals).

*Results and Discussion* - 31.2% of respondents said they attended at least once their general practitioner and 27.5% - not at all for the last year. 51.4% reported that they had been sick with differences between healthcare specialists and physicians. We found out that only 21.1% had a sickness absence and there was no statistically significant gender difference. From the analysis of the outcomes, we observed that 15.2% of physicians confirm the sick leave due to illness, and about a quarter of the healthcare specialists answered similarly.

*Conclusion*: From the study of the problem, we founded that healthcare workers ignore their physical, emotional and social condition. It is important to encourage them to take time to rest, to cure their illnesses and, last but not least, to be an example for other employees and patients.

**Key words**: health behaviour, physicians, healthcare specialists, own health

The medical profession is very attractive and highly valued in society. Governments and the public have high expectations that medical practitioners are dedicated to the profession and patients, competent, compassionate and resistant to stress situations. Everyday they meet with sick people, their families and relatives, with suffering and death, with the impossibility to help to everyone, with the lack of sufficient resources in healthcare, and at the same

time they have to take care of their own and their family's health. So workers in that field should have health responsibility towards themselves, colleagues, patients and the health system as a whole.

In recent years, there has been a growing interest about medical staff's health behavior, reflecting the changing healthcare community's attitude towards health among our colleagues. Prerequisites for this are the different circumstances and health risks to the health and well-being of the medics, which are invariably related to their profession. In the literature, the topics discussed in relation to the health status of medical officers are most often confined to the following areas: stress and burnout, nervous and mental illness, and addictions. Far fewer are the original studies concerning the physical condition of the practitioners themselves, their healthy behaviour and their participation in preventive and screening programs.

The **purpose** of this article is to investigate physicians' and healthcare specialists' behavior towards their own health.

**Methodology** - a direct and anonymous survey was carried out with a specially designed questionnaire, which consists of 24 questions. It had structured and unstructured questions: the response for the first was given by selecting the right category, and for the second - by entering the necessary information. The first part of the questionnaire included questions that determined the socio-demographic characteristics of the interviewed physicians and healthcare specialists (gender, age, marital status, occupation, specialty, etc.). The following questions were divided into several areas, which investigated the utility of the healthcare system by the target group and also about the behaviour of physicians and healthcare specialists towards their own health.

Ethics approval for this study was obtained from the Ethics Committee of the Medical University of Sofia (KENIMUS). There is no risk of revealing the identity of the individuals involved in the study, their participation was voluntary and anonymous.

The pilot study was conducted in June / July 2018

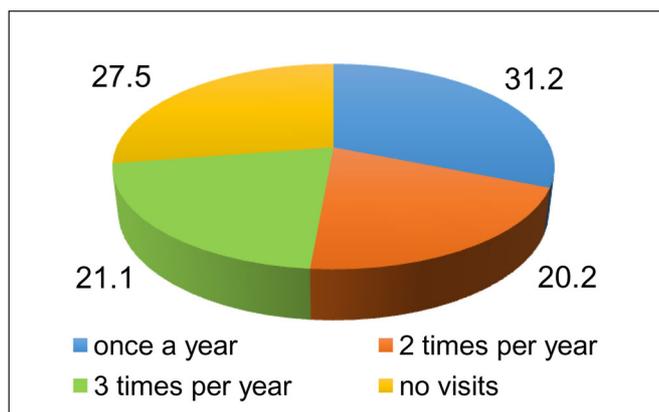
among 109 workers (46 physicians and 63 healthcare specialists). There were investigated 79 women and 30 men, aged from 25 to 69, with work experience from 1 to 45 years. More than a half of them (52.3 %) were married.

The following methods were used to collect the primary information in the study: documentary, sociological and statistical methods (frequency, alternative, variation, correlation, nonparametric and graphic analysis). The statistical processing of primary data was done with Microsoft Office Excel software package and with a statistical package for social sciences (SPSS), the interpretation method was being consistent with the theoretical material adapted to the program package.

### RESULTS:

With respect to the utility of the health system in our survey, 108 respondents said they had a general practitioner (GP). 31.2% confirmed that they had visited it at least once a year, with differences not only by gender, but also by professional field. Figure 1 shows that the percentage of visits (one, two or three times) for the last year was quite high - 72.5%. 27.5% had not visited their GP at all (fig. 1).

**Fig. 1.** How many times per year medical staff visited their GP



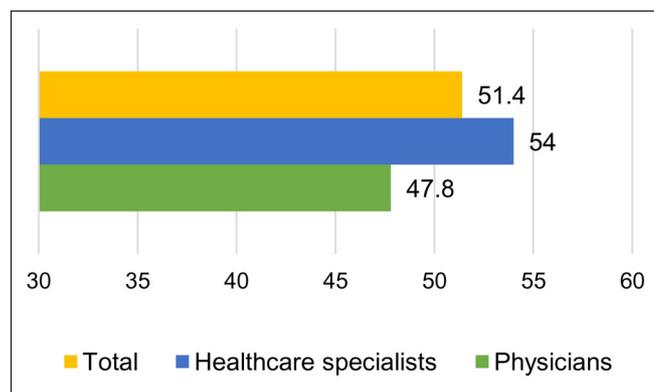
**Table 1.** Sick leave of physicians and healthcare specialists,  $p > 0.05$

	Physicians %, n = 46	Healthcare specialists %, n = 63	Total %, n = 109	P
Sick absence				0.24
Yes	15.2 %	25.4 %	21.1 %	
No	84.8 %	74.6 %	78.9 %	
Number of days				0.308
min	3	3	3	
max	10	10	10	
median	5	6	5	

We found that almost 1/3 of the respondents had a chronic disease (31.2%), with women (36.7%) being more pronounced than men (16.7%). According to the directions in which respondents work a statistically significant difference was observed - only 13% of physicians confirmed to have a chronic disease. As it could be seen from table 2 the highest percentage was for healthcare specialists

Our survey found out that over a half of all respondents (51.4%) were sick in the past year. There was no statistically significant gender difference (53.2% for males, 46.7% for females,  $p > 0.05$ ). Regarding the direction in which they work, it is noticed in fig.2 that healthcare professionals were more likely to suffer (54%) than physicians (47.8%).

**Fig. 2.** Distribution of physicians' and healthcare specialists' answers who were sick for the past year,  $p > 0.05$



Society's expectations are that if someone from the medical staff has a health problem, he or she will seek adequate medical advise and treatment from an appropriate specialist and will take sick leave as he/she recovers. However, from our survey it was found that only 21.1% replied to have a sick absence, with no statistically significant gender difference ( $p > 0.05$ ). The analysis of the results regarding the direction in which they work showed that 15.2% of physicians confirmed the absence from work due to illness, so were approximately one-quarter of the healthcare professionals (25.4%) (see table 1).

(44.4%), which can be explained by the fact that the employees in this field are mostly women. Only 4.6% of the respondents said that they visited a doctor with appropriate specialty in connection with their chronic illness at 6 months. When analyzing the results by gender, 76.7% of men did not attend a specialist at all.

**Table 2.** Chronic diseases and frequency of physician's visits to special medical care,  $p < 0.05$ 

	Physicians %, n = 46	Healthcare specialists %, n = 63	Total %, n = 109	P	Cramer's V
Chronic diseases				0.001	0.335
Yes	13.0 %	44.4 %	31.2 %		
No	87.0 %	55.6 %	68.8 %		
Frequency of physician's visits to special medical care				0.051	
every 6 months	0	7.9 %	4.6 %		
when necessary	23.9 %	36.5 %	31.2 %		
no visits	76.1 %	54.0 %	63.3 %		

**DISCUSSION:**

Each stage of the medical staff's professional development has own importance and different characteristics. For young doctors and healthcare professionals, it is necessary to look for a work-relax balance. It should also be taken into account that they also have to devote training time, which additionally burden them. Often, they report more hours of work without the possibility of adequate recovery of the body, because sometimes the schedule is unpredictable. For health workers with more clinical experience, there are other responsibilities and challenges associated with managing a ward, a clinic or a medical center, taking part in various committees, teaching, administrative activity, professional development, and last but not least responsibility for the family. In the case of private practitioners, there is often professional isolation without access to institutional support.

The first contact of the patient with the healthcare system in our country is the general practitioner (GP). It is the main figure in primary care that provides continuous, high quality and adequate medical care for people's health [1]. In this way approximately 80-90% of the patients' health problems are solved. In the Republic of Bulgaria, each health insured person has the right of a prophylactic examination and some tests regarding the age per year [2]. The information about the type and frequency of it is located in a publicly accessible place in the medical institution.

But besides rights, every health insured person has obligations. Some of them are: to undergo a mandatory prophylactic examination, immunization, tests, etc.; to comply with the physician's prescriptions as well as requirements for disease prevention and not to deliberately harm his/her own health or the health of another person. The legal regulation of health prophylaxis could be seen in Ordinance No.8 from 16/11/03 [3].

Little is known about the behaviour of healthcare workers when their health is affected. The relationship physician-patient (in the role also of a physician) is based on mutually trust. In case of urgency and need of rapid response, collegiality will help to resolve the health situation more easily and quickly. The results of our study showed very good results compared to other scientific in-

vestigations. In our research 99.1% of respondents reported having a GP. In Germany, a GP confirmed to have only 31.7% of the practitioners [4]. In the same study on a prophylactic examination for the past one year had passed about 32.9%, without gender differences, while 8.7% of respondents had never been on it [4]. In Ireland, roughly one-third of respondents said they had not consulted and had not even visited their GP for the last 5 years [5]. Perry had found that attendance of nurses in prophylactics and screening programs was lower than expected [6].

Most of the medical officers have access to excellent medical services, high socio-economic status and education. Therefore, other factors may be sought to account for the low utility of the healthcare system. If conducting screening programs and prophylactic examinations is influenced by the behavior of the healthcare workers themselves, what would the results be compared to the general population?

It has traditionally been perceived that health workers ignore their health at the expense of their professional and personal commitments. It seemed to some extent that public's opinion is imposed that medical officers are never ill and it would be interpreted as a weakness if they often pay attention to their health. They are independent, competent, with excellence achievements and always healthy. There are evidences that doctors often go to work despite the fact that they are sick [6]. Cullati et al. also found that 77.4% of physicians did not use sick leave, so were 65.3% of the nurses [7]. In a study of the medical staff's behavior in Germany, Voltmer et al. had investigated that 43.5% went to work even if they were ill and only 22.9% of them never did that [4]. Similar results were found in other scientific studies [8, 9].

With increasing of age, there is an increase in chronic disease in all. Major chronic non-communicable diseases (CND) are cardiovascular diseases, malignant neoplasms, chronic respiratory diseases and diabetes. They account for 60% of all deaths worldwide, 80% of which are in low and middle-incomed countries. In Bulgaria, for 2016, they cause for over 80% of deaths, with 65.5% of the organs of the bloodstream leading, 16.1% by malignant neoplasms, etc. [10] They are mainly caused by common, modifiable, preventable risk factors such as smoking, unhealthy eat-

ing, low physical activity and alcohol abuse [11]. Perry et al. found in a study that 40% of the nurses had at least one accompanying chronic disease [6]. According to the WHO, between 2010 and 2020, chronic diseases will increase by 10% worldwide [12]. On one hand, there is an increase in the responsibilities, requirements and professional roles of the surveyed groups and on the other - the negative tendencies for decrease of the number of staff and a general increase of the age in healthcare.

Health culture is defined as a wide variety of knowledge, attitudes, concern, beliefs and behavior in connection with the restoration, protection and strengthening of personal and public health. Medical officers have relevant knowledge, attitudes and beliefs, but emphasis should be placed on their concern and behavior. In recent years, many scientific groups have initiated activities and studies to optimize the health of their health professionals (USA, Australia, Great Britain, Germany, China, Ireland, etc.). The UK White Paper has published that additional measures need to be put in place to ensure and support the health of workers in the health sector [13]. It is important physicians and healthcare specialists to be healthy not only for their own sake but also for the population who needs their care and services.

## CONCLUSION

The study of the problem found out that healthcare workers ignored their physical, emotional and social condition. Physicians and healthcare specialists should visit their GP, who will provide regular and independent prophylactic examinations to track the health of practitioners in the healthcare sector. It is important to encourage them to take time to rest, prevent infection, cure their illness or more generally take personal responsibility for their health and, last but not least, be an example to other employees and patients.

The well-being of physicians and healthcare specialists must be a priority for the medical institutions, healthcare politics and healthcare system, because they represent a substantial human resource from that same system.

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