

Well-being and subjectively experienced Stress among Doctors of the oncology Institute

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Abstract:

Health, life satisfaction and subjective well-being are key concepts that directly define the complex of a person's quality of life, and at the same time they support it and are the most significant determinants. These determinants directly express "how people perceive their place in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and interests" (WHO, 1996, p. 5). In addition to health, satisfaction and economic well-being, work also appears in the ranking of human priorities. The author Uhál (2006, p. 29) refers to it as the constant, rational and free activity of a person that is based on a sense of creative necessity and the necessity of maintaining life. He adds that it is connected with joy and effort, "which aims to create individual and social good and values of both material and spiritual nature".

According to the author Árpová (2018), the general effort to preserve and improve human health is such a serious task that issues related to it are not only the subject of interest of important national and international institutions and the topic of several international documents, it is also of interest for individual countries and is a priority of their governments. We are talking about the state health policy, which, according to WHO (1999), directly determines the goals, strategies and priorities of the state in the field of healthcare, its support and development, as well as protection and restoration. Several contemporary experts such as Musil (2004) and Géringová (2011) define helping professions as professions based on providing professional assistance to people in difficult life situations. Thus, these professions are significantly different from other professions.

Research objectives

The primary goal was to determine the overall level of well-being and subjectively experienced stress and their dimensions among doctors. The secondary goal was to examine the differences between doctors depending on certain monitored socio-demographic variables (age category, gender, number of years of practice, job position) in the examined variables (well-being, stress). The tertiary goal was to determine the correlation between well-being and subjectively experienced stress among doctors.

Research questions

Q1: What is the level of well-being of doctors as a whole, and what is it like in its individual dimensions (positive relationships with others, self-acceptance, personal growth, environmental mastery, purpose in life and autonomy)?

Q2: What is the level of subjectively experienced stress among doctors as a whole and what is it in its individual levels (cognitive, emotional, physical, social)?

Q3: Is there a difference in the overall level of subjectively experienced stress and its levels among doctors depending on age category, gender, number of years of experience, and job position?

Q4: What is the correlation between well-being and subjectively experienced stress among doctors?

Q5: What is the correlation between well-being and stress levels among doctors?

Q6: What is the correlation between stress and dimensions of well-being among doctors?

Methods

Research group

The research group consisted of a research sample of 80 doctors (in various positions) of the oncology institute. Specifically, 56 women and 24 men took part in the research. It was a deliberate and probabilistic selection of participants. The research was carried out in November and December 2019 at a specialized oncology institute in Bratislava.

Research methods

We used a Psychological Well-Being Scale to measure well-being (Ryff, Singer, 1998). A questionnaire to identify the stress level and burnout syndrome (Henning, Keller, 1996) was used to measure stress.

Research plan

The design of the research is quantitative. It is also exploratory due to only research questions being asked, and it is correlational with comparative sub-questions.

Methods of data analysis

A complete data analysis was carried out using the statistical program SPSS (version 21). Descriptive statistics were used to provide a more detailed description of the individual monitored dimensions and levels. A normality test was used, and the next procedure was chosen based on its result. Parametric tests, Student's t-tests, ANOVA and non-parametric tests, Mann-Whitney tests and Kruskal-Wallis tests

were also used. When a statistically significant difference was found, the material significance and the corresponding graphs were indicated. The correlation method used was Spearman's correlation coefficient.

Results

The results of the research showed that doctors have a high overall level of well-being, and the same is true in the dimensions of positive relations with others, self-acceptance and personal growth. The dimensions of environmental mastery, purpose in life and autonomy were at the average level (see Table 1).

Research findings have alerted us to the low overall level of stress in healthcare workers. All

levels of stress (cognitive, emotional, physical and social) also fell into the optimum range (see Table 2).

The results of the research showed us statistically significant differences in the examined variable stress. Therefore stress, as well as its individual levels (cognitive, emotional, physical and social) depend on the socio-demographic data (age category, gender, number of years of practice, job position) of workers. The statistical analysis of the research results confirmed medium strong negative correlation between the monitored variables (well-being, stress) and their dimensions and levels.

Table 1 Descriptive table of psychological well-being and its dimensions

	Positive relations with others	Self-acceptance	Autonomy	Personal growth	Environmental mastery	Purpose in life	Scale of psychological well-being - total score
Average	17,10	17,15	14,2875	18,1875	15,3625	14,50	96,5875
Standard deviation	3,41849	3,19850	3,54427	2,73789	3,28881	3,30707	10,06396
Minimum	8,00	3,00	5,00	6,00	6,00	5,00	72,00
Maximum	21,00	21,00	21,00	21,00	21,00	21,00	117,00
Median	18,00	18,00	15,00	19,00	15,00	15,00	98,00
Skewness	-0,784	-1,568	-0,425	-1,344	-0,514	-0,614	-0,398
Steepness	-0,115	3,732	0,443	3,465	0,351	0,445	0,024

Table 2 Descriptive table of subjectively experienced stress and its four levels

	Cognitive level of stress	Emotional level of stress	Physical level of stress	Social level of stress	Overall level of susceptibility to stress
Average	6,25	6,50	5,5625	4,8375	23,15
Standard deviation	3,55962	4,62793	4,37149	4,03605	14,64612
Minimum	0,00	0,00	0,00	0,00	0,00
Maximum	16,00	17,00	18,00	20,00	62,00
Median	6,00	7,00	5,50	4,00	23,00
Skewness	0,176	0,261	0,718	1,142	0,456
Steepness	-0,002	-0,716	0,113	1,707	-0,144

Discussion

The starting point of the publication are the basic concepts related to the analyzed research issue as well as the connections resulting from them. With the help of selected classifications of important international organizations and current domestic and foreign experts, we have defined a set of the most frequent factors affecting the field of mental health in the context of the quality of life of doctors. We have come to the conclusion that the field of mental health is an inseparable and necessary part of the complex of a person's quality of life, as it has an impact on psychological health and forms the basis for abilities such as thinking, feeling, establishing relationships and enjoying life and work.

Limits of the research

The first limit is the use of non-standardized questionnaires. However, they have their own methodology. We consider the unequal gender representation in favor of women to be another limit, but it is a mirror of the current state of representation of both sexes in the health sector. The last limitation is the translation of the Psychological Well-Being Scale into the Slovak language, which may not quite be adequate and accurate for our culture. To ensure a higher level of reliability and the validity of the scale, we recommend updating its translation.

Recommendations for future practice

We consider the standardization of the questionnaire for the identification of stress level and burnout syndrome method by the authors Henning and Keller (1996) to be justified. Even though it is frequently used in Slovakia, it is not standardized. In the area of prevention, we suggest including, for example, a study subject focused on acquiring the ability to manage stress and one's workload in medical faculties. The result would be the elimination of the burnout syndrome, which undoubtedly is not only reflected by the doctor himself or herself, but is also ultimately passed onto their patients. In the context of science, we propose carrying out research once a year, as research focused this way based on feedback could not only bring a great benefit for managers, but also for the entire medical facility. We also see a challenge in the implementation of comparative research that

would compare individual healthcare facilities or other helping professions. The work based on these recommendations may have benefits for the entire healthcare community.

References

1. ARPOVA L (2018) *Wellbeing and socio-emotional health of teaching and professional staff in an inclusive primary school* (Bachelor thesis). Bratislava: Pan-European College.
2. ARPOVA L (2020). *Health workers in the context of wellbeing and subjectively experienced stress* (Master's thesis). Bratislava: Pan-European College.
3. GERINGOVA J (2011) *Helping professions: creative treatment of the downside*. Prague: Triton.
4. HENNING C, KELLER G (1996) *Anti-stress program for teachers: Manifestations, causes and ways to overcome occupational stress*. Prague: Portal.
5. MUSIL L (2004) "I'd like to help you, but": *dilemmas of working with clients in organizations*. Brno: Marek Zeman.
6. RYFF C D, SINGER B (1998) The contours of positive human health. *Psychological Inquiry*, 9, 1-28.
7. UHAL M (2006) *The social doctrine of the church in basic principles* (p.29). Ružomberok: Catholic University.
8. WHO (1996) *WHOQOL-BREF Introduction, Administration, Scoring and Generic Version of the 37 Assessment* (p. 5). Geneva: World Health Organization. Available at: <https://www.who.int/mental_health/media/en/76.pdf>.
9. WHO (1999) *Health 21 - health for all in the 21st century*. Copenhagen. Available at Internet: <http://www.szu.sk/userfiles/file/FVZ/Katedra%20riadenia/Zdravotna%20politika/zdra_vie_21.pdf>