

Quality of life of female physicians aged 45-55 years

Jakość życia polskich lekarek w wieku 45–55 lat

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Summary

Introduction: Health is a value that has the strongest impact on the living situation of the Poles. It is often equated with good quality of life.

Aim of the study: To assess the subjective sense of health of Polish female physicians in the perimenopausal age range and to examine the impact of selected sociodemographic and lifestyle-related variables on the subjective sense of health.

Materials and methods: The study involved 221 working female physicians certified in a specialty. Median age was 50.57 ±2.97 years. The Subjective Health Profile (SHP) instrument and a self-developed questionnaire were used.

Results: Most of respondents reported health-enhancing behaviours, as well as good physical, mental and social functioning. The study demonstrated a statistically significant relationship between the global subjective sense of health and: having children, frequency of physical activity, satisfaction with physical appearance, regularity of eating meals, mood and suicidal thoughts.

Conclusions: Polish female physicians in the age range of 45-55 years have a subjective sense of good health status which is favoured by health-enhancing behaviours and mental well-being.

Key words: quality of life, subjective health, physicians, menopausal women.

Streszczenie

Wstęp: Zdrowie jest wartością, która ma najsilniejszy wpływ na sytuację życiową Polek. Często jest równoznaczne z dobrą jakością życia.

Cel pracy: Subiektywna ocena stanu zdrowia polskich lekarek w okołomenopauzalnym okresie życia i badanie wpływu wybranych zmiennych socjodemograficznych oraz związanych z trybem życia na subiektywną ocenę stanu zdrowia.

Materiał i metody: Badaniem objęto 221 pracujących lekarek z uwzględnieniem specjalizacji. Średnia wieku wynosiła 50,57 ±2,97 roku. Zastosowano Subjective Health Profile (SHP).

Wyniki: Większość respondentek podała zachowania prozdrowotne, a także prawidłowe funkcjonowanie fizyczne, mentalne i socjalne. Badanie wykazało statystycznie istotną zależność pomiędzy subiektywną oceną stanu zdrowia a: posiadaniem dzieci, częstością aktywności fizycznej, satysfakcją z wyglądu zewnętrznego, regularnością spożywania posiłków, nastrojem i myślami samobójczymi.

Wnioski: Polskie lekarki w przedziale wieku 45–55 lat mają dobrą subiektywną ocenę stanu zdrowia, na którą korzystny wpływ mają zachowania prozdrowotne oraz stan mentalny.

Słowa kluczowe: jakość życia, subiektywna ocena stanu zdrowia, lekarze, kobiety w wieku menopauzalnym.

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Introduction

According to the World Health Organization (WHO), quality of life (QoL) is 'an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns' [1]. This definition suggests a subjective and multidimensional nature of the assessment. From the annual Social Diagnosis, it appears that health is a value which has the strongest impact on the living situation of the Poles, and is indicated by 64.1% of respondents [2]. Health represents the ability to use biological, psychological and social potential to cope with requirements and achieve predetermined objectives [3]. Health is often equated with good quality of life, especially with respect to individual developmental changes (e.g. puberty, pregnancy, menopause) or occupational role (e.g. physician). Though the concept of Health-Related Quality of Life (HRQoL) is well known in medical sciences, the research studies in this field investigate the influence of a disease on a patient's life. There are relatively few reports on self-perception of the health status and health-related quality of life among the physicians.

Aim of the study

The aim of this study was to assess the subjective sense of health of Polish female physicians in the perimenopausal age range and to examine the impact of selected sociodemographic and lifestyle-related variables on the subjective sense of health.

Material and methods

The study involved 221 working female physicians at the age of 50.57 ± 2.97 years. All of them were certified in a specialty, mainly one (75.11%), and in most cases – surgical (69.68%). These subjects participated in some in-service training courses 4.03 ± 2.31 times a year on average. The largest group lived in big cities (47.06%), were in formal civil partnerships (78.73%), had one or two children (73.76%). Two questionnaires were used in this study. The self-developed questionnaire consisted of 30 closed questions about demographics and related

to quality of life. The Subjective Health Profile (SHP) by H. Sęk and T. Pasikowski included 24 closed questions about the subjective assessment of well-being and daily functioning. The survey has produced results with regard to the following domains: global health profile, resources, biological profile, psychological profile and social profile.

This survey was voluntary and anonymous. It was conducted across Poland during in-service training courses for physicians. It was approved by the Ethics Committee of the Medical University of Silesia in Katowice. The following tests were used in statistical analysis: Shapiro-Wilk test, Mann-Whitney U test, Spearman's Rank-order Correlation test. A statistical significance level was set at $\alpha = 0.05$.

Results

The review of answers to questions asked in the survey demonstrated that most of respondents declared: they were physically active daily or several times per week (57.01%), they regularly ate meals (56.56%), drank alcohol not more than once a week (81.45%) and did not smoke (91.40%). The mean body mass index (BMI) was 24.71 ± 2.31 for the study group, and 11.76% of respondents reported that they currently followed the weight reducing diet. Most of the respondents declared that they were in a positive mood (86.43%) and satisfied with their physical appearance (62.90%); however, 8 (3.62%) subjects reported suicidal thoughts.

The results of the questionnaire on the subjective sense of health status are provided in Table I below.

Both on the global and detailed scales, the average scores for the study group are above the arithmetic mean, the value that can be obtained in a given domain.

No statistically significant relationship was demonstrated between total SHP score and: the age, BMI value and frequency of participation in training courses. However, a statistically significant relationship was demonstrated between total SHP score and: having children, frequency of physical activity, satisfaction with physical appearance, regularity of eating meals, mood and suicidal thoughts (Tab. II).

Tab. I. Results of the Subjective Health Profile (SHP) questionnaire (N = 221)

Variable		Mean	Median	Minimum	Maximum	SD	Range
Subjective Health Profile (SHP)	global	74.24	75.00	47.00	94.00	10.34	24-96
	resources	16.36	17.00	5.00	20.00	2.82	5-20
	biological	19.65	20.00	10.00	27.00	3.23	7-28
	psychological	26.40	27.00	13.00	32.00	4.33	8-32
	social	11.83	12.00	7.00	16.00	1.52	4-16

Tab. II. Relationship between the total Subjective Health Profile (SHP) score and the results of a self-developed questionnaire

Variable		Mean	Median	Minimum	Maximum	SD	Mann-Whitney U test
Children	has	74.94	76.00	47.00	94.00	10.14	0.002
	does not have	67.20	67.00	49.00	87.00	9.88	
Physical activity	more than once a week	76.02	77.00	47.00	94.00	9.88	0.002
	less than once a week	71.88	72.00	49.00	90.00	10.51	
Satisfied with physical appearance	yes	76.57	77.00	52.00	94.00	9.45	0.000
	no	70.31	71.00	47.00	88.00	10.70	
Regularity of eating meals	regular	75.86	77.00	47.00	94.00	9.94	0.011
	not regular	72.16	73.00	47.00	90.00	10.57	
Mood	positive	76.53	77.00	55.00	94.00	8.83	0.000
	negative	59.67	60.00	47.00	73.00	6.78	
Suicidal thoughts	yes	63.37	62.00	54.00	73.00	6.52	0.003
	no	74.65	75.00	47.00	94.00	10.24	

Discussion

For most women, the perimenopausal age range is 45-55 years. Severe symptoms of menopause and the associated stress increase the risk of depressive mood, which is common in this age group. Revision of current beliefs on menopause may serve as a protective factor [4]. Therefore, this is the moment when quality of physical and mental health becomes particularly important, to the quality of life in general. The results of our own study show the distinct predominance of health-enhancing behaviours and mental well-being in the study group. These findings are inconsistent with reports by other authors who indicate a high incidence of health-reducing behaviours, such as deficiency of sleep, rest and physical activity, alcohol abuse, wrong diet, lack of health prophylaxis, among the physicians [5]. As for the subjective sense of health status, the results obtained in respondents were better than those reported, for example, in patients with acute coronary syndromes before percutaneous coronary intervention (PCI). However, the results of the study group were comparable to those of patients after the PCI procedure, with a slight predominance observed for the total score [6]. Furthermore, the study suggests that female physicians who declared a better subjective sense of health status had also children, adopted health-enhancing behaviours and displayed mental well-being. These findings are in agreement with the thesis framed by Schipper who was the author of the concept of 'health-related quality of life' and equated it with well-being

in terms of physical status, motor performance, somatic experiences, cognitive and emotional functioning, social and economic status [7].

Conclusions

Polish female physicians at the age of 45-55 years have a subjective sense of good health status which is an important determinant of quality of life. The more health-enhancing behaviours they adopt and mental well-being display, the better their subjective sense of health status.

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