

ORIGINAL ARTICLE

Preventive Health Practices among Doctors in Delhi

Tanu Anand^{1*}, Shekhar Grover², Rajesh Kumar³, Naveen Prabhu⁴, GK Ingle⁵**Abstract**

Introduction: With times, increasing attention is being given to doctor's own health as it is known to influence their patient care. Little is known about preventive health practices among them.

Objective: To assess preventive health practices among doctors in Delhi

Material and Methods: It was a cross-sectional study undertaken amongst the doctors working in selected hospitals, dispensaries and private clinics in Delhi. A self-administered questionnaire containing items for assessment of preventive health and self-care practices was used to collect the data.

Results: Out of the total 160 participants, there were 118 males (73.8%) and 42 (26.2%) females. The mean age of the participants was 29.9 ± 7.4 years. There were 55 doctors (34.4%) who were suffering from chronic diseases like vision problems, dental problems, hypertension and diabetes. Nearly half of the doctors ($n=74$; 46.2%) did not have any for health insurance. Majority of the doctors ($n=65$; 40.6%) were obese. The knowledge regarding preventive health guidelines regarding all of the tests asked for, was low among the study participants. As far as preventive health practices were concerned, only 8.8% (14) had checked their blood pressure according to recommended guidelines while none of them had their lipid profile done. While there were 9 female doctors (21.4%) who had done their self breast examination in last six months, there was only 1 participant who had undergone pap test. With respect to self-care practices when the physicians last fell ill, majority had self-managed themselves ($n=108$; 67.5%)

Conclusions: Preventive health care practices among the doctors are low. There is an urgent need for them to follow good health care practices which they in turn can advocate to their patients.

Introduction

Medicine is a demanding profession, making doctors prone to sedentary lifestyles, mounting stress levels and risk of exposure to some deadly infections at their workplace. Further, many a times they have to neglect their own health in favour of their numerous professional obligations.¹ Even though mortality data show that compared with the general population doctors have a significantly lower mortality ratio^{2,3}, illnesses experienced by doctors include all the expected categories for the population at large: cardiovascular disease (4%–15%), respiratory illness (10%–21%), musculoskeletal problems (9%–38%), cancer (2%–3%) and psychiatric illness (3%–10%).^{3,4,5,6} Thus, evidently doctors have similar rates of

acute and chronic illnesses and have the same preventive health needs as the general community.³

Increasing attention is being paid to physician health as it has been recognized that health of the physicians impacts the health behaviors of the patients they treat.⁷ In addition, doctors have to maintain their health not only for their personal well being but also for continued and optimal performance when treating their patients.⁸ However, doctors tend to adopt self-reliant view when it comes to taking care of their own health.⁹ This may lead to poorer health outcomes as patients in the health system due to under- and over-

treatment and a failure to utilise their own referral networks when in crisis.⁸

Medical literature on health maintenance behavior of doctors from different settings have revealed few data on doctors undertaking preventive health activities for themselves, even for those procedures or tests with evidence of efficacy.³ Further, they face the challenge of incorporating healthy preventive habits which could prevent the progression of chronic diseases, in their busy work schedule.²

Not much is known about the knowledge and preventive health practices among doctors from Asia including India despite the fact that many patients look up to them for medical advice.⁹ Therefore, the present study was undertaken with objective to assess preventive health practices among doctors in Delhi.

Material and Methods**Study settings and participants**

It was a cross-sectional study conducted in Delhi, the capital of India covering government health facilities (providing services to general population) and private practitioners. The health care services in Delhi are provided by a number of agencies like Municipal Corporation of Delhi, New Delhi Municipal Corporation, and Delhi Government Health Services which cater to the general population, and some like the Railways, Directorate General of health Services, Central Government Health Services, and Employees State Insurance cater only to specific population groups.¹⁰ There are 34 allopathic hospitals (having 50 or more beds) and 251 dispensaries in Delhi which are under the government of Delhi.^{11,12}

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Sampling and Sample size

Stratified random sampling was used to draw sample of hospitals and dispensaries. For the current study, Delhi was divided as per 11 revenue districts and from each district one hospital and two dispensaries under government of Delhi were randomly selected using random number table. The list of hospitals and dispensaries were prepared separately district wise and each health facility was given a distinct number. In case there was only hospital in the district, that hospital was chosen as it is. Therefore, a total of 11 hospitals and 22 dispensaries were selected

Taking 50% as the expected prevalence rate of preventive practices followed by doctors in a previous study³ at a 95% confidence level the required sample size was calculated as 100 to yield prevalence estimate with 10% precision. Design effect was taken as 1.5. Therefore, a sample size of 150 was estimated. However, 160 doctors were interviewed.

Inclusion and Exclusion Criteria

All the doctors posted in the medical, surgical and gynaecological Out Patient Department (OPD) of the selected hospital at the time of survey were considered eligible for inclusion in the study. In case if more than 3 doctors were present in any of the 3 OPDs, the first three consecutive consenting doctors from each OPD were interviewed. All the doctors posted in the selected dispensaries and one private practitioner (PP) (only general physicians) each from the nearby area of the selected dispensaries were included in the study. Interns and undergraduate students were excluded from the study. Doctors who did not give consent to participate in the study were also excluded from the study.

Study Period

Data was conducted during the period from Jan 2015 to Dec 2015.

Study tool

A pre-tested, semi-structured, self-administered questionnaire was used for data collection. The questionnaire was divided in to three sections: Section I containing items regarding identification such as age, gender; educational qualifications; work experience; status of health insurance; personal and family history of any

chronic diseases. Section II consisted of knowledge of physician items regarding recommended frequency of various anthropometric, clinical and biochemical tests. Section III contained items regarding assessment of preventive health and self-care practices among the doctors like the frequency of undergoing clinical, biochemical and anthropometric tests, immunization status, etc. The reasons for not undergoing tests according to recommended frequency were also explored. The study tool was developed after thorough review of preventive health guidelines for adults formulated by US Preventive Task Force 2012 and other collaborative associations.^{13,14}

A measuring tape (non-stretchable) was used for measuring the height to nearest centimeter. A portable weighing scale with a capacity of 150 kg and which measures weight to nearest 500 g was employed for measuring the weight of the study participants.

Analysis of Items

The knowledge items were categorized as 'correct' if the participant indicated recommendations of various tests in adults as follows:

Blood Pressure

Routine blood pressure measurement for every two years in patients with systolic blood pressure < 120 mmHg and diastolic blood pressure < 80 mmHg and every year for systolic blood pressure 120-139 and diastolic blood pressure 80-89 mm Hg.

Weight or Body Mass Index

Every year.

Breast Self Examination

At least every month beginning from 19 to 65+.

Lipid Profile

A fasting lipoprotein profile (total cholesterol, LDL-C, HDL-C, and TG) in all adults over the age of 20 once every 5 years.

Blood Sugar

Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg or age more than 45 years at 3 year intervals should be done.

Pap test

Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years.

Vision tests

Adult should undergo an eye examination every 2-3 years.¹⁵

Stool for Occult blood

At the age of 50 years, the test is to be done every year.

Hemoglobin estimation:

Routine screening of asymptomatic pregnant women.

Dental Screening

Routine screening for dental and periodontal diseases every 6 months.¹⁶

Study Methods

After seeking permission from the competent authorities, the selected hospitals, dispensaries and private clinics were visited by the investigators. All the selected doctors were contacted personally and after taking their informed consent, performas were administered and data was collected there and then only. The performa could be filled in 5 minutes.

The anthropometric measurements were taken by the investigator at the time of collecting the completely filled questionnaire from the participant, as per "Step 2 – Physical Measures" described in WHO STEP wise approach to NCD surveillance.¹⁷

Statistical analysis

Data collected was entered in MS office excel and analyzed using Epi-info 2005 software of world health organization and SPSS version 16.0 (SPSS Inc., 233 South Wacker Drive, 11th Floor, Chicago, IL 60606-6412). The results were presented in proportions and any difference between two proportions in relation to particular factor was assessed by Chi-square (or Fischer exact test if expected frequency in any of the cell was < 5) and was considered significant if probability of error was < 5%.

Ethical Considerations

Informed written consent was taken from all the participants and privacy and confidentiality of information so provided by them was assured. The study was approved by the Departmental Ethics Committee of the research institution.

Results

Out of the total 165 doctors sampled for the study, 5 private practitioners refused to participate in the study.

Table 1: Knowledge regarding preventive health guidelines among the study participants (n=160) according to gender

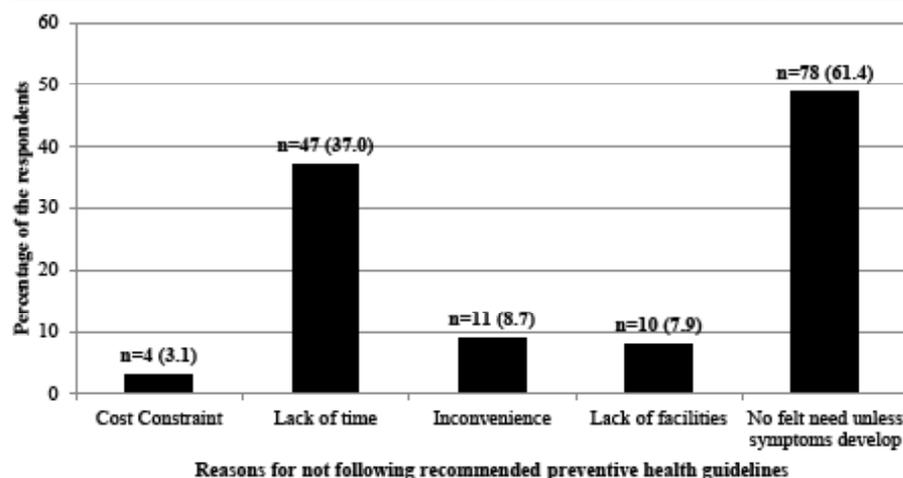
Tests	Males N=118 (%)	Females N=42 (%)	Total N=160 (%)	Chi square, p value
Weight/Body mass index ^a	16 (13.6)	1 (2.4)	17 (10.6)	-, 0.04*
Blood pressure	8 (6.8)	7 (16.7)	15 (9.4)	2.49, 0.11
Lipid profile ^a	0 (0)	1 (2.4)	1 (0.6)	-, 0.26
Blood sugar	31 (26.3)	12 (28.6)	43 (26.9)	0.007, 0.93
Pap test ^a	3 (2.5)	3 (7.1)	6 (3.8)	-, 0.19
Breast self examination	11 (9.3)	10 (23.8)	21 (13.1)	4.50, 0.03*
Haemoglobin estimation	44 (37.3)	8 (19.1)	52 (32.5)	3.90, 0.04*
Vision tests	0 (0)	0 (0)	0 (0)	-
Dental tests	29 (24.6)	9 (21.4)	38 (23.8)	0.04, 0.84
Stool for occult blood ^a	0 (0)	1 (2.4)	1 (0.6)	-, 0.26

^ap value <0.05; ^bFischer exact test applied

Table 2: Preventive health practices among the study participants (n=160)

Practices	Males N=118 (%)	Females N=42 (%)	Total N=160 (%)	Chi square, p value
Frequency of undergoing following tests according to recommendations				
- Weight/BMI ^a	10 (8.5)	2 (4.8)	12 (7.5)	-, 0.73
- Blood Pressure	10 (8.5)	4 (9.5)	14 (8.8)	-, 0.76
- Lipid Profile	0 (0)	0 (0)	0 (0)	-
- Blood Sugar (n=56) [#]	44 (100)	12 (100)	56 (100) [#]	-
- Pap test (n=15) ^{\$}	-	1 (6.7)	-	-
- Breast Self Exam	-	9 (21.4)	-	-
Self-care practices when last fell ill				
- Did nothing	5 (4.3)	0 (0)	5 (3.2)	-
- Self managed	79 (66.9)	29 (69.0)	108 (67.5)	-
- Consulted another physician on phone	6 (5.1)	5 (11.9)	11 (6.8)	-
- Consulted another physician in person	28 (23.7)	8 (19.0)	36 (22.5)	-
Completely immunized for:				
- Hepatitis B ^a	111 (94.9)	39 (92.1)	150 (93.8)	-, 0.72
- Tetanus ^a	112 (94.9)	41 (97.6)	153 (95.6)	-, 0.68
- Typhoid	43 (36.4)	18 (42.9)	61 (38.1)	0.54, 0.46

*p value <0.05; ^aFischer Exact Test applied; [#]Participants with Family History of Diabetes; ^{\$}Number of women who were married

**Fig. 1: Reasons for not following recommended preventive health guidelines by the study participants (n=127)**

Therefore, a total of 160 doctors participated with 73.8% (n=118) being male and 26.2% (n=42) female doctors. Of these, 99 (61.9%) were working in hospitals, 44 (27.5%) were working in dispensaries and 17 (10.6%) were

private practitioners. The mean age of the study group was 29.9±7.4 years (Range=23-61 years). Majority of doctors were less than 40 years old (n=142; 88.8%). Nearly one-third of the

doctors (n=58; 36.3%) had post graduate qualifications.

Health profile of the study participants

Out of the total, 105 (65.6%) did not have personal medical history of chronic diseases. There were only 2 doctors (1.2%) who were classified as underweight according to BMI whereas 28.8% (n=46) and 29.7% (n=49) were normal and overweight respectively. Majority of the doctors (n=65; 40.6%) were obese. While 33 doctors out of 55 (60%) were suffering from refractive errors, 14 (25.4%) reported to have dental problems. There were 8 doctors (14.5%) who were hypertensive and 4 (7.3%) were diabetic. Only 53.8% (n=86) participants had health insurance.

Knowledge regarding preventive health guidelines

There were 111 doctors (69.4%) who reported to have received training in preventive health examination with majority having received it during their graduation (n=100/111; 90.1%). The knowledge regarding preventive health guidelines regarding all of the tests asked for, was low among the study participants. The knowledge was lowest for the recommended periodicity of vision tests (0%), stool for occult blood (0.6%) and lipid profile (0.6%). Significantly higher proportion of male doctors had knowledge about recommended guidelines for periodicity in relation to weight measurement (n=16; 13.4%) and haemoglobin estimation (n=44; 37.3%) (p=0.04) in adults, whereas higher proportion of female doctors (n=10; 23.8) were aware about recommended frequency of doing self breast examination (SBE) among females (p=0.03) (Table 1).

Preventive health and self-care practices among the physicians

Only 7.5% (n=12) were measuring their weight according to the recommended guidelines while there were only 14 physicians (8.8%) who had got their blood pressure measured on 2 yearly basis (recommended guideline). None of the study participant had undergone lipid profile according to recommendations. There were 56 doctors who had risk factors for diabetes and consequently all had undergone sugar testing for themselves on 3 yearly basis. While only 1 (6.7%) out of 15 married women doctors had undergone pap test, there were only 9

female doctors (21.4%) who were doing SBE on monthly basis (Table 2).

With respect to self-care practices when the physicians last fell ill, majority had self-managed themselves (n=108; 67.5%) while 22.5% (n=36) had consulted another physician in person. More than 90% of the doctors were immunized against tetanus and hepatitis B. However, only two fifths (n=61; 38.1%) had received typhoid vaccination (Table 2).

Reasons for not following recommended guidelines

There were 127 doctors (79.4%) who perceived that they were not following the preventive health guidelines. The most common reason reported by 61.4% physicians for this was 'no felt need unless the symptoms develop'. There were 47 doctors (37%) who cited lack of time as the reason for not following the preventive health practices (Figure 1).

Discussion

Disease pattern among doctors include all the expected categories as for the general population at large and hence have same preventive health needs as general community.^{18,19} However, doctors appear to be reluctant patients who look after their health in a haphazard way.⁹ Due to paucity of data in the country regarding health maintenance practices among the doctors, the present study was undertaken. This group of population was also chosen because they have access to excellent healthcare as well as higher than average educational and socio-economic status. Thus, the health related preventive practices are less likely to be confounded by such factors.²⁰

Nearly one third of the participants (34.4%) were suffering from chronic diseases in the current study. In another study done by Davidson et al.²¹ in 2003, among 358 Australian doctors, 44% reported to have been suffering from chronic problems. The lower percentage of chronic diseases among the doctors in our study was probably due to the fact that majority of the doctors were less than 40 years (88.8%). The most common chronic morbidity reported by the physicians was vision problem. Observations made by several workers in different part of the world indicate that the prevalence of vision problems is higher among those engaged in

professional courses like medicine due to intensive near work associated with it.²²

A large proportion of doctors in our study were found to be overweight and obese. The findings are slightly higher than those reported by Sharma et al²³ in 2013 among 100 health professionals in Delhi and a study done among 2499 young physicians in South India.¹⁸ The results point towards increasing trends of obesity among doctors in India. However, this needs to be explored further with a much large scale research on this population. The sedentary lifestyles and extremely stressful work schedules bring the physicians at risk of various lifestyle disorders and therefore, there is an urgent need for them to follow good health care practices which, they in turn, can advocate to their patients.

Recognition of the escalating costs and burden of chronic disease has led to an increasing research to identify effective approaches to prevention.²⁴ Management of behavioural risk factors in general practice according to standardized preventive guidelines has proven to be a worthwhile strategy. However, it requires knowledge and skills on the part of the practitioners to deliver the services. The current study highlighted low knowledge about preventive health guidelines among the physicians despite the fact that majority had reported to have received training regarding the same. The results are in line with those documented by Meyers et al. in 1997 in Kansas.²⁵ This calls for broad training and professional development strategies that may be needed to be developed.

As per the Knowledge, Attitude, Behaviour (KAB) model, behaviour and practices of the people are dependent on their knowledge and attitudes.²⁶ Consequently, the preventive health practices amongst the doctors were far from recommended guidelines. While only 8.8% had got their blood pressure checked in last two years, none of them had their lipid profile done according to recommendations. This is in stark contrast to one study which showed that 93% of GPs had checked their blood pressure and 64% had checked their cholesterol level in the previous 3 years in Australia.³ Preventive cancer screening practices were also quite low among the women doctors in the current study. This implies an urgent need to motivate

the physicians to undergo preventive health care practices considering their susceptibility to whole range of diseases that affect the general population as well.

The most common reason for not following the recommended preventive health guidelines by the doctors themselves was 'no felt need unless the symptoms develop'. Physicians commonly rely on denial and avoidance when faced with personal medical problems.¹ The prevalent idea in the medical profession is that physicians are never ill, and, if they do fall ill, they should silently work through their illness and put patient care above all else.²⁷

Self treatment and self prescribing among doctors is common and a pattern that is established very early in their careers.²⁸ Two thirds of the study respondents in our study reported to have self-treated themselves when they felt last ill. The findings corroborate with those done among Chinese doctors in 2008⁹ and among general practitioners and consultants in UK in 1999.² Busy schedules make it difficult for the physicians to arrange time for self-care and schedule appointments for themselves.²⁹ Further, it is a common sociological sequence across all cultures: when people need help for their medical condition, they first try to take care of it by themselves, then ask the advice of their friends, and then try home remedies and finally will seek help and make an appointment for professional evaluation and care.²⁹

Immunization coverage with respect to hepatitis B and tetanus toxoid was quite high. These results are far higher than survey data available from different countries where in the coverage of two vaccines have been variable (49-87%).³

Strengths and limitations

One of the greatest strengths of the study is the fact that it is the first study of its kind in the country that extensively studied the preventive health practices among the doctors. Further, effort has been made in selecting representative and sufficient sample in the study design. But, the doctors have been selected from government health organization only. Therefore, the findings may not be generalizable to other work settings in and outside Delhi. The

recommended preventive health guidelines' knowledge and practices among the doctors have been assessed using objective criteria. However, other factors under preventive health like nutrition, physical activity etc. have not been studied at all.

To conclude, despite limitations, the study highlighted the crucial gaps in the knowledge of the physicians regarding preventive health guidelines. This is critical, since it is known that physicians are ideally placed to offer preventive health counselling to their patients that in turn can prevent chronic diseases among them.²⁴ Therefore, lack of knowledge regarding the same could be hampering the management of behavioural risk factors among their patients. Further, poor knowledge translates into practices not conducive to health promotion among doctors themselves as was evidently seen in the current study. Thus, there is a need to strengthen the training and broad professional development strategies of the physicians. They also need to be motivated to follow good health care practices which they advocate to their clients.

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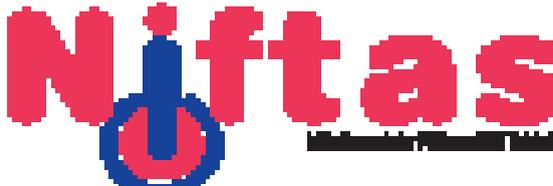
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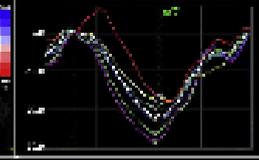
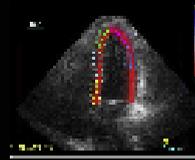
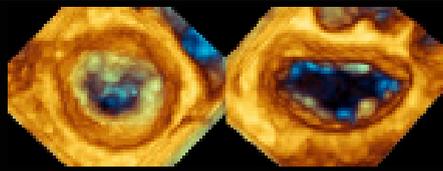
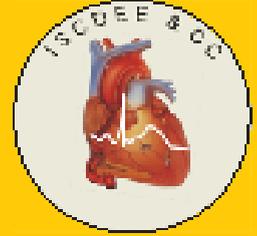
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Till 30.06.18	01.07.18 - 13.07.18	01.08.18 - 31.08.18	Spot
Rs. 4,000/-	Rs. 5,000/-	Rs. 6,000/-	Rs. 8,000/-

Registration fees is non-refundable.

Note: Draft should be drawn in favour of ISCDEE & CC & made payable at Bhopal.

CONFERENCE SECRETARIAT

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