



QUALITY OF LIFE OF DOCTORS – FIELD STUDY UNDER SOME VARIABLES

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Abstract:

This research aims to identify the quality of life of a sample of physicians by presenting the results of a field study conducted in the state of Setif on a sample of doctors working in public health in some state hospitals. Therefore, we will try in this intervention to answer the following questions: a. What is the quality of life of physicians? B. Do their levels differ according to the following variables: gender, age, marital status, seniority years, and hospital differences?

Keywords: quality, quality of life, doctors

1. Introduction

Medical work is an important work related directly to the members of society. The profession of medicine is a noble profession that is aimed at serving humanity and alleviating the pain of individuals. It is performed by a competent person called doctor who is supposed to be highly competent.

In Algeria, was paid attention to the mental health of health workers in Ministerial Order No. 18 of October 27, 2002, in which “...*Health professionals working in emergency services and intensive care services often face extreme situations in their constant*

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struggle against the suffering of their patients, who are burdened but also for emotional and intellectual burdens increasing in interests of intense activity due to regulatory and relational pressures."

According to a report by the National Observatory for Violence in France, the level of violence is increasing by 38% between 2008 and 2009, and in 2010 it increased by 7% compared with the previous rate. This phenomenon was related to mental health, emergency medicine and general medicine. Yusuf, 2005, 6)

The Amas study (1989) found that health workers, supervisors, doctors and nurses show a great willingness to be under pressure because they are exposed to many stressful situations.

Andreas Martens noted that the burden and work requirements of public health assistants have been the subject of different research. Physical burden plays a major role in the problem of carrying patients and a project focuses on the study of the effectiveness of the procedures that included the following models and features: consideration of working conditions, field, and giving importance to individual advice (Andreas Martens, 2006, 14)

The concept of quality of life is one of the modern concepts that have received great attention in the natural and human sciences. Ashol (2005) finds that a concept rarely adopts widespread scientific use in our daily life, as quickly as the concept of quality of life. The Creator, (DS), 68)

The subjective dimension is concerned with personal comfort, satisfaction with life and personal happiness. The objective dimension includes a range of direct measurable indicators such as income level, working conditions and social and economic status. (Bishop Fast Price, 2001, 212)

The quality of life reflects the physical and psychological well-being of the human being, the cleanliness and cleanliness of the environment surrounding him and his satisfaction with the services provided to him, such as education, health services, transportation, social justice and positive morale. (Mahmoud Mansi, Ali Mahdi, 2010, 41)

The World Health Organization (WHO) has defined it as an awareness of individuals' social status in life in the context of society's culture and value, and its relevance to their goals, expectations, standards and interests as well as physical and psychological health, independence, social relationships, personal beliefs and their relation to prominent environmental features. (WHOQOL Group, 1995, 1403)

Quality of life also refers to the ability of the individual to live a good life on the physical and emotional level, and thus the search for quality indicators of life is important for treatment and prevention of many diseases. (Vent Egodet et al., 2008) It is also known as personal sense of competence and proficiency in dealing with challenges. (Dodson, 1994, 218)

Several studies have examined the quality of life, such as the study of Verjani (1992), Ibrahim and Siddiq (2006), Al-Adly (2006) and Amira Bakhsh (2006) on the quality of life through physical integrity, rational thinking, emotional balance and social

skills, Picher (2006), Faro (1999), Wagner (2006), which reflects the importance of this concept and its impact on the life of the individual.

The quality of life is a multidimensional and relative concept that differs from one specialty to the other in terms of theory and practice according to the criteria that individuals adopt to evaluate life and its demands, which are often influenced by many factors that control the determination of quality of life components such as the ability to think and make decisions.

According to the World Health Organization, health has several components: physical health, mental health, spiritual health, mental health, social health and community health. (Raghda Ali Naissa, 2012, 2p)

Based on the theoretical framework and the previous studies that dealt with the concept of quality of life, the problem of the current study is determined in terms of the quality of life of a sample of physicians by presenting the results of a field study conducted in Setif state on a sample of doctors working in public health in some state hospitals.

Therefore, we will try in this intervention to answer the following questions:

1. What is the quality of life of physicians?
2. Are there statistically significant differences in the quality of life of doctors due to sex variable?
3. Are there statistically significant differences in the quality of life of doctors attributed to age variable?
4. Are there statistically significant differences in the quality of life of doctors due to the variable social status?
5. Are there statistically significant differences in the quality of life of doctors due to the variance of years of seniority?
6. Are there any statistically significant differences in the quality of life of doctors due to the variation of the hospital in which they work?

2. Methodological procedures for the study

2.2 Study methodology

The investigation made use of the analytical descriptive approach, which is the appropriate method for this study, to determine the quality of life of a sample of doctors of Setif, in view of the objectives of the study and the nature of the subject.

2.2 Study community

The survey population consists of rural and urban doctors at the level of public hospitals and multi-service clinics in the urban and rural areas of Setif governorate, Setif Center, Al-Ulma, Bani Aziz, Ain Al-Sat, and Bir al-Arsh. 2017 and 15/09/2017.

2.3. Study Sample

The sample of the study consisted of (30) doctors, from the state of Setif, located in the urban and rural areas.

Table 1: The sample of the study

Variables	Marital		Age		Status		Years		Hospital	
	Male	Female	Less than forty years	More than forty years	Married	Single	Less than ten years	more than ten years	City	Countryside
The number	15	15	19	11	26	04	19	11	09	21
Total	30									

2.4. Study tools

The tool used by the researcher to measure the quality of life of physicians in this study is the World Health Organization (WHO) Quality of Life Standard, which was prepared in 1991. The efforts have led to the development of the Centennial Quality of Life Standard, developed through 15 WHO field centers across 12 the formula included 235 items and was used in 15 field centers in different languages across the world. The best 100 items were selected. This formula was called the Centennial Quality of Life Standard, and consists of six m Basic machines containing twenty-four sub-dimension or measure, namely:

- Physical area: it includes three dimensions, namely:
 - pain,
 - energy,
 - sleep.
- Psychological field: it includes five dimensions, which are:
 - a positive feeling,
 - thinking and learning,
 - self-esteem,
 - the image of the body,
 - the negative feeling.
- The field of independence: it includes four dimensions namely:
 - the ability to movement,
 - daily activity,
 - dependence on drugs,
 - ability to work.
- The area of social relations: it includes three dimensions, namely:
 - personal relations,
 - social support,
 - sexual activity.
- Environment: It includes eight dimensions, namely:
 - security and physical security,
 - the environment of the home,
 - financial resources,
 - health and social care,
 - the acquisition of new skills and information,
 - entertainment,

- the natural environment,
- transportation.
- Religious domain: it contains one dimension, which is:
 - religious beliefs.

Each sub-scale is measured by four items. The total number of items is 96 items plus four phrases that measure the quality of life in general and public health. The answer is in five graduated alternatives.

After receiving the approval of the World Health Organization on the translation of the scale into Arabic, and obtaining the original version in English, Ahmed Hassanein Ahmed Mohamed 2011 obtained the Arabic version of the standard. He computed his psychometric conditions on a sample of the Libyan society, as follows: (0.17- 0.76). In addition, the correlation between the item and the total score was between 0.87 and 0.40. The stability of the scale was calculated in the Alpha Cronbach method and was between 0.89 and 0.69.

The criteria of the scale in the Algerian environment were calculated by Dr. Basheer Mamamriya in his research on a sample of the elderly of 74 individuals. The distinguished truth was 0.74, which is statistically significant at 0.01, and the contrast truth is 0.539, which is statistically significant at 0.01, the correlation to the total score is 0.872, which is statistically significant at 0.01, while the stability was calculated in the half-way distribution, and it reached 0.873, while the alpha coefficient of Cronbach was 0.938. (Bashir Muammariyah, 2013, 82-83)

2.5. Statistical analysis

Statistical analysis was carried out using the SPSS statistical package. The data were analyzed using the following statistical methods: arithmetic mean, standard deviation and T test to indicate the differences between the averages.

2.6. Study Outcomes

2.6.1. Presentation of the study results

Question 1: What is the quality of life of doctors?

Table 2: What is the quality of life of doctors?

Variable	Number	Standard Mean	Standard Deviation
The quality of life for doctors	30	83,43	1.23

It is noted from the previous table that the average quality of life in the sample of physicians was (83, 43), which is lower than the satisfactory average (84). This indicates a low level of quality of life in the doctors sample study.

The following table presents a detailed view of these aspects.

Table 3: Mean and standard deviation of the quality of life of doctors (males)
 in Setif governorate

Variable	Number	Standard Mean	Standard Deviation
The quality of life for doctors	15	82,53	1.75

It is noted from the previous table that the average quality of life of the sample of doctors (males) was (82.53), which is below the satisfactory average (84) and indicates a low level of quality of life.

Table 4: The arithmetical mean and the standard deviation of the quality of life
 among female doctors in Setif governorate

Variable	Number	Standard Mean	Standard Deviation
The quality of life for doctors	15	84,33	1.76

The previous table shows that the average quality of life of the sample of female physicians was 84.33, which is close to the satisfactory average (84) and indicates a poor level of quality of life.

From the previous tables we note that the average quality of life of the sample of doctors (males) is (82.53) and the sample of female doctors is (84.33) while the overall average in the study sample is (83, 43) There is a low level of quality of life in the study sample.

Therefore, we accept the first hypothesis, which states that there is a low level of quality of life among doctors sample study in the state of Setif.

Question 2: Are there statistically significant differences in the quality of life of doctors due to sex variable?

Table 5: The value of "T" to indicate differences in the quality of life of
 the sample of physicians by sex variable?

Variables	Sex	Number	Mean arithmetic	Standard deviation	Degree of freedom	T calculated	Value of significance
Quality of life	Male	15	82.53	1,75	29	0.45	0,65
	Female	15	84.33	1,76			

From the previous table we notice that there are statistically significant differences where the calculated value (0, 45) is 29, with a probability value of 0.65, which is greater than 0.05 for females. Therefore, there can be differences in quality of life between Males and females in favor of females. The female arithmetic average (84.33) was higher than that of males (82.53), which indicates that doctors feel better quality of life than doctors.

Question 3: Are there statistically significant differences in the quality of life of doctors attributed to age variable?

Table 6: The value of "T" to indicate differences in the quality of life of the sample of physicians by age variable

Variables	Age	Number	Standard mean	Standard deviation	Degree of freedom	T calculated	Value of significance
Quality of life	Less than forty years	19	84.26	1.45	29	15.27	0.000
	More than forty years	11	82	2.26			

From the previous table, there are statistically significant differences where the calculated value of 15, 27 is 29, the probability value (0,000), which is 0, 05 for the doctors, is less than forty years, and therefore there are differences in quality Among physicians aged less than 40 years and over forty, their mean (84, 26) was greater than that of adults over forty years (82).

Question 4: Are there statistically significant differences in the quality of life of physicians due to the variable social status?

Table 7: The value of "T" to indicate the differences in the quality of life in the sample of doctors according to the variable of the social situation

Variables	Social status	Number	Standard mean	Standard deviation	Degree of freedom	T calculated	Value of significance
Quality of life	Married	26	82.96	1.33	29	17.95	0.000
	Single	4	86.50	3.17			

From the previous table we notice that there are statistically significant differences where the calculated value of (17.95) with freedom degree 29, where the probability value (0,000) is a function at 0,05 and therefore it can be said that there are differences in the quality of life between married doctors and others Were married to married couples, where their average (86,50) was greater than those married (82,96).

Question 5: Are there statistically significant differences in the quality of life of physicians due to the variance of years of seniority?

Table 8: The value of "T" to indicate differences in the quality of life of the sample of physicians according to the variable of seniority years

Variables	Years of seniority	Number	Standard mean	Standard deviation	Degree of freedom	T calculated	Value of significance
Quality of life	Less than ten years	19	84.26	1.45	29	15.27	0.000
	More than ten years	11	82	2.26			

From the previous table, there are statistically significant differences, where the calculated value of 15,27 is 29, with a probability value of 0,000 which is a function at 0,05. Thus, there can be differences in the quality of life among physicians who worked

less of those who worked for more than 10 years for those who worked less than 10 years, with an average of 84,26, more than married.

Question 6: Are there any statistically significant differences in the quality of life of doctors due to the variation of hospital's employees?

Table 9: The value of "T" to indicate differences in the quality of life in the sample of doctors according to the variance of the hospital working in them

Variables	The hospital working in them	Number	Standard mean	Standard deviation	Degree of freedom	T calculated	Value of significance
Quality of life	City	09	83.44	2.16	29	19.97	0.000
	Countryside	21	83.42	1.53			

From the previous table we notice that there are statistically significant differences where the calculated value (19, 97) is 29, with the probability value (0,000), which is a function at 0.05. Therefore, there can be said that there are slight differences in the quality of life among doctors in the city and doctors in the countryside for the benefit of those working in the city where their average arithmetic (83, 44) was greater than that of rural workers (83.42).

2.6.2 Discussion and interpretation of the results of the study

A. Results associated with answering the first question in which we try to know the quality of life of physicians

The present study aimed at conducting a descriptive study to determine the quality of life of a sample of physicians working in public hospitals in Setif governorate. The results of the first question indicated that there is a low level of quality of life in the sample of the study. This undoubtedly reflects the dissatisfaction with the quality of life the lack of adequate services, poor working conditions and the lack of a healthy working environment, which makes doctors feel bad. There is no doubt that the tired work environment experienced by doctors is reflected in their quality of life.

B. Results associated with the answer to the second question, which we try to know the difference in quality of life of physicians according to the following:

As for the gender variable, the reason is that doctors, despite having the same working conditions, are satisfied with the quality of life. This is because doctors consider medical work to increase self-esteem and high social status. (2006), the study of Ismail (2011) and the study of Abu-Ola (2011), and the study of Al-Adli (2006), which indicates differences between males and females in the quality of life. (2009). As for the age variable, older physicians feel As for the social situation variable, the results indicate that there are differences in favor of married couples. This explains the burdens of married couples, the responsibility of family and children, and the cost of living compared to the monthly salary. To a lack of job satisfaction while the sense of independence and freedom of married couples, a study from the University of

Michigan, America, that the unhappy marriages that raise the incidence of diseases to about 35 percent and also reduce the rate of life by about 40 years between Happy marriages, which strengthen the immune system for married couples (Bellabas Nadia, 2016, 156). The variance of years of seniority has been noted that new doctors still have a kind of will to work contrary to senior doctors who feel pressure to reflect dissatisfaction with life, The more experienced people are under pressure and the less experienced are seeking to fulfill their ambitions and exercise their roles in society. As for the difference in hospital settings, although hospital work requires the same tools and the same responsibility, hospitals in urban areas are equipped with the event Wael helps doctors to work and make it easier to deal with patients.

3. Conclusion

The present study aimed at conducting a descriptive study to determine the quality of life of a sample of physicians working in public hospitals in Setif governorate. We noticed a low level of quality of life in the study sample, with differences between males and females in favor of females. For the marital status of third parties and for professional experience was in favor of new doctors.

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