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Czy osoby pracujące w ochronie zdrowia dbają o swoje zdrowie? Badanie porównawcze lekarzy i osób z niemedycznym wyższym wykształceniem

Do health professionals care about their health? A comparative study of doctors and people with non-medical university education

Streszczenie

Wprowadzenie. W ogólnej opinii społeczeństwa lekarze uważani są za wzory prawidłowego, zdrowego stylu życia. Celem badania jest stwierdzenie, czy rzeczywiście styl życia lekarzy jest zgodny z tym wyobrażeniem.

Materiał i metoda. Do przeprowadzenia badania zostały zastosowane anonimowe kwestionariusze, rozprowadzone pośród grupy 56 lekarzy (42 kobiety i 14 mężczyzn) i grupy kontrolnej 62 osób z niemedycznym wykształceniem wyższym (33 kobiety i 29 mężczyzn). Kwestionariusz zawierał 37 pytań testowych i otwartych, dotyczących spożycia alkoholu, palenia tytoniu, nawyków żywieniowych, aktywności fizycznej oraz profilaktyki raka szyjki macicy i piersi (wiedzy oraz stosowania się do niej). Badanie zostało przeprowadzone w styczniu i lutym 2008 r.

Wyniki. Nie stwierdzono istotnych statystycznych różnic pomiędzy grupą badaną a kontrolną w zakresie: średnich wartości BMI, świadomości swej nadwagi, jakości spożywanych posiłków, rozkładu posiłków w ciągu dnia, spożywania alkoholu, aktywności fizycznej oraz liczby byłych i aktywnych palaczy.

Lekarze częściej deklarują uprawianie sportu „regularnie" i „od czasu do czasu" w porównaniu z grupą kontrolną (Test Chi^2, p=0,032), więcej też lekarzy spożywa owoce lub warzywa ponad 3 razy dziennie (Test Chi^2, p=0,002). Nie stwierdzono różnic zarówno w wiedzy, jak i w jej stosowaniu w zakresie profilaktyki raka piersi i raka szyjki macicy pomiędzy grupami kobiet lekarzy i nie-lekarzy, stwierdzono również słaby udział w programach profilaktycznych.

Wnioski. Przeprowadzony sondaż potwierdził, że styl życia lekarzy nie jest zdrowszy niż ludzi z wyższym niemedycznym wykształceniem. Odsetek kobiet-lekarzy, jak również kobiet z grupy kontrolnej, poddających się regularnym badaniom cytologicznym oraz przeprowadzających kontrolne badanie piersi jest ciągle zbyt niski. Ponieważ lekarze powinni służyć dobrym przykładem zdrowych zachowań, programy nauczania powinny być ukierunkowane na te zagadnienia wśród tej grupy profesjonalistów.

Słowa kluczowe: medycyna pracy, rak szyjki macicy, rak piersi, profilaktyka, pracownicy ochrony zdrowia.

Summary

Introduction. In general opinion doctors are considered to be paragons of proper health behaviour. The aim of our study was to assess if their lifestyles really fit to this image.

Material and methods. The anonymous questionnaire distributed among group of 56 medicine doctors (42 females and 14 males) and control group of 62 people with non-medical university education (33 females and 29 males) was used to obtain data. Questionnaire consisted of 37 test and open questions considering alcohol and tobacco consumption, eating habits, sport activity and prophylactic examinations. The survey took place in January and February of 2008.

Results. There was no significant statistical difference between the study and control group in: mean BMI values, awareness of own overweight, pattern and quality of meals, alcohol consumption and time spent weekly on sport activities and number of former and active tobacco smokers. More doctors declare to practice sport 'regularly' and "time to time' than in the control group (Chi-squared test, p=0.032) and consume fruit and vegetables over 3 times a day (Chi-squared test, p=0.002). There are no differences both in awareness and practice of breast and cervix cancer prophylaxis between the groups of doctor and non-doctor women, also general poor participation in cervix and breast cancer prophylaxis was revealed.

Conclusions. The survey proved that physicians' lifestyle is not much healthier in comparison to people with non-medical university education. The percentage of female doctors as well as women from the control group undergoing cytological examinations regularly and practicing breast self-examination is still too low. As doctors should be examples of proper health behaviours, teaching programs should put a higher emphasis on this problem among health professionals.

Key words: occupational medicine, cervical cancer, breast cancer, prophylaxis, health professionals.

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INTRODUCTION

One of the main roles of a doctor is – apart from treatment – promotion of a healthy lifestyle. This goal is achieved by special programs, lectures, advertisements, but also and foremost – by setting an example of such a lifestyle. Doctors as paragons of healthy behaviour can have positive or negative influence on the effectiveness of prophylaxis. Lack of successful results may be a reason for doctors' unreliability.

Taking into account the significance of doctors' health behaviours this study aimed to answer the following questions:

– do doctors live in line with principles of healthy lifestyle?
– is their lifestyle healthier in comparison with people with non-medical university education?

MATERIAL AND METHODS

The study group was composed of 56 physicians (42 women and 14 men) and 62 people from the control group (33 women and 29 men). The mean age in both groups was comparable (44.5±13.6 for the first group, 39.5±13.4 for the second), which was statistically proved (Mann-Whitney test $p>0.05$).

An anonymous questionnaire was distributed among physicians (specialists of internal medicine or/and family medicine), randomly chosen during medical teaching courses. It was also filled in by teachers, university teachers and economists. The study was conducted in January and February of 2008.

The questionnaire consisted of 33 test and open questions concerning: attitude to own body mass, tobacco smoking, alcohol intake, habits of meal consumption, sport activity

The last 4 questions were addressed to women and touched the issue of prophylaxis of breast and cervical cancer.

To evaluate alcohol intake 3 indicators were used: number of alcohol consumptions during one week, number of portions of alcohol drunk at one time, mean amount of alcohol drunk per week which was obtained by multiplying the first two figures.

It is necessary to mention that the number of alcohol portions drunk at one time was calculated by those questioned by the use of alcohol portion definition provided in the questionnaire(1 portion is 10 g of chemically pure alcohol).

Similarly, by multiplying the number of trainings per week and the mean time of a single training mean time of sport activity per week was calculated.

Among the analyzed aspects fruit and vegetable consumption was also considered. According to the guidelines of the National Food and Nutrition Institute in Warsaw the number of portions of vegetables to be eaten is 5. However, the majority of those questioned population ate no more than 3 whole meals a day that is a pretty satisfying pattern of consumption would be to add one portion of fruit and vegetables to each meal, which is 3.

Additionally, two aspects (knowledge and practice) of breast and cervix cancer prophylaxis were investigated.

A multiple choice test was used as a sample of knowledge about the current guidelines of prophylaxis. As a correct answer was considered:

– (as to breast cancer) 'Breast self-examination should be performed once every month in the first part of the menstrual cycle'
– (as to cervical cancer) 'Cytological examination should be carried out annually throughout one's lifetime'

Open questions considering practice of breast self-examination and cervix cancer prophylaxis provided information about proper usage of the knowledge possessed by the questioned women.

RESULTS

The results of the investigation are presented in the two following tables (Table 1 and Table 2) and figures (Figure 1, Figure 2).

As presented in tables, there were no statistically significant differences between the lifestyles of physicians and non-professionals (Table 1).

TABLE 1. Analyzed features of study and control group that were not significantly different.

	Doctors	Controls	Test
Mean BMI [kg/m^2]	23.9 (SD 3.3)	24.5 (SD 4.5)	Mann-Whitney test, $p>0.05$
Number of persons with BMI>25	17 (30.3%)	23 (37.10%)	Fisher's exact test, $p>0.05$
Number of persons with BMI>25 that are aware of own overweight	14 (82.6%)	20 (87.0%)	Chi - squared test, $p>0.05$
Number of alcohol consumptions weekly in last month	2.1 (SD 1.5)	2.4 (SD 1.8)	Mann-Whitney test, $p>0.05$
Amount of alcohol portions during single consumption	2.5 (SD 1.7)	2.5 (SD 1.9)	Mann-Whitney test, $p>0.05$
Number of alcohol portions drunk weekly	5.5 (SD 5.4)	6.7 (SD 6.1)	Mann-Whitney test, $p>0.05$
Mean time of sport activity per week [minutes/week]	124.6 (SD 89.8)	193.5 (SD 134.1)	Mann-Whitney test, $p>0.05$
Number of current smokers	2 (3.6%)	1 (1.6%)	Fisher's exact test, $p>0.05$
Number of former smokers	11 (19.6%)	13 (20.1%)	Fisher's exact test, $p>0.05$

TABLE 2. Analyzed features of study and control group that were significantly different.

	Doctors	Controls	Test
Number of persons that practice sport 'regularly' and 'from time to time'	39(75.0%)	34(54.8%)	Fisher's exact test, $p=0.032$
Number of persons consuming over 3 portions of fruit and vegetables daily	17(30.4%)	5(8.0%)	Fisher's exact test, $p=0.002$

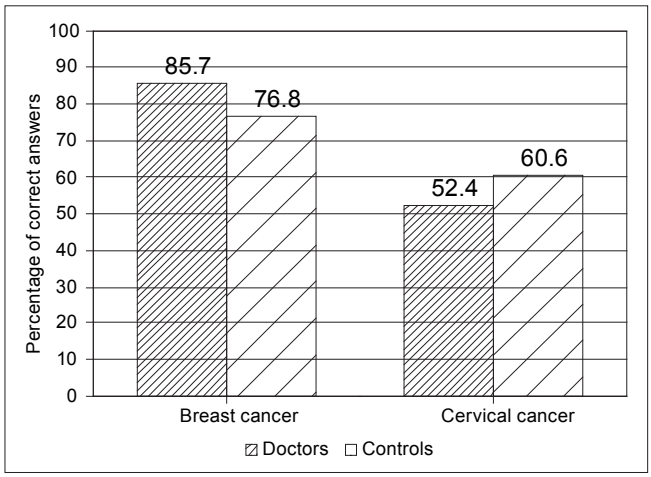

FIGURE 1. Comparison of percentage of correct answers that tested knowledge about prophylaxis of breast and cervical cancer in doctors and controls group. Values are comparable (Fisher's exact test, p>0.05).

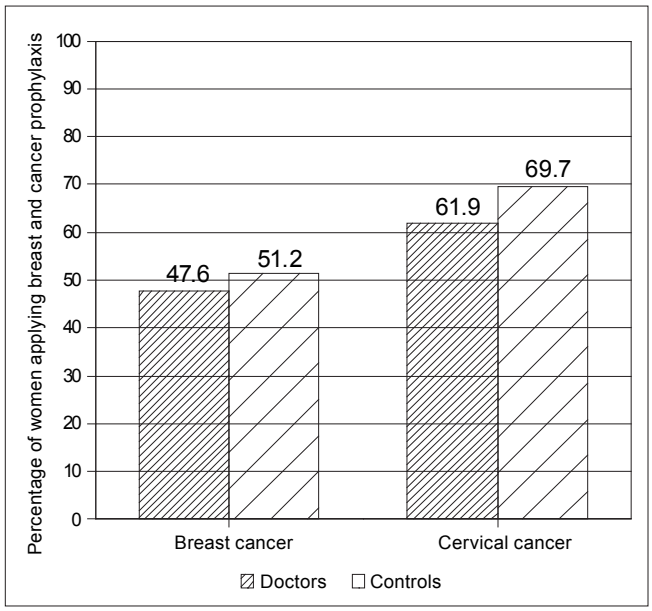

FIGURE 2. Percentage of woman applying breast self-examination and regularly having cytological smear examined. Values are comparable (Fisher's exact test, p>0.05).

Nevertheless, doctors tend to practice sport 'regularly' and 'from time to time' more often (p=0.032) and consume 3 portions of fruit and vegetables more frequently (p=0.02) as shown in Table 2.

A few other behaviours which are not shown in the tables were also taken into consideration, however they did not reveal any statistically significant differences. These were meal consumption habits, in particular: regularity, number of meals, consumption of red meat, fish meat, fast food, coffee, amount of liquids drunk.

What should be specially emphasized is the lack of differences both in awareness and practice of breast and cervix cancer prophylaxis between the groups of doctor and non-doctor women (Figure 1, Figure 2) as well as a general poor participation in cervix and breast cancer prophylaxis.

DISCUSSION

In view of the results obtained, the answers to the questions put in the beginning i. e.: do doctors live in line with the principles of healthy life-style; is their lifestyle healthier in comparison with people with non-medical university education, are negative.

In the author's opinion this could undermine the reliability of doctors as people responsible for prophylaxis which is especially painful in the group of family doctors and internal medicine specialists who build up the study group. It is quite likely that positive change of doctors' lifestyle would improve their effectiveness as employees and health system professionals responsible for health prophylaxis, particularly in their own, local communities [1]. Unfortunately, in medical university teaching programs in public health is treated as an appendix of rather little importance and their authors pay no attention at all to the promotion and significance of proper lifestyles of doctors as an occupational group. This issue becomes very vital in the light of some other alarming studies of health professionals behaviours e.g. incidence of improper health behaviors are quite common among students of medicine, over 30% of first year students at Medical University in Lodz [2] declare tobacco smoking. Therefore, from the author's point of view it is reasonable to introduce such elements to teaching programs and perhaps even create special educational programs aimed at practicing doctors. As examples from other countries show being a doctor do not have to link with obesity and addictions, e.g. obesity and tobacco smoking is correspondingly, 3 and 18 times less frequent among American cardiologists than in the general population [3].

Fortunately there is one feature of the analyzed population of physicians that can be little comforting i.e. attitude to tobacco smoking. The low rates of current smokers and the high percentage of ex-smokers give hope that physicians are ideal examples for patients wanting to break off smoking – not only they experienced this problem but also managed to overcome it (see Tab. 1). In fact, the data from this survey seem to be even too ideal when compared with tobacco smoking rates in general Polish population (32%) [4], and especially, with the data from other surveys evaluating the significance of tobacco use among health professionals [5] where as current and ex-smokers declare themselves 7.7% and 10.3% physicians respectively. It may suggest that some other factors had an influence on the answers scheme of doctors in our study group – one of them can be specialization of questioned doctors. On the other hand similar proportions of smokers and ex-smokers in the control group are a reliable sign that mechanism modifying the pattern of answers (more ex-smokers than current smokers) is common for all people with a university grade. It may suggests that smoking is becoming less popular and thus questioned persons are trying to hide their addiction by picking answers other than: 'Yes, I smoke regularly'.

Of special emphasis is the fact that participation of women doctors in preventive programs (breast and cervical cancer) is not greater than in the control group. In case of breast self-examination (BSE) the population of female doctors come off rather badly in comparison with women doctors from Nigeria [6] where almost 80% of them examine breasts once a month. This data are, nevertheless, comparable in as-

pect of practice with a similar Polish survey [7] that studied health behaviour of nurses. On the other hand there is Polish study[8] showing that percentage of breast self-examining women is much lower, (33.7%) but those results are not fully comparable because they evaluate incidence of BSE in general population, not only in medical staff. When it comes to cervical cancer prophylaxis the percentage of women regularly having cytological smear examined varies from 30% for general population [9] to about 50% for women employed on various positions in hospital [10]. Authors' findings show higher rate of participation in cervical cancer prophylaxis but since in cited works [9, 10] group of people with a university degree was not distinguished results of our study seems to show a more reliable picture of cancer prophylaxis. Still, the mentioned papers did not reveal any differences between non-professionals and women associated with medicine which is in agreement with the authors' conclusions. One must, however, bear in his mind the fact that in countries of Western Europe the participation ratio in cervical cancer prophylaxis programs is still higher and it is estimated to be 80% in Germany [11] and 85.3% in United Kingdom [12]. Not everywhere of course: only about 50% of Italian women take part in such prophylaxis [13]. Still, even more shocking is that the knowledge of woman doctors also did not differ significantly from that of non-professionals. This was clearly visible despite the small size of the groups. But it is not a weakness because one would rather expect female doctors to know more about the problem that in should be noticeable even in such a small sample.

Because of small size of study group investigated, the survey should be treated rather like a first stage of larger studies of physicians' lifestyle which has multiple aspects worth examining, e.g. the differences in lifestyles of doctors and people with non-university education, the diversity in lifestyles of different medical specialists, the influence of doctors lifestyles on professional burnout syndrome. Especially, the link between lifestyle of medical professionals and the effectiveness of health promotion should be carefully studied. The conclusions of this future studies could have a great impact on teaching programs, health promotion and occupational medicine.

CONCLUSIONS

1. The survey proved that physicians' lifestyle is not much healthier in comparison to people with non-medical university education.
2. The percentage of female doctors as well as women from the control group undergoing cytological examinations regularly and practicing breast self-examination is still too low.
3. As doctors should be examples of proper health behaviours, teaching programs should put a higher emphasis on this problem among health professionals.

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