# Thai Physicians Health Survey

Somkiat Wattanasirichaigoon*,
Hansa Ruksakom**, Navapun Polboon**,
Pornchai Sithisarankul**, Taweesin Visanuyothin***

** Faculty of Medicine, Srinakarintarawirot University, Bangkok*
*** Faculty of Medicine, Chulalongkorn University, Bangkok*
**** Department of Mental Health, Ministry of Public Health, Nonthaburi*

*Physicians often conduct research on other occupations' health or general populations' health, but their health has hardly been studied systematically. The authors conducted a cross-sectional descriptive survey on 440 physicians systematically selected from their medical license numbers. The response rate was 86.4 % (380 out of 440). Two-hundred and twenty-nine were male, and 151 were female. Their average age was 40.8 years (range: 22-74). Most of them were Buddhists (93.9 %), specialists (64.2 %), married only once and still lived with their spouses (59.5 %), and concurrently practiced medicine (95.5 %). Their overall satisfaction as physicians was 60.2 % high, and 37.2 % moderate. Their average sleep time was 6-8 hours per night for 58.9 %. Most had eye problems (74.9 %) and most were refractive errors such as myopia. Most (63.8 %) of them did not have any prevalent diseases. Whereas those who had diseases had (in order) allergy, hypertension, asthma, diabetes, and cancer. Their current illnesses included respiratory tract infection. Most physicians did not smoke (94.2 %) nor drink alcohol (70.5%). Most of them were not vegetarians (60.4 %), did not eat fast food (99.2 %). Interestingly, 41.4 % of them were accounted for spending less than twice per week for exercise. As expected, 23.7 % of them were exposed to blood, 14.5 % to respiratory tract secretion, and 13.7 % to pus/ secretion from wounds. This study serves as a basis for health promotion approach to medical community and does create awareness of health among Thai physicians.*

***Keywords:*** *Thai physicians, Health*

***J Med Assoc Thai 2004; 87(Suppl 4): S1-4***

In Thailand, there have hardly been studies on physicians' health, health status, and their life styles. There are, of course, several anecdotes that physicians work harder and die sooner than other occupations, physicians get cancer more often than other professions, etc. There are also some facts that physicians are exposed to several health hazards in their working conditions, some physicians are at higher risk of some specific hazards such as surgeons and blood-borne pathogens, radiologists and radiation hazards, etc. There have been several studies addressing physicians' health and death in other countries[1-20]. On the other hand, physicians are respected as health team leaders and can influence their patients and population at large in various ways, such as health education and being a role model of good and healthy life style. Knowing physicians' health and life styles would definitely be advantageous in promoting their health and general population's health.

This study was aimed at exploring the health of Thai physicians including their health status, their life styles, and other related variables.

**Methodology**

We conducted this research by systematic random sampling from Thai physicians whose medical license numbers were correctly listed in the database of the Center for Continuing Medical Education (CCME).

*Correspondence to : Wattanasirichaigoon S, Director of Center for Continuing Medical Education, The Medical Council of Thailand. Royal Golden Jubilee Building, 11th Floor. Soi Soonvijai, Bangkapi, Bangkok 10320, Thailand. Mobile: 0-1909-1871, Phone: 0-2716-5046, Fax: 0-2716-5046, E-mail: somkiwat@ccme.or.th*

The data were obtained during December 2002 to March 2003 by mailing a self-administered questionnaire to those 440 selected physicians. The questionnaire contained questions about general characteristics, specialty, training, work, life style, health behavior, health promotion practice to their patients, and their exposure to health hazards. Moreover, we also asked about their illnesses and injuries within the past six months. The study was ethically approved by the National Ethical Committee, Ministry of Public Health.

**Results**

We obtained 380 questionnaires with the response rate of 86.46 % (380 out of 440). The response rates of male and female physicians were not statistically different. Physicians who replied the questionnaire were 229 male and 151 female. Their average age was 40.8 years. The majority of them was Buddhist (93.9%), graduated from Siriraj Medical School (30.8%), and was specialists (64.2%). Thirty-eight physicians were in the process of post-graduate training, and 25.8% were general practitioners. The majority of physicians married once and still lived with their spouses (59.5%), and one third of their spouses were also physicians.

The study revealed that most physicians concurrently performed clinical practices (95.5%), and were highly satisfied with their jobs (60.2%). Median of the income from clinical work in daytime was 20,000 bahts per month, and that out of daytime was 25,000 bahts per month. Median of the income not from clinical work was 19,500 bahts per month. And the median of the total income was 50,000 bahts per month. The study also revealed that the average working hour of physicians was 62.4 hours per week. The majority of them worked in government sector (72.1%), the remaining in private sector (27.9%), and 29.4% of them also owned a clinic.

The majority of physicians could sleep for 6-8 hours per day (58.9%). The majority of physicians had eye problems (74.9%), and most of them were myopia. The majority of physicians did not have chronic illnesses (63.8%). Those illnesses were, in order, allergy (78 cases), hypertension (41 cases), asthma (13 cases), and diabetes (11 cases). In addition, for the inquiry of acute health problems during the past six months, 188 physicians got sick, most of them with common cold or upper respiratory tract infection. Thirty-seven physicians had experience a traffic accident, and 57 cases had experience excessive daytime sleepiness.

The majority of physicians did not smoke (94.2%), and did not drink alcohol (63.9%). There was no answer of being drug addicted or drug abuser. However, we found that most physicians treated themselves when getting ill (79.9%). Regarding annual physical checkup, we found that most physicians used to get checkup (69.5%) in the past one year. We also found that most physicians had at least one health/life insurance policy (57.3%).

The majority of physicians ate some kind of meat everyday (77.1%), did not favor vegetarian food (60.4%), and did not eat fast food (99.2%). Regarding exercise, most physicians could exercise but less than two times per week (41.4%). The most common one was jogging (21.4%). Regarding relaxation and stress minimization, we found that most physicians watched television and listened to radio (33.4%), and music (18.9%). Regarding the use of sleeping pills in the past 6 months, only 63 physicians admitted that they used (16.6%).

Concerning major life events that may assault their lives, we found that most physicians had not experienced that kind of event (68.1%). The major life events that physicians experienced were: death of the love ones (28 cases), getting a new job, and having a baby.

In terms of practice of health promotion, the majority of physicians did recommend their patients on the correct use of drug, exercise, smoke cessation, and decrease alcohol drinking. They also moderately recommended their patients on eating habits and weight control, but they recommended less on vaccination, reduction of sex risk behavior, and accident prevention.

In the past six months, in terms of physical health hazards, physicians exposed to radiation, loud noise, carrying heavy objects every workday for 3.2%, 1.8%, and 1.8%, respectively. In terms of chemical health hazards, physicians exposed to anesthetic gas (4.7 %), formalin or formaldehyde (1.8 %), and heavy metal fume (1.3 %). In terms of biological health hazards, physicians exposed to blood (23.7 %), mucus /secretion from respiratory tract (14.5 %), and pus/ exudates from wounds (13.7 %).

**Discussion**

Regarding marital status, only 8% of the physicians married more than once or divorced. This may be explained by the observation that physicians have satisfactory family relationship.

Of note is that, when first getting to work most physicians worked in government sector, this may be resulted from the compulsory system to have newly graduated physicians work in government sectors. But now only 72.1% of physicians work in government sectors, whereas those worked in private sectors increase from 6.4 to 27.9%. This can be explained by the fact that private sectors give more salaries and wages as shown in income from several sources of physicians. Of note is that, 40.3 % of physicians did not answer the questions about their income, making this variable somewhat less reliable. Consequently, this problem will be worse in terms of maldistribution of physicians to rural area. Increase in number of medical schools and the number of physicians graduated each year may not be the relevant solution, if the exact cause of problems has not been solved yet.

Regarding the history of falling asleep while driving, it should be concerned that the incidence of traffic accident are higher among the young than the old. This obviously will result in more potential years of life loss (YLLs).

Regarding alcohol drinking, although 63.9 % of the physicians did not drink, but those who drink are of concern. A study in Scotland revealed that male physicians, comparing to other professions, are at higher risk of alcoholism. It is interesting to follow the physicians who drink to see if there is any adverse effect to their health.

The distribution of the diseases that physicians were having can be used to encourage themselves to realize their health status and may be very useful in long-term care of their health. The study revealed, as predicted, that most physicians treated themselves when getting ill. Similar to the study of Gross et al[6], it means that most physicians ignore second opinions from their colleagues, who may be more expertise than themselves. This self-confident habit may end up that they would be lately or incorrectly diagnosed, which may have negative impact on their health outcome.

Regarding exercise, although 85% of physicians did exercise, but 41.4% exercised less than two days per week, and 37.9% did exercise 2-4 days per week. It is challenging to encourage those who exercised less to exercise more, and those who did not exercise to start exercising. Regarding the practice of health promotion, it is obvious that physicians can practice more health promotion activities by talking and educating their patients more than they currently did.

Regarding exposure to health hazards, it is not surprising that large number of physicians did expose to blood and blood products. It is very interesting to follow the physicians longitudinally to see if this occupational exposure to blood and blood products would result in large or severe health effect to those physicians, especially hepatitis B and human immunodeficiency virus (HIV). This may be done through a good data recording system and a concurrent cohort study or even by non-concurrent cohort studies or nested case-control studies.

It is well recognized that physicians are health team leaders. Their life style, their health behavior, their health promotion practice, and their system of data collection could be a good example to general population and other professions as well. Moreover, it is interesting from occupational medicine point of view, to see and explore whether there are any differences in disease pattern and health outcome among different specialties. This will definitely need some long-term studies.

**Acknowledgement**

This study was granted by The Thailand Research Fund.

**References**

1. Woods R. Physician, heal thyself: the health and mortality of Victorian doctors. Soc Hist Med 1996; 9(1):1-30.
2. Meldarn T W. Burnout and health professional: manifestation and management. Appletion-Century-Crofts, New York, 1983.
3. Maslach C, Susan J. The measurement of experience burnout. Journal of Occupation Behavior 1981; 21(1): 99-113.
4. Alexander BH, Checkoway H, Nagahama SI, Domino KB. Cause-specific mortality risks of anesthesiologists. Anesthesiology 2000; 93(4): 922-30.
5. Carpenter LM, Swerdlow AJ, Fear NT. Mortality of doctors in different specialties: findings from a cohort of 20,000 NHS hospital consultants. Occup Environ Med 1997; 54(6): 388-95.
6. Gross CP, Mead LA, Ford DE, Klag MJ. Physician, heal thyself? Regular source of care and use of preventive health

services among physicians. Arch Intern Med 2000; 160(21): 3209-14.
7. Frank E, Biola H, Burnett CA. Mortality rates and causes among U.S. physicians. Am J Prev Med 2000; 19(3): 155-9.
8. Adlakha AL, Hall TL, Muller S. Working life of health professionals. World Health Stat Q 1979; 32(2): 138-53.
9. Chuck JM, Nesbitt TS, Kwan J, Kam SM. Is being doctors still fun? West J Med 1993; 159: 665-9.
10. Linn LS, Yager J, Cope D, Leake B. Health status, job satisfaction, job stress and life satisfaction among academic and clinical faculty. JAMA 1985; 254: 2775-82.
11. Chan WC, Sunshine JH, Owen JB, Shaffer KA. US radiologists' satisfaction in their profession. Radiology 1995; 194: 649-56.
12. Hojat M, Gonnella JS, Xu G. Gender comparisons of young physicians' perceptions of their medical education, professional life, and practice: a follow-up study of Jefferson Medical College Graduates. Acad Med 1995; 70: 305-12.
13. McComick RD, Meisch MG, Ircink FG, Maki DG. Epidemiology of hospital sharps injuries : a 14 years prospective study in the pre-AIDS and AIDS Eras. Am J Med 1991; 91(Suppl 3B): 301S-307S.
14. Kristensen MS, Wernberg NM, Anker-Mollcer E. Health care workers risk of contact with body fluids in hospital : the effect of complying with the universal precautions policy. Infect Control Hosp Epidemiol 1992; 13: 719-24.
15. Dienstag J L, Ryan D M. Occupational exposure to hepatitis B virus in hospital personnel : infection or immunization. Am J Epidemiol 1982; 115: 26-39.
16. Beekman SE, Fahey BI, Gerberding JL, Henderson DK. Risky business: Using necessarily imprecise casualty counts to estimate occupational risk for HIV-1infection. Infect Control Hosp Epidemiol 1990; 11: 371-9.
17. Frank E, Meacham L. Characteristics of women pediatricians. Clin Pediatr 2001; 40(1): 17-26.
18. Camargo CA, Jr. Prospective study of moderate alcohol consumption and mortality in US male physicians. Arch Intern Med 1997; 157(1): 79-85.
19. O'Donnell CJ, Ridker PM, Glynn RJ. Hypertension and borderline isolated systolic hypertension increase risks of cardiovascular disease and mortality in male physicians. Circulation 1997; 95(5): 1132-7.
20. Harrison D, Chick J. Trends in alcoholism among male doctors in Scotland. Addiction 1994; 89(12): 1613-7.

## *ผลสำรวจสุขภาวะของแพทย์ไทย*

***สมเกียรติ วัฒนศิริชัยกุล, หรรษา รักษาคม, นวพรรณ ผลบุญ, พรชัย สิทธิสรัณย์กุล, ทวีศิลป์ วิษณุโยธิน***

*แพทย์มักสร้างงานวิจัยโรคที่เกี่ยวข้องกับอาชีพต่าง ๆ แต่องค์ความรู้ที่เกี่ยวข้องกับสุขภาพของแพทย์จากงานวิจัยอย่างเป็นระบบมักหาได้ยาก คณะผู้วิจัยได้ทำการศึกษาแบบตัดขวางเพื่อสำรวจสุขภาวะของแพทย์ไทยที่ผ่านการสุ่มตัวอย่างจากเลขที่ใบอนุญาตประกอบวิชาชีพเวชกรรมจำนวนทั้งสิ้น 440 ราย มีผู้ตอบกลับจำนวน 380 รายคิดเป็นร้อยละ 86.4 กลุ่มแพทย์ที่ศึกษามีอายุเฉลี่ย 40.8 ปี (พิสัย 22 – 74 ปี) ส่วนใหญ่นับถือศาสนาพุทธ (ร้อยละ 93.9) เป็นแพทย์เฉพาะทาง (ร้อยละ 64.2) แต่งงานครั้งเดียวและอยู่กินกับคู่สมรส (ร้อยละ 59.5) และยังประกอบวิชาชีพเวชกรรม (ร้อยละ 95.5) แพทย์ส่วนใหญ่ (ร้อยละ 60.2) มีความพึงพอใจในวิชาชีพระดับสูง และร้อยละ 37.2 อยู่ในระดับปานกลาง มีร้อยละ 58.9 ของกลุ่มแพทย์ตัวอย่างนี้มีช่วงเวลาพักผ่อนนอนหลับประมาณวันละ 6-8 ชั่วโมง กลุ่มตัวอย่างนี้มีปัญหาเรื่องสายตามากถึงร้อยละ 74.9 ช่วงระยะเวลา 6 เดือนก่อนที่ทำการสำรวจมีแพทย์ที่สุขภาพดีไม่เป็นโรคเลยประมาณร้อยละ 63.8 ที่เหลือเป็นกลุ่มที่เป็นโรคเรียงตามลำดับ ซึ่งได้แก่ โรคภูมิแพ้ โรคความดันโลหิตสูง โรคหอบหืด โรคเบาหวาน และโรคมะเร็ง แพทย์กลุ่มตัวอย่างส่วนใหญ่ไม่สูบบุหรี่ (ร้อยละ 94.2) และไม่ดื่มสุรา (ร้อยละ 70.5) ด้านพฤติกรรมการบริโภค ได้แก่ ไม่เป็นมังสวิรัติ ไม่นิยมทานอาหารเร่งด่วน และส่วนใหญ่ของแพทย์กลุ่มนี้ให้เวลาการออกกำลังกายมากกว่า 2 ครั้งต่อสัปดาห์ถึงร้อยละ 58.6 สำหรับโอกาสที่สัมผัสกับสารคัดหลั่งและเชื้อโรค พบว่าร้อยละ 23.7 สัมผัสกับเลือด ร้อยละ 14.5 สัมผัสกับสารคัดหลั่งจากระบบทางเดินหายใจ และร้อยละ 13.7 สัมผัสกับหนองและสารคัดหลั่งจากแผลของผู้ป่วย ข้อมูลและองค์ความรู้ที่เกิดจากการงานวิจัยนี้จะเป็นฐานรากในการสร้างจิตสำนึกของแพทย์ที่มีต่อการเฝ้าระวังและแนะนำด้านสุขภาพของตนเอง เพื่อพัฒนาและขยายผลสู่ชุมชนในอนาคตของสังคมไทยต่อไป*