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FULL PAPER

Mental health impact on clinical staff of private hospitals in india: An audit

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The impact has been taken into account, especially for medical staff in the hospital. It is known that these healthcare workers have to endure stress and improper nutrition due to the internal pressure of their work. The purpose of this study is to analyze different variables that cause mental illnesses and their effects on healthcare professionals. An analysis is performed to understand the causes of mental illnesses and their impact on the person. Supervisors and physicians/physicians made the decisions for this study. Through a review and six discussion groups (each consisting of seven members), 43 characteristics of key data were identified. Following the study, 32 variables were retained from 54 participants. Irrespective of the category of participants, clinical staff feel that mental health leads to a lot of complications in life, and if this is not taken care of by the employer and the employee of the hospital, it will lead to a disaster.

KEYWORDS

Nurses; therapists; technicians; private hospitals; health care workers

Introduction

Clinical staff, also referred to as nursing staff, deliver medical services while being supervised by a physician. This term is commonly associated with nurses, doctors, physicians, and other personnel involved in patient treatment. However, it is frequently used to describe a qualified individual who holds direct responsibility for patient care, such as a physician. Doctors, nurses, and emergency room physicians all fall within this category. They alleviate doctors from the burden of conducting routine health examinations and managing medical records by performing routine diagnostic procedures, like collecting blood samples. In addition, they administer medical treatments such as injections or suturing wounds. Although not as extensive as the training required for doctors, it can contribute to preparing individuals to contemplate healthcare. In recent times, there has been a growing trend. attention to the mental health needs of healthcare providers, which is considered as a significant public health issue that can affect the quality of care. Healthcare workers encounter various stressors that can harm their well-being [1-3]. The projected global shortage of healthcare workers by 2030, as estimated by the World Health Organisation (WHO), amounts to 18 million with a concentration in lower-income countries. However, even wealthier nations struggle with the recruitment, retention, and support of their healthcare workforce [4]. Factors such

as heavy workloads, long hours, fast pace, unsafe conditions, chronic patient needs, moral dilemmas, job insecurity, and workplace bullying can lead to psychological distress and result in burnout, anxiety, depression sleep disorders, along with various other ailments, can disrupt one's sleep patterns and overall health [5-8]. Identifying and mitigating these risk factors is essential in safeguarding the mental health and well-being of healthcare professionals, as work-related stress can have detrimental effects on their professionalism, care quality, productivity, and overall quality of life.

A study of US physicians from 2011 to 2017 found that physician burnout fluctuated during this period, with approximately 44% reporting burnout symptoms in 2017, compared to 54% in 2014 and 45% in 2011 [9]. However, burnout levels remained consistently high throughout this time. Even after adjusting for demographics and workload, physicians were more susceptible to burnout and less satisfied with work-life balance than other working US adults [10]. Research indicates that physicians face burnout risks from both work-related and structural factors. Work-related risks include issues such as patient volumes, inadequate resources, poor management, misaligned tasks, and work-home interference [11]. Structural factors encompass being a woman in solo practice during the initial stages of their professional journey, experiencing a sense of powerlessness towards events, and ascribing success to luck rather than competence [12-13]. Furthermore, within low-income nations, the inadequate proportion of healthcare personnel in the populace substantially amplifies the strain and exhaustion experienced by workers. In these particular contexts, female health workers on the frontline, who frequently occupy lower positions in hierarchies, face restricted independence and an elevated vulnerability to burnout [14].

Healthcare worker burnout can significantly impact patient care. Research shows that burnout is linked to suboptimal patient care practices [15-17], an increased risk of medical errors, higher odds of malpractice lawsuits, and a higher likelihood of major self-perceived medical errors [18-20]. Furthermore, burnout has been linked to a heightened likelihood of motor vehicle collisions among medical professionals, despite taking fatigue into account. Moreover, burnout leads to absenteeism, diminished organizational loyalty, increased staff turnover, and heightened patient discontentment [21]. Furthermore, healthcare professionals often suffer in silence due to the stigma around mental health issues and the fear of professional repercussions. This can prevent them from seeking help, lead to reliance on inadequate self-care, lack of support, and increased suicide risk. Global studies have also revealed high suicide rates among medical professionals, particularly women, in various countries [22].

FIGURE 1 Mental health
(Source: I-stock)

In the above fugure-1, mental health position of a employee presented.

Objectives

To understand the factors such as social, environmental, and ancillary that lead to the poor mental health of clinical staff in private hospitals. To study the impact on health-related issues and relationships along with others among the clinical staff in private hospitals.

Statement of the problem or crucial issues

Mental health issues exist in all sectors but the dynamics of these will be different in the health care sector as compared to other sectors. These mental issues not only reduce the efficiency in the performance, but at the same time, a lot of other relevant challenges are being encountered by these health care workers. The present paper tries to decode the various impacts on health-related issues and relations with others.

Need for the study

Healthcare workers are the most vulnerable group in healthcare and are on the front lines of healthcare. The same thing has been tried and tested in recent epidemics. However, few studies have focused on their effects on mental health. This motivates the authors to conduct this research.

Even though earlier studies tried to focus on mental health issues in the study areas, not many studies were undertaken concerning nursing staff and technicians.

Scope of the study

The study at hand has certain restrictions. It covers the nurses, therapists, and technicians in the selected private hospitals in the capital region of Odisha, India. It includes both male and female respondents who served a minimum of 3 years of service in the selected private hospitals. To ensure confidentiality, the hospitals' names are not disclosed.

Methodology

This study utilized both primary and secondary data. The identification of research gaps was accomplished through the analysis of secondary data. Sampling was done in both cluster and snowball modes. Through document review and six discussion groups (each consisting of seven members), 43 characteristics of key data were identified. Following the search, 32 variables were retained from 54 participants. In this study, Likert's five-point scale method was used to calculate data and create differences between variables. Agree (CA) is 4 points, agree (A) is 3 points, neutral (N) is 2 points, disagree is 1 point (DA), and 0 means it is not considered perfect (CDA). Profiles on five parameters are calculated with perceptual weights.

Sample size determination

The sample size for this study was determined to be between 1:4 and 1:10 (Rummel 1970; Schwab 1980). Based on this model, the minimum sample size should be 4 times the item frequency, while the maximum sample size should be 10 times the item frequency. Since we are examining 32 items, 18 items, and 14 effects, the minimum and the maximum standards should be 128 and 320, respectively.

After eliminating biases, we collected 146 observations that met the criteria of falling within the minimum and maximum values of the sample. According to the guidelines set by Rummel (1970) and Schwab (1980), a sample size of 146 individuals was deemed sufficient for this study.The present study considered cluster and snowball sampling for the collection of data.

TABLE 1 Sampling frame

Category	Sex	F
Nurses	Male	31
	Female	43
Therapists and technicians	Male	30
	Female	42
Total		146

(Source: Primary data)

TABLE 2 Demographic profile of the respondents under study

Details	Male	Female	Total
Sex	61	85	146
Age (year)			
Under 30	27	49	76
Over 30	34	36	70
Education			
Diploma	29	47	76
Others and above diploma	32	38	70
Family background			
Single	26	36	62
Joint family	35	49	84
Marital status			
Married	36	46	82
Unmarried	25	39	64

(Source: Primary data)

According to Table 1, the number of male nurses therapists, and technicians was 31 and 30, respectively. Similarly, female respondents for the same were 43 and 42 numbers.

Based on Table 2, 61 were male and 85 were female. In case of age 76 were under 30 and 70 were over 30 years.

Concerning education, 76 were under the diploma category and the rest were under others and above diploma. For the family background, 62 were single and 84 were living with family. Similarly, regarding marital status 82 were married and the rest were unmarried.

Data Analysis

TABLE 3 Weight calculation for various factors leads to mental health as per assigned scores Where

		MN	FN	MTT	FTT
Social factors	The maximum possible weight	868	1204	840	1176
	Least possible weight	0	0	0	0
Environmental and ancillary factors	The maximum possible weight	1364	1892	1320	1848
	The least possible weight	0	0	0	0

The maximum possible weight = number of respondents' X maximum weight X number of variables. The least possible weight = number of respondents' X least weight X number of var iable.

With refence to Table 3, it represents maximum and minimum weigh for the factors leads to mental health for the MN, FN, MTT and FTT presented.

The maximum possible weight = number of respondents' X maximum weight X number of variables. The least possible weight = number of respondents' X least weight X number of variable.

With refence to Table 4, it represents maximum and minimum weigh for the impact on health related issues and impact on relations and others for the MN, FN, MTT and FTT.

In the above Figure 2, the perentage of total actual weight to maximum possible weight be presented for various category of medical staff along with the average weight for the socal factors under consideration.

In the above Figure 3, the perentage of total actual weight to maximum possible weight be presented for various category of medical staff along with the average weight for the environmental and ancillary factors.

TABLE 4 Weight calculation for the impact on mental health as per scores assigned Where

		MN	FN	MTT	FTT
Impact on health-related issues	The maximum possible weight	1116	1548	1080	1512
	The least possible weight	0	0	0	0
Impact on Relationships and others	The maximum possible weight	620	860	600	840
	Least possible weight	0	0	0	0

TABLE 5 Analysis of factors

Various factors	MN	FN	MTT	FTT
Social factors				
Unhappiness and decreased enjoyment of life	94	144	93	141
Family conflicts	90	138	89	140
Relationship difficulties	95	129	94	130
Social isolation	98	129	97	131
Life situations that cause stress, such as financial difficulties, the loss of a loved one, or divorce	96	134	95	138
Few friends or few healthy relationships	92	130	92	139
Unique pressures from relationships with the patient, family members, and employers	91	142	91	125
Total weight	656	946	651	944
Maximum Possible Weight	868	1204	840	1176
Least Possible Weight	0	0	0	0
The percentage of the total weight allocated to the maximum possible weight	75.58	78.57	77.5	80.27
Average weight		77.98		
Environmental and ancillary factors				
Legal and financial problems	92	127	87	127
Poverty and homelessness	95	141	93	122
A family member with a history of mental illness, like a parent or sibling	92	141	93	125

A persistent medical issue like diabetes	94	134	93	122
Traumatic brain injury, resulting from a significant impact on the head, has the potential to cause damage to the brain.	92	134	89	127
Use of alcohol or recreational drugs	96	142	86	126
A childhood history of abuse or neglect	95	137	95	127
Caring for sick individuals can lead to highly stressful and emotionally demanding situations	94	143	94	133
Working conditions with an ongoing risk of exposure to COVID-19 and other communicable diseases, as well as dangerous medications	90	138	90	137
Long and often unpredictably scheduled hours of work	100	135	99	143
Work hours that are long and often not planned	94	133	93	141
Total weight	1034	1505	1012	1430
The Maximum Possible Weight	1364	1892	1320	1848
The Least Possible Weight	0	0	0	0
The percentage of the total weight allocated to the maximum possible weight	75.81	79.55	76.67	77.38
Average weight		77.35		

(Source: Annexure 1,2,3, and 4)

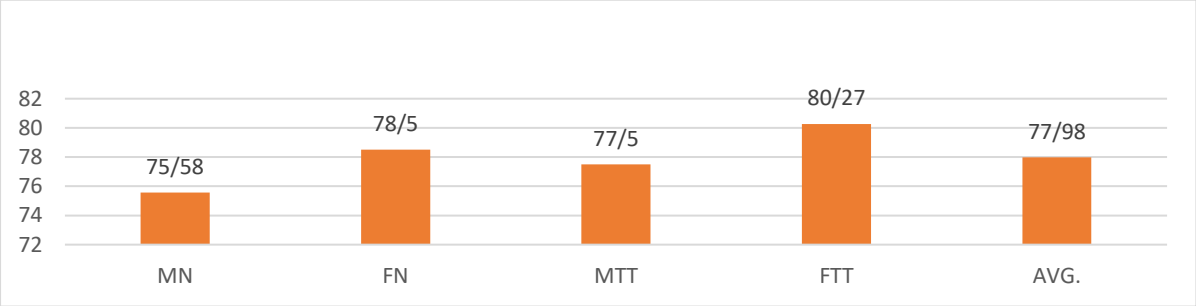

FIGURE 2 Social factors
(Source: Table 5)

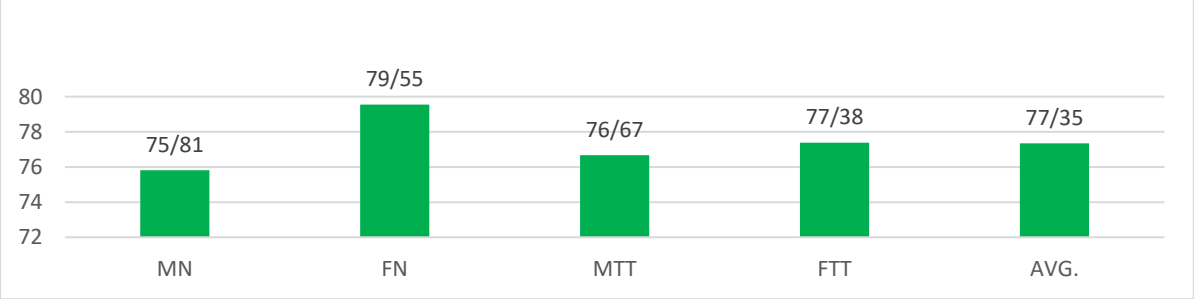

FIGURE 3 Environmental and ancillary factors
(Source: Table 5)

TABLE 6 Impact analysis

Variables impact on mental health	MN	FN	MTT	FTT
Impact on health-related issues				
Feeling sad or down	94	142	90	142
Perplexed thinking or impaired ability to stay focused	90	140	99	129
Excessive anxieties, concerns, or intense sensations of remorse	93	135	86	140
Dramatic changes in emotional well-being, experiencing both extreme highs and lows	88	131	87	132

Difficulty in managing everyday challenges or pressures	87	130	91	136
Sex drive changes	101	126	105	140
Leads to chronic diseases such as diabetes, asthma, cancer, cardiovascular, etc.	100	128	103	133
Suicidal thinking	91	116	97	126
Sleep disorder	110	126	102	134
Total weight	854	1174	860	1212
The Maximum Possible Weight	1116	1548	1080	1512
The Least Possible Weight	0	0	0	0
The percentage of the total weight allocated to the maximum possible weight	76.52	75.84	79.63	80.16
Average weight	78.04			
Impact on Relationships and others				
Withdrawal from friends and activity	86	129	99	132
Difficulty comprehending and establishing connections with circumstances and individuals	87	125	92	122
Excessive anger, hostility, or violence	91	130	90	124
Impacts on the performance	97	125	86	122
Increasing smoking habits and drinking habits	100	149	100	136
Total weight	461	658	467	636
The Maximum Possible Weight	620	860	600	840
The Least Possible Weight	0	0	0	0
The percentage of the total weight allocated to the maximum possible weight	74.35	76.51	77.83	75.71
Average weight	76.10			

(Source: Annexure 5,6,7, and 8)

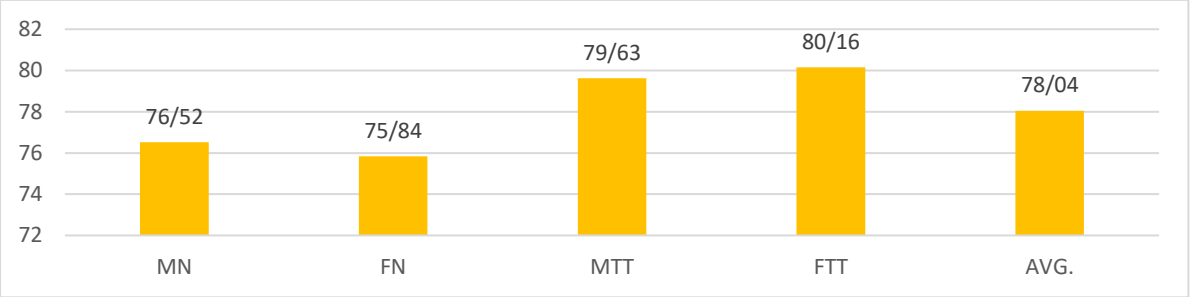

FIGURE 4 Impact on health-related issues
(Source: Table 6)

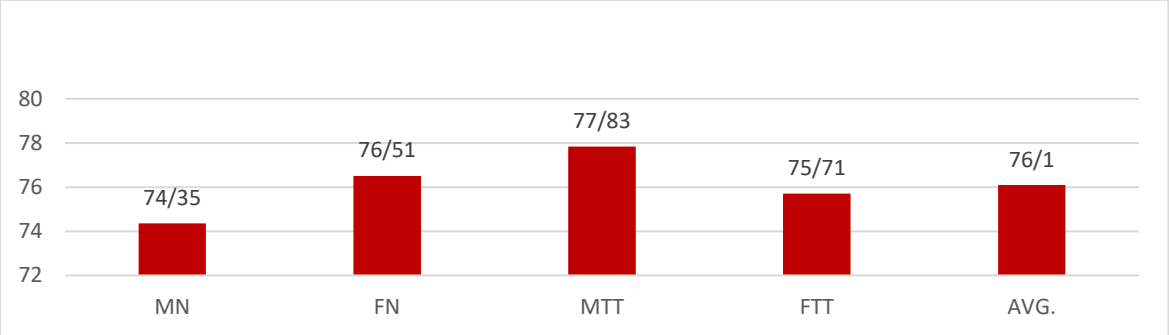

FIGURE 5 Impact on relationships and others (Source: Table 6)

With reference to Figure 4, it represents percentage of actual weight to mazximum possible weight for the impact on health related issues presented.

With reference to Figure 5, it represents percentage of actual weight to mazximum possible weight for the impact on relationship and others presented.

Interpretation

According to Table 5, when responding to questions related to social factors such as unhappiness and decreased enjoyment of life, family conflicts, relationship difficulties, social isolation, and life situations that cause stress, such as financial difficulties, the loss of a loved one, or divorce, few friends or few healthy relationships, and unique pressures from relationships with the patient, family members, and employers for the MN, FN, MTT, and FTT, the percentage of actual weight to the maximum possible weight was 75.58, 78.57, 77.5, 80.27 and average weight was 77.98. It shows that all the factors considered for social support have a support base of more than 75%, and it indicates that these are playing a dominant role in the mental health of the clinical staff in private hospitals. Similarly, environmental and ancillary factors such as legal and financial problems, poverty, and homelessness, a persistent medical issue like diabetes, and traumatic brain injury, resulting from a significant impact to the head, have the potential to cause damage to the brain, use of alcohol or recreational drugs, a childhood history of abuse or neglect, caring for sick individuals can lead to highly stressful and emotionally demanding situations, working conditions with an on-going risk of exposure to COVID-19 and other communicable diseases, as well as dangerous medications, long and often unpredictably scheduled hours of work and work hours that are long and often not planned for the MN, FN, MTT, and FTT, the percentage of actual weight to the maximum possible weight were 75.81, 79.55, 76.67, 77.38 and the average weight was 77.35. It shows that all the factors considered for environmental and ancillary have more than 75% support base, and it refers to the fact that these play a dominant role in the mental health of the clinical staff in private hospitals. According to Table 6 answering the questions of the impact of various variables on mental-related issues such as feeling sad or down, perplexed thinking or impaired ability to stay focused, excessive anxieties or concerns, intense sensations of remorse, dramatic changes in emotional well-being, experiencing both extreme highs and lows, difficulty in managing everyday challenges or pressures, sex drive changes, leads to chronic diseases such as diabetes, asthma, cancer, cardiovascular, etc. and suicidal thinking for the FTT, MTT, FN, and MN were 80.16, 79.63, 75.84, and 76.52, and the average weight was 78.04.Similarly, for the impact on relationships and others, such as withdrawal from friends and activity, difficulty comprehending and establishing connections with circumstances and individuals, excessive anger, hostility, or violence, impacts on performance, and increasing smoking and drinking habits for the FTT, MTT, FN, and MN were 75.71, 77.83, 76.51, and 74.35. The average weight was 76.10.

Conclusion

Mental health is a burning issue in the present world. The impact of this is so huge on the life of an individual that it takes everything from the person affected. The current investigation was limited to the medical personnel of private healthcare providers in the eastern region of India. The findings suggest that there is a need for immediate attention to the mental health issues of the staff in the hospitals under study.

Two factors were considered contributory to mental health care: social factors as well as environmental and ancillary factors. Similarly,

the impact was analyzed based on health-related issues, relationships, and others. Overall findings will help future researchers undertake similar studies in other sectors.

Suggestions

- ✓ There is a need for continuous counseling for these clinical staff. Regular yoga or exercise will help to control the challenges of mental health. Adequate rest should be allowed so that sleeping disorders can be reduced.
- ✓ Regular health checkup camps should be initiated by the concerned hospitals.
- ✓ Support from family members and friends should be provided to counter the mental health challenges.

Limitations of the study

The present study has some limitations on number of respondents and geographical location. The outcome may be different with the change in respondents' composition and locations.

Contribution of the study

The findings of the present initiatives will surely help hospital staff and give a lead for the policyholders to overcome mental health challenges faced by these paramedic staff. In addition to this, the present study will be an additional contribution to the existing literature.

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Conflict of interest

There is no such conflict of interest with any individual or organization. This is a perfect collaborative initiative of authors to contribute to the existing literature.

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