

Social life and happiness analysis of female emergency physician in Turkey

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Abstract

The study is aimed to analyze female emergency physician domestic support, social activity, occupational satisfaction level, and subjective happiness scale results. An electronically designed questionnaire form was e-mailed to 380 female emergency physicians working in our country. Happiness level of the participants was rated using the Subjective Happiness Scale. Among 380 female emergency physicians working in Turkey, 100 completed questionnaire. We did not detect any significant differences between the happiness scale scores of the participants with respect to their age, duration of working as a physician, academic title, monthly income, institution, monthly number of night duties, and the daily number of patients visiting emergency department.

Keywords: Emergency physicians, Female, Happiness.

DOI: <https://doi.org/10.5455/JPMA.273944>

Introduction

Specialty training in emergency medicine has been provided since 1993 in our country. The number of clinics providing specialty training and emergency physicians trained by these clinics has been steadily increasing. However, it has also been reported that the specialty of emergency medicine is not popular as a career choice.¹ More so, as a result of being perceived as a specialty carrying a malpractice risk.¹ It may be argued that night shifts that start in residency formally and last lifelong, as well as long, exhausting, stressful, and busy duty hours contribute to this specialty's bad image. It has been reported that particularly female medical students often prefer other specialties such as dermatology and ophthalmology, which carry relatively less risk than high-risk specialties such as emergency medicine.²

Despite these facts, emergency physicians also continue to attract female physicians.

As of 2105, some 380 female emergency physicians work

in various hospitals in Turkey. Female emergency physicians, just as their male counterparts, are faced with stressors such as unexpected critical cases, society's expectations for high professionalism, and the need for constant occupational self-improvement. These factors in turn adversely affect specialists' social life and happiness. Therefore, there is an ongoing need for studies that determine the effect of the stressful environment on female emergency physician social lives and happiness levels.

The aim of this study is to analyze female emergency physicians domestic support, social activity, occupational satisfaction level, and subjective happiness scale results.

Patients/Methods and Results

This study was approved by Baskent University Medical and Health Sciences Research Committee (Project No: KA15/203).

An electronically designed questionnaire form was e-mailed to 380 female emergency physicians. Happiness level of the participants was rated using the Subjective Happiness Scale developed by Lyubomirsky and Lepper,³ which was adapted to Turkish by Akin and Satici.^{3,4}

This scale meets psychometric criteria. The final score was recorded as happiness scale score.

The study data was analyzed with the help of SPSS 17.00. The normality of continuous variables was tested using Kolmogorov-Smirnov that demonstrated that the data were normally distributed. One-way ANOVA test was used for comparison of more than two groups, and Student's t test for paired groups. A p value of less than 0.05 was considered statistically significant for all statistical comparisons.

Among 380 female emergency physicians working in Turkey, 100 completed the questionnaire. No significant differences were observed between the happiness scale scores of the participants with respect to their age, duration of working as a specialist, monthly number of night duties, and the daily number of patients visiting emergency department (Table-1).

A comparison between the participants' happiness score with respect to their marital status and family

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Table-1: The comparison of happiness scale scores of female emergency physicians with respect to their factors related to working conditions, their marital status and family characteristics.

	Percentage - Number(n)	Happiness Scale
Age (years)		
25-45	50% (50)	p=0.786
36-45	47% (47)	
46-55	3% (3)	
56-65	-	
Duration of working as a physician (years)		
0-5	65% (65)	p=0.963
6-10	19% (19)	
11-15	15% (15)	
> 15	1% (1)	
Monthly number of duties		
0	26% (26)	p=0.50
1-5	16% (16)	
6-10	54% (54)	
> 10	4% (4)	
Number of patients admitted to the emergency department		
0-200	22% (22)	p=0.198
201-400	11% (11)	
401-600	19% (19)	
601-800	21% (21)	
> 800	27% (27)	
Marital status		
Married	76% (76)	p=0.872
Single	24% (24)	
Having children		
Yes	64% (64)	p=0.278
No	36% (36)	
Who does care for children when you are on duty?		
Father	39% (25)	p=0.764
Caretaker	20.3% (13)	
Relatives	40.6% (26)	
Is there anyone helping you with housework?		
Yes	72% (72)	p=0.793
No	28% (28)	

characteristics was summarized. Subsequent analysis failed to show any significant differences between happiness scores with respect to marital status and family characteristics (Table-1).

The summary of comparison of happiness scores of female emergency physicians with respect to social activities and getting psychiatric help did not reveal any significant differences ($p < 0.05$) (Table-2). However, we found a significant positive correlation between satisfaction and happiness score (correlation coefficient $r = 0.408$; $p < 0.001$). That is, physicians with higher happiness score had a higher level of satisfaction.

This study evaluated happiness levels of female emergency physicians. The age range of the participants

Table-2: The comparison of the happiness score of female emergency physicians with respect to academic-social activities, psychiatric status, and satisfaction level.

	Percentage - Number(n)	Happiness Scale
Monthly number of social activities		
0-3	93% (93)	p=0.542
4-7	4% (4)	
8-10	-	
11 or more	3% (3)	
Sports frequency		
Daily	2% (2)	p=0.33
At regular intervals	12% (12)	
At irregular intervals	40% (40)	
Rarely	22% (22)	
Never	24% (24)	
Having any psychiatric help to this date		
Yes	25% (25)	p=0.986
No	75% (75)	
Currently getting psychiatric help		
Yes	7% (7)	p=0.601
No	93% (93)	

was 25-55 years. Seventy-seven (77%) of them were working as emergency physician. Seventy-six (76%) were married. Seventy-two (72%) of them hired ancillary personnel to help them for housework. Seventy-four (74%) of the participants were staying for night duties and twenty-seven (27%) were working at centers with daily patient visits of 800 or more.

Job satisfaction was as follows: three (3%) were very satisfied, twenty-nine (29%) were satisfied, thirty-four (34%) were undecided, twenty-three (23%) were dissatisfied, and eleven (11%) were very dissatisfied. Happiness is defined as experiencing positive feelings more intensely than negative ones, and being satisfied with life. Furthermore, it has been stated that happiness protects persons against psychological disorders by leading to positive results, and persons perceive things differently when they are happy.^{4,5}

In our study, seventy-six (76%) of emergency physicians were married, sixty-four (64%) had children, and twenty-three (23%) were academicians. Given that 20.4% emergency physicians work in universities according to the yearbook 2014 of Turkish State Hospital.^{5,6} Association, it may be suggested that female emergency physicians opted to pursue an academic career at a slightly greater rate. It may also be stated that female emergency physicians do not give up their responsibilities as mother or wife.

Patrick and Thomas found a greater happiness score among physicians who were older and had a greater job experience.^{6,7} In contrast; the present study revealed no

correlation between working duration of physician and the happiness score. This may have resulted from there being a low number of physicians working for long periods as emergency physicians since this is a newly introduced specialty in the country.

According to the data provided by the American College of Emergency Physicians (ACEP), the burnout rate among emergency physicians is 7.5% in 5 years, and it was foreseen that this figure may climb to 25% in 10 years.^{7,8} This suggests that the burnout rate is increased with longer working duration in emergency departments. In this study, 65% of all emergency physicians had been working for periods of less than 5 years. This likely resulted from the fact that the emergency physician is a novel discipline in the country. As such, the long-term consequences of occupational burnout will be defined more precisely in the coming years.

Clemet al reported that 79.5% of emergency physicians were satisfied or very satisfied. The factors responsible for this high satisfaction level were identified as being among notable people in the work place, career opportunities, flexible working hours, and equality with male colleagues.^{8,9} In the present study, however, 32% physicians were satisfied or very satisfied. The discrepancy may have resulted from differences in wages, emergency crowding, emergency department abuse rates, and working hours.

In a questionnaire based study among female physicians it was revealed that female emergency physicians had a significantly lower marriage rate, had a greater level of work-related stress than their colleagues in other specialties, while their occupational satisfaction level was similar to their specialties.^{9,10} As this study included only female emergency physicians no comparison could be made with other specialties. Nevertheless, it was observed that 76% of the participants were married, and that there was no significant correlation between marital status and happiness score ($p=0.872$).

Moreover, female emergency physicians did not prefer to get psychiatric support in their battle against stress in both academic and working environments. This may have

been due to their preference and efforts to cope with stress by themselves or the stress was not high enough to seek help.

Conclusion

There were no significant differences between happiness scores of female emergency physicians with respect to their sociodemographic properties. However, physicians with a high satisfaction level also had a higher happiness scale score.

Disclaimer: The manuscript was presented at 5th Eurasian congress on emergency medicine and 12th Turkish emergency medicine congress. Antalya/Turkey. 10-13 November 2016.

Conflict of Interest: None.

Sources of Funding: None.

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