

ASSESSMENT OF HEALTH SEEKING BEHAVIOUR AMONG LAWYERS

Rushda Kausar, Mahmood Ur Rahman*, Naila Azam, Humaira Mahmood, Farrah Pervaiz

Armed Forces Post Graduate Medical Institute/National University of Medical Sciences (NUMS) Rawalpindi Pakistan,

*HITEC Taxila Pakistan

ABSTRACT

Objective: To assess the health-seeking behavior among lawyers and to give viable recommendations for the improvement of their health and wellbeing

Study Design: Descriptive cross-sectional.

Place and Duration of Study: This study was conducted at District Bar Association, from Mar to Sep 2018.

Material and Methods: Data were collected through pre-tested semi structured questionnaire distributed among a convenient sample of 323 lawyers and entered into SPSS for descriptive and inferential analyses.

Results: Mean age of lawyers was 40.0 ± 8.3 with the gender distribution of Male 314 (97.2%) and Female 9 (2.8%). The 232 (71.8%) lawyers were non-smoker while 91 (28.2%) having history of smoking. Mean physical activity was 44.1 ± 24.3 minutes in a day. Health seeking behavior of lawyers 295 (91.3%) visited allopathic doctors, followed by 19 (5.9%) visiting homeopaths and 9 (2.8%) to hakims. There a sons for preferred health care provider 138 (44.1%) were reported for better health care whilst 103 (32.9%) were had faith in them, 54 (17.3%) were due to previous experience and 18 (5.8%) were not having alternative option. 18 (5.6%) were going for routine medical examination 6 monthly while 305 (94.4%) visited the facility when they get sick.

Conclusion: The lawyers usually visit allopathic doctors and hospitals for the treatment. Few lawyers visit hospitals for routine medical examination, where as most of the lawyers do not prefer routine checkups.

Keywords: Health Seeking Behaviour, Lawyers, Perception.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Heavy workload, demanding tasks, time pressure, and professional responsibilities may affects lawyer's mental and physical health, reduced professional efficiency and quality of life. The lawyer's well-being is very important whereby lawyers seek to flourish in emotional health, occupational pursuits, and intellectual endeavors, sense of spirituality, physical health, and social connections with others. Lawyer's prosperity is a piece of a legal advisor's ethical duty of competence. It includes lawyers' ability to make healthy, positive work choices to assure not only a quality of life within their families and communities, but also to help them make responsible decisions for their clients. It is the responsibility of Public health to promote and protect the health of people and the communities where they live, learn, work and play. Lawyer's

well-being have an effect on ethics and professionalism¹.

Health seeking behavior (HSB) refers to the behaviour of people towards seeking their own health through provided health services. HSB has been a pivotal agenda for the health professionals and policy makers due to its strong association with health and wellbeing in terms of intervention and strategy development. Defined HSB as the manner in which individuals monitor their bodies, define and interpret their symptoms, take remedial action, and utilize other sources of help, as well as engage with the more formal healthcare system². Knowledge, attitude and behaviour about health and health care system believed to be the pivotal predictors of Health Seeking Behaviour.

A lawyer's daily activities and attitudes have a major effect on their health. Physical activity, diet, and psychosocial aspects like stress and smoking play a vital role in sustaining health and preventing illness. The incidence of substance

Correspondence: Dr Rushda Kausar, Armed Forces Post Graduated Medical Institute, Rawalpindi Pakistan
Email: rushdakausar123@gmail.com

abuse is higher for lawyers than the population as a whole³. The changeable lifestyle, food habits of lawyers along with a decline in physical activity lead to sickness and decrease the quality of life. Physical activity can appreciably lessen the threat of many problems like obesity, diabetes, and stress related problems. The practice of law can be demanding and exceedingly stressful and the lawyers were found to undergo stress.

More than other professionals do as they deal with the problems of others. Such stressors, in combination with changing lifestyles, support the development of risky lifestyles like smoking and a low concern for healthy nutrition and restful sleep. Three times additional law students than medical students were found smoking. Concerning alcohol usage, no vital variations were found between medical and law student's behavior⁴. Depression is thrice higher for lawyers than other professionals; the reasons embody the pressures of the work and characteristics that create lawyers smart at their jobs. Lawyers are found to have the symptoms of depression, anxiety, obsessive-compulsive disorders, and other problems. The author adds that, of every five lawyers, who required help, two have psychological issues, one suffers from addiction, and two have both problems⁵. Flexible work arrangements are one way firms can reduce stress levels among their lawyers, promote work-life balance, and, ultimately, avoid productivity costs associated with unaddressed mental illness in the workplace⁶.

According to the World Health Organization, physical activity is defined as any bodily movement produced by skeletal muscles that require energy expenditure. Physical inactivity has been identified as the fourth leading risk factor for global mortality⁷. Eating healthy and balanced food regularly assists in maintaining a balanced weight, enlarged energy levels, and good mood. Positive stimulation to others, and potential for improving the quality of life. Eating habits vary significantly, as females were found to be more conscious than males⁸. Poor sleep has been associated with many medical conditions,

including obesity. Improper sleeping habits also result in exhaustion and lack of concentration in job. Good sleeping is linked to good health⁹.

Studies have provided evidence that smoking decreases life years by 7 to 8 years. It has been found that smoking rate of lawyers was found to be elevated than that of medical doctors¹⁰. Consumption of alcohol may cause stroke, high blood pressure, stroke, liver cancer, and so on. As lawyers experience a high level of stress, greater part of lawyers were found to consume alcohol. Alcohol usage and stress are interconnected; as the quantity of stress increases, the usage of alcohol also heightens¹¹. Basis of stress for a number of lawyers is the adversarial nature of the profession itself¹². Lawyers are normally involved in business disputes and deals when the stakes are high, and the problem is great, so there is more reason for stress. Female lawyers are found to experience more stress than male lawyers¹³.

For law firms and corporations, lawyer health is an important form of human capital that can provide a competitive advantage¹⁴. Job satisfaction predicts retention and performance¹⁵. Gallup Corporation has performed years of research showing that employee properly-being in the shape of engagement is linked to a host of organizational fulfillment elements, along with lower turnover, high client satisfaction, and higher. The Gallup research also shows that few organizations fully benefit from their human capital because most employees (68 percent) are not engaged¹⁶. Reducing turnover is especially important for law firms, where turnover rates can be high. 2016 survey by Law 360 found that over 40 percent of lawyers reported that they were likely or very likely to leave their current law firms in the next year¹⁷. This high turnover rate for law firms is expensive with estimated costs for larger firms of \$25 million every year¹⁸. Enhancing lawyer health and well-being is good business and makes sound financial sense.

Those who had good dietary habits are less obese¹⁹. Lawyers are the second most sleep-

deprived occupation in the United States²⁰. Larger numbers of men smoke as compared to women²¹. Women lawyers are found to have lesser job satisfaction and high level of stress²². Lawyers found to own unfavorable health practices associated with use of tobacco and alcohol, exercise, diet, sleeping habits, and stress. Many of the lawyers had poor feeding habits of skipping meals and eating snacks as breakfast²³.

HSB is also variable among communities. Therefore, for any particular community HSB might be different from the mainstream society and common health intervention strategies might not be applicable to them.

MATERIAL AND METHODS

This study was conducted at District Bar Association. This was descriptive cross sectional study. The study population was comprises of

collected by semi-structured Health seeking behavior questionnaire 12 items assessed on Likert scale. A descriptive analysis of the variables presented, such as Health Seeking Behaviour of the respondents by age, sex. Categorical variables were summarized according to the absolute frequency and percentage of subjects (%) in each category level. Data on numerical variables were analyzed mean and Standard Deviation (SD) of continuous variable was reported.

RESULTS

The gender distribution from out of 323 of respondents, 314 (97.2%) were male and 9 (2.8%) were female. The Mean age of participants was 40.0 years with SD ± 8.3 years ranges from minimum 27 years to maximum 60 years. Concerning marital status, 269 (83.3%) were

Table: Demographic characteristics of respondents (n=323).

S. No.	Variable		Frequency (%)
1	Gender	Male	314 (97.2%)
		Female	9 (2.8%)
2	Age (mean \pm SD) years		± 8.3
3	Marital status	Married	269 (83.3%)
		Unmarried	54 (16.7%)
4	Sleeping hours (mean \pm SD) / day		± 1.1
5	Smoking	No	232 (71.8%)
		Yes	91 (28.2%)
6	Total working hours (mean \pm SD)		± 2.5
7	Dietary preferences	Junk food	19 (5.9%)
		Healthy food	304 (94.1%)
8	Daily physical activity (mean \pm SD) minutes		44.1 \pm 24.3
9	Monthly health expenditure (mean \pm SD) RS		± 2105.1
10	Paid for health	OOPS	323 (100%)
		By Govt	NIL
11	Any chronic disease	No	287 (94.1%)
		Yes	18 (5.9%)

323 lawyers. Open epi software was used to compute the sample size. The non-probability convenience sampling technique was used for data assemblage. All the lawyer currently private practicing at district bar association were invited to take part in the study except those with government job and practicing other than district bar association. The questionnaire was initially pretested on 10% of the total sample. Data were

married, 54 (16.7%) were unmarried. Regarding smoking, majority 232 (71.8%) of lawyers were non-smokers while 91 (28.2%) had history of smoking. 18 (5.9%) reported that they were suffering from chronic disease whilst 287 (94.1%) reported absence of any chronic disease. Therefore, all respondents (323) were purchasing health totally from out of pocket. In addition, there was no Government healthcare facility

available within the organization. The demographic characteristics of respondents are shown in table-I.

Health Seeking Behavior of Lawyers

The HSB was measured by using semi structured Questionnaire. When they get sick 295 (91.3%) approached allopathic doctors followed by 19 (5.9%) Homeopathic and 9 (2.8%) Hakim for the relief. Regarding the frequency of visit for

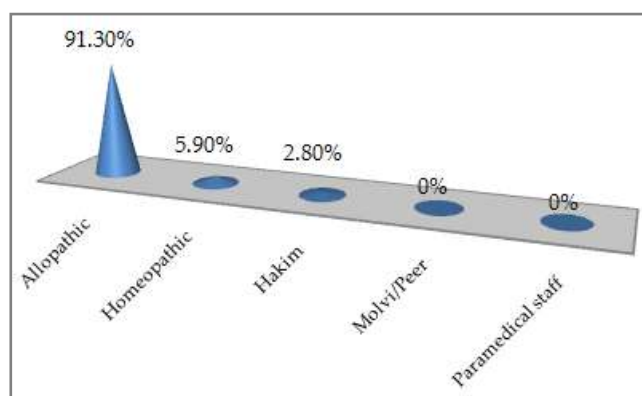


Figure-1: Approach towards healers.

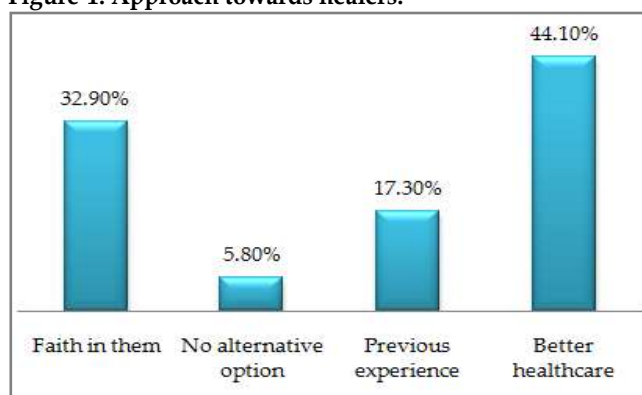


Figure-2: Reason for going to preferred health care provider.

health care at clinic or hospital 137 (46.3%) were visited once in a year subsequently 94 (31.8%) 6 Monthly, 37 (12.5%) never in last 5 years, 19 (6.4%) monthly and 9 (3.0%) once in last two years.

As to the reasons for preferred health care provider 138 (44.1%) were reported for better health care whilst 103 (32.9%) were had faith in them, 54 (17.3%) were due to previous experience and 18 (5.8%) were not having alternative option. Concerning the health outcomes subsequently

visited to preferred health care provider 295 (93.9%) reported that they were recovered from health problem, followed by 11 (3.5%) did not recovered and 8 (2.5%) witnessed the recovery of other people.

According to them, the treatment that had more side effects 196 (60.7%) were answered the Allopathic, then 54 (16.7%) Hakim, 27 (8.4%) Molvi/peer, 19 (5.9%) hakim and molvi/peer, 9 (2.8%) Homeopathic and 9 (2.8%) had no knowledge about it. 211 participants (65.3%) believed that untreatable diseases were treatable in Homeopathy, while 112 (34.7%) were viewed it as not.

About the effectiveness of Allopathic doctor on rating scale, 45 participants (13.9%) regarded them as Excellent, while 82 (25.4%) valued as Good, 56 (17.3%) Fair, 112 (34.7%) Satisfactory and 28 (8.7%) ranked as Poor. 29 participants (9.2%) were viewed the Homeopath doctor as Excellent 18 (5.7%) Good, 9 (2.8%) Fair, 195 (62.1%) Satisfactory and 54 (17.2%) were rated as Poor. 27 participants (8.4%) believe in that injection is the treatment for most of the diseases, but 286 (91.6%) did not. 202 participants (62.5%) advised others to seek treatment from Allopathic doctor, whereas 28 (8.7%) from Homeopathic and 9 (2.8%) from Molvi/Peer but 84 (26.0%) answered the option no or left it blank. Only 18 (5.6%) were going for routine medical examination 6 monthly while 305 (94.4%) visited the facility when they get sick.

Graphical representation of the participant preferred to consult with Allopathic doctor and then with Homeopathic and Hakim.

The graphical illustration that mostly consulted to preferred Health Care Provider for better health care followed by having faith in them and lastly having no alternative option.

DISCUSSION

The implementation of health education programmes to Warn about the dangers of tobacco, which are designed to modify behavior by way of change in attitudes and beliefs, should

be examined. This study pointed out that 28% of lawyers reported themselves as smokers. This result is supported by 23 where higher proportions of male lawyers consumed tobacco daily.

Physical exercise is associated with reduced symptoms of anxiety and low energy. Aerobic exercise has been found to be as effective at improving symptoms of depression as anti-depressant medication and psychotherapy²⁴. Arrangement for walking tracks and Jim within the workplace improves brain functioning and cognition, while also improving productivity and competitiveness. This study indicates that physical activity is not a priority among the lawyers. Lawyers were generally have had mean 44 minutes physical activity per day, ranging from 0 to 120 minutes per day. Results of the study are supported by the findings²³ where unwillingness of lawyers to take part in various forms of physical activity has effects on their health and 25 where physical activity has good health benefits. This result is resistant to the recommendations of the 26 where adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week.

Proper diet is a crucial element of good health. Although it is commonly agreed by 94% lawyers that they preferred to consume healthy food. It has been found that only a low proportion of lawyers 6% consumed junk food. This result is supported by with the results of the study-conducted by 19, where they found that those who had good dietary habits were less obese.

The advantages of improved lawyer well-being are convincing and the cost of lawyer impairment is too big to ignore. Emphasizing that well-being is a vital element of a lawyer's job of competency. Such small steps can lead to the maximum output of lawyers in a profession that has always been and will remain, demanding²⁴. My study revealed most of the lawyers were found to have sleep deprivation, which means

they have less than eight hours of sleep per day. The lawyers have mean 6.9 hours of sleep per day, ranging from minimum 7 hours to maximum 9 hours. Supports the findings of the study²⁰, where it was found that lawyers are the second most sleep-deprived occupation in the United States.

In future, a comparative study of different District Bars must be conducted to see if any changes in the habits and attitudes of lawyers have taken place, and to determine the direction of these changes. A strategy must be developed to facilitate improvement in the health behaviors of the lawyers in the upcoming years. Medical facilities to the lawyers must be provided by the organization.

CONCLUSION

The usual routine of lawyers in the time of sickness is visiting allopathic doctors and hospitals for the treatment. The reason for their visit to the allopathic hospitals specifically is their expectation of better healthcare and their belief in allopathic medication. Moreover, the ratio of those who prefer routine medical checkups to those who prefer checkups when get sick is quite interesting. A small number of the lawyers visit hospitals for routine medical examination while the rest of the strength does not prefer routine checkups.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

REFERENCES

1. Buchanan B, Coyle J, Brafford A, Campbell D, Camson J, Gruber C, Harrell et al. The Path to Lawyer Well-Being: Practical Recommendations for Positive Change (The Report of the National Task Force on Lawyer Well-Being), Part II, Recommendations for Law Schools. SSRN Electronic J 2017.
2. Mechanic D. Sex, illness, illness behavior, and the use of health services, 12 ed. : Social Science & Medicine. Part B: Medical Anthropology; 1978.
3. Rothstein L. Law students and lawyers with mental health and substance abuse problems: protecting the public and the individual. University of Pittsburgh Law Review 2008; 69(3): 531-66.
4. Coe RM, Miller DK, Wolff M, Prendergast JM, Pepper M. Attitudes and health promoting behavior of medical and law students. Am J Public Health 1982; 72(7): 725-27.

5. Weiss DC. Perfectionism, 'psychic battering' among reasons for lawyer depression. ABA J. 2009 http://www.abajournal.com/news/article/perfectionism_psychic_battering_among_reasons_for_lawyer_depression/
6. Mezrani L. Poor mental health programs failing lawyers. <http://www.lawyersweekly.com.au/news> 2013; (11370).
6. WHO. WHO int. www.who.int (accessed 3 Mar 2018).
7. El Ansari W, Stock C, John J. Health promoting behaviours and lifestyle characteristics of students at seven universities in the UK. *Central Eur J Public Health* 2011; 4(19): 12-24.
8. Steptoe A, Wardle J, Cui W. Trends in smoking, diet, physical exercise, and attitudes toward health in European university students from 13 countries, 1990-2000. *Preventive Medicine* 2002; 35(2): 97-104.
9. Chung E, Seo HG, Joung JK, Jee HJ. Investigation of smoking rate, habits and attitudes towards smoking in lawyers of Korea. *J Korean Academy Fam Med* 2005; 26(5): 269-75.
10. Podstawski R, Górnik K, Gizinska R. Habits and attitudes of first year students at warmia & mazury university, poland regarding healthy lifestyle. *Edu Med J* 2013; 5(3): 245-49.
11. Psychology Today. The Depressed Lawyer. <https://www.psychologytoday.com/us/blog/therapy-matters/201105/the-depressed-lawyer> (accessed 13 Jul. 2018).
12. Pavithra S, Barani G. A study on quality of work life of lawyers in Coimbatore district. *Indian Stream Research J* 2012; 2(8): 65-5.
13. Keyes C, Grzywacz J. Health as a Complete State: The Added Value in Work Performance and Healthcare Costs. *J Occupational Environmental Med* 2005; 47(5): 323-65.
14. Judge TA, Klinger R. Principles of organizational behavior. EA. Locke ed 2009.
15. Harter JK, Schmidt FL, Killham EA, Asplund JW. q12Q12 Meta-Analysis, Gallup Consulting. q12 meta-analysis_flyer_gen_08% 2008_bp.pdf; see also Brafford, supra note 2, for a summary of studies linking engagement and other positive employee states to business success factors. <http://media.gallup.com/DOCUMENTS/whitePaper--Well-BeingInTheWorkplace.pdf> (accessed 13 Jul. 2018).
16. Violante C. Law 360's 2016 Lawyer Satisfaction Survey: By The Numbers - Law 360. <https://www.law360.com/articles/833246/law360-s-2016-lawyer-satisfactionsurvey-by-the-numbers> (accessed 8 Sep. 2018).
17. Levin M, MacEwen B. Assessing lawyer traits & finding a fit for success introducing the sheffield legal assessment. <http://therightprofile.com/wp-content/uploads/Attorney-Trait-Assessment-Study-Whitepaper-from-The-Right-Profile.pdf> (discussing associate turnover statistics and estimated cost of turnover in large law firms) (accessed 2018).
18. Bonauto DK, Lu D, Fan ZJ. Obesity prevalence by occupation in Washington State, behavioral risk factor surveillance system. *Preventing Chronic Disease* 2014; 11: 130219.
19. Barristerscle.com. Barristerscle.com. 2014. <http://www.barristerscle.com/blog/2014/08/28/study-shows-lawyers-are-sleep-deprived>. (accessed 2018).
20. Sun J, Buys N, Stewart D, Shum D, Farquhar L. Smoking in australian university students and its association with socio-demographic factors, stress, health status, coping strategies, and attitude. *Health Education* 2011; 111(2): 117-32.
21. Leskinen EA, Cortina LM, Kabat DB. Gender harassment: Broadening our understanding of sex-based harassment at work. *Law and Human Behavior* 2011; 35(1): 25-39.
22. Pavithra S, Barani G. Attitudes and health behavior of lawyers in coimbatore, tamil nadu. *The Scienyific world J* 2015; 2015: 616719.
23. Buchanan B, Coyle J, Brafford A, Campbell D, Camson J, Gruber C, et al. The Report of the National Task Force on Lawyer Well-Being), Part II, Recommendations for Law Schools. SSRN Electronic J 2017.
24. Schuit AJ. Physical activity, body composition and healthy ageing. *Science & Sports* 2006; 21(4): 209-13.
25. World Health Organization. Physical Activit. <https://www.who.int/dietphysicalactivity/pa/en> (accessed 12 Jun 2018).