Hospital Environment, Mental Health and Turnover Intention among Doctors of Lahore

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ABSTRACT

Objective: To assess the relationship between hospital environment, mental health and turnover intention among doctors. *Study Design:* Cross-sectional analytical study.

Place and Duration of Study: Mayo Hospital Lahore and Jinnah Hospital, Lahore Pakistan, from Feb to July 2019.

Methodology: Using convenient sampling, a sample of 100 doctors (males=50 and females=50) was recruited. This study did not include participants with less than one year of work experience. The hospital environment was examined using the Organizational Environment Scale. The mental health of doctors was assessed using the Mental Wellbeing Scale, and their turnover was measured through the Turnover Intention Scale.

Results: Hospital environment and doctors' mental health positively correlated (p<0.001). Doctors who perceived the hospital environment as good had good mental health and less intention to turnover their jobs (p<0.001). Furthermore, female doctors had poorer health and higher turnover intention than male doctors (p<0.001).

Conclusion: The hospital environment affects doctors' mental health. A good hospital environment significantly positively predicted good mental health.

Keywords: Hospital environment, Hospital, Mental health, Turnover intention.

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INTRODUCTION

The doctors' job is challenging because of long duty hours, day and night shifts, psychological pressure from patients' families, high-efficiency demands, power inequality, a male-dominated society and a boss's autocratic style.¹ Because of these factors, the prevalence of mental health issues (e.g. stress, anxiety, depression, low mood) among doctors is increasing.² According to WHO, mental health is a state of well-being in which people recognise their abilities, can handle the stress of daily life, perform efficiently and productively and contribute to their community.^{3,4} Unfortunately, in most parts of the world, mental health and mental disorders are not considered with equal value as physical health.⁵ As far as the hospital environment is concerned, if staff perceive that they are valued individually, Supported by their colleagues, and their boss respects their abilities and skills, they will have good mental health.⁶

Turnover intention is defined as an employee who has his or her own conscious and deliberate intention to leave or resign from the organisation in the near future.^{7,8} The climate of hospitals, particularly in

Pakistan, may be a grave issue, possibly because of a lack of encouragement, lack of resources, low opportunities for training, extra duties due to staff shortage, and the gap between the relationship between employees and bosses.^{9,10} Considering the severity of the problem of poor hospital environment and its effects, this study was planned to assess the relationship between organisational climate and the mental health of doctors and to explore the association between organisational environment and doctors' intent of turnover. The results of this study will enable the physicians, hospital management and other stakeholders to understand that the problem exists. This will also identify the gender more vulnerable; henceforth, the management may channel the resources towards the mental well-being of the doctors and reduce turnover intention, which would ultimately result in enhanced efficacy at hospitals, contributing towards better patient care and costeffective medical services.

METHODOLOGY

The cross-sectional analytical study was conducted at Govt. Mayo Hospital and Govt. Jinnah Hospital Lahore, Pakistan from February to July 2019 after approval from IERB (Reference letter no. 1243). The sample size was collected using G-power software.¹¹

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Inclusion Criteria: MBBS Doctors of either gender working in public sector hospitals were included.

Exclusion Criteria: Study did not include doctors with less than one year of job experience. Doctors diagnosed or under treatment for any clinical problem were also not included.

Using convenient sampling, a hundred doctors were invited from 2 public sector hospitals in Lahore, Pakistan. Organisational Environment Scale was used to examine the respondents' satisfaction level regarding organisational climate.¹² The organisational environment scale consisted of 15 items, ranging from 1 (strongly disagree) to 5 (strongly agree). The total score on the Organizational Environment Scale ranges from 1 to 75. Higher scores represent employees' satisfaction regarding the organisational environment. Researchers internationally accept the scale to assess employees' perception of their organisation's environment.

The Mental Wellbeing Scale (MWBS) was used to assess the mental health of participants.¹³ The scale consisted of 14 items, answered on a five-point Likert scale ranging from strongly disagree (1) to agree (5) strongly. The total score on the Mental Wellbeing Scale ranges from 1 to 70, with a higher score representing good mental health. Researchers accept the Mental Wellbeing Scale internationally to assess employees' mental health.

The turnover intention scale (2013)7 was used to examine participants' turnover intention. This scale consisted of 6 items answered on a four-point Likerttype scale, rated from 1 (strongly disagree) to 4 (strongly agree). A higher TIS-6 score shows a higher intention to leave the institution. The researchers used the worldwide turnover intention scale to assess employees' intention to leave the organisation.

Statistical Package for Social Sciences (SPSS version 23.0) was used to analyse the data. Mean and standard deviation were calculated. Cronbach Alpha of all the study scales was assessed. Pearson product-moment and Independent sample t-test were performed. The *p*-value of ≤ 0.05 was considered significant.

RESULTS

One hundred doctors (male=50, female=50) were included from two public sector hospitals in Lahore. Alpha coefficients of the organisational environment scale, mental health scale and turnover scale employed in this research showed internal consistency (Table-I).

Table-I: Descriptive Statistics and Reliability analysis of Study variables (n=100)

Variables	No of tems	Mean± SD	Reliability Coefficient	Potential Min-max	Actual Min- max
Organization Environment	15	46.56± 6.43	0.75	15-75	21-105
Mental Health	14	44.82± 7.06	.87	14-70	20-70
Turnover Intention	6	18.10± 2.77	0.61	6-30	10-25

Table-II illustrates the correlation of the organisational environment with mental health and intention to leave the organisation. There was a significant positive correlation between organisational environment and mental health (r=0.45,p<0.001). Doctors' mental health was found to be good in hospitals with good environments. An organisational environment was negatively correlated with the turnover intention of doctors (r=0.65, p<0.001).

Table-II: Pearson Product Moment Correlation amongVariables (n=100)

Variables	1	2	3	<i>p</i> -value
Organization Environment	-	.45**	65**	0.001**
Mental Health		-	.61**	< 0.001**
Turnover Intention			-	-

Table-III demonstrates that female doctors who perceive the poor environment of their hospitals had poorer mental health as compared to male doctors, p<0.001. Female doctors who perceive a poor environment also had more intention to leave the organisation than male doctors (p < 0.001).

 Table-III:
 Perceived
 Organization
 Environment,
 Mental

 Health and Turnover Intension according to Gender (n=100)
 (n=100)

Variables	Males (n=50)	Females (n=50)	<i>p</i> -value
Organizational environment	44.82±6.25	46.82±6.73	0.001**
Mental Health	45.01±5.89	43.28±7.43	0.001**
TurnoverInteon	14.05±3.00	18.17±3.24	0.001**

DISCUSSION

Our study examined the influence of organisational climate on doctors' health and turnover. The first objective of our study was to examine the relationship between the organisational environment and doctors' mental health. Findings confirmed a significant positive relationship between organisational environment and mental health. One study explored the link between organisational climate and psychological wellbeing. Their study showed a significant relationship between a good organisational environment and psychological well-being.¹⁴ Another study found that the environment of any organisation is very important.¹⁵ The hostile environment of the organisation causes employees stress and low productivity.¹⁶

Another previous study assessed the correlation between organisational environment and turnover intention.¹⁷ Their study showed a strong negative relation between organisational environment and turnover intention. Many researchers reported a significant positive relationship between organisational environment and mental health. One study found that poor organisational climate positively correlates with turnover intention.¹⁸ Lee et al. showed female employees had more poor mental health as compared to male employees.14 These findings match with our study results. Females are more sensitive and face more problems than males; therefore, their mental health is poorer. The findings of this study also indicated that female faculty had more turnover intention than male faculty. However, Yildirim et al conducted a study in the UK and found that male and female doctors remain under stress because of the poor organisational environment and equal intention of turnover.¹⁹ Furthermore, Razzaghian et al. showed that employees who perceived the poor environment of their institute had more turnover intention.²⁰

Although current research tends to significantly contribute to assessing the hospital environment issue, it also has a few things that could be improved. One of the limitations of the present study is that self-report measures were used to collect data. The self-report consists of participants' perceptions. method Therefore, there is a need to use objective methods also, like interviews and focus groups, that can validate our results. Participants for the present research were gathered only from two public sector hospitals and one city, Lahore. Therefore, data from different cities with larger samples should be collected to generalise the results.

CONCLUSION

The current study showed a strong positive correlation between organisational environment, mental health and doctor turnover intention. Female doctors have poorer mental health and turnover intention as compared to male doctors in poor organisational environments.

Conflict of Interest: None.

Authors Contribution

Following authors have made substantial contributions to the manuscript as under:

AA & MA: Conception, study design, drafting the manuscript, approval of the final version to be published.

TA: Data acquisition, data analysis, data interpretation, critical review, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

REFERENCES

- Anjum A, Muazzam A. Workplace bullying: prevalence and risk groups in a Pakistani sample. J Public Admin Governance 2018; 3(2): 92-97. <u>https://doi.org/10.5296/jpag.v3i2.3985</u>
- Akif LA. Department of financial and administrative sciences. Am J Soc Manag Sci 2016; 4(2): 54-62.
- Geretto M, Ferrari M, De Angelis R, Crociata F, Sebastiani N, Pulliero A, et al. Occupational Exposures and Environmental Health Hazards of Military Personnel. Int J Environ Res Public Health 2021; 18(10): 5395. <u>https://doi.org/10.3390/ijerph18105395.</u>
- Thomas S, Jenkins R, Burch T, Calamos Nasir L, Fisher B, Giotaki G, et al. Promoting Mental Health and Preventing Mental Illness in General Practice. London J Prim Care (Abingdon) 2016; 8(1): 3-9. https://doi.org/10.1080/17571472.2015.1135659.
- Robbins CJ, Bradley EH, Spicer M. Developing leadership in healthcare administration: a competency assessment tool. J Healthc Manag 2001; 46(3):188-202.
- Nordin N, Abdwahaband R, Fadrick WY. Psychological wellbeing of young unwed pregnant women. Implications for extension education and programs. J Behav Sci 2016; 68(5): 700-709. <u>https://doi.org/10.1016/j.sbspro.2012.12.260</u>
- Bothma CF, Roodt G. The validation of the turnover intention scale. J Hum Resour Manag 2016; 11(1): 1-12. <u>https://doi.org/10.4102/sajhrm.v11i1.507</u>
- Daly JL. Implications of organizational climate and ethical leadership on re-engineering in municipal government. Public Admin Quart 2017; 26(6): 198-117.
- Smiley E. Epidemiology of mental health problems in adults with learning disability: an update. Adv Psychiatr Treat 2005; 11: 214-222. <u>https://doi.org/10.1192/apt.11.3.214.</u>
- Mobley WH. Intermediate linkages in the relationship between job satisfaction and employee turnover. J Appl Psychol 1977; 62(2): 237-240. <u>https://doi.org/10.1037/0021-9010.62.2.237</u>
- 11. Field A, Discovering statistics for sample calculation. J Int Stud 2017; 2(6): 45-59.
- Hasan NN, Petrides KV, Hull L, Hadi F. Trait emotional intelligence profiles of professionals in Kuwait. Front Psychol 2023; 14: 1051558. https://doi.org/10.3389/fpsyg.2023.1051558
- Dale MacLaine T, Lowe N, Dale J. The use of simulation in medical student education on the topic of breaking bad news: A systematic review. Patient Educ Couns 2021; 104(11): 2670-2681. https://doi.org/10.1016/j.pec.2021.04.004.
- 14. Lee M, Kim B. Effect of Employee Experience on Organizational Commitment: Case of South Korea. Behav Sci 2023; 13(7): 521. <u>https://doi.org/10.3390/bs13070521.</u>
- 15. Okechukwu CA, Souza K, Davis KD, de Castro AB. Discrimination, harassment, abuse, and bullying in the

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workplace: contribution of workplace injustice to occupational health disparities. Am J Ind Med 2014; 57(5): 573-586. https://doi.org/10.1002/ajim.22221.

- Hassanpour MK, Chong CW, Chong SC, Ibrahim Okour MK, Behrang S, Tan XY. HR practices and turnover intention; the mediating role of organizational commitment in Tehran: a cross-sectional study. F1000Res 2021; 10: 1130. https://doi.org/10.12688/f1000research.73351.2.
- Braithwaite J, Tran Y, Ellis LA, Westbrook J. Inside the black box of comparative national healthcare performance in 35 OECD countries: Issues of culture, systems performance and sustainability. PLoS One 2020; 15(9): e0239776. <u>https://doi.org/10.1371/journal.pone.0239776.</u>
- Prabowo H, Rowa H, Rusfiana Y. Sustainable Community Development as a Main Motive of Good Governance System and Ethical Presentation in a Developing Nation. J Ethnic Cultur Stud 2023; 10(1): 182–198. <u>https://doi.org/10.29333/ejecs/1566</u>
- Yildirim A, Yildirim D. Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. J Clin Nurs 2007; 16(8): 1444-1453. <u>https://doi.org/10.1111/j.1365-2702.2006.01814.x.</u>
- Razzaghian M, Ghani U. Effect of workplace bullying on turnover intention of faculty members: a case of private sector universities of Khyber Pakhtunkha. J Bus Econ Rev 2018; 6(1): 40-51. https://doi.org/10.22547/BER/6.1.3

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