Original Article

Quality of Sleep

The Quality of Sleep, Mood Stability and Coping Strategies Among House Officers

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ABSTRACT

Objective: To look into the relationship between quality of sleep, mood stability and coping strategies among house officers.

Study Design: Cross sectional study

Place of Study: This study was conducted at Jinnah Hospital, Ganga Ram Hospital, Lady Wallington Hospital and Mayo Hospital, Lahore for a period of one month.

Materials and methods: The sample comprised 120 male and female salaried House Officers working in five public sector hospitals in Lahore. The Pittsburgh Sleep Quality Index, Brunel Mood Scale, and the Proactive Coping Inventory were used for data collection.

Results: The study yielded interesting relationships; a strong positive correlation was found between mood stability and sleep quality. The number of hours that the respondents worked in a day on average was positively, though weakly, correlated with mood stability. A positive though weak relationship between mood stability and sleep quality was observed. Mood stability and hours of sleep were found to be significantly negatively correlated. The results are in many ways similar to findings reported by researchers in the developed countries. This study has highlighted some factors that might affect the physical and psychological well being of new entrants into a profession. The findings can be helpful in devising strategies for improving quality of such professionals' life as well as their performance by improving their sleep quality as well as proactive coping strategy most appropriate for them.

Conclusion: The correlation between sleep quality, mood stability, and coping strategies may have significant implications and may impact young medical professionals' performance. Their performance may be enhanced optimally by considering these variables in assigning duties and responsibilities.

Key Words: House Officers, Mood Stability, Sleep Quality, Coping Strategies

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INTRODUCTION

Medical practitioners functioning in hospitals undergo stress of varying frequency and intensity most of the times. This is even more true in case of house officers whose work hours may be heavier and more demanding than their senior colleagues. Their routine may negatively affect their sleep pattern, quality of sleep, mood stability, and coping strategies. Sleep being one of the essential ingredients of a person's well being may affect one's overall health, mood, and socio psychological harmony. Poor quality of sleep may in turn also play a hurdle in one's professional productivity. The impact of poor quality of sleep, or insufficient sleep, might have quite negative consequences for one's optimal functioning on one hand and interpersonal relations on the other. Research suggests that depression, harsh or bad-temper, low patience may be seen in people who do not take proper sleep. Insufficient sleep can make one slow in daily activities. The likelihood that one may take pointless risks and make inappropriate choices will be higher when driving; poor job or school performance may be expected.[1]

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Many researchers have revealed the deleterious effects of poor sleep.[2]

Sleep may also affect people's moods, and a person's mood may in turn affect his or her overall functioning, social behavior, feeling of well being, and problem solving. Our moods play a vital role in the way we carry out different tasks. Tasks that might seem almost impossible under routine circumstances may be performed very well when one is in a good mood. On the contrary a common pleasant activity may not be generating associated joy and entertainment if one is experiencing bad or low mood. Even most joyous events might become meaningless while one is undergoing low mood[3]. Research studies have demonstrated the effect of positive as well as negative moods on the performance at work. However the positive moods tend to move more[4].

Another important variable, people's coping ability, helps them in taking charge of difficult life situations

and in overcoming stress. Psychologists have identified a variety of coping strategies that people might adopt for dealing with stress. Two broad categories could be emotion focused coping and problem solving efforts. However other categories include confrontative coping, seeking social support, planful problem solving, self control, distancing, positive appraisal , accepting responsibility, and finally escaping or avoiding the stressful event or situation. There is no dearth of psychological research highlighting the nature and significance of coping and its relationship with physical health and psychological well being.[5,6,7,8]

Another way of understanding coping is to look at reactive coping, anticipatory coping, preventive coping, and proactive coping.[9] Proactive coping is perhaps the most positive way of handling life situations. As opposed to coping strategies whereby people either react to a problem situation or try to be prepared for facing a feared situation, proactive coping has the element of resourcefulness.

Research has also suggested that disrupted circadian rhythm may affect the workers' health as well as quality of work. Also its relationship with mood has been identified. Research is also suggestive of the significance of coping styles used by people.[10,11,12,13,14]

MATERIALS AND METHODS

The sample comprised 120 male and female (N=47+ 73) salaried house officers selected from four public hospitals in Lahore. The maximum age of the respondents was 31 years. A majority of the respondents were aged between 24 and 27 years. They were selected from the gynaecology, surgery, and medical wards.

Brunel Mood Scale, Pittsburgh Sleep Quality Index, and Coping Strategies Inventory were used.[15,16,17,18]

RESULTS

The findings of the study revealed a number of variables that may be affecting young professional's mood stability. Although the study was not designed to identify cause- effect relationship, it does allude to some meaningful directions for such research.

The data showed that most house officers could sleep for 6 hours per day on average while around 60% of them worked for 9-12 hours daily.

The independent sample t-test analysis did not yield any gender differences; On mood stability score females were *(M*=52.43, *SD*=14.24*)* and males *(M*=55.38, *SD*=14.24), p=0.253 at p> .05.

On coping strategy too, whereby t= -.610 with females *(M*=1.50E2, *SD*=26.19) males with *(M*=1.47E2, *SD*=22.87), p=0.543 at p> .05.

Some minor differences were observed quality of sleep; t= 1.50 with females *(M*=6.73, *SD*=3.01*)* males *(M*=7.36, *SD*=3.47*)*, p=0.136 at p> .05.

However the study yielded some interesting correlations (Table 1).

Table No.1: Correlation between Mood Stability, Sleep Quality, Work Hours per day, Coping Strategy, and Hours of sleep (N=120)

Variables	SQ	*WH*	CS	HS
MS	.254**	.082	.058	-.059

Note: MS = Mood Stability, SQ = Sleep Quality, WH= work hours per day, CS= Coping, strategy, HS= Hours of sleep.
**Correlation is significant at 0.01 levels (two-tailed).

Mood stability and sleep quality of the respondents were significantly positively correlated. However the correlation between Mood Stability and Work Hours was non significant; so was the correlation between Mood Stability and Coping strategy. Nevertheless the two correlations were positive.

An interesting correlation was observed in terms of negative correlation between mood stability and hours of sleep.

DISCUSSION

This research endeavor was undertaken to examine house officers' quality of sleep, mood stability and coping strategies. Not many studies have looked into the relationship between these variables in similar indigenous samples. Only negligible gender differences were found in the respondents' mood stability scores, females scoring lower. Previous research has suggested that females have low level of mood stability. Gender differences, though not very large, were found in the sleep quality among the respondents. These findings may be understood in the light of some previous researches as well which showed that women may not be having a desirable amount of sleep because they have to give time to responsibilities other than simply their professional work or education[19,20,21]

The positive correlation between mood stability and sleep quality may find some support by findings reported by Kunert, King and Kolkhorst[20] indicating that much higher level of fatigue and poor sleep quality may be experienced by those working in shifts.

The present research has yielded some useful information however it had some limitations too. A larger sized sample could make the findings more generalizeable. Nevertheless it has highlighted some significant variables that may have a deep impact on a professional's performance at work and well being at personal level. Although very strong relationships have been missing but the analysis of the variables under investigation is suggestive of mutual connections. By considering these variables and their relationship in mind, very conducive and job satisfying work environments can be designed.

CONCLUSION

The work environment and working conditions may affect a person's performance. People's personal well being and professional growth are related. One's physical well being may affect the psychological well being, in turn affecting one's professional growth. The work environment needs to be designed in a manner whereby the employees feel affiliation with the workplace, where the negative influence on employees' mood is the minimum, and where the workers feel physical and mental preparedness for carrying out responsibilities.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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