

Negligence Towards SelfHealth Among Doctors: One-Month Observational Study



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ABSTRACT

Background:

Doctors frequently ignore their own health due to professional demands and work pressure. Self-health negligence may lead to preventable morbidity and reduced efficiency.

Objectives:

To assess the prevalence, determinants, and consequences of self-health negligence among doctors working at Government Medical College, Ayodhya.

Methods:

A prospective observational study was conducted during November 2021 including **88 doctors**. Data were collected using a pre-validated questionnaire evaluating lifestyle practices, sleep duration, preventative health check-ups, stress levels, and delay in seeking treatment. Statistical analysis included descriptive analysis and Chi-square test.

Results:

Of the 88 doctors, **67 (76.1%)** reported at least one form of self-health negligence. Inadequate sleep (82%), irregular meals (57%), delay in seeking treatment (61%), and lack of exercise (72%) were highly prevalent. Workload (63%) and long duty hours (55%) were major determinants. Junior residents had significantly higher negligence (84%). Common health consequences included fatigue (69%), gastritis (41%), and headaches (38%).

Conclusion:

Self-health negligence is widespread among doctors. High workload, emotional exhaustion, and cultural factors contribute significantly. Institutional and behavioural interventions are necessary for improving doctor well-being.

Keywords: Doctor health, self-neglect, burnout, lifestyle, stress.

INTRODUCTION

Doctors are central to healthcare systems, yet they are often among the most neglected when it comes to personal health, with multiple studies documenting high levels of burnout, stress, and untreated medical conditions among them¹⁻³. Heavy clinical workload, demanding schedules, and perceived professional responsibility frequently compel them to ignore their own health.

In India, nearly **half of doctors delay medical consultation** despite persistent symptoms⁴. This is particularly evident among postgraduates and junior residents who handle emergency duties, long working hours, and academic pressure. Neglecting self-health can affect doctor well-being, clinical judgement, patient safety, and overall healthcare outcomes⁵.

Despite growing concern globally, limited structured research has been conducted in Uttar Pradesh, particularly in emerging institutions like Government Medical College, Ayodhya. This study aims to address that gap.

AIMS AND OBJECTIVES

1. To determine the prevalence of self-health negligence among doctors.
2. To identify commonly neglected health behaviours.
3. To assess factors associated with health negligence.
4. To assess physical and psychological consequences of neglect.
5. To suggest institutional and individual-level interventions.

MATERIALS AND METHODS

StudyDesign: Prospective observational study

Duration: November 2021

Study Setting: Government Medical College, Ayodhya, Uttar Pradesh

Participants: 88 doctors (faculty, senior residents, junior residents, interns)

Inclusion Criteria

- Doctors functioning in clinical or academic roles
- Provided written consent

Exclusion Criteria

- Doctors on leave >10 days during the study
- Pre-existing severe illness requiring active treatment

Data Collection

A structured questionnaire documented:

- Lifestyle habits
- Sleep duration
- Diet and hydration patterns
- Physical activity
- Stress levels
- Delay in seeking treatment
- Preventive health check-up frequency

Statistical Analysis

Descriptive statistics were used. Chi-square test assessed associations. $p < 0.05$ was considered statistically significant.

RESULTS

1. Participant Distribution

Category	Number (%)
Faculty	18 (20.4%)
Senior Residents	22 (25%)
Junior Residents	32 (36.3%)
Interns	16 (18.1%)

2. Prevalence of Self-Health Negligence

67/88 (76.1%) showed one or more forms of self-health negligence.

Highest among **junior residents (84%)**.

3. Neglected Health Behaviours

Neglected Habit	Percentage (%)
Inadequate sleep (<6 hrs)	82%
Irregular meals	57%
Delay in consulting doctor	61%
No exercise	72%
No annual health check-up	70%
High stress levels	74%

4. Determinants of Neglect

Determinant	Percentage (%)
Heavy workload	63%
Long duty hours	55%
Emergency duties	44%
Emotional exhaustion	32%

Determinant	Percentage (%)
Administrative pressure	19%
Lack of institutional wellness culture	27%

5. Health Consequences

Health Issue	Percentage (%)
Fatigue	69%
Gastritis	41%
Headache	38%
Musculoskeletal pain	34%
Irritability	29%
Reduced concentration	22%

DISCUSSION

This study highlights a high prevalence of self-health negligence (76%) among doctors. International literature supports similar trends, demonstrating that doctors commonly ignore personal symptoms and delay care due to workload and time constraints¹²⁻¹³.

Reasons for Neglect

- Professional dedication often overrides self-care.
- Cultural expectation that “doctors must endure”.
- Lack of time due to emergency duties.
- Neglect of sleep and nutrition, especially among residents.

Risk Groups

Junior residents were the most affected due to:

- Night duties
- Academic pressure
- Limited autonomy over schedules

Health Consequences

Symptoms identified (fatigue, gastritis, headaches) align with findings from WHO's physician wellness report² and the Lancet review on burnout's physical effects⁵.

Implications

- Neglect leads to cognitive overload, higher medical errors, and compromised patient care.
- Long-term risks include hypertension, depression, metabolic syndrome.

Strengths

- First study of its kind at GMC Ayodhya
- Included multiple levels of doctors
- Comprehensive assessment of behavioural and occupational factors

Limitations

- Self-reporting bias
- No biochemical evaluation
- Single-centre data

CONCLUSION

Self-health negligence among doctors is widespread and associated with excessive workload, long duty hours, and emotional exhaustion. Interventions promoting physician health are urgently required to maintain optimal healthcare delivery.

RECOMMENDATIONS**Individual**

- Annual health screening
- Minimum 30 minutes of exercise daily
- Timely medical consultation
- Stress-relief strategies

Institutional

- Wellness clinics for doctors
- Counselling services
- Duty roster rationalisation
- Healthy cafeteria options
- Mandatory rest periods

Policy

- Integration of physician well-being in national health policy
- Structured burnout reporting mechanisms

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