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Role of quality of sleep and mood swings in work related quality of life in doctors

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Abstract

The present study aimed to study the relationship between qualities of sleep, mood swings and work related quality of life in doctors.

A total sample comprised of 150 doctors having high pressure of OPD's was selected for the present study. The tools administered for the measurement of quality of sleep was Sleep Quality Scale by Shin and Shin (2006). The Work-Related Quality of Life (WRQoL) scale by Simon Kaston & Darren Van Laar (2012) and Positive and Negative Affect Schedule (PANAS) by Watson (1988).

Results were analysed by using regression analysis. Results revealed that Quality of sleep contributed 41 percent in the work related quality of life followed by positive emotions.

Keywords: Quality of sleep, work related quality of life, mood swings

Introduction

Doctors are a specialized subset of healthcare workers and a vital component of frontline health care that often have to cope with a heavy workload in their workplace, sometimes an unhealthy work environment, long working hours or mandatory overtime, and can have high levels of stress. The wellbeing of doctors may relate directly to the quality of patient care. It is not only the patient who is to be taken care off.

The healthcare sector increasingly depends on the doctors for their patients. In the 21st century healthcare industry, the life of a doctor is hectic and requires a lot of energy, evidently doctors also get tired and need a peaceful sleep. The kind of sleep a person has the previous night has a lot of impact on the person's mood, freshness, attitude the next day. The need for getting sleep cannot be overemphasized. Lack of sleep quality is related to a number of acute and chronic problems challenging our day to day life.

Cates, Clark, Woolley and Saunders (2015) ^[1] believe that sleep is directly related to health and quality of life, is a basic need for a human being to continue his bio-psycho-social and cultural functions. Sleep affects the quality of life and health, which is also perceived as an important variable (Engin & Ozgur, 2004) ^[2].

Poor sleep quality can easily lead to lower levels of effort, lower levels of trust, lower levels of empathy and mood swings. Mood swings increase agitation and keep the body aroused, awake and alert which makes it difficult to sleep. Quality of sleep and mood swings is correlated with each other.

Sleep quality and mood disorders are closely linked. And it can work both ways – quality of sleep can affect mood, and mood can affect quality of sleep.

A mood swing is an extreme or rapid change in mood. When mood swings are so strong that they are disruptive, they may be the main part of a bipolar disorder.

Mood swings can happen anytime at any place, varying from the microscopic to the wild oscillations of manic depression.

Sleep quality and mood disorders are closely linked. And it can work both ways – quality of sleep can affect mood, and mood can affect quality of sleep. Studies show people who poor sleep quality report increases in negative moods (anger, frustration, irritability, sadness) and decreases in positive moods. Sleeplessness is often a symptom of mood disorders, such as depression and anxiety as well spoils the work related quality of life.

Work related quality of life refers to the favorableness or unfavourableness of a job environment for the people working in an organisation.

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Though there have been studies that talk about relation of work related quality of life with sleep pattern but its relation in context of mood swings and sleep quality together is scanty and needs to be investigated.

Objectives of the study

1. To investigate the relationship between quality of sleep, and work related quality of life among doctors.
2. To investigate the relationship between mood swings and work related quality of life among doctors.
3. To investigate the role of quality of sleep on work related quality of life among doctors.
4. To investigate the role of mood swings on work related quality of life among doctors.

Hypotheses of the study

1. There would be positive relationship between quality of sleep and work related quality of life.
2. There would be negative relationship between mood swings and work related quality of life.
3. Quality of sleep would act as a significant contributor in Work Related Quality of Life.
4. Mood Swings would act as a significant contributor in Work Related Quality of Life.

Methodology

Design: A co-relational design was used for the present study.

Sample

The sample included 150 doctors between the age 30-35 years from with at least 5 years of work experience. The subjects belonged to different hospitals of Chandigarh. The doctors selected were from medicine with heavy OPD's.

Tools

1. **Sleep Quality Scale:** It consists of 28 items and deals with six domains of sleep quality, i.e day time symptoms, restoration after sleep, problems initiating and maintaining sleep, difficulty waking, and sleep satisfaction. The scores can range from 0 to 84. As higher scores denoting more acute sleep problems and low scores indicate sound sleep.
2. **Positive and Negative Affect Schedule (PANAS):** The Positive and Negative Affect Schedule (PANAS) is a 20 item measure developed by Watson in 1988. It is a reliable and valid tool for measuring the two different mood states (positive and negative affect).
3. **The Work-Related Quality of Life (WRQoL) scale:** Developed by Simon Kaston & Darren Van Laar in 2012. It is a 23-item psychometric scale used to gauge the perceived quality of life of employees as measured through six

Procedure

First of all, the subjects were made aware about the purpose of the study after establishing a good rapport with them. All the participants were individually contacted virtually and told that confidentiality of their responses would be maintained. Their information about their demographic variables was taken. The instructions related to every questionnaire was provided separately. The questionnaires were given in random order to all the subjects. The effort was made to get all the questionnaires filled in single sitting.

Good rapport was maintained throughout the process. The prior relevance of the investigation given to subjects helped to maintain their interest and sincerity till end. The complete protocol of social distance was maintained by the investigator as well subjects. The participants were thanked for their cooperation.

Results and Discussion

The objective of the present study was to study the relationship between quality of sleep and work related quality of life as well relationship between mood swings and work related quality of life. Table 1 explains the intercorelation in these three variables.

Table 1: Intercorrelation matrix of Doctors on the variables of Quality of sleep, Positive emotions, Negative emotions and Work related quality of life

	Qos	Pos emo	Neg emo	Wrql
Qos	1.00	-.402	.267*	-.340*
Pos emo		1.00	-.234	.149
Neg emo			1.00	-.023

Correlation significant at .05 level *

Correlation significant at .01 level **

The obtained correlation between quality of sleep and work related quality of life is-.340 which is significantly negative. It means that the doctors had disturbed sleep pattern which was negatively related to work related quality of life.

Further, the quality of sleep has been found negatively correlated to positive emotions, i.e. -.402 which denotes that the disturbed sleep pattern leads to low positive emotions while followed by significant negative emotions. It means that the doctors when having more job demands and pressure during COVID times were more laden by negative emotions because of disturbed sleep pattern. Further disturbed sleep pattern has been found positively related to negative emotions, i.e. .267.

A study by Keshavarz, Akhlaghi, & Ghalebandi, (2009) [3] found out that the prolonged working hours of resident physicians make them vulnerable to the consequences of sleep penury, which affects their task performance and quality of work life.

Rosekind and lerner in 2016 [4] reported the cost of poor sleep on the productivity loss and associated costs. But the obtained results show that the doctors were viewing themselves as real savior of community during COVID times and turned fruitful for their set up.

Table 2: Summary of Stepwise multiple regression analysis for Doctors (N=150) DV: Work Related Quality of Life

Variables	Beta	R square	R square change
Quality of sleep	.301	.410	.410
Pos emo	.207	.556	.116
Neg emo	-.080	.579	.023

Table no.2 explains the stepwise multiple regression where quality of sleep, positive and negative emotions, are being taken as predictors determining the work related quality of life as criterion or dependent variable in doctors.

The obtained value of R square clearly show that quality of sleep is contributing 41 percent in the work related quality of life followed by positive emotions. While positive emotions are contributing 11 % and 2.3 % is of negative emotions.

Implications

The present study has many behavioral and social implications in the current scenario that concerns doctors in relation to their different measures. The need of an hour is to hold some life skill workshops for medical professionals to impart them training on such psychological issues where the relation between physician- patient relationship becomes more harmonious resulting not only the higher productivity of organization but also the wellness of doctors.

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