

# Lack of leisure time: a cause of psychological distress in international medical graduates

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## Abstract

**Background:** Previous research has shown that migration for a newly graduated doctor is a risk factor for psychological distress.

**Aims:** In this paper we examine the risk factors for psychological distress in a group of international medical graduates.

**Methods:** We studied the potential risk factors of Cultural Distance, gender, uncertainty and lack of leisure time for psychological distress in a group of 30 international medical graduates in Malta undergoing their foundation training.

**Results:** Psychological distress was measured using the General Health Questionnaire. Lack of leisure time was found to be significantly related to psychological distress (B 1.558, S.E. 1.226, Wald 6.677, Sig. 0.010). Cultural Distance, gender and uncertainty were not found to be significantly associated with psychological distress in the group studied.

**Conclusions:** We suggest that helping such doctors having more leisure time is an important part of their coping mechanisms in dealing with the stress of their profession.

## Introduction

Medical training can be emotionally difficult and usually takes up a significant number of years. Issues of equality, diversity and fairness are often overlooked. Doctors in general have been found to be among the most stressed professionals<sup>1-3</sup> and several studies have shown high rates of psychiatric morbidity in medical students and young doctors at various stages of their training.<sup>4-8</sup> Medical students and young doctors who migrate for their training may be an under-represented group, and possibly have specific stressors and needs. Migration includes a variety of processes, influencing factors and conditions that have an impact on emotional well-being.<sup>9</sup> The process of migration is known to be highly heterogeneous, in both quantitative and qualitative aspects. Its psychological and biological effects and implications depend on the nature, scale and reasons for migration. These effects are varied and the relationship between migration and mental health is complex.<sup>10</sup> Doctors moving to Malta are usually fluent in English, though for many it is not their first language. Foreign doctors moving to Malta do not have any social relations in place before their move; however, the Foundation Training Programme (FTP) provides a short induction course for doctors once they take up employment. Lack of emotional support and the difficulties associated with long-distance relationships exacerbate distress.<sup>9</sup> Availability of a social network and support system has been found to be crucial in preventing depressive symptoms.<sup>11</sup> The concept of cultural distance reflects the dissimilarities between cultures, including aspects such as language, religion, values, the status of women, individualism-collectivism, attitudes to authority, forms of government and the legal system.<sup>12-13</sup> According to the cultural distance

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hypothesis,<sup>13</sup> the greater the gap between host and home cultures, the more difficulties newcomers (sojourners, international students, and immigrants) will experience. Babiker, Cox and Miller<sup>14</sup> developed a measure of individual cultural distance. Using this instrument, they found that cultural distance was related to anxiety and medical consultations among international students in Edinburgh. In another study, Furnham and Bochner<sup>15</sup> found a strong relationship between cultural distance and new migrants having difficulties interacting and settling down in their host culture. It is well known that doctors travel all over the world, for employment as well as for educational purposes. A study we conducted on a cohort of newly graduated doctors in Malta doing their foundation training, found that psychological distress was significantly related to being a migrant. Other risk factors for this distress were lack of leisure time, uncertainty and being female.<sup>16</sup> We wanted to focus further on the potential causes of psychological distress in the cohort of the international medical graduates. To do this the Cultural Index Score (CDI) was used. We also used logistic regression analysis to understand further the sub group of international medical graduates within this cohort and their risk factors for psychological distress as identified by our previous analysis.

## Method

The population included all doctors in the FTP (years 1 and 2), including those originally from Malta, and those who had migrated to Malta. Doctors attend a lecture every week where they were recruited. A short explanation was given on the research being conducted; each doctor was given an information leaflet and consent form. There were no exclusion criteria. Those doctors that did not attend the lecture on the day of data collection could not be identified and followed up due to confidentiality reasons.

A self-report questionnaire was completed by the participants consisting of Demographic Details, the General Health Questionnaire (GHQ-28) (Appendix 1),<sup>17</sup> and the Cultural Distance Questionnaire (CDQ) (Appendix 2).<sup>18</sup>

## Results:

In February 2013, 149 doctors were registered with the FTP in Malta. On the day of sampling 117 (78.5%) of FY doctors had attended the lecture, and

they have all participated in the study. Out of these 87 (74.4%) graduated from Malta Medical School, 35 (39.1%) were males, 39 (44.9%) were female, and 14 (16.1%) did not report sex. The remaining 30 international medical graduates were: 20 (66.7%) were males, 9 (30%) were females and 1 (3.3%) did not report sex, and they all had migrated to Malta following completion of their university degree in Europe. Out of these 30, 13 were in the first year of the programme and the remaining 17 were in the second year. The local graduates were significantly younger than the international graduates, with only 23 (26.4 %) being older than 25 years old, compared to 27 (90.0%) of the international graduates.

Psychological distress was assessed using the GHQ-28. A cut-off point of 6 was used in order to define 'caseness', and thus two groups were created. In the group of 30 international medical graduates on which this paper is focusing there were 20 (66.7 %) doctors who reached the level of 'caseness' and 10 (33.3 %) of doctors who did not reach the level of 'caseness'.

Analysis was carried out on this particular sub group only, to assess if within this group cultural distance was a contributory factor to those in mental distress. This was done by independent samples t-test to examine the relationship between the cultural distance index scores (CDI) using the CDQ<sup>18</sup> and psychological distress (caseness). No association was found between cultural distance and psychological distress ( $p=0.35$ ).

Logistic regression analysis was carried out on this sub group of doctors who had migrated. The variables that were entered were gender, uncertainty and lack of leisure time. These were the variables that were found to be significantly associated with caseness and thought to be hypothesised as predictors for stress and anxiety. The forward step-wise Wald method was used, with  $n=30$ . The results showed that in those who had migrated, out of these three variables, lack of leisure time was significantly associated with caseness (B 1.558, S.E. 1.226, Wald 6.677, Sig. 0.010).

## Discussion

This study had identified being female, lack of leisure, migration and uncertainty as risk factors associated with mental distress of newly graduate medical doctors during medical internship, while

being married, age, religiousness were not. Out of the 87 local medical graduates 38 (43.7%) reached caseness.<sup>16</sup>

In this paper we focused specifically on the psychological effect of migration within this group. Migration has increased over the years, and since the introduction of the FTP, the administration began to provide added support with introductory meetings at the beginning of the year. This situation is relatively new for Malta, but it has been happening for much longer in other countries. In 2007, in the USA, 26% of all physicians were international medical graduates. The American Medical Association<sup>19</sup> published a paper on the facts and issues concerning the international medical graduates. It was reported that international medical graduates are more likely to serve in medically underserved areas. These may be busier with even less resources. These individuals bring unique perspectives and experiences that enrich the educational process; however, IMGs tend to face a unique set of challenges in getting residency positions in the US, securing legal immigration status and finding the right job. This situation is comparable to that in Malta.

Within the international medical graduate group studied here, lack of leisure time was found to be the single factor that accounted for distress in the migrant group of doctors. Being overworked, or not having enough leisure time is a reason that doctors have cited for leaving medicine altogether.<sup>20</sup> A Swiss study<sup>21</sup> makes clear recommendations for reduction in work intensity and workload. Lack of leisure time can also be a proxy measure for other important factors for mental wellbeing. For example, leisure time is a potential way of forming social contacts and friendships outside the immediate working environment, especially for migrants who do not have the social support of a family.

In this study no relationship was found between cultural distance and psychological distress. All doctors who were at the Foundation Training in Malta would have already attained their medical degree in a European Union country. It is thus possible that the doctors in question were already accustomed to living in a culturally different country by the time they settled in Malta.

A limitation of this study is the relatively small number of subjects studied. Non-statistical significance present in potential risk factors studied

could be related to this fact.

The study was based on reporting by the doctors themselves, and the trainees could have been tempted to under or over report. The fact that both the GHQ and the CDI are validated questionnaires will reduce this potential bias.

In conclusion, we need to be attentive to the well-being of young doctors, particularly in the case of migrants. Having so many doctors from overseas come to Malta to work and train is both a challenge and a new opportunity. This study shows that a cause of psychological distress in those doctors is lack of leisure time. Thus, these doctors must be helped in having more leisure time as an important part of their coping mechanisms in dealing with the stress of their profession.

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**Appendix 1.**

General Health Questionnaire (GHQ)

Please read this carefully.

We would like to know if you have had any medical complaints and how your health has been in general – *over the past few weeks*. Please answer all the questions on the following pages simply by underlining the answer that you think most nearly applies to you. Remember that we would like to know about present and recent complaints, not those that you have had in the past.

Thank you!

**Have you recently:**

A1	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	Been feeling in need of a good boost?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

## Original Article

### Have you recently?

<b>B1</b>	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B2</b>	Had difficulty in staying asleep once you do?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B3</b>	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B4</b>	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B5</b>	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B6</b>	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B7</b>	Been feeling nervous and highly strung all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

### Have you recently?

<b>C1</b>	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
<b>C2</b>	Been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
<b>C3</b>	Felt that on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
<b>C4</b>	Been satisfied with the way you carried out your tasks?	More satisfied	About the same	Less satisfied than usual	Much less satisfied
<b>C5</b>	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
<b>C6</b>	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
<b>C7</b>	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual

### Have you recently?

<b>D1</b>	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D2</b>	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D3</b>	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D4</b>	Thought of the possibility that you might do away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
<b>D5</b>	Found at times that you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D6</b>	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D7</b>	Found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

## Original Article

### Appendix 2.

#### Cultural Diversity Questionnaire (CDQ)

**In this questionnaire you are asked to make physical and cultural comparisons between your home environment (your home country) and your new environment (Malta). Please answer each question in relation to your new environment as accurately as you can, by putting a tick next to the sentence which represents your answer.**

	<b>YOUR HOME</b>	<b>MALTA</b>
1A	What is the climate like?	Similar to Malta A little hotter or a little colder Much hotter or much colder
1B	How much rainfall?	Similar to Malta A little more or a little less Much more or much less
2A	What do men usually wear?	Similar to Malta Modified western clothes National costume
2B	What do women usually wear?	Similar to Malta Modified western clothes National costume
3A	What is the main language?	English Other European language Other language
3B	Is English spoken?	By most people By some people Hardly ever
4A	Is education free?	Free to secondary level Free to primary level Not free
4B	What level of education would most people attain?	Secondary (high school) Primary level None
5A	What food do most people eat?	Similar to Malta Somewhat different Altogether different

## Original Article

- 5B Are there religious dietary rules? No.  
Yes but not mandatory.  
Yes, mandatory.
- 6A What is the main religion? Largely Christian  
Mixed  
Largely non-Christian
- 6B Does religion play a role in most people's lives? Similar to Malta  
Somewhat greater than in Malta  
Affects all aspects of life
- 7A What is the standard of living? Similar to Malta  
A little better or a little worse off  
Much better or much worse off
- 7B Do most people have electrical appliances (TV, fridge, iron) in their homes? Yes, many appliances  
Yes, a few appliances  
No
- 8A Are leisure activities (sport, music, drama, etc)...? Similar to Malta  
Somewhat different  
Very different
- 8B Are social interactions (parties, informal visiting, etc)...? Similar to Malta  
Somewhat different  
Very different
- 9A What respect is shown to elderly people? Similar to Malta  
Treated with more respect  
Revered
- 9B What roles do women fulfil? Go to work if they wish  
Only look after house and children  
Rigidly housebound

## Original Article

- 10A What is the system of marriage?
- Similar to Malta
  - Bride or groom brings a dowry
  - Financial settlement by families
- 10B Can young men and women meet each other socially?
- At parties and social occasions
  - Only through the family
  - No