

PERSONALITY AND PSYCHOLOGICAL DISTRESS

AMONG GENERAL PHYSICIANS AND CLINICAL PSYCHOLOGISTS

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Abstract

Aim: In the professional field, the individual characteristics of the medical and mental health professionals play an important role in dealing with their patients and overall functioning of their life. Stressful working situations may precipitate psychological distress which may impact the psychological functioning of the health and mental health professionals. The purpose of this study was to assess the relationship between Personality and Psychological Distress among General Physicians and Clinical Psychologists.

Method: A sample of 30 practitioners were taken for both groups i.e., General Physicians and Clinical Psychologists from different government, private hospitals and clinics of Lucknow, following the inclusion and exclusion criteria. The sample was selected by using purposive and snowball sampling technique and ex-post facto research design was used. The tools used were Sociodemographic datasheet, Eysenck Personality Questionnaire Revised by Hans J. Eysenck and Sybil B. G. Eysenck (1991) and Kessler Psychological Distress Scale by Ronald C. Kessler and Mroczek (1994). The results were analysed using Spearman's Rank Order Method for correlation and Kruskal-Wallis to assess significant difference among all variables.

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Results: The results showed that there was a significant difference in Neuroticism among General Physicians and Clinical Psychologists at 0.05 level. The results also showed that there was a significant positive relationship between Psychoticism and Psychological Distress among General Physicians and Clinical Psychologists ($P < 0.01$) and a significant positive relationship between Neuroticism and Psychological Distress among General Physicians and Clinical Psychologists ($P < 0.05$).

Conclusion: Clinical Psychologists scored high in Psychoticism and Extraversion. General Physicians scored high in Neuroticism. Lie Scale (Social Desirability) and Psychological Distress was found to be high among General Physicians.

Keywords: Personality, Psychological Distress, General Physicians, Clinical Psychologists

Introduction

Mental health professionals and Medical health professionals play a central role in improving the illness and provide services to promote mental health and prevent disease of human being. Mental health care and physical health care are demanding profession which may result in risk for physical, mental as well as emotional issues. They work for long hours, often during emergency services. They provide support and care at their best efforts; still unfortunately often they have to face the failure, in saving life of their patients. These life and death situations make the overall health care providers susceptible to any risk factors. The research evidences are suggestive of high vulnerability among health care providers. On the contrary part there has been extensive researches evident of that health care professionals are able to deal effectively with the stressful situations. The researcher has tried to find out the possible supporting or vulnerable factors which help them in dealing with day to day hazards of such situations. The researcher has focused on analyzing the personality correlates and psychological distress among mental and medical health care professionals.

PERSONALITY

Every individual is unique and diverse in the way they appear and act. They show specific pattern of thinking, feeling, acting and perceiving which represents who they are and provide a basis of their interaction with others. More often, individual use the term personality to describe others such as happy, aggressive, jolly and so on which also creates impression of

people which they carry with them. The inimitable impression that a person makes on others is also important in understanding personality of other individual.

The term personality carries a lot of meaning with several psychological concepts. The term personality has been derived from the Latin word “persona” which means “mask”. Personality is described as combination of an individuals’ thoughts, characteristics, behaviors, attitudes, ideas and habits. In 1970, Hans Jurgen Eysenck, a personality theorist, defined personality as the more or less stable and enduring organization of a person’s character, temperament, intellect and physique which determines his or her unique adjustment to the environment.

Hans Eysenck (1916-1997) suggested that personality is composed of ‘traits or factors’ which are derived from the factor-analytic method. He gave three combinations of traits or factors and based his theory upon these dimensions. Eysenck acknowledged these combinations as superfactors (Eysenck, 1990, Eysenck & Eysenck, 1985).

The dimensions are as follows:

Extraversion

Individuals who tend to be more oriented towards the outside world are known as extroverts. Such persons prefer to be in company of other people and they tend to be active, remain carefree and lively, adventurous and sensation-seeking and are assertive and dominating in nature. Individuals having extraversion traits show characteristics like being social, outgoing and talkative (Ozer, Benet-Martinez V, 2006). These individuals are supposed to perform better in professions which involve social interaction (Mount, et al., 1998). Additionally, such persons tend to easily perform their activities and work more efficiently in situations where others persons are present (Morgenstern et al., 1974).

Neuroticism

Individuals who exhibit characteristics like moody, tensed, anxious, depressed, shy and irrational are known as neurotics. They are guilt prone and may have low self-esteem. Individuals who have higher extravert and low level of neuroticism characteristics show increasing satisfaction from work and social relationships (Scollon & Diener, 2006). Also, those individuals who scored high in neuroticism showed low on verbal abilities as compared to people low in neuroticism (Chamorro-Premuzic, Furnham & Petrides, 2006).

Psychoticism

Eysenck (1982) proposed another trait known as psychoticism. People who exhibit characteristics like aggressive and antisocial, tough-minded, cold and egocentric are supposed to be high on psychoticism. They tend to be hostile, cruel and insensitive to other's needs and feelings and are generally unconcerned regarding other people's rights and welfare. Additionally, such persons are reported to have greater tendency to indulge in alcohol and drug abuse as compared to those scoring low on psychoticism. However, it is also reported that people scoring high on psychoticism can be highly creative too (Sher, et al., 2000).

PSYCHOLOGICAL DISTRESS

An unpleasant subjective state which is characterised by depression and anxiety (being tense, restless, worried, irritable and afraid) is known as psychological distress. It is manifested both emotionally and psychologically (Mirowsky and Ross, 1989). This psychological distress can range in between mild level to severe level and is considered severe level as a mental disorder for example schizoaffective disorder (Shaheen, 2012).

Chalfant et al. (1990) explained psychological distress as problematic interpersonal relationships characterised by continuous experience of irritability, nervousness and unhappiness. Decker, Burnette and Mui (1997) further explained psychological distress as a condition where individual lacks enthusiasm, faces problems with sleep (trouble falling asleep or staying asleep), feels downhearted or blue, feels hopeless about the future, feels emotionally bored (for example, crying easily or feeling like crying) and or loses interest in things and can have thoughts of suicide (Weaver, 1995).

GENERAL PHYSICIANS

A General Practitioner is a medical practitioner having qualification in medicine and expertise in diagnosing and treatment of various systemic ailments irrespective of age and sex of the patients. A person qualified to practise medicine, especially one who specializes in diagnosis and medical treatment as distinct from surgery (Oxford dictionary, 1989). Doctor of Medicine or M.D is a postgraduate Medicine course. M.D. course is more practical oriented, and research-based as compared to M.B.B.S. Medical Council of India, is the authority which approves and recognises various Institutes to provide Doctor of Medicine Degree Course.

CLINICAL PSYCHOLOGISTS

The Rehabilitation Council of India (RCI) started the professional course of Clinical Psychology in year 2000, which had been recognized as one of the core specialities within the mental health sector 205 giving it a professional identity, fostering inter and intra-professional interaction and groups who work together as a team as well as with their own clients and field of work.

A Clinical Psychologist is a mental health professional who conduct detailed assessment, leading to diagnose, treat and manage the individuals with various mental illnesses or disorders or any behavioural, emotional and psychological problems by non-pharmacological devices.

REVIEW OF LITERATURE

Personality, General Physicians and Clinical Psychologists

Byravan and Ramanaiah (1995) found that psychiatrists had high emotional stability and low neuroticism which explained that psychiatrists tend to feel less negative emotional affect. It was also found that psychiatrists exhibited high social activity as they scored high on extraversion.

Bachtold and Werner (1970) conducted a study to compare women psychologists with group of general women, college women and academic men. Results suggested that women psychologists were significantly more intelligent and showed characteristics like dominant, serious, adventuresome, socially aloof, sensitive, flexible, imaginative, insightful, unconventional, secure, self-sufficient, and less anxiety-prone as compared to general women and college women.

Brooks (1999) conducted a study to examine the personality style, psychological adaptation and expectations among clinical psychology trainees on 364 trainees in U.K. The results revealed that 8% of trainees had 'poor' personality adjustment as they scored worse on psychological adaptation indicators. Further it was found that 41% of the trainees had one or more significant problems like depression, anxiety, low self-esteem and work adjustment. Moreover, approximately one-third of the trainees tend to have substance use problem.

Jones et al., (2012) conducted a study to find out the personality of general practitioners on 372 rural general practitioners and 100 urban general practitioners from New South Wales (Australia). The results suggested that Rural General Practitioners scored high on conscientiousness and agreeableness but lower on openness as compared to the urban practitioners.

Psychological Distress, General Physicians and Clinical Psychologists

Sutherland & Cooper (1993) explored personality factors and job stressors among a large sample of general practitioners in the United Kingdom. Findings of the study suggested that job demands, patient's expectation and routine medical works were the major predictors of job stress and lack of mental well-being and the general practitioners used 'social support' as their coping strategy.

Sherman and Thelen (1998) in their study explored psychological distress and professional impairment among 522 psychologists working in clinical settings. The findings revealed that very high positive correlation exists between psychological distress and impairment for both life events and work factors.

Edwards et al., (2002) did a study to explore the psychological distress among general practitioners in England and found that 50% of General Practitioners scored as being stressed which was also twice in comparison to the general public.

Hatice and Selma (2011) explored work stress and personality factors among 462 Turkish health care professionals. The results suggested that a negative link was there between extraversion and work stress and it further revealed that neuroticism was positively linked with work stress.

A study, 'The level of experienced stress and personality traits in health professionals - the Polish study', revealed that there was statistically significant correlation was observed in relation to subjectively experienced tension and results in scale of Psychoticism and Neuroticism (positive relationship). In case of extraversion scale correlation has negative character, but is not statistically important (Lukasik et al., 2018).

Asrat, Girma et al, (2015) assessed the prevalence and risk factors of mental distress among health professionals on 403 health professionals. Results showed that 29.9% of them were

found to have mental distress. Prevalence of mental distress among substance user health professionals was higher compared with non-users.

Dendle et al., (2018) conducted study on 126 first year medical students to examine the effects of study related stress and workplace on the student's psychological distress and their academic performance. Results revealed that psychological distress was reported to be 33.1-47.4% in the medical students.

RATIONALE OF THE STUDY

All the medical and mental health professionals have moral and ethical responsibilities towards their patients. In such professional fields, their own individual characteristics play an important role in dealing with their patients or clients and normal day to day functioning as well.

The overall personality factors could be helpful to deal with the stress and anxiety faced by the medical and mental health professionals. It has been also observed through researches that some of the medical and mental health professionals' manifests signs or features like anxiety, depression and even take refuge to drug culture.

There are vast researches evidences are available on selected population, yet, the area of Personality and Psychological Distress seems to be less explored. Thus, emerges a need to assess the Personality of Medical and Mental Health Professionals and its impact on psychological functioning. The outcome of the study will help to plan management for Psychological Distress and related issues among Medical and Mental Health Professionals.

METHODS

Aim: To study the relationship between Personality and Psychological Distress among, General Physicians and Clinical Psychologists.

Variables

- Personality
- Psychological Distress

Objectives

1. To assess the relationship between Personality correlates among General Physicians and Clinical Psychologists.
2. To assess the relationship between Psychological Distress among General Physicians and Clinical Psychologists.
3. To study the relationship among Personality and Psychological Distress among General Physicians and Clinical Psychologists.

Hypotheses

1. There will be a significant difference in the Personality correlates of General Physicians and Clinical Psychologists.
2. There will be a significant difference in Psychological Distress of General Physicians and Clinical Psychologists.
3. There will be a significant relationship among Personality and Psychological Distress among General Physicians and Clinical Psychologists.

Research design

Ex-post facto research design was used for the present study.

Sample

The total sample consisted of 30 practitioners taken for two groups i.e., 15 each for General Physicians and Clinical Psychologists from different government and private hospitals and clinics of Lucknow. The sample has been selected by using purposive and snowball sampling technique.

Inclusion criteria

1. Individuals with minimum qualification of Master of Philosophy in Clinical Psychology and Professional Diploma in Clinical Psychology and working as a Clinical Psychologist.

2. Individuals with minimum qualification of Doctor of Medicine (MD) and working as a General Physician.
3. Individuals working in both private and government hospitals/clinics.
4. Individuals of both genders i.e. Male and Female.
5. Individuals with a minimum working experience of 2 years.

Exclusion criteria

1. Individual with history of any major psychiatric illness.
2. Individual who are passed and not practising even after having Medical Council of India registration.
3. Individual who are passed and not practising even after having Rehabilitation Council of India registration.
4. Individual who did not give the consent.

Tools

1. Socio-demographic data sheet

The socio-demographic data sheet is a semi structured sheet made by the researcher which is especially drafted for the study. It includes information about socio-demographic details like age, gender, religious faith, family type, marital status, occupation, qualification, registration, nature of job, work experience, age at the time of joining or initiating private practice, working hours, annual income, history of medical illness, history of psychiatric illness and frequent use of any substance against medical advice.

2. Eysenck Personality Questionnaire Revised (EPQR)

Eysenck Personality Questionnaire Revised was developed by Hans J. Eysenck and Sybil B. G. Eysenck in 1991. It measures personality dimensions of the individual i.e., Psychoticism, Extraversion, Neuroticism and Lie. It comprises of 90 items. The responses are recorded in the form of yes and no. Scoring can be done with the help of stencils as

well as can be done manually. For each correct response according to the scoring key of EPQ-R, 1 mark will be given. The reliability ranges are 0.80 to 0.90 and validity of test has satisfactory factor validity.

3. Kessler Psychological Distress Scale (K10)

Kessler Psychological Distress Scale (K10) was developed by Ronald C. Kessler and Mroczek in 1994. It is a self report measure. It measures distress that a person has experienced in the past 30 days. It comprises of 10 items and the responses are recorded on a five-point scale (None of the time, a little of the time, some of the time, most of the time, all of the time). It is moderately reliable (the ending kappa and weighted kappa scores ranged from 0.42 to 0.74).

Procedure

A sample of 30 medical and mental health professionals was taken for two groups, i.e., 15 General Physicians and 15 Clinical Psychologists were selected on the basis of inclusion and exclusion criteria. The sample was taken by using purposive and snowball sampling. Informed consent was taken from the participants. The socio-demographic details were filled by the participants and the tools were administered on them. Then, the appropriate statistical tools were used to analyze the data through SPSS version 20.

Analysis

For the statistical analysis, SPSS version 20 was used. Kruskal Wallis test was used to assess the significant difference whereas Spearman's Rho Correlation test was used to assess the relationship among Personality correlates and Psychological Distress among General Physicians and Clinical Psychologists.

RESULTS

Table 1: Showing the mean and standard deviation of age

		Group- I (General Physicians) n=15	Group- II (Clinical Psychologists) n=15
Age	Mean	41.33	35.73
	Standard deviation	11.02	12.60

The result table 1, showing the mean and standard deviation of age among General Physicians and Clinical Psychologists.

Table 2.0: Showing the frequency and percentage of socio-demographic details

Demographics		Group- I (General Physicians) n=15		Group- II (Clinical Psychologists) n=15	
		Frequency	Percent	Frequency	Percent
Gender	Male	8	53.3%	3	20%
	Female	7	46.7%	12	80%
Religious faith	Hindu	14	93.3%	6	40%
	Islam	1	6.7%	5	33%
	Other	0	0%	3	20%
	No Religious Faith	0	0%	1	6.7%

Marital Status	Single	1	6.7%	4	26.7%
	Married	14	93.3%	11	73.3%
Family Type	Nuclear	7	46.7%	12	80%
	Joint	8	53.3%	3	20%

The result table 2.0, showing the frequency and percentage of gender, religious faith, marital status and family type among General Physicians and Clinical Psychologists.

Table 2.1: Showing the frequency and percentage of socio-demographic details

Demographics		Group- I (General Physicians) n=15		Group- II (Clinical Psychologists) n=15	
		Frequency	Percent	Frequency	Percent
Nature of job	Government	5	33.3%	6	40%
	Private	10	66.7%	9	60%
Work experience	0-5 years	2	13.3%	9	60%
	6-10 years	7	46.7%	2	13.3%
	11-15 years	0	0%	0	0%
	16 above	6	40%	4	6.7%
Age at the time of joining	21-25 years	3	20%	6	40%
	26-30 years	8	53.3%	8	53.3%
	31-35 years	4	26.7%	1	6.7%
Working hours	6-8 hours	7	46.7%	12	80%
	9-10 hours	4	26.7%	3	20%
	11-12 hours	4	26.7%	0	0%
	13-14 hours	0	0%	0	0%
Annual income	Below Rs 5 Lakh	1	6.7%	5	33.3%
	Rs 5-10 Lakh	7	46.7%	9	60%
	Above Rs 10 Lakh	7	46.7%	1	6.7%

The result table 2.1, showing the frequency and percentage of nature of job, work experience, age at the time of joining, working hours and annual income among General Physicians and Clinical Psychologists.

Table 3: Showing the ‘level of significance’ of Personality dimensions and Psychological distress among General Physicians and Clinical Psychologists

Variable	Groups	Mean rank	N	H value	df	P
Psychoticism	General Physicians	21.70	15	0.75	2	0.68
	Clinical Psychologists	25.33	15			
Extraversion	General Physicians	19.50	15	2.70	2	0.25
	Clinical Psychologists	27.17	15			
Neuroticism	General Physicians	26.73	15	5.81	2	0.05*
	Clinical Psychologists	16.43	15			
Lie Scale	General Physicians	24.57	15	2.17	2	0.33
	Clinical Psychologists	20.17	15			
Psychological Distress	General Physicians	25.27	15	1.03	2	0.59
	Clinical Psychologists	20.43	15			

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

The result table 3, showing the Mean Rank, Number of sample, Kruskal Wallis value, Degree of freedom and Level of Significance of Personality dimensions and Psychological distress among General Physicians and Clinical Psychologists.

The results table 3, shows that there is a significant difference at 0.05 level in Neuroticism among General Physicians and Clinical Psychologists.

Table: 4. Showing the correlation between dimensions of Personality and Psychological distress

		Psychoticism	Extraversion	Neuroticism	Lie Scale
Psychological Distress	Correlation Coefficient	0.33*	-0.19	0.65**	-0.12
	Sig. (2-tailed)	0.02	0.19	0.00	0.41

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

The result table 4, showing the correlations between dimensions of Personality i.e., Psychoticism, Extraversion, Neuroticism and Lie Scale and Psychological distress. The result shows that there is a significant positive correlation between Psychological distress and Psychoticism at 0.01 level and there is a significant positive correlation between Psychological distress and Neuroticism at 0.05 level.

DISCUSSION

The aim of the present research was to study the relationship between Personality and Psychological Distress among General Physicians and Clinical Psychologists. A sample of 30 practitioners were taken for two groups i.e., 15 each General Physicians and Clinical Psychologists from different government, private hospitals and clinics of Lucknow, following the inclusion and exclusion criteria. The sample was selected by using purposive and snowball sampling technique. An ex-post facto research design was used. The tools used were Sociodemographic datasheet, Eysenck Personality Questionnaire Revised by Hans J.

Eysenck and Sybil B. G. Eysenck (1991) and Kessler Psychological Distress Scale by Ronald C. Kessler and Mroczek (1994). The results were analysed using Spearman's Rank Order Method for correlation and Kruskal-Wallis to assess significant difference among all variables.

The mean age of General Physicians was 41.33 with standard deviation of 11.02 and Clinical Psychologists was 35.73 with standard deviation of 12.60 (Table 1).

The number of professionals included from each occupation were 53.3 % male professionals and 46.7% female professionals among General Physicians and 20% male professionals and 80 % female professionals among Clinical Psychologists (Table 2.0).

General Physicians based upon their religious faith following Hinduism were 93.3% and Islam was followed by 6.7%. Clinical Psychologists following Hinduism was 40%, Islam was followed by 33%, other religious faith was followed by 20% and no religious faith was found in 6.7% (Table 2.0).

The marital status data suggested that 6.7% General Physicians were single and 93.3% were married. Clinical Psychologists suggested that 26.7% were single and 73.3% were married (Table 2.0).

46.7% General Physicians were from nuclear family and 53.3% were from joint family. 80% Clinical Psychologists belonged to nuclear family and 20% were from joint family (Table 2.0).

33.3% General Physicians were working in government sector and those working in private sector were 66.7%. Clinical Psychologists working in government sector were 40% whereas 60% of the Clinical Psychologists were working in private sector (Table 2.1).

The General Physicians having work experience of 0-5 years were 13.3%, those having 6-10 years of work experience were 46.7%, those having 11-15 years of experience were 0% and those having 16 or above years of work experience were 40%. The Clinical Psychologists who had 0-5 years of work experience were found to be 60%, those having 6-10 years of work experience were 13.3%, those having 11-15 years of work experience were 0% and those having 16 or more years of work experience were found to be 6.7%.

Among General Physicians, the age at the time of joining or initiating private practice at 21-25 years were 20%, 26-30 years were 53.3% and 31-35 years were 26.7%. Among Clinical Psychologists, the age at the time of joining or initiating private practice at 21-25 years were 40%, 26-30 years were 53.3% and 31-35 years were 6.7%.

General Physicians who had working hours ranging from 6-8 hours were 46.7%, those having 9-10 hours of working were found to be 26.7%, 11-12 working hours were 26.7% and those having 13-14 working hours were 0%. Clinical Psychologists who had working hours ranging from 6-8 hours were 80%, those having 9-10 working hours were 20%, those having 11-12 working hours and 13-14 hours were 0% (table 2.1).

The General Physicians having annual income of below Rs. 5 Lakh were 6.7%, those having annual income between Rs. 5-10 Lakhs were 46.7% and those having annual income above Rs. 10 Lakhs were 46.7%. The Clinical Psychologists having annual income of below Rs. 5 Lakh were 33.3%, those having annual income between Rs. 5-10 Lakhs were 60% and those having annual income above Rs. 10 Lakhs were 6.7%.

In the present study, the first hypothesis suggested that there will be a significant difference in the Personality correlates of General Physicians and Clinical Psychologists. The results of the present study revealed that there was a significant difference in Neuroticism among General Physicians and Clinical Psychologists at 0.05 level. Psychoticism was found to be high in Clinical Psychologists (Mean Rank=25.33) and low in other group (General Physicians= 21.70). Extraversion was found to be high in Clinical Psychologists (Mean Rank=27.17) and low in other group (General Physicians= 19.50). Neuroticism was found to be high in General Physicians (Mean Rank=26.73) low in other group (Clinical Psychologists= 16.43). Lie Scale was found to be high among General Physicians (Mean Rank= 24.57) and low among Clinical Psychologists (Mean Rank = 20.17)(table 3). The hypothesis formulated that there will be a significant difference in the Personality correlates of General Physicians and Clinical Psychologists is accepted and there are previous studies which had similar findings.

Deary et al., (1996) found that Psychiatrists scored significantly different from Physicians and Surgeons by being higher in Neuroticism, openness to experience and agreeableness and low in conscientiousness. Similarly, Martin et al., (2018) also suggested that Physicians scored lower on neuroticism and higher on extraversion.

The second hypothesis of the research suggested that there will be significant difference in Psychological Distress of General Physicians and Clinical Psychologists. The results of the present study revealed that there was no significant difference in Psychological distress among General Physicians and Clinical Psychologists. The Psychological Distress (table 3) was found to be high among General Physicians (Mean Rank= 25.27), followed by Clinical Psychologists (Mean Rank= 20.43).The hypothesis formulated that there will be a significant difference in Psychological Distress of General Physicians and Clinical Psychologists is rejected.

Appleton et al., (1998)found that 52% of the General Practitioners scored above cut off in Psychological Distress. The results also indicated that there is approximately two times more problem among the General Practitioners as compared to the general population. Edwards et al., (2002) found that prevalence rates of psychiatric morbidity were between 16% and 37%. Sherman and Thelen, (1998) found that among Psychologists, very high positive correlation exists between psychological distress and impairment for both life events and work factors.

The third hypothesis of the research suggested that there will be a significant relationship among Personality and Psychological Distress among General Physicians and Clinical Psychologists. The results showed that there was a significant positive correlation between Psychological Distress and Psychoticism at 0.01 level and there was a significant positive correlation between Psychological Distress and Neuroticism at 0.05 level (table 4) hence the hypothesis formulated that there will be a significant relationship among Personality and Psychological Distress among General Physicians and Clinical Psychologists is accepted.

Hatice and Selma (2011)found that there was a negative link between extraversion and work stress among health care Professionals. Further, it was revealed that neuroticism was positively linked with work stress.

Limitations

There were following limitation in the current study:

- The sample size was small; thus, the results could not be generalized.
- Sample was area specific i.e. taken from Lucknow city only.
- Work environment/culture was not compared among different Professions.

- No intervention was planned for Health and Mental Health Professionals going through moderate and high level of Psychological Distress.

Future Directions

- Further study with larger sample size is needed to validate and generalize the findings.
- Further study with samples from different areas/regions to be taken in order to maintain heterogeneity in samples.
- Further study to be done while including the work environment/culture among different professions.
- Awareness program can be planned for different Professionals in general and General Physicians and Clinical Psychologists showing high scores or high-risk cases in particular.

Implications

Since, Psychological Distress in Health and Mental Health Professionals is higher in specific personality dimensions i.e., high neuroticism and psychoticism may aggravate Psychological Distress, preventive efforts such as counselling and stress management may help those prone to adverse effects.

Career counselling in early career of Health and Mental Health Professionals should take into account the importance of stress prone personality types, with special attention to those with high neuroticism and high psychoticism.

The facilities of emotional counselling as already initiated for medical students in some of the medical institutes should be strengthened and extended.

REFERENCES

- Al Saadi, T., Addeen, S. Z., Turk, T., Abbas, F., & Alkhateeb, M. (2017). Psychological distress among medical students in conflicts: a cross-sectional study from Syria. *BMC medical education*, 17(1), 173.
- Appleton, K., House, A., & Dowell, A. (1998). A survey of job satisfaction, sources of stress and psychological symptoms among general practitioners in Leeds. *Br J Gen Pract*, 48(428), 1059-1063.
- Asrat, B., Girma, E., Soboka, M., & Tesfay, K. (2015). Mental distress and associated factors among health professionals working in tertiary teaching Hospital, South West Ethiopia. *J Depress Anxiety*, 4(192), 2167-1044.
- Bachtold, L. M., & Werner, E. E. (1970). Personality profiles of gifted women: Psychologists. *American Psychologist*, 25(3), 234.
- Brooks, J. M. B. (1999). *Personality style, psychological adaptation and expectations of psychologists in clinical training* (Doctoral dissertation, Open University).
- Brooks, J., Holttum, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 9(4), 253-270.
- Deary, I. J., Agius, R. M., & Sadler, A. (1996). Personality and stress in consultant psychiatrists. *International Journal of Social Psychiatry*, 42(2), 112-123.
- Dendle, C., Baulch, J., Pellicano, R., Hay, M., Lichtwark, I., Ayoub, S., ... & Horne, K. (2018). Medical student psychological distress and academic performance. *Medical teacher*, 17.
- Eysenck, H. J. (1990). Genetic and environmental contributions to individual differences: The three major dimensions of personality. *Journal of personality*, 58(1), 245-261.
- Eysenck, H. J. (1997). Rebel with a cause: The autobiography of Hans Eysenck. London: Transaction Publishers. Eysenck's reflections on his life and work.

Farley, F. (2000). Hans J. Eysenck (1916–1997). *American Psychologist*, 55, 674–675. A memorial note describing Eysenck's contributions to psychology.

Firth-Cozens, J. (1998). Individual and organizational predictors of depression in general practitioners. *Br J Gen Pract*, 48(435), 1647-1651.

Frank, E., & Dingle, A. D. (1999). Self-reported depression and suicide attempts among US women physicians. *American Journal of Psychiatry*, 156(12), 1887-1894.

Hampson, S. E. (2012). Personality processes: Mechanisms by which personality traits “get outside the skin”. *Annual review of psychology*, 63, 315-339.

Hill, K., Wittkowski, A., Hodgkinson, E., Bell, R., & Hare, D. J. (2016). Using the repertory grid technique to examine trainee clinical psychologists' construal of their personal and professional development. *Clinical psychology & psychotherapy*, 23(5), 425-437.

Iqbal, S., Gupta, S., & Venkatarao, E. (2015). Stress, anxiety & depression among medical undergraduate students & their socio-demographic correlates. *The Indian journal of medical research*, 141(3), 354.

Jones, M. P., Humphreys, J. S., & Nicholson, T. (2012). Is personality the missing link in understanding recruitment and retention of rural general practitioners?. *Australian Journal of Rural Health*, 20(2), 74-79.

Larsen, R., & Buss, D. M. (2009). *Personality psychology*. McGraw-Hill Publishing.

Łukasik, M., Talarowska, M., Szynkiewicz, P., Dominiak, I., Gromniak-Haniecka, E., Rawska, J., & Gałecki, P. (2018). The level of experienced stress and personality traits in health professionals-the Polish study. *Polskimerkuriuszlekarski: organ Polskiego Towarzystwa Lekarskiego*, 45(269), 185-188.

Mills, L. B., & Huebner, E. S. (1998). A prospective study of personality characteristics, occupational stressors, and burnout among school psychology practitioners. *Journal of school psychology*, 36(1), 103-120.

Mitra, S., Sinha, P. K., Gombar, K. K., & Basu, D. (2003). Comparison of temperament and character profiles of anesthesiologists and Surgeons: a preliminary study. *Indian journal of medical sciences*, 57(10), 431-436.

Sandoval, J. (1993). Personality and burnout among school psychologists. *Psychology in the Schools*, 30(4), 321-326.

Schattner, P. L., & Coman, G. J. (1998). The stress of metropolitan general practice. *Medical Journal of Australia*, 169(3), 133-137.

Sutherland, V. J., & Cooper, C. L. (1993). Identifying distress among general practitioners: predictors of psychological ill-health and job dissatisfaction. *Social science & medicine*, 37(5), 575-581.