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Research Article

INCIDENCE OF ANXIETY AND DEPRESSION AMONGST DOCTORS AT POSTGRADUATE RESIDENT LEVEL

¹Dr Shah Zaib, ²Dr Hafiz Hamad Siddique, ³Dr Qasim Zahoor

^{1,2,3}Continental Medical College, Lahore.

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Abstract:

***Aim:** To determine the prevalence of anxiety and depression among doctors working as postgraduate residents.*

***Study design:** A Cross-sectional study*

***Place and duration of study:** The study was conducted from April 2019 to April 2020 in all postgraduate medical residents at Jinnah Hospital in Lahore, Pakistan.*

***Methods:** All available doctors working as postgraduate students in medical departments were interviewed using a simple standardized questionnaire based on the Hospital Anxiety and Depression Scale (HADS).*

***Results:** A total of 250 physicians met the inclusion criteria, of whom 195 participated in the study. Of the 55 remaining residents, 20 did not complete or return the questionnaires correctly, completely, and 35 were not present at the time of the survey. Of the 195 inhabitants, 53 (27%) had anxiety and 27 (14%) had depression. Anxiety and depression were found simultaneously in 15 (7.65%) doctors. Borderline anxiety was found in 127 (65.1%) doctors, and borderline depression in 53 (27%) doctors. Anxiety was observed in 22% of women and 20% of men. Depression was observed in 8% of women and 11% of men. All the doctors separated had both anxiety and depression. Anxiety was visible in 57% of people, and depression in 43% of divorced people. The married group had the lowest level of anxiety (19%) and depression (6%). The prevalence of depression was almost equal among residents and government employed physicians, ie 10% and 11%, respectively. Anxiety was found in 19% of doctors and 27% of residents. Anxiety was found in 32% of unpaid doctors compared with 19% of paid doctors. In turn, depression in both groups was 10%.*

***Conclusion:** The study shows that our senior healthcare practitioner has significant levels of anxiety and depression. However, more research is needed to determine the magnitude of the problem, its factors, and measures that can be taken to contain the growing anxiety and depression among clinicians.*

Keywords: anxiety, depression, postgraduate students, HADS

Corresponding author:**Dr. Shah Zaib,**

Continental Medical College, Lahore.

QR code



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INTRODUCTION:

Occupational stress is commonly associated with almost every job in the world. Repetitive stressful experiences can lead to depressive symptoms. Physicians in particular are exposed to the main stressors related to their profession, but this aspect has not been well studied in our population. A postgraduate stay is a recognized stressful entity related to physical, emotional and intellectual challenges. This can lead to potential adverse health effects for the doctor and patient. The study showed that the prevalence of psychiatric disorders among doctors was approximately 27%, and the suicide rate was twice that of the general population. Some factors that may contribute to anxiety and depression in doctors include work overload, lack of incentives to work, lack of a supportive social environment, and conflicting views on patient management. Also, insufficient communication at all levels and poor administrative management are directly related to increased stress and depression in resident physicians. Stress at the level of residents can be reduced by avoiding these factors and indirectly improving job satisfaction. Elevated levels of anxiety and depression among residents can lead to physical and emotional discomfort, poor performance, absenteeism, and negative attitudes and behavior. Other factors contributing to stress and anxiety at work include time pressure, frequent unwanted breaks, difficult patients, and work-home conflicts. Another important point is that better patient-doctor-staff relationships lead to a high level of job satisfaction. High HAD scores in resident physicians can lead to poor outcomes and poor medical care. A number of measures can be taken to deal with the high levels of anxiety and depression among young people. These include stress management training, improved coaching by senior doctors, and the organization of workshops. Job satisfaction is highly demanded in medicine as this profession is directly related to human health. The purpose of this study is to assess the scale of problems caused by existing anxiety and depression among postgraduate resident doctors of various specialties and related factors, so that steps can be taken to solve this problem in our facility.

MATERIALS AND METHODS:

This cross-sectional study was conducted in all postgraduate residents of medical departments from April 2019 to April 2020 at Jinnah Hospital in Lahore, Pakistan. A total of 195 postgraduate doctors of studies took part in the study. The sampling technique was convenient. The study included

physicians under 40 years of age undergoing postgraduate education in any discipline. Home caregivers, physicians who completed their stay, and doctors under another training program were excluded from the study. The study was approved by the hospital ethics committee. A sample of 195 anonymous physicians employed were selected. Data were obtained using a 14-item self-completion questionnaire, including 7 questions about anxiety and 7 questions about depression. Each question with a score of 0-3 and a total score of > 10 were marked anxiety and depression, 8-10 were marked borderline, and < 8 was marked normal. The data was then analyzed using the SPSS version. Descriptive analysis was performed for numerical variables such as age and presented as mean; median and standard deviation for continuous variables such as age, while frequencies were calculated for categorical variables such as gender, housing level, marital status, salary, employment status, and severity of anxiety or depression according to the HAD score during the study.

RESULTS:

A total of 250 physicians met the inclusion criteria, of whom 195 participated in the study. Of the 55 remaining residents, 20 did not complete or return the questionnaires correctly, completely, and 35 were not present at the time of the survey. The age range of the participants was 24-38, the mean was 27, and the median was 27. Of the 195 inhabitants, 53 (27%) had anxiety and 27 (14%) had depression. Anxiety and depression were found simultaneously in 15 (7.65%) doctors. Borderline anxiety was found in 92 (47.1%) physicians, and borderline depression in 53 (27%) physicians. Of the 195 physicians, 127 were male, 64 were female, and 4 physicians did not mention their gender. Anxiety was observed in 22% of women and 20% of men. Depression was found in 8% of women and 11% of men (Fig. 1). When stratified by marital status, anxiety and depression occurred more frequently in the separated and divorced group than in the married and unmarried group. All the doctors separated had both anxiety and depression. Anxiety was visible in 57% of people, and depression in 43% of divorced people. The married group had the lowest level of anxiety (19%) and depression 6% (Fig. 2). The incidence of depression was almost equal among the residents and the doctors employed by the government, ie 10% and 11%, respectively. Anxiety was found in 19% of doctors and 27% of residents. Anxiety was found in 32% of unpaid doctors compared with 19% of paid doctors. However, in both groups the depression was 10% (Fig. 3).

Fig 1: Frequency of anxiety and depression according to gender

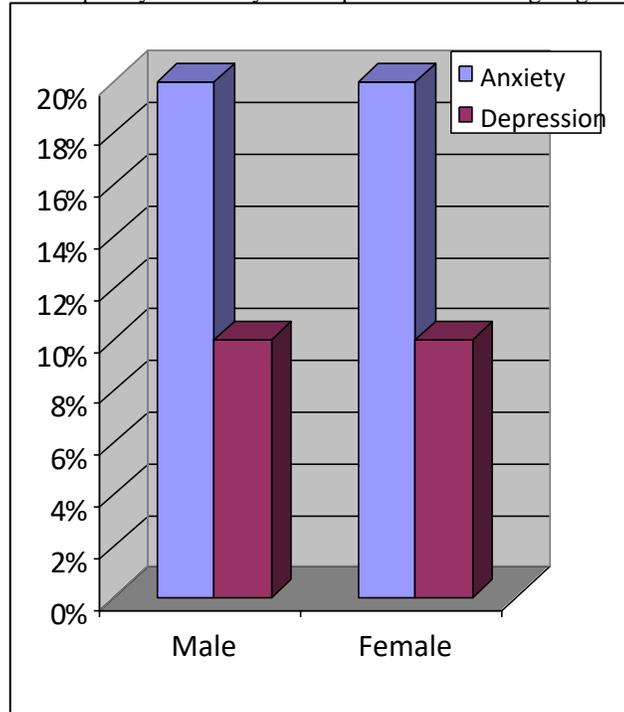


Fig 2. Frequency of anxiety and depression according to marital status

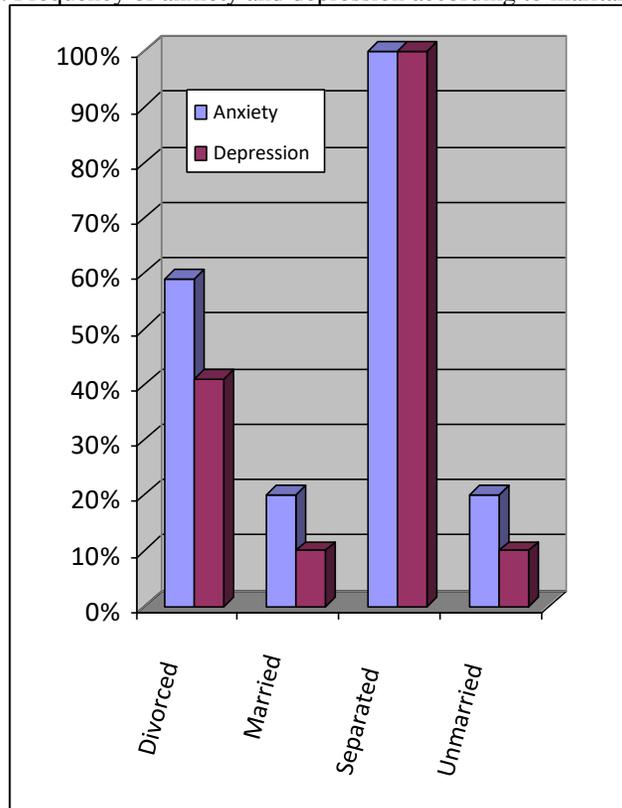
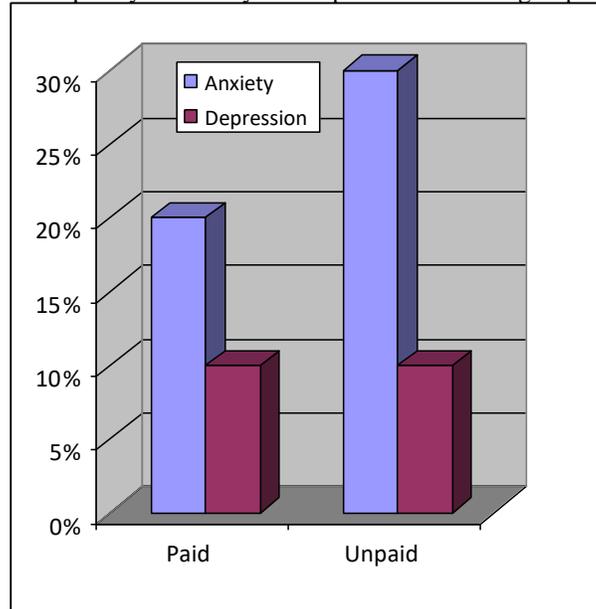


Fig 3: Frequency of anxiety and depression according to paid status



DISCUSSION:

It is unfortunate that the average working time of postgraduate medical and surgical residents in our tertiary hospitals is between 60 and 80 hours per week. This undoubtedly leads to adverse effects in the field of doctors' health, psychophysical fitness and the provision of medical care. Lack of sleep, along with other factors, leads to mental disorders like anxiety and depression. In this study, anxiety was found in 27% and depression in 14% of residents, which is quite a low score compared to other studies where 47% and 35% respectively. Possible reasons include fewer participants or the use of different analysis tools. The study highlighted the prevalence of anxiety and depression among medical interns. Age was found to be directly related to high levels of anxiety and depression, however, no significant difference was investigated in our study as almost all residents belonged to the younger age group. There were no significant gender differences as shown in various other studies, and no significant gender differences in the prevalence of anxiety and depression were found. However, another study found that women had high levels of anxiety. This has also been shown in another European study, although this gender difference can be explained by a number of factors. In our study, doctors in the first year of their stay had a higher level of anxiety compared to seniors. The reduced levels of stress at higher levels of residence can be attributed to adaptation to the stressful environment. A number of factors have been found to account for the high levels of anxiety and depression among postgraduate

residents, as evidenced by a higher HAD score for unpaid physicians compared to paid physicians in this study. Our study also showed higher scores in doctors with marital disorders. It has been observed that the level of stress is high in untrained doctors compared to postgraduate residents. An interesting fact noted in the results of our study was the significantly high level of borderline anxiety (47%) in postgraduate graduates. I think the intervention needs to be done at this level to prevent it from being raised to honest cases of anxiety. Actions to reduce anxiety and depression in resident doctors are strongly recommended by reviewing and reforming the training structure and introducing stress management training workshops.

CONCLUSION:

The study shows that our doctor working at a higher level has significant levels of anxiety and depression. However, more research is needed to determine the magnitude of the problem, the factors involved, and the measures that can be taken to stem the growing anxiety and depression among clinicians.

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