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## ANXIETY AND DEPRESSION AMONG HEALTHCARE PROFESSIONALS

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### ABSTRACT:

In today's world, almost everyone is familiar with the terms "Anxiety" and "Depression". No part of the world is free from anxiety and depression. Yet as an iceberg phenomenon, these diseases are under-estimated, under-diagnosed and under-treated. Adequate mental health is basic necessity of every human being as a prerequisite to spend a good life. Anxiety and depression cast negative impacts on personal and professional life. But majority of people, even the health care professionals, are not ready to accept screening or treatment for health care problems. Formal assessment of mental health issues including anxiety and depression is not a commonly practiced phenomenon. Literature reveals that developing countries are bearing almost two third of total psychiatric patients in the world, and the situation is expected worsen. Doctors by the virtue of their job are at enhanced risk of carrying mental health challenges which may cause or exacerbate anxiety and depression. Mental health issues of doctors are mostly over-looked not only by public but even by doctors themselves. Although appreciable work has been carried out in developed countries like US and Canada to evaluate psychological status of physicians, yet developing countries considerably lag behind.

**KEYWORDS:** Anxiety, Depression, Healthcare Professionals, Mental Health.

### INTRODUCTION:

The practice of medicine is unique and challenging than any other profession in the world. It is associated not only with a great degree of both personal and professional satisfaction, but also with a high level of occupational stress and burnout. Data from studies across the world suggest that health-care professionals, especially resident doctors/trainees and faculty members, are prone to developing mental health problems such as depression, anxiety, and substance abuse [1,2]. Further, it has been shown that occupational stress is often associated with emotional exhaustion, which can lead to the loss of enthusiasm for work, feeling helpless, trapped, and defeated [3]. Frequently reported occupational stressors among medical professionals are those intrinsic to the job, those related to patient demands, feeling overburdened, related to roles within the organization, and those related to

relationships at work and career development [4,5]. Emotional exhaustion among professionals is usually understood as burnout.

Burnout is defined as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity,” and it is considered as an outcome of long-term exposure to occupational stress [6]. Multiple studies have shown that one-third of all physician experience burnout at several points throughout their careers. It is suggested that burnout begins to cultivate its seeds during the medical schooldays, continues throughout the residency period, and finally matures in the daily life of practicing physicians [2]. Studies suggest that the prevalence of burnout among residents varies from 50% to 76%, depending on the specialty [7]. It has been found that burnout is more often seen in trauma surgeons, urologists, otolaryngologists, emergency physicians/surgeons, vascular and general surgeons, and young professionals having children [8]. Other factors which have been shown to be associated with burnout include working for more than 60 h/week and having more on-call duties per week (>2 nights/week), when compared to those on only regular duty [9,10].

## **MATERIAL & METHODS:**

Existing literature on the psychological problems faced by medical practitioners is limited to few nationwide surveys and some specific hospital surveys. A large national survey of 2584 physicians from Canada showed that both male and female physicians experienced high levels of occupational stress, which was associated with lower levels of satisfaction with their medical practice [11]. A postal survey involving 524 medical professionals from the United Kingdom which included hospital consultants, general practitioners, and senior hospital managers reported that about 27% of the sampled physicians scored in the clinical range of depression. Similarly, a survey of 50,000 practicing physicians and medical students from Australia demonstrated an increased incidence of severe psychological distress along with a 2-fold increased incidence of suicidal ideations in physicians compared with the general population [12]. Data suggest that psychological morbidities and burnout among medical professionals are often associated with more medical errors and poor patient outcomes [13,14,15].

Very few studies from India have evaluated psychological issues, stress, and burnout among medical professionals. These studies have been mostly limited to medical students and interns, with few studies focusing on resident doctors [16,17,18,19,20]. Studies have reported that about one-third of the resident doctor experience stress [19]. Studies among medical students have reported the existence of stress among three-fourth of the participants [20] and those involving interns have reported the prevalence of stress to be as high as 91.1% [21]. Studies which have reported psychiatric morbidity suggest that more than half of the undergraduate medical students have depression (51.3%), anxiety (66.9%), and stress (53%) [16,17,19]. These wide variations across different studies are due to differences in the instruments used to assess the various psychological constructs. Studies have also evaluated the barriers in seeking psychiatric help and these suggest that stigma, confidentiality issues, lack of awareness, and fear of unwanted intervention to be the major barriers for seeking help related to mental health issues [22]. Surprisingly, none of the studies from India has evaluated the stress and psychological issues in senior health-care professionals.

Medical professionals are also prone to abuse various substances and develop substance-use disorders [23]. Studies have shown a high prevalence of nicotine dependence [24,25] and use of other substances such as alcohol, cannabis, and benzodiazepines [1,26,27,28].

With the admission into the residence program, changes occur in the professional and individual life of the individual. Many move to other cities to attend the program, separate from families and friends and need a fast adaption to the new reality. Several suffer from anxieties, tensions of lifestyle change and the working environment and fail to create effective strategies for dealing with such situations, bringing negative consequences, such as dissatisfaction and high risk for the development of anxiety and depression [29]. The analysis of the scientific literature about the formation process in the context of residence, mainly in specialties, shows that professionals are affected by high rates of health problems that interfere with their quality of life and, consequently, the care service user [30]. Residents may feel incompetent and worthless being unfamiliar with the demand of patients and responsibilities, facing a constant internal pressure, which can contribute to their maturity

or be an environmental factor triggering disorders [31], such as anxiety, which tends to be common among health professionals [32].

## **DISCUSSION:**

It is assumed that the prevalence of singles among the studied professionals is related to age group because they are young professionals and recent graduates. A study with professionals in a university hospital analyzed the influence of gender and age with job satisfaction and showed that younger and women declared more satisfied. They concluded that the desire to learn and gain experience could make young people evaluate positive aspects of the work [33].

The pressure related to the elaboration of reports, poor relationships with colleagues and superiors are among the factors that cause anxiety [34]. In Norway, exploring personality traits among professional trainees associated with symptoms of anxiety, depression and work stress reports during training/internship pointed out that the perception of stress at work was positively correlated with the levels of anxiety and depression, being the levels of symptoms of anxiety higher than depression. It was also noted that the female trainees experienced greater work stress levels than men [35]. There are evidences that working and routine environment are the main factors that contribute to the levels of anxiety and depression (50.0% and 28.0%, respectively), as the workload of the Multidisciplinary Health Residence programs is 60 hours per week, lasting 24 months, a period in which professionals develop theoretical and practical activities. It is understood also that this step of the training process is one of the most stressful stages because the recent graduate, young and inexperienced, is exposed to stressful situations, such as the conflict between professionals from different graduations, different specialties, relationship with family and clients with serious illness, fear of contamination, job insecurity, imbalance of professional expectations, job complexity, in addition to the rotation in various sectors and institutions [36].

It is also noted that anxiety is typical of every profession, and therefore, the evaluation of the stressor and the way of coping or adaptation to the stressor are individual, depending on the work process and teaching-learning that accompanies the existential process. The stress may be associated with the administration of professional responsibility, patient treatment, management of problematic situations, managing the volume of knowledge, establishing the limits of their personal and professional identity, teamwork, interpersonal relationships and responsibility of employing an integral and humanized care [37].

## **CONCLUSION:**

It is important to understand more about the effects of stress on the mental health of the medical profession as the possible consequences range from trivial errors or omissions to potentially fatal mistakes. Most residents of this study were women, young, single, with family income between two to five minimum wage and that although satisfied with the program, had been thinking about quitting. The study showed an association between anxiety and depression, suggesting the need for greater attention to professionals as well as the implementation of actions aimed at the welfare of this population, with early identification of symptoms of anxiety and stress, control of stress factors and mental health promotion, avoiding the social impacts caused by these disorders, as well as the individual disability

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