Prevalence of depression, anxiety and stress in gynaecologists working during COVID-19 pandemic - In private practitioners at Tamilnadu

Parimala A., Rajalekshmi M., Nasreen Banu M.*
Department of Obstetrics and Gynaecology, Saveetha Medical College and Hospital, Chennai, Tamil Nadu, India

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INTRODUCTION
COVID-19 is a virus that was first discovered in December 2019 in Wuhan, China. The outbreak of 2019-nCoV was declared a Public Health Emergency of International Concern by the Director-General of the World Health Organization on January 30, 2020 (Shah et al., 2020). Contact, droplet, fomite, fecal-oral, blood-borne, mother-to-child, and animal-to-human transmission are all possible ways for the virus to spread. Although some people who are infected with SARS-CoV-2 never show symptoms, the virus causes respiratory illness that can vary from mild to severe and lethal. Most common reason for COVID-19 spread by contact and droplet is due to which WHO advises social distancing, quarantine, and isolation. People are becoming stressed, anxious, and having ill effects on mental health because of quarantine and lockdown (World Health Organization, 2020).
As of date, over 3.5 million cases of confirmed COVID-19 infection with nearly 250,000 deaths. As a result, the COVID-19 pandemic has impacted healthcare workers. Obstetrics and gynecologists must manage pregnancy patients with this novel condition with few evidence (WHO, 2020).

These challenges have been exacerbated by rapidly changing COVID-19 management practices and recommendations, as well as staffing levels and shift patterns. The WHO has also expressed its concern over the pandemic’s mental health and psychosocial consequences. (WHO, 2020) It is hypothesized that new measures such as self-isolation and quarantine have had an impact on people’s normal activities, routines, and livelihoods, potentially leading to an increase in loneliness, anxiety, sadness, insomnia, dangerous alcohol and drug use, self-harm, and suicidal conduct.

The mental health of healthcare professionals is an often-neglected subject, despite evidence to suggest that poor mental health has a negative impact not only on personal wellbeing but also reduced productivity, increase in sick leave, increased likelihood of human errors, and lowers patient satisfaction. (W.H.O., 2020; Lai et al., 2020; Santos, 2020).

Aim and objectives of the research project

To determine the prevalence of depression, anxiety and stress in Gynaecologists who are working during the COVID-19 pandemic practicing privately in Tamil Nadu.

METHODOLOGY AND RESEARCH DESIGN

This study is a prospective study that involves Gynaecologists who are working during the COVID-19 pandemic, who are private practitioners in Tamil Nadu. They will be assessed for depression, anxiety, and stress by DASS21.

The survey will be distributed to doctors via several methods. The survey will be distributed to trainees via newsletters, direct email to doctors for distribution across the hospitals, and social media. Participation to the survey is voluntary and it is informed that the responses would be kept anonymous.

The survey was developed in alliance with experts in the fields of obstetrics and gynaecology as well as psychiatry. Surveying information depends on demographics, history of past mental health conditions requiring treatment, screening for current symptoms of depression and anxiety, the significance of contributory factors and the effects of mental health on workplace behavior. GAD-2 and PHQ-2 questionnaires are used to predict major depressive disorders (MDD) and generalized anxiety disorders (GAD), in which GAD-2 score and PHQ-2 score of 3 or more are diagnosed to be GAD and MDD, respectively.

Inclusion criteria

All Gynaecologists are working during the COVID-19 pandemic as private practitioners at Tamil Nadu are taken into consideration for the study.
Exclusion criteria
Gynaecologists who are not involved in this COVID-19 pandemic and who are not willing for this study.

Sample size, sampling technique and statistical analyses
Tamil Nadu Gynaecologists who are working during the COVID-19 pandemic as private practitioners. Taking prevalence of distress to be 75% in a study (Spoorthy et al., 2020), analyzing mental health in health care workers, by the formula \(4pq/L^2\), taking error to be 9%, the sample size is calculated to be 93. The collected data will be entered into a Microsoft Excel spreadsheet for further analysis. IBM SPSS Statistics 19 will be used for further analysis.

RESULTS

Demographic details
Total participants of this study were 118 gynaecologists. The age group is as shown in Table 1 and graphically represented in Figure 1. The average age was identified to be 34.62 + 9.91 years.

109 participants were Females (92.37%). The rest 9 participants were Males (7.62%). Hence, most of the participants were females.

93 participants were Consultants (78.81%). The rest 25 participants were Residents (21.18%). Hence, most of the participants were Consultants.

92 participants responded that they did not suffer from any chronic illness (77.97%). The rest 26 participants did not suffer from any chronic illnesses (22.03%). Hence, most participants did not suffer from any chronic illness.

The marital status is as shown in Table 2 and graphically represented in Figure 2. 60.64% were married with children.

DISCUSSION
A total of 118 doctors completed the survey. Obstetricians and Gynecologists reported significantly higher rates of depression and anxiety.
The most important element for work-related changes in mental health, according to respondents, was staying current with COVID-19’s often-changing rules and practices.

Only a small percentage of respondents felt comfortable discussing their mental health with coworkers. Analysis of responses are represented in Figure 3 and Figure 4.

CONCLUSION

Key findings include the high prevalence of mental health conditions amongst doctors, demonstration that mental health carries within the speciality and the key contributory factors to poor mental health. More research is needed to see if changing the way that the new and updated guidelines, procedures, and routes are distributed has a positive impact on doctors’ mental health. With the possibility of a second COVID-19 peak looming, it is important now more than ever to take steps to eliminate the stigma around mental health among doctors, encouraging them to seek treatment when necessary.

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Conflict of Interest

The authors declare that they have no conflict of interest.

REFERENCES


