



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

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ABSTRACT

The research paper titled the Prevalence of Depression, Anxiety and stress in gynaecologists working during the COVID-19 pandemic in private practitioners at Tamil Nadu. The objective is to determine the prevalence of depression, anxiety and stress in Gynaecologist who are working during the COVID-19 pandemic practicing privately in Tamil Nadu. Descriptive research is applied using the convenience method of sampling with 118 gynaecologists. Most respondents were female, and the majority of the age group were less than 29 years. It is found that 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. Health care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed. To assess the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19. This cross-sectional, survey-based, region-stratified study collected demographic data and mental health measurements from 118 health care workers. Health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 were eligible. The COVID-19 pandemic has had a significant impact on public mental health. Therefore, monitoring and oversight of the population mental health during crises such as a pandemic is an immediate priority. The aim of this study is to analyze the existing research works and findings in relation to the prevalence of stress, anxiety and depression in the general population during the COVID-19 pandemic.

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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 distanc-

ing, quarantine, and isolation. People are becoming stressed, anxious, and having ill effects on mental health because of quarantine and lockdown (World Health Organization, 2020).

Table 1: Age group of participants of this study

Age group of the participants	Number of participants
<29	56 (47.46%)
30-39	44 (37.29%)
40-49	12 (10.17%)
50-59	0 (0%)
>60	6 (5.08%)
Total	118

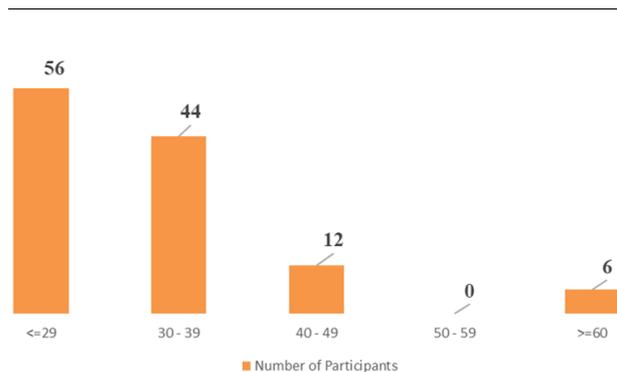


Figure 1: Age group of participants of this study

Table 2: Marital status of the participants of this study

Marital status of the participants	Number of participants
Married with children	68 (57.63%)
Married without children	13 (11.02%)
Unmarried	37 (31.36%)
Total	118

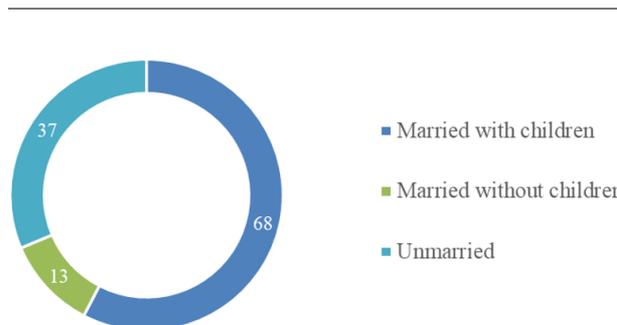


Figure 2: Marital status of the participants of this study

As of date, over 3.5 million cases of confirmed COVID-19 infection with nearly 250000 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. (W.H.O., 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.

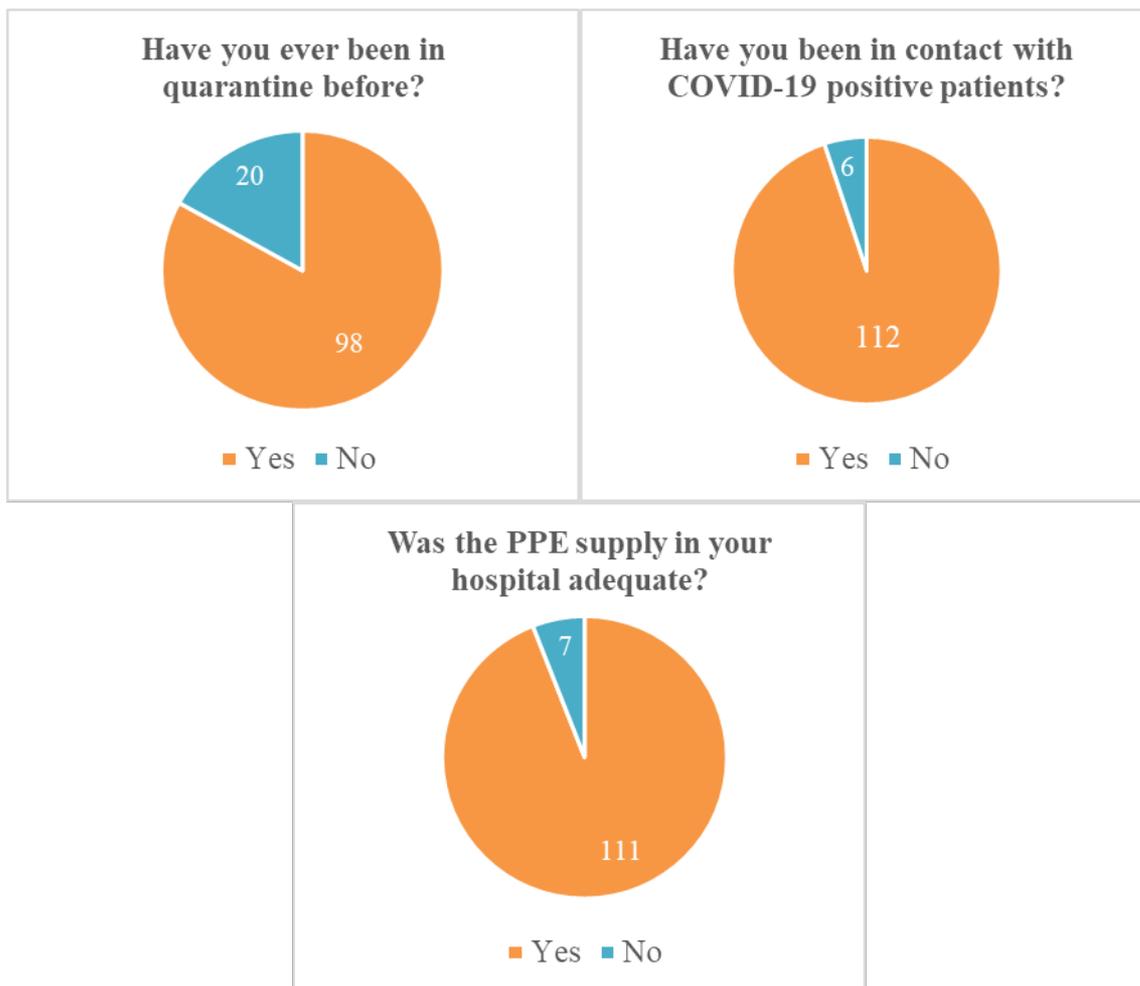


Figure 3: Analysis of answers to questions regarding COVID-19 pandemic

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

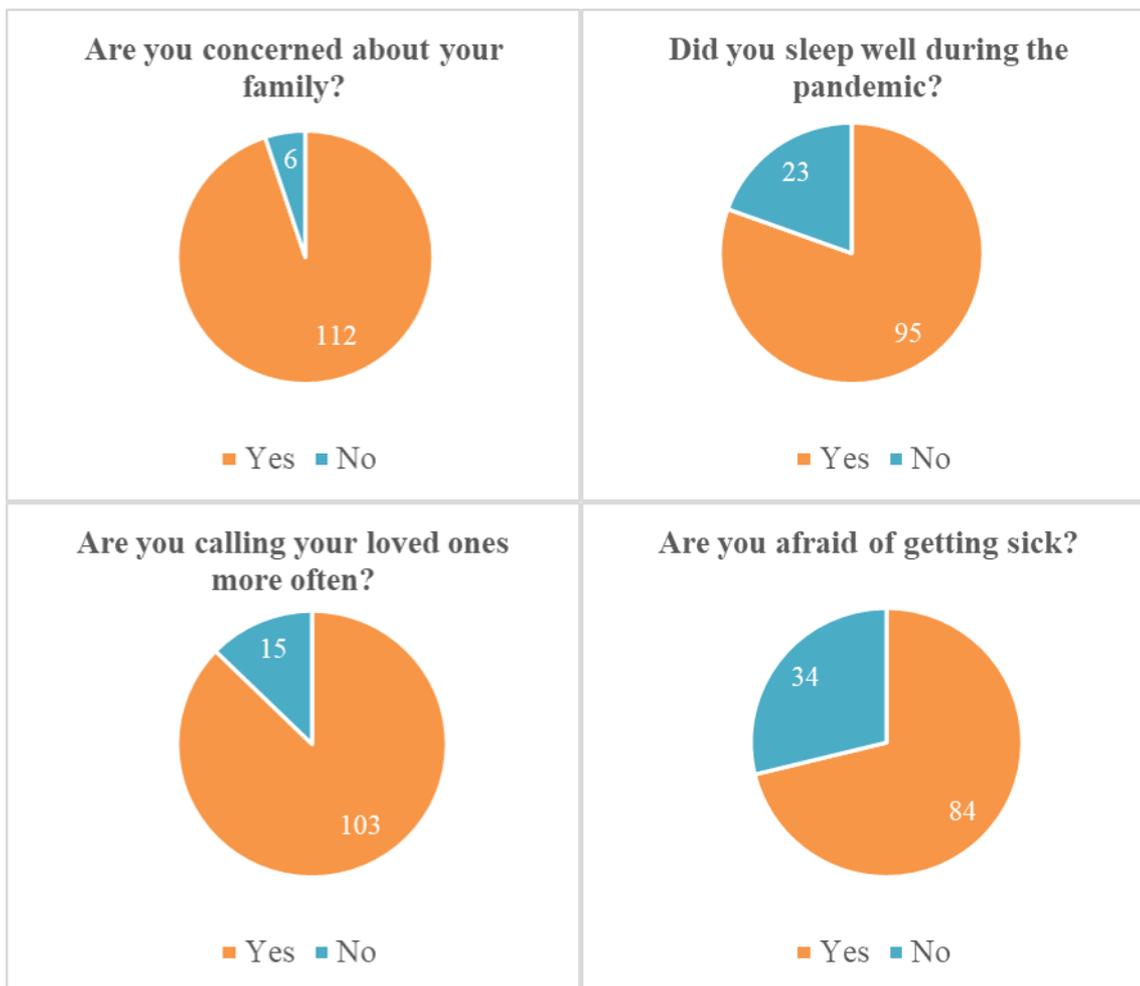


Figure 4: Analyzing of answers to questions concerning the COVID-19 pandemic and family life

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.

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