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RESEARCH ARTICLE

PREVALENCE OF DEPRESSION, ANXIETY AND STRESS AND ITS ASSOCIATION WITH WORKPLACE SATISFACTION IN MEDICAL COLLEGE TEACHERS

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Abstract

The impact workplace wellbeing has on mental health is being increasingly recognized. A medical teacher spends at least a third of their life and half of their waking hours at work hence it is important to recognize their satisfaction at work, and to identify factors which help them to be happy. The study was done with the aim to investigate the correlation between psychiatric illness and work place satisfaction. Medical teachers with an experience of more than 6 months in the teaching were included, and were administered workplace wellbeing questionnaire and DASS 21scale. The analysis showed significant association with respect to depression, anxiety and stress in relation with work environment and work load. It was concluded that the severity of depression, anxiety and stress was significantly associated with burden of teaching and was also affected by the work environment.

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Introduction:-

Stress is generally defined as body's response to changes that create taxing demands. Stress can be good or positive and bad or negative, called Eustress and Distress respectively. Eustress motivates, focuses energy, is short term, is perceived as within our coping abilities, feels exciting and improves performance. While distress is characterized by anxiety or concern, can be short or long term, is perceived as outside of our coping abilities, feels unpleasant, decreases performance, and can lead to mental and physical problems.

Stress in medical practice has been a topical issue, partly because medical service involves taking care of other people's lives and mistakes or errors could be costly or sometimes irreversible. It is thus expected that the medical doctor himself must be in a good state of mind. However, it is not usually the case. The doctor is also prone to stress that affects the general population because of the peculiarities of his work situation and the expectation of the society at large. The magnitude of the problem was emphasized in a report of the American Foundation for Suicide Prevention which claimed that on an average, death by suicide is about 70% more likely among male physicians and 250-400% higher among female doctors than among other professionals. (1) Specific stressors include peer pressure- within and across the professions, social expectations, hostile job environment, which may lead to increased use of substance. (1) Doctors are particularly exposed to higher stress because the patients' lives are literally in their hands. The provision of critical care can lead to the health care provider's physical, psychological and emotional exhaustion, which may develop into a burnout. (2) A high level of burnout was also identified in 46.5% of the respondents working in ICU setup in French public hospitals. (3) There was a high rate of burnout among professionals working in Portuguese Intensive Care Units (ICUs), with 31% of them having a high level of burnout. (4) Stress is a determining factor in many mental illnesses and work can be very stressful environment.

Work fosters mental health, while unsatisfactory work or unemployment is a high risk factor for mental illnesses, especially depression. The impact workplace wellbeing has on mental health is being increasingly recognized. A medical teacher spends at least a third of their life and half of their waking hours at work. It is important, therefore, to recognize whether they are satisfied at work, and to identify factors which help them to be happy.

However, this has not much studied specifically for the Indian medical teachers and hence the study is planned. Thus the study was done with the aim to investigate the correlation between psychiatric illness and work place satisfaction.

Material & Methods:-

It was a cross-sectional study. Study population consisting of teachers (doctors) of medical college. All medical teachers with an experience of more than 6 months in the teaching were included, after taking approval of institutional ethics committee. The junior and senior residents were excluded from the study. A semi structured proforma; Workplace wellbeing questionnaire ⁽⁵⁾ and DASS 21⁽⁶⁾ scale were administered after obtaining their informed consent.

Workplace wellbeing questionnaire: Researchers at the Black Dog Institute have been involved in measuring workplace satisfaction and the impact of a range of variables (e.g. depression, gender, occupational level, length of time employed) on this. Job satisfaction is a widely researched topic, but there are few accurate measures available. A recent study at the Institute helped develop the Workplace Wellbeing Questionnaire, a self-report measure of wellbeing in the workplace.

The results indicate where an individual sits on the following four areas of workplace wellbeing:

1. Work satisfaction
2. Organizational respect for the employee
3. Employer care
4. Intrusion of work into private life

The results are presented on a scale from low, through medium, to high. Analysis of the data was done using Chi Square test of association.

Results:-

Total 54 employees participated in the study conducted in a medical college.

Work Environment:

Data on workload was collected for opinion of study population on work satisfaction, respect for the employees by organization, employee care by the organization and respect for the employees by organization. The opinions were categorized as low, medium and high.

Distribution of population with respect to their opinions about the work environment is shown below. It was observed that more than 80% population felt they had medium satisfaction regarding work. (Fig 1) Similarly, more than 80% of the study sample rated the respect for the employees by organization as medium. (Fig. 2)

Over 25% people had high opinion that the organization takes care of their employees and 68% rated the employee care by the organization as medium (fig. 3). Similarly, one fourth of the study sample rated intrusion of work on private life as low, indicating that there is less intrusion of work on private life, however almost 75% rate the intrusion on private life as medium. (Fig. 4)

Work Load:

Work load was considered on burden of clinics/practical, classroom teaching and extra work.

Almost half (43%) of the population said that there is no burden of clinics and practicals and 22% felt it was slight. However 15% of the employees felt that the burden of clinics and practicals was very high or extreme. (Fig 5)

Almost half of the study population (48%) felt that there was no burden of classroom teaching. On the other hand 10% of the study sample felt that they had very high to severe burden of class room teaching (Fig 6).

As against this only 13% felt that there is no intrusion of work on their private life. Whereas 20% of the employees rated intrusion of work on their private life as very high to severe. (Fig 7)

Prevalence of Depression, Anxiety and Stress

Table 1:- Prevalence of Depression, Anxiety and Stress in the study Population.

Levels	Depression N (%)	Anxiety N (%)	Stress N (%)
Normal	43 (79.6)	37 (68.5)	42 (77.8)
Mild	4 (7.4)	6 (11.1)	6 (11.1)
Moderate to severe	7 (13)	11 (20.4)	6 (11.1)
Total	54 (100)	54 (100)	54 (100)

It was observed that nearly 80% of the study sample did not have depression, however 13% people had moderate to severe depression. Moderate to Severe Anxiety was present in 20% population. Mild and Moderate to severe stress and mild Anxiety was present in 11.1% study population.

Severity of Depression, Anxiety and Stress was further analyzed with respect to work environment and work load. (Table 2)

Table2:- Association of Depression, Anxiety and Stress with Work environment and Workload.

	Depression		Anxiety		Stress	
	χ^2	p	χ^2	p	χ^2	p
Work Environment						
Work satisfaction	4.84	0.09	6.12	0.04*	4.04	0.13
Organizational respect for the employee	7.45	0.02*	3.07	0.21	5.37	0.07
Employer care	43.53	0.0001**	14.73	0.0006**	14.15	0.0008**
Intrusion of work in private life	5.31	0.07	3.38	0.18	5.93	0.05
Work Load						
Burdened with clinics/practicals of students	18.69	0.0009**	12.47	0.01*	17.76	0.003*
Burdened with classroom teaching	20.53	0.0003**	7.26	0.12	7.46	0.11
Extra work other than teaching and attending to patients	6.55	0.16	8.88	0.06	13.29	0.01*

*= Significance at $p < 0.05$, **= Significance at $p < 0.001$

Association of severity of Depression with work environment and work load:

It was observed that the severity of depression was significantly associated with organizational respect for the employees, care of employees, burden of clinics and practicals and that of classroom teaching. The number of moderately depressed people was significantly more among those who were moderately satisfied and rated organizational respect for the employee as medium. As the level of opinion that the organization takes care of their employees increased from low to high, the percentage of normal level of depression also increased. The number of people who had normal levels on depression scale decreased significantly with increase in burden of clinics/practicals or classroom teaching.

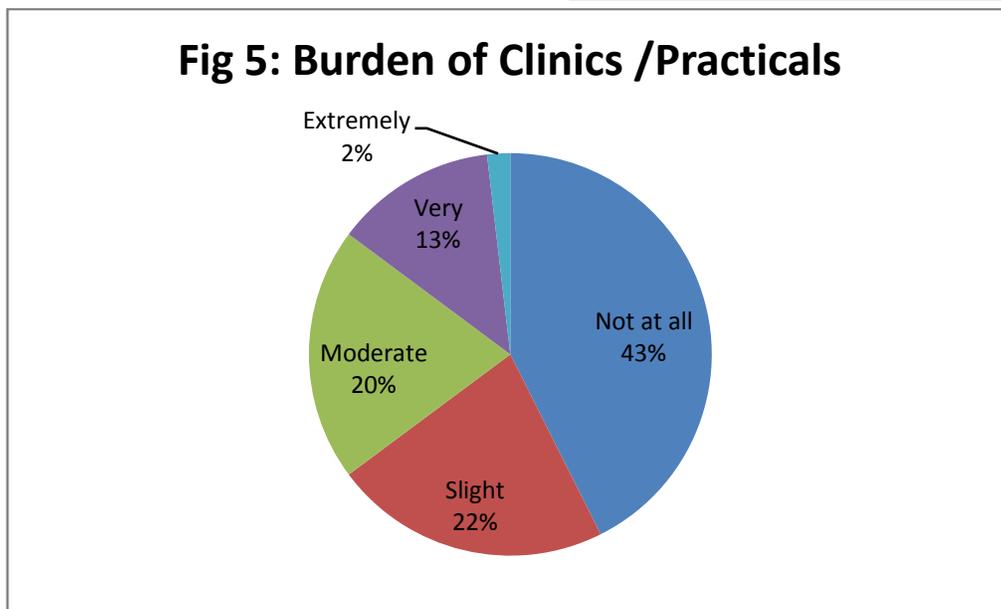
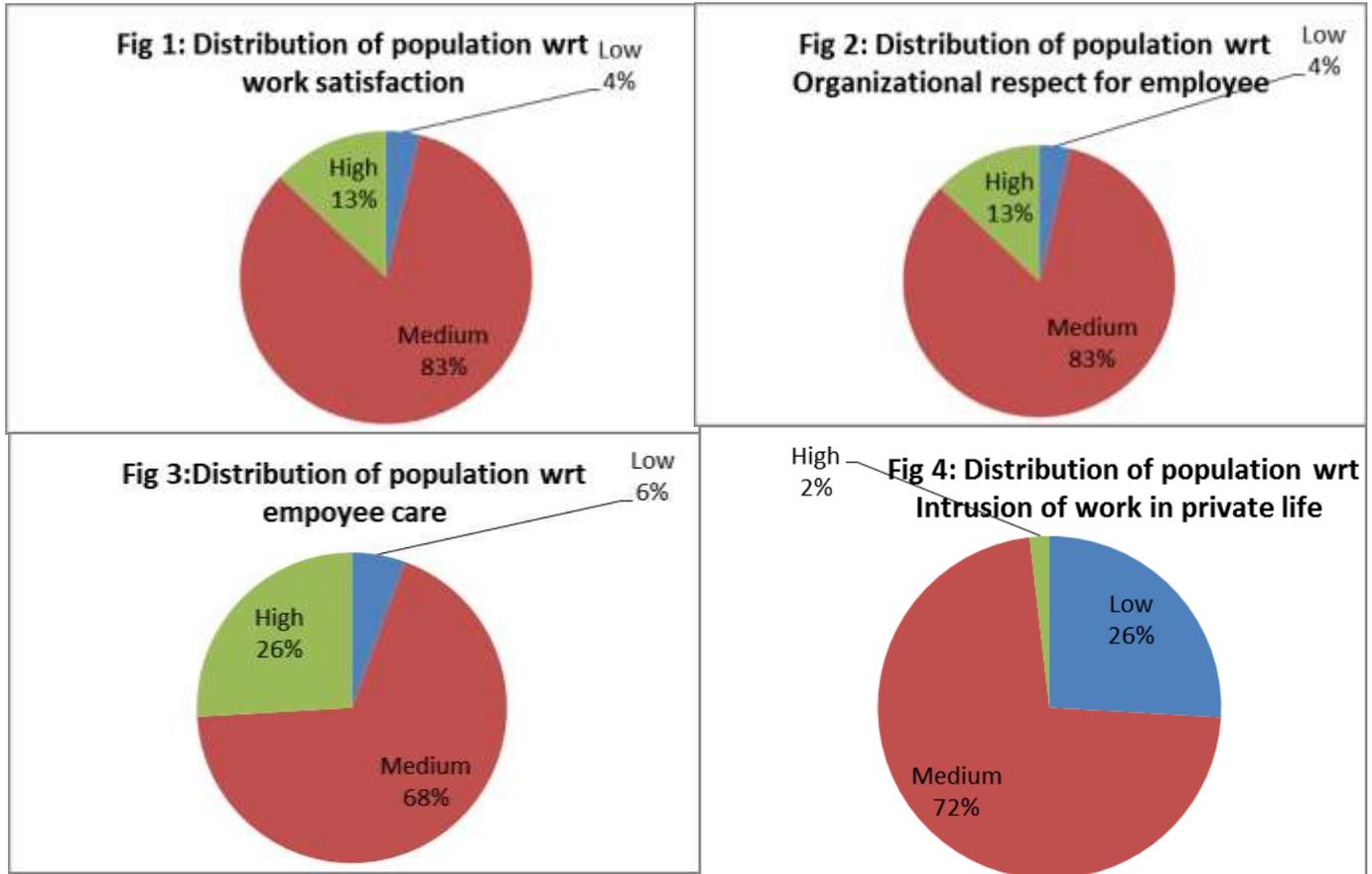
Association of severity of Anxiety with work environment and work load:

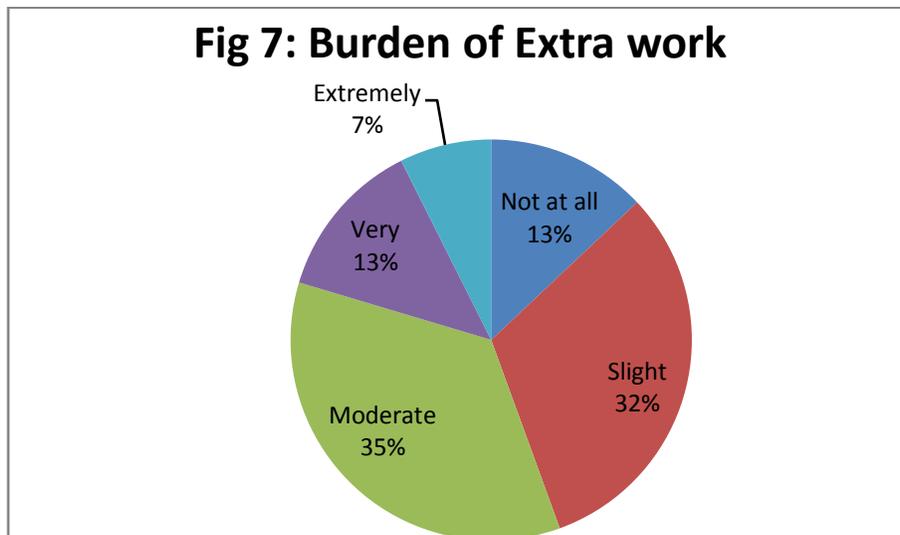
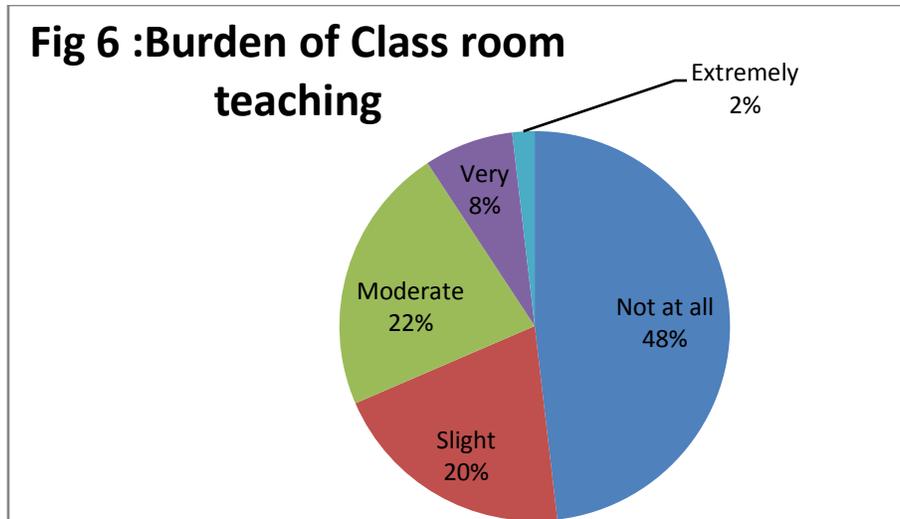
It was observed that severity of anxiety was significantly associated with work satisfaction, care for employees by institute, burden of clinics and practicals and that of classroom teaching. While none of those who said they have mild work load had moderate to severe anxiety, 22.2% of those participants reported moderate satisfaction with work. Out of four people who said that they have very high burden of clinics or practicals three participants had moderate to severe anxiety.

Association of severity of Stress with work environment and work load:

It was observed that severity of stress was significantly associated with opinion about employee care by organization, burden of clinics and practicals and burden of extra work. 50% of those who said that they have high

burden of extra work had moderate to high stress, which was significantly higher than those who had lesser burden of extra work. Similarly, 75% of those who had very high to severe burden of clinics and practicals also had moderate to severe stress and the percentage was significantly high.





Discussion:-

Studies related to work place satisfaction and depression, anxiety and stress amongst the medical professionals from India are very few in number.

A comparative study by Agarwal and Sharma (2011) was conducted with the aim of investigating the effects of perception of the hospital workplace factors on the job satisfaction and psychological well-being of a sample of paramedical health care employees (N =200) from a medical college (teaching) hospital and public (non-teaching) government-run hospitals. Data analysis revealed that the organization's structural factors, co-ordination and work autonomy were significantly predictive of job satisfaction and psychological well-being of health care employees. The process-related workplace factors, participative decision making and intra-professional relations, were found to be significant predictors of psychological well-being and job satisfaction. (7)

Atif et al. (2018) in their study confirmed perpetual relation between job dissatisfaction and psychological distress. More distress was harbored by dissatisfied and indecisive clinicians than the satisfied participants. (8)

Antoniou et al. (2003) in their study in Greece related to Occupational stress, job satisfaction and health state in male and female junior hospital doctors found higher levels of sources of pressure than the normative population and the other comparative occupational samples. (9)

Caplan RP (1994) had published a study in British medical journal of 389 NHS doctors, of which 183 (47%) scored positively on the general health questionnaire, indicating high levels of stress. The author also reported that on the hospital anxiety and depression scale only 178 (46%) would be regarded as free from anxiety, with 100 (25%) scoring as borderline cases and 111 (29%) likely to be experiencing clinically measurable symptoms. (10)

Our study found that approximately 20.4% of the participants reported moderate to severe anxiety which was significantly associated with work satisfaction, employee care, and burden of academic and clinical teaching.

Again in the study by Grover et al. (2018), found a significantly higher proportion of doctors in Indian setting experience stress, depression, and burnout. This study was conducted in 445 doctors in an online e-mail survey. (11)

In our study, approximately 13% participants reported moderate to severe depression and the severity of depression was significantly associated with organizational respect for employees, their care, and academic burden. The number of moderately depressed people was significantly more among those who were moderately satisfied and rated organizational respect for the employee as medium.

In an interesting study done by Dasgupta and Kumar (2009) Role stress among doctors working in Government hospital in Shimla (India) mainly focusing to investigate the factors causing stress among doctors in a govt. hospital and comparison of the stress levels among the male and female doctors working in the hospital. They identified that Role Overload as the most significant factor causing role stress among the doctors working in the hospital. (12)

Ahmady et al (2007) studied role stress experienced by medical school faculty members in Iran. They concluded that the most role related stressors and forms of conflict among medical school faculty members included too many tasks and everyday workload; conflicting and incompatible demands from colleagues and superiors and organizational roles; inadequate resources for inappropriate performance; insufficient competency to meet the demands of their role; inadequate autonomy to make decision on different tasks; and a feeling of underutilization. (13)

In a cross sectional study on Job satisfaction among doctors of Government medical college and Hospital of Eastern India conducted by Bhattacharjee et.al (2016) which included 255 doctors posted in a tertiary care hospital, found 59.6% doctors satisfied with their job. They also reported that satisfaction levels were higher in the older age groups, among males, doctors posted in pre-clinical and para-clinical departments and those working in the present service for more than 5 years. (14)

On the Contrary, Gedam et al. (2018) in their study on 150 doctors working in a tertiary care institute found that majority (76%) of doctors were found to be dissatisfied with their job and almost half (48%) of them were stressful. Level of stress was found to be negatively correlating with job satisfaction. (15)

Srivastava et.al (2019) in their study to explore the mediating role of Quality of Work Life(QWL) on Job Burnout and Job Satisfaction relationship revealed significant and negative association between job burnout and job satisfaction, a significant and positive association between QWL and Job Satisfaction and a significant and negative relationship between Job Burnout and QWL. They conducted this research on 240 doctors belonging to 4 different states of India who were working in either in medical colleges, private hospitals or had their own private clinics. This study implied that increased job burnout related stress had negative association with job satisfaction. (16)

Similarly, in our study we found 83% of the participants reporting medium levels of work satisfaction and Over 68% rated the employee care by the organization as medium.

In a study by Abhinav C. (2017) on Job stress, Job satisfaction and Burnout in faculty of a teaching hospital in South India on 304 respondents (58% of faculty), high job stress was reported by 31%. 70.4% of faculty reported high levels of job satisfaction. He also noted that causes of stress and satisfaction differed by age, gender and designation. (17)

Aminabhavi and Dindigal (2007) conducted a study to assess psychological well-being, job satisfaction and sources of pressure in consultants and post graduate medical students in a government medical college of southern India in 110 doctors (consultants and PG residents). Psychological well-being, job satisfaction and sources of pressure scales

were administered. The results showed that the consultants had significantly higher psychological well-being and sources of pressure when compared to post graduate students, who showed significantly higher job satisfaction when compared to consultants. (18)

Whereas, in our study we found only 13% of the participants showing high levels of work satisfaction.

In one comparative study by Kadam et al. (2018) of preclinical and para-clinical versus clinical faculty showed higher stress in clinical branch teachers with major complain of fatigue and irritability. It was concluded that the dual pressure of academic along with patient care responsibility could be a major problem for precipitation of health related problems and teachers from preclinical and paraclinical department had the additional responsibilities of administrative duties and fieldwork. (19)

Das et al. in the most recent study conducted in April 2021 to estimate the perceived stress among doctors and to find out the sources of their stress in a peripheral Government Medical College of West Bengal, found majority of the participant (80%) had moderate levels of stress, while 10.5% had low stress and 9.5% had severe stress. The mean PSS score in this study was 20.49 ± 5.61 . (20)

In this present study, it was seen that 11.1% of the participants were under moderate to severe stress. There was significant association observed in stress and opinion about employee care by organization, academic burden and burden of extra work. 50% of those who said that they have high burden of extra work had moderate to high stress, which was significantly higher than those who had lesser burden of extra work. Similarly, 75% of those who had very high to severe burden of clinics and practicals also had moderate to severe stress and the percentage was significantly high.

Conclusion:-

Severity of Depression, Anxiety and Stress was significantly inversely associated with opinion about care taken by employees, with low severity amongst those who had higher opinion about care taken. Severity of Depression, Anxiety and Stress was significantly associated with burden of clinics and practicals. Severity of Depression was directly associated with burden of classroom teaching but inversely affected by organizational respect for employees, whereas severity of Anxiety was inversely associated with work satisfaction. On the other hand severity of stress was directly associated with burden of extra work.

Limitation

The study was based on self reporting of the participants; hence the result might have reporter's bias so a further study is needed.

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