FREQUENCY OF ANXIETY AND DEPRESSION IN HOSPITAL STAFF

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ABSTRACT

Background: Depression is defined as feelings of sadness or loss of interest in activities once enjoyed. This leads to variety of emotional, physical problems and decreases person's ability to work. Depression and anxiety are considered the main indicators of mental health. Failure to point out these issues leads to increased psychological disorders that ultimately results in disturbances in their professional and personal life. **Purpose of study:** The study was carried out to determine the frequency of anxiety and depression in hospital staff. **Methodology:** A cross sectional study was done with a sample size of 44. The study was conducted on hospital staff at private medical centre in Attock city. Data was collected by structured questionnaire. Questionnaire was divided in to two parts one includes the demographics and job related questions. Other includes the Hospital Anxiety and depression Scale (HADS) to find out the level of anxiety and depression. Data was analysed through SPSS 21 and descriptive analysis were recorded. The data was arranged in Normal, Borderline Normal and Abnormal through scoring of HADS. **Results:** According to HADS anxiety score, out of 44 staff members 26 (59.1%) were lie in Borderline abnormal case and 18 (40.9%) were in Abnormal case. According to HADS depression score, out of 44 staff members 30 (68.2%) were lie in Abnormal case 14 (31.8%) were in Borderline abnormal case. **Conclusion:** High degree of depression was found in hospital staff. The frequency of depression was 68.2%.

Key words: Depression, anxiety, HADS, psychological disorders.

INTRODUCTION

World health organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Physical, mental and social domains are interdependent and can never exists alone. Mental health is the basis for well-being and effective functioning for an individual and for community.[1]

According to American Psychiatric Association depression is defined as feelings of sadness or loss of interest in activities once enjoyed. This leads to variety of emotional, physical problems and decreases person's ability to work.[2]

A systematic review (2014) was conducted on the risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan. According to this study the point prevalence for women was 66% and 33% for men.[3]

Depression and anxiety are considered the main indicators of mental health. Failure to point out these issues leads to increased psychological disorders and that ultimately results in disturbances in their professional and personal life.[4]

Another study defines the depression as a depressive illness which involves body, mood and thoughts, without treatment symptoms of depression lasts for week, months or years. Depression has a negative impact on academic performance of young individual. Continuous stress during

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education leads to mental distress and has negative impact on cognitive functioning.[5]

A study in 2014 emphasises that quality of work is directly proportional to its work environment. They considered some domains on which quality of work is dependent. Some important domains are work environment, job autonomy, professional relationships, professional role enactment and the jobs offered. Job stress is a serious threat and it definitely affects the quality of life. These negative stresses effect cognitive, behavioural and physiological systems of an individual. This leads to persistent high level of stress, which further leads to anxiety. High levels of stress produces feeling of depression.[6]

Anxiety and depression should be treated on urgent basis. Primary prevention in primary stages is of utmost importance because this can cause hazardous effects on an individual. This indirectly harms the environment where he is working.[7]

The current study determines the frequency of anxiety and depression in hospital staff.

MATERIAL AND METHODS
A cross sectional study was done with a sample size of 44. The study was conducted on hospital staff at private medical centrein Attock city. Data was collected by structured questionnaire. Questionnaire was divided into two parts one includes the demographics and job related questions. Other includes the Hospital Anxiety and depression Scale (HADS) to find out the level of anxiety and depression. Data was analysed through SPSS 21 and descriptive analysis were recorded. The data was arranged in Normal, Borderline Normal and Abnormal through scoring of HADS.

RESULTS
The study includes 44 sample of staff working in a private hospital. The designation of staff is shown in pie chart.

Designation

Legend: Peon, Receptionist, Pharmacy Incharge, X-ray Technician, Laboratory Incharge, Laboratory Technician, Maid, Sweeper, OT Technician, Ward Boy, Administrator, Nurse
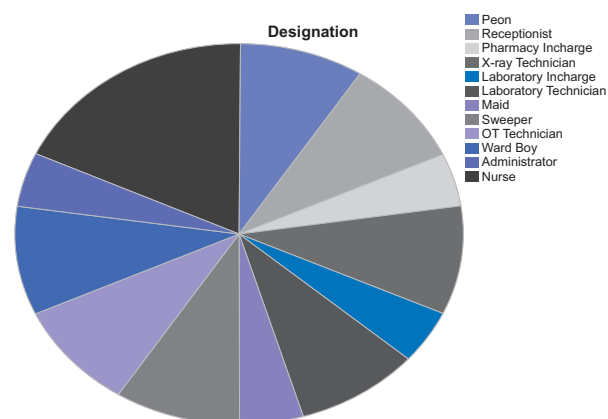
Figure 1 pie chart

According to HADS anxiety score, out of 44 staff members 26 (59.1%) were lie in Borderline abnormal case and 18 (40.9%) were in Abnormal case.(Table 2)

HADS Anxiety	Frequency	Percent
8-10 Borderline abnormal	26	59.1
11-21 Abnormal	18	40.9
Total	**44**	**100.0**

According to HADS depression score, out of 44 staff members 30 (68.2%) were lie in Abnormal case 14 (31.8%) were in Borderline abnormal case. (Table 3)

HADS Depression	Frequency	Percent
8-10 Borderline abnormal	14	31.8
11-21 Abnormal	30	68.2
Total	**44**	**100.0**

DISCUSSION
A cross sectional study was conducted on hospital staff of Private medical centre at Attock city. Structured questionnaire was filled along Hospital anxiety and depression questionnaire. The main purpose of the study is to determine the frequency of anxiety and depression in hospital staff.

Many studies focus on the prevalence of anxiety and depression among different people in health sector. Study in July 2014 find out the prevalence of Anxiety and depressive symptoms and related

risk factors among physicians in china: A cross sectional study. Results concluded that 25.67% of physicians had anxiety, 28.13% had depressive symptoms and 19.01% had both anxiety and depressive symptoms.[8]

Another study in 2011 to check the frequency of depression, anxiety and stress in military nurses. Data was collected by structured questionnaire and DASS-21 standardized Questionnaire. The result concluded that 24.9% (depression), 27.9% (anxiety) and 23.8% (stress). Depression score was higher in military nurses.[9]

Current study focuses on the determination of frequency of anxiety and depression in hospital staff. Out of 44 staff members 59.1% lie in borderline abnormal case on HADS anxiety score. While HADS depression score was higher(68.2%) and categorized as abnormal case. High level of depression in hospital staff shows an alarming sign as this leads to imbalance and disturbance in hospital environment. If hospital staff are in depression this will ultimately lead to decreased work quality. So there is urgent need of scanning and treatment in hospital staff for better hospital and patient services.

CONCLUSION
High degree of depression was found in hospital staff. The frequency of depression was 68.2%.
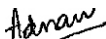
RECOMMENDATIONS
This study was completed in small private medical centre with less number of staff members. In future this study should be done in government hospitals. The number of staff members and work burden is more in larger settings.

REFERENCES
1. Available from: http://www.who.int/mental_health/evidence/ en/promoting_mhh.pdf.

2. Available from: https://www.psychiatry.org/patients-families/ depression/what-is-depression.

3. Mirza I, Jenkins R. Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: systematic review. Bmj. 2004;328(7443):794.

4. Suresh CV. Prevalence and Associated Factors of Depression, Anxiety and Stress among Undergraduate Medical Students. 2016.

5. Khan MS, Mahmood S, Badshah A, Ali SU, Jamal Y. Prevalence of depression, anxiety and their associated factors among medical students in Karachi, Pakistan. JOURNAL-PAKISTAN MEDICAL ASSOCIATION. 2006;56(12):583.

6. El-aal NHA, NI H. Relationships between Staff Nurses' Satisfaction with Quality of Work and their Levels of Depression, Anxiety, and Stress in Critical Care Units. Journal of American Science. 2014;10(1s).

7. Nia RG. Evaluating the Degree of Stress, Anxiety, and Depression among the Emergency Personnel in Kerman University of Medical Sciences. 2016.

8. Gong Y, Han T, Chen W, Dib HH, Yang G, Zhuang R, et al. Prevalence of anxiety and depressive symptoms and related risk factors among physicians in China: a cross-sectional study. PloS one. 2014;9(7):e103242.

9. Zandi A, Sayari R, Ebadi A, Sanainasab H. Frequency of depression, anxiety and stress in military Nurses. Iranian Journal of Military Medicine. 2011;13(2):103-8.

| **AUTHORSHIP AND CONTRIBUTION DECLARATION** |

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Shehla Gul	Introduction, Study Design, Data collection, Data Analysis, Results	
2	Adnan Bashir	Discussion, Conclusion, Abstract Writing	
3	Sohail Ali	Data Collection	