

ORIGINAL ARTICLE

Prevalence of Depression among the Faculty of Basic and Clinical Sciences in Medical Universities in Sindh, Pakistan.

Ali Muntazir Naqvi¹, Shabnam Rani², Syed Muhammad Hasan³, Shahid Hussain Soomro⁴, Abdul Sattar Abro⁵, Ehsanullah Malik⁶, Hina Khan⁻

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ABSTRACT... Objective: To assess depression level in work force of a Teaching hospital. **Study Design:** Cross Sectional study. **Setting:** Al-Tibri Medical College and Hospital. **Period:** June 2021 to August 2021. **Material & Methods:** Total 250 faculty members of 7 different medical colleges and teaching hospital across the Sindh, Pakistan participates in the survey from 7 different medical colleges. Survey was conducted thorough online google form. Data was statistically analyzed by SPSS and Chi-square was performed to analyze the relationship between the professional environment and mental health. **Results:** It was observed that the 10% clinical faculty members and only 1% basic science faculty were statistically significant at p level p < 0.005 and p < 0.001 respectively. While other demographic factors were also found to be statistically significant at p < 0.001. **Conclusion:** The results revealed the clinical faculty is at higher risk mental health issues then the faculty of the basic sciences. Since the clinical environment is to relate to the public dealing and handling or listening the traumatic cases on regular basis which might affect the mental health of the working personnel.

Key words: Depression, Professional Hazard, Mental Health.

INTRODUCTION

Faculty of Clinical and Basic Science in Medical Universities make up the majority of the health care workforce in society, making them indispensable to the healthcare industry. 1,2 Faculty of Clinical and Basic Science in Medical Universities not only provide patients and student or medical students with care and assistance, but they also participate in their rehabilitation, support patients and student or student and their families, and advocate for health education.3 As a result, they play a significant part in enhancing and promoting community health services.4 They can cover every part of the healthcare network because of their extensive and varied workload, which gives them the most time with patients and student.3 Nevertheless, the occupation is consistently acknowledged as stressful and demanding.

Work-related stressors that frequently affect

Faculty include but are not limited to: work hours that are too long, limited time, meeting the needs of patients and student, inconsistent schedules, and a lack of professional support^{2,5,6,7} The ongoing strain experienced by healthcare professionals may have a significant impact on their mental health and quality of life due to their demanding occupations.89 Studies conducted in the past^{10,11} have demonstrated that the ongoing stress experienced by these professionals can have a negative impact on their psychological health. Health care providers' poor mental health may also hinder their professional performance and significantly affect the quality of care and education they provide to patients and student^{2,10} (inevitably affecting patients and student' health negatively). As a result, the health of Faculty of Clinical and Basic Science in Medical Universities is becoming increasingly important to administrators and nursing managers.

Correspondence Address:

Dr. Shahid Hussain Soomro Department of Anatomy Chandka Medical College, SMBBMU, Larkana. husainshahid79@yahoo.com

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BS (Genetics), M.Phil (Biotechnology), Scientific Laboratory Supervisor Molecular Diagnostic and Research Laboratory, Al-Tibri Medical College and Hospital, ISRA University, Karachi Campus.

MBBS, FCPS (Medicine), Assistant Professor Medicine, Muhammad Medical & Dental College, Mirpurkhas.
 MBBS, MRCP (Ireland), Assistant Professor Medicine, National Institute of Diabetes and Endocrinology, Dow University of Health Sciences.

^{4.} FCPS, Ph.D, Professor Anatomy, Chandka Medical College, SMBBMU, Larkana.

^{5.} MBBS, MS (Surgery), Assistant Professor Surgery, Chandka Medical College, SMBBMU, Larkana.

^{6.} MBBS, FCPS (Surgery), Associate Professor Surgery, Chandka Medical College, SMBBMU, Larkana.

^{7.} MBBS, FCPS (Surgery), Deputy Director Reseach, Al-Tibri Medical College and Hospital, ISRA University, Karachi Campus.

Low self-esteem, fatigue, and issues with appetite and sleep are all psychological indicators of distress.¹² whereas physical effects include an increased risk of cardiovascular disease, high blood pressure, decreased immunity, migraines. muscle aches. and persistent fatique.13 Maladaptive behaviors like smoking, over- or undereating, excessive alcohol consumption, and substance abuse may also be exacerbated by high levels of stress. 14,15 With prevalence rates of approximately 4% and 14%, respectively, over the course of a 12-month period, depression and anxiety continue to be two of the most common mental disorders in society.16 It is essential for future health systems to investigate Faculty of Clinical and Basic Science in Medical Universities 'levels of depression, anxiety, and stress as well as identify predictors for these mental states in order to provide safer and more accommodating workplaces and enhance employee well-being.

As a result, the aim of the current study was to determine how common depression were among a group of Faculty of Clinical and Basic Science in Medical Universities. Find out which mental states are associated with which demographic and occupational characteristics.

MATERIAL & METHODS

This cross sectional study was conducted from June 2021 to August 2021 after approval from ethical committee (ATMC/IERC/02-2021/02). The study involved 500 faculty members from different medical colleges and teaching hospitals across Sindh, Pakistan. The researchers ensured that proper informed consent was obtained from all participants before their participation in the study. Informed consent is an important ethical principle in research that ensures that participants are fully informed about the study's purpose, risks, and benefits, and have given their voluntary consent to participate.

The survey was conducted using an online Google form, which is a popular tool for conducting surveys and collecting data. Online surveys have several advantages, such as being cost-effective, time-efficient, and providing easy access to

participants from different locations. However, there are also some limitations to online surveys, such as the possibility of technical issues and the potential for response bias.

The study's objective and research questions were likely outlined in the informed consent form, and participants were asked to respond to a set of questions related to their professional background, teaching experience, and their perceptions of the current medical education system in Sindh, Pakistan. The researchers likely used statistical analysis to examine the survey data and draw conclusions about the faculty members' views on the medical education system in Sindh.

The questionnaire used to collect data in this study was based on the Beck Depression Inventory, a widely used self-report inventory for measuring the severity of depression. The questionnaire likely included questions related to the participants' demographic factors, such as age, gender, education, and occupation.

After the data was collected, statistical analysis was conducted using SPSS (Statistical Package for the Social Sciences), The Chi-square analysis, a statistical test used to examine the relationship between two categorical variables, to analyze the relationship between the professional environment and mental health. This test allows researchers to determine whether there is a significant association between the two variables or not.

RESULTS

The about 83% of the participants were Forty plus in age and majority were females about 80% (Table-I).

Demographic data showed that 18, 78 and 7 % were graduate, postgraduate and doctorate. Majority of them were married about 85%. Verity of the distribution in the designations were observed in the participated faculty members in both clinical and basic science. (Table-II)

It was observed that as per the Becky Inventory

Scale the clinical faculty is more prone to develop the mental conditions as that of basic science faculty members. Becky Inventory Scale (Table-III)

n=250		Frequency (%)	P- Value	
Age	<40	42 (16.88%)	0.001	
	>40	208 (83.11%)	0.001	
Gender	Male	52(20.77%)	0.001	
	Female	198 (79.22%)		
Education	Graduate	47(18.83%)	0.001	
	Postgraduate	184 (73.37%)		
	Doctorate	19 (07.79%)		
Marital Status	Single	30 (11.68%)		
	Married	214 (85.71%)	0.001	
	Widowed	6 (02.59%)		
	Registrar	18 (07.14%)		
Designation	Senior Registrar	13 (05.19%)		
	Lecturer	26 (10.38%)		
	Assistant Professor	137 (54.54%)	0.001	
	Associate Professor	32 (12.98%)		
	Professor	24 (09.74%)		

Table-I. Showing demographic factor

	BIDS Scale	Frequency (%)	P-Value
Clinical Faculty	1-10	40(27%)	<0.005
	11-16	63(42%)	
	17-20	30(20%)	
	>20	15(10%)	
Basic Sciences Faculty	1-10	50(50%)	<0.001
	11-16	38(38%)	
	17-20	10(10%)	
	>20	1(1%)	

Chi Square test was applied

1-10 = Normal, 11-16 = Mood Disturbance, 17-20 = Borderline Clinical Depression, >20 = Moderate/Sever/Extreme Depression

Table-II. Frequency of Becky Inventory Depression Scale (BIDS) among faculty of basic and clinical sciences

DISCUSSION

Another study found that 35% of Chinese health care workers¹⁹, 17% of society n midwives [20], 51% of Brazilian hospital work force²¹, 11%–80% of Iranian care takers^{17,18}, and 35% of Chinese Nurses and health care professionals^{7,10} had

depressive symptoms. Depressive symptoms were also found in approximately 33% of French nurse managers and 10% of Canadian Nurses and health care professionals.22,23 Studies indicate that anxiety prevalence rates range from 20 percent in society n midwives²⁰ to 32-43 percent in Chinese Nurses and health care professionals^{11,19,24}, 40–46 percent in Iranian Nurses and health care professionals^{4,25}, 44–66 percent in Brazilian Nurses and health care professionals^{21,26}, and 22–24 percent in American Nurses and health care professionals who showed PTSD symptomology. 27,28 The prevalence rates of stress among Nurses and health care professionals that have been presented range from approximately 40% to 90%. 31,32,33,34 The level of stress experienced by Nurses and health care professionals typically ranges from moderate to high.^{29,30} These mental disorders were frequently linked to predictors like marital status, years of employment, job satisfaction, heavy workloads, shift work, insomnia, and shift work. 10,17,18,19,35 Similarly, this study also revealed that higher frequency of depression has been observed in the clinical faculty then that of in basic sciences faculty.

The study has stressed the importance of proactive and strategic situation management to reduce stress and anxiety in educational institutions. The study effectively identifies the factors that contribute to critical issues, which must be addressed during any crisis. The researcher can conduct additional studies and empirically validate the elements that were identified thanks to the study's findings. Additionally, the study has demonstrated that there is a significant amount of room for advancement in the treatment of psychological issues. Future researchers should adequately test and propose the theoretical foundations for dealing with such a work environment. When attempting to overcome and improve the working environment of teaching hospitals and medical universities, the findings of this study can serve as a foundation for determining the most significant aspects to consider.

As previously stated, the current cohort had

significantly higher rates of stress, anxiety, and depression than the general population. In addition to increasing the individual's level of physical and emotional stress, ignoring the signs of anguish and depression that are presented by nursing professionals may also result in lowerquality patient care and increased workloads for establishments.40 Poor mental health may decrease cognitive performance, such as an individual's capacity to focus and process information, leading to poor performance, according to the literature. 41,42 In the workplace, these effects can result in decreased alertness and job performance, which could put lives in danger and raise the risk of adverse medical events.43,44 Interventions that aim to improve working conditions and reduce the personal and occupational stress of faculty to assist in reducing and/or preventing symptoms of depression, stress, and anxiety must be considered due to the associations between highly stressful work and its impact on mental wellbeing.45

CONCLUSION

It has been observed that the mental health of the personnel working in the clinical environment of the medical university are more susceptible towards the development of depression then the personnel working in the basic sciences.

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REFERENCES

- Lai, G. C., Taylor, E. V., Haigh, M. M., & Thompson, S. C. Factors affecting the retention of indigenous Australians in the health workforce: A systematic review. International journal of environmental research and public health. 2018; 15(5):914.
- Gong, Y., Han, T., Yin, X., Yang, G., Zhuang, R., Chen, Y., & Lu, Z. Prevalence of depressive symptoms and work-related risk factors among nurses in public hospitals in southern China: A cross-sectional study. Scientific reports. 2014; 4(1):7109.
- 3. DeLucia, P. R., Ott, T. E., & Palmieri, P. A. **Performance in nursing. Reviews of human factors and ergonomics.** 2009; 5(1): 1-40.
- Ghods, A. A., Sotodehasl, N., Khalaf, M. E., & Mirmohamadkhani, M. Situational anxiety among nurses. Middle East Journal of Rehabilitation and Health. 2017; 4(4):1-5.

 Pikó, B. Work-related stress among nurses: A challenge for health care institutions. The journal of the Royal Society for the Promotion of Health. 1999; 119(3):156-162.

- 6. Lim, J., Bogossian, F., & Ahern, K. Stress and coping in Australian nurses: A systematic review. International nursing review. 2010; 57(1):22-31.
- Letvak, S., Ruhm, C. J., & McCoy, T. Depression in hospital-employed nurses. Clinical Nurse Specialist. 2012; 26(3):177-182.
- Stetz, M. C., Thomas, M. L., Russo, M. B., Stetz, T. A., Wildzunas, R. M., McDonald, J. J., ... & Romano, J. A. Stress, mental health, and cognition: A brief review of relationships and countermeasures. Aviation, Space, and Environmental Medicine. 2007; 78(5):B252-B260.
- Chiang, Y. M., & Chang, Y. Stress, depression, and intention to leave among nurses in different medical units: Implications for healthcare management/ nursing practice. Health Policy. 2012; 108(2-3):149-157.
- 10. Welsh, D. Predictors of depressive symptoms in female medical-surgical hospital nurses. Issues in mental health nursing. 2009; 30(5):320-326.
- Gao, Y. Q., Pan, B. C., Sun, W., Wu, H., Wang, J. N., & Wang, L. Anxiety symptoms among Chinese nurses and the associated factors: A cross sectional study. BMC psychiatry. 2012; 12:1-9.
- Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. Academic medicine. 2006; 81(4):354-373.
- 13. Hammen, C. **Stress and depression.** Annu. Rev. Clin. Psychol., 2005; (1):293-319.
- 14. Sinha, R. Chronic stress, drug use, and vulnerability to addiction. Annals of the new York Academy of Sciences. 2008; 1141(1):105-130.
- Hill, D. C., Moss, R. H., Sykes-Muskett, B., Conner, M., & O'Connor, D. B. Stress and eating behaviors in children and adolescents: Systematic review and meta-analysis. Appetite. 2018; 123:14-22.
- Statistics, A. D. (2010). Australian bureau of statistics. Retrieved (18 May 2012) from http://www. abs. gov. au.
- 17. Kavari, S. H. A study of depression prevalence in nurses and it's effect in Shiraz Namazi hospital. Middle East J Fam Med. 2006; 4(3):17-21.

- Ardekani, Z. Z., Kakooei, H., Ayattollahi, S. M., Choobineh, A., & Seraji, G. N. Prevalence of mental disorders among shift work hospital nurses in Shiraz, Iran. Pakistan journal of biological sciences: PJBS. 2008; 11(12), 1605-1609.
- 19. Cheung, T., & Yip, P. S. Depression, anxiety and symptoms of stress among Hong Kong nurses: A cross-sectional study. International journal of environmental research and public health. 2015; 12(9):11072-11100.
- Creedy, D. K., Sidebotham, M., Gamble, J., Pallant, J., & Fenwick, J. Prevalence of burnout, depression, anxiety and stress in Australian midwives: A crosssectional survey. BMC pregnancy and childbirth. 2017; 17(1):1-8.
- Schmidt, DRC, Dantas, RAS, & Marziale, MHP. Anxiety and depression among nursing professionals working in surgical sectors. Revista da Escola de Enfermagem da USP. 2011; 45:487-493.
- 22. Nourry, N., Luc, A., Lefebvre, F., Sultan-Taïeb, H., & Béjean, S. Psychosocial and organizational work environment of nurse managers and self-reported depressive symptoms: Cross-sectional analysis from a cohort of nurse managers. International journal of occupational medicine and environmental health. 2014; 27:252-269.
- Huang, Z. P., Huang, F., Wang, M. J., Tang, C. Z., Huang, J. P., Ling, J., ... & Lan, X. Lifestyle and social factors exacerbated on the prevalence of mood disorders and functional dyspepsia among neonatal nurses in China. Frontiers in Psychiatry. 2022; 13.
- 24. Li, S., Li, L., Zhu, X., Wang, Y., Zhang, J., Zhao, L., ... & Yang, Y. Comparison of characteristics of anxiety sensitivity across career stages and its relationship with nursing stress among female nurses in Hunan, China. BMJ open. 2016; 6(5):e010829.
- Nooryan, K. H., Sasanpour, M., Sharif, F., & Shirazi, H. G. Anxiety in physicians and nurses working in intensive care units in Yasuj's Hospitals/Iran. Procedia-Social and Behavioral Sciences. 2014; 122:457-460.
- 26. Veloso, L. U., & Laurindo, L. M. Prevelance of anxiety in nursing professionals of urgency medicine. J Nurs UFPE. 2016; 8:3969-76.
- Mealer, M. L., Shelton, A., Berg, B., Rothbaum, B., & Moss, M. Increased prevalence of posttraumatic stress disorder symptoms in critical care nurses. American journal of respiratory and critical care medicine. 2007; 175(7):693-697.

- Mealer, M., Burnham, E. L., Goode, C. J., Rothbaum, B., & Moss, M. The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. Depression and anxiety. 2009; 26(12):1118-1126.
- 29. Psych, T.O.B., Sue Lenthall, R.N., BAD Teach, M.T., John Wakerman, M. B. B. S., Martha MacLeod, R. N., Sabina Knight RN, M. T. H., ... & ADN, B. Occupational stress in the Australian nursing workforce: A comparison between hospital-based nurses and nurses working in very remote communities. Australian Journal of Advanced Nursing (Online). 2011; 28(4):36.
- Subih, M., Alamer, R., Al Hadid, L., & Alsatari, M. Stressors amongst Jordanian nurses working in different types of hospitals and the effect of selected demographic factors: A descriptive—explorative study. Jordan Med J. 2011; 45(4):331-40.
- Al-Makhaita, H. M., Sabra, A. A., & Hafez, A. S. Predictors of work-related stress among nurses working in primary and secondary health care levels in Dammam, Eastern Saudi Arabia. Journal of family & community medicine. 2014; 21(2):79.
- Gheshlagh, R. G., Parizad, N., Dalvand, S., Zarei, M., Farajzadeh, M., Karami, M., & Sayehmiri, K. The prevalence of job stress among nurses in Iran: A meta-analysis study. Nursing and Midwifery Studies. 2017; 6(4):143.
- Gheshlagh, R. G., Parizad, N., Dalvand, S., Zarei, M., Farajzadeh, M., Karami, M., & Sayehmiri, K. The prevalence of job stress among nurses in Iran: A meta-analysis study. Nursing and Midwifery Studies. 2017; 6(4):143.
- Kibria, M. G. Prevalence of stress and coping mechanism among staff nurses of intensive care unit in a selected hospital. International Journal of Neurosurgery. 2018; 2(1):8.
- Khodadadi, E., Hosseinzadeh, M., Azimzadeh, R., & Fooladi, M. The relation of depression, anxiety and stress with personal characteristics of nurses in hospitals of Tabriz, Iran. International journal of medical research & health sciences. 2016; 5(5):140-148.
- Lovibond, P. F., & Lovibond, S. H. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the beck depression and anxiety inventories. Behaviour research and therapy. 1995; 33(3):335-343.
- 37. Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. Behaviour research and therapy. 1997; 35(1):79-89.

- 38. Pilger, A., Haslacher, H., Meyer, B. M., Lackner, A., Nassan-Agha, S., Nistler, S., ... & Winker, R. Midday and nadir salivary cortisol appear superior to cortisol awakening response in burnout assessment and monitoring. Scientific Reports. 2018; 8(1):1-12.
- De Jonge, J., Van Vegchel, N., Shimazu, A., Schaufeli, W., & Dormann, C. A longitudinal test of the demandcontrol model using specific job demands and specific job control. International journal of behavioral medicine. 2010; 17:125-133.
- Vargas, D. D., & Dias, A. P. V. Depression prevalence in Intensive Care Unit nursing workers: A study at hospitals in a northwestern city of São Paulo State. Revista latino-americana de enfermagem. 2011: 19:1114-1121.
- Maalouf, F. T., Klein, C., Clark, L., Sahakian, B. J., LaBarbara, E. J., Versace, A., ... & Phillips, M. L. Impaired sustained attention and executive dysfunction: Bipolar disorder versus depression-specific markers of affective disorders. Neuropsychologia. 2010; 48(6):1862-1868.

- 42. Maharaj, S., Lees, T., & Lal, S. Negative mental states and their association to the cognitive function of nurses. Journal of psychophysiology; June 2018.
- 43. Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. Mental healthcare staff well being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. International journal of mental health nursing. 2018; 27(1):20-32.
- 44. Persson M, El Gharbawi N. Nurses' experience of work-related stress: A literature study.
- Rosenberg, S., Salvador-Carulla, L., Meadows, G., & Hickie, I. Fit for Purpose—Re-Designing Australia's Mental Health Information System. International Journal of Environmental Research and Public Health. 2022; 19(8):4808.

AUTHORSHIP AND CONTRIBUTION DECLARATION

No.	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Ali Muntazir Naqvi	Conceptualization, Study Conduction, Data analysis.	AliMuntazir
2	Shabnam Rani	Data Collection.	Shabram
3	Syed Muhammad Hasan	Manuscript Writing.	S.M. Hasan
4	Shahid Hussain Soomro	Manuscript Writing.	
5	Abdul Sattar Abro	Data Collection.	Shahid Hussain
6	Ehsanullah Malik	Data collection and analysis.	O.bro Sattar Ehsanullah
7	Hina Khan	Critical Review.	Hina Khan