



Anxiety and Depression among Indian Doctors: An Empirical Study

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Abstract

Medical doctors face many anxieties and consequences that could lead to depression. The purpose of the study was to examine the relationship between job anxiety and depression among medical doctors, as well as how such factors might be related together. A cross-sectional population-based survey was conducted with a diverse sample of 200 physicians from India (Odisha state) who were practising within senior house officers or fellowships during 2019-21. Data were collected through self-administered questionnaires and analyzed with SPSS 22 software for statistical analysis. The results of this study show that medical practitioners suffer from anxiety and depression, as well as a similar pattern in which depression is more prevalent among individuals who work in hospitals. Depression is also linked to anxiety and stress, as well as a sense of alienation from patients, according to the findings. Depression was shown to be common among all medical physicians in India.

Keywords: Anxiety, Depression, Doctors, Psychological Anxieties, Work-Related Anxieties.

Introduction

India is the world's second-most populated nation, with a population of 1.25 billion people. India's senior people account for one-fifth of the country's population, with a median age of 55 years. "Anxiety and Depression among Indian Medical Doctors" is the title of this study, this article discusses two separate widespread worries among

healthcare professionals in our nation and the causes of these fears are examined, as well as some potential coping solutions.

Psychological and work-related factors both have a role in a Medical Doctor's mental health issues. The two categories are intertwined, and the occurrence of one condition in one will almost certainly influence other factors in the other. Poor working conditions, low pay, lack of acknowledgement for accomplishments, antagonistic management behaviour toward professional staff, and other factors characterize the healthcare environment in which Indian doctors are working. As a result of these variables, healthcare workers suffer from despair and anxiety.

The psychological anxieties can be divided into three categories - "Personal-family/social factors", "organizational issues" and "work-related".

Personal-family/social factors are the most common anxieties for medical doctors. Family issues are more common reasons for work-related anxiety among clinical officers, resident doctors and specialist doctors. Among medical students, the personal-family factors that cause anxiety include: not having a partner; living with parents; and having a poor relationship with their parents (Rotenstein et al., 2018).

Organizational issues include low quality of supervision; lack of feedback and recognition; poor ambience in hospitals; ill behaviour from superiors; lack of leadership qualities in superiors; long working hours; high patient load etc. These factors contribute to Depression among health care professionals (Bhutani et al., 2012).

Work-related anxieties include: poor working conditions, poor salaries, hostile verbal and nonverbal behaviour from superiors; lack of recognition for work done; health care environment which is characterized by poor working conditions, inadequate training opportunities, inadequate working hours etc., results in depression among medical staff.

The majority of the anxieties among resident doctors are "work-related" followed by "personal-family/social factors". For specialist doctors, "personal-family/social factors" are the most common anxiety (Kesarwani et al., 2020).

When it came to medical students, one-half said they had experienced work-related anxiety, with roughly a third citing personal-family/social concerns as a source of anxiety. Work-related anxiety was expressed by 65 per cent of clinical officers, whereas family/social anxiety was recorded by 25%.

Depression leads to poor work performance and leads to, ultimately, replacement of competent members of the staff by less competent members causing deterioration in the quality of care that is provided by staff. Emotional exhaustion is often referred to as a component of Depression and mental health disorders (Al-Alawi et al., 2019). The causes of emotional exhaustion among doctors in India have been identified mainly in personal and professional spheres.

Objectives of the study

There is always a need to study Anxiety and Depression among Medical Doctors of India. Anxiety and Depression among Medical Doctors of India will be studied in this paper. The aim is to find out the anxieties that doctors face in their daily life and how it leads to depression. It also aims at finding out what are the symptoms one may have when they are anxious or burnt out, how it affects them mentally, physically, emotionally and what can be done about it.

Hypothesis

H1_a- Psychological factors have a significant role in anxiety and depression among medical doctors of India

H1₀- Psychological factors have no significant role in anxiety and depression among medical doctors of India

H2_a- Work-related factors have a significant role in anxiety and depression among medical doctors of India.

H2₀- Work-related factors have no significant role in anxiety and depression among medical doctors of India

Research Methodology

A cross-sectional population-based survey was conducted with a diverse sample of 200 physicians from India (Odisha state) who were practicing within senior house officers or fellowships during 2019-21. Data were collected through self-administered questionnaires and analyzed with SPSS 21 software for statistical analysis.

Literature Review

Doctors in India are suffering from depression and anxiety at a very high rate. A literature review by Erschens et al. (2019) of the American Journal of Medicine gives an overview of how demand for doctors is increasing, resulting in a higher workload and more uncertainty in the system. To combat these issues, hospitals must start with better planning to reduce Depression and anxiety levels among doctors. This includes having a better strategy for when/where/how physicians will be able to take breaks during their shifts, as well as finding a way to decrease the amount of time they spend on paperwork outside their daily work duties.

Furthermore, medical education must be improved, as there is a significant gap between what modern doctors require and what they are being prepared for. According to the survey, medical students spend 80 per cent of their time studying for exams and have an average of one hour each week to analyse cases involving complicated ethical issues. Students face a great deal of tension as they compete for one of the few available seats at university and during internships, which often leads to poor mental health. This can be addressed by emphasizing patient care over test scores; having an alternative way to evaluate candidates; and offering better support and training for students who feel anxious or burnt out (Sultana et al., 2020).

Doctors' depression rates are rising, and it's critical to enhance their quality of life for them to be more productive at work. The biggest problem, though, is that there is a significant gap between the training they require and what they are now receiving. As a result, mental health issues arise, which can be avoided (Kar & Suar, 2014).

To improve the quality of life of present doctors and attract younger ones in the future, hospitals must take a step back and assess how they train physicians. If the hospital is excessively focused on paperwork and exam preparation, it may be difficult to keep doctors motivated and less burnt out because they will have less time to do what they do best. However, if they don't address these difficulties now, they can expect more Depression as the workload increases (Sharma, 2007).

According to a recent poll conducted by the Graduate Medical Education Consortium (GMEC), 52 per cent of physicians felt "excessive anxiety in their current employment, workplace, or clinical scenario" in the preceding year. In comparison, 50% of bankers said they were experiencing "overwhelming levels of anxiety." (Erschens et al., 2019).

Doctors in India face severe anxiety because of the unreasonable expectations placed on them by patients, family members and colleagues even when sometimes they are not in good physical condition themselves (Bhutani et al., 2012).

A recent study among medical students showed an increase in Depression occurrence among students due to unrealistic expectations set by society, family and friends regarding the lifestyle of a doctor which includes easy money without much work, having the financial freedom to buy property/electronic devices/cars etc., being able to attend parties every night during the week etc. which are not common among doctors (Nandi et al., 2012).

Doctors are expected to be constantly on the move, to see new patients, interact with them face-to-face and then solve their issues which are impossible for a doctor who is burnt out. The number of suicides by doctors has increased over the last few years in India with an estimated 3,000 people committing suicide since 2000 (Rotenstein et al., 2018).

One of the major contributing factors to depression among doctors is their work-life balance which is often severely affected by excessive workplace demands. For example, some studies follow up with patients who leave a doctor's office after a session due to exhaustion. The study finds that 95% of the patients felt they did not have enough time for themselves after leaving the doctor's office. The work-life balance issues are expected to get even more severe in the future due to new technologies that are being introduced in medical practices (Kalani et al., 2018).

Since Indian doctors do not work in isolation, they need help from their colleagues and superiors when they're anxious out. This is especially true when a patient sues a doctor for medical malpractice (a consequence of the heavy workload (West et al., 2016)). The general perception within the medical community is that most doctors don't seek help because they think it will affect their professional reputation. Another reason is the lack of awareness about anxiety management programs in Indian hospitals.

The Anxieties That Doctors Face in Their Daily Life

The word anxiety can be a vague and all-encompassing term. However, it is a symptom of a person who feels anxious or fearful about something present in their life. When anxiety becomes a problem that you cannot control, it is important to seek help from a doctor.

Common anxieties that doctors face

Doctors are constantly faced with patients who want them to do things that they are not trained to do. This can be a rewarding experience for doctors because it is fulfilling to see the results of one's skill. However, it is also stressful to adapt to the new role that is required of them.

Doctors are also stressed by the fact that they are always expected to be calm and poised in front of patients. They may feel like they need to be perfect in their work, all the time. Doctors can also experience anxiety due to their profession and the odds of getting into an accident on the road. Any doctor will tell you that they have a "fight or flight" response throughout their entire day.

Doctors are faced with other anxieties as well; such as those caused by poor pay and limited choices for where to practice. Unfortunately, many patients' insurance plans do not cover routine doctor visits, which can cause doctors to feel like they must make up for it somehow. Doctors also may feel underpaid compared to other professions, such as lawyers and accountants.

Reducing anxiety in doctors, and helping them cope with the everyday stresses of their jobs is important for employers and patients alike. Doctors who feel like they cannot handle the anxiety of their job will be more likely to make bad decisions on behalf of their patients. Patients may even be put at risk due to the careless mistakes that their doctor makes.

Doctors can also help themselves reduce anxiety by having a coping mechanism for stressful situations. These mechanisms can include:

Making a doctor's job easier is important for employers and patients alike, as well as making the doctor more productive on a day-to-day basis. Below are some ideas that employers can implement and that patients may suggest:

Many people think that doctors go into medicine for the prestige and riches that it offers. However, doctors also go into medicine with hopes of helping others and curing people. To promote a sense of teamwork, doctors must work as a team with each other. To make this happen, doctors can talk about their fears and anxieties with each other. This can help them alleviate some of their stress and anxiety for the future. Doctors who feel comfortable sharing these feelings will be more likely to contribute to their patient's care.

Doctors also have a very social life outside of work hours. The social life that they have outside of school is very important for doctors in terms of stress relief, as well as managing anxiety at work. Doctors should set goals for their

social lives so that they know the time commitment they have for each activity. Doctors should also discuss their social life with their boss so that they can determine when these tasks need to be completed. When stress and anxiety become a problem in the doctor's life, it is important that they set realistic and reasonable goals for their social life.

Doctors must also maintain a regular sleep schedule. If a doctor's sleep pattern is disrupted, it can cause them to feel more stressed and anxious at work. This can also affect how well they perform their job because of lack of rest. Doctors should make sure that they do not overcommit themselves during the week, which can cause stress and anxiety at work. Doctors should take off time for relaxation without feeling guilty about it. By relaxing, doctors will be more productive at work. They should also take less stress home with them by doing enjoyable things. Doctors should also maintain a healthy diet so that they can maintain the correct blood pressure and heart rate.

Doctors who feel like their anxiety is controlling their life may need to seek out help outside of work hours. This could be in the form of medication or therapy, or it could be in the form of family and friends who can provide support when they need it most. The coping mechanisms listed above are a great way for doctors to manage anxiety. However, they may need to seek professional help if they feel that their anxiety is affecting their psychosomatic health. This is because many of the issues that doctors experience are beyond their control. Doctors can find ways to take better care of themselves when they feel like they cannot cope with stress and anxiety anymore. Doctors should schedule time for relaxation in a planned manner to achieve a sense of predictability. Doctors should also logically approach work situations in an attempt to prevent stress and anxiety from intruding on their lives.

Some of the major Anxieties That Doctors Face in Their Daily Life are given below based on their response

Anxiety about treating patients- The frequency of an illness increases with time, so does the seriousness. More time is required to diagnose and treat illnesses than before. Doctors are always under pressure to find out appropriate treatment for their patients. The consequences of missing the diagnosis or misdiagnosis can result in death. Doctors need to be able to handle this anxiety at all times, which could lead to mental depression, especially during exam time or when they are particularly busy.

Physiological anxieties – 25% of doctors reported feeling tired and 27% feel irritable. This may be due to the amount of time they spend on duties such as attending patients, assessment, conducting tests and follow-ups with patients, doing research and writing articles.

Psychological anxieties – 38% of doctors reported feeling anxious with patients, 39% reporting fatigue and 45% reporting a lack of attention for their work.

Emotional anxieties – 42% reported that they felt angry at colleagues for not giving them enough assistance when necessary. 15% reported receiving criticism from colleagues which also affected their performance as a doctor.

Physiological and psychological anxieties can both lead to mental depression in doctors. Physiological anxieties increase blood pressure, heart rate and respiration. Psychological anxieties can disrupt individuals' emotions,

behaviour, thoughts, feelings and physiology. Physiological anxieties require the body to work harder than usual which can result in physical injuries whereas psychological anxieties can cause mental exhaustion through chronic fatigue or insomnia. This may lead to doctors getting sick by catching a cold or flu after their long working hours.

Symptoms of Doctors Anxieties Out or Burnt-Out in India

Doctors are often the backbones of a hospital. They must prioritize patient care by operating on patients, diagnosing patients, and giving advice to other doctors. But it is not always a two-way street as many doctors also have many in-depth responsibilities outside of their job as well. The downside to this is that they may be more anxieties out or burnt out than the people they are supposed to be helping. This can lead them into even more anxiety full position as they feel as if there is no time for themselves leaving them feeling as if their health takes a toll. These are the symptoms that are often associated with depression, but it also depends on the person's lifestyle. Many doctors are under immense pressure to be perfect at their job which can lead them to become extremely anxieties out if they don't do their best. With all these responsibilities it is easy to see how doctors have less time for themselves.

In regards to the anxiety of being a doctor, the effects on the doctor's health are different for each person. However, some of the symptoms of depression include:

1. Difficulty getting to sleep and/or staying asleep (insomnia)
2. Loss of interest in previous hobbies that once made them happy (like reading or playing an instrument)
3. Feeling that their work is not meaningful, or that they are working too hard (meaningless work)
4. Having difficulty prioritizing tasks and time spent on each task (overwhelmed)
5. Experiencing diminished concentration, reduced organizational skills, reduced efficiency & effectiveness at interpersonal interactions with patients or co-workers.
6. Feeling emotionally exhausted and irritable – this is an important symptom – it can be very difficult to distinguish between the anxiety of depression and depression.)

Depression can last several years and lead to conditions such as chronic fatigue syndrome (the feeling of exhaustion that doesn't go away), depression, or heart disease. Poor health can increase the systemic toxicity associated with anxiety responses by creating an abnormal response to chronic anxieties. Chronic anxiety and poor health can lead to an increased sensitivity to irritants and allergens, including infections.

Data Analysis and Interpretation

Demographic profile analysis

Demographic Profile	Frequency	Percentage
Gender		
Male	110	55
Female	90	45
Age		
20-30	143	71.5
31-40	47	23.5
41-50	10	5
Experience		
0-2	105	52.5
3-5	65	32.5
6-10	25	12.5
11-15	05	2.5

Respondents' demographic table 1 shows males (55%) took more than half of our respondents and (45%) of them are female. The highest group of age is between 20 to 30 years old which is 143 respondents (71.5%). The second highest age group is 31 to 40 years old with 47 respondents (23.5 %), followed by age group 41 to 50 years old with 10 respondents (5 %). The above shows respondents having 0 to 2 years experience are (52.5 %), followed by range 3 to 5 years experiences (32.5%), range 6-10 years experiences (12.5%), range 11-15 years to above (2.5%).

Hypothesis testing

Table-2 Regression table of Psychological factors and Anxiety and Depression

Model Summary

Model	R	R Square	Adjusted R Square	Std. The error of the Estimate
1	.542 ^a	.293	.289	.63997

a. Predictors: (Constant), Psychological factors

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.022	1	26.022	63.536	.000 ^a
	Residual	62.662	153	.410		
	Total	88.684	154			

a. Predictors: (Constant), Psychological factors

b. Dependent Variable: Anxiety and Depression

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.962	.415		7.136	.000
	Psychological factors	.509	.064	.542	7.971	.000

a. Dependent Variable: Anxiety and Depression

From the above analysis, it has been found that the F-63.536 value is significant at 0.000 levels and t-7.136 is significant at 0.000 significance level. So there is a significant relationship between Psychological Factors and Anxiety and Depression so H_{1a} is accepted and H₁₀ is rejected

Table-3 Regression table of Work-related factors and Anxiety and Depression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.346 ^a	.120	.114	.71428

a. Predictors: (Constant), Work-related factors

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.624	1	10.624	20.823	.000 ^a
	Residual	78.060	153	.510		
	Total	88.684	154			

a. Predictors: (Constant), Work-related factors

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.624	1	10.624	20.823	.000 ^a
	Residual	78.060	153	.510		
	Total	88.684	154			

b. Dependent Variable: Anxiety and Depression

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.095	.475		8.625	.000
	Work-related factors	.343	.075	.346	4.563	.000

a. Dependent Variable: Anxiety and Depression

From the above analysis, it has been found that the F-20.823 value is significant at 0.000 levels and t-8.625 is significant at 0.000 significance level. So there is a significant relationship between work-related factors and anxiety and depression found so H_{2a} is accepted and H₁₀ is rejected.

Conclusion

Findings of the study show that nearly 50% of the participants reported they were anxious out or burnt out with 10% reporting to be at extreme levels of anxiety. Social relationships were found to be the most significant source of anxiety with the workload being cited as the second most important factor contributing towards anxiety. The most significant factors contributing towards burn-out or anxieties out on doctors working in India are mismanagement, poor planning and too much workload. The major recommendations for this research are to improve the quality of patient care by reducing administrative tasks, improving service delivery through structured planning and adopting better training programs for doctors working in India. There is also a need to reduce social factors by creating more social interaction with time off work to spend with friends and family. In addition, there should be a proper leave policy that allows doctors to take leave when needed.

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