

Depressive symptoms among health care workers during the pandemic time of COVID-19

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ABSTRACT

This is a descriptive cross-sectional study conducted over four months' period among health care workers in Kerala, India from July to November 2020. The main objective of the study was to assess the relationship between COVID-19 pandemic and depressive symptoms among health care workers. The analysis of the result done with the aid of the available standard statistical tests. Results showed depressive symptoms were higher among health care workers during the pandemic time of COVID-19.

Keywords: Depression, COVID-19, Health care workers (HCW)

According to World Health Organization Depression is a common mental disorder affecting more than 264 million people worldwide. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. Depression is a common illness worldwide, with an estimation of more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At the worst, depression can lead to suicide. Over 800 000 people die due to suicide every year worldwide. Suicide is the second leading cause of death in 15-29-year-old.

There are factors that seem to increase the risk of developing or triggering depression include, certain personality traits, traumatic or stressful events, family history, abuse of alcohol or illegal drugs and certain medications.

Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China. The World Health Organization declared the outbreak a Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020. As of 27 December

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2020, more than 80.3 million cases have been confirmed, with more than 1.75 million deaths attributed to COVID-19.

Healthcare workers (HCWs) are amongst the high-risk group to acquire this infection. China reported infection in 3387 HCWs, while 22 HCWs (0.6%) died due to the illness. Similarly, Italy (20%), Spain (14%), and France (over 50 deaths amongst HCWs) reported high rates of HCW infection. Healthcare workers included all clinical staff, including doctors, nurses, paramedics, and technicians.

LITERATURE REVIEW

Following are some of the relevant studies published by different researchers:

One study published in the International Journal of Emergency Medicine showed that the frontline healthcare workers are at risk of physical and mental consequences directly as the result of providing care to patients with COVID-19. Even though there are few intervention studies, early data suggest implementation strategies to reduce the chances of infections, shorter shift lengths, and mechanisms for mental health support could reduce the morbidity and mortality amongst HCWs.

Another study published in the Journal of Nature and Science of Medicine showed that the examined staffs showed high levels of anxiety and depressive features: 19.3% had crying and depressed mood and 2.4% had loss of motivation; they depended mainly on social media as a source of COVID-19 information. Moreover, these features correlated positively with their Post-Traumatic features measured by the IES-R. Nearly 27.3% of the participants had their duty impacted by COVID-19 and 40.6% were affected financially.

Aims and objectives of the study

To know the presence of depressive symptoms among health care workers during the pandemic time of COVID-19.

MATERIAL AND METHODS

Study design

The first step of the study was to obtain consent (verbal/written) from the subjects, data will be collected by using questionnaire with inventory in the form of paper and electronic. This form will be distributed among the health care workers. Investigator will reassure that the study will include health care workers with no previous history of depression. The current study will be conducted among health care workers in the hospitals situated in Kerala, India.

The form consists of two parts: first part is to obtain the demographic data like age, gender, marital status, name of the hospital and years of experience. Second part is to measure the severity of depression by using Beck's Depression Inventory.

Target population

Health care workers in private and government hospitals situated in Kerala, India

Sample size

Based on male and female health care workers in different hospitals, which is 100 and 110 respectively. The total sample size based on these assumptions is 210.

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Tool used

Depression was measured by using Beck Depression Inventory (BDI). It is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. Its development marked a shift among mental health professionals, who had until then, viewed depression from a psychodynamic perspective, instead of it being rooted in the patient's own thoughts. The test was also shown to have a high one-week test-retest reliability (Pearson $r = 0.93$) and also has high internal consistency ($\alpha = .91$).

Data Analysis

The analysis of the result is going to be done with the aid of the available standard statistical tests. The data will be collected and entered into the Statistical Package for the Social Sciences (SPSS) software. The most appropriate tests will be used according to the study as the following:

- T-test used to know the significance difference between depressive symptoms among health care workers.
- Descriptive statistics will be done as frequency table to categorize each group.

RESULTS AND DISCUSSIONS

A descriptive summary of different types of the psychological and financial impact of the COVID-19 is presented. Present study showed that 21.4% had depressive feelings and loss of motivation, while 46% had disrupted sleep/wake cycle after the quarantine. Analysis of Beck Depression Inventory showed that the subjects had more difficulties in the areas of sleep, irritability and worry about future life.

CONCLUSION

To sum up, health-care workers involved in the response to the COVID-19 pandemic are often required to work in highly challenging conditions and may therefore be at increased risk of experiencing mental health problems. This Comment sets out a practical approach to protecting the mental health of health-care workers based on contemporary evidence.

This study aimed to highlight the psychological impact of COVID-19 pandemic on health care workers situate in Kerala, India. Current findings suggest that clinical depression was, to some extent, prevalent among the subjects despite that 99% of them reported no history of psychiatric disorders prior to the Pandemic. Regarding features of anxiety and fears 31% reported feeling helpless. The sleep profile of our participants was disrupted in around 47% reporting using their smartphones at bedtime.

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Conflict of Interest

The author declared no conflict of interest.

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