

Research Paper

A Study of Stress, Anxiety and Depression among Psychologists and Other Professionals in India

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ABSTRACT

Every psychologist is dedicated to improving the mental health of people around them. As a significant amount of an individual's time is spent at work, their profession can impact their mental health. The purpose of this study was to compare the stress, anxiety, and depression levels of psychologists and other professionals to determine the role of occupation in an individual's mental health. The study included 98 working participants, with 49 psychologists and 49 other professionals aged between 20 to 40 years, selected from various cities in India using the random sampling method. All participants completed the Depression Anxiety Stress Scale (DASS-21) questionnaire through Google Forms. The results indicated that there were no significant differences in stress, anxiety, and depression levels between the two groups, suggesting that occupation does not have a significant impact on an individual's mental health. The study's implications suggest that mental health interventions should focus on the individual's circumstances rather than their profession.

Keywords: *Psychologist, Stress, Anxiety, Depression, Professionals, Mental health*

It is important to recognize that mental health concerns, such as stress, anxiety, and depression, can affect individuals in various professions, including mental health professionals themselves. In particular, psychologists may be at a higher risk of experiencing these issues due to the nature of their work. To address this issue, the present study aims to conduct a comparative investigation of stress, anxiety, and depression levels between psychologists and other professionals. By exploring these differences, the study seeks to identify potential factors that may contribute to differential mental health outcomes in these groups. Stress is a psychological state characterized by tension and arises from situational pressures that individuals are unable to effectively respond to. Professionals, including psychologists, are particularly susceptible to burnout caused by excessive stress. Anxiety, on the other hand, is defined as an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. This study aims to examine the experiences of psychologists with anxiety, including the prevalence of anxiety symptoms, the impact of anxiety on job performance and personal life, and the coping mechanisms used by psychologists to manage anxiety. Depression is a complex and multifaceted condition that can impact an individual's physical and mental health, as well as their overall well-being. This study aims to shed light on the importance of self-care and

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support for psychologists and other mental health professionals who may experience depression, as well as identify areas for future research and intervention. Ultimately, the findings of this study have the potential to inform workplace interventions and support services aimed at promoting the well-being of mental health professionals and other professionals alike. By addressing the unique stressors faced by mental health professionals and promoting a workplace culture that supports mental health and self-care, we can improve the overall well-being of individuals in various professions.

REVIEW OF LITERATURE

The prevalence of stress, anxiety, and depression among professionals is a well-established concern, with implications for their personal well-being and job performance. The mental health of psychologists and other professionals, in particular, has received attention in the literature. This literature review aims to provide an overview of the research on the comparative study of stress, anxiety, and depression among psychologists and other professionals.

McCade, Frewen, and Fassnacht (2021) conducted a study to explore the relationship between burnout and depression among Australian psychologists. A total of 248 psychologists currently working in Australia participated in an online survey, in which they completed the Copenhagen Burnout Inventory, the Depression Anxiety Stress Scale, and a short-form self-compassion scale. Results indicated that 27.8% of psychologists met the criteria for burnout, while 16.9% reported experiencing at least mild depressive symptoms. Hierarchical regression analysis revealed significantly higher levels of depressive symptoms among those experiencing burnout.

Guerra and Pereda (2015) conducted a study aimed at examining the prevalence of secondary traumatic stress (STS) among psychologists. To measure STS, they administered the Secondary Traumatic Stress Scale (STSS) developed by Bride, Robinson, Yegidis, and Figley (2004) to a sample of 259 professionals (190 women and 69 men). Of these, 56.4% worked in specialized centres for victims of child maltreatment and sexual abuse, while the remaining 43.6% worked with other types of patients. The results of the study revealed that psychologists who worked with child maltreatment and sexual abuse victims had significantly higher levels of STS than those who worked with other types of patients. Additionally, the findings indicated that psychologists who worked with child trauma exceeded the cutoff point for STS more frequently than their counterparts who worked with other types of patients.

Rockwell (1981) conducted a mail survey to compare the levels of death anxiety among 130 psychiatrists, 57 psychologists, 31 suicidologists, and 28 funeral directors in California. The Death Anxiety Scale was administered to measure the participants' levels of death anxiety. The study aimed to test the hypothesis that psychiatrists would exhibit the highest levels of death anxiety due to their elevated suicide rates.

Contrary to the hypothesis, the results of the survey revealed that the highest levels of death anxiety were reported by psychologists, followed by suicidologists, psychiatrists, and funeral directors. It is possible that the low levels of death anxiety among funeral directors reflect occupational self-selection as individuals with low levels of death anxiety may be drawn to this profession. Overall, these findings suggest that occupation may play a role in shaping individuals' experiences of death anxiety.

METHODOLOGY

Research Design

A cross-sectional research design was used in the present research study.

Statement of Problem

“A comparative study of stress, anxiety, and depression among psychologists and other professionals.”

Operational Definitions

- **Stress-** “Stress is a feeling or reaction individuals have when faced with a situation that demands action from them, especially action that may be beyond their capacities.” (Sarason & Sarason, 2010).
- **Anxiety-** "Anxiety is a general feeling of unease and apprehension, often about future uncertainties." (American Psychiatric Association, 2013)
- **Depression-** "Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act." (National Institute of Mental Health, 2022)
- **Psychologist-** A specialized professional who studies mind and human behavior or treats mental, emotional, and behavioral disorders.

Need and significance of the study

In today's fast-paced world, stress, anxiety, and depression are prevalent issues affecting many individuals. The workplace is a common source of stress, and individuals in certain professions may be more vulnerable to these mental health issues. Psychologists are professionals who are trained to deal with mental health concerns, and it is crucial to understand their stress, anxiety, and depression levels compared to other professionals. Therefore, this study aims to compare the levels of stress, anxiety, and depression between psychologists and other professionals.

The findings of this study can have significant implications for understanding the mental health needs of individuals in different professions. It can help identify groups of professionals who may be more vulnerable to stress, anxiety, and depression and develop targeted interventions to promote their mental well-being. Additionally, this study can contribute to the existing literature on mental health in the workplace, providing insights for policymakers and organizations to create healthier work environments.

Variables:

- **Independent variable:** Occupation (Psychologists and other professionals)
- **Dependent variables:** Stress, Anxiety, and Depression.

Objectives:

- To compare the levels of stress among psychologists and other professionals.
- To compare the levels of anxiety among psychologists and other professionals.
- To compare the levels of depression among psychologists and other professionals.

Hypotheses:

- Null hypothesis 1: There will be no significant difference in stress levels between psychologists and other professionals.

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- Null hypothesis 2: There will be no significant difference in anxiety levels between psychologists and other professionals.
- Null hypothesis 3: There will be no significant difference in depression levels between psychologists and other professionals.

Sample

A sample size of 98 participants was recruited for this research study, which included 49 psychologists and 49 professionals from diverse fields such as teaching, engineering, research, business, social work, pharmacy, and makeup artistry, all aged between 20 to 40 years and residing in various cities in India. For the purpose of this study, professionals other than psychologists were categorized as "other professionals". The random sampling technique was used for data collection by distributing questionnaires in the form of Google Forms. During the data collection process, 107 responses were received via Google Forms. To ensure data quality and sample equality, nine responses were excluded during the data cleaning process due to irrelevant or inconsistent answers.

Instrument

The Depression, Anxiety and Stress Scale-21 (DASS-21), a self-reported questionnaire, was used to measure the variables of depression, anxiety, and stress in this study. The Hindi version of DASS-21 was translated by Bhupendra Singh, based on the original version of Depression, Anxiety and Stress Scale (DASS) developed by Lovibond and Lovibond in 1995. DASS-21 is a shorter version of DASS, which contains 42 items. The present questionnaire comprises 21 items, with seven items each related to depression, anxiety, and stress symptoms. Participants rated all 21 items on a four-point Likert scale, indicating the frequency or severity of their experiences related to that symptom over the last week, with scores ranging from 0 (indicating that the item did not apply to them at all) to 3 (meaning that the item applied to them very much or most of the time). Singh et al. (2013) reported comparable reliability and validity scores for the Hindi adaptation of DASS. The Chronbach alpha for the entire scale was .83, and factor loading ranged from .20 to .88 for the Hindi version, which was found to be comparable to the original scale.

Procedure

The present study aimed to compare levels of stress, anxiety, and depression between psychologists and other professionals. The problem was identified through a review of relevant literature. A cross-sectional research design was used to conduct the study, with defined objectives and hypotheses. The sample consisted of 98 participants aged 20 to 40 years, including 49 psychologists and 49 other professionals from different cities in India. The Depression, Anxiety, and Stress Scale-21 (DASS-21) were administered to all participants through Google Forms using the random sampling technique to measure stress, anxiety, and depression levels. Statistical analysis and interpretation of the results were conducted following data collection.

Data Analysis and Interpretation

After gathering the responses from participants, the Google Form responses were extracted into a spreadsheet and a data-cleaning process was carried out. Mean and Standard Deviation were calculated using Excel formulas. Other statistical calculations were done using the GraphPad website. The Excel data was entered into the GraphPad online t-test calculator to obtain the results. The statistical values for the respective group of variables are shown in Table 1.

Table-1 Mean, standard deviation, standard error of the mean, t-values, and p-value of the respective group of the variable.

Variable	Group	N	M	S.D.	SEM	t-value	p-value
Stress	Psychologist	49	13.55	8.90	1.27	0.60	0.55
	Other professional	49	14.73	10.50	1.50		
Anxiety	Psychologist	49	8.65	8.51	1.22	0.57	0.57
	Other professional	49	7.71	7.72	1.10		
Depression	Psychologist	49	9.14	8.98	1.28	1.07	0.27
	Other professional	49	11.18	9.43	1.35		

After comparing the stress-related data of psychologists and other professionals, a t-value of 0.60 and a p-value of 0.55 were obtained. These values are not significant at any level of confidence, indicating that the stress levels of both groups are similar. Therefore, the null hypothesis "There will be no significant difference in stress levels between psychologists and other professionals" is accepted.

Similarly, after comparing the anxiety-related data of psychologists and other professionals, a t-value of 0.57 and a p-value of 0.57 were obtained. These values are not significant at any level of confidence, indicating that the anxiety levels of both groups are similar. Therefore, the null hypothesis "There will be no significant difference in anxiety levels between psychologists and other professionals" is accepted.

Finally, after comparing the depression-related data of psychologists and other professionals, a t-value of 1.07 and a p-value of 0.27 were obtained. These values are not significant at any level of confidence, indicating that the depression levels of both groups are similar. Therefore, the null hypothesis "There will be no significant difference in depression levels between psychologists and other professionals" is accepted.

Table-2 Levels for Stress, Anxiety, and Depression of Psychologists and other professionals.

Variable	Group	Mean	Level
Stress	Psychologist	13.55	Normal*
	Other professional	14.73	Mild*
Anxiety	Psychologist	8.65	Mild*
	Other professional	7.71	Mild*
Depression	Psychologist	9.14	Normal*
	Other professional	11.18	Mild*

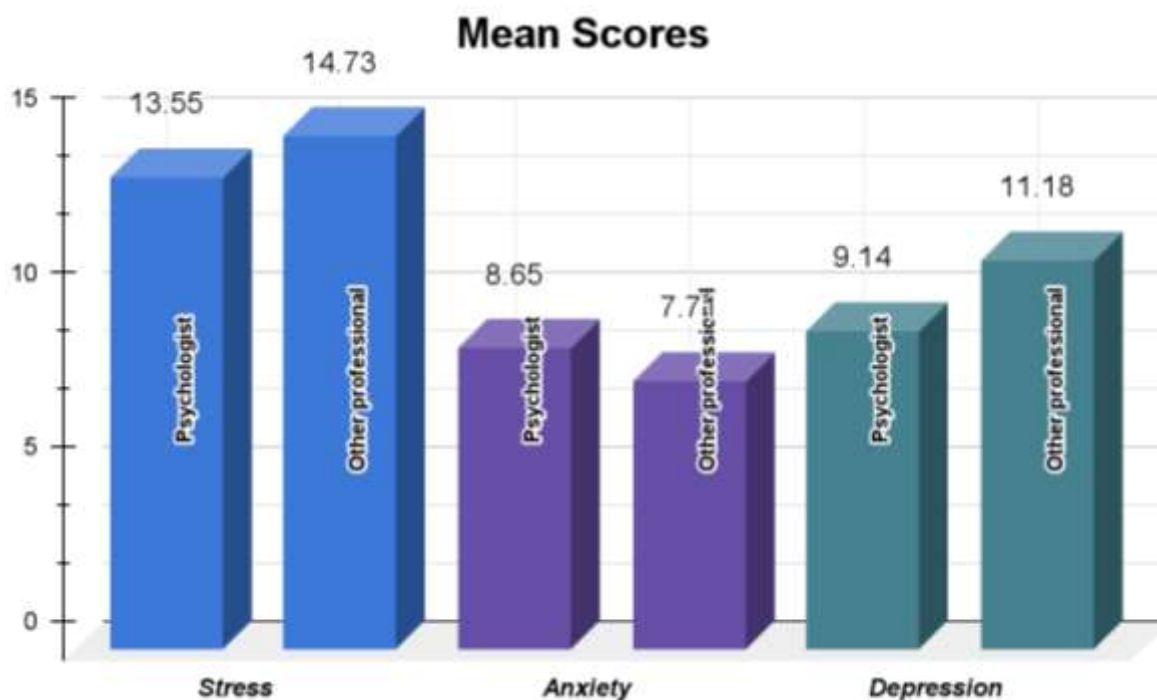
*The levels of depression, anxiety, and stress are determined by rounding off the mean score of the respective group according to the Manual of DASS.

Table-3 Percentage of psychologists and other professionals in levels of stress, anxiety, and depression.

Variable	Group	Levels				
		Normal	Mild	Moderate	Severe	Extreme
Stress	Psychologist	67.35%	4.08%	12.24%	16.33%	0%
	Other professional	55.10%	16.33%	14.29%	6.12%	8.16%
Anxiety	Psychologist	57.14%	6.12%	10.20%	16.33%	10.2%
	Other professional	55.10%	14.29%	14.29%	4.08%	12.24%

Depression	Psychologist	63.27%	14.29%	8.16%	6.12%	8.16%
	Other professional	51.02%	16.33%	18.37%	2.04%	12.24%

Figure -1 Graphical Representation of Mean Scores for Depression, Anxiety, and Stress Levels



RESULT

After analyzing the data collected from both groups, it was found that there was no significant difference in stress levels (t -value = 0.60, p -value = 0.55), anxiety levels (t -value = 0.57, p -value = 0.57), and depression levels (t -value = 1.07, p -value = 0.27) between psychologists and other professionals. The mean stress levels for psychologists and other professionals were 13.55 and 14.73 respectively, with psychologists reporting normal stress levels and other professionals reporting mild stress levels. The mean anxiety levels for psychologists and other professionals were 8.65 and 7.71 respectively, with other professionals reporting slightly lower levels of anxiety but both falling under mild anxiety levels. The mean depression levels for psychologists were 9.14, which is a normal depression level, and for other professionals was 11.18, which is a mild depression level. Psychologists reported lower levels of depression than other professionals.

DISCUSSION

The study results indicate that there is no significant difference in the levels of stress, anxiety, and depression between psychologists and other professionals, suggesting that the nature of the job may not necessarily lead to higher levels of mental health issues in psychologists compared to other professionals. McCade, Frewen, and Fassnacht (2021) found that 16.9% of psychologists faced mild depressive symptoms, which is similar to the findings of the present study where 14.29% of psychologists and 16.33% of other professionals reported mild depression. In 1981, Rockwell conducted an email survey that showed that psychologists reported higher levels of death anxiety, which supports the present study's findings of higher levels of anxiety in psychologists compared to other professionals. The study found that 16.33% of psychologists reported severe levels of

anxiety, 10.2% reported extreme levels of anxiety, and 10.2% reported moderate levels of anxiety. However, it is important to note that these findings may not be generalizable to all psychologists and other professionals due to the limited sample size and lack of available literature. Overall, the study contributes to our understanding of the mental health of professionals and highlights the need for further research to understand better the factors contributing to stress, anxiety, and depression in the workplace.

CONCLUSION

Based on the analysis, interpretation and result, it can be concluded that there is no significant difference in the levels of stress, anxiety, and depression between psychologists and other professionals. This indicates that both groups experience similar levels of psychological distress. These findings suggest that the occupation of an individual may not be a significant factor in determining their levels of Indian psychological distress. Other factors such as personal life circumstances, coping mechanisms, and personality traits may play a more significant role. Overall, the findings of this study can contribute to raising awareness about the prevalence of psychological distress among professionals and the need for adequate support and resources to manage it.

Limitations

There are several limitations to this study that should be noted.

1. The sample size of the study was relatively small, which may limit the generalizability of our findings. It would be beneficial to replicate this study with a larger sample size to increase the external validity of our results.
2. The study relied on self-report measures, which may have resulted in response bias or social desirability bias. Participants may have underreported or overreported their levels of stress, anxiety, or depression, which could have affected the accuracy of our results.
3. The present study only focused on psychologists and other professionals, which limits the generalizability of our findings to other occupational groups. Future research could expand the scope of the study to include individuals from different professions or occupations.
4. This study did not take into account the possible confounding variables that may have affected the stress, anxiety, and depression levels of participants, such as gender, socioeconomic status, or life events. Future research could address these confounding variables to provide a more comprehensive understanding of the factors that affect mental health in the workplace.

Suggestions

Based on the limitations of this study, some suggestions for further studies are

1. This study was conducted on a small sample size, and a larger sample size can provide more accurate and generalizable results.
2. This study only included other professionals as a whole, and including participants from different professions separately can provide insights into how stress, anxiety, and depression levels vary across different occupations.
3. This study used the DASS-21 questionnaire to measure stress, anxiety, and depression levels, and using multiple measures can provide a more comprehensive understanding of mental health.
4. This study provided a comparison of stress, anxiety, and depression levels among professionals. Conducting longitudinal studies can provide insights into how these levels change over time and the factors that contribute to these changes.

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Conflict of Interest

The author declared no conflict of interest.

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