Prevalence and Factors effecting Depression, Stress and Anxiety among Physiotherapists of Pakistan

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ABSTRACT

OBJECTIVE: To find out the prevalence and factors effecting depression, stress and anxiety among physiotherapists of Pakistan.

STUDY DESIGN: A Cross sectional descriptive survey

PLACE AND DURATION: Data was collected from physiotherapists from all major cities of Pakistan in 04 months from 1st August 2016 to 30th November 2016.

METHODOLOGY: The sample size was 378. A standardized instrument DASS 42 was filled by physiotherapists satisfying the inclusion criteria from different hospitals and teaching institutes of Pakistan. Scores for each of the respondents over each of the sub-scales (Depression, Anxiety and Stress) were calculated as per the severity-rating index. Results were presented as percentages and frequencies.

RESULTS: The results showed that 70.1% study participants were in depression, 53.17% were in anxiety and 60.05% were in stress.

CONCLUSION: Depression, stress and anxiety is prevalent in physiotherapists of Pakistan as scored by DASS 42. The main factors leading to depression, stress and anxiety found were financial issues, poor salaries and job dissatisfaction.

KEYWORDS: Depression, Stress, Anxiety, Physiotherapists, Financial Issue, Job Satisfaction.

INTRODUCTION

The term depression can be described as a spectrum of mood disturbances that range from mild to severe and from transient to persistent. The symptoms of depression are pronounced to be of clinical significance when they interfere with the normal activities of daily life.¹ The World Health Organization has estimated that depression will become the second most important cause of disability worldwide (after ischemic heart disease) by year 2020. Major depressive illness affects 1 in 20 people during their lifetime. Both major depression and persistent mild depression is more common in women.² A study was carried in India on medical students in which more than half of the respondents were affected by depression (51.3%), anxiety (66.9%) and stress (53%). Females reported higher score as compared to their male counterparts.³ Another study was conducted on resident physicians which showed prevalence of 28.8%.⁴ There is a need for studies that address conditions of risk and protection for the development of depressive symptoms.⁵ A study was carried out to find the prevalence of depression in Pakistan. A two-phase survey of a general population sample in a Pakistani village was performed. Results showed prevalence of depressive disorders was 44.4% (95% CI 35.3 to 53.6): 25.5% in males and 57.5% in females.¹⁴ A study by the World Health Organization ranked depression the fourth global burden of disease and found it to be the largest non-fatal burden of disease, with nearly 12% of total years lived with disability.⁶ According to the cross sectional WHO world health survey, carried out in all regions of the world (60 countries), the one year prevalence of a depressive episode (international classification of diseases, 10th revision) was 3.2% (95% confidence interval 3.0% to 3.5%). In patients with several medical conditions the prevalence of depression exceeds that of the general population,⁷ with 5-10% of patients affected in primary care and 10-14% of patients under general hospital care.⁸ The diagnosis and treatment of depression by general practitioners is not, however, always optimal. The stress related to work or job can increases the risk for a variety of adverse outcomes. The outcomes of job stress may include turnover, burnout, absence due to sickness and work-related musculoskeletal disorders (WMSDs).⁹ Mental health disease is under recognized in medical professionals. There are certain psychological conditions including depression
and diseases related to cardiovascular system. It has been demonstrated via some studies that physical therapists may experience high levels of job stress, but it is quite difficult to determine the scope of the problem. Research to date has concluded. Mostly of interview and focus group studies. The excessive workload at clinics and at administration side is the common source of stress. There is also lack of equipment, man power, time and other resources. There can be a conflict between personal ideas and clinical realities as physical therapists hold themselves to very high professional standards. Physiotherapists face workload pressures, deadlines and job demand, job stress may be seen as a personal failing. The studies that have been conducted till date on physiotherapists provide a strong evidence of the potential issues in the psychosocial work environment that may cause job or work stress. The issues concluded from these studies include perception of lack of support at work, increase work demands, low self-control, annoyance with the clients. There may also be difficulty in relationship with other professionals. The results concluded from these studies, cannot be applied to typical physical therapists working in a different clinical or other setups.

Not much research has been done to see the sights of psychosocial work environment for physical therapists in Pakistan. There are no studies that compare the psychosocial work environment of other health care professionals with the psychosocial environments in physiotherapy setups. New studies are needed with large samples for physiotherapy work environment. This study was conducted to find out the prevalence and factors effecting depression, stress and anxiety among physiotherapists of Pakistan.

**METHODOLOGY**

This study was a Descriptive cross sectional survey conducted among physiotherapists of Pakistan. The sample (n=378) was collected through convenient sampling technique. The inclusion criteria was qualified doctors of physical therapy, 22-50 years of age working at different hospitals or teaching institutions of Pakistan. Physical therapy technicians and diploma holders were excluded from the study. A self structured questionnaire and DASS 42 was distributed throughout Pakistan. The informed consent was taken prior to collection of data. The demographics and data related to gender, financial status, job satisfaction, and salary satisfaction was obtained and to asses depression, stress and anxiety, the standardized tool DASS 42 was used. The data was analyzed through SPSS version 21.

**RESULTS**

The mean age of study participants was 26.96. The results showed that majority of the study participants 70.1% were in depression and only 29.9% was normal. The 43.7% participants were in mild, 16.7% in moderate and 9.8% in severe category of depression. The study participants 53.17% were in anxiety and only 46.8% was normal. The 45.8% participants were in mild, 6.9% in moderate and 0.5% in severe category of anxiety. The study participants 60.05% were in stress and only 39.94% was normal. The 32.01% participants were in mild, 25.4% in moderate and 2.6% in severe category of stress. (Figure - 1)

**DISCUSSION**

Globally depression is influencing 20 percent of population while in Pakistan. It is more genuine with a gauge of 34 percent. Both hereditary and ecological elements assume a critical part in pathogenesis of depression. Around 35.7 percent nationals of Karachi are influenced with this emotional instability, while 43 percent from Quetta and 53.4 percent from Lahore are additionally influenced from depression. There is a great impact of depression on lives of people and their quality of life. This study was conducted to find out the prevalence of depression, stress and anxiety in physiotherapists of Pakistan. Enormous studies have been conducted in western countries to assess levels of stress and other mental health related variables in various professions but none has been conduct-
ed previously on physical therapists. Similarly in Pakistan no previous research was conducted on this topic. The results of this study showed 48.7% physical therapists had mild depression, 23.5% had moderate depression and 2.9% are suffering from severe depression, whereas 24.9% are not having depression. To understand the reasons associated with this high prevalence of depression various other factors were analyzed. The financial status of physiotherapists in Pakistan is not up to the mark. Having financial issues can be a reason for having depression as majority of therapists are suffering from financial problems and consider their salary not according to their work. In Pakistan physiotherapy students spent five years of their lives in doing doctorate degree and after that further two years in doing MS/MPhil. The years of study are equal to an MBBS student. But here in Pakistan no proper respect is given to physiotherapy profession. An MBBS can became a medical officer without any experience and are getting starting salary packages of nearly 70-80K while physiotherapy jobs demand minimum 3 year experience and less than half of the salary of doctors. This could be a cause of depression and frustration in physiotherapy professionals. Most of the therapists here are not satisfied with their job. The reason for dissatisfaction in job was lack of appreciation from administration and low salary structure. The government should announce more jobs for physiotherapy young graduates. The salary packages should be equal to other health professionals. A separate council should be made which can fight to meet the demands of this profession.

There are studies conducted previously that reported that depression rate is higher in individuals who are separated, divorced, or widowed. In this study out of 6 divorced cases 4 had depression. So there is a link between depression and being separated. Those who are in relationship also reported more depression as compared to those who are single. The question about being in a relationship was not culturally applicable but it has to include in this study as the study population involved young graduates. Studies conducted previously have also demonstrated that physical therapists may experience high levels of job stress. But the scope of the problem is difficult to evaluate. Research till date has constituted mostly of focus group studies and interviews. Grembowski D, Bovier PA, and Seo Y in their studies show that there is a strong correlation between salary and job satisfaction. In this study most of the physiotherapists were not satisfied with their salary packages. Low salary packages lead to poor financial status which may be the cause of depression, stress and anxiety. Another study conducted by Bodur S demonstrated in Turkey showed that salary and working environment were main factors for dissatisfaction for health care providers. The association between low financial status and dissatisfaction from job with depression is determined from this study. Any type of mental illness can have a negative impact on the cognitive development and learning, and has a very high cost to individual and society, including lack of interest in job, suicide, marital problems and impaired ability to work effectively. Hence, Table - I shows depression, anxiety & stress score according to demographics among physical therapists. In anxiety score a significant difference was seen for variables qualification, marital status, job satisfaction and salary satisfaction and in stress score significant difference was seen for variables gender.

                      TABLE - I: DEPRESSION, ANXIETY & STRESS SCORE ACCORDING TO DEMOGRAPHIC CHARACTERISTICS AMONG PHYSICAL THERAPIST (N=378)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Depression M±SD</th>
<th>p-value</th>
<th>Anxiety M±SD</th>
<th>p-value</th>
<th>Stress M±SD</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>136</td>
<td>12.91±4.71</td>
<td>0.73</td>
<td>7.99±2.49</td>
<td>0.24</td>
<td>16.09±6.00</td>
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<tr>
<td>Female</td>
<td>242</td>
<td>12.71±5.71</td>
<td></td>
<td>7.68±2.44</td>
<td></td>
<td>14.78±6.06</td>
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<td>Marital status</td>
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<td>Married</td>
<td>128</td>
<td>11.75±4.45</td>
<td>0.02</td>
<td>7.25±1.98</td>
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<td>15.02±5.50</td>
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<td>Unmarried</td>
<td>172</td>
<td>13.41±5.68</td>
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<td>7.90±2.61</td>
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<td>15.22±6.13</td>
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<tr>
<td>In a relation-ship</td>
<td>72</td>
<td>13.36±6.04</td>
<td></td>
<td>8.37±2.56</td>
<td></td>
<td>16.05±6.81</td>
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<tr>
<td>Divorced</td>
<td>06</td>
<td>10.00±3.68</td>
<td></td>
<td>9.33±3.82</td>
<td></td>
<td>11.33±5.27</td>
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<td>Financial Issues</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>228</td>
<td>13.13±5.35</td>
<td>0.12</td>
<td>7.96±2.54</td>
<td>0.08</td>
<td>15.25±6.10</td>
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<td>7.53±2.33</td>
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<td>15.25±6.03</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>161</td>
<td>12.36±5.09</td>
<td>0.18</td>
<td>7.37±1.98</td>
<td>0.00</td>
<td>14.67±5.82</td>
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<tr>
<td>No</td>
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<td>8.11±2.72</td>
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<td>15.68±6.22</td>
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<td>Salary satisfaction</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>101</td>
<td>12.21±4.40</td>
<td>0.16</td>
<td>7.21±2.37</td>
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<td>14.64±5.84</td>
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<tr>
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<td></td>
<td>8.00±2.46</td>
<td></td>
<td>15.47±6.14</td>
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the working conditions of physiotherapy setups should be improved and help them to deal with stress if any. There should be peer group counseling at hospitals and universities via rehabilitation programs for victims of anxiety and depression. Physiotherapists on their part should address and maintain their mental health and well-being, making it a lifelong focus.

CONCLUSION

Depression, stress and anxiety is prevalent in physiotherapists of Pakistan as scored by DASS 42. The main factors leading to depression, stress and anxiety found were financial issues, poor salaries and job dissatisfaction.

RECOMMENDATIONS

- The sample size of study was small so it is recommended that sample size should be large enough for generalizability of results.
- Physiotherapy is viewed as a standout amongst the most lucrative and white-collar profession in western nations. But, sadly, in Pakistan there is a lack of awareness among people who do not know the worth of treatment with physical therapy without taking harmful medicines that has serious side effects.14
- A proper job structure should be developed on the pattern of other health-related professionals. The government should take action and provide grade 17 jobs to new graduates.
- In future it is recommended that further research should be done to assess the quality of life of physiotherapists of Pakistan.

CONTRIBUTION OF AUTHOR

Babur MN: Designed Research Study, Literature Search, Data Interpretation, Manuscript final reading and approval
Liaqat M: Conceived Idea, Data Collection, Literature Review, Statistical Analysis, Manuscript Writing

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