

Original Research Paper

Assessment of Depression, Anxiety & Stress and their correlation with sociodemographic factors amongst recently enrolled medical and paramedical students.

ABSTRACT

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Aims: To Assess Depression, Anxiety & Stress and their correlation with sociodemographic factors amongst recently enrolled medical and paramedical students.

Study design: Cross sectional study.

Place and Duration of Study: Recently enrolled 275 post-graduate and undergraduate (Medical & Paramedical) students attending University between June 2022 and September 2022.

Methodology: Study conducted among recently enrolled 275 post-graduate and undergraduate (Medical & Paramedical) students. They were given to fill online anonymous questionnaire in English made using PsyToolkit software shared using WhatsApp groups. After their prior informed consent, Depression Anxiety Stress Scale (DASS 21), was used to collect information on depression, anxiety, and stress.

Results: Prevalence of depression is 68.4%, anxiety is 78.2% and stress is 33.1% among medical and paramedical students. Depression, anxiety and stress were statistically significantly associated with peer and family pressure to join study-stream (p-value of <0.00001 for all three) and history of mental health issues in family (p-value= 0.002343, 0.00064, 0.006836 respectively). In addition, depression was statistically significantly associated with poor peer-relationship (p-value= 0.018945) and unsatisfaction regarding admission (p-value= 0.043734); and stress was statistically significantly associated with unsatisfaction regarding admission (p-value= 0.031307).

Conclusion: Prevalence of depression, anxiety & stress among recently enrolled medical and paramedical students are high providing insight into improvement of psychological wellbeing in them; which could potentially have a positive impact upon patient care.

Keywords: [Anxiety, Psychological Stress, Depression, Medical Students.]

1. INTRODUCTION

Medical profession has been considered as a very desirable profession in Indian society due to its economic stability and potential for growth. [1] Medical colleges are responsible for ensuring that medical students acquire the necessary knowledge and skills before accepting professional obligations. This is done in order to prepare medical students for a personally rewarding and socially meaningful career. [2,3] Suicide rates are high (relative to the general population) in many of Indian medical colleges. Academic stress followed by mental health problems were most noticeable reasons for

Comment [IG1]: Please revise. Title too long.
Suggestion:

Assessment of Depression, Anxiety and Stress among medical students

This study only investigated the correlation between DAS and sociodemographic factors. But the analysis used was ANOVA and t-test (to compare between variables).

Other suggestion:
Table 3 should be deleted
Table 2 change to bar diagram

suicide. Suicidal ideation among medical students is high and ranges from 1.8% to 53.6%. From which only 13% had ever sought psychiatric help before ending their lives.[4]

Personal distress among medical students is relatively significant, which has a negative impact on their academic performance, competence, professionalism, and health. Different factors such as vast syllabus, academic pressure, dissatisfaction with education, worry about the future, parental pressure, and others, are responsible for the high occurrence of psychological disturbances among them. [5-8] Medical students begin to feel stress as soon as they begin their training and this stress has been linked to both mental and physical illnesses and can result in feelings of anxiety, incompetence, helplessness, rage, and guilt. Lack of sleep, impaired attention and concentration, impaired decision-making, poor performance in academics and clinical duties, low levels of tolerance, conflict with oneself and others, dropping out of the course, drug abuse and ultimately decreased productivity in the future are harmful consequences of these. [1,6]

Study conducted by Gupta et al. shows that 39% of people in India had depression with prevalence of major depressive disorder is 21.5% among medical students. [3] Mental health issues can result in a range of financial, educational, and employment difficulties if they are not promptly diagnosed and treated. These could eventually result in a lower quality of life. [10]

Some nations conduct a yearly assessment and report from medical trainees and trainers on a variety of topics, including mental health, in light of the profession's vulnerability. However, there are no equivalent initiatives in India. This study was aimed to investigate prevalence of depression, anxiety and stress among recently enrolled **medical and paramedical students** and the epidemiological data produced will aid in enhancing medical student wellness, which may favorably affect patient care.

Comment [IG2]: Please consider revising. Propose merging the medical and paramedical fields into a single population, as no correlation data demonstrated the disparities between the two.

Comment [IG3]: Please revise. The benefit of this research should be greater.

1.1 OBJECTIVES

1. To study the prevalence of depression, anxiety and stress among newly enrolled undergraduate students and postgraduate students.
2. To assess correlation of epidemiological factors with depression, anxiety and stress.

Comment [IG4]: Please revise. Objective number one was to assess between two groups, and objective number two was to examine only one group.

Suggestion: Combine two populations or compare between populations each epidemiological characteristic that corresponds with DAS.

2. METHODOLOGY

A Cross-sectional study was conducted among university students attending graduate and post-graduate medical and para-medical courses, after taking permission from Institutional Ethics Committee. Newly enrolled students, who has joined institute in tenure of fifteen days to six months both undergraduate (Medical, Dental and Physiotherapy) and postgraduate (Medical postgraduate only) were included for participation in the study.

Sample size was calculated using the following formula: [11]

$$n' = \frac{N Z^2 P (1 - P)}{d^2 (N - 1) + Z^2 P (1 - P)}$$

Where,

n'= total number with finite population correction

N= population size (not known)

Z= static for level of confidence

P= expected proportion (0.5)

d = precision (0.05)

Using the above data sample size comes out to be 218. It was decided to achieve n= 250 or more for improving the statistical significance of the study and ease of calculation.

Data was collected by online form after taking participants prior informed consent through a software "psych-toolkit". Performa containing demographic details and other related information to be filled up by the participants enrolled for the study. Anonymous questionnaire in English made using "psych-toolkit" which contain "Depression Anxiety Stress Scale-21" (DASS-21) was shared using WhatsApp groups.

DASS-21 scale is short scale that allows simultaneous assessment of depression, anxiety, and stress. Each domain contains seven items, divided into subscales with similar content. Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. Stress scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over reactive, and impatient.

Total 327 students had participated in study out of which only 275 completed surveys. So, 52 forms which were partially filled were excluded, the final number was N=275. Collected data was compiled in Excel sheet and data was processed using SPSS trial version 25 statistical software. Data analysis was done using one-way ANOVA (Analysis of Variance).

Differences were tested by two-tailed t-test. The values P < 0.05 were considered statistically symbolic.

3. RESULTS

The study enrolled total 337 participants out of which only 275 completed the survey. Total 62 participants were dropped due to lack of information. Table-1 shows socio-demographic profile of study populations with an age ranging from 17-28 years (Mean- 20.62) and amongst 275 participants, 138 (50.18%) were male and 137 (49.82%) were female. Out of all

Comment [IG5]: Please consider revising. Typically, this formula is employed for a single population. However, this investigation used two groups (medical and paramedical). This minimal data total should be doubled.

Comment [IG6]: Please revise. The title was to analyze the correlation, but anova was used for the analysis. ANOVA was used to examine the difference between more than two groups.

Comment [IG7]: Please revise. Symbolic was uncommon term. Change to significant.

enrolled participants majority of them were residing in hostel 222 (80.72%) and only 53 (19.28%) were residing at home. In study population 56 (20.35%) were post graduate medical students and 219 (59.3%) were undergraduate medical and para-medical students; which include 104 (37.83%), 73 (26.55%) and 42 (15.25%) from MBBS, BDS and BPT course respectively.

Table-1 Socio demographic Profile

Demographic Variables		Frequency N=275 (%)
Age (years)	Range	17-28
	Mean	20.62
Gender	Male	138 (50.18%)
	Female	137 (49.82%)
Residence	Hostel	222 (80.72%)
	Home	53 (19.28%)
Socio-economic Status	Lower	6 (2.18%)
	Lower Middle	75 (27.27%)
	Upper Middle	139 (50.55%)
	Upper	55 (20.00%)
Distance From Home	Near (Up to 150 km)	98 (35.64%)
	Far (151 to 700km)	105 (38.18%)
	Very far (More than 700 km)	72 (26.18%)
Study Stream	MBBS(Medical)	104 (37.83%)
	BDS(Dental)	73 (26.55%)
	BPT(Physiotherapy)	42 (15.27%)
	Medical PG	56 (20.35%)
Reason to join the study stream	Personal Choice	215 (78.18%)
	Peer Pressure	36 (13.09%)
	Parent's Pressure	24 (8.73%)
Relationship with Family	Strong	217 (78.90%)
	Fair	47 (17.10%)

	Poor	11 (4.00%)
Relationship with Friends	Strong	189 (68.73%)
	Fair	75 (27.27%)
	Poor	11 (4.00%)
Satisfaction with regard to admission in this college	Satisfied	204 (74.18%)
	Unsatisfied	71 (25.82%)
Initial impression about their chosen study stream	As per expectation	170 (61.82%)
	Below expectation	85 (30.91%)
	Opposite to expectation	20 (7.27%)
History of mental health issues in family	Present	115 (41.82%)
	Absent	160 (58.18%)

Figure-1 display average score distribution for DASS-21 scale responses which shows that among study population symptoms such as difficulty in initiating work (1.59), nervousness (1.57), hopelessness (1.56), worthlessness (1.55) and apprehensive expectation (1.53) were scored high.

Figure-1 Bar Chart showing average score distribution for DASS-21 scale responses among study population.

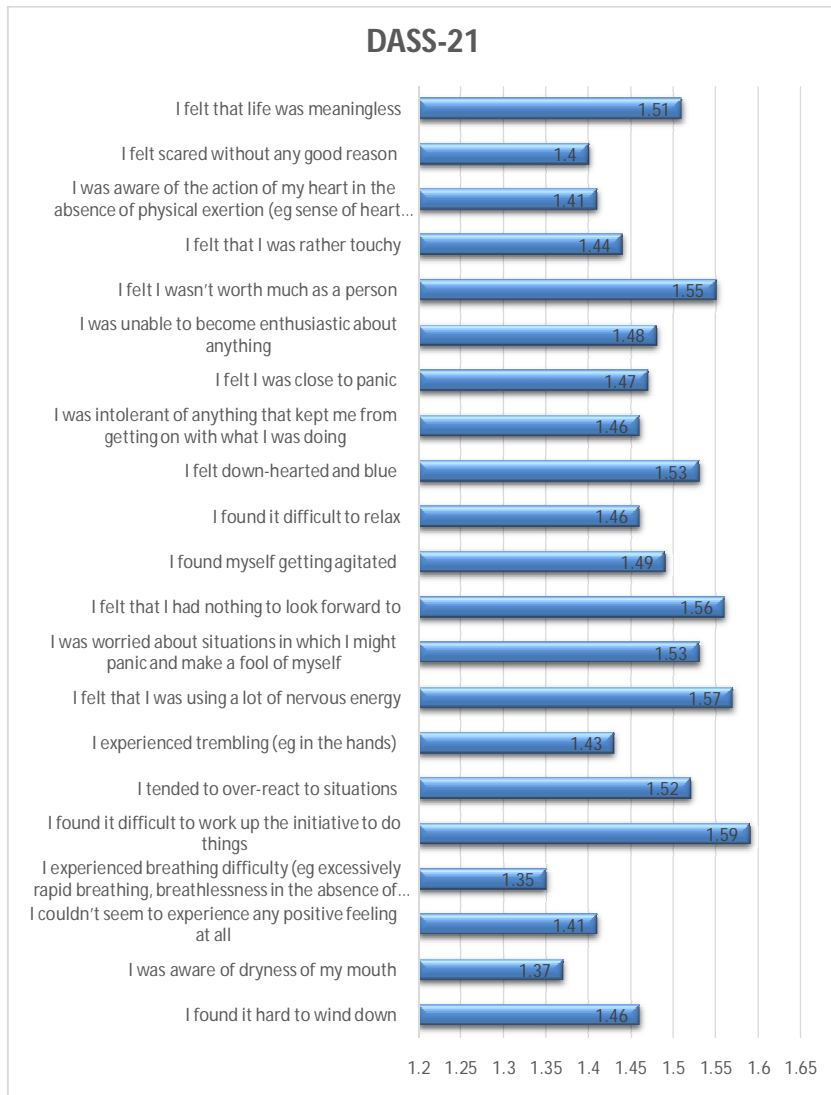


Table-2 display that overall prevalence of depression, anxiety and stress among study population is 68.4%, 78.2% and 33.1% respectively. Prevalence of mild, moderate, severe and extremely severe depression were 15.6%, 32.7%, 10.2% and 9.8% respectively. Prevalence of mild, moderate, severe and extremely severe anxiety were 9.1%, 32.0%, 17.5% and 9.8% respectively.

19.6% respectively and severity of stress in terms of mild, moderate, severe and extremely severe stress were 10.9%, 12.4%, 6.2% and 3.6% respectively.

Table-2 Overall prevalence of Depression, Anxiety and Stress among study population.

Comment [IG8]: Please revise. Table 2 should not include a total, as mild severity should not be combined to severe and extremely severe severity.

Severity	Depression	Anxiety	Stress
Mild	43 (15.6%)	25 (9.1%)	30 (10.9%)
Moderate	90 (32.7%)	88 (32.0%)	34 (12.4%)
Severe	28 (10.2%)	48 (17.5%)	17 (6.2%)
Extremely severe	27 (9.8%)	54 (19.6%)	10 (3.6%)
Total	188 (68.4%)	215 (78.2%)	91 (33.1%)

Table-3 display that prevalence of mild, moderate, severe and extremely severe depression were 12.5%, 32.1%, 19.6% and 5.4% respectively in PG student group and 16.4%, 32.9%, 7.8% and 11% respectively in UG student group. Prevalence of mild, moderate, severe and extremely severe anxiety were 10.7%, 19.6%, 5.35% and 3.57% respectively in PG Student group and 8.67%, 32.4%, 18.3% and 18.7% respectively in UG student group. Severity of stress in terms of mild, moderate, severe and extremely severe stress were 10.7%, 19.6%, 5.35% and 3.57% respectively in PG students' group whereas 10.9%, 10.5%, 6.39% and 2.28% respectively in UG students' group.

Table- 3 Prevalence of Depression, Anxiety and Stress among PG students and UG students.

Comment [IG9]: Please consider revising. Look at the comment in objectives

Severity	PG Students (N=56)			UG Students (N=219)		
	Depression	Anxiety	Stress	Depression	Anxiety	Stress
Mild	07 (12.5%)	06 (10.7%)	06 (10.7%)	36 (16.4%)	19 (8.67%)	24 (10.9%)
Moderate	18 (32.1%)	17 (30.5%)	11 (19.6%)	72 (32.9%)	71 (32.4%)	23 (10.5%)
Severe	11 (19.6%)	08 (14.3%)	03 (5.35%)	17 (7.8%)	40 (18.3%)	14 (6.39%)
Extremely severe	03 (5.4%)	13 (23.2%)	02 (3.57%)	24 (11.0%)	41 (18.7%)	05 (2.28%)

Total	39 (69.6%)	44 (78.7%)	22 (39.3%)	149 (68.0%)	171 (78.1%)	66 (30.1%)
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Table- 4 shows that when comparison was done using unpaired T-test and one way ANOVA test among between different demographic variables for depressive, anxiety and stress symptoms; reason to join the study stream, relationship with friends, satisfaction with regard to admission in this college and history of mental health issues in family shows statistically significant association. (**p-value <.05**) Mean value for depression is high among, students who choose the study stream under parental pressure compare to students who has personal choice (f-ration=14.43, **p-value <.00001**), who has poor

relationship with friends (f-ration=4.02, **p-value=.02**), who has unsatisfaction with regard to admission (t-value=1.72, **p-value=.04**) and has history of mental health issues in family. (t-value=2.85, **p-value=.002**)Anxiety is statistically significantly associated with factors like peer and family pressure to join the study stream (f-ration=13.78, **p-value <.00001**) and history of mental health issues in family. (t-value=3.25, **p-value=.001**)Stress is statistically significantly associated with factors like peer and family pressure to join the study stream (f-ration=12.41, **p-value <.00001**), unsatisfaction with regard to admission (t-value=1.87, **p-value=.03**) and history of mental health issues in family. (t-value=2.48, **p-value=.006**)

	DASS-21 Score
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Table- 4 Association of different demographic variables with depression, anxiety and stress.

Comment [IG10]: Please revise. Simplify table 4

		Depression			Anxiety			Stress		
		Mean ± SD	t-value/ f-ration	p- value	Mean ± SD	t-value/ f-ration	p- value	Mean ± SD	t-value /f-ration	p- value
Gender	Male	14.20 ± 7.59	0.23	.41	13.23 ± 7.35	0.01	.49	13.39 ± 7.17	0.11	.46
	Female	14.00 ±10.69			13.23 ± 8.87			13.5 ± 10.26		
Residence	Hostel	14.06 ± 8.96	0.25	.40	13.1 ± 7.72	0.54	.29	13.33 ± 8.53	0.44	.33
	Home	14.42 ±10.48			13.77 ± 9.72			13.92 ±10.05		
Socio- economic status	Lower	19.33 ±10.56	0.93	.42	17.33 ± 9.85	0.71	.55	15.67 ± 9.58	0.85	.47
	Lower	13.92			13.55			13.79		
	Middle	± 9.73			± 8.61			± 9.49		
	Upper	13.67			12.78			12.69		
	Middle	± 9.14			± 7.79			± 8.31		
Upper	15.04 ± 8.70	13.48 ± 8.18	14.67 ± 9.12							
Distance From Home	Near (<150 km)	13.69 ± 9.37	1.75	.18	13.20 ± 8.39	0.74	.48	12.73 ± 8.62	2.98	.05
	Far (151- 700km)	13.35 ± 8.47			12.63 ± 7.45			12.63 ± 8.04		

	Very far (> 700km)	15.86 ±10.03			14.14 ± 8.72			15.61 ± 9.90		
Study Stream	MBBS (Medical)	15.40 ± 9.94	2.03	.11	13.96 ± 8.44	0.84	.48	14.56 ± 9.30	1.79	.15
	BDS (Dental)	12.05 ± 9.34			12.05 ± 8.18			11.51 ± 8.73		
	BPT (Physiotherapy)	13.71 ± 8.22			13.67 ± 7.55			13.48 ± 7.19		
	Medical PG	14.79 ± 8.20			13.07 ± 7.91			13.89 ± 8.96		
Reason to join the study stream	Personal Choice	12.78 ± 8.71	14.43	<.0001*	12.01 ± 7.86	13.78	<.0001*	12.31 ± 8.21	12.41	<.0001*
	Peer Pressure	16.72 ± 7.06			16.11 ± 6.47			15.17 ± 7.18		
	Parent's Pressure	22.33 ±11.79			18.83 ± 8.73			21.08 ±12.03		
Relationship with Family	Strong	13.63 ± 9.11	2.28	.10	13.19 ± 7.95	.08	.92	13.22 ± 8.73	.39	.68
	Fair	16.72 ±10.23			13.57 ± 9.19			14.47 ± 9.78		
	Poor	12.91 ± 5.61			12.55 ± 7.49			13.64 ± 6.56		

Relationship with Friends	Strong	13.08 ± 8.73	4.02	.002 *	12.68 ± 7.82	1.44	.24	12.69 ± 8.37	2.71	.07
	Fair	16.35 ± 9.68			14.35 ± 8.62			14.77 ± 9.24		
	Poor	17.09 ± 12.28			15.09 ± 9.57			17.45 ± 12.10		
Satisfaction with regard to admission in this college	Satisfied	13.57 ± 8.61	1.71	.04*	12.87 ± 7.55	1.23	.11	12.86 ± 8.07	1.87	.03*
	Unsatisfied	15.75 ± 10.78			14.25 ± 9.59			15.13 ± 10.59		
Initial impression about their chosen study stream	As per expectation	13.78 ± 9.10	1.54	.22	12.73 ± 7.98	1.43	.24	13.35 ± 8.83	2.46	.09
	Below expectation	14.02 ± 8.53			13.62 ± 7.64			12.68 ± 7.65		
	Opposite to expectation	17.60 ± 12.69			15.80 ± 10.86			17.50 ± 12.33		
History of mental	Present	15.98 ± 7.52	2.85	.002 *	15.08 ± 7.03	3.25	.000 6*	14.99 ± 7.49	2.48	.001 *

health issues in family	Absent	12.80			11.90			12.34		
		±10.13			± 8.61			± 9.55		

*p-value <0.05 is significant.

4. DISCUSSION

This study is a type of cross-sectional study conducted among recently joined medical and paramedical students (within fifteen days- six months) to find out the prevalence of depression, anxiety and stress in medical and paramedical students and its relation to various demographic variables.

In present study DASS-21 scale was suggestive of high prevalence of depression, anxiety and stress in PG medical student group, 69.6%, 78.7% and 39.3% respectively; compared to 68%, 78.1% and 30.1% in UG student group respectively. A descriptive cross-sectional study done among medical students by Saumik Chakraborty et al. in India found prevalence of depression, anxiety and stress is 45.3%, 52.4% and 31.9% respectively. [1] This is comparable to our data in which overall prevalence of depression, anxiety and stress is 68.4%, 78.2% and 33.1% respectively. Another cross-sectional study done by Gupta et al. in India among undergraduate medical students found that more than half were affected by depression (51.3%), anxiety (66.9%) and stress (53%) which is comparable to our study in which prevalence of depression, anxiety and stress is 68%, 78.1% and 30.1% in UG student group respectively.[3] Similar research was done in Brazil by Natalia et al. using the DASS scale, and they discovered that 34.6%, 37.2%, and 47.1% of medical students had depression, anxiety, and stress, respectively.[12]

In present study depression is associated with factors like peer and family pressure to join the study stream, poor relationship with friends, unsatisfaction with regard to admission and history of mental health issues in family; anxiety is associated with factors like unsatisfaction with regard to admission and history of mental health issues in family; and stress is associated with factors like peer and family pressure to join the study stream, unsatisfaction with regard to admission and history of mental health issues in family. Some factors are protective such as strong relationship with family members, personal choice for joining the stream and satisfaction with chosen medical college and stream.

Comment [IG11]: Please revise. It is necessary to discuss the differences between variables in table 4. Elaborate more in discussion.

Due to the high academic, financial, and social expectations that college environments place on students at a time when they are also dealing with challenges connected to lifestyle and jobs, medical students experience high rates of psychiatric problems. When students enter medical school, they begin their professional journey with high parental expectations, a challenging curriculum, and intense peer and academic pressure. Students also experience feelings of loneliness as they leave the safe, indulged, and incredibly supportive environment of their family and move to a dorm in a highly competitive environment. This might explain why first-year medical students in this study had higher rates of stress, anxiety, and depression. [1]

Postgraduate medical students may experience increased psychiatric morbidity due to psychological stress brought on by their high levels of responsibility, demanding work schedules, lack of sleep, and frequent exposure to emotionally charged situations. Patient care quality, patient safety, and professionalism may all deteriorate as a result. Mental health issues may cause a number of impairments in terms of schooling, employment, and financial stability in the absence of prompt diagnosis and treatment.

Conducting stress-management workshops at the institutional level, routine mental-health check-ups in healthcare institutions, mental-health screening for students enrolling in healthcare courses, and prompt referrals to mental healthcare facilities are the main preventive measures to reduce mental health related issues and suicides among students.

5. CONCLUSION

This study shows that there is high level of depression, anxiety & stress among recently enrolled medical and paramedical students which provide insight into improvement of psychological wellbeing in them; which could potentially have a positive impact upon decreasing suicide rates, their increase quality of life and improved patient care. Earlier the problems are identified; the earlier these measures can be instituted so mental health screening should be done to all students entering into medical and paramedical courses at regular intervals. Counselling and preventive mental health services should be an essential part of the routine investigation of medical students and actions should be taken to encourage the students to seek help on exposure to distress.

6. LIMITATIONS

- Some factors are not studied as academic and educational factors.
- Only recently joined medical and paramedical students are taken in the study; other semesters students should also be also taken for better outcome.

- Further studies should be done to identify different sources and causes of stress especially related to academic and educational factors, and the effect of different intervention measures to avoid or cope with the psychological effect of the life tension.

CONSENT

Prior informed consent was obtained through software 'psytoolkit' from the participants before collecting data for using data in future for analysis and publication.

ETHICAL APPROVAL

Prior permission of Sumandeep Vidyapeeth institutional ethics committee (SVIEC) was taken to start the study (SVIEC/ON/MED/SRP/4/22026)

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Comment [IG12]: Please revise. References #1, #4, #10
 #1 – no journal source
 #4 – use the correct style for this journal
 #10 – no journal source
 Please add more references

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