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DEPRESSION AND BURNOUT -A CROSS SECTIONAL STUDY IN INTERNSHIP STUDENTS OF OUR TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Whether burnout is a distinct phenomenon rather than a type of depression. As many as two thirds of people with depression do not realize that they have a treatable illness and therefore do not seek professional help. The presenting complaints often can be somatic, such as fatigue, headache, abdominal distress, or sleep problems. The common feature of the depressive disorders is the presence of sad, empty, or irritable mood. Burnout is an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding. It is loss of ability or interest to do something. We try to investigate depression and burnout overlap and the persistence of three compensate. What has led to us research, that is there an overlap between burnout and depression.

Objectives

- To find the no of CRRI's suffering from the depression and burnout.
- The relative the distribution of the disorder with respect to different clinical postings.
- This studies demonstrate the Overlap of Burnout and major Depression symptoms.

Materials: 100 residents were randomly selected, and every objectives were explained and ensured them the information will be confidentially. Criteria for selection based on their willingness.

Methodology: In cross sectional study, all CRRI were invited to answer the questionnaire format based on Zung Self-Rating Depression Scale and Copenhagen Burnout Inventory Scale were given to answer by them and assured about the information will be confidential.

Results: In the cross sectional study, all Interns were invited. The data of 95 were suitable for analysis.

- Depression & Burnout was greater in clinical rather than non-clinical. In clinical Internship about 39% students were depressed and 44.75% suffering from burnout syndrome. While in nonclinical internship only 10% were depressed and none of them i,e 0% suffering from burnout syndrome.
- Depression was found maximum in the O.G Interns followed by the surgery and then medicine.
 While most of O.G Interns were suffering from Burnout syndrome followed by the surgery and then medicine.
- Most of depressed interns were suffering from Burn-out syndrome. O.G interns were majorly
 depressed and burnout.

Conclusion

- Depression and burnout impair the physical and mental disturbance to the Interns, which lead to poor health system in GH.
- Need to review current conditions and need to bring changes that would decrease depression and burnout.
- Our study indicates the major depression and burnout are outbreak in the O.G resident.
- Additional research on preventive and intervention measure against depression required.
- In a recent studies conducted by the American Association, the they found the rate of depressed & burnout individuals increased over the time, 0.5% increases per year of calendar.

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INTRODUCTION

Whether burnout is a distinct phenomenon rather than a type of depression. As many as two thirds of people with depression do not realize that they have a treatable illness and therefore do not seek professional help⁽¹⁾. The presenting complaints often can be somatic, such as fatigue, headache, abdominal distress,

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or sleep problems. The common feature of the depressive disorders is the presence of sad, empty, or irritable mood. Burnout is an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding. It is loss of ability or interest to do something ^(2,3,4). Depression has been consistently linked with up to a two-fold greater risk of cardiovascular morbidity and mortality ^[5,6]. This large association between depression and heart disease has been replicated in representative samples worldwide ^[1] and independent of a variety of confounding

variables ^[7]. The development and persistence of depressive symptoms have even been purported to exert adverse vascular effects ^[8].

Burnout is a psychological syndrome characterized by emotional exhaustion, feelings of cynicism and reduced personal accomplishment. In the past years there has been disagreement on whether burnout and depression are the same or different constructs⁽¹⁰⁾ In this study we have investigated the depression and burnout the persistence of three compensate. What has led to us research, that is there an overlap between burnout and depression.

Objectives

- To find the prevalence of depression and burnout.
- To relative disorder with respect to different clinical postings.

MATERIALS AND METHODS

This is a cross sectional study. 100 residents were randomly selected and every objectives were explained and ensured them the information will be maintained confidentially. Study includes with willingness to participants, with history of intake of drugs or any somatic illness, which can ailing them emotional status.

Then depression and burnout was assessed by using Zung Self Rating Depression Scale⁽¹⁶⁾ and Copenhagen Burnout Inventory Scale. Data was analyzed by using Microsoft Excel.

RESULTS

Data obtained from 95 participants were analyzed and and following result was obtained.

- Depression & Burnout was greater in clinical rather than non-clinical. In clinical Internship about 39% students were depressed and 44.75% suffering from burnout syndrome. While in non-clinical internship only 10% were depressed and none of them i,e 0% suffering from burnout syndrome.
- Depression and Burnout was found maximum in the O.G Interns followed by the surgery and then medicine. While most of O.G Interns were suffering from Burnout syndrome followed by the surgery and then medicine.
- Most of depressed interns were suffering from burn-out syndrome. O.G interns were mostly depressed and burnout.

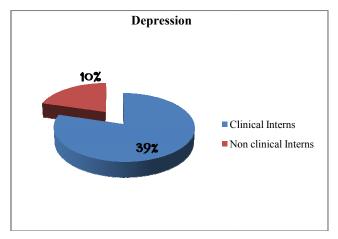


Fig-1

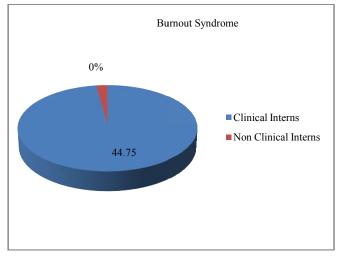
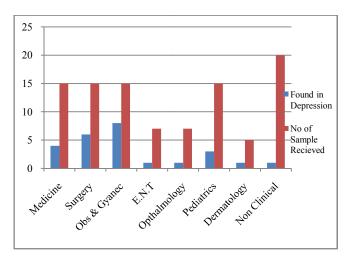
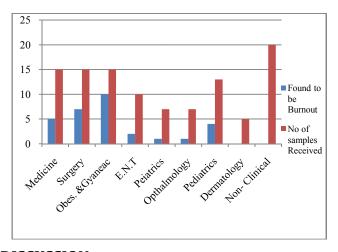


Fig-2

Depression in Crri's



Burnout Syndromes in Crri's



DISCUSSION

Depression and burnout impair the physical and mental ability of the interns. This emphasizes the need to review current conditions and to implement changes that would decrease depression and burnout. The relationship between a serotonin transporter promoter polymorphism and stress in the development of depression is found to be significant. (11)

The neurobiological underpinnings of depression may most plausibly mediate any such vascular effects through alterations in the hypothalamic-pituitary-adrenal axis, the autonomic nervous system, and inflammation. Further prospective studies, with repeated assessments, will be critical to identify the most clinically relevant mediators of depression on endothelial function and potential targets for intervention. Moderators such as sex may also be examined. The results reported herein would suggest that one year of follow-up may provide an adequate timeline to reliably characterize such relationships, in the setting of a sustained, chronic stressor such as medical internship. (12)

A cohort study conducted in the U.S to find out the cause of the depression, A series of factors measured prior to internship (female sex, US medical education, difficult early family environment, history of major depression, lower baseline depressive symptom score, and higher neuroticism) and during internship (increased work hours, perceived medical errors, and stressful life events) was associated with a greater increase in depressive symptoms during internship. In addition, subjects with at least 1 copy of a less-transcribed 5-HTTLPR allele reported a greater increase in depressive symptoms under the stress of internship. (13)

Our research aims to clarify the relationship between burnout–depression and burnout–anxiety relationships⁽¹⁴⁾Our study indicates the major depression and burnout are outbreak in the O.G resident.

Medical students with depression if identified early can be managed by behavioral therapy, emotional support, inter personal psychotherapy and communication skill training; this may help the young medicos to overcome their stress and lead healthier life. In view of the above, stress alleviation and improvement of inter personal relationship may help to reduce the depressive symptoms in medical students. The psychological distress in students is more common than population based estimates; therefore, it may require addressing mental health problems along with common health strategies for our students. (15)

In a recent studies conducted by the American Association, the they found the rate of depressed & burnout individuals increased over the time, 0.5 % increases per year of calendar.

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