

## A Study on Burnout, Depression, Anxiety & Stress Among Males & Females Frontline Workers

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### ABSTRACT

Covid-19 pandemic has placed frontline workers under immense pressure, putting their physical & mental well-being at risk. Exposure to prolonged periods of stress has led to burnout, depression, reduced productivity at work & indulgence in unhealthy behaviours. The current study aims to study Burnout, Depression, Stress, Anxiety & Health in frontline workers. Standardized scales were used to measure the variables. A total of 60 frontline workers (30 Males & 30 Females) were taken. The results found out that Female frontline workers are higher on Depression, Stress & Anxiety as compared to Male frontline workers. Frontline workers can take actions to cope with stress by reaching out to friends & family virtually for support, maintaining healthy diet & seeking help from professional if the distress persists. Workplace flexibility among workers would improve worker well-being.

**Keywords:** *Burnout, Depression, Anxiety, Stress, Frontline Workers*

COVID-19 is a highly contagious disease caused by a recently discovered corona virus. Since December 2019, the Corona virus has been reported for the first time in Wuhan, China. By March 2020, it has swiftly spread over the world, prompting the World Health Organization (WHO) to proclaim the situation a pandemic. The infection causes respiratory problems (such as shortness of breath or a drop in oxygen saturation), which can lead to lung damage and, in some cases, multiple organ failures. Over 8 million people have been diagnosed with the virus, and over 39.2 lakh people have died worldwide as of June 27, 2021. It also causes medical practitioners a great deal of mental anguish. Due to COVID-19, people are experiencing mild to moderate physical and mental health issues. People with comorbid disorders such as cardiovascular disease, pulmonary disease, cancer, and a variety of other serious illnesses are at a higher risk of contracting the Corona virus. The easiest approach to avoid contracting this condition is to take the necessary precautions, such as exercising regularly, improving one's daily routine, and maintaining a safe distance from others. Corona virus is spread mostly through sneezing, coughing, and saliva. As a result, if a person practises good respiratory hygiene, he or she can assist themselves and others stay safe. There are 199 countries that are suffering from COVID-19.

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Increased duty hours, no vacations, isolation from family & other factors have left front line personnel mentally & physically drained. Occupational burnout, despair (hopelessness, helplessness & worthlessness) severe anxiety disorder, stress, negativity, lack of interest, loss of appetite, poor sleep & a variety of other health problems plague them.

According to Driggin et al. (2020) stated that 13.8 % of positive cases were critical key workers in the National Health Services and other sectors. The workload & stress of Frontline critical personnel increased by 16.2% as a result of this. As a result, the health care system's ability to deal with the problem is weakened even further. Anxiety, despair, guilt, stigma & wrath are felt by COVID-19 patients.

According to Shanafelt et al. (2015), Psychologically, physicians burnout can contribute to increased incidence of stress, disruptive behaviour, mood disorders and noted correlation with depression.

### ***Burnout***

The term “Burnout” was coined in 1970s by the American psychologist Herbert Freudenberger. He used it to explain the effects of high ambitions and excessive stress in “helping” professions. Burnout is a stated of mental, physical & emotional weariness in the workplace caused by long-term stress. In 2019, the WHO officially declared burnout as an occupational phenomenon. Workers get occupational burnout as a result of the stressful, competitive and sometimes uncooperative atmosphere. According to WHO (2019), burnout is characterized by “feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy”. Burnout was also included in the previous version of WHO’s disease handbook, the ICD-10, in the same category as it appears.

In summary, burnout can be defined as feelings of exhaustion, a cynical attitude towards the job & people involved in the job through a reduced personal accomplishment or work efficiency. In a radical meaning burnout takes away a person’s spirit & will. Contrary to a popular understanding, burnout can be found also outside human service professions (Lee & Ashforth, 1993). However, burnout still may be greater problem in occupations where employees are more in interaction with other people rather than dealing with things & information (Maslach et al., 2001)

In a study by Staples et al. (2020) done between burnout status & Milestones- based score in paediatric residents found out that burnout is associated with decreased milestones performance for paediatric residents.

In a study by Maglalang et al. (2021) done to assess the relationship of job & family demands, workplace flexibility & job & family demands on burnout. Results found out that active & high strained health care workers are associated with experiencing burnout as well as workers who reported perceived low workplace flexibility. Workplace flexibility further is associated with reduced odds of experiencing burnout.

### ***Depression***

According to American Psychological Association, Depression is “a negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, which interferes with daily life.”

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According to Marcus et. al (2012), “Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration.”

Depression is a type of mood disorder in which the individual experiences feelings of hopelessness, helplessness and worthlessness. Psychosomatic symptoms of depression could be sleep problems, chest pain, fatigue and exhaustion, muscle ache, joint pain, digestive problems, headaches, back pain, loss of libido etc. In some cases, the person might also exhibit suicidal ideations.

A study conducted by Chen & Eyoun (2020) found that physicians in China experienced an increase in mental health symptoms & fear of violence & a decline in mood after COVID-19 outbreak. Another study done by Elbay et al. (2020) to assess psychological responses of healthcare workers during COVID-19 outbreak found out that of all 442 participants, 286(64.7%) had symptoms of depression, 224 (51.6%) had anxiety & 182 (41.2%) had stress. The factors found to be associated with higher total scores in frontline workers were increased weekly working hours, increase number of COVID-19 patients cared for, lower level of support from peers & supervisors & lower feelings of competence during Covid-19 related tasks.

Another study conducted on frontline healthcare workers treating people with COVID-19 in Bangladesh found out that symptoms of anxiety & depressions are prevalent among Healthcare workers (Tasnim et al. 2020). The study further found out that poor health status, having regrets about one’s profession because of the pandemic, experiencing discrimination in workplace all effected the healthcare workers.

### ***Stress***

“Stress is the non-specific response of the body to any demand.” as defined by Selye (1936). Stress is a process whereby an individual perceives and responds to events that he appraises as intimidating and threatening to his well-being (Lazarus & Folkman, 1984)

A cross-sectional study done by Zare & Panahi (2021) on 290 medical staffs including nurses, physicians & cleaning crew facing COVID-19 patients working in different working in different hospitals in Iran in 2020 found out that 87% of nurses, 79% of cleaning crew & 67% of physicians had a partial to high levels of stress.

A study done by Schiff & Lane (2019) on 472 individuals who work in frontline positions in homeless shelters found burnout, vicarious traumatization & compassion satisfaction comparable to workers in other social services organisations.

### ***Anxiety***

According to American Psychological Association, Anxiety is “an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly.”

Dias, Banerjee and Goodman (2013), stated that “*Anxiety* is characterized as a state of being that arises from general and non-specific stimuli that are perceived as being potentially threatening in the future. This perception often results in an apprehensive mood

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accompanied by increased arousal and vigilance, which when taken to an extreme, persist for extended periods of time.”

Anxiety is a continuous and apprehensive fear of an unfavourable situation. Excessive anxiety & worry regarding a number of events or activities, happening more days not for at least 6 months according to DSM-5 may include, restlessness, being easily fatigued, difficulty in concentrating, irritability, muscle tension & sleep disturbance.

A sample of 2,014 frontline nurses was collected from two hospitals in Wuhan, China. The results found out that 288 (14.3%), 217 (10.7%) and 1837 (91.2%) nurses reported moderate and high levels of anxiety, depression & fear respectively. Further mental health outcomes were statistically positively correlated with skin lesion & negatively correlated with self-efficacy, resilience, social support & frontline work willingness (Hu & Zhu, 2020)

According to Ahorsu et al. (2020) found that the susceptibility to disease can create or intensify anxiety & fear among nurses, potentially affecting their health & well-being, work effectiveness during times of infectious epidemic crisis.

Saragih & Lin (2021) in their systematic review & meta-analysis found out that post-traumatic stress disorder is the most common mental health disorder reported by healthcare workers during the COVID-19 pandemic, followed by anxiety, depression and distress.

### *Purpose*

The purpose is to study Burnout, Anxiety, Stress & Depression among Male & Female frontline workers.

### *Hypothesis*

- There will be a positive relation between Burnout, Depression, Anxiety & Stress.
- Female Frontline workers will be higher on Burnout, Depression, Anxiety & Stress.

## **METHODOLOGY**

### *Sample*

A total of 60 frontline workers (30 Males & 30 Females) in age 25-60 years were taken from Aurangabad, Bihar.

### *Measures*

1. **Maslach Burnout Inventory:** The MBI as developed by Maslach, Jackson, Leiter (1996) assess burnout on three different dimensions: Emotional Exhaustion, Depersonalization & Personal Accomplishment. The scale contains 22 items.
2. **DASS- 21:** Depression Anxiety Stress Scale. The scale is a short version (21 items) of a 42 item self-report measures three related negative emotional states; depression, anxiety & tension, as developed by Lovibond & Lovibond (1995). Each of three DASS- 21 scales contain 7 items, divided into subscales with similar content.

### *Procedure*

The questionnaire consisted of standardized scales to measure Burnout, Depression, Anxiety, Stress & Health. They were assured of the confidentiality of their shared information and responses. Each participant was thanked for their cooperation & their kind help. Standardized psychological tests were administered to the participants.

## RESULTS

Mean and SD data is presented in Table 1, Table 2 shows the t-test for significance difference of effects of selected variable male and female. Table 3 shows the correlation between all the selected variables.

*Table 1: Mean and SD data*

	EE	DP	PA	D	A	S
<b>N</b>	60	60	60	60	60	60
<b>Mean</b>	33.0	17.1	32.3	23.6	22.7	24.3
<b>Standard deviation</b>	14.5	7.75	7.69	14.0	13.1	13.2

*Table 2: t-test for significance difference of effects of selected variable*

	Group	N	Mean	Sd	Statistics	Df	p
<b>Emotional Exhaustion</b>	m	30	30.5	15.48	-1.3728	58.0	0.175
	f	30	35.6	13.20			
<b>depersonalization</b>	m	30	15.4	8.54	-1.7632	58.0	0.083
	f	30	18.8	6.57			
<b>Personal Accomplishment</b>	m	30	32.2	8.71	-0.0333	58.0	0.974
	f	30	32.3	6.68			
<b>Depression</b>	m	30	19.8	12.93	-2.1730	58.0	0.034
	f	30	27.4	14.13			
<b>Anxiety</b>	m	30	18.2	11.62	-2.8381	58.0	0.006
	f	30	27.3	13.08			
<b>Stress</b>	m	30	20.4	12.68	-2.4075	58.0	0.019
	f	30	28.3	12.64			

*Table 3: shows Correlation of all variables*

	EE	DP	PA	D	A	S
<b>EE</b>	—					
<b>DP</b>	0.803	—				
<b>PA</b>	0.319	0.379	—			
<b>D</b>	0.785	0.674	0.199	—		
<b>A</b>	0.633	0.542	0.187	0.879	0.690	
<b>S</b>	0.568	0.482	0.229	0.674	—	—

Note. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

## DISCUSSION OF RESULTS

The results found out that on Depression is significantly positively correlated with Emotional Exhaustion ( $r = 0.785$ ,  $p < 0.001$ ) and Depersonalization ( $r = 0.674$ ,  $p < 0.001$ ). Anxiety is significantly positively correlated to Emotional Exhaustion ( $r = 0.633$ ,  $p < 0.001$ ) and Depersonalization ( $r = 0.542$ ,  $p < 0.001$ ). Further, Stress is positively correlated to Emotional Exhaustion ( $r = 0.568$ ,  $p < 0.001$ ) and Depersonalization ( $r = 0.482$ ,  $p < 0.001$ ).

The results found out that Female frontline workers are higher on Depression ( $t = -2.17$ ), Anxiety ( $t = -2.83$ ) & Stress ( $t = -2.40$ ) as compared to Male frontline workers. Healthcare worker wellness is also significantly linked to stress and burnout in the workplace (Barello et al., 2020). Further, stigma is another major aspect affecting the mental health of health care workers as it is related to social rejection, Prejudice and their close contact with

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infected patients (Park, Lee, Park, & Choi, 2018; Lu et al., 2020). Nurses and frontline healthcare workers with increased exposure to COVID diagnosis, treatment and care are especially likely to report psychological burden (Lai et al., 2020).

### CONCLUSION

The current study aimed to study Burnout, Depression, Stress, Anxiety & Health in frontline workers. Standardized scales were used to measure the variables. A total of 60 frontline workers (30 Males & 30 Females) were taken. The results found out that Female frontline workers were higher on Depression, Stress & Anxiety as compared to Male frontline workers. Further the results also found out that depression, anxiety & stress positively correlated with Emotional Exhaustion & Depersonalization on the dimensions of Burnout. Physicians and other frontline health care workers are especially prone to severe mental health risks as they try to balance the responsibility of caring for patients with their own well-being and that of their family & friends.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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