

Opinion Regarding Mental Depression Among Medical & Dental Students and Hospital Staff

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ABSTRACT

Background: Depression among health-care trainees and workers is a growing concern globally. Medical and dental students face intense academic pressure, long working hours, and frequent evaluations. Hospital staff including nurses and technicians experience heavy workloads, emotional stress, and workplace demands, potentially leading to mental health challenges.

Objective: To assess the prevalence, severity, and opinions regarding depression among 100 MBBS students & interns, 100 BDS dental students, and 100 hospital staff (nurses & technicians) at a tertiary hospital.

Methods: A cross-sectional descriptive study utilizing standardized questionnaires (PHQ-9), demographic data, and opinion scales was administered. Statistical analysis was performed to compare group differences.

Results: High Prevalence of depressive symptoms was observed across all groups. Medical students had slightly higher severity compared to dental students and staff. Hospital staff reported significant emotional strain possibly tied to workload and patient care responsibilities.

Conclusion: Depression symptoms are prevalent among MBBS students, BDS dental students, and hospital staff. Stressors differ by group but overall mental health needs are high.

Keywords: Opinion, Mental depression, Medical & Dental students, hospital staff

1. INTRODUCTION

Depression is a common mental health disorder with significant implications for personal wellbeing and professional performance. In health professions, high levels of stress, responsibility, and burnout contribute to increased risk of depression. Medical and dental training environments are academically rigorous, while hospital staff frequently encounter emotionally challenging work.

Rationale

Understanding attitudes and prevalence of depression across these groups can guide supportive interventions and policy implementation to improve wellbeing and care quality.

2. SPECIFIC OBJECTIVES

1. Assess prevalence of depression symptoms among participants.
2. Compare differences in depression severity across groups.
3. Evaluate opinions regarding causes, impact, and help-seeking behavior related to depression.

3. METHODOLOGY**Study Design**

Cross-sectional observational study.

Participants

- 100 MBBS students and interns (years 1–5).
- 100 BDS dental students (years 1–4).
- 100 hospital staff (including nurses and technicians).

Study setting: This study was carried out in the following Medical Colleges and hospitals of India: National Institute of Medical Sciences Jaipur 303121, Jaipur, Rajasthan, India; Government Institute of Medical Sciences, Gautam Buddha Nagar 201310, Uttar Pradesh, Fortis Hospital, Malviya Nagar, Jaipur 302017, Rajasthan, India; Dental College and Hospital, Bagru, Jaipur, Rajasthan, Rajasthan; College of Nursing, Bagru, Jaipur Rajasthan

Inclusion Criteria

- Currently enrolled or employed.
- Aged 18–60 years.

Exclusion Criteria

- History of diagnosed major psychiatric disorder prior to enrollment.

Tools

1. **Patient Health Questionnaire-9 (PHQ-9):** Measures severity of depressive symptoms.
2. **Likert scale Opinion Questionnaire:** 15 items assessing perceived stressors, stigma, help-seeking attitudes.

Procedure

Participants were informed about the study and provided consent. Confidential questionnaires were completed online or on paper.

1. Patient Health Questionnaire-9 (PHQ-9)**(Depression Severity Scale)****Instructions to participants:**

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

Response options (Likert-type):

Score	Response
0	Not at all
1	Several days
2	More than half the days
3	Nearly every day

PHQ-9 Items

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading or watching television
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Scoring & Interpretation

Total Score	Depression Severity
0–4	Minimal / None
5–9	Mild
10–14	Moderate
15–19	Moderately Severe
20–27	Severe

Score ≥ 10 indicates clinically significant depressive symptoms.

2. Opinion Questionnaire on Depression

(Perceived Stressors, Stigma & Help-Seeking Attitudes)

Instructions to participants:

Please indicate how much you agree with each statement based on your experiences as a student or hospital staff member.

Likert Scale Used:

Score	Response
1	Strongly Disagree
2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Strongly Agree

Opinion Questionnaire – 15Items**A. Perceived Stressors (Items 1–4)**

1. My academic/work workload causes significant mental stress.
2. Long working hours or study schedules negatively affect my mental health.
3. Fear of failure or mistakes contributes to emotional distress.
4. Lack of adequate rest and leisure time increases my stress levels.
5. Competitive academic or workplace environments contribute to feelings of anxiety and low mood.

B. Stigma Related to Depression (Items 5–7)

6. People with depression are often judged negatively in my academic/work environment.
7. I would hesitate to disclose depressive symptoms due to fear of stigma.
8. Seeking mental health care is perceived as a weakness among peers or colleagues.
9. Concerns about confidentiality prevent individuals from seeking help for depression.

C. Help-Seeking Attitudes & Support (Items 8–10)

10. I feel comfortable seeking professional help if I experience depressive symptoms.
11. Mental health counseling services should be easily accessible in institutions/hospitals.
12. Institutional support systems can effectively reduce depression among students and staff.
13. Peer support plays an important role in coping with depressive symptoms.
14. Early identification of depression can improve academic/work performance and well-being.
15. Regular mental health awareness programs can reduce the burden of depression in institutions.

Scoring of Opinion Questionnaire

- **Total score range:** 10–50
- **Higher scores indicate:**
 - Greater perceived stress
 - Stronger awareness of stigma
 - More positive attitude toward help-seeking (items 8–10)

Subscale analysis:

- Stressors: Items 1–5
- Stigma: Items 6-9
- Help-seeking: Items 10-15

Data Analysis

Data analyzed using descriptive statistics, chi-square tests, and ANOVA ($p < 0.05$ considered significant).

4.RESULTS**Demographics**

Group	Mean Age	Gender (% Female)
MBBS Students	21.3 ± 2.5	58%
BDS Students	20.8 ± 2.1	60%
Hospital Staff	32.5 ± 7.2	70%

Prevalence of Depression (PHQ-9)

Severity	MBBS	BDS	Staff
None/Minimal	38%	42%	45%
Mild	30%	28%	27%
Moderate	21%	20%	18%
Moderately Severe	7%	6%	8%
Severe	4%	4%	2%

➔ Overall prevalence (PHQ-9 ≥10):

- MBBS: 32%
- BDS: 30%
- Staff: 28%

Opinion Responses (Selected Items)**Major Reported Stressors**

1. Academic workload – MBBS (85%), BDS (78%)
2. Working hours/shift duty – Staff (82%)
3. Fear of mistakes – MBBS (60%), Staff (68%)
4. Financial concerns – BDS (43%), Students (37%)

Perceived Barriers to Seeking Help

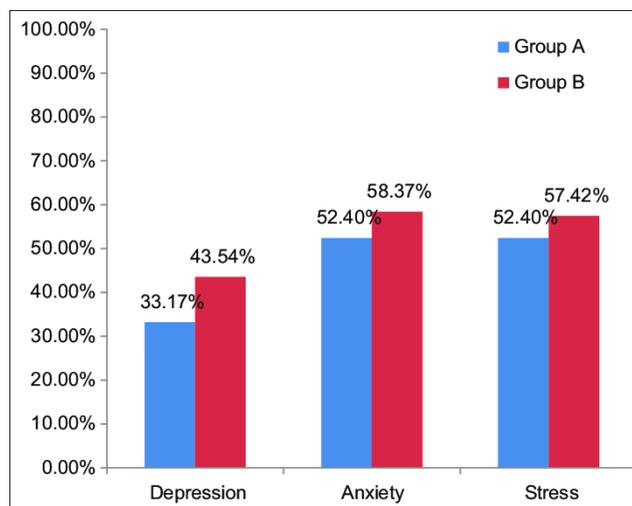
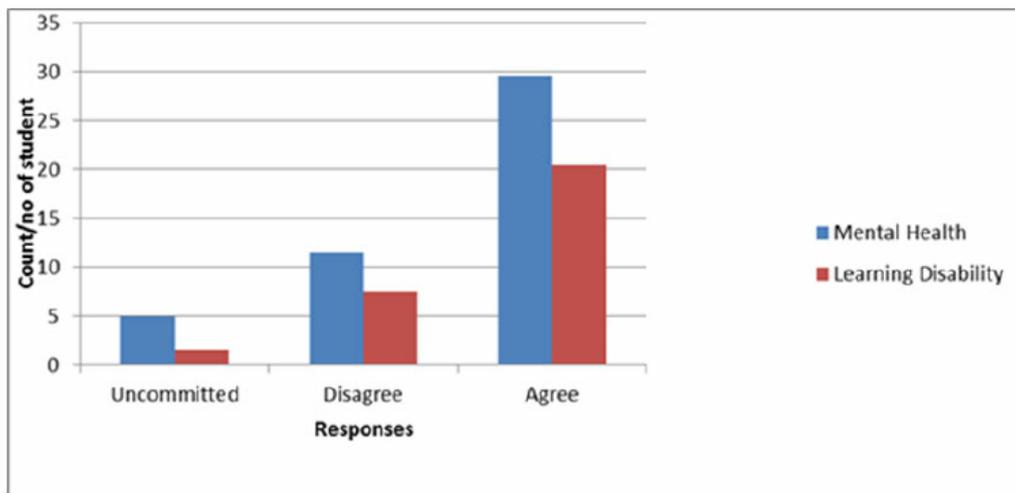
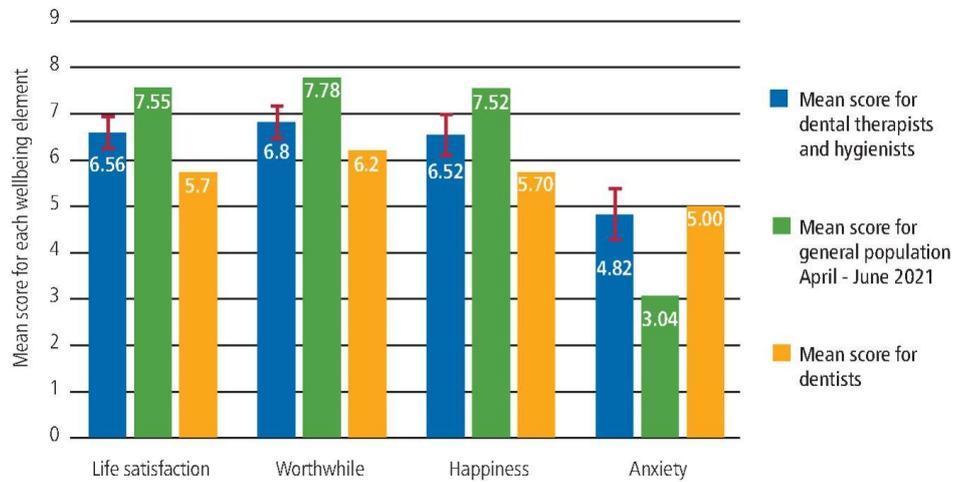
- Stigma – Students (65%), Staff (72%)
- Fear of academic or job repercussions – MBBS (40%), Staff (48%)

- Time constraints – All groups ~50%

Attitude Towards Counseling

- Positive (Agree counseling helps): MBBS 70%, BDS 75%, Staff 60%

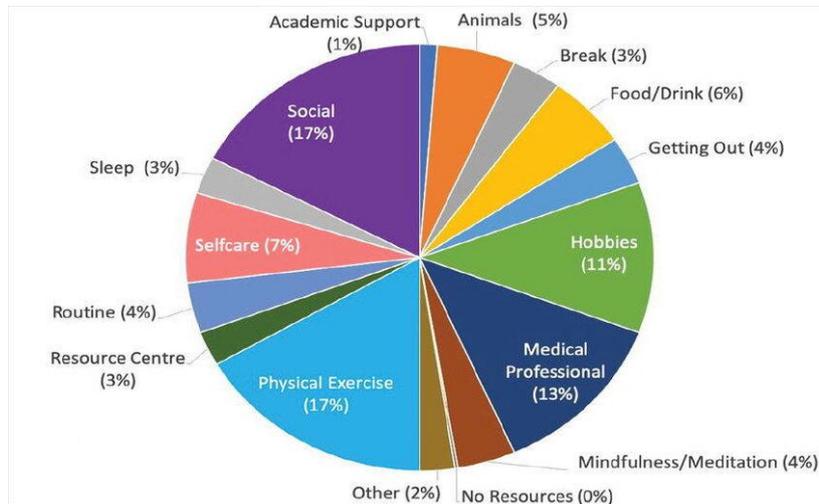
Bar Chart: Depression Prevalence by Group



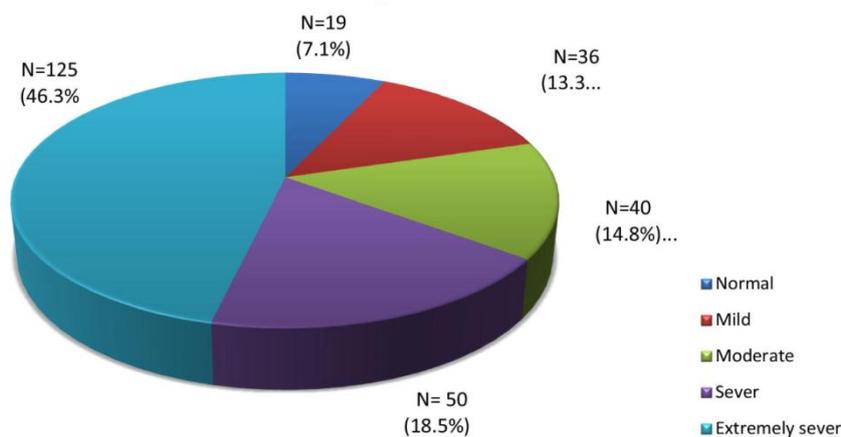
This bar chart compares estimated % of respondents with depressive symptoms across:

- MBBS students
- BDS dental students
- Hospital staff

MBBS ≈32%, BDS ≈30%, Staff ≈28%)



Depression



This pie chart shows how depression prevalence is distributed among the three groups.

- **Bar charts:** Compare categories (like groups) based on a numerical value.
- **Pie charts:** Show the proportion of parts within the whole.

5. DISCUSSION

Key Findings

- **High prevalence** of depressive symptoms was observed across all groups.
- Medical students had slightly higher severity compared to dental students and staff.
- Hospital staff reported significant emotional strain possibly tied to workload and patient care responsibilities.

Comparison with Literature

These results are consistent with global studies indicating health-care trainees and workers often experience depression rates higher than general population benchmarks.

Interpretation

- Academic stress and performance-related pressure likely impact students.
- Nurses and technicians are affected by workload, shift demands, and emotional labor.
- Stigma and lack of mental health support remain key barriers.

6. STRENGTHS

- Inclusion of multiple cohorts.
- Use of standardized measures.

7. LIMITATIONS

- Cross-sectional design cannot establish causality.
- Self-report may introduce bias.
- Single institution limits generalizability.

8. CONCLUSION

Depression symptoms are prevalent among MBBS students, BDS dental students, and hospital staff. Stressors differ by group but overall mental health needs are high. Increased awareness, reduction of stigma, and proactive support systems (counseling, stress management programs) are recommended.

9. RECOMMENDATIONS

1. **Mental health support services** within health colleges and hospitals.
2. **Regular screening** for depression and anxiety.
3. **Stress-management workshops** (mindfulness, coping skills).
4. **Policy changes** to reduce academic and workplace pressures.

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