

Original Research

Mental Health of Audiologists and Speech Language Pathologists in India during COVID-19: A Survey

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ABSTRACT

Introduction

The World Health Organization (WHO) declared coronavirus disease-2019 (COVID-19), the most current coronavirus epidemic, a global pandemic on March 11, 2020. Healthcare personnel were significantly impacted by social isolation regulations and the pandemic. The purpose of the present study was to assess the impact of the COVID-19 pandemic on speech-language pathologists' and audiologists' mental health in India.

Methods

In order to meet the objectives of the current study, the General Health Questionnaire (GHQ-12) was utilized as a screening tool for psychological problems faced by Indian audiologists and speech-language pathologists. The poll gathered replies from 153 audiologists and speech-language pathologists working in India.

Results

The results of the current study showed that 51.80% of audiologists and speech-language pathologists experienced stress. Between 10 and 15% of audiologists and speech-language pathologists, have trouble focusing, making decisions, and dealing with challenges. Fifteen to twenty-five percent (15-25%) of professionals struggle to contribute meaningfully beyond obstacles are unable to engage in daily activities, lose confidence, and feel unworthy.

Conclusion

According to the findings of the current study, 30-50% of audiologists and speech-language pathologists in India experienced poor mental health during the COVID-19 outbreak. The current study showed how crucial it was to provide psychological assistance and treatment for the workforce of audiologists and speech-language pathologists throughout subsequent COVID-19 pandemic waves.

Keywords

Mental health; Speech and hearing professionals; COVID-19; Survey.

INTRODUCTION

The latest coronavirus outbreak (coronavirus disease-2019 (COVID-19)) was classified as a global pandemic by the World Health Organization (WHO) on March 11, 2020.¹ The pandemic and social isolation policies had a significant impact on adolescent daily life leading to school closures, switch to remote learning, restrictions on leaving their homes, and the inability to socialize with classmates. Although, there is now some information regarding how the epidemic has affected people, particularly adults' mental health.² Most of the effects of the pandemic on the well-being

of adolescents and their personal experiences are unknown. For some time to come, COVID-19 will remain a part of life for some time, and social isolation remains one of the most effective ways to combat its development. Due to COVID-19, hospitals have reduced staffing and wages, ambulatory practices have considered closing and bankruptcies possible.³ Similar to how audiological practices were forced to curtail staff hours, close offices, and lower remuneration during the COVID-19 pandemic, which had a severe effect on allied health professionals.⁴ The similar issue has been raised in India, where audiologists and speech-language pathologists are among those involved. Concerns about mental health in

the broader public have increased as a result of the COVID-19 outbreak.^{5,6} The epidemiological dispersion of mental health issues proves that the COVID-19 pandemic and a psychiatric epidemic co-occurred.⁵ An extensive analysis of the general population's mental health following the pandemic revealed significantly higher levels of irritability, stress, anxiety, and sadness.⁵⁻⁷ Mental health experts from all over the world claim that the public health measures put in place to stop the virus spread have led to an increase in psychological suffering.⁵⁻⁷ Forced lockdowns, quarantines, limitations on social and family gatherings, interruptions of non-essential service delivery, and suspension of cultural and sporting events are just a few of the new stressors and variables making mental health diseases worse.^{5,8} The psychosocial and financial well-being of the general population has been significantly impacted by these restrictions, along with the fear of contracting the virus, food insecurity, both permanent and temporary layoffs, relationship issues, loneliness, boredom, and lifestyle changes (such as working from home or home-schooling).^{5,7,8} A poll found that between 35 and 45% of participants claimed that COVID had temporarily forced them to close their medical practices. The practices that remained open were compelled to cut costs by lowering executive salaries, cutting staff hours, or laying off or furloughing employees.⁹

Recent studies demonstrate the necessity of responding to psychological difficulties during COVID-19.¹⁰⁻¹² In the literature on the effects of COVID-19, the requests for proper psychosocial assistance for healthcare professionals have been steadily rising. Additionally, the nature of their jobs and the possibility of emotional disorders during an epidemic necessarily subject healthcare workers and professionals to higher levels of stress.¹³⁻¹⁵ According to earlier research conducted during the Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak, 54.5% of the healthcare personnel surveyed reported symptoms of post-traumatic stress disorder (PTSD), with 40% meeting the diagnostic criteria.¹⁶ The severe acute respiratory syndrome (SARS) outbreak also caused anxiety and emotional suffering in the medical community.^{17,18} There have been reports of these emotional symptoms continuing long after the outbreak.^{16,19} These more severe symptoms are typically linked to stress at work, family health worries, and a fear of spreading the illness.^{15,17,18,20} In order to find people who would most likely benefit from intervention, we need to start evaluating audiologists and speech-language pathologists' staff for elevated stress levels after an hour. This might aid in preventing the development of long-term psychopathology, such as PTSD and depression.

Since COVID-19 has affected people of all ages and professions globally, data from diverse age groups are being collected. There is proof that relationships with parents, peers, and other adults significantly shift during adolescence.²¹ Many of the changes that took place in the first few months of COVID-19 altered the specific geography of teenage relationships. Social distance measures reduced connections with friends and increased time spent at home with family. Due to the decreasing patient demand in the clinic, COVID-19 and social estrangement could endanger the livelihood of audiologists and speech-language pathologists in India.

The effect of COVID-19 on the mental health of au-

diologists and speech-language pathologists in India has not yet been compared in a study. In addition to their previous mental health status, we hypothesized that audiologists and speech-language pathologists who reported negative changes that are a very small number of patients turning to the clinic for hearing-related management may cause increased negative affect and may report greater depressive symptoms, anxiety symptoms, and loneliness. Similar studies investigating the effects of quarantine on mental health have found significantly higher rates of depression, anxiety, post-traumatic stress disorder, and suicide.²²

The objective of the current study was to evaluate how the COVID-19 pandemic had an effect on the mental health of speech-language pathologists and audiologists in India. To do this, we polled a varied sample of certified audiologists and speech-language pathologists in several Indian states. We concentrated primarily on how the epidemic has affected audiologists' and speech-language pathologists' employment since the pandemic's start as well as how it is affecting their mental health.

METHODS

The goal of the current study was to evaluate the mental health of audiologists and speech-language pathologists in India between July 2020 and July 2021, following the first and second COVID-19 waves. The General Health Questionnaire (GHQ-12) was used as a screening instrument for psychological issues experienced by audiologists and speech-language pathologists in India in order to achieve the goals of the current study. Along with the GHQ-12 survey, a self-structured questionnaire was created to elicit demographic information from the professionals. The information about the respondents was appropriately documented throughout the survey. The professionals were explicitly informed of the study's goal prior to filling out the questionnaire, and their agreement was also obtained.

A (GHQ-12) questionnaire was used to gather information about their mental health status. The questionnaire has a total of 12 questions, and the answers were only offered as Yes/No options. These were some of the topics covered by the questions: "able to concentrate", "lost a lot of sleep", "playing a useful role", "capable of making a decision", "under stress", "could not overcome difficulties", "enjoy normal activities", "face up to problems", "feeling unhappy and depressed", "losing confidence", "thinking of self as worthless" and "feeling reasonably happy". English was used throughout the questionnaire's writing. The practicing audiologists in India who took part in the online survey are connected to the Rehabilitation Council of India (RCI). The minimal requirement for participants was a BSc (Speech and Hearing)/B.ASLP or comparable degree. The questions were all entered into Google Survey forms, and a link to the forms was made. The audiologists were first approached personally, and if they agreed to take part in the study, a link to the questionnaire was forwarded to them through email. Four hundred (400) audiologists from various Indian rural areas received the Google form link. This online survey form did not harvest any personal information. It takes about 2-3-minutes to complete the survey questionnaire. The data was acquired in India between July 2020 and July 2021 during the first and second waves of COVID-19. The present

study was approved by the review board of Tanta University, Sri Ganganagar, Rajasthan.

RESULTS

The poll received responses from 193 audiologists and speech-language pathologists working in India. There were no partial answers because all of the questions were necessary to submit the Google form.

The demographic information of the professionals who took part in the study is shown in Table 1.

Table 1. Demographic Details of the Participants

Age (in years)	Mean±SD	Range
	31.95	22-68
Number (percentage)		
Experience (in years)	0-2	46 (23.83%)
	2-4	25 (12.95%)
	4-6	40 (20.73%)
	6-8	22 (11.40%)
	>8	60 (31.09%)
Gender	Male	91 (47.15%)
	Female	99 (51.30%)
	Prefer not to say	3 (1.55%)
Highest Qualification	Bachelors	84(43.52%)
	M.ASLP	67(34.72%)
	M. Sc. audiology	21(10.88%)
	M.Sc. SLP	13(6.74 %)
	Doctorate	8(4.14%)
Work setting	Private practice	104(53.88%)
	Hospital	33(17.10%)
	Teaching and clinical services	56(29.02%)

In response to the query “able to concentrate”, when asked if they agreed, 88.6% of the participants said “yes”, while 11.4% said “no”. In the current study, 30.6% of the participants reported having trouble sleeping. In the current study, 88.6% of participants were able to make decisions, yet nearly 80% of them

said they had “played a useful part”. The intriguing finding of the current study was that 51.8% of respondents reported experiencing stress, while one-fourth of participants struggled to overcome challenges and the same percentage of participants did not take pleasure in routine activities. Nearly 80% of participants reported having troubles, while 40% of respondents said they were sad and depressed. One-fourth of the participants felt useless, and one-fourth had lost their confidence. ‘Feeling reasonably happy’ is the answer to the question. 32.6% of the participants chose “no” as opposed to 67.4% of the people who chose “yes” (Figures 1 to 12).

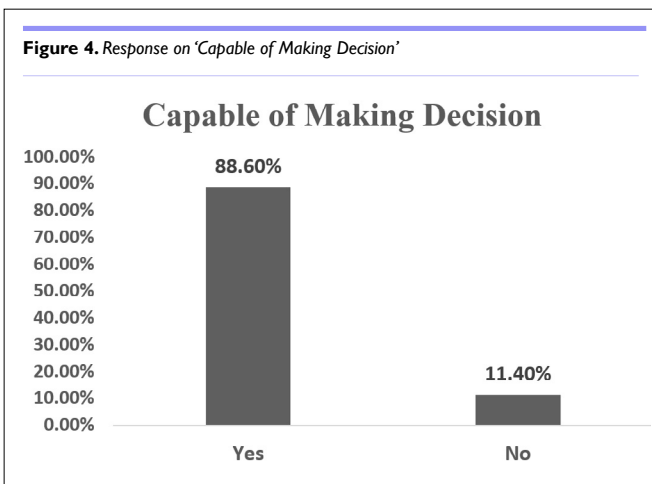
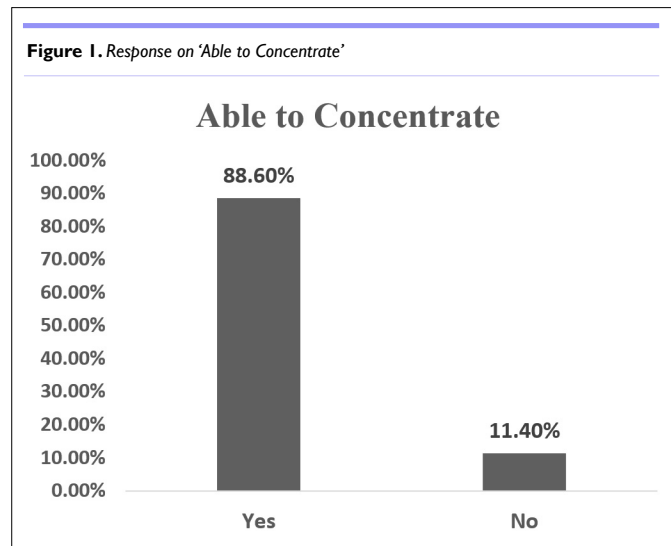
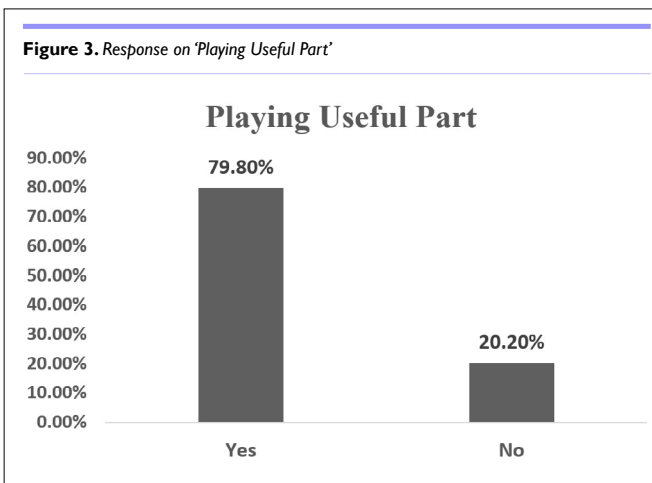
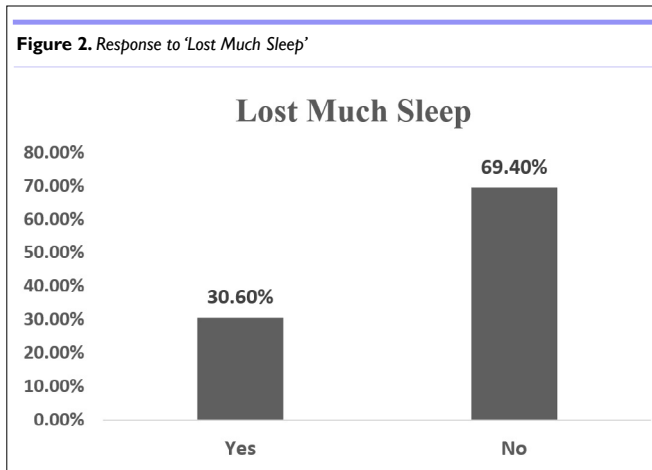


Figure 5. Response on 'Under Stress'

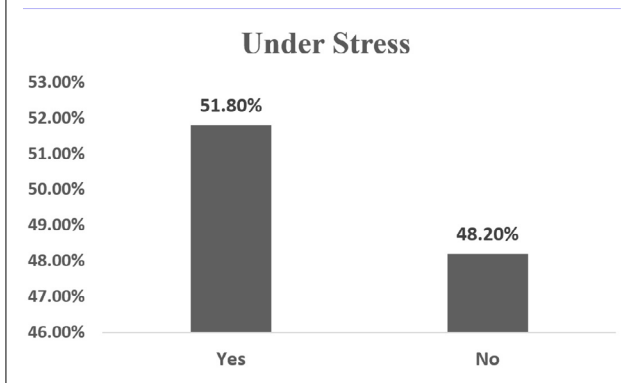


Figure 6. Response on 'Could not Overcome Difficulties'

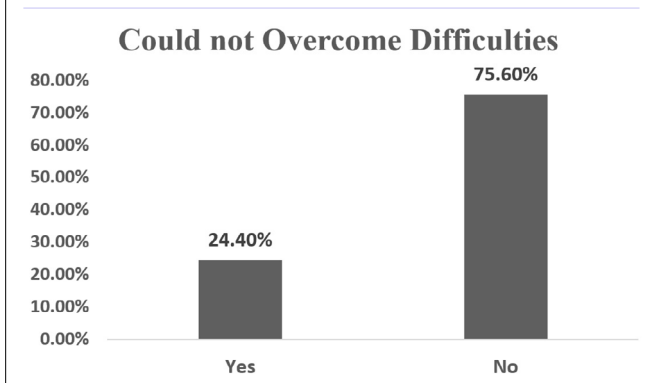


Figure 7. Response on 'Enjoy Normal Activities'

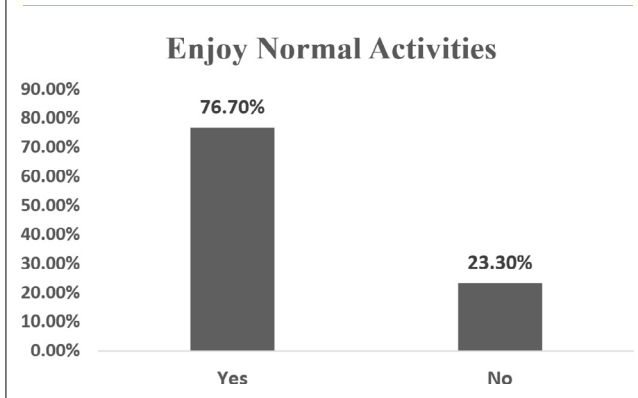


Figure 8. Response on 'Face up to Problems'

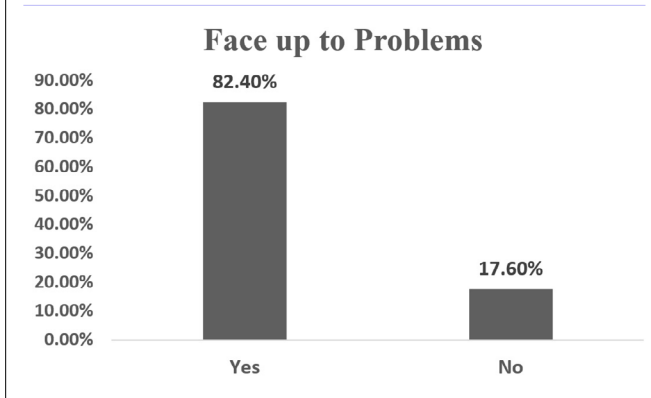


Figure 9. Response on 'Feeling Unhappy and Depressed'

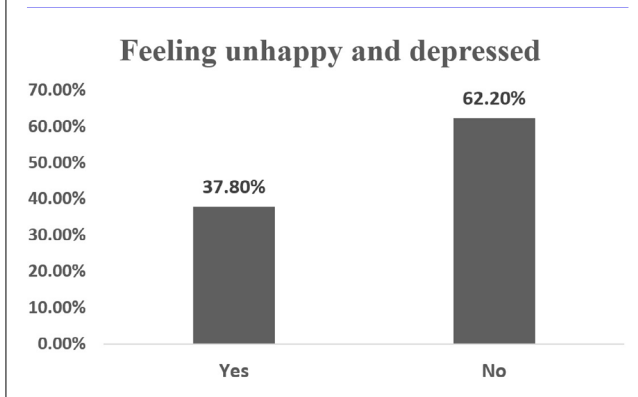


Figure 10. Response on 'Losing Confidence'

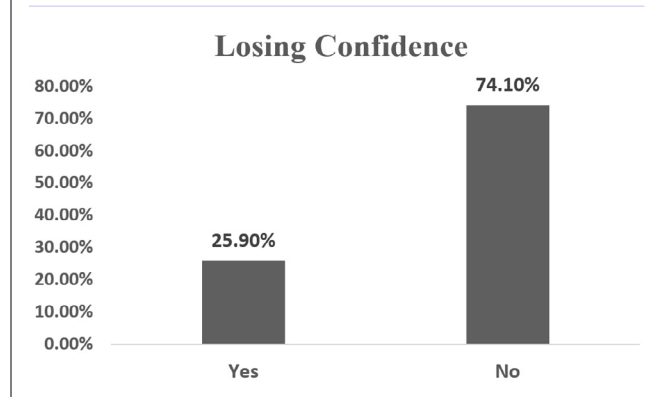


Figure 11. Response on 'Thinking of Self as Worthless'

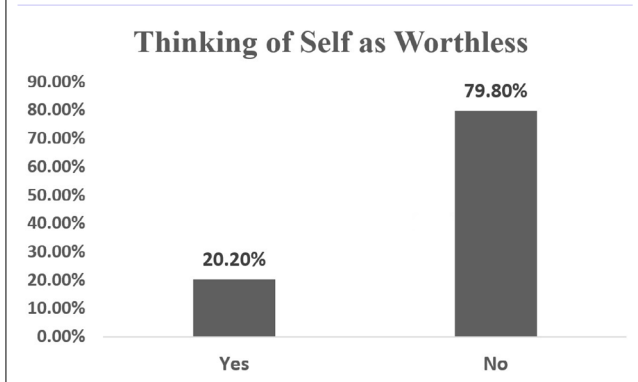
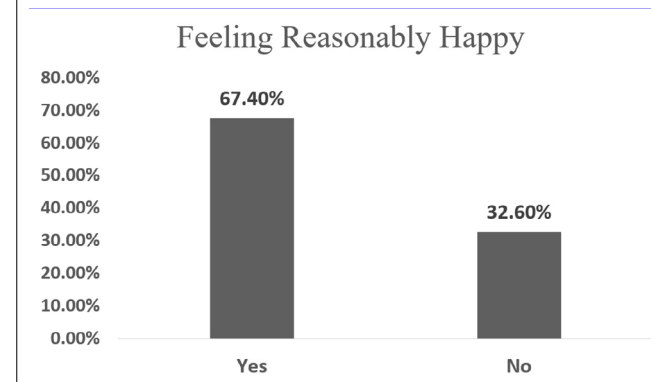


Figure 12. Response on 'Feeling Reasonably Happy'



DISCUSSION

The results of the current study showed that 51.80% of audiologists and speech-language pathologists experienced stress. Ten to fifteen percent (10-15%) of audiologists' and speech-language pathologists' have trouble concentrating, making decisions, and dealing with challenges. Fifteen to twenty-five percent (15-25%) of professionals struggle to contribute meaningfully, struggle to get beyond obstacles, are unable to engage in daily activities, lose confidence, and feel unworthy. Similarly, 30-40% of audiologists and speech-language pathologists feel dissatisfied and depressed and have lost sleep. According to a study by Bennett, et al²³ on an international sample of audiologists, 12.1% of them experience psychological distress, and 32.2% of them report feeling lonely. They emphasize the significance of the ongoing demand for workplace and mental health treatments to support audiology professionals throughout the COVID-19 pandemic.

CONCLUSION

During the COVID-19 epidemic, 30-50% of audiologists' and speech-language pathologists' in India had poor mental health, according to the findings of the current study. The current study demonstrated the significance of psychological support and intervention for the workforce of audiologists and speech-language pathologists during the following COVID-19 pandemic waves.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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