Comment on “Attitude, practice, behavior, and mental health impact of COVID-19 on doctors”

Sir,

The article by Chatterjee et al.[1] tries to explore the mental health impact of COVID-19 pandemic on doctors. This is an extremely important issue in the ongoing state of pandemic as doctors and health-care workers across the country are facing unprecedented challenges and pressures, and yet, they are trying their best to serve the society in the best possible manner. However, we have a few concerns regarding this study.

The authors had planned to assess the knowledge, attitude, and practice of doctors about COVID-19. However, except the first question, there were no further questions exploring either knowledge about or attitude toward COVID-19 among doctors. The rest of the questions explored duty hours, availability of protective gear, practice of preventive measures, and other aspects. The authors have not mentioned about the online survey platform used to conduct the survey. This would have been an interesting piece of information as they later mentioned that the data was entered into Microsoft Excel datasheet. This is difficult to follow as most of the online survey engines provide collected data as prefilled downloadable datasheets, and in fact, some of them also present analysis and pie charts within their platforms.

The standard deviation (S.D) is larger than mean in case of depression and anxiety subscale (Table 2 of the article by Chatterjee et al.[1]) which indicates a high possibility of data being skewed or presence of outliers. This shall have serious implications on some of other analyses carried out later, i.e., t-test and logistic regression. These tests are based on the assumption that the data has normal distribution.[2] The results of these tests shall not hold true if this assumption is violated. After looking at these values of S.D, the authors could have carried out a test to check for normal distribution of the data. The authors are incorrect in reporting that 42.8% of the respondents had one or more comorbidities. Figures presented in Table 1 of the article[1] show that 94.1% of the participants (all of them are doctors) have at least one among the three serious comorbidities, namely hypertension, diabetes mellitus, or chronic obstructive pulmonary disease, and in fact, more than half of them (57%) suffer from all the three. These figures are far higher than the prevalence of either of these illnesses among Indian adults.[3-5] Proportion of individuals having all the three simultaneously is likely to be far lesser. This suggests that the authors have got a sample of a relatively sick group of doctors who are likely to develop a complicated illness in case they contract coronavirus infection. Further, while reporting comorbidities and carrying out the Chi-square test, the authors have created numerous categories due to which eight cells among the 2 × 8 table for this section have a value of n <5, which again violates basic assumption for Chi-square test. It would have been better to combine...
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some of these categories to avoid small numbers in cells. Alternatively, Fisher’s exact test could have been carried out.[3] Furthermore, the sociodemographic details of respondents have been presented repeatedly across Tables 1, 3 and 4 in the article.[4] This could have been avoided.

The authors have not mentioned if the study was approved by the Institutional Ethics Committee (IEC). We hope that this is only a faux pas and the approval of IEC was actually obtained. Finally, in the list of references, the sixth reference refers to an entire issue of a journal. It would have been prudent to clearly mention one or more articles from which the cited information was taken.

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Conflicts of interest
There are no conflicts of interest.

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