

# ASSESSMENT OF DEPRESSION AND ITS CONTRIBUTING FACTORS AMONG UNDERGRADUATE NURSING STUDENTS

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## ABSTRACT

Depression is one of the foremost causes of social exhaustion worldwide: Nursing is a stressful profession, it is essential to scrutinize psychiatric morbidity among nursing student as various psychiatric disorder first onsets is typically during study period. The aim of this study was to assess the level of depression and its contributing factors among Saudi nursing Students. A descriptive correlation, cross sectional research design was utilized in this study. The data collection instruments used were a demographic data sheet and Becks. Depression Inventory, subject was assured the confidentiality and anonymity of the collective data. The result revealed 1.3% of the participants experienced extreme depression 4.7% experienced server depression, 8.1 % experienced moderate depression 18.1% experienced mild mood disturbance, and (65.1%) had moderate normal mood. A significant relationship was evident between positive family histories of depression. Therefore, it is obvious that along with physical health mental health of nursing students should also be given important based on which the students may reflects and find healthy solution for their distress.

**Key word:** Depression, Nursing Student, Mental Health, Nursing Education

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## INTRODUCTION

Depression is one of the most serious health problems that the human beings might face with daily routine life .Depression is represented as a major health problem which causes to decline productivity in studies or work, cognitive, psychomotor and somatic alterations, loss of creativity, and apathy (Nagaraja, Reddy, Ravishankar, Jagadisha & Muninarayana, 2015).

Depression is described by the presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that affect the individual's capacity to function (American psychiatric association, 2013). Depression has noticeable effect upon eating habits, sleeping patterns and the way the person thinks. Therefore depression can cause disturbance of daily life activities (Aghakani, Nia, Eghtedar, Rahbar, Jasemi & Zadeh, 2011).

Depression is occurred especially in the early

adulthood which can cause a major effect in the academic success, future relationships, employment, and might lead to alcohol and substance abuse (Eisenberg, Gollust, Golberstein & Hefner, 2007).

Students might develop depressive disorder due to academic stressors such as evaluations, continuous assessment, academic performance, learning materials and examination. Depression during student period can badly disrupt the professional future. Depression can lead to suicidal thoughts, suicidal attempts, poor academic achievement, physical complaints and poor working performance (Ibrahim, Kelly, Adams & Glazebrook, 2013).

As a response to this pressure some students get depressed. They may perhaps express their distress by crying all of the time, missing classes, or separate themselves without understanding that they are depressed. Earlier research studies

conveyed that depression in university students is renowned universally (Mahmoud, Staten, Hall & Lennie, 2012). Depression during student period can badly disrupt the professional future. Depression can lead to suicidal thoughts, suicidal attempts, poor academic achievement, physical complaints and poor working performance (Ibrahim, Kelly, Adams & Glazebrook, 2013).

Experience of studying in nursing is beneficial on the other hand it is also considered as a very stressful experience to study nursing which might result in depressive disorder among nursing students (Papazisis, 2008). Nursing is a stressful profession and it is essential to examine psychiatric morbidity among nursing students as various psychiatric disorders first onset is typically during study period (Dawood et al.). The usual age of start of the disorder is also so early creating depression a mostly leading problem zone for university students and the prevalence seems to be increasing (Reavley & Jorm, 2010).

Aspects considered as contributing factors to depression among nursing students are academic, psychological and existential stressors character traits like perfectionism, lack of peer support and examination stress (Sidana, Kishore, Ghosh, Gulati & Anand, 2012). In addition, poor communication with others and diminished quality of care are associated with depressive disorders (Quince, Wood, Parker & Benson, 2012).

Stressful life events are well known risk factors of depression and suggested to be the major causative factor of depressive symptoms. Also there are other factors known to increase the risk of having depressive disorders among health care students such as family problems, holding responsibility, reduced supervision from adults, and being away from home for long periods or living in a separated house (Aghakani, et al., 2011).

It is essential to scrutinize psychiatric morbidity

among nursing students, as most of the psychiatric disorders have their first onset typically during the study period (Kessler, Chiu, Demler, Merikangas & Walters, 2005). Understanding and identifying nursing students' mental health issues is an important claim of the campus mental health services (Cheung et al., 2016).

## LITERATURE REVIEW

University students face different kind of stressor in their academic lives and these stressors would be much greater if they were in the middle of someone else's stressful life experience. Nursing is one of the stressful professions from the academic preparation onwards the student's move in to circumstances which necessitate the taking of important decisions for patient care, the timidity and anxiety which result from this may become a cause of depression. Qualities such as a high level of cognitive skills proactive nature and attitudes are always required for nursing students (Nagaraja et al., 2015).

Nursing students are combination of people who suffer from their academic lives and they are people who are trying to share the suffering of other people who are affected with different health issues, which put them at a greater risk than any other students (Amr, Algilany, Elmoafee, Salama & Jimenen, 2011).

In recent years few studies reported high prevalence of depression among health care students and presence of depressive symptoms over their studying years (Aghakani, et al., 2011). Many health care providers are diagnosed with major depressive disorder, however prevalence of depressive symptoms among health care students are reported as the start of this disorder, and the symptoms of depression might stay with them throughout their professional years and be developed into major depressive disorder (Quince, Wood, Parker & Benson, 2012).

Prevalence of depression among health care

students was identified as 12.9% in Stockholm, in Sweden 16.1% among female students, and 8.1% among male students, also it was reported that prevalence of suicide attempts was 2.7% among Karolinska Institute students as a result of depression (Dahlin, Joneborg & Runeson, 2005)

Another study reported a positive screening of depression, 13.8% to 11.4% undergraduate students had depression (Eisenberg, Gollust, Golberstein & Hefner, 2007). A study in UK reported a prevalence of depression at Cambridge University with percentage from 2.7% to 8.2% of them had depression among the health care students in the campus (Quince, Wood, Parker & Benson, 2012).

Prevalence of depression among health care students who were selected according to the year of study reported 7.6% to 21.6% positive depressive disorder, also it was reported that there is influence of gender history of depression, family history of mental illnesses, social support, family structure and number of siblings on the incidence of depressive disorder (Sidana et al., 2012).

Another study conducted in Iran among health care students of Urmia University reported 10.4% to 11.3% prevalence of depression and it was found that there was no relationship between depression and age, gender, education level, duration of education or rank of birth (Aghakani, et al., 2011). In Greece, researchers reported that the prevalence of depression were 60% and 49% among nursing and medical students respectively (Abedini, Davachi, Sahbahi, Mahmoudi & Safa, 2006).

A study conducted in final year students of two nursing courses to identify the existence of depression among nursing students found that 15.4% of bachelor's degree students and 28.6% of licentiate's degree students had indications of depression, with 14% of the total having signs of moderate and severe depression (Furegato,

Santos & Silva, 2010).

Literature lack of situations related to prevalence of depression among undergraduate nursing students therefore the purpose of this research study is to assess the level of depression among nursing students and to identify contributing factors that might increase the risk of undergraduate nursing students to the development of depressive symptoms. (Wang & Gorenstein, 2012).

### PROBLEM STATEMENT

Globally Depression is one of the foremost causes of social exhaustion worldwide. Nursing is a stressful profession it is essential to scrutinize psychiatric morbidity among nursing students as various psychiatric disorders first onset is typically during study period. The aim of this study was to assess the level of depression and its contributing factors among Saudi nursing students. (Baloyi, 2014) As a response to this pressure, some students get depressed. They may perhaps express their distress by crying all of the time, missing classes, or separate themselves without understanding that they are depressed. Earlier research studies conveyed that depression in university students is popular universally.

Depression during student period can badly disrupt the professional future. Depression can lead to suicidal thoughts, suicidal attempts, poor academic achievement, physical complaints and poor working performance (Ibrahim, Kelly, Adams & Glazebrook, 2013). Qualities such as a high level of cognitive skills proactive nature and attitudes are always required for nursing students (Nagaraja et al., 2015).

Nursing students are combination of people who suffer from their academic lives and they are people who are trying to share the suffering of other people who are affected with different health issues, which put them at a greater risk than any other students. It is necessary to

overcome on this serious issue.

## 2.3 OBJECTIVE

To Assess Depression and Its Contributing Factors among Undergraduate Nursing Students.

## 2.4 OPERATIONAL DEFINITION

### 2.4.1 Depression:

*Depression* is a common and serious medical illness that negatively affects how nursing students feel, the way they think and how they act.

### 2.4.2 Contributing Factors

Contributing factors are those factors that contribute to cause depression in nursing students such as family problems, holding responsibility, reduced supervision from adults, and being away from home for long periods or living in a separated house.

## 2.5 HYPOTHESIS

### 2.5.1 Null hypothesis:

There is no association between the depression and nursing profession.

### 2.5.2 Alternative Hypothesis:

There is an association between depression and Nursing profession.

## MATERIAL AND METHODS

**3.1 Study Design:** A quantitative descriptive cross-sectional study design was used to assess Depression and Its Contributing Factors among Undergraduate Nursing Students

**3.2 Settings:** Study was conducted in the Private sector of Islamabad, Pakistan.

**3.3 Duration of Study:** 4 Month

**3.4 Target population:** Students of Private sector of Faisalabad, Pakistan.

**3.5 Sample Size:** The data was collected from 150 students of Private sector of Islamabad, Pakistan.

**3.6 Sampling Technique:** A non-probability convenient sampling technique was utilized to select the proposed sample of undergraduate nursing students.

**3.7 Sample Selection:**

**3.8 Inclusion Criteria:**

- All the male and female students of the school of Nursing.
- Undergraduate BS Nursing and Post RN

Nursing.

- All the students who are willing and available at the time of data collection included.

**3.9 Exclusion Criteria:** The students who are not willing and not available at the time of data collection excluded.

## 3.10 ETHICAL CONSIDERATIONS

- Written informed consent attached was taken from all the participants.
- All information and data collection was kept confidential.
- Participants remained anonymous throughout the study.
- The subjects were informed that there are no disadvantages or risk on the procedure of the study.
- They were also informed that they were free to withdraw at any time during the process of the study.
- Data was kept in under key and lock while keeping keys in hand. In laptop it was kept under password.

## DATA COLLECTION PROCEDURE

Data was collected using a two part questionnaire survey. Part one is the demographic data sheet which was developed by the researchers and includes variables such as: age, marital status, academic level, current GPA, living arrangement, parent education, family history of depression, previous history of depression, any past consultation with specialists, perceived family support and satisfaction with the perceived family support.

Second part is the Beck's Depression Inventory (Beck, Ward, Mendelson, Mock, Erbaugh, 1961), it is a self-reported instrument that contains 21 items with evaluation from 0-3 for each item that is used to measure the severity of depression in adults. The highest possible total for the whole test would be sixty-three. The BDI categorizes depression as scores between 1-10 are considered normal, scores between 11-16 mild mood disturbance, scores between 17-20 borderline clinical depression, scores between

21-30 moderate depression, scores between 31-40 severe depression and scores over 41 extreme depression.

#### 4.1 DATA ANALYSIS PROCEDURE

Data was analyzed on SPSS version 21.0 mean, median, mode and standard deviation applied on individual item. Data is collected through Questionnaire, distributed to 150 participants. Collected data was analyzed and computed using frequencies, table and percentage by SPSS version 24.0.

### RESULTS

Data analyzed on SPSS version 21.0 mean, median, mode and standard deviation applied on individual item. Data is collected through Questionnaire, distributed in 150 participants. Collected data is analyzed and computed using frequencies, table and percentage by SPSS version 21.0.

**Table 1: Socio-demographic Data of the Participants (n = 149)**

Data were collected from University of Lahore Nursing students for Health Sciences with the aim to assess the level of depression and its contributing factors among undergraduate nursing students in students. Table 1 presents

Variable	Frequency(N)	Percent%
Gender / Female	149	100
Age / Mean 21.57 / SD + 1.16		
Marital Status	142	95.3
Single / Married	7	4.7
Occupation Full time student	126	84.6
Part time job	6	4.0
Full time job	17	11.4
Academic Level		
Level 5	39	26.2
Level 6	40	26.8
Level 7	32	21.5
Level 8	38	25.5
Living Arrangements Lives with immediate family	145	97.3
Doesn't live with immediate family	4	2.7
Parents' Level of Education High school and below	92	61.7
Graduate education	41	27.5
Post graduate education and above	16	10.7

the demographic criteria of the study subjects. The sample consisted of 149 female from levels 5 to 8. Participants' age ranged from 19 to 26 years with a mean age of 21.57 year (SD + 1.16). More than 80% of the students were full time students only while 11.4% had a full time job in addition to being a full time students and only six students (4.0%) had a part time job.

As presented in table , 131 (87.9%) of the students involved in the study had no family history of depression or any other psychiatric disorder while 18 (12.1%) students experienced family history of depression or any other psychiatric disorder. The majority 121 (81.2%) students had no previous history of depression symptoms while about fifth of the subjects (18.8%) had previous history of depression symptoms. Of those 17 (11.4%) students had consultation with a psychiatric consultant for their depressive symptoms

Variable	Frequency(N)	Percent%
Do you have family history of depression or any other psychiatric disorder? Yes/ No	18	12.1
	131	87.9
Do you have any previous history of depression symptoms? Yes / No	28	18.8
	121	81.2
Have you had any consultation with a psychiatrist about depression symptoms? Yes/ No	17	11.4
	132	88.6

Table 3 shows that although 125 (83.9%) of the students reported that they received enough family support only about a quarter of them (n=40, 26.8%) were extremely satisfied with the support they received from their

Variable	Frequency(N)	Percent%
From your perspective, do you receive enough family support? Yes/ No	125	83.9
	24	16.1
How much are you satisfied with the support you receive? Extremely satisfied	40	26.8
Very much satisfied	39	26.2
Moderately satisfied	32	21.5
Not at all satisfied	38	25.5

The total possible Beck's Depression inventory score range between 0 and 63 with higher scores



indicating higher levels of depression. Participants total Beck's Depression inventory scores ranged from 0 to 54 with a mean score of 9.91(+10.206). Participants were distributed to six different levels according to their depression inventory scores: scores between 0 and 10 normal mood, 11 – 16 mild mood disturbance, 17 – 20 borderline clinical depression, 21 – 30 moderate depression, 31 – 40 severe depression and scores of 41 and above reflect extreme depression.

Variable	Frequency(N)	Percent%
Normal Mood (BDI score 0 to 10)	97	65.1
Mild Mood Disturbance (BDI score 11 to 16)	27	18.1
Borderline Clinical Depression (BDI score 17 to 20)	4	2.7
Moderate Depression (BDI score 21 to 30)	12	8.1
Severe Depression (BDI score 31 to 40)	72	4.7
Extreme Depression (BDI score 40 and above)	2	1.3

In examining the relationship between depression scores and students' age, Pearson's R revealed none statistically significant relationship ( $r = 0.045$ ,  $p = 0.582$ ) which indicating that depression scores had no relation with participants' age.

**Table 5: Relationship between History of Depression and Levels of Depression (n = 149).**

$\chi^2 = 10.868$ ,  $13.604$ ,  $P = 0.05$ ,  $0.01$  respectively). No statistically significant relationship was

Variable	Level of Depression							X <sup>2</sup>	P
	1	2	3	4	5	6			
Do you have family history of depression or any other psychiatric disorders?	No	91	20	3	9	6	2	10.868	0.05
	Yes	6	7	1	3	1	0		
Do you have any previous history of depression symptoms?	No	84	19	4	7	5	2	9.866	0.01
	Yes	13	8	0	5	2	0		
Have you had any consultation with a specialized provider about depression?	No	90	24	3	7	6	2	13.604	0.01
	Yes	7	3	1	5	1	0		

detected between having any previous history of depression symptoms and the experienced level of depression among the students included in the current study ( $\chi^2 = 9.866$ ,  $P = 0.07$ ).

A very highly statistically significant relationship was documented between having a diagnosis of physical illness and the experienced level of depression among the students included in the current study ( $\chi^2 = 19.374$ ,  $P = 0.002$ ).

In testing the relationship between satisfaction with social support and depression scores among the students, Spearman's correlation indicated a highly statistically significant negative correlation ( $r = -0.520$ ,  $p = 0.000$ ) indicating that those students who were highly satisfied with the social support they receive experienced low scores of depression and vice versa.

Variable	Level of Depression						X <sup>2</sup>	P	
	1	2	3	4	5	6			
Do you have any physical illness?	No	89	24	4	10	5	0	19.374	0.002
	Yes	8	3	0	2	2	2		

Based on this classification, analysis of data as represented in table 4 revealed that only 1.3% experienced extreme depression, 4.7 % of the participants met the criteria for severe depression, 8.1 % experienced moderate depression, 18.1 % of the participants experienced mild mood disturbance, almost two thirds of the participants (65.1%) classified as having moderate normal mood and experience no depressive symptoms.

Only seven students (4.7%) were married while 95.3% were single. 145 students (97.3%) were living with their immediate family while only 2.7% didn't live with their immediate family. More than half of the parents of the students included in the current study (61.7%) had a high

school education or below while 27.5% of the parents had a graduate education and only 10.7% had post graduate education. More than one tenth (10.4%) of the students had physical illnesses including diabetes, migraine headache, anemia and asthma.

### Discussion

This study examined the prevalence of depression, and its contributing factors among undergraduate nursing students. A concept about nursing college is that it is considered as a stressful environment that put forth strain on the academic performance, psychological well-being and physical health of the university student (Rodriguez et al., 2013). The results of the current study indicated that among 149 participants 1.3% experienced extreme depression, 4.7 % experienced severe depression, and 8.1 % experienced moderate depression and 18.1 % experienced mild mood disturbance.

In relation to the present study the research done by (Mahmoud &Safa, 2014) revealed that 38.7% of the nursing students had mild to severe depression. Also, in another study researchers examined the depression symptoms among nursing students and stated that 44% of them had mild to severe depression (Azizi, Khamseh, Rahimi & Barati (2013) reported that among the 130 nursing students, who were included in their study, 30.8% were mildly depressed, 17.7% were moderately depressed, and 6.3% were severely depressed, as well they specified that the prevailing stress augmented the feeling of anxiety and decreased the performance level of the nursing students.

Based on current study results (18.8%) of the participants had previous history of depressive symptoms, of those 17 (11.4%) of them had consultation with psychiatric consultant for their problem. In this regard according to (Cheung et al., 2016) in their study a fairly low percentage 12 (2%) suffered from a psychiatric

disorder.

Another study by (Merkouris, Middleton & Karanikola 2014) revealed that students who had been admitted in a psychiatric clinic or had received a treatment for a mental health problem reported the highest incidence of clinical depressive symptoms. Regarding family history of psychiatric disorder in the current study 18 (12.1%) student's experienced family history of depression or any other psychiatric disorder. This finding is supported by the research done by (Cheung et al., 2016).

Where 8.5% of respondents reported a family history of psychiatric disorder. Also it was made clear from the present study results that there is a significant relationship between positive family history of depression or any other psychiatric disorder, consultation with a specialized provider about depression and the level of depression among the participants. According to (Merkouris, Middleton & Karanikola, 2014) in addition to personal history, the prevalence of clinical depressive symptoms was higher among students with a positive family history of mental health disorders. Yet again a very highly statistically significant relationship was recognized between having a diagnosis of physical illness and the level of depression among participants in the current study. Usually people with physical health problems are at increased risk for mental health problems (Rathnayake & Ekanayaka, 2016).

Students with poor physical and mental health were more likely to report depression than those with good physical and mental health (Cheung et al., 2016). Family support and satisfaction are factors that influence university students, according to the results of the current study it was discovered that 125 (83.9%) of the students received enough family support and 40 (26.8%) were extremely satisfied with the support they received from their family. In other contrast ( Hammen 2014) study acknowledged that

students whose parents divorced they were 1.60 times more at risk of showing clinically significant depressive symptoms

### CONCLUSION AND RECOMMENDATIONS

The above findings urge mental health professionals to better understand the distress of nursing students. Results of this study are alarming in terms of increased risk for psychiatric morbidity like depression. Also the findings conclude that depression is highly prevalent among undergraduate nursing students. There is great relationship between depression and under graduate. It is necessary to give importance on undergraduate university students to overcome on depression to increase their future capabilities.

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