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## Depression and Its Associated Factors among Staff Nurses

Asia waryam

Assistant Nursing Instructor, College of Nursing Muzaffarghar,  
University of Lahore, Pakistan

### **Abstract:**

*Workload is the basic problem that affects Nurse's health and leads to high level of depression that disturbed brain so, nurses become agitating, panic and feels herself worthless person. Different percentage of depression is present in all-over the world among nurses 14.6 % present in high income countries and 11.1 % prevalence present in developing countries (Bromet, Andrade et al. 2011). According WHO report, depression will be the second major cause of poor health and mortality among nurses (Organization 2012). Depression in nurses associated with many factors like workload, insufficient working resources, domestic life style, lack of autonomy, job dissatisfaction and burnout among nurses (Stimpfel, Sloane et al. 2012). These factors affect nurses' lives and nurse may spend lives very depressively either at their duty place or domestically (Letvak, Ruhm et al. 2012). Ultimately all factors affect the nurses' health because many factors are involved for depression (Nakao 2010). Determine the factor of Depression among nurses at a tertiary care hospital. Descriptive cross-sectional study design used to determine the factors of absenteeism among nurses. The study was carried out in PIC Lahore. Sample size was 186 which draw from target population 350 nurses working in PIC Lahore. Participants were selected by simple random sampling technique. A self-administered questionnaire was used for data collection. Depression is having moderate positive correlation with all three independent variables and significant relationship  $p = 0.000$  with all variables. Different factors were found to affect the depression level of nurses at tertiary care hospital Lahore*

**Keywords:** Factors, depression, workplace, nurses

### 1. Introduction

Nursing is the profession that gives protection to patients, promotion of health optimization as well as prevention from injuries or illnesses, and promotes the care from individuals to populations including families and communities (Association 2010). Nursing profession also give the confidence to nurses as they talk to other health care colleagues (Oliveira, Mazzaia et al. 2015).

Nurses are the members of the hospitals who started their duties after completing their appropriate education as well as training and they are patient's advocate who look after the patients as per decided by the consultants (Gong, Han et al. 2014).

Workload is the basic problem that affects Nurse's health and leads to high level of depression that disturbed brain so, nurses become agitating, panic and feels herself worthless person. Different percentage of depression is present in all-over the world among nurses 14.6 % present in high income countries and 11.1 % prevalence present in developing countries (Bromet, Andrade et al. 2011). According WHO report, depression will be the second major cause of poor health and mortality among nurses (Organization 2012).

In USA, two different figures were reported that showed prevalence for depression among nurses that was 41%, but second report denoted it to be 18% (Letvak, Ruhm et al. 2012). In France, every third nurse managers in healthcare facility were suffering from depression (Al-khasawneh and Moh 2013). In Canada, 10% of all nurses show depression (Enns, Currie et al. 2015) These reports showed that depression is commonly present in nurses (Meeks, Vahia et al. 2011). A study was conducted at Jinnah Post Graduate Medical Center Karachi, Pakistan results showed that 1:2 woman nurses were depressed as compare to men. Nurses who were between 20 to 40 years required psychiatric care (Khalid, Irfan et al. 2010).

Depression in nurses associated with many factors like workload, insufficient working resources, domestic life style, lack of autonomy, job dissatisfaction and burnout among nurses (Stimpfel, Sloane et al. 2012). These factors affect nurses' lives and nurse may spend lives very depressively either at their duty place or domestically (Letvak, Ruhm et al. 2012). Ultimately all factors affect the nurses' health because many factors are involved for depression (Nakao 2010). These factors may hinder their job performance (Welsh 2009). This depressive environment in which nurses did not gives proper attention to the patients and work quality ultimately decreased (Tsai and Liu 2012).

With the passage of time, as medical treatment methods becoming advanced that are ultimately required appropriate staff for using the methods in a proper way, but unfortunately nurses are not present in wards as per requirements meanwhile, the profession of nursing also not charming enough as nurses became depressive so, new nurses are not willing to replace the seats of aging nurses that will retire in next few years. There are not enough staff nurses

present in the hospitals and remaining nurses that are present at health facilities facing heavy workload (Tsai and Liu 2012). Nursing is deliberated as a depressive profession in the hospital and nurses tackled different factor of depression included workload, insufficient staff, lack of time for treatment of patient and deprived environment (Gong, Han et al. 2014).

The life style of the nurses also affected as they have not time to give themselves. Her nurses gone. Due to loss of confidence, laziness, not proper sleep and unhappy feeling nurses gone into depression take complete sleep that affect their next day duty hours in which nurses act as lazy and they feel their confidence loss (Owolabi, Owolabi et al. 2012). Oliveira et al., (2015) reported in that, 91.3% staff nurses showed depression. Nurses depressed due to work overload, shortage of human resources devaluation and lack of material resources. The workload affects the brain of nurses and they give more nervous energy and agitate from their work that will not good for the patients. As well as deficiency of human resources and material resources also give very tough time to the working nurses when required resources not present. Depression in nurses associated with many factors like workload, insufficient working resources, domestic life style, lack of autonomy, job dissatisfaction and burnout among nurses (Stimpfel, Sloane et al. 2012). These factors affect nurses' lives and nurse may spend lives very depressively either at their duty place or domestically (Letvak, Ruhm et al. 2012). Ultimately all factors affect the nurses' health because many factors are involved for depression (Nakao 2010). These factors may hinder their job performance (Welsh 2009). This depressive environment in which nurses did not gives proper attention to the patients and work quality ultimately decreased (Tsai and Liu 2012).

The relationship between nurses and job depression was studied widely. The factors for instance life style changes, job difficulty due to some other factors of high workload and shortage of resources as well as man power have influence on nurses. This study was conducted at King Abdullah hospital at Irbid city in Jordan. They select randomly 120 nurses and collect their opinion by using questionnaire. They concluded nurses have depressed from aforesaid factors and needs improvements otherwise the in future, peoples will not agree to join this profession that ultimately effect the health department as well as old working nurses due to over workload. They suggested that there is need to make basic betterment needed to overcome these crises so nurses will not be depressed and population gets very good health services. Mealer et al., (2007) surveyed different work places of Georgia hospitals to determine the prevalence of depression. Nurses that working in Depression were measured by using Hospital Anxiety and Depression Scale. The researchers found that nurses had higher depression rates. They also found that 28 % of nurses had possible depression symptoms. They concluded that this rate is higher than the normal health care worker rate and they suggested that attention needed if we want well-being of nursing staff (Al-khasawneh and Moh 2013)

Moreover, another researcher reported the relationship between nurse's life style and depression. There are three lifestyle factors were examined and statistical relationship between lifestyle and depression. Three lifestyle (failure to sleep 7-8 h, 4 nights a week; failure to keep up hobbies and to find time out for entertainment) these factors were associated with depression. They also reported the depression is a demotivating factor that make hard to remain active or healthier life (Cheung and Yip 2016).

### *1.1. Aims of the Study*

To see factors related to Depression among nurses in health care sector.

### *1.2. Significance of the Study*

There are many factors that cause depression but, here only two factors (work load and life style) have been taken up. Due to depression nurses cannot perform their duties effectively. The result of this study will bring awareness regarding depression associated factors among PIC hospital staff nurses. So, if PIC hospital management overcomes these associated factors then the nurses will be able to work in a fast paced and depression free environment and quality of work automatically enhanced.

## **2. Methods**

### *2.1. Setting*

The setting for this research was Punjab institute of Cardiology Hospital Lahore.

### *2.2. Research Design*

A cross-sectional analytical study design was used.

### *2.3. Population*

The study population for this research was all staff nurses working in Punjab institute of Cardiology Hospital Lahore.

### *2.4. Sampling*

The simple random sampling techniques was be used to collect data from selected population. A sample of n=186 was recruited from the targeted population).

### *2.5. Research Instrument*

A five-point Likert scale questionnaire was adopted from different sources; DASS 21, Maslach Burnout Inventory (MBI) and scaled version of general health questionnaire to assess the factor associated with depression among nurses.

#### 2.6. Methods Used to Analyze Data

Data was analyzed by using SPSS version 22.0 statistical software for data analysis.

- Demographic variables like age, gender, marital status, education etc. was analyzed by using descriptive statistics like frequency, percentage, mean and standard deviation. Percentages was calculated for categorical data while continuous data will be analyzed through mean and standard deviation.
- Descriptive statistics was used to assess the depression associated factors among the staff nurses of public sector hospital.

#### 2.7. Study Timeline

The data was collected from September 2018 to December 2018.

#### 2.8. Ethical Consideration

The rules and regulations set by the ethical committee of Lahore School of Nursing was followed while conducting the research and the rights of the research participants were respected.

- Written informed consent attached was taken from all the participants.
- All information and data collection were to be kept confidential.
- Participants were remaining anonymous throughout the study.
- The subjects were informed that there are no disadvantages or risk on the procedure of the study.
- They were also be informed that they will be 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 will be kept under password.

### 3. Results

#### 3.1. Profile of the Respondents

Respondents were taken from different selected groups of studies at Lahore School of Nursing.

Profile		(f)	%
Age	18-25	38	20.3
	25-35	93	49.7
	35-50	56	29.9
Gender	Male	0	0.00
	Female	187	100
Experience	Less than 1 year	38	20.3
	1-5 Years	38	20.3
	6-10 year	55	29.4
	Above 10 Year	56	29.9
Marital Status	Married	93	49.7
	single	94	50.3
Qualification	Nursing diploma	130	69.5
	BSN	57	30.5

Table 1: Demographic Frequency

Table No 1 displays that Statistics shows that 187 responses were taken from the female staff nurses. Distribution can be seen in given table and graph. Data show in the tables and figure. The marital status of the respondents was recorded as; 20.3% of respondents belong to 18-25 age group. 49.7% of respondents belong to 25-35 age groups. 19.8% of respondents belong to 35-50 age group. 10.2% of respondents belongs to 50-above age group.

The age of the respondents was recorded as; 20.3% of respondents belong to 18-25 age group. 49.7% of respondents belong to 25-35 age groups. 19.8% of respondents belong to 35-50 age group. 10.2% of respondents belongs to 50-above age group. The qualification of the respondents was recorded as; 69.5% respondents are general nursing diploma holders; 30.5 % respondents are nursing graduates. The experience status as staff nurse of the respondents was recorded as; 20.3 % respondents have less than one year, 20.3 % respondents have 1-5 years, 29.4 % respondents have 6-10 years, 29.9% respondents have 10-above.

S.NO		Strongly Disagree F(%f)	Disagree F(%f)	Neutral F(%f)	Agree F(%f)	Strongly agree F(%f)
1	I tended to over-react to situations	1(0.5)	2(1.1)	25(13.4)	76(40.4)	83(44.1)
2	I experience trembling (e.g. in hands)	1(0.5)	6(3.2)	16(8.5)	98(52.1)	66(35.1)
3	I felt that I was using a lot of nervous energy	2(1.1)	6(3.2)	18(9.6)	80(42.6)	81(43.1)
4	I was worried about situations in which I might panic and make a fool of myself	7(3.7)	12(6.4)	20(10.6)	90(47.9)	58(30.9)
5	I felt that I had nothing to look forward to	1(0.5)	6(3.2)	18(9.6)	86(45.7)	76(40.4)
6	I feel myself getting agitated	12(6.4)	10(5.3)	12(6.4)	101(53.7)	52(27.7)
7	I found it difficult to relax	4(2.1)	4(2.1)	17(9.0)	67(35.6)	95(50.5)
8	I was intolerant of anything that kept me from getting on with what i was doing	0(0.0)	4(2.1)	27(14.4)	61(32.4)	95(50.5)
9	I felt I was close to panic	9(4.8)	2(1.1)	21(11.2)	48(25.5)	107(56.9)
10	I was unable to become enthusiastic about anything	8(4.3)	7(3.7)	21(11.2)	62(33.0)	89(47.3)

Table 2: Frequency Distribution Table of Depression

Table No 2 displays that .This construct included about ten different questions related to depression. Participants given their opinion on provided scaled questionnaire. In this section most of the participants strongly agreed or agreed. Very few were denied these situation-based questions. More details are shown in Table 6 and 7 as well as figure 4.6 also described all frequencies and percentages of response.

S.NO		SD F(%f)	Disagree F(%f)	Neutral F(%f)	Agree F(%f)	Strongly agree F(%f)
1	1. I feel emotionally drained by my work	1(0.5)	2(1.1)	25(13.4)	76(40.4)	83(44.1)
2	Working with people all day long requires great deal of effort.	7(3.7)	34(18.1)	42(22.3)	66(35.1)	66(35.1)
3	I feel like my work is breaking down me.	0(0.0)	25(13.3)	56(29.8)	78(41.5)	28(14.9)
4	I feel frustrated by my work.	19(10.1)	24(12.8)	37(19.7)	80(42.6)	27(14.4)
5	I feel i work too hard at my job.	7(3.7)	23(12.2)	34(18.1)	83(44.1)	40(21.3)
6	It stresses me too much to work in direct contact with people.	6(3.2)	23(12.2)	44(23.4)	74(39.4)	40(21.3)
7	I feel like i am at the end of my rope.	0(0.0)	20(10.6)	45(23.9)	78(41.5)	44(23.4)
8	I feel I look after certain patients/ clients impersonally, as if they are objects.	5(2.7)	24(12.8)	33(17.6)	79(42.2)	46(24.5)
9	I feel tired when i get up in the morning and have to face another day at work.	0(0.0)	24(12.8)	38(20.2)	84(44.7)	41(21.8)
10	I have the impression that my patients/ clients make me responsible for some their problems.	6(3.2)	2(1.1)	30(16.0)	93(49.5)	56(29.8)

Table 3: Reveals That the List of Two Chosen Variable Is Top Workload at Initial Level

Table 3 reveals that the list of two chosen variable is top workload at initial level. In the hospital practices, the workload upon nurses considered as crucial that can lead to poor health services. This construct includes 10 constructs.

#### 4. Discussion

Depression is a disease that interrupt the ability of working of an individual. When this happens within nurses of hospital then the quality of work in healthcare facility disturbed. First question was related to over reaction on situations during duty, 44.1 % participants were strongly agreed, 40.4 % were agree, 13.4 % were given neutral feedback, on the other hand only 1.6 % participants disagreed. Second question was related to trembling in hands so, participants 35.1 % strongly agreed, 52.1 % agree that they have trembling in their hands that is the sign of depression and 8.5 % given

neutral response. Only 3.7 % disagreed from trembling. Third question was related to some feelings of an individual that is she felt that she was using her nervous energy in her duty, 43.1 % strongly agreed, 42.6 % agreed and 9.6 % given neutral response. Only 4.3 % disagreed from this situation. Fourth question was related to bad situations and nurse feels herself make fool and she was panic so, 78.8 % agreed, 10.6 % given neutral response and 10.1 % denied. Similarly rest of all questions were also related to depression. The participants more than 80 % agreed about the situations were disagreed (Table 6). These results showed that depression is present among nurses at PIC hospital. Depression caused by various factors, we have included in our study two common factors. Now we discuss our two independent factors then we conclude that is the depression is present or not if present which factor is involved.

Workload is a factor that is involves in hospital with respect to different ways like shortage of staff or high rate of patients. Workload is the main factor that can cause depression very easily. In this construct total ten questions were added in questionnaire. >80% participants agreed that they are facing workload at PIC hospital as working conditions were very hard and patient flow also very high, >20 % participants given neutral response and only few were disagreed (Table 10).

A good life style is necessary for good and healthy personality. Good health only be maintained if every individual spends his/her office hours in tension free environment and take her appropriate sleep. A questionnaire has been used to assess the life style of PIC hospital nurses. Total ten questions were added in that questionnaire and almost all questions were related to bad life style. So, more than 50 % participants given their feedback as they spending bad life style, these more than 50 % staff nurses showed the main problem of this bad life style is solely the workload with long and hard duty hours. On the other hand,  $\geq 30\%$  responds as neutral. Almost 20 % participants showed disagreed as they have good life style (Table 11). After assessing these results, we can ask that the workload and bad life style are the main issues to cause depression in nurses at PIC hospital Lahore. These three factors shown correlation between all of them with Pearson Correlation more than 0.6 and p value shown significance that is 0.000. conditions for example lighting and temperature (Kovane, 2015). The study finding show that (n=61) 45% agree that physical conditions are satisfactory while 51% disagree because they environment in which nurses work is unhealthy and nurses spent most of time there so this has high risk their health impair (Schalk et al., 2010).

According to the study findings that nurse satisfied with their salary 68.36% participants were positively response that their salary is enough to accommodate them. As compared to the study of Koven (2015) participants (n=90) 69% dissatisfied with their salaries and consider it the reason of their absenteeism.

## 5. Recommendations

The Results shows that depression has negatively affects the performance of nurses in Punjab Institute of Cardiology. Health care organizations should reduce the factors that are causing depression among nurses so that nurses can perform well. So, it is necessary to exclude the depression from workplace environment to enhance the performance of nurses by more staff nurses should be appointed

## 6. Conclusion

Depression is present at PIC hospital Lahore due to high workload; hard duty shifts with high patients flow and bad and depressed life style of staff nurses.

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