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ASSESMENT OF DEPRESSION AND ITS CONTRIBUTING FACTORS AMONG UNDERGRADUATE NURSING STUDENTS

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Abstract

Background: University students face dissimilar 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 knowledge.

Aim of the study: The Purpose of this study was "To examine the prevalence level of depression, and its contributing factors among undergraduate nursing students.

Methodology: A quantitative descriptive cross-sectional study design used to Assessment of Depression and Its Contributing Factors among Undergraduate Nursing Students. Study conducted in the Lahore School of Nursing, The University of Lahore.4 Months duration of study Students of Lahore school of Nursing. Data collected from 149students of Lahore School of Nursing. A non-probability convenient sampling technique was utilized to select the proposed sample of undergraduate nursing students.

Results: The sample consisted of 149 females from levels 5 to 8. Participants' age ranged from 19 to 26 years with a mean age of 21.57 year (SD + 1.16). 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. 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. x2=10.868, 13.604, P = 0.05, 0.01 respectively).

Conclusion: 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.

Key words: Assessment of depression, contributing factors, Impacts on students

INTRODUCTION

Depression is one in all the main serious health issue that the people face with their daily routine life. Depression is define as major health issue that cause to no performance in study or work of daily life. In students daily activities it impact on their study and other different life decision (Muninarayana, 2015). The presence of unhappiness and irritable mood of nonphysical and psychological feature changes that have an effect on the individual's capability to activate is known as also depression. Depression have also caused to impact on sleep patterns and other cognitive abilities. Therefore depression can be also the reason to disturb the presence activities (American medicine association, 2017). Depression is occurred particularly within the early adulthood which may cause a serious result in the tutorial success, future relationships, employment, and may result in alcohol and abuse(Golberstein & Hefner, 2014). Students may develop major affective disorder recognitions to educational stressors like evaluations, continuous assessment, educational performance, learning materials and examination. Depression throughout student amount will badly disrupt the skilled future. Depression will result in dangerous thoughts, dangerous tries, poor educational accomplishment, physical complaints and poor operating performance (Ibrahim, Kelly, Adams & Glazebrook, 2013).

As per a reaction to the present study burden almost undergraduate's individual develops into depression. These students could be relieving the unconditional stress through desperate totally their period of stress, missing categories, or to isolate their self from all others while not to accept stress. According to previous study gave knowledge about depression in under graduates, is known

Depression throughout student amount will badly disrupt the skilled future. Depression will cause unsafe thoughts; unsafe tries, poor educational action, physical complaints and poor operating performance Experience of finding out in nursing is useful on the opposite hand it's conjointly thought-about as a really disagreeable expertise to review nursing which could lead to emotional disorder among nursing students (Mahmoud, Staten, Hall& Lennie, 2014). Nursing may be a nerve-wracking profession and it's essential to look at medical specialty disease amongst learners as numerous Psychological conditions, 1st idea which often throughout knowledge amount. Common age of begin disorder is additionally occur in previous making unhappiness is principally chief downside region for under graduates, therefore the incidence looks further spreading with work Burdon (Reavley & Jorm, 2014).

OBJECTIVE

Describe the Assessment of Depression and Its Contributing Factors among Undergraduate Nursing Students.

MATERIAL AND METHODS

A quantitative descriptive cross-sectional study design used to Assessment of Depression and Its Contributing Factors among Undergraduate Nursing Students. This study conducted in the Lahore School of Nursing, The University of Lahore. The data collected from 149students of Lahore School of Nursing.

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

Inclusion Criteria: All the male and female students of the Lahore school of Nursing. Undergraduate BScN and Post RN. All the students who are willing and available at the time of data collection included.

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

Equipment: Data was collected using a two part questionnaire. Part one is the demographic data and Second part is the Beck's Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and consent form.

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.

DATA ANALYSIS PROCEDURE

Data analyzed on SPSS version 21.0 mean, median, mode and standard deviation applied on individual item.

Results

Data is collected through Questionnaire, distributed in 150 participants. 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. 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.

Table 1: Sociodemographic Data of the Participants (n = 149)

| Variable | Frequency(N) | Percent% |
|-----------------------------|--------------|----------|
| Gender | 149 | 100 |
| Female | | |
| Age | | |
| Mean 21.57 | | |
| SD + 1.16 | | |
| Marital Status | | 95.3 |
| Single | 142 | 4.7 |
| Married | 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 | | 97.3 |
| Doesn't live with immediate | 145 | 2.7 |
| family | 4 | |

| Parents' Level of Education | | |
|------------------------------|----|------|
| High school and below | 92 | |
| Graduate education Post | 41 | 61.7 |
| graduate education and above | 16 | 27.5 |
| | | |
| | | 10.7 |
| | | |

Table 2: Past History of Depression among Study Participants (n = 149)

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 | 18 | 12.1 |
| psychiatric disorder? Yes/ No | 131 | 87.9 |
| | | |
| Do you have any previous history of depression | 28 | 18.8 |
| symptoms? Yes / No | 121 | 81.2 |
| | | |
| Have you had any consultation with a psychiatrist about | 17 | 11.4 |
| depression symptoms? Yes/ No | 132 | 88.6 |
| | | |

Table 3: Satisfaction with Perceived Family Support among Study Participants (n = 149).

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 family

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| Variable | Frequency(N) | Percent% |
|--|--------------|----------|
| From your perspective, do you receive enough family support? | 125 | 83.9 |
| Yes/ No | 24 | 16.1 |
| | | |
| How much are you satisfied with the support you receive? | 40 | 26.8 |
| Extremely satisfied Very much satisfied Moderately satisfied | 39 | 26.2 |
| Not at all satisfied | 32 | 21.5 |
| | 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 10normal mood, 11 - 16 mild mood disturbance, 17 - 20borderline clinical depression, 21 - 30 moderate depression, 31 - 40 severe depression and scores of 41 and above reflect extreme depression.

Table 4: Distribution of the students by Levels of Depression (n = 149).

| 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 to20) | 4 | 2.7 |
| Moderate Depression (BDI score 21 to30) | 12 | 8.1 |
| Severe Depression (BDI score 31 to40) | 7 2 | 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. x2=10.868, 13.604, P = 0.05, 0.01 respectively). No statistically significant relationship was detected between having any previous history of depression symptoms and the experienced level of depression among the students included in the current study (x2=9.866, P=0.07).

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

| Variable | Level of Depression | | | | X2 | P | | | |
|---|---------------------|----|----|---|----|---|---|--------|------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | - | |
| Do you have family history of depression or | No | 91 | 20 | 3 | 9 | 6 | 2 | 10.868 | 0.05 |
| any other psychiatric disorders? | Yes | 6 | 7 | 1 | 3 | 1 | 0 | | |
| Do you have any previous history of | No | 84 | 19 | 4 | 7 | 5 | 2 | 9.866 | 0.01 |
| depression symptoms? | Yes | 13 | 8 | 0 | 5 | 2 | 0 | | |
| Have you had any consultation with a | No | 90 | 24 | 3 | 7 | 6 | 2 | 13.604 | 0.01 |
| specialized provider about depression? | Yes | 7 | 3 | 1 | 5 | 1 | 0 | | |

Table 6: Relationship between History of Physical Illnesses and Levels of Depression (n = 149)

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 (x2=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 | | | | | | | | |
|-----------------------------------|---------------------|----|----|---|----|---|---|-------|-------|
| Do you have any physical illness? | | 1 | 2 | 3 | 4 | 5 | 6 | X2 | P |
| | No | 89 | 24 | 4 | 10 | 5 | 0 | | |
| | Yes | 8 | 3 | 0 | 2 | 2 | 2 | 19374 | 0.002 |

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, 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).

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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