

Original Research Article

Incidence of depression among nurses in Kashmir valley

Saleem Yousuf*, Tabasum Dilawar, Ifshana Ilyas

Department of Psychiatry, Government Medical College, Srinagar, Jammu and Kashmir

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***Correspondence:**

Dr. Saleem Yousuf,

E-mail: saleemyousuf114@gmail.com

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ABSTRACT

Background: In 2017, 197 million Indians were suffering from mental disorders, of whom 46 million had depression. In Kashmir, 41% have been identified as having probable depression. Depression is one of the most frequently diagnosed mental illness which is characterized by feelings of sadness, loss of energy, motivation, concentration, changes in appetite, changes in sleep, etc. Depression is known to impact work performance, their colleagues and potentially on the quality of care provided to patients. Nursing, a loyal profession, is considered as one of the most susceptible profession to depression. This study was conducted with the aim of finding the incidence of depression among Nurses.

Methods: A descriptive, cross sectional study was conducted on 200 Nurses collected by using convenient sampling from different hospitals in Srinagar district of Kashmir Valley in order to assess the incidence of Depression among them. Depression was diagnosed by following Diagnostic and Statistical Manual-5 (DSM-5) criteria and assessment was done on the bases of age, gender, marital status, family type and residence.

Results: Majority of the Nurses were found to be females (68%), above 30 years (64%), belonged to nuclear family (69%), married (71%) and residing in rural areas (64%). As for as incidence of depression is concerned, 134 (67%) Nurses were found to be having symptoms of depression.

Conclusions: Most of the Nurses were diagnosed with depression that has a negative impact on the patient care. Thus, there is a dire need for screening of the Nurses and thus early detection of affected one's.

Keywords: Depression, Nurses, Mental disorder

INTRODUCTION

Nursing is a profession within the health care sector engrossed by the care provided to individuals, families, and communities in order them to attain, maintain, or recover optimal health and quality of life.^{1,2} Nurses account for the extensive professional group in the healthcare sector and they are subjected to high level of occupational stress.³ Nurses may be distinguished from other health care providers by their approach to patient care, training, and scope of practice.⁴

Patient outcome is directly affected by the quality of care provided by the Nurses who are at the forefront of patient care and devote more time with the patients than any other

healthcare provider.⁵ Nurses are more susceptible to develop different psychological conditions such as depression, anxiety, stress, fatigue and burnout, the reason may be the work conditions, disruptions to their circadian rhythms, high workload and lack of control on the job.^{6,7}

Nurses regularly experience a variety of work-related stressors including but not limited to: long work hours, time constraints, meeting patients' needs, irregular schedules, and lack of professional support.⁸⁻¹¹ The continuous demands faced by healthcare professionals could have a drastic impression on their mental health and quality of life along with such demanding occupation.^{12,13}

Internationally, there is a serious shortage of nurses.¹⁴ Work environment is found to be one of the most important reason for this shortage. In a recent review of the empirical human factors and ergonomic literature specific to nursing performance, nurses were found to work in generally poor environmental conditions.

Research has conveyed that work stress precipitates depression in working women and men, thus direct healthcare workers, including nurses, may be more vulnerable to depression. Indeed, healthcare workers were ranked third for depressive episodes of all occupations.^{15,16}

Depression is a common mental disorder that affects the mental functioning and thinking process of an individual, greatly diminishing one's social roles and productivity.¹⁷ Depression and its associated symptoms present in each individual differently. Generally, depression is characterized by persistent sad, anxious, or empty feelings; feelings of hopelessness or pessimism; feelings of guilt, worthlessness, or helplessness; irritability; restlessness; and loss of interest in activities or hobbies once pleasurable (NAMI, 2015; NIMH, 2014).^{18,19} Additional symptoms include fatigue and loss of energy; difficulty in concentrating, remembering details, and making decisions; insomnia, early-morning wakefulness, or excessive sleeping; overeating, or appetite loss; thoughts of suicide and suicide attempts; aches or pains; headaches; cramps; or digestive problems that do not ease even with treatment (NAMI, 2015; NIMH, 2014).

Depressive disorder occurs without a history of a manic, mixed, or hypomanic episode. One depressive episode must last at least 2 weeks and represent a change from previous functioning where at least one of the symptoms is either depressed mood, or loss of interest or pleasure.²⁰

The mean age of onset for major depressive disorder is about 40 years, with 50% of all patients having an onset between the ages of 20 and 50 years. It has been seen that major depressive disorder occurs most often in persons without close interpersonal relationships and in those who are divorced or separated. In the most recent surveys, major depressive disorder has the highest lifetime prevalence (almost 17%) of any psychiatric disorder. The lifetime prevalence rate for major depression is 5-17%.²⁰ Depression is caused by a combination of biological, psychological and social factors.²¹

Globally, the total number of people with depression was estimated to exceed 300 million in 2015, equivalent to 4.3% of the world's population. Depression is ranked as the single largest contributor to global disability (7.5% of all years lived with disability in 2015).²²

In India, the National Mental Health Survey 2015-2016 reveals that nearly 15% Indian adults need active intervention for one or more mental health issues and one in 20 Indians suffers from depression. Kashmir Mental

Health Survey Report found that among 1.8million adults, 41% exhibit signs of probable depression.²³

Nevertheless, the nursing profession is characterized by exposure to a wide range of psychologically challenging situations. The sources of these stressors in the nursing profession had been associated with the burden of meeting the needs of patients, relatives and other health professionals.²⁴ According to Rosse and Rosse (1981), nurses had many tasks to be done compared to other professions.

Nowadays, all efforts to fight health workers' illnesses are exceptionally important, and research on occupational stress, physical and mental health-related problems and stress coping mechanisms have contributed to create a better understanding of these professionals' job situation and to make managers aware of the importance of elaborating prevention measures for the hospital work environment, considered highly stressful and loaded with factors that predispose to depression and anxiety among its workers.²⁵

METHODS

The present study was carried out in different hospitals of Kashmir valley located in Srinagar district, conducted from March 2018 to August 2018. This study applied a cross-sectional research design. Sample was collected by using Convenient sampling method. Settings were selected on the basis of feasibility of conducting the study. The study is descriptive in its nature since it attempts to assess the incidence of depression among Nurses working in different tertiary care hospitals of Srinagar district. The study was approved by the Institutional Ethical Committee of Government Medical College, Srinagar.

The sample was collected from all tertiary care hospitals of Srinagar district, only those subjects were selected who were present on the day of visit to hospital for data collection and who work directly with patients were included in the survey. Sample size consisted of 200 nurses working in different hospitals. Diagnostic and Statistical Manual-5 (DSM-5) criteria was used to diagnose the depression. All the cases were assessed for socio-demographic variables such as age, gender, marital status, family type and residence.

Statistical analysis

Data were organized in Microsoft Excel Sheet and was analyzed using statistical package for social sciences (SPSS) version 20.0 and SYSTAT 13. Frequency and percentage distribution were used to describe the demographic variables.

RESULTS

During the study period of 6-months, 200 Nurses were assessed. Among them, 72 (36%) Nurses were below 30

years of age and 128 (64%) were above 30 years of age, majority of the cases were females comprising of 136 (68%) while only 64 (32%) were males. Most of the cases were from Rural area (128, 64%) and belonged to nuclear

family (138, 69%). Distribution on the bases of marital status showed that 142 (71%) cases were married and 58 (29%) cases were unmarried.

Table 1: Distribution of study subjects according to their socio-demographic variables. The data obtained are described in terms of age, gender, family type, Marital status and Residential area as follows.

Demographic Variable	Age		Gender		Family Type		Marital Status		Residential Area	
	Below 30	Above 30	Male	Female	Nuclear	Joint	Single	Married	Rural	Urban
Number (N)	72	128	64	136	138	62	58	142	128	72
Total	200		200		200		200		200	

As depicted from above Table 2, it is clear that 67% of the subjects showed signs of depression when assessed.

Table 2: Incidence of depression among subjects.

Dimension	N	%
Depression	134	67%

DISCUSSION

Mental disorders are universal, affecting people of all countries and societies, individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Mental functioning is fundamentally interconnected with physical and social functioning.²⁶

Most studies in Kashmir related to depression have focused on the general public than Nurses. Thus the present study was conducted to find out the incidence of depression among nurses working in different hospitals of Kashmir with reference to various demographic variables (Age, Gender, Family Type, Residential Area and Marital status).

In this study, majority of the cases (136,68%) were found to be females. The highest rates of depression in other studies were also found among young, female registered nurses. According to the National Institutes of Health, factors that increase the risk of depression in women include reproductive, genetic, or other biological factors; interpersonal factors; and certain psychological and personality characteristics.

The distribution of respondents by age revealed that majority (128, 64%) of the respondents were aged above 30years while 72(36%) of the respondents were below 30years. The present result was supported by the findings of other studies done by Nyamwata et al on prevalence of depression and related socio-demographic factors among Nurses which revealed that majority 143 (51.07%) of the respondents were aged 30-39years and 71 (25.36%) of the respondents were aged 20-29 years.²⁷ Less than a quarter of the respondents, 45 (16.07%) were aged 40-49 years

while only 21 (7.5%) of the respondents were aged above 50 years.

As for as marital status is concerned, most (142, 71%) of the cases were found to be married while only 58 (29%) cases were unmarried. These results are in unison with other studies done by Nyamwata et al who revealed that 205 (73.68%) of the respondents were married, 61 (21.79%) of the respondents were single and rest of the respondents were divorced, separated or widowed.²⁷ The prevalence of depression, mentioned in one of the study was 20%, and in those living without a partner.²⁸

Depression is found more frequent among divorced, separated or widowed individuals. Single women is found to have lower rates of depression than married women do.²⁹

It was also found that majority of the nurses belonged to Rural area (128, 64%) than Urban area (72, 36%) which is in congruity with rural and urban divide of population in Kashmir valley as per 2011 census.³⁰

As for as type of family is concerned, it was found that most of the subjects (138,69%) belonged to nuclear family where as less number of subjects (62,31%) belonged to joint family. Since most of the nurses in our study were married, it is obvious that in Joint family all are together, all share their feelings/emotions, care by helping in household chores and even takes care of children. Nuclear family system has been considered as significant independent predictors of depression in one of the study.³¹

The main aim of this study was to assess the prevalence of depression among Nurses, findings reveal that 134 (67%) out of 200 Nurses suffered from depression. In 2009, a study was conducted in Kashmir authorized by the Sher-e-Kashmir Institute of Medical Sciences in Srinagar and they found that the pervasiveness of depression in the area is >55%. Higher level of depression among Nurses may also be because the prevalence of depression in general population is on higher side as cited above.³² A study was done by Xie et al among Nurses in China which revealed

that the prevalence rate of depressive symptoms was 43.83%.³³

Limitations

The sample size is limited to 200 Nurses working in different hospitals in Srinagar which limits the generalization of research findings.

CONCLUSION

Registered nurses suffer from depression at almost twice the rate of individuals in other professions. Major depression affects both employees and organizations. Registered nurses must be healthy and focused to function at optimal capacity. In order to achieve quality patient outcome, it is essential that the nursing workforce should be healthy and vibrant. It is imperative that more attention be given to screening and early intervention of depression to ensure a satisfied, productive and high quality workforce. It is recommended that regular mental health screening should be done, optimum working hours to be scheduled and availability of social support to be assessed.

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