

The Analysis of Factors Influencing the Occurrence of Depression

Analiza czynników wpływających na występowanie depresji

Anna Antczak-Komoterska¹, Monika Polak², Beata Haor³, Dorota Kochman¹,
Wiesław Fidecki⁴, Mariusz Wysokiński⁴

- ① Institute of Health Science, The State Vocational University in Włocławek, Poland
- ② Neurology Department, Provincial Specialist Hospital in Włocławek, Poland
- ③ Neurological and Neurosurgical Nursing Department, Faculty of Health Science, Collegium Medicum, Nicolaus Copernicus University, Toruń, Poland
- ④ Chair of Development in Nursing Medical University of Lublin, Poland

Abstract

Introduction. Depressions are among the civilization diseases of the 21st century and are disorders in the human psyche. It comes in various age groups and affects children, adolescents, women, men and the elderly. In Poland, over 1.5 million people struggle with depression, and at present, during the Covid-19 pandemic, the incidence has increased to over 3 million.

Aim. The aim of the study was to evaluate the factors influencing the occurrence of depression.

Material and Methods. The study included 200 people — nurses from treatment and conservative departments. The prevalence of depressive disorders was assessed using the Depression Measurement Questionnaire, which consists of 75 statements — terms referring to the approach to life and everyday life. A self-questionnaire containing questions about the socio-demographic characteristics of the respondents was used as a research tool. The obtained results were analysed statistically.

Results. In the case of men, the indicator reached a statistically higher value, i.e. 242.2 points, which means the average level, while for women it amounted to 238.1 points, which means a low level. A low level of the NREAP index was shown by the group of respondents aged 20–30, while a high level was observed among the group of respondents aged 41–50. Nurses with lower education — certified ones showed a low level of the DMQ index, while nurses with higher education with a master's degree obtained a higher level of the DMQ index. According to the statistical analysis, the low level of the KRP indicator was shown by people working briefly in the profession from 1 to 5 years. People who worked in the profession from 11 to 20 years had a high level of DMQ. Nurses working in the conservative ward showed a low level of the DMQ index, while the index of nurses in the surgical wards remained at the average levels.

Conclusions. Sociodemographic factors had a significant impact on the occurrence of depressive disorders in the studied group. The study also confirmed a large influence of professional factors on the occurrence of depression among nurses. The statistical analysis showed a significant relationship between the gender, age of the respondents and the depression measurement index — DMQ. (JNNN 2021;10(3):126–132)

Key Words: depression, nurse, sociodemographic factors

Streszczenie

Wstęp. Depresje zalicza się do chorób cywilizacyjnych XXI wieku to zaburzenia w psychice człowieka. Występuje w różnych przedziałach wiekowych i dotyczy dzieci, nastolatków, kobiet, mężczyzn oraz osób starszych. W Polsce z problemem depresji boryka się ponad 1,5 miliona ludzi natomiast w chwili obecnej, w czasie pandemii Covid-19 nastąpił wzrost zachorowalności do ponad 3 milionów.

Cel. Celem pracy była ocena czynników wpływających na występowanie depresji.

Materiał i metody. Badaniem objęto 200 osób — pielęgniarek i pielęgniarzy z oddziałów zabiegowych i zachowawczych. Oceny występowania zaburzeń depresyjnych dokonano za pomocą Kwestionariusza Pomiaru Depresji, który składa się z 75 stwierdzeń — określeń odnoszących się do podejścia do życia oraz codzienności. Jako narzędzie badawcze zastosowano kwestionariusz ankiety własnej zawierające pytania dotyczące charakterystyki socjodemograficznej respondentów. Otrzymane wyniki poddano analizie statystycznej.

Wyniki. W przypadku mężczyzn wskaźnik osiągnął statystycznie wyższą wartość, czyli 242,4 punkty co oznacza średni poziom natomiast wśród kobiet wyniósł on 238,1 punktów co oznacza niski poziom. Niski poziom wskaźnika KPD wykazała grupa badanych w przedziale wiekowym 20–30 lat natomiast wysoki wskaźnik wystąpił wśród grupy badanych w wieku 41–50 lat. Pielęgniarki z niższym wykształceniem — dyplomowane wykazały niski poziom wskaźnika KPD natomiast pielęgniarki z wyższym wykształceniem tytułem magistra uzyskały wyższy poziom wskaźnika KPD. Według analizy statystycznej niski poziom wskaźnika KPD wykazały osoby pracujące krótko w zawodzie od 1 do 5 lat. Wysoki poziom wskaźnika KPD miały osoby, które pracowały w zawodzie od 11 do 20 lat. Pielęgniarki pracujące na oddziale zachowawczym wykazały niski poziom wskaźnika KPD natomiast wskaźnik pielęgniarek na oddziałach zabiegowych utrzymywał się na poziomie średnim.

Wnioski. Czynniki socjodemograficzne miały istotny wpływ na występowanie zaburzeń depresyjnych w badanej grupie. Badanie potwierdziło również duży wpływ czynników zawodowych na występowanie depresji wśród pielęgniarek. Analiza statystyczna wykazała istotną zależność pomiędzy płcią, wiekiem ankietowanych a wskaźnikiem pomiaru depresji — KPD. (PNN 2021;10(3):126–132)

Słowa kluczowe: depresja, pielęgniarka, czynniki socjodemograficzne

Introduction

Civilization diseases are one of the basic health problems of rapidly developing countries, as well as Poland. When a disease occurs, it manifests itself with some symptoms, usually related to one of the systems, but then the entire human body is disturbed. This is also the case with mental disorders. Both the body and the psyche are closely related, even when the clinical picture does not indicate somatic symptoms. Then the patient should be treated as a sick, suffering person, requiring help. Integration of the psyche and the body is the best example of depression, as it shows symptoms in the field of psychopathology and somatic ailments [1]. Depressions are among the civilization diseases of the 21st century and are disorders in the human psyche. It comes in various age groups and affects children, adolescents, women, men and the elderly. In Poland, over 1.5 million people struggle with depression, and at present, during the Covid-19 pandemic, the incidence has increased to over 3 million. What has been proven on the basis of dispensed prescriptions for antidepressants. Women get sick twice as often as men. In this case, hormonal fluctuations and stress play an important role. According to statistics, depressive disorders may occur in families, even several times more often in related people than in the general people. The number of diagnosed people but not willing to undergo treatment should be taken into account. No person is immune to this unit. This disease is not a temporary state of misery or sadness. Depressive states can be caused by various life phenomena, e.g. death of a loved one, situations such as unemployment, emotional tension, financial matters or the lack of a life purpose. Emotional disturbances can often appear in varying severity.

Depression causes long-term misery, no matter the circumstances. Man loses control over his mood and feelings [2–4]. Depressive disorders pose a threat not only to individuals, but for the entire population. In medicine, depression is considered a disease that requires specific treatment over a long period of time. Perceptible somatic discomfort from other organs can effectively lead to mood disorders. Then the patients themselves interpret this disease as “suffering of the soul and body”. In patients suffering from depression, 40–80% have suicidal tendencies, and 20–60% commit suicide, of which 15% are effective. In the world, and because of this, about a million people die every year. In recent years, there have been changes in the methods of detecting the disease. There have been a greater number of episodes in the overall population than previously expected [5–7]. The World Health Organization reports that about 350 million people worldwide currently suffer from depression. In 2020, depressive disorders have become a very common cause of disability and death of all ages in the world. According to WHO guidelines, depression ranks fourth in the classification of health problems in the world [7].

The aim of the study is to assess the frequency and level of depressive disorders among nurses at the Provincial Specialist Hospital in Włocławek and to analyse the factors influencing the occurrence of depression.

Material and Methods

200 people participated in the study, of which 96.6% were female nurses and only 3.4% were male nurses. Due to the nature of the work, the respondents were

divided into those employed in the conservative ward, this group constituted (52.2%) of the respondents and the surgical ward, where the group comprised (47.8%). Our age groups were selected among the respondents: 20–30 years old, 31–40 years old, 41–50 years old, 51–60 years old. The most numerous group was constituted by the respondents in the age range of 59 between 41 and 50 years of age, as many as (46.9%) of respondents. On the other hand, the least numerous group were those aged 22–30 — (4.3%). Most of the respondents (63.8%) lived in the city, while (36.2%) in the countryside. Among the respondents in terms of education, the largest group (44.7%) were nurses with a bachelor's degree, while the smallest (25.2%) were those with a master's degree. Registered nurses constituted the remaining group (30.1%). When surveying the respondents according to their length of service, the largest group (35.3%) were people working in the profession for 21–30 years, and the smallest group were people working in the profession for 1–5 years, because only (4.8%) of respondents. Most of the respondents (52%) worked in the conservative ward, while (48%) were employed in the surgical wards.

The statistical analysis analysed the influence of sociodemographic characteristics. The features taken into account are: gender, age, education, place of residence, length of service and the type of the workplace.

To evaluate statistically significant relationships between the variables, significance tests were used: the student's t-test of independent samples and the one-way ANOVA variance analysis — in the case of independent variables with more than two categories — to show significant relationships between individual groups, as well as chi square. The presented significant relationships were shown at the significance level of 0.05%. The statistical program IBM SPSS Statistics 20 was used for the statistical analysis.

Results

The prevalence of depressive disorders was assumed using the Depressive Measurement Questionnaire, which consists of 75 statements — terms referring to the approach to life and everyday life. The respondents were asked to indicate the frequency with which they felt or performed certain activities. The lower the percentage, the more frequent the symptoms of depression.

Among the surveyed nurses, the average DMQ result score was 238.3 points, which indicates a low level of the DMQ index. According to the sten scale, thanks to which we can compare the results among the respondents. The average level of the index was reached by 13% of the respondents, 38% of them showed a low level of the index indicating the occurrence of depression, while

49% of the respondents achieved a high level of the index, showing fewer symptoms of depression (Figure 1).

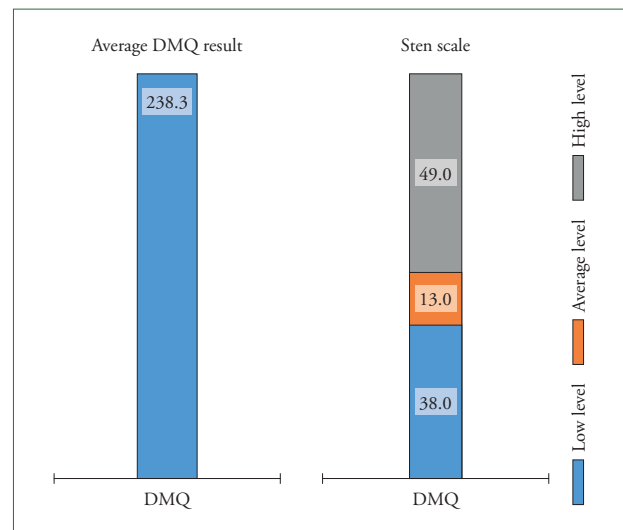


Figure 1. Respondents according to the depression measurement index — DMQ

Source: Own research

Statistical analysis showed a significant relationship between the respondents' gender and the depression measurement index — DMQ. In the case of men, the indicator reached a statistically higher value, i.e. 242.4 points, which means the average level, while among women it amounted to 238.1 points, which means a low level (Figure 2).

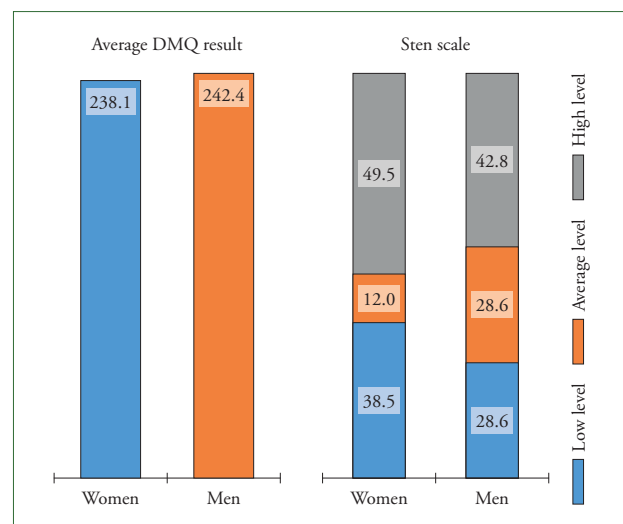


Figure 2. Respondents by gender and the DMQ index

Source: Own research

The statistical analysis showed a significant relationship between the age of the respondents and the depression measurement index. The low level of the DMQ index was demonstrated by the group of respondents aged 31–40, while a high level was observed among the group of respondents aged 20–30 (Figure 3).

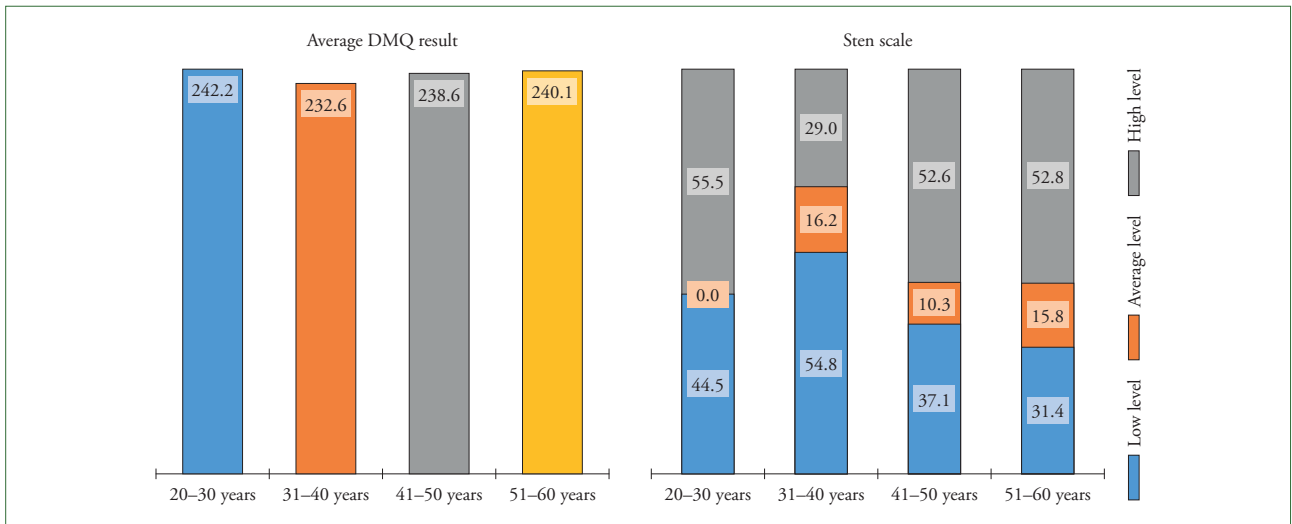


Figure 3. Respondents by age and the DMQ index

Source: Own research

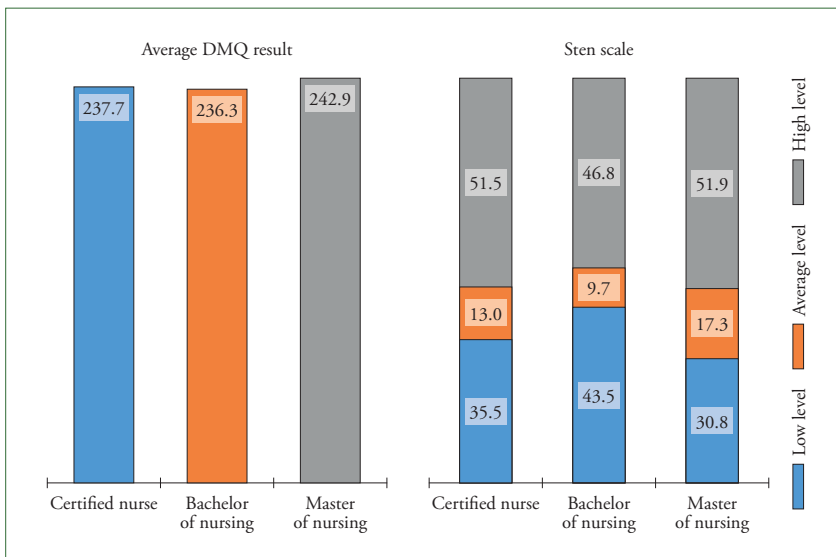


Figure 4. Respondents according to education and DMQ indicator

Source: Own research

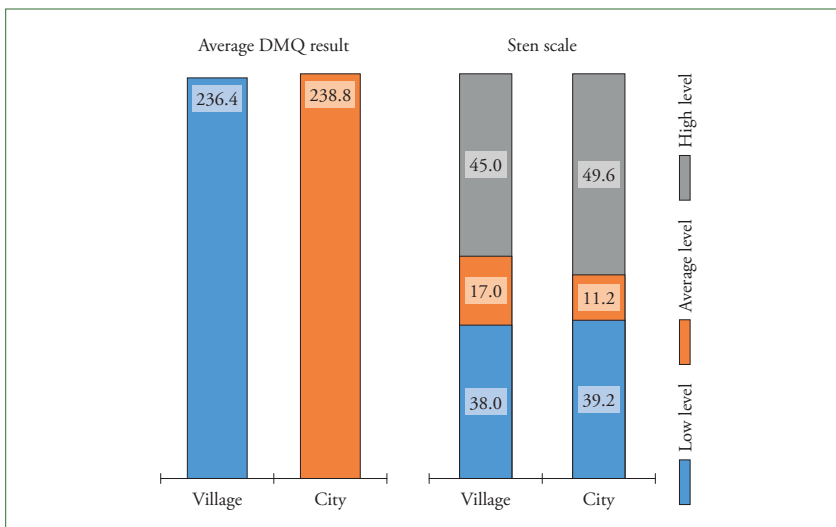


Figure 5. Respondents by place of residence and the DMQ indicator

Source: Own research

The research showed a significant correlation between the education of the respondents and the level of the DMQ index. Nurses with lower education — certified ones showed a low level of the DMQ index, while nurses with higher education with a master’s degree obtained a higher level of the DMQ index (Figure 4).

The statistical analysis showed a significant relationship between the place of residence of the respondents and their DMQ indicator level. Rural residents showed a low level of the index, while city residents showed an average level of the DMQ index (Figure 5).

According to the statistical analysis, the low level of the DMQ index was shown by people working briefly in the profession from 6 to 10 years. People who worked in the profession from 20 to 30 years had a high DMQ indicator level (Figure 6).

The statistical analysis showed a significant relationship between the employment of respondents in a given department and their DMQ indicator level. Nurses working in the conservative ward showed a high level of the DMQ indicator, while the index of nurses the surgical wards showed a low level (Figure 7).

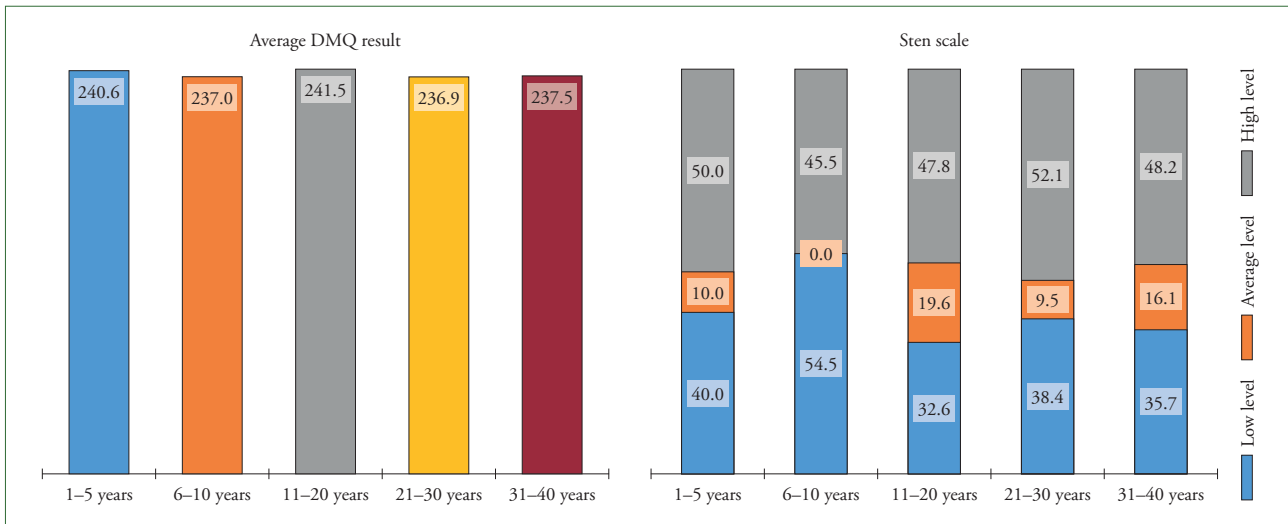


Figure 6. Respondents according to seniority and the DMQ indicator

Source: Own research

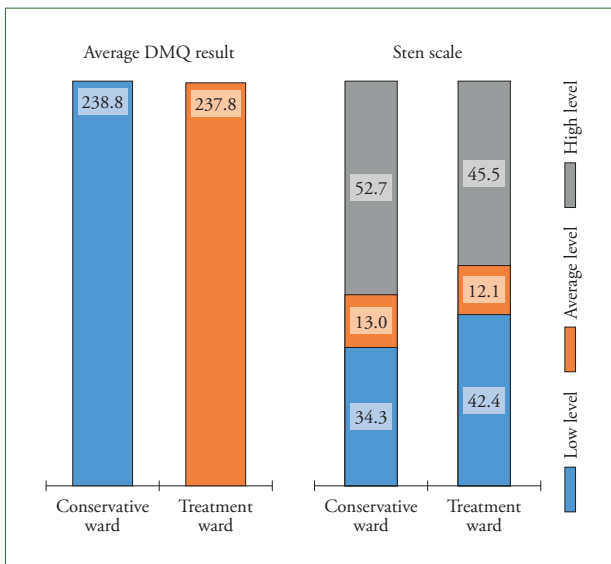


Figure 7. Respondents according to the type of department they work in and the DMQ indicator

Source: Own research

Discussion

The research results obtained on the basis of our own questionnaire did not confirm the third hypothesis concerning the influence of sociodemographic factors on the occurrence of depressive disorders among nurses. The statistical analysis showed a significant relationship between the respondents' gender and the depression measurement index — DMQ. In the case of men, the indicator reached a statistically higher value, i.e. 242.4 points, which means the average level, while among women it amounted to 238.1 points, which means a low level. The research shows that women experience depressive disorders to a greater extent. The research also showed a significant relationship between the age of the respondents and the depression measurement index.

The low level of the DMQ index was demonstrated by the group of respondents aged 20–30, while a high level was found among the group of subjects aged 41–50. Despite this seemingly positive image of young people, the study shows a clear, disturbing picture of younger people, especially in their 30s, who more often show symptoms of discouragement, apathy and low mood. Failures also broke down this age group more often. It was also the younger people who had more problems with completing the matters they had started or with their daily routines.

The obtained result is surprisingly inconsistent with the research by S. Maharaj, T. Lees and S. La conducted among the Australian nurses in 2017, which showed the occurrence of depressive disorders in older nurses with longer work experience. The only consistent issue with the own research was the frequent occurrence of depressive disorders in this professional group, because they concerned as many as (32.4%) of the surveyed nurses [8]. The research showed a significant correlation between the education of the respondents and the level of the DMQ indicator. Nurses with lower education — certified nurses showed a low level of the DMQ indicator, while nurses with higher education with a master's degree obtained a higher level of the DMQ index. The place of residence of the respondents also significantly correlated with the level of the DMQ indicator. Rural residents showed a low level of the indicator, while city residents showed a medium level of the DMQ indicator. Also in terms of the fourth hypothesis, the relationship between occupational factors and the occurrence of depressive disorders was analysed. According to the statistical analysis, the low level of the DMQ indicator was shown by people working briefly in the profession from 1 to 5 years, while the high level of the DMQ indicator was shown by people who worked in the profession from 11 to 20 years. The statistical

analysis also showed a significant correlation between the nature of the employment of the respondents and their level of the DMQ indicator. Nurses working in the conservative ward showed a low level of the DMQ index, while the index of nurses in the surgical wards remained at the average level, indicating a good mood, self-acceptance and activity in their lives, where extremely negative emotions appear less frequently. At the same time, it was more often people from treatment wards who gave themselves small pleasures and believed that they were valuable. They also admit that they feel happy more often than people from the conservative wards. The conducted research proved that professional factors influence the occurrence of depressive disorders in nurses. In terms of examining the above dependence, interesting results were obtained by the team of B. Haor, M. Głowacka, R. Ślusarz and A. Piotrowska. The above research proved that life satisfaction among the studied group changes in a manner inversely proportional to the length of service: it significantly decreases with the increasing number of years worked and is the lowest in the case of nurses who have worked in the profession for more than 30 years. These studies are consistent with the position [9]. J. Kliszcz, who in her article shows research on nurses in the age group with an average age of 60. These people showed the highest level of stress and the occurrence of depressive disorders the most, regardless of their seniority [2]. Similar results of research in their work on stress and burnout in nursing were obtained by P. Dąbrowska, B. Olejnik, A. Kułak-Bejda, where, on the basis of the research carried out and the available literature, it was proven that the nursing staff is constantly exposed to the experience of occupational stress. The statistical analysis showed a significant correlation between the respondents' workplace and their opinion on how much they are exposed to stress. Over (80%) of the surveyed nurses employed in a hospital in the conservative ward showed a high level of stress [10].

Conclusions

1. Sociodemographic factors have a significant impact on the occurrence of depressive disorders in nurses.
2. The study confirmed the influence of professional factors on the occurrence of depression among nurses.

Implications for Nursing Practice

The conducted study analysing the factors that may affect the occurrence of depression among nursing staff may constitute the basis for the implementation of measures aimed at limiting the phenomena of depression

in a medical facility. By participating in classes with a psychologist and referring them to ant-stress courses and camps, you can improve the mental condition of the nursing staff. In the final stage, these actions will reduce the effects of the existing depression and contribute to limiting the incidence of this phenomenon. These activities will reduce absenteeism and improve the quality of work efficiency of the nursing staff.

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Corresponding Author:

Anna Antczak-Komoterska

Institute of Health Science,



The State Vocational University in Włocławek, Poland

Obrońców Wisły 1920 r. 21/23 street, 87-800 Włocławek, Poland

e-mail: anna.antczak-komoterska@puz.wloclawek.pl

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Author Contributions: Anna Antczak-Komoterska^{A-E,H},
Monika Polak^{C,F-H}, Beata Haor^{B,C,F-H} , Dorota Kochman^{B,C,F-H},
Wiesław Fidecki^{B,C,F-H} , Mariusz Wysokiński^{B,C,F-H}

A — Concept and design of research, B — Collection and/or compilation of data,
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