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INVESTIGATION OF THE DEPRESSION OF NURSES

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ABSTRACT

Propose: This study was performed to investigate the depression levels of the nurses in an hospital.

Method: This study is planned as a definer. Data were collected between September 2014 - December 2014 by applying "socio-demographic survey" and "Beck Depression Inventory (BDI)" whose main objective is to measure depression, to the 122 nurses. Analysis of the data was performed using; number, percentage, mean, variance analysis, test and correlation analysis.

Results: Nurses are consist of 33.6% men, 66.4% women; 46.7% of the nurses have undergraduate, 32.8% have undergraduate and graduate degree while 20.5% have high school degree. 68.9% of the nurses have choosed profession willingly, 31.1% have chosed unintentionally.; 51.6% appricate the profession, 48.4% do not satisfiy. 45.9% of the nurses satisfies with the work environment, 54.1% of the nurses stated that they do not satisfy with their work environment. BDI scores of 56.6% of the nurses are in normal range, while in 26.2% mild depression, 10.7% moderate levels of depression and 6.6% are at violent depression levels. The nurses who chose profession unwillingly, who does not find profession appropriate for them, who does not satisfy with their work environment and who has medium/poor health perception have significantly higher BDI score (p <0.05).

Conclusion: It was determined that about half of the the nurses have depression in varying degrees. Depression is more common for the nurses who chose profession unwillingly, who finds the profession unappropriate, who does not satisfy with their work environment and who has medium / poor health perception.

Keywords: Depression, Nurses, Burnout

1. INTRODUCTION

According to the definition of World Health Organization (DSÖ-WHO); Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Özvarış 2011). For this purpose, with regard to the development of health in 1978, member states in Almaty signed the health policies for everyone and brought them

into effect (Özvarış 2011). The presentation of the health care system requires the existence of health care professionals who meet the community needs in a flexible and creative way, use the knowledge about care, have problem-solving skills and are in a state of complete well-being in terms of mentally (Ülker 1995).

As human is a biopsychosocial being, the health problem experienced in any field can also adversely affect the other fields (Öz 1999, Özkan 2001). Also, people's working lives affect the health significantly. Working has an important place in human life. Today, the individual is faced with many stimulants originating from internal and external environment and affected positively or negatively by this. It is known that the risk of burnout is higher in professions working with people face to face such as doctors, nurses, social workers, psychologists, teachers and babysitters (Karadağ et al. 2001).

Depression is a serious disorder which afflicts people's social relations, academic achievement, professional success, shortly the quality of life. It greatly prevents the labor force and productivity in society. It facilitates the acquisition of harmful habits, and sets ground for suicide attempts. Therefore, identification, prevention, treatment and the identification of recurrence risk factors are of particular importance. (İnanç et al 2004, Aylaz et al 2007).

Burnout syndrome is one of the specific forms of depression. Usually in case of long-term stress accumulation, only relatively small trigger (e.g. changing job) is sufficient for the occurrence of the disease. Generally, vague physical complaints are in question such as increased sweating, vertigo, headaches, gastrointestinal problems and muscle pains. Sleeping problems are very common here as well. The factors related to business and organizations that affect burnout in individuals are primarily determined as workload, control, rewards, belonging, justice and values. The burnout factors related to the job experienced by the person may be a factor leading to depression. Burnout syndrome may progress to a severe depression (Arı et al 2008, http://www.depression.ch).

There are many theories developed about depression. One of them is the theory of cognitive inefficiency developed by Beck (1979). Three concepts were identified while outlining Beck depression. The first of these is the concept of cognitive triple. This concept contains the beliefs about the person himself, the environment and the future of the person (Dilbaz and Seber 1993).

In depression, the state of being reluctance and not enjoying life occurs. Feelings and thoughts are seen such as reduction in human relations, negative and pessimistic outlook on life style, indecisiveness, unexplained thinking capability, inappropriate guilt and worthlessness, tiredness and loss of energy. Firstly it is necessary for such a person to improve his/her psycho-social situation in order to provide service and to be able to help to his/her surrounding. Also, depression is regarded as an important health problem due to the fact that the prevalence, chronicity and recurrence rates are high and that it increases the labor force loss and the suicide risk (American Psychiatric Association 2000; Marakoğlu and Şahsıvar 2008). According to the study carried out by Dilbaz and Seber, depression which is an important common mental health problem all over the world decreases the quality of life by preventing the person's functionality, creativity, happiness and satisfaction, and leads to loss of labor force (Dilbaz and Seber 1993).

Researches are focused on nurses due to the fact that it is a professional group in which majority of them are women, people take on different roles and responsibilities out of their works, and the burnout syndrome is intensively experienced besides forming the majority of the medical staff (Takala 2005). In nurses, the majority of them lived in nuclear families, it was thought that the fact that women had more domestic responsibilities as well as working life and that there was no one to help her at home might have increased the burnout level (Metin et al 2005, Barutçu et al 2008). Especially, the investigation of the effects of shift working and working by turns which are regarded as one of the causes of decrease in job satisfaction and burnout and taking the necessary measures to deal with these effects are of crucial importance for nurses and administrators (Takala 2005). We can say that the nurses working especially in risky areas such as intensive care or burn unit are more affected by stress factors in the workplace environment, have more difficulties in dealing with both staff and patients, over-identify with the patient and that their work remains at a technical level. Their emotional burnout, anxiety and psychological stress levels are observed to be significantly high (Ebrinç et al 2002).

A government research carried out in USA determined the professions that mostly led people into depression, and according to this research, health care workers and social service professionals, 9.6 percent of them were depressive, were ranked as in third place. Health care personnel is a group who have to work outside of normal working hours and

days, have duties and responsibilities with life-threatening, race against time, use different technologies and who work under intense stress and pressure (Josten et al 2003).

Hospitals providing services 24 hours 7 days a week are institutions where it is necessary to work with the shift or rota system for the continuation of the services. In hospitals, nurse is the health care staff who is the first person resorted by the diseased individual and his/her family for all kinds of problems for 24 hours in health team and who plays a key role in ensuring the communication in health team because his/her this task. Nursing is described as a stressful profession with a heavy workload by many negative factors caused by the working environment.

International Labour Organization (ILO) defines the main stressors of nurses' workplace environment as conflicts with managers, role conflict and ambiguity, excessive workload, emotional stress caused by the conflict with patients, working with patients who are in need of intensive care and are about to die, conflicts with patients and working in shifts (http://www.ilo.org/wcmsp5).

Nurses working both in primary care and higher is a group who has to work outside of normal working hours, have heavy duties and responsibilities, and work under intense stress and pressure. Because it is a profession based on communication with people, nursing requires more healthy members of the profession in terms of mental and the physical aspects compared to other professions. It was reported that the fact that nurses tried to deal with the chronic stress they experienced by developing new defense mechanisms and that sometimes this situation reached a pathological dimension might cause the development of the burnout syndrome in nurses (Muşlu et al 2004).

2. METHOD

Research objective: This study was carried out with the aim of evaluating depression in nurses.

Research Type: The research was carried out descriptively.

Time and Place of Research: This study was carried out at a state hospital between the dates of September 2014 - December 2014.

Population and sampling: 140 nurses working at a state hospital formed the population of the study. All nurses were included in the study. The sample of the study was composed of 122 nurses as there were nurses who were not reached or who answered the questionnaire forms incompletely.

Data Collection: The data of the study were collected by face to face interviews by researchers during the period of September 2014.

Data Collection Tools: At the study's data collection phase, "sociodemographic characteristics questionnaire form" and "Beck Depression Inventory" were used.

Beck Depression Inventory (BDI): It is a measurement tool developed by Beck in order to measure emotional, cognitive, somatic, and motivational components. The main purpose is to evaluate the symptoms of depression in a comprehensive way. The scale is composed of 21 items, two of them for emotions, eleven of them for cognitions, two of them for behaviors, five of them for physical symptoms and one of them for interpersonal symptoms. Scores ranging between 0-63 were obtained by giving points between 0-3 to the questions (Sorias 1998, Hisli 1988). The Turkish version of the scale was made by Hisli (1988). It was graded as normal (0-9 points), mild (10-18 points), moderate (19-29 points) and severe depression (30-63 points).

Evaluation of the data: Analysis of the data was carried out in SPSS 17.0 environment by using number, percentage, average, variance analysis, t test and correlation analysis.

Ethical Aspect of the research: Written permission from the institutions in which the study was carried out and the informed consent from the participants were received.

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3.   FINDINGS

33.6% of the nurses were males and 66.4% of them were females. 67.2% of them were married, 32.8% of them were single; while 20.5% of them high school graduates, 46.7% of them had associate's degree, and 32.8% of them had undergraduate and postgraduate education. While 68.9% of the nurses chose the profession willingly, 31.1% of them chose reluctantly; while 51.6% of them found the profession suitable for him/her, 48.4% of them did not find suitable. 42.6% of them were working during the daytime, 57.4% of them were working in shifts. While 45.9% of the nurses were satisfied with the working environment, 54.1% of them stated that they were not satisfied. In addition, 36.9% of them perceived their health as good, 63.1% of them perceived their health as moderate / bad. It was reported that 44.2% of the nurses smoked, 31.1% of them drank alcohol.

Table 1. Some demographic characteristics of nurses

Variable	Sub-dimension	n	%
Gender	Male	41	33.6
	Female	81	66.4
Marital Status	Married	82	67.2
	Single	40	32.8
State Of Education	High school	25	20.5
	two-year degree	57	46.7
	Undergraduate / Postgraduate	40	32.8
Choice Of Profession Status	willingly	84	68.9
	unwillingly	38	31.1
The Status Of Finding Profession Suitable For Himself/Herself	appropriate	63	51.6
	inappropriate	59	48.4
Manner Of Work	Daytime	52	42.6
	In shifts	70	57.4
Satisfaction With The Workplace Environment	Satisfied	56	45.9
	Not satisfied	66	54.1
Health perception	Good	45	36.9
	Moderate/Bad	77	63.1
Smoking status	Smoking	54	44.2
	Not smoking	68	55.8
Alcohol status	Drinking	38	31.1
	Not drinking	84	69.9

It was seen that nurses with 33.7±0.7 average ages had average 1.18 ± 0.1 children and 10.9 ± 0.7 years of work experience.

Table 2. Some Average Values of Nurses

Variable	Min	Max	Average ± Standard Error
Age	19	55	33.7 ± 0.7
Number of children	0	5	1.16 ± 0.1
Year of Working	1	30	10.9 ± 0.7

Table 3. The frequency distribution of BDI scores of nurses

Depression Scores	N	%
0 - 9 Point: Normal	69	56.6
10 - 18 Point: Mild Depression	32	26.2
19 - 29 Point: Moderate Depression	13	10.7
30 - 63 Point: Severe Depression	8	6.6

BDI scores of 56.6% of the nurses that formed the sampling were at the range of normal limits, 26.2% of them were mild depression, 10.7% of them were moderate depression, and 6.6% of them were severe depression.

When analyzed BDI point averages according to the demographic characteristics of nurses, it was observed that BDI point averages did not vary according to gender, marital status, educational status and working condition (p>0.05). Also, it was observed that while BDI point averages of the nurses who smoked and drank alcohol were high compared to those who did not smoke and drink, this difference was not significant, and BDI point averages did not vary according to status of smoking and drinking alcohol of the nurses (p>0.05). On the other hand, those who chose the profession unwillingly had statistically significant high BDI point averages compared to those who chose the profession willingly, those who found the profession suitable for themselves had statistically significant high BDI point averages compared to those who found the profession suitable for themselves, and those who were not satisfied with the workplace environment had statistically significant high BDI point averages compared to those who were satisfied with the workplace environment, and those who had moderate or bad health perceptions had statistically significant high BDI point averages compared to those who had good health perception (p<0.05).

Table 4. BDI average differences according to some demographic characteristics of nurses

Variable	Sub-dimension	n	Average ± Standard Error	Significance
Gender	male	41	11.8 ± 1.9	t: .825
	female	81	10.1 ± 1.1	p> 0.05
marital status	married	82	10.6 ± 1.2	t: .067
	single	40	10.7 ± 1.8	p> 0.05
state of education	High school	25	14.0 ± 2.9	KW: 1.010
	two-year degree	57	9.9 ± 1.3	p> 0.05
	Undergraduate / Postgraduate	40	9.7 ± 1.5	
* Choice Of Profession Status	willingly	84	8.9 ± 1.1	**t: -2.720**
	unwillingly	38	14.6 ± 2.1	**p<0.05**
* The Status Of Finding Profession Suitable For Himself/Herself	appropriate	63	7.8 ± 1.1	**t: -3.141**
	inappropriate	59	13.8 ± 1.6	**p<0.05**
Manner Of Work	Daytime	52	11.1 ± 1.5	t: .378
	In shifts	70	10.4 ± 1.3	p> 0.05
*Satisfaction With The Workplace Environment	Satisfied	56	8.1 ± 1.2	**t: -2.498**
	Not satisfied	66	12.9 ± 1.4	**p<0.05**
*Health perception	Good	45	7.1 ± 1.6	**t: -2.875**
	Moderate/Bad	77	12.8 ± 1.2	**p<0.05**

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Smoking status	Smoking	54	12.8 ± 2.1	t: 1.409
	Not smoking	68	9.8 ±	p> 0.05
Alcohol status	Drinking	38	12.3 ± 1.9	t:1.113
	Not drinking	84	9.9 ± 1.1	p> 0.05

Table 5. Relationship between some variables and BDI

Variable	N	r	r2	p
*Age		-.020	.000	.845
*Number of children	122	.001	.000	.932
* Year of Working		.077	.005	.304

Although there was a low level of negative relationship between the ages and BDI points of the nurses, it was seen that this relationship was not statistically significant. Also, when analyzed the relationship between the number of children and years of working and BDI, no significant relationship was observed between the number of children and years of working and BDI.

4. DISCUSSION

The skills of overcoming the stress of individuals may be varied according to personal characteristics, experiences and their mechanism of overcoming. Therefore, personal characteristics may increase stress in the workplace environment; similar sources of stress can be perceived differently by each nurse even when they work in the same environment (McVicar 2003, Brown and Edelmann 2000). Being exposed to stress for a long time and intensely causes emotional burnout and many physiological changes (Taycan et al 2006).

While BDI scores of 56.6% of the nurses who participated the study were at the range of normal limits, it was observed that 26.2% of them had mild depression, 10.7% of them had moderate depression, and 6.6% of them had severe depression (Table 3). The presence of various degrees of depression in the majority of nurses seemed to be a major problem. Because the profession of nursing, by its nature, have to struggle with patients, patient's relatives, clinical problems and familial and professional problems all the time. However, it is considered that the presence of depression is thought to negatively affect nurses' problem-solving skills. Because it was stated in the studies carried out that the person's problem-solving skills decreased as the depression point increased (Tezel et al 2009). People in this profession group, the fundamental duty of them is to provide quality care, are expected to be in physically and spiritually well-being. Therefore, high levels of depressive symptoms seen in nurses negatively affect both the quality of care and the professional satisfaction and social life of the nurse. Therefore, this situation is not only the problem of the nurse but also it is the particular concern of the institution where the nurse is working. Similar to this finding, it is seen that there are similar results in the literature when analyzed the other studies about the issue (Tunçel et al 2014, Gülseren et al 2000). In the studies carried out, it was stated that about a quarter of the nurses were at risk for depression (Gülseren et al 2000). It was stated in the literature that nurses who found the profession suitable for themselves had less burnout and depression (Tunçel 2014, Taycan et al 2006). This finding is consistent with the findings of this study. Because it was seen that nurses who found the profession suitable had lower depression points. Burnout and Depression develop as a result of failure to use the proper and adequate overcoming skills against internal and external stimulants. Nurses who do not find the profession suitable for themselves cannot use proper and adequate overcoming skills for the adequate work

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motivation and the necessary problem-solving skills due to unwillingness. Therefore, depression is regarded as an expected situation in these people.

It was seen that nurses who were not satisfied with the workplace environment had higher depression points (Table 4). As mentioned in the literature, it was observed that satisfaction with the workplace environment positively affected the dynamism, general health status and emotional status of the nurses (Muşlu et al 2012). In this study, it was seen that the depression point increased as the health perception worsened. This finding is consistent with literature findings (Temel et al 2007).

When analyzed the relationship of nurses' depression points with age, year of working and the number of children, although a low level of relationship was observed between the ages and depression point of the nurses, this relationship was observed to be statistically significant (Table 5). In addition, when analyzed the relationship between the number of children and year of working with BDI, it was observed that the number of children and the year of working was not related to depression point (Table 5). Although it was determined in this study that age and year of working were ineffective variables in the evaluation of depression point, there are studies in the literature that indicate the fact that there is a relationship between age and year of working and depression point (Gülseren et al 2000).

5.   RESULTS AND SUGGESTIONS

The following results were obtained according to the findings of this study carried out to determine the depression level in nurses.

- Nearly half of nurses had varying degrees of depression.
- The average depression points of those who chose the profession unwillingly, who found the profession suitable for themselves, who were not satisfied with the workplace environment and who had moderate/bad health perceptions were significantly high
- Variables such as gender, marital status, education level, working style and the use of smoking and alcohol did not affect the depression
- There was not a relationship between age, year of working and the number of children with depression points

In accordance with these results, the following suggestions were offered to nursing managers and researchers.

- Planning further studies in which variables causing depression in nurses are examined
- Provide training for nurses to make them overcome more easily with stressors
- The efficient use of consultation / liaison psychiatry services for the protection and improvement of mental health of the workers.

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