

Depression among Nurses in Pabna Mental Hospital, Pabna

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Abstract

Introduction: Every day, nurses experience a great deal of stress. They face problems at work, people relying on them for their care, and also tons of responsibilities piling up at home. Psychological stress is common in hospital ward and associated with depression. Only few studies are done concerning mental health of Nurses in Bangladesh. The study was carried out with a view to find out the prevalence of depression among nurses at Mental Hospital, Pabna, Bangladesh. **Materials & Methods:** A cross sectional, questionnaire-based survey was carried out among the 125 nurses of Mental Hospital, Pabna. The study was conducted between January to February 2019. The depression levels were assessed using Zung depression scale. Nurses were asked to complete the questionnaire and then the depression levels calculated. **Result:** The overall prevalence of depression among the nurses was 4.13 percent. The prevalence of depression was 4.5 percent among female nurses versus 2.94 percent in male nurses. **Conclusion:** The prevalence of depression is seen especially in nurses. So, attempts should be made to alleviate the stressors.

Keywords: Depression, Nurse, Zung depression scale.

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Introduction

Depression is one of the most commonly diagnosed mental disorders. According to the World Health Organization (WHO), about 300 million people suffer from depression worldwide, which represents one of the leading causes of disability and global burden of diseases ¹. Nurses are known to be the victims of tremendous mental stress. The personal and social sacrifice they have to make in order to maintain a good patient care result in a highly stressful environment puts them under a lot of stress. Depression imposes a considerable economic burden on the society; therefore, prevention plays an important role in saving resources and

improving quality of life ². By 2030, depression is expected to become the second cause of disability and co-morbidities in developing countries ³, profoundly impacting people's performance and quality of life. Furthermore, an anticipation of age-of-onset is expected ⁴. From an etiopathogenetic standpoint, hereditary genetic and biochemical causes can cause depression, disturbing communication between nerve cells ⁵. Social and family problems and employment conditions can be among the causes of depression ⁶. This disease severely impairs familiar and social sphere, as well as professional working, leading, in some cases, to suicide ⁷. Doctors, nurses, and other hospital service providers are among a group at high risk for developing depression. Doctors, nurses, and other hospital service providers are among a group at high risk for developing depression ⁸. It is estimated that depression has a greater impact on job performance than chronic diseases, such as arthritis, blood pressure, backache, and diabetes ⁹. Nursing is among occupational groups at high risk for depression due to harsh working conditions ¹⁰. Several studies have examined the prevalence of depression among nurses. In 2 studies conducted in the USA, the prevalence of depression was reported to range from 18% to 41% ^{11,12}. However, only few studies are done in nurses of Bangladesh. Thus, we carried out a 20 questionnaire based cross sectional study to find out the prevalence of depression in nurses.

Materials and Methods

The Study was a descriptive cross sectional study conducted at Mental Hospital, Pabna, Bangladesh during the period of January 2019 to February 2019. 125 nurses were included in the study after randomized sampling. The recruited nurses were informed about the purpose of study and explained about the general instructions. Informed consent was taken prior to the study. The nurses were allowed to respond in their own time and privacy. The participation was entirely voluntary. The study was approved by the Research Ethical Committee. Then they were

given the questionnaires which comprised of personal data, Zung Depression Inventory & stress inducing factors.

- Personal Data: This included age, sex, religion and home district.
- Zung Depression Scale: It is a 20 itemed self rated questionnaire which assess the level of depression symptoms¹³. It has already been used in primary care and community settings and as a screen for depression¹⁴. It contains 10 positive questions for e.g. "I eat as much as I used to" and 10 negative questions for e.g. "I notice that I am losing weight". Answers thus obtained are scored between one to four for each question with a total score ranging from 20 to 80. A score less than 50 were considered to represent a case with no depression while a score ≥ 50 was considered to represent a case with depression.
- Stress inducing factors: After in-depth literature review and peer consultation, five most important stress inducing factors were selected. The nurses were asked to strike the factors they thought to be important from the following.

- a) Hospital stress
- b) Relationships problem
- c) Hectic lifestyle
- d) Future concerns
- e) Familial problem

Data were analyzed by using SPSS software (Version: 16) and then the results were interpreted.

Results

Out of the 125 questionnaires distributed to nurses 121 were returned completed, giving a response rate of 96.8 %. Out of the 121 respondents, 87 were females and 34 males. The mean age of study subjects was 35.67 years and a range of 26 to 55 years. Overall prevalence of depression in nurses was found to be 4.13 %. The incidence of depression was found to be more among female nurses versus male nurses which is shown in table.

Table - I: Distribution of the respondents by sex of the nurses.

N=121	Total	Percentage (%)
No. of depressed Male	1	2.94
No. of depressed Female	4	4.5

Table -II: Distribution of the respondents by stress inducing factors.

Factor	Total	Percentage (%)
Hospital stress	5	4.13
Relationships problem	4	3.3
Hectic lifestyle	4	3.3
Future concerns	5	4.13
Familial problem	3	2.4

Discussion

The response rate of 96.8 % renders an adequate sample of population studied to fulfill the objectives of the study. The findings show the prevalence of depression (4.13%) in Mental Hospital, Pabna (Table-I). In another study conducted in China, the prevalence of depression among nurses was 38%¹⁵. Also in two studies conducted in Taiwan, the prevalence was 52.5% and 27.7%, respectively^{16,17}. Canada, France, and the USA reported a prevalence rate of 10% to 40%^{18,19,20,21}. Various factors, such as differences in personality, cultural, social, and working conditions may explain differences in the prevalence of depression among nurses in different countries around the world. Moreover, different methodological designs and different tools used for assessing depression could play a role in explaining these discrepancies. In our study, the prevalence of depression was found to be less in the nurses. This finding could be due to less hospital, familial and relationship stress (Table-II). In Bangladesh a rural community-based study showed an overall prevalence of psychiatric disorders as 16.5%; notably, half of the sufferers had depressive disorders (8%) and a third had anxiety disorders (5%)²². On the other hand, another study on females in a rural setting reported 16.4% had mental disorders with depression being the single most common disorder (8.9%)²³. In table no: I, we found that a gender difference regarding the association with depression was noted where female nurses reported a higher. This gender variation in depressive status in nurses could be the reflection of usual trend of high prevalence of depression in females as in the general population. However, the study has been able to throw some light about the mental health of nurses. There were several limitations to the study. Our study only included 125 respondents due to unavailability. Other stressors were not assessed.

Conclusion

The results revealed a picture of the prevalence of depression in nurses in a mental hospital in Bangladesh. They should be supported by counseling. By identifying the symptoms of depression and the stress inducing factors at an early stage hopefully the psychological morbidity among nurses can be prevented and the ones in morbid state can be helped to seek the professional.

Conflict of Interests: None.

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