Study the Prevelence of Depression among Nursing College Students of Kolar District, Karnataka State

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Abstract:

Introduction: Nursing College is recognized as a stressful environment that often exerts a negative effect on the academic performance, physical health and psychological wellbeing of the student. Depression among nursing students is an area of increasing concern worldwide. This study aimed to assess the prevalence of depression and its associated factors among nursing students of Kolar district.

Materials and methods: AStratified random sample of 430 students was assessed using separate questionnaire by investigators. Association between depression and class of studying, age group, social factors like family problems, family history of depression and staying away from home were analyzed.

Results: Theoverall prevalence of sadness was found to be 47(10.9%).among those with a symptoms of pessimism is 30(7%) pastfailure15 (3.5%) loss of pleasure24 (5.6%), suicidal thoughts are 21(4.9%) amajority of studentshad mild tomoderate degree of depression .This study showed thatamong 395females45are very close to sadness of the depressed and among 352are very close to sadness .According to this study 18girls are decided to harm themselves or hadsuicidal thoughts. The prevalence of depression was significantly more among those with family problems and family history of depression.

Conclusion: Prevalence of depression is highly prevalent among nursing students in this area. Our findings point to the importance of broad screening and psychiatric counseling of this vulnerable population.

Objectives of the article: Study of the prevalence of Depression among nursingcollege students of Kolar district

Keywords: Depression, Nursing, Prevalence, sadness, suicidal thoughts, loss of pleasure, past failure.

I. Introduction

Depression is an illness that affects both the mind and the body and is a leading cause, most of people have felt sad or depressed at times. Feeling depressed can be a normal reaction to loss, life's struggles, or an injured self-esteem. But when feelings of intense sadness including feeling helpless, hopeless and worthless last for many days to weeks and keep you from functioning normally, depression may be something more than sadness. It may very well be clinical depression a treatable medical condition¹.WHO defines adolescents as individuals aged 10-19years.in India ,they account for 20percent of the world's individuals have a mental health problem⁵,⁶.Nursing care is one of these stressful professions, and from the academic training onwards, A variety of factors which include their educational life, social factors like family history of drug addiction, alcohol use, family problems, family history of depression, staying away from home, were associated with depression among students. Studies of such nature the student runs into situations which require the taking of important decisions for patient care; the insecurity and anxiety which result from this process may cause stress. A high level of cognitive skills and proactive disposition and attitudes are constantly required among nurses and also student nurses to practice so stress and depression may not hinder their performance¹⁹.

Suicidal rate in India is 21.1 % is higher comparing to the other countries in the world .In each year over a half million people put their lives down globally, of them 20% are Indians. During the two decades the suicidal rate has being increasing from 7.9 to 10.4per one lakh population. Aproportion of adult population aged between 15 to 29years have committed suicide. We find that the country is loaded with high number of suicide, a total of 2, 58,075 people committed suicide in 2012. (WHO, Report2012)

If we look through the socioeconomic context, we shall see a disturbing profile of India, wherein thestatistics revealed that burden of depression is 50% higher in female than males, and report says that the Indian women are more depressed, nearly 36% percent people are suffering from major depressive episodes. Usually major depressive episodes manifested by sadness, loss of interest or pleasure, loss of libido, feeling of guilt or low self-worth, less sleep or loss of appetite and more gender inequality in our society^{2,3}.

Depression is a severe disturbance of mood, being the fourth leading cause of social incapacitation in the world. One in every twenty people is struck by depression at same point in their lives. Of every fifty cases, one will require hospitalization, andfifteen percent of these will commitsuicide. Thebeginning of depression is most frequent between the ages of 20to 50,but the average age for its identification is approximately 40years. Among the 50% of the patients, it is considered a public health problem in view of its social costs which involve drops in productivity either studies or work, mood changes, cognitive, psychomotor and vegetative alterations, loss of initiative, and apathy (delport2005EPM projects medicos). The stressful events can be related to depression is family history, events in infancy, aspects related to personality, socialisolation, andunpleasant experiences in daily life. The combination of genetic factors, stress in early age and continuous stress can determine a person vulnerability to psychiatric disorders such as depression. Stressors linked directly to self-esteem are more likely to advance depression and thus each person judges the stressful agent as serious or not. Professions which demand close contact with people and which are changed with affective involvement such as medicine ⁴, psychology,nursing and physiotherapy are more likely to develop stress at work.

Nursing is one of these stressful professions, and from the academic training onwards, the student runs in to situations which require the taking of important decisions for patient care, the insecurity and anxiety which result from this process may cause or worsen stress. Characteristics such as a high level of cognitive skills proactive disposition and attitudes are constantly required, both among nurses working in ward or practice and nursing students. In this way depression may prejudice the performance both student nurses and qualified nurses.



As there is steady increase of suicides among the parents, this unhealthy coping of stressors is bearing the effect on the teenagers and children. Hence the need to address healthy coping skills among parents is the need of the hour. This study highlights the same.

W.H.O defines adolescent as individuals aged 10-19 years. In India they account for 20% of the population .An estimated 20% of the world's adolescents have a mental health or behavioral problem^{2,21}. A growing body of evidence has confirmed that children and adolescent not only experience the whole spectrum of mood disorders but also suffer from the significant morbidity and mortality associated with them .Suicide has become a growing public health concern as successive generations have shown a parallel increase of depression and suicide in child's age group.^{1,2}.Studies from other parts of world have shown a high prevalence of

depression in student community⁶.Childhood depression ,like the depression of adults , can encompass a spectrum of symptoms ranging from normal responses of sadness, pessimism, in stressful life events to severe impairment caused by depression¹⁹.

II. Material And Methods

This Cross sectional study was done in August 2014, among GNM, BSc (N) students from three privateInstitutions and one missionary college in Kolar town of Karnataka State, South India.This study was approved by the Institutional Ethics committee; Permission from the heads of the respective institutions was taken after explaining the purpose of the study. Participation in the study questionnaires distributed to the students total confidentiality of the institution and individual was assured. This was cross-sectional study done in Kolar district.Kolar is a city in Karnataka state, with a population of 74000.By simple random sampling, a total of 430 students were selected from 3private nursing college and one missionary college^{20.}

III. Results

Much of the Literature has examined the extent to which risk factors such as negative reactivity, sadness, pessimism, low level of social engagement, negative cognitive style, low self-esteem, low trust belief in others predispose adolescents to experience increasing level of loneliness, presumption of failure in their life or feel loss of pleasure, guilty feeling, punishment and suicidal thoughts. Prevalence of depression in college students is an under recognized mental health problem, because they be indecisive to disclose their feelings and seek social and psychiatric help ^{3, 11}. The factors that make depression so difficult to diagnose in students in the common behavior changes that are normally associated with the hormonal changes of their period .The sample size was calculated assuming a prevalence of depression to be 18.4% as reported in a previous study.A 430 students returned the fully answered questionnaire representing an overall, 100%response rate one fourth of each year BSc(n) and GNM students, male 35(8%)female395(91.9).Prevalence of depression symptoms are mentioned in the tables.

Findings from the study

Table 1			
Variables	N=430	%	
Age			
15-19	134	31.2	
20-24	291	67.7	
25=>	5	1.2	
Sex			
Male	35	8.1	
Female	395	91.9	
Edu. Status			
GNM	22	5.1	
B.Sc.(N)	408	94.9	
Marital Status			
Married	27	6.3	
Unmarried	403	93.7	
Religion			
Hindu	232	54	
Muslim	9	2.1	
Christian	189	44	
Caste			
SC /ST	141	32.8	
OBC	125	29.1	
OFG	164	38.1	
Type of Family			
Nuclear Family	361	84	
Joint Family	69	16	

Table =2, sadness	430	%
1.I don't feel sad		140(32.6)
2I Feel sad Much of the time		228(53)
3.I Am Sad all the time		15(3.5)
4.I am so sad that I cannot stand it		47(10.9)
Table 3 Pessimism		430
1.I am not discouraged about my future		249(57.9)
2.I feel more discouraged about my future than used to be		105(24.4)
3.I do not expect things to work out for me		46(10.7)
4. I Feel my future is hopeless and will only get worse		30(7.0)
Table.4 past failure		

1.I don't feel like a failure	269(62.6)
2.I have failed more than I should have	73(17.0)
3. As I look back ,I see a lot of failure	73(17.0)
4. I feel am a total failure as a person	15(3.5)
Table 5 loss of pleasure	
1. I get as much pleasure as I ever did from things I enjoy	240(55.8)
2 I did not enjoy things as much as I used to	70(16.30
3.I get very little pleasure from things I used to enjoy	96(22.3)
4. I can't get any pleasure from the things used to enjoy	24(5.6)
Table .6 suicidal thoughts	
1 I did not have any thoughts of Killing myself	372(72.6)
2. I have thoughts of killing myself, but I would not Carry them out	82(19.1)
3. I would like to kill myself	15(3.50
4I would like to kill myself, If I had the chance	21(4.9)

IV. Discussion

Nursing College is recognized as a stressful environment that often exerts a negative effect on the academic performance, psychological well-being and physical health of the student ^{7,8}. Consistent with the economic changes and the needs of our country, the population of the nursing student is increasing;this has enhanced the risk of developing various mental disorders like depression and others. The well documented studies to determine the prevalence of depression and its associated factors among nursing students are few in our country. Our study findings also found proportion of male depressed students had more depressive symptoms which may be due to their competitiveness and future planning, less adjustment in the hostel atmosphere asfound in this study^{9,10}.



In our study the most prominent symptom was sadness with prevalence of 47%. However 30% reported pessimism as major symptom. Loss of pleasure (anhedonia) was found in 24%. The other symptoms of suicidal thoughts and past failure was found in 21% and 24% respectively.

Concluding Remarks

The transition from the academic period to the new phase of professional activity, where the young people need to take important decisions contributes to the presence of pessimism, sadness, failure, loss of pleasure and suicidal thoughts as observed in the present study^{11,12}, Thisstudy, undertaken with two groups of student nurses in the different semester of their courses showed that various factors may be related to the presence of symptoms of depression¹³.

Satisfying interpersonal relationships are essential for good physical and mental health. Depression is present among nursing students at the same level as expected for the non-diagnosedpopulation. Having depression implies associated medium level of self-esteem. In addition to the characterized emotional state of depression, depressed students notice physical health, although they do not associate them with this condition

^{14,15}. There was a tendency towards greater interest in the theme and a greater search for mental health courses among students with same sign of depression. The identified cases were contacted andinstructed, finally special attention should be given in the depressive state among nursing students and their search for frequent clinical services and extra class activity in the field should be observed. College is a critical context for studying depression and mentalhealth, issues that deserve attention from students, families, college administration and college health centers. Risks for poor mental health depression are not evenly distributed among college youth but disproportionately high level problems. Meanwhile,families, college centers and administrative personnel need to consider the interrelationship of problems described in this study realizing wherever possible any student with depressed mood may also have medical concerns or academic trouble¹⁶. Bearing in mind the results found ,one should note the need for the attention of educators and the creation of programs with preventive and therapeutic actions based on which the students may reflect and find healthy solutions for their distress and use the knowledge acquired in their future performance of their duties. The issue of economic inequalities and elimination of feudalistic attitude among male towards females at residence needs to be addressed properly^{17, 18}.

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