

Perceived Social Support as A Predictor of Depression Among Female Trainee Nurses in Pakistan

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Abstract

The objective of this study is to explore the predictive relationship of perceived social support and depression in trainee nurses in Karachi, Pakistan. It was hypothesized that perceived social support would predict depression in Muslim nursing trainees in Pakistan. The sample was comprised of 294 trainee nurses from various nursing school situated in Karachi. The Multidimensional Perceived Social Support Scale and Siddiqui-Shah Depression Scale were administered. Results showed that perceived social support ($r = -.249, p < .000$) significantly predicts depression in trainee nurses. It was further revealed that support from family ($r = -.285, p < .000$) and friends ($r = -.262, p < .000$) predict depression in trainee nurses significantly, however, support from significant others found to be insignificant ($r = -.076, p > .191$) determinant of depression in current study. The findings showed that having supportive family members and friends are more pertinent areas in support system to protect nursing trainees from depression in Pakistan.

Keywords: Social support; Depression; Nursing students; Muslim; Pakistan

1. Introduction

Every person experiences sad feelings, low mood, irritability, lost interest in his/her life occasionally but when all these feelings are collectively experienced for a significant period of time, it is considered that the person may be going to suffer from depression. In depressive state, person experience noticeable disturbances in his/her appetite, sleep pattern and in his/her life style, faces concentration problem, fatigue and medically unexplained physical symptoms such as, headache and body aches (Wade & Tavis, 2003). American Psychiatric Association (2013) describes major depression in terms of symptoms, which includes: Low mood, significantly reduction in pleasurable activities nearly every day with at least four supplementary symptoms such as, sleep difficulties, change in eating, low energy, poor concentration and/or problems related to self-image for a period of fourteen days or more.

Depression is known to be a major health problem all over the world as Mash and Wolfe (2002) have mentioned it as ‘common cold of psychopathology’. It is one of the most prevailing psychological problems affecting people living in nearly all the regions; which hits across all the age groups (Ameen & Khan, 2009) and can be experienced by any individual at any stage of life. Symptoms of depression contribute negatively in almost all domains of life of the sufferer, as Klein, Torpey and Bufferd (2008) found depression as a more common mental health problem in adolescents that further leads to future academic disturbances, problems in interpersonal relationships, substance abuse, delinquency, unemployment and suicidal attempts. Depression in adolescence also often leads to various social, psychological, emotional, behavioral, and financial risks, including increased risk of suicidality (Gutierrez, Rodriguez, & Garcia, 2001; Hallfors et al., 2004; Hacker, Suglia, Fried, Rappaport, & Cabral, 2006).

Depression also prevails in mainstream students (Eisenberg, Golberstein, & Gollust, 2007) as well as in nursing students. It is also found as a second major cause that effect mental health and well-being of nurses (Ross et al., 2005). Studies found several leading factors i.e., perceived physical health, interest and attendance in courses that may cause depression among nursing students (Furegato, Santos, & Silva, 2008). Research conducted by Khalid, Irfan, Sheikh and Faisal, (2010) reported mild, moderate and severe level of depression (i.e., 30%, 42.9% and 8.6% respectively) among nurses due to poor environment, heavy work load, hostility from others, transportation and occupational difficulties. They also experience low quality of life and decreased academic performance and greater chances of suicidality (Goetz, 1998).

Research has implicated one important psychosocial factor i.e. social support that may predict or predispose an individual to develop depression. Simultaneously, there is substantial literature to support the negative psychosocial effects of depression. For example, low family support (Holohan & Moos, 1982) and smaller or less supportive social network (Gotlib & Hammen, 1992) are the factors linked with depression (Grav, Hellzen, Romild & Stordal, 2011). It is evident (Broadhead et al., 1983) that social support significantly plays its role in sustaining optimal efficiency level and is crucial for having well-being (i.e., physical and psychological). Kessler (1989) defined social support as an organized system that keep people secured from the injurious effects of distress and acts as an important factor in protecting from the initiation and continuance of psychopathology. Theories (Cohen, 1988; Cohen, Underwood, & Gottlieb, 2000; Sarason, Sarason, & Pierce, 1990; Veiel & Baumann, 1992), has shown agreement that social support can perform its role directly and indirectly, first in Main Effects Model, social support directly create constructive impacts on outcomes (i.e., mental health, anxiety, depression, and bodily symptoms. Secondly, social support indirectly plays its role as a moderator between the impacts of stress and its outcomes, this theory is known as Stress-Buffering Hypothesis. Cohen described ‘support action as “buffers” to the potential pathogenic influence of worrisome events on persons’ mental health (Cohen, 1988) and a significant factor in enhancing physical and psychological well-being (Andrews, Tennant, Hewson & Vailant, 1978; Argyle, 1992; Dean & Ensel, 1982s).

Depression is linked with severe dysfunction, and symptoms of depression, even at the early level also are a considerable concern in trainee nurses. In Pakistan, this problem may have required immediate attention as little evidence is available regarding morbidity of depression and its relationship with perceived social support in nursing population.

2. Methods

2.1 Sample

The sample of the study comprised of 294 female full time trainee nurses. They were enrolled in various schools of nursing (private/public) in hospitals of Karachi, Pakistan. The age of the participants was ranged from 19-26 years ($X = 21.05$ years). The only Muslim Pakistani national trainee nurses were participated in current study as sample.

2.2 Measures

2.2.1 Siddiqui-Shah Depression Scale (SSDS)

The Siddiqui Shah Depression Scale (SSDS; Siddiqui, 1997), a home-grown screening tool proposed to measure depression among clinical and non-clinical Pakistani population. SSDS has 36 statements and measures various severity levels (i.e., mild, moderate and severe) of depression for clinical purpose; and everyday sorrow and mild and moderate levels of depression in non-clinical population. SSDS has a 4 point Likert type scale to rate participant’s responses from “Never” to “all the times”. The total score of the respondent is obtained by cumulative of all the items. The SSDS is a valid and reliable tool, as the alpha coefficients for the clinical and non-clinical

samples was $r = .90$ and $r = .89$ respectively. The SSDS has found to be significantly associated with Zong's depression scale ($r = .55, p < .001$); with psychiatrist rating for depression ($r = .40, p < .05$) and with subjective mood ratings (for the clinical group) i.e., $r = .64, p < .001$.

2.2.2 Multidimensional Perceived Social Support Scale

The Multidimensional Perceived Social Support Scale (MPSSS; Zimet, Dahlem, Zimet & Farle, 1988) is an instrument proposed to gauge perceived support from family, friends and significant others. It contains 12 statements with 7 point Likert-type rating scale, where high score indicates high perceived support. The MPSSS has found as a valid and reliable instrument with a good internal consistency (for significant others, family and friends, value are .91, .87 and .85 respectively; overall reliability score are .85) and test-retest reliability (for significant others, family and friends, value are .72, .85 and .75 respectively; with aggregate reliability score of .85). Similarly, perceived support from family has significant negative correlation with HSCL's subscales of depression and anxiety ($r = -.24, p < .01$ and $-.18, p < .01$ respectively), perceived support from friends inversely associated with depression ($r = -.24, P < .01$) and perceived support from significant others also found as inversely correlated with depression ($r = -.13, p < .05$).

2.3 Procedure

In order to collect data, the researcher first obtained the list of nursing schools of hospitals and selected institutions on the basis of randomization procedure. The participants were approached through their class instructors during timing of the institutions. An initial explanation concerning the research and instruction on how to answer the instrument were presented to the subjects. A brief interview was conducted to scrutinize the sample according to already set inclusion and exclusion criteria. Then group (maximum 20 students) administration was done in a sequence of demographic/personal information form, followed by the administration of SSDS and MPSSS.

3. Results

Descriptive statistical analysis was applied for the explanation of socio demographic information of the sample. Regression analysis was applied to interpret the data in statistically.

3.1 Demographic Information

Demographic data is summarized in Table 1. 294 female trainee nurses with age range of 19-26 years old participated in the study, among them nursing students with age group of 19-22 years overrepresented the whole sample. Current academic degree and family system were also calculated through frequency and percentages.

Table 1- Demographic characteristics of the Study Sample

Demographics	F	%
Age		
19-22	223	75.9
23-26	71	24.1
Academic Grades		
1 st year	97	33.0
2 nd year	116	39.5
3 rd year	58	19.7
4 th year	23	7.8
Family System		
Nuclear	214	72.8
Joint	80	27.2

Note: N=294

3.2 Predictive Relationship between Perceived Social Support and Depression

The result findings indicative of a significant inverse relationship between perceived social support and depression ($p < .001$) in Muslim trainee nurses. Moreover, summary of linear regression shows that perceived social support predicted depression in Muslim trainee nurses. Approximately 6.2% of variance in depression in trainee nurses is accounted for by their perceived lack of social support.

4. Discussion

Knowing that in Pakistan most of the nursing professionals are working under stressful conditions, the concerns about nursing students having depression is essential. Social support as one of the social factors plays substantial role in overall health (i.e. physical and psychological) in general population. Several studies reported higher probability of having depression among people with inadequate social support as (Kim, 2001; Olsson, 1998; Rawson et al., 1994) found decreased social support as a risk for developing depression.

The coping strategies utilize by nursing students vary by socioeconomic status, region, community, religion and social group depend on the situation and influence by individuals' previous experiences (WHO/EHA, 1999). According to Chiang and Hunter (2004) and Mahat (1998), the most commonly practiced coping strategy is seeking social support by conversation with friends and with parents, and by taking part in various social and religious kind of activities. Evans and Kelly (2004) supported the idea that pre-registered nursing students also cope with their life stress by talking with peers, relatives and friends.

People with healthy social support network can easily handle their life hassles which leave positive impact on their mental well-being. An adequate support network is a combination of a family and friends, who are reinforcing and facilitating to an individual in any problematic situation. Talaei, Soltanifar, Mokhber and Mohammad-Nejad (2008) include encouragement, sympathy and support from colleagues and supervisors, and from friends and family members. Studies (Wade & Kandler, 2000; Martire, et. al., 2004) found that people with weak or inadequate support networks can be greatly affected by stressors of life and can develop psychological illnesses, such as depression. He further reported that underdeveloped or lack of social support cannot help the person to handle pressure of situation and reinforce negative thoughts, such as hopelessness, loss, failure and feelings of worthlessness (Wade & Kandler, 2000). Supportive relationships not only play important role in improving the health conditions of individual and preventing health related problems, but also in protecting individual from the negative impacts of stress by strengthening their coping, providing better health outcomes, and positively affecting depressive symptoms.

5. Conclusion

The findings of the study highlight the need for researchers to target student and practicing nurses as well in future researches intended to further exploration of how appropriate level of social support can prevent the development of depression among nursing students. Findings also urge mental health experts to make understanding of the difficulties of trainee nurses and highlight the need for counselling that can lead them towards high level of mental well-being and improved psychological health.

We can conclude that perception of available support (especially support from family and friends) may decrease the probability of suffering from depression and unnecessary suffering in Pakistani nursing students.

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References

- Ameen, S., & Khan, A. W. (2009). Life in conflict: Characteristics of Depression in Kashmir. *International Journal of Health Sciences*, 3(2), 213-223
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5thed.). Arlington, VA: American Psychiatric Publishing.
- Andrew, G., Tennant, C., Hewson, D. M., & Vaillant, G.E. (1978). Life event Stress, social support, coping style, and risk of psychological impairment. *Journal of Nervous and Mental Disorders*, 166, 307-376.
- Argyle, M. (1992). Benefits produced by supportive social relationships. In H.O.F. Veiel & U. Baumann (Eds.), *the meaning and Measurement of Social Support* (pp. 13-32). New York: Hemisphere.
- Broadhead, W., Kaplan, B., James, S., Wagner, E. H., Schoenbach, V. J., Grimson, R., Ileyden, S., Tibblin, G. & Gehlbach, S. H. (1983). The epidemiological evidence for a relationship between social support and health. *American Journal of Epidemiology*, 117, 521-537

- Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology, 7*, 269–297.
- Cohen, S., Underwood, L. G., & Gottlieb, B. H. (2000). *Social support measurement and intervention: A guide for health and social scientists*. New York: Oxford University Press.
- Chiang, L., Hunter, C. D., & Yeh, C. J. (2004). Coping attitudes, sources and practices among Black and Latino college students. *Adolescence, 39*(156), 793-815.
- Dean, A., & Ensel, W. M. (1982). Modeling social Support, Life events, competence, and depression in the context of age & sex. *Journal of Community Psychology, 10*, 392-408.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help seeking and access to mental health care in a university student population. *Med Care. 45*(7), 594-601. PubMed PMID: 17571007.
- Evans, W., & Kelly, B. (2004). Pre-registration diploma student nurse stress and coping measures. *Nurse Education Today, 24*(6), 473-482.
- Furegato, A. R., Santos, J. L., & Silva, E. C. (2008). Depression among nursing students associated to their self-esteem, health perception and interest in mental health. *Rev. Latino-Am. Enfermagem, 16*(2), 198-204. Ribeirão Preto. ISSN 0104-1169 <http://dx.doi.org/10.1590/S0104-11692008000200005>
- Goetz, C. S. (1998). Are you prepared to S.A.V.E. your nursing students from suicide? *Journal of Nursing Education, 2*, 92-95.
- Gottlieb, I. H., & Hammen, C. L. (1992). Psychological aspects of depression: toward a cognitive-interpersonal integration. In A. Barbour. (Eds.). SOCIAL SUPPORT AND DEPRESSION. Retrieved from <http://asgpp.org/pdf/barbour%20paper.pdf>
- Grav, S., Hellzèn, O., Romild, U. & Stordal, E. (2011). Association between social support and depression in the general population: the HUNT study, a cross-sectional survey. *Journal of Clinical Nursing, 21*, 111–120. doi: 10.1111/j.1365-2702.2011.03868.x
- Gutierrez, P. M., Rodriguez, P. J., & Garcia, P. (2001). Suicide risk factors for young adults: Testing a model across ethnicities. *Death Studies, 25*(4), 319-340.
- Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: Association with sex and drug behavior. *American Journal of Preventive Medicine, 27*(3), 224-231. doi: 10.1016/j.amepre.2004.06.001
- Hacker, K. A., Suglia, S. F., Fried, L. E., Rappaport, N., & Cabral, H. (2006). Developmental differences in risk factors for suicide attempts between ninth and eleventh graders. *Suicide & Life-Threatening Behavior, 36*(2), 154-166. doi:10.1521/suli.2006.36.2.154
- Hollahan, C., & Moos, R. (1982). Social support and adjustment. In M. J. Mason, C. Schmidt, A. Abraham, L. Walker, & K. Tercyak. (Eds.). Adolescents' Social Environment and Depression: Social Networks, Extracurricular Activity, and Family Relationship Influences. *Journal of Clinical Psychology in Medical Settings, 16*, 346–354 DOI: 10.1007/s10880-009-9169-4
- Kessler, R. C. (1989) Sociology and Psychiatry. In H. I. Kaplan & B. J. Sadock. (Eds.). Comprehensive Textbook of Psychiatry (5th edition). Baltimore: Williams & Wilkins.
- Khalid, S., Irfan, U., Sheikh, S., & Faisal, M. (2010). Frequency of stress and Depression in Female Nurses Working in a Teaching Hospital. *KMJ, 2*(1), 10-14.
- Kim, O. (2001). Sex differences in social support, loneliness, and depression among Korean college students. *Psychol Rep; 88*, 521-526.
- Klein, D. N., Torpey, D. C., & Bufferd, S. J. (2008). Depressive disorders. In E. Stice, P. Rohde, J. R. Seeley, & J. M. Gau. (Eds.). *Brief Cognitive-Behavioral Depression Prevention Program for High-Risk Adolescents Outperforms Two Alternative Interventions: A Randomized Efficacy Trial*. DOI: 10.1037/a0012645.
- Mahat, G. (1998). Stress and coping: Junior baccalaureate nursing students in clinical settings. *Nursing Forum 33*(1), 11-19.
- Martire, L. M., Lustig, A. P., Schulz, R., Miller, G. E., & Helgeson, V.S. (2004). Is it beneficial to involve a family member? A meta-analysis of psychosocial interventions for chronic illness. *Health Psychology, 23*, 599-611.
- Mash, E. J., & Wolfe, D. A. (2002). *Abnormal Child Psychology*. (2nd ed., pp. 204-218). Australia: Wadsworth Group.
- Olsson, G. (1998). Adolescent depression. Epidemiology, nosology, life stress and social network. Mini review based on a doctoral thesis. *Ups J Med Sci; 103*, 77-145.

- Rawson, H. E., Bloomer, K., Kendall, A. (1994). Stress, anxiety, depression, and physical illness in college students. *J Genet Psychol*; 155, 321-330.
- Rizwan, M. & Aftab, S. (2009). Psychometric Properties of the Multidimensional Scale of Perceived Social Support in Pakistani Young Adults. *Pakistan Journal of Psychology*, 40(1), 51-65.
- Ross, R., Zeller, R., Srisaeng, P., Yimnee, S., Somchid, S., & Sawatphanit, W. (2005). Depression, stress, emotional support and self-esteem among baccalaureate nursing students in Thailand. *Int J Nurs Educ Scholarsh*, 2. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/16646920>
- Sarason, B. R., Sarason, I. G., & Pierce, G. R. (1990). Traditional views of social support and their impact on assessment. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 9–25). New York: Wiley.
- Siddiqui, S. & Shah, S. A. A. (1997). Siddiqui-Shah Depression Scale (SSDS): Development and validation. *Psychology and Developing Societies*, 9(2), 245-262.
- Talaei, A., Soltanifar, A., Mokhber, N., & Mohammad-Nejad, M. (2008). Depression among Iranian health workers and its correlation with self-esteem and social support. In _____ Press.
- Veiel, H. O. F., & Baumann, U. (1992). *The meaning and measurement of social support*. New York: Hemisphere.
- Wade, C. & Tavis, C. (2003). *Psychology* (7thed.). New Jersey: Prentice Hall, Pearson Education.
- Wade, T. D., & Kendler, K. S. (2000). The relationship between social support and major depression: Cross-sectional, longitudinal, and genetic perspectives. *Journal of Nervous and Mental Disease*, 188, 251-258.
- WHO/EHA, (1999). Overview Coping Mechanisms. In *Emergency Training Health Program for Africa*. Panafrican Emergency Training Centre, Addis Ababa: 3-13.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale for Perceived Social Support. *Journal of personality assessment*, 52(1), 30 – 41. Lawrence Erlbaum association, inc.

Table 2 - Summary of Linear Regression Analysis with Perceived Social Support as a Predictor of Depression among Trainee Nurses

R	R²	Adjusted R²	df	Durban Watson	F	Sig.*
-.249	.062	.059	1,292	2.061	19.240	.000

*p<.05

Table 3 - Summary of Linear Regression Analysis of Various Types of Perceived Social Support as a Predictor of Depression among Trainee Nurses

Independent Variables	R	R²	Adjusted R²	Df	Durban Watson	F	Sig.
Family	-.285	.081	.078	1,292	2.069	25.841	.000
Friends	-.262	.069	.066	1,292	2.021	21.586	.000
Significant Others	-.076	.006	.002	1,292	1.998	1.715	.191