



Original Article

A Study of Depression and Suicidal Thoughts in Male and Female Nurses

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Abstract

Several issues have been identified that may distinguish nursing professionals from the general population or other healthcare professions. Nursing is a physically and psychologically demanding profession that involves long and irregular working hours, a heavy workload, low staffing levels, frequent emotional demands, and difficult working relationships.

These challenges may contribute to the prevalence of psychiatric conditions and burnout among nurses. Suicide techniques may differ among nursing professionals and the general public. The purpose of study was depression and suicidal ideation among nurses. The difference between male and female nurses separately. In addition, explore the relationship between variables separately. For this purpose 120 nurses from different hospital of Bihar. Out of which 60 were be male and 60 were female nurses. They were administrated Beck depression inventory measuring depression of nurses, on the other hand Suicidal ideation scale for measuring suicidal ideation of nurses. t-test was used to find out the difference between male and female nurses on depression and suicidal ideation. The results as follows: The female nurses had significantly greater amount of depression than male nurses. Similarly, female nurses had significantly greater amount of suicidal ideation than male nurses. A summary of the main research findings, future directions, and implications for practice and policy are discussed in the review's conclusion.

Keywords: Male, Female Nurses, Depression, Suicidal ideation.

Introduction

A number of issues have been brought to light that could set nurses apart from other healthcare professionals or the general public. Nursing is a physically and psychologically demanding occupation, including long and irregular working hours, high workload, low staffing levels, frequent emotional demands, and challenging working relationships (Dall'Ora et al., 2020). These challenges may contribute to the prevalence of psychiatric conditions (Wang et al., 2015; Soravia et al., 2021) and burnout (Dall'Ora et al., 2020) among nurses. Suicide techniques may differ among nursing professionals and the general public. Studies in the United States of America (USA) and UK have shown that nurses are most likely to die by suicide through self-poisoning, whereas the general population are more likely to use firearms in the USA (Davidson et al., 2021a), or hanging or strangulation in the UK (The National Confidential Inquiry into Suicide and Safety in Mental Health, 2020). The nurse must leave his friends and family when he starts working at the hospital for the first time. It is difficult for him to deal with a new and unfamiliar challenging environment. He has a lot of serious developmental problems in this new setting.

There is more social and professional pressure in life than in a hospital. The authors found that nurses face numerous additional stressors, such as an excessive workload, financial constraints, and competition from other nurses. A nurse may consider suicide as a result of the aforementioned stressors. Nurses have strained relationships with other physicians, medical staff, and family members. They also lack resources and are less able to handle stress-related issues. Erkutlu and Chafra (2006); Polychronopoulou and Divaris (2005); Misra and McKean (2000). According to a study by Garlow, Roesenberg, and Moore (2008) on depression and suicidal ideation in nurses, 11% of nurses supported suicidal ideation that was current (within the last four weeks). Suicidal thoughts were linked to a positive Patient Health depression screening, according to the same study. Suicide may be a complicated type of conduct having biological, psychological, and social causes and it can be explained as choosing the occasion, mode, situation and time for ending one's life.

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The contemporary trends in suicidal rates are unclear; as a result, statistics related to suicide are unreliable, and collected in numerous ways from numerous places. However, attempting suicide as the simplest course of action to flee away from issues of life is believed to be an act of cowardice and isn't excusable. Suicidal ideation is more prevalent than suicide attempts, typically precedes suicide, and may be the focus of intervention. Scientific understanding as well as gaining information concerning this matter is important in order to develop our understanding that can facilitate us in giving realistic and psychologically helpful steering and guidance to those people that are having suicidal tendencies or plagued by such risk factors that will cause suicidal ideation or complete suicidal act.

Most researches that have been done on suicide have focused on maladaptive features of individuals who had attempted suicide and on attributes that are actually responsible for suicidal behavior. And importance to adaptive behavior or constructive expectancies about the coming future has been neglected, thus little attention has been given to them. But there is a need to pay more attention to them, so that a person can be kept away from thinking about or attempting suicide. Linehan et al., (1983) has mentioned that "Many survivors reported that personal beliefs regarding life and their expectations for the future kept them alive". Hence, it would be noteworthy to analyze reasons responsible for living, while determining reasons that make people to go in for suicide as an option. A need for meaning and purpose is a defining characteristic of the human being. Reasons to live include reasons that are related to various life's aims, beliefs and other reasons that act as protective factors for individuals against ideations about suicide. Persons who are having very less reasons to live, they actually require help in order to find out the purpose of their life and make certain that they would perceive hope regarding their future, consequently bringing down the suicidal ideation risk.

The risk of suicide among nurses has been highlighted as concerning (Hawton and Vislisl, 1999; Alderson et al., 2015). International research has shown that nurses may be at increased risk of suicide, with female nurses being particularly vulnerable (Hawton and Vislisl, 1999; Alderson et al., 2015). Data from the Office for National Statistics in the United Kingdom (UK) and from the American National Violent Death Reporting System have shown that female nurses have a higher suicide rate than that of females in the general population (Windsor-Shellard and Gunnell, 2019; Davidson et al., 2020a).

Current research describes suicidal behavior as the result of an interaction between vulnerability factors and stressful events (Oquendo, M. A. et al, 2004). Mental disorders are the most notorious vulnerability factors to suicidal behavior, including both attempted and completed suicides amongst adults (Chesney E, Goodwin GM, Fazel S., 2014) and young and adolescent population (Gili, M., et al ,2019). More specifically, depression is the main risk factor associated with suicide (Cavanagh, J. T. et al, 2003).

Rational of the study:

A number of issues have been brought to light that could set nurses apart from other healthcare professionals or the general public. Nursing is a physically and psychologically demanding occupation, including long and irregular working hours, high workload, low staffing levels, frequent emotional demands, and challenging working relationships (Dall'Ora et al., 2020). These challenges may contribute to the prevalence of psychiatric conditions (Wang et al., 2015; Soravia et al., 2021) and burnout (Dall'Ora et al., 2020) among nurses.

In the background of an excessive prevalence of suicide rates in the India, it is imperative to study the prevalence of suicidal risk and understand coping methods which can be used to facilitate nurses to manage depression or handle various problems and not think about suicide as an answer to life's issues.

Objective of the Study:

The present study specifically has the following aims:

1. To study the difference between the depression of male and female nurses.
2. To study the difference between the suicidal Ideation of male and female nurses.

Hypotheses:

The following hypotheses were formulated to empirically validate the above objectives:

1. There would be significant difference between depression of male and female nurses
2. There would be significant difference between the suicidal Ideation of male and female nurses.

Sample:

A total of 120 nurses from various Bihar hospitals had their data gathered. There were 60 male nurses and 60 female nurses among them. Additionally, the nurses' ages ranged from 22 to 40. The study's respondents were chosen using a purposive sampling technique.

Research Design:

In the present study a two groups design ('male and female nurses) was used. Present study was to examine the difference between depression and suicidal ideation of male and female nurses Therefore, two group design was used in the present research.

Variables of the Study:

Independent variable: Gender of Nurses

Dependent variable: depression, and suicidal ideation

Tools:

The following tools were used in the present study in order to collect relevant data.

1. **Beck Depression Inventory Developed By (BECK, A. T., 1996)**

The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) includes 21 items, each including four alternative statements ranging in order of severity from zero to three. Conventional cutoffs are 0–9 for normal range, 10–18 for mild to moderate depression, 19–29 for moderate to severe depression, and

30–63 for severe depression (Beck, Steer, & Garbin, 1988). For the 13-item short form (Beck & Beck, 1972), 0–4 corresponds to none or minimal depression, 5–7 to mild depression, 8–15 to moderate depression, and 16 or higher to severe depression. The BDI's reliability coefficient of .92 is excellent. Since the majority of its items are comparable to the DSM-IV criteria for depression, its content validity is guaranteed. By contrasting scores with those of other depression measures, its construct validity has also been successfully tested.

2. Suicidal Ideation Scale Developed By Devendra Singh Sisodia & Vibhuti Bhatnagar, 2011.

Young adults' suicidal thoughts were measured using the Suicidal Ideation Scale (SIS-SDBV), which was created by Drs. Devendra Singh Sisodia and Vibhuti Bhatnagar (2011). It consists of 25 statements, among which 21 are positive, and 4 are negative, and each statement has five responses (Strongly Agree, Agree, Uncertain, Disagree

and Strongly Disagree). Each positive item receives a score of 5 to 1, with strongly agreeing responses receiving a score of 1 and strongly disagreeing responses receiving a score of 5. The scoring system is reversed for negative items, with 1 denoting strongly agree and 5 denoting strongly disagree. The results were scored and interpreted using the tables provided in the manual. By applying the test-retest and internal consistency methods, the scale's reliability is 0.78 and 0.81, respectively. According to external criteria, the scale has high content validity, and its obtained coefficient is 0.74.

Results & Discussion

Obtained data were analyzed with the help of SPSS 20 using different statistical technique and the results were given in the table along with their interpretation and discussion in this chapter. The data were analyzed and tabled in the light of objectives.

Table no. 1: Mean and SDs male and female nurses on depression and suicidal ideation.

Variables	Group	N	Mean	SD
Depression	Male	60	26.10	2.601
	Female	60	32.70	2.669
Suicidal ideation	Male	60	40.50	1.354
	Female	60	46.20	2.440

A look at table 1 reveals that mean depression scores of male and female nurses were 26.10 and 32.70 respectively and their respective SDs were 2.601 and 2.669. Similarly, we are looking in the same table mean suicidal ideation scores of male and female nurses were 40.50 and

46.20 respectively and their respective SDs were 1.354 and 2.440. but these differences may be due to chance factors, hence to see that whether the differences are real or due to the chance factors, t- test were applied. The results are shown in the following table:

Hypothesis-1: There would be significant difference between depression of male and female nurses

Variables	Group	N	Mean	SD	SED	t	P
Depression	Male	60	26.10	2.601	1.179	5.600	<.001
	Female	60	32.70	2.669			

Table no. 2: Means, SDs, and SED and results of t-ratio of male and female of nurses on depression.

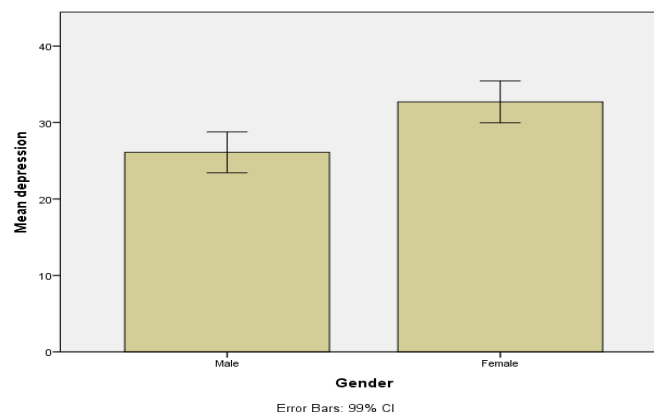


Figure 1: Graphic representation of mean depression of male and female of nurses.

Table 2 and Figure 1 show that male and female nurses had mean depression scores of 26.10 and 32.70, respectively. The standard deviations of depression scores among male and female nurses were 2.601 and 2.669, respectively. The t-ratio between mean depression scores in the two groups was found to be 5.600, which was significant

at the .01 level of significance. It means that male and female nurses have statistically different depression scores. The current study's findings confirmed hypothesis -1, which states that "there would be a significant difference between depression in male and female nurses."

The prevalence of depression in our study was found to be higher in females than males. This was in line of observations made in several studies where depression was found to be significantly more among females than males (Bhatia, S. K., & Bhatia, S. C. , 2007; Mkize, L. P., Nonkelela, N. F., & Mkize, D. L. , 1998; Chabrol, H., & Choquet, M. , 2009). The reason for female preponderance to depression in

the nurses group has been attributed to differences in coping styles or hormonal changes (Angold, et al., 1999). Another study carried out by Lewinsohn et al, (1993) for nurses stated that the female nurses were more likely to be diagnosed with unipolar depression and anxiety disorders.

Hypothesis-2: There would be significant difference between the suicidal Ideation of male and female nurses.

Variables	Group	N	Mean	SD	SED	T	P
Suicidal ideation	Male	60	40.50	1.354	.883	6.459	<.001
	Female	60	46.20	2.440			

Table no. 3: Means, SDs, and SED and results of t-ratio of male and female of nurses on suicidal ideation.

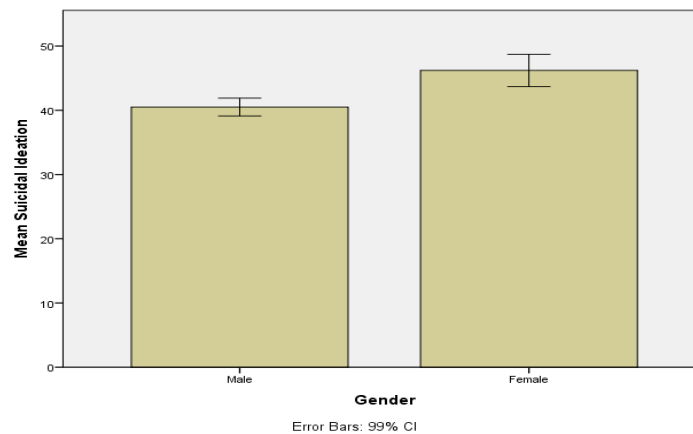


Figure 2: Graphic representation of mean suicidal ideation of male and female of nurses.

Table 3 and Figure 2 show that male and female nurses had mean suicidal ideation scores of 40.50 and 46.20, respectively. The standard deviations of suicidal ideation scores for male and female nurses were 1.354 and 2.440, respectively. The t-ratio between mean suicidal ideation scores in the two groups was found to be 6.459, which was significant at the .01 level. It means that male and female nurses have statistically different suicidal ideation scores. The current study's findings confirmed hypothesis -2, which states that "there would be a significant difference between the suicidal ideation of male and female nurses."

The present study looked to gender difference, in terms of suicidal ideation. The results of t test indicated that there was a significant gender difference on stress among male and female nurses with significantly higher suicidal ideation among females than males. This was consistent with findings of Teresa & Robert (2000) conducted on nurses in Australia. They found that female nurses had more suicidal ideation than males. Similarly Pereira & Cardoso (2015) conducted a study on suicidal ideation in nurses and found that females' nurses had more suicidal ideation than males. Social norms and the state of society may be the cause of the higher rate of suicidal thoughts among female nurses. Generally speaking, women are seen as weaker than men in Indian society, and men are not expected to acknowledge their weakness—let alone express their feelings or ask for assistance. Furthermore, because of India's patriarchal culture, women are supposed to handle all household duties. They are therefore more vulnerable

and under more stress due to the responsibilities of working from home in addition to their academic obligations.

Conclusion:

The present study was conducted with the objectives to investigate difference in depression and suicidal ideation between male and female of nurses separately also explore the relationship between 'depression and suicidal ideation' male and female nurses separately. For this purpose 120 nurses from different hospital of Bihar. Out of which 60 were male nurses and 60 were female nurses. They were given the Suicidal Ideation Scale to gauge nurses' suicidal thoughts and the Beck Depression Inventory to gauge nurses' depression. t-test was used to find out the difference between male and female nurses on depression and suicidal ideation. The following results were obtained:

1. Female nurses obtained significantly greater mean score on depression than male nurses meaning thereby that female nurses had significantly greater depression than male nurses.
2. Female nurses obtained significantly greater mean score on suicidal ideation than male nurses.

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Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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