

Relation between level of Depressive symptoms and Social Support among Students at Faculty of Nursing

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Abstract

Background: Depressive symptoms among the students' college has been identified as a serious health concern and has been linked to a multitude of health problems such as alcohol and substance abuse. **Aim of the study:** was to determine relation between level of depressive symptoms and social support among students at Faculty of Nursing. **Subjects & methods: Research design:** A descriptive design was used. **Setting :** the present study was conducted at the Faculty of Nursing, Zagazig University. **Subjects:** Two hundred and ten from nursing students were enrolled in the present study. **Tools of data collection:** Socio-demographic data sheet, Beck Depression Inventory Scale and Multidimensional scale of Perceived Social Support. **Results:** the present study showed that more than half of the studied sample had considerable depressive symptoms (moderate –severe depression) and the majority of the studied sample had adequate social support .There was highly significant negative correlation between depressive symptoms and social support, as group with considerable depressive symptoms had in adequate social support. **Conclusion:** Based on the findings of the present study , concluded that social support had positive impact in lowering level of depressive symptoms .**Recommendations:** The study recommended that, establishing psychosocial counseling center or psychiatric clinic at Faculty of Nursing to assist students to handle issues that constitute a source of stress in their life.

Keywords: Depression, social support, nursing students

Introduction:

The transition into higher education is a stressful time as university students face multiple stressors such as academic overload, constant pressure to succeed, competition with peers, and in some countries financial burden as well as concerns about future career prospects⁽¹⁾. While many university students effectively adjusted to the university context, a large proportion of them are adversely impacted by stress and are at risk of developing mental health problems ⁽²⁾. Universities are important settings in which mental health concerns such as depressive symptoms must be addressed, given that approximately half of emerging adults attend post-secondary

education. A depressive symptom among college students is common and consequential adverse outcomes including increasing rates of substance use, co-morbid psychiatric conditions and suicide ⁽³⁾. Additionally, depressive symptoms leads to a negative effect on college students that students with depressive symptoms have worse academic performance and would like to smoke more ⁽⁴⁾. In addition, depressive symptoms are also a major risk factor for suicide which is the third leading cause of death for teens and young adults of 15 to 24 years old. ⁽⁵⁾. Social Support is a network of people and/or organizations that a person turns to in times of need or stress. This network can come from several

different sources including, not limited to family; friends, co-workers, religious organizations, and special groups. Among college students, friends play a major role in adjustment and were a better predictor of social support than by parents during the first year of college ⁽⁶⁾. Social support can also help prevent depressive symptoms among college students. Individuals that experience depression have fewer social interactions than their counterparts. They also experience depression when they feel that their social support system does not provide the support that the individual needs. In some cases, the availability of social support is enough to mitigate depressive symptoms. Young adult that are satisfied with higher levels of social support reported lower levels of depression. In several studies, higher levels of social support predicted lower levels of depression among college students. Perceived social support is one of factors that plays an important role in the onset of depression ⁽⁷⁾. The Nurse plays a key role in initially assessing symptoms of depression, educating and activating patients, providing feedback on patients' progress to their primary care clinician, helping to implement treatment plans, and monitoring patients to improve their compliance with their treatment regimen. Moreover, the care should consist of face -to face patient supervision and communication ⁽⁸⁾.

Significance of the study:

Depression is one of prevalent problems among college students and the average age of onset of many mental health conditions is the typical college age which ranges from 18-24 years old. In addition, depression represents a risk factor for students' dropout or academic underachievement and it effects on a students' ability to perform activities of daily life. Social support is described as a buffer against life stressors as well as an agent that promoting health and wellness, and plays an important

role in managing psychological problems such as depression. Depression among college students become burden and has destructive effect on the community and early detection of this problem leads to early management and decrease hazards and worse consequences on the community. Therefore, this study was conducted to assess the relationship between level of depressive symptoms and social support among students at Faculty of Nursing.

Aim of the study

The aim of this study was to determine the relation between level of depressive symptoms and social support among students at the Faculty of Nursing.

Research questions:

1) What is the level of depressive symptoms among students at the Faculty of Nursing?

2) What is the level of social support among students at Faculty of Nursing?

3) What is relation between level of depressive symptoms and social support among students at Faculty of Nursing?

Subjects and methods

Research Design:

A descriptive design was utilized in this study.

Study Setting:

The study was conducted at Faculty of Nursing, Zagazig University at Sharkia governorate.

Study Subjects:

The subjects consisted of random sample 210 students from different grades at the Faculty of Nursing, Zagazig University according to the following inclusion criteria:

- Male & female students

- Agree to participate in the study
- Four university grades at Faculty of Nursing

Sample size:

The sample size was estimated at confidence interval 95%, margin of errors .05 %, a total number of 1656 nursing students obtained from the records of student affairs, prevalence rate of depression 33 %⁽⁹⁾ and study power at 80%.

Tools of data collection:

Structured interview questionnaire sheet this scale developed by El-Gilany et al,⁽¹⁰⁾ to assess the personal characteristics of the students and their parent. It included age, gender, Residence, marital status, Education level of parents, occupation of parents, family size, income and social level.

The Scoring system

For social level, used developed with El-Gilany et a,⁽¹⁰⁾ the scoring system for socioeconomic level of the students was calculated and total score for questions is 84 degree.

Total social class score was calculated as: Low social class: 0-42 degree. Middle social class: 43-63 degree. High social class: ≥64 degree.

2-Beck Depression Inventory Scale: constructed by Beck et al.,⁽¹¹⁾. It was used to measure depressive symptoms severity in students. It was a well-established self-report inventory, which consisted of 21 items representing symptoms of depression such as sadness, crying, suicidal ideation, and loss of interest. Items were rated on a scale ranging from 0 to 3 with ascending severity, for example, I do not feel sad (0) to I am so sad and unhappy I can't stand it (3).

The Scoring system

Total depression score was calculated as: 0–13 degree: minimal depression

of total depression score. 14–19 degree: mild depression of total depression score. 20–28 degree: moderate depression of total depression score. 29–63 degree: severe depression of total depression score.

3-Multi Dimensional Scale of Perceived Social Support: it was developed by Zimet, et al.,⁽¹²⁾ to measure social support from three sources: family, friends, and significant others. The scale consists of three sub-dimensions (family support, friend support, and significant-others support) and 12 items in total and each item was rated on a 7-point Likert-scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores obtained from the scale indicated higher perceived social support.

Total perceived social support score was calculated as:

Low level of social support: 12-48 of total social support score.

Moderate level of social support: 49-68 of total social support score.

High level of social support: 69-84 of total social support score.

Content validity:

The scales were translated for content validity by group of experts in the fields of psychiatry; psychiatric nursing, psychiatrists. The recommended modifications were done and the final form was ready for use.

Field work:

Once permission was granted to proceed with the study, the researcher met with students at Faculty of Nursing who fulfilled the inclusion criteria. The nature, purposes, benefits of the study were explained to students who were invited to participate in the study. They were ensured of confidentiality and answered all related questions they

raised. All participants were recruited directly in their respective sections after the end of section. Participation was completely voluntary. The researcher started the interview with the students individually using the data collection tools. The questionnaire was read, explained, and choices were recorded by students. From the pilot study results, it was found that the average time to fill in all tools, including: Socio-demographic data sheet, Beck Depression Inventory Scale and Multi-Dimensional Scale of Perceived Social Support was from 25-30minutes. Data collection period continued in about 2 months from the beginning of March till the beginning of May, 2015.

Pilot study:

A pilot study was conducted on 20 students from different university grades at the Faculty of Nursing, completed by students, constituting about 10 percent of the total study sample. It was done to test the feasibility and clarity of the tools, and also helped to know the time needed for filling the tools and not needed any modifications and those who shared in the pilot study were included later in the main study sample.

Administrative & ethical Considerations:

The students were given a verbal description of the aims of the study, the benefits, and non-participation or withdrawal rights at any time without giving any reasons. The students were informed that their participation in this study was voluntary, no names were included in the questionnaire sheet and anonymity of each participant was protected by the allocation of code number for each student. The students were assured about confidentiality of the information gathered and its use only for their benefits and for the purpose of the study.

Statistical Analysis:

Data collected throughout history, survey and outcome measures coded, entered and analyzed using Microsoft Excel software. Data were then imported into Statistical Package for the Social Sciences (SPSS version 20.0) (Statistical Package for the Social Sciences) software for analysis. According to the type of data, the following tests were used to test differences for significance. Differences between frequencies (qualitative variables) and percentages in groups were compared by Chi-square test. Correlation by Pearson correlation. P value was set at <0.05 for significant results & <0.001 for high significant result.

Results:

Data from Table (1): Showed that :the age of studied students sample ranged from 18-24 years with mean + SD 20.24±8.88, while female were about three quarter of the studied sample (75.7%) and most of them were unmarried (88.6%), more than half of the studied sample take information from printed material (54,8%) and most of them from rural area(85.2%). Regarding university grades of nursing students, this table illustrates that about one- third of students at 2nd grade was (31.9 %).

Data from Figure (1): indicated that: more than half of studied sample had considerable depressive symptoms (moderate – severe) (53.30%). Less than half of studied sample had not considerable depressive symptoms (minimum – mild) (46.70%).

Data from Figure (2): revealed that: the majority of studied group had adequate social support (72.30%) and the minority had inadequate social support (27.70%).

Data from table (2) indicated that: there was no significant relation between depression and parent's education and university grade of students ($p>0.05$). However, one can

notice that considerable depressive symptoms decreased with advanced university grade specifically, considerable depressive symptoms was high among nursing students at first university grade (59.0%).

Data from table (3) displayed that: there was significant relation between social support and marital status ($p < 0.05^*$) as married students had more support (91.3%) while widow had no support (100.0%). But, there was no significant relation between social support from one side sex, information source, residence and social class ($p > 0.05$). However, the score of adequate social support was high among female (74.2%), who lived in slums (100.0%) and in high social class (86.7%) of the studied sample.

Data from table (4) showed that: there was a highly significant relation between depressive symptoms and social support as group with considerable depressive symptoms had in adequate social support (38.4%).

Discussion

The study was carried out on 210 students at Faculty of Nursing. The range of age in the studied sample was from 18-24 years old with 20.24 ± 8.88 Mean \pm SD. Similar finding was reported by King, ⁽⁶⁾ who conducted a study in Savannah State University and found that the range of age in the study sample was from 18-23 years old. On the same point, nearly similar findings were supported by DeBerard et al ⁽¹³⁾. Who found in a study in United States among College freshmen that, the range of age of study students sample ranged from 17 to 26 years old? In contrast with Ratanasiripong, ⁽¹⁴⁾ who found in a study in a public nursing college in Thailand that, Participants' age ranged between 20 and 31 years ($M=22.8, SD=2.8$) This might be explained due to the rules of education in Egypt that the students attend university education at the age of 17 years old.

Regarding personal characteristics of students, the current study results showed that about three quarter of studied sample composed of female (75.7%). This result was in agreement with Calderan, ⁽¹⁵⁾ who found that female students represented 71.7% of the studied sample. In addition, similar findings were supported by Dang ⁽¹⁶⁾ who found that the study sample composed of 68% female college students. In contrast with, Zong et al ⁽¹⁷⁾, found in study in china that about two thirds of the studied sample composed of male students. Unlike these results Naderi et al ⁽¹⁸⁾, found that more than half of the participants were males in a study on One hundred and fifty three Iranian undergraduate students in Malaysian Universities. This might be due to the majority of sample size composed of female. As well, the Faculty of Nursing at Zagazig University is predominantly attended by females more than male. As regards to the marital status, the current study findings revealed that most of students were unmarried (88.6%). This finding was in agreement with Nagaraja et al ⁽¹⁹⁾, who found in a study in India that, most of students were single (93.7%) from participants in the study. Furthermore, this finding agreed with Morrison ⁽²⁰⁾, Shrestha ⁽²¹⁾ and Eldeeb et al ⁽²²⁾, who found in studies at University of South Florida, mental hospital of Lagankhel at Nepal and Menoufyia University, respectively, that most of the participants were single. On the contrary, Dao et al ⁽²³⁾ who reported in a study in United States that, about three quarter of students were married. This could be attributed to that more than three quarter of students was UN married. In addition to, marriage during study was considered an overload for students and some people prefer to postpone the marriage of their sons until they terminate their study.

Concerning personal characteristics of students, the present

study results showed that most of students were from rural areas (85.2%). This finding was in the same line with Omar et al.⁽²⁴⁾, who found in a study at El-Minia University that more than half of the samples were resided in rural area. On the contrary, Poreddi et al.⁽²⁵⁾, found in an Indian study that slightly more than half of the participants (52.7%) came from urban. This finding might be attributed to the setting of data collection in Zagazig University at El-Sharkia governorate which is characterized by its agricultural nature and most of its cities are rural areas.

Regarding university grade of nursing students, the current study findings revealed that less than one third of students at the 2nd university grade (31.9 %, n=67). This result was in contrast with Reynolds⁽²⁶⁾. Who conducted a study in United States and concluded that (40.2%, n =367) of college students were at the 1st university grade. This result was in disagreement with Ratanasiripong⁽¹⁴⁾, who found in a study in a public nursing college in Thailand that, (72%) of nursing students were at the 3rd university grade. This might be due to large number of students admitted to the Faculty of Nursing in addition to, increasing number of students who transforming from health technical institution to 2nd grade at Faculty of Nursing.

The current study results revealed that more than half of the studied students sample had considerable depressive symptoms (moderate –severe depression N=112, 53.30%) and less than half of them had not considerable depressive symptoms (Minimum – mild N=98, 47.70%). Nearly similar finding was supported by Zawawi and Hamadan⁽²⁷⁾, who conducted a study in Jordanian university and found that a greater ratio of depressive symptoms was reported among Jordan College students and found that 47.8 % of students had severe depression as

well 24.4 % of them suffered from mild-moderate depression. On the contrary, Ensnared and Mohammed,⁽²⁸⁾ found that most of the studied sample had minimal level of depression (n = 316, 62.4% of participants) and about (n=99, 20%) of studied sample had (moderate – severe) level of depression. Also this result was in disagreement with Bayram and Bilgel⁽²⁹⁾, who reported that, depression was found in 27.1% of Turkish university students. It might be due to that those students couldn't adapt with stress life events in addition to new stressors such as new environment, face academic challenges and an increased workload and establish new relationships. Most students who join university leave their homes for the first time. This might subject them to loss of the traditional social Support and supervision, in addition to residing with other students and peer relationships. Moreover, there was a change in the style of learning from what the students were used to at school. These changes may act as a risk factor to depression in university students.

The current study findings revealed that the majority of studied sample had adequate social support (N=152, 72.30%) and about one quarter of students had in adequate social support (N=58, 27.70%). Nearly similar findings were supported by Talaei et al⁽³⁰⁾. Who conducted a study in Iran and concluded that 9.4% (n=113) of the Iranian university students reported low levels of social support and 72.3% (n=868) reported high levels of social support. This might be due to that students who had high level of social support ,might have good relation with their families and friends and had more social networks that can provide for them with social support when needed.

The present study findings revealed that there was no significant relation between depression and education of parents. This was in

agreement with Salah, ⁽³¹⁾. Who conducted a study in south Sinai in Egypt and found that there was no significant relation between depressive symptoms and parental education. In contrast with Wei et al, ⁽³²⁾. Who conducted a study in Taiwan and found that college students with lower paternal education had high level of depression. They found that Parents with higher level of education were able to pay close attention to students' psychological condition and actively communicate with students, which can increase students' psychological support. This result might be due to that depression is a mental disorder that results from disturbance in neurotransmitters and cultural background of parents are not responsible in enduring this disease.

Regarding relation between social support and the marital status, the current study results demonstrated that there was a significant relation between social support and the marital status as married students had more support. Similar finding was supported by Esnard and Mohammed. They found that there was a positive relationship between the marital status of students and their perceived social support from families, friends and significant others. The present study findings were also consistent with Hou et al. ⁽³³⁾, who found that married women were more likely than their unmarried peers to rate higher levels of social support. This result might be owing to married individuals may have a social network and had more support from their husbands and sons on which one can depend during times of stress and might mitigate the impact of stressful or adverse life events and provided alternative solutions to problems.

The present study results illustrated that there was highly statistical significant relation between depression and social support as group with considerable depression which had in adequate social support.

Similar finding was reported by Wang et al. ⁽³⁴⁾. Who conducted a study in china and found that undergraduate students with high level of social support reported lower scores in depression. In the same context, similar findings were supported by Laurence et al. ⁽³⁵⁾. Who conducted a study in United States and found that there was a significant negative relation between the level of depression and social support by which the Level of social support were lower in students with higher level of depressive symptoms. On the contrary, Tummala-Narra and Claudius ⁽³⁶⁾, concluded in a study in United States, and found that there was no significant relation between social support and depressive symptoms. This might be due to the social support plays an important role in dealing with stressful life events as which the students who had depression might have less social networks and less support from their families that might provide help and assurance in dealing with troubles.

Conclusion:

Based on the findings of the present study, it can be concluded that:

Social support had positive impact in lowering level of depressive symptoms, more than half of students had considerable depressive symptoms (moderate – severe) that represented (53.30%), the majority of students had adequate social support that represented (72.30%). Accordingly, there was a highly significant negative relation between depressive symptoms and social support as group with considerable depressive symptoms had in adequate social support.

Recommendation:

Based on the findings of the present study, the following recommendations are suggested:

-Establishing Counseling center or psychiatric clinic at Faculty of Nursing to identify the students with Psychological problems at early stage.

-Providing psychosocial counseling sessions at Faculty of Nursing to assist students to handle issues that

constitute a source of stress in their university.

-Further research should be developed for studying the effect of depressive symptoms on the academic achievement.

Table (1) Socio- demographic and personal characteristics of the studied sample (n=210).

student's social characters	No	%	
Age (years):			
≤20	114	54.3	
>20	96		
- Range	18-24	45.7	
- Mean ± SD	20.24±8.88		
Sex:			
- Male	51	24.3	
- female	159	75.7	
Marital status			
- unmarried	186	88.6	
- Married	23	11.0	
- Widow	1	0.5	
Health information source			
- printed material	115	54.8	
- Audio message (TV-audio)	95	45.2	
Residence			
- Slums	1	0.5	
- Rural	179	85.2	
- Urban	30	14.3	
University grade			
	1	61	29.0
	2	67	31.9
	3	52	24.8
	4	30	14.3

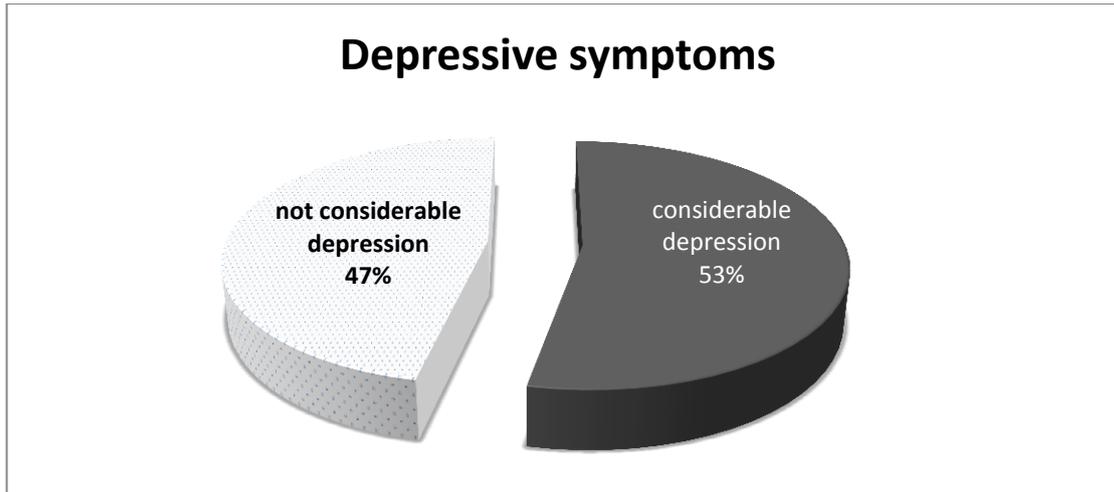


Figure (1): Depressive symptoms distribution among the studied sample

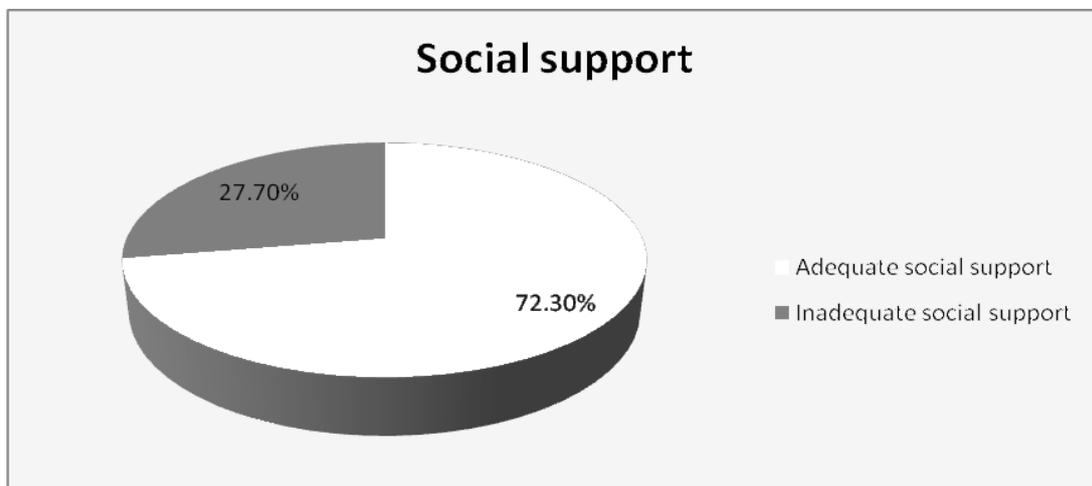


Figure 2: Social support distribution among the studied sample

Table (2): Correlation between depressive symptoms and family's education among studied sample (n=210)

family 's education characters	Not considerable depressive symptoms (n=98)		Considerable depressive symptoms (n=112)		X ²	P
	N	%	N	%		
Education level of father						
Illiterate	7	41.2	10	58.8	6.08	0.53
Read and write	7	38.9	11	61.1		
Primary education	4	36.4	7	63.6		
Preparatory	6	50.0	6	50.0		
Secondary education	28	54.9	23	45.1		
Institute for 2 years	6	33.3	12	66.7		
University education	36	46.2	42	53.8		
High studies	4	80.0	1	20.0		
Education level of mother						
Illiterate	18	40.9	26	59.1	5.11	0.64
Read and write	8	53.3	7	46.7		
Primary education	6	60.0	4	40.0		
Preparatory	3	27.3	8	72.7		
Secondary education	31	51.7	29	48.3		
Institute for 2 years	13	43.3	17	56.7		
University education	18	46.2	21	53.8		
University education	1	100.0	0	0.0		
University grade						
1 st	25	41.0	36	59.0	2.03	0.56
2 nd	32	47.8	35	52.2		
3 rd	24	46.2	28	53.8		
4 th	17	56.7	13	43.3		

Table (3): Social support score relation with sex, marital status, information source, residence and social class (n=210)

Social characters	inadequate social support (n=58)		adequate social support (n=152)		X ²	P
	N	%	N	%		
Sex						
-Male	17	33.3	34	66.7	1.1	0.29
-Female	41	25.8	118	74.2		
Marital status						
-un married	55	29.6	131	70.4	7.09	0.02*
-Married	2	8.7	21	91.3		
-Widowed	1	100.0	0	0.0		
Source of gaining information						
-printed material	31	27.0	84	73.0	0.05	0.81
-Audio message	27	28.4	68	71.6		
Residence						
-Slums	0	0.0	1	100.0	2.53	0.28
-Rural	53	29.6	126	70.4		
-Urban	5	16.7	25	83.3		
Socioeconomic level						
-High	4	13.3	26	86.7	3.68	0.15
-Low	23	28.8	57	71.2		

-Middle	31	31.0	69	69.0
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Table (4): Relation between depressive symptoms and social support of the studied sample (n=210)

Items	Not considerable depressive symptoms (n=98)		Considerable depressive symptoms (n=112)		X ²	P
	N	%	N	%		
Social support score						
inadequate social support (n=58)	15	15.3	43	38.4	13.93	0.00**
adequate social support (n=152)	83	84.7	69	61.6		

**Correlation is significant at P value <0.01

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