Psychiatria Danubina, 2007; Vol. 19, No. 1–2, pp 61–67 *Original paper*

NURSES' ATTITUDES TOWARDS DEPRESSION: A STUDY IN SLOVENIA

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SUMMARY

Our aim was to discover nurses' attitudes towards depression and to test for the impact of education on these attitudes. Negative attitudes towards depression are one of the reasons for underestimation of depressive disorders in the community and the clinical setting. We developed a questionnaire on attitudes towards depression by using the principal component analysis. We observed overall changes in attitudes and differences in each dimension and compared them between nurses who attended education workshops and those who did not. We learnt that nurses have positive attitudes towards people suffering from depressive disorder and towards curing and healing from depression itself, but a somewhat neutral opinion on possible complications caused by depression. Overall, nurses' attendance at education workshops contributed to improvement in their attitudes. This in turn probably led to a decrease in the stigmatisation of depression.

Key words: *depression - attitudes - health care - education*

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BACKGROUND

At present, depression is the most common psychiatric illness, with 100 million people suffering from it all over the world (Gillett 1992, Palazidu & Tiffin 2002). The number of people with depression is increasing; moreover, unipolar depression is projected to become the second leading cause of the global burden of disease (Payne et al. 2002).

Despite its frequency, depression is still poorly detected (Malhi & Bridges 1998). Low identification factors are especially important for medical workers who deal directly with patients. Recent studies done in the United Kingdom consistently show that general practitioners detect approximately 50% of patients who are experiencing some form of psychiatric illness (Payne et al. 2002). The low rate of identification might be influenced by a low interest in the topic, a low level of knowledge, and negative attitudes among people who examine patients (Payne et al. 2002).

There were fewer studies done on recognition and detection of depression among other medical workers. But Plummer et al. (2000) found that general practice nurses identified only 16% of patients with significant distress. These authors suggest that the gap between nurses' knowledge about depression and their work demands should be made smaller by their education. Plummer, Ritter, Leach, Mann and Gournay (1997) exposed the following three main areas where nurses' additional training was needed: recognition of people with depression, prevention of depression, and care in the community. At the same time, there is a clear need to change professional attitudes towards depression. Specifically, there are some attitudes that might be regarded as unhelpful; for example, that depression can not be cured, that

people with depression are strange (Payne et al. 2002).

A study from 2002 (Payne et al.) showed that those nurses, who had more experience with mental illnesses and had more contact with mental health patients, had more positive attitudes towards depression and towards the nurses' role in dealing with depression. They were more confident in giving advice and in working with patients who suffer from depression.

No study to date has measured the effect of education on attitudes towards depression among nurses in Slovenia. Moreover, we have not come across any paper or alternative data source on any kind of investigation of education about depression on nurses in general. Accordingly, our present study, which focused exactly on this topic (nurses' education about depressive disorder and their attitudes about depression) is of an exploratory nature; hence, no hypotheses are proposed. However, we did expect a positive effect of the education workshop on some, if not all, attitudes towards depression.

METHODS

Sample

Nurses, who worked in general practice, in paediatrics, and in home nursing care and came from 12 different medical centres in the city of Celje and the surrounding region, were included in the research. Altogether, 293 nurses filled out the questionnaire before the education programme was carried out and 112 of them took part in the workshops. In a second testing, 111 nurses took part and 41 of them attended the education programme. Nurses were invited to join the education by their supervisors, but their attendance was affected by the nurses' work hours (those nurses who were on duty, were not able to join and were then placed in the non-educated group). The above mentioned medical departments were chosen because the nurses' role in recognition of depression was high in those work places. There were no specific inclusion or exclusion criteria used. Sample details are shown in Table 1.

Table 1. Sample details according to the group

		First testing		Second testing	
		Attending programme	Not attending programme	Attending programme	Not attending programme
Education (%)	Faculty	13.5	10.9	19.5	11.8
	College	25.4	24.8	24.4	27.9
	Secondary school	61.1	64.2	56.1	60.3
Age		38.1	40.1	35.9	41.3
Years of work		17.7	19.9	15.6	21.2
% of replies		82.4	55.7	30.6	21.8
N		112	181	41	71

Instruments

For the purpose of this study, an Attitudes Toward Depression Questionnaire was developed on the basis of previous foreign studies, as no other similar instrument had existed before in the Slovene language. The questionnaire had 30 items and respondents answered them on a five grade scale. Factor analysis clustered items into three dimensions: attitudes towards curing and healing of depression (first one, named curing and healing, Cronbach's α is 0.65; higher score means greater trust in effective curing and healing of depression), towards people suffering from depression (second, named persons, Cronbach's α is 0.64; higher score means people with depression are seen negatively and are stigmatised as week or strange) and towards possible complications caused by depression (third, named complications, Cronbach's α is 0.63; higher score means greater fear for complications caused by depression and

expresses less hope for recovery after depression). These Cronbach's α results show relatively high reliability considering the nature of the questionnaire. The construct of attitudes is by definition less reliable than some other psychological constructs (if compared with, for example, the construct of intelligence) and this affected the reliability of our questionnaire as well. In general, we can say that the structure of the questionnaire is relatively stable and appropriate for this field of research.

Procedure

Medical nurses were tested twice. First, between November and December 2004, before they took part in the education workshops, and again approximately three months after the workshops. A group of nurses who did not attend education was also tested at the same time. Nurses were asked to fill out the questionnaire before the workshop or submit it by mail. We used principal component analysis for finding the structure of the questionnaire and checked its reliability with Cronbach's alpha. We compared the differences between groups and also within them during the time of the research.

RESULTS

Attitudes towards depression

Medical nurses mostly agreed with items that describe the attitudes towards curing and healing of depression. Mean values of the first and the second testing were significantly higher than the middle value of the dimensions. In the second dimension, means were significantly lower than its middle value, meaning nurses disagreed with items describing people with depression. The third dimension, attitudes toward possible complications caused by depression, was assessed as neutral – its mean was not significantly different than its middle value (see Table 2).

Table 2. T-test between results on dimensions and its middle value

Dimension		Tested	Middle value	t-test	Significance
1st	Curing and healing	First	27	43.64	< 0.01
		Second		35.61	< 0.01
2nd	Persons	First	33	-19.04	< 0.01
		Second		-13.16	< 0.01
3rd	Complications	First	30	0.96	0.34
		Second		-1.14	0.26

Contribution of the education programme – differences between those who attended the education programme and those who did not

The overall effect between both groups was tested by comparing the changes on each dimension of attitudes. MANOVA's result (Hotelling's Trace F = 0.87; sig. = 0.46) showed no specific interaction effect. In order to explore the changes in more detail, we then performed ANOVA for repeated measures for each dimension of attitudes separately. The results of the within and between subject effects are shown in the Table 3 and 4. The ongoing changes on each dimension are presented in Figure 1, 2 and 3.

Table 3. Sphericity assumption for within subjects effects

Source	Dimension		F	Sig.
Measurement	1st	Curing and healing	16.68	< 0.01
	2nd	Persons	0.55	0.46
	3rd	Complications	3.88	0.05
Measurement * Group	1st	Curing and healing	3.62	0.06
	2nd	Persons	0.65	0.42
	3rd	Complications	1.03	0.31

Df = 1 for all cases

ANOVA results within subjects show that the effect of measurement is significant in the first and third dimension and that the significant interaction effect of measurement and group is indicated in the first dimension only.

The difference between the educated and non-educated group is significant only in the third dimension.

Table 4. Results of between subjects effects

Dimension		F	Sig.
1st	Curing and healing	0.04	0.83
2nd	Persons	2.55	0.11
3rd	Complications	13.78	< 0.01

Df = 1 for all cases

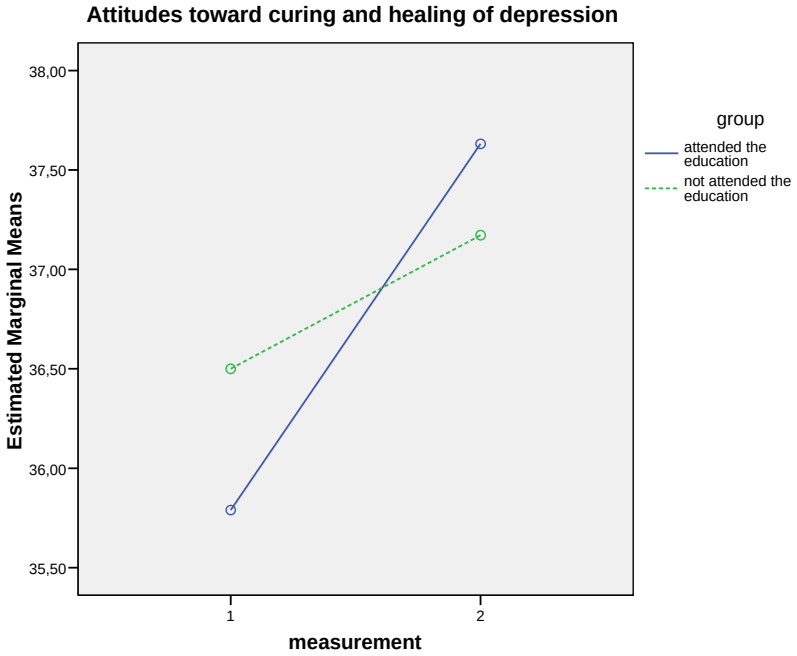

Figure 1. Trends in attitudes toward curing and healing of depression according to group membership at each testing

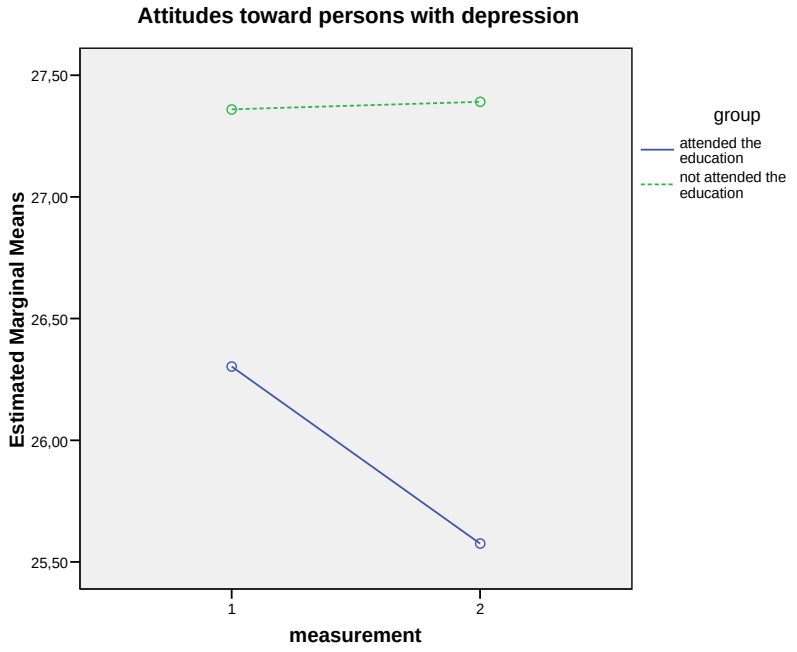

Figure 2. Trends in attitudes toward persons with depression according to group membership at each testing

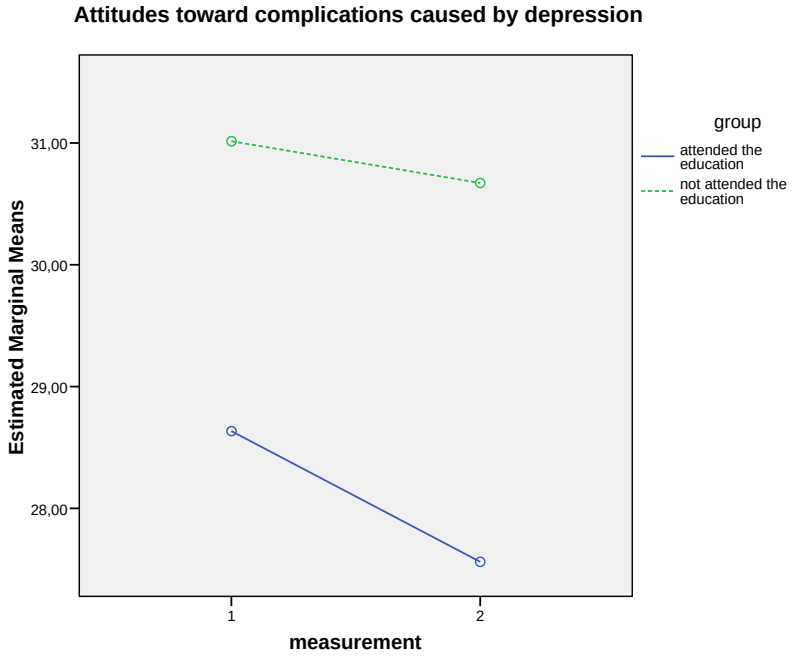

Figure 3. Trends in attitudes toward complications caused by depression according to group membership at each testing

DISCUSSION

In our study the medical nurses' attitudes toward depression were assessed by means of three dimensions as obtained via so-called factor reduction. The study showed that nurses had very positive attitudes towards treating depression and healing of depression. This means that they believed the patient can be cured, that depression is not different from any other illness and that other peoples' help is needed for successful healing. Also, nurses did show similarly positive attitudes towards people suffering from depression. They believed anybody can suffer from depressive disorder and not just those that are "weak" or "strange". In other words, they did not stigmatise people with depression. Lastly, they had a neutral opinion on possible complications caused by depression. These results showed a very acceptable view of depression among medical nurses.

Additionally, the highest variations in answers in our questionnaire were those related to antidepressants. This gives another perspective to rather neutral attitudes that we might otherwise conclude from the averages. High variations suggest big differences between respondents regarding the topic. Some nurses thought antidepressants are very helpful, harmless and good medication, while others thought the opposite. These findings suggest that some degree of stigmatisation of depression might still exist and they also depict a lack of nurses' knowledge.

It is interesting to note that nurses trust antidepressants and psychotherapy more than they trust medical doctors. Even though various sources show that doctors know more about depression and are capable of identifying depressive symptoms better than nurses (Payne et al. 2002, Plummmer 2000), the nurses give them little credit for this. It is possible that the low amount of trust comes from working with doctors, knowing them personally and from tensions caused by their work. This result could also be understood in terms of social identity theory, which proposes that comparison of relevant groups (like nurses and doctors) is a means of group members to evaluate themselves and to build their social identity. For example, nurses saw themselves in a more positive light (and more capable), if they perceived the doctors as lacking in knowledge about depression.

To be able to understand the effect of the education workshops on attitudes toward depression, we performed the MANOVA test on the changes of all tree attitudes' dimensions

between the educated and non-educated group. The overall result did not show any significant effect of education workshops on attitudes. This could be explained on the basis of the attitudes function to maintain peoples' social reality, which has to be relatively stable in time. For this reason attitudes are usually persistent and not likely to change easily or quickly. The most efficient way in formal education such as ours was, is the personal involvement of participants particularly their involvement in discussion (Bečaj 2000). In our case we could conclude that attitudes have not been changed in any way by education, but the separate ANOVA tests for each of the dimensions did show some changes which occurred in the process of our research.

Differences in the first dimension (curing and healing) showed a significant effect that the measurement itself and the interaction of measurement and the group membership had on attitudes, but the group membership effect was not significant in this case. Even though the differences between groups were not significant, they are indicated in Figure 1. The educated group changed its attitudes more than the non-educated one. The significant effect of the measurement suggests that the time (and maybe by that the participation in the research) was an important factor in the changes of attitudes. But the significance of the interaction of the measurement and group membership suggests that changes which occurred between the first and second testing had been influenced by the group membership; which indicated the influence of the educational workshop on the attitudes. Accordingly, the results suggest that the education workshops had a favourable effect on the attitudes toward curing and healing of depression, as nurses had more positive attitudes after participation in the education while the non-educated group did not make any such changes.

There were no significant effects noted on the second dimension (about attitudes toward people suffering from depression), even though differences in the groups can be noticed in Figure 2. The groups (not significantly) differed even in the first testing, and the changes which occurred show that the educated nurses saw people with depression as less stigmatised; they were seen as less weak and simply as people with a disorder. Additionally, they reported a greater understanding of the patients' depression. The figure also shows that the non-educated group had not changed its attitudes in any particular way. It is important to note that the changes mentioned were just indicated, but not confirmed by numbers, so they do not allow us to make any conclusion that the education had any impact on them.

In the third dimension, there were two significant effects on the attitudes: the effect of the measurement and the effect of group membership (differences between groups). The interaction effect was not significant in this case. When we point out the significant difference between the group who attended the education programme and the group who did not attend, we see that in the first group nurses perceived depression as a disorder with less potential complications than the other group. It is possible that nurses, who had less taboos about the topic, were more prepared to participate in the workshop and to educate themselves. Even though we believed that nurses who were able to join the education were selected randomly, because no differences were expected to occur on the basis of their working schedule (as all nurses are obliged to work two shifts), this was not confirmed by the results. It might be that nurses more interested in the topic of depression adapted their schedule or changed shifts. But we also have to take into consideration that the members of the group attending the education programme filled out the questionnaires in the presence of an expert (who conducted the workshop later). Maybe this made nurses feel more secure about the complication caused by depression and their attitudes were more positive for that reason. Differences between groups were even more obvious after the education, however the non-educated group also improved their attitudes and no interaction effect was significant. The effect of the measurement turned out to be a significant one. These significant changes in attitudes might have occurred because of the influence of not-controlled factors (for example, changes in society and/or medical system) or because of the research itself. It is possible that nurses in the non-educated group

might have raised awareness on the subject and changed their attitudes because of the participation in filling out the questionnaires or because of their interaction with educated colleagues. We could thereby suggest that the impact of the educational workshop on the dimension of attitudes toward complications caused by depression is indicated in our results, but not confirmed.

The detailed comparison of the changes which occurred in attitudes in each dimension showed that the education workshops had a positive impact on specific attitudes toward depression; more on the first dimension and less on the other two. This result might serve as an indicator of the strong and weak points of the workshops. They were well focused on attitudes towards the curing and healing of depression, but still insufficient on people suffering from depression and its possible consequences. Overall, the importance of the attitudes' role on the detection rate of depression among patients should be stressed more precisely, in order to enable changes in attitudes.

In conclusion, nurses' attendance in education workshops contributed to an improvement of their attitudes toward depression, which in turn most probably led to a decrease in the stigmatisation of depression, especially with regard to healing and curing of this mental illness. The limitations of our study included a low response rate in the second testing and having to collect data through the mail. Therefore, we cannot give complete assurance that the results were not biased by the attitudes themselves (nurses with less stigmatised attitudes responded at a higher rate) or by other uncontrolled factors. All of these factors lowered the validly of the collected data and probably caused some of the indicated differences to be statistically non-significant. On the whole, this exploratory research gave important feedback on attitudes toward depression and might serve as a starting point for further similar work.

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