

Self-Efficacy as a Determinant of Depression Among Muslim Trainee Nurses in Pakistan

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Abstract

Objective of this research was to study the cognitive model of depression (i.e. self-efficacy) among Muslim trainee nurses in Pakistan. Self-efficacy is referred as the person's beliefs in one's competences to perform well in a specific situation. Researchers found that people with high level of self-efficacy take their tasks as challenge and cope effectively with their obstacles as compare to those with low self-efficacy as they face difficulty recovering from failures (Bandura, 1977). Studies further found that low self-efficacy have significant negative relationship with depression (Motl, McAuley, & Snook, 2007; Tahmassian & Jalali, 2011; Tak, et al., 2017) and interventions tailored to increase self-efficacy would reduce depression (Joeke, Elderen, & Schreurs, 2007; Wu, Chau, & Twinn, 2007). After literature review it was proposed that self-efficacy would predict depression in Muslim trainee nurses in Pakistan. Within group research design was used in this study and data was gathered from several schools of nursing situated in Karachi. The sample consisted of 294 Muslim trainee nurses of age's 19-26 years ($X = 21.05$, $SD=1.885$) recruited by using purposive sampling technique. Demographic Form, Urdu version of Generalized Self Efficacy Scale (Tabasum & Rehman, 2003) and Siddiqui-Shah Depression Scale (Siddiqui & Shah, 1997) were used as research tools. Result Revealed that self-efficacy is a statistically significant determinant of depression in Muslim student nurses in Pakistan ($r=-.324$, $p<.01$). On the basis of findings, it could be concluded that trainee nurse having high self-efficacy are less likely to experience depressive symptoms.

Keywords: depression, self-efficacy, nursing students, Muslims Pakistan

Introduction and Literature

Feelings of sadness in response to daily events are common among the population because everyone experiences swings in their mood but when these down feelings reach to peak and significantly influence daily functioning it means that the person suffers from depression. In depression, there are some additional symptoms along with sad mood, such as lack or loss of pleasure in almost all activities, lack of energy, sleeping and appetite change, poor concentration and guilt. In more intense condition suicidal ideation and attempts are also very common. The American Psychiatric Association (2013) elaborates symptoms of major

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depression as low mood, noticeably reduced interest or pleasure in almost all activities of daily life nearly every day, with at least four additional symptoms including difficulty in sleeping, alteration in eating habit, low energy, difficulty in focusing attention, problems related to self-image, and suicidal ideation in at least two weeks duration.

Depression is considered as major mental health problem affect people living in almost all regions in the world. A study (Ameen & Khan, 2009) reported that people of any age may experience depression in their life time in which women are found as more vulnerable to experience depression than men (Astbury, 2010). Effects of depression negatively impacts on almost all important domains of one's life, such as academics, interpersonal relationships and employment and it will also lead to substance abuse and suicidal behaviors (Klein et al., 2008). Along with mainstream students (Eisenberg et al., 2007) depression with different severity levels prevail also in nursing students (Georgios et al., 2008; Khalid et al., 2010). Multiple risk factors increased the risk of depression among the population such as long distance, being away from home, family problems (Read et al., 2002; Sreeramareddy et al., 2007), perception of physical health, interest in some courses and increased workload (Furegato et al., 2008). Researchers (Goetz, 1998) reported that nursing students also experience decline in quality of life, in academia and increased probability of suicidality.

Researchers reported an important cognitive factor i.e. self-efficacy that may predispose a person to suffer from depression. Concurrently, there is considerable literature that provide evidences of the inverse relationship between self-efficacy and mental health issues among students particularly with affective disorder (Peter, 2002). Social-cognitive theory described self-efficacy as a model which points to perceive capabilities for eagerly perform an action (Muris, 2002). Bandura (1977) found that high self-efficacious individual takes tasks as challenges and opportunities rather view them as obstacles. Bandura further reported that individuals with low self-efficacy face troubles recovering from failures are more prone to suffer from stress and depression. Self-efficacy also affects the quality of emotional life and vulnerability to depression (Bandura, 2005). Studies found that people with high scores on self-efficacy scale show noticeably less signs of depression (Perraud, 2000). Such an outlook produces personal enhancement, reduction in stress and diminishes proneness to depression (Bandura, 1977).

Rationale of study

Depression leads to severe level of disturbances and dysfunctions in trainee nurses. In Pakistan, limited evidence is available related to prevalence of depression and its relationship with self-efficacy in trainee nurses due to which immediate attention is needed to take actions for the improvement of the mental health issues specially depression among the targeted population. On the basis of literature review, it was postulated that self-efficacy would predict depression in Muslim trainee nurses in Pakistan.

Hypotheses of Study

To conduct the present study, following hypothesis was designed:

1. Self-efficacy would predict depression in Muslim trainee nurses in Pakistan.

Materials and Methods

Research Design

Correlational research design was used to investigate the relationship between self-efficacy and depression in Muslim trainee nurses in Pakistan.

Sampling Technique

Purposive sampling technique was used for the selection of the participants.

Participants

The sample of 294 female trainee nurses were selected from several nursing schools of public and private sectors in Karachi-Pakistan. The age of the participants was ranged between 19-26 years ($X = 21.05$ years). Only Muslim, Pakistani national, full time, trainee nurses participated in this study.

Instruments

The following measures are used in this study:

Informed Consent: The consent from the authorities of nursing schools and from individual participants were taken first and they were informed about the confidentiality and their right to withdraw from the study at any stage.

Demographic Information Form: Demographic information form was used to collect information mainly about age, educational years and family structure.

Siddiqui-Shah Depression Scale (SSDS): The Siddiqui-Shah Depression Scale (Siddiqui & Shah, 1997) is an indigenously developed tool to screen out depression among clinical and non-clinical, Pakistani population. This scale is consisted of 36 items, measures severity levels of depression for clinical purpose; and day to day gloom and severity levels of depression in non-clinical population as well. Participant's responses are rate through a 4 point Likert type scale i.e., "Never" to "all the times", and then scores of all items are sum up to get the full score of the respondent. This scale has been found as a reliable and valid tool, with alpha coefficients for the clinical, and non-clinical samples was $r = .90$ and $r = .89$ respectively. Siddiqui Shah Depression Scale is also significantly correlated with Zong's depression scale ($r = .55, p < .001$); psychiatrist rating for depression ($r = .40, p < .05$) and subjective mood ratings ($r = .64, p < .001$).

Generalized Self-Efficacy Scale: GSES (Tabasum & Rehman, 2003) is a short, validated tool to quantify self-efficacy in adolescents and adults. It contains 10 items and has 7-point Likert scale in which high scores are suggestive of increased level of self-efficacy. Cronbach's alphas for GSES range from .76 to .90. Criterion validity of the scale indicate positive correlation with positive emotions; dispositional optimism, and satisfaction in work; and negative correlation with depression, stress, burnout, and physical health complain.

Procedure

First of all, the list of nursing schools of various hospitals was obtained and then various institutions were selected on the basis of randomization method. After that, approval was taken from the principals and heads of nursing schools and then, the participants were approached through the class teachers during institutional hours. A brief description about the research and knowledge about filling the questionnaires were shared with the subjects. Potential participants were scrutinized after a brief interview on the basis of already set inclusion and exclusion criteria. After that demographic information form, followed by the Siddiqui-Shah Depression Scale, and the Generalized Self-Efficacy Scale were administered by using group administration procedure.

Statistical Analysis

Descriptive statistical analysis was done for getting the statistical representation of the demographic information of the participants, and Regression analysis was run to make the inference to interpret the data in statistical terminologies.

Results

Table 1

Descriptive Presentation of the Entire Sample of the Study

<i>Variables</i>	<i>F</i>	<i>%age</i>
Age		
19-22	223	75.9
23-26	71	24.1
Education		
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

The above table demonstrated the frequency distribution of participants characteristics with respect to age, education and family system.

Table 2

Summary of Linear Regression Analysis with Generalized Self-efficacy as a Determinant of Depression among Trainee Nurses

<i>R</i>	<i>R²</i>	<i>Adjusted R²</i>	<i>df</i>	<i>Durban Watson</i>	<i>F</i>	<i>Sig.</i>
-.324	.105	.102	1,292	1.957	34.358	.000

Note: The results are indicative of a significant negative association between self-efficacy and depression ($p < .001$), in Muslim trainee nurses. Summary of linear regression further shows self-efficacy as a significant determinant of depression in Muslim trainee nurses and approximately 10% of variance in depression in trainee nurses is accounted for by their low self-efficacy.

Discussion

As, it is clearly indicated by researches that Pakistani student nurses are working in highly stressful environment which leads them to develop depression. There is need to work out on different cognitive variables to improve this condition and self-efficacy is one among them. Self-efficacy beliefs consider as significant coping resources that play vital role in mental health and wellbeing of the population (Perraud, 2000).

WHO/EHA (1999) found that coping tactics utilize by trainee nurses in various situations differ by their previous experiences, their religion and social groups, socioeconomic status, community and geographic regions. Studies indicated that people having inadequate levels of self-efficacy are more susceptible to suffer from depression. Researches (Catrona & Troutman, 1986) found negative relationship between self-efficacy and depression as the people who score high on self-efficacy show markedly less depressive symptoms. Findings of the studies (Bandura, 1977; Francis et al., 2007; Piquart et al., 2004) found that individual having high sense of self-efficacy inclined to respond to difficulties with persistence and positivity, show active coping behaviors, set higher standards and expectations of success and are less likely to develop psychological problems, such as depression and anxiety. Studies (Albal et al., 2010; Fiori et al., 2006; Perraud et al., 2006; Wareham et al., 2007) also revealed that self-

efficacy leave favorable impacts on social support and also contributes in prevention of depression and improve individual's psychological health.

Self-efficacy beliefs not only improve mental health of individuals but also prevent negative impacts of distress and affecting positively on depressive symptoms. These beliefs also strengthen their level of confidence to get success in education, profession and in all important domains of their life.

Conclusion

Results of this study indicate the need to target nursing population both students and practicing nurses for further exploration of how to improve their confidence on their abilities to perform different tasks so that they can be prevented to develop depressive symptoms. Findings also urge mental health professionals to understand the difficulties of trainee nurses and to start counselling programs to improve their mental health and psychological well-being. Finally, it can be concluded that having appropriate level of self-efficacy may reduce the chances of having depression and the related suffering in trainee nurses of Pakistan.

Limitations and Suggestions

Self-report measures were used in this study, which can lead to the overstated or understated responses to maintain social desirability. No diagnostic tool for depression was used which could provide information related to the specific cases of depressive disorder among the targeted population. The sample was only comprised of female participants that cannot be generalized to the whole population. A sample of registered nurses could also provide significant information however, those were not the targeted participants in this study.

Implications of the Study

The findings of the current study signify the need to estimate the prevalence rate of depression and its causes among the population, as it will help the mental health professionals and policy makers to formulate interventions according to our culture.

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Author's Contribution: Rabia Mushtaq (write up, data collection and statistical analysis) and Riaz Ahmad (conceptualization and proof reading).

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