

CE

INDEPENDENT STUDY

1.0 contact hour

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Awarding of CE

Participants who achieve a minimum passing score of 80% (8 correct answers) will receive a certificate awarding 1.0 contact hour. Certificates will be mailed within six weeks. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.

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Depression and Nursing

Objectives

- 1) Explain why nurses are more prone to depression than the general public.
- 2) Articulate the characteristics of the depressed nurse.
- 3) Discuss factors that prevent nurses from seeking treatment for depression.
- 4) Describe treatment modalities that may be helpful for depressed nurses.

As a nurse, you probably won't be too surprised at the results of a study by the Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative (INQRI) (Letvak, Ruhm, McCoy, 2012). While the general public experiences depression at the rate of 9%, the study shows that nurses experience depression at twice this rate. Although this study was done in 2012, the topic of depression in nurses has been revisited recently by those hoping to learn exactly which nurses are most at risk: which specialty, which shift, their pre-existing psychological make-up, and even details such as BMI (Ferguson, 2016).

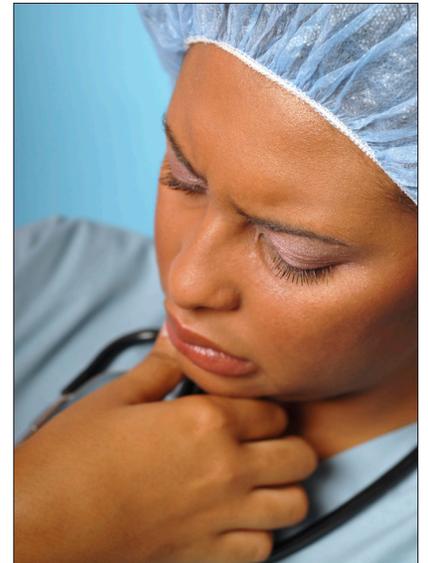
Depression doesn't just impact nurses themselves, it affects everyone around them. Hospitals (and patients) suffer because a depressed nurse is more likely to take sick days and their productivity is lower. Depression leads to burnout quicker, and burnout is frequently the reason nurses leave the profession. All of this costs healthcare tens of billions of dollars a year, in addition to the psychological and emotional toll on nurses and patients (Letvak, Ruhm, McCoy, 2012)

In examining why nurses are at greater risk for depression, researchers point to several reasons. Nurses are frequently overworked and feel underappreciated. Nurses deal with patients who are sometimes seriously ill and may die. Conditions, particularly at hospitals, are less than optimal, with units being busy and crowded. Added to that is the ongoing problem of unsafe staffing ratios, which causes nurses to work harder while on the job, and to work longer hours. The Johnson Foundation (2012) study found the risk for depression increased in nurses experiencing job strain, patient overload, and a perceived lack of respect. All of this can cause nurses to feel they have little or no control over their job environment (Fink, 2010).

Nursing by nature predisposes its members to depression. Nursing is most commonly thought of as a "helping" or "caring" profession, one that promotes service above self. In reality, those who are continually called upon to be compassionate and caring are more likely to feel sad and depressed over time (Lampert, 2016). Nurses also have a culture that advocates that "nurses don't crack under pressure." In fact, nursing has long prided itself on the fact that nurses can survive in a profession that is ruthless and high pressure.

There are associated personal attributes of a nurse that can be a prerequisite to depression. Females are already more likely to be depressed than males, and the majority of the nursing profession is female. Other characteristics can be an increased BMI, sleep deprivation (a given in the nursing profession), a number of chronic health-related problems, and family problems (Fink, 2010).

Once depression develops, the nurse may take on depressive characteristics. There may be difficulty



concentrating or limited ability in performing mental tasks such as dosage calculation. Response to a crisis or emergency may be delayed. The depressed nurse may be accident-prone, which erodes self-confidence. They may display poor interpersonal skills, have a short temper, or suffer explosive outbursts. As previously mentioned, a depressed nurse lowers productivity and struggles with time management (Lampert, 2016).

While these signs and symptoms may be obvious to the nurse and others, many do not seek treatment. It may be that although nurses can identify signs of depression in others, they may not recognize it in themselves. The other reasons for not seeking treatment may have to do with the culture of nursing itself. Nurses pride themselves on being healthy and perfect all the time. They see themselves in a caring role for others, not themselves. Some nurses may be afraid that if they admit depressive symptoms, they may not be trusted with patients or as part of the health care team. For their part, nurse managers often take pride in running “a tight ship” and are reluctant to tolerate a perceived “weak link” (Fink, 2010).

There is still a great stigma surrounding the diagnosis of depression in anyone. Stigma and depression comes in two parts: prejudice and discrimination. Prejudice involves misunderstanding (such as the belief that depression is brought on oneself) and misinformation. Discrimination, the other part that causes stigma, is caused from people (often other nurses) assigning a person a label that is degrading and insulting. Nurses may feel that admitting a mental health problem may put their job at risk, so they hide it (Ohler, Kerr, Forbes, 2010).

The need to get past the pain of depression can lead to self-medicating. Substance abuse problems have long been associated with depression. Unfortunately, the drug of choice may be alcohol or opiates, both of which are depressants that make the problem worse.

A study by Letvak, Ruhm, McCoy, and Gupta (2012) proposed that advanced practice nurses were positioned to recognize depression in hospital staff nurses and offer them confidential and easily accessible treatment options. The researchers pointed out that using the PHQ-9, a nine-item self-reporting tool developed for primary care, allowed them to accurately identify depressive symptoms. In addition, the researchers recommended that advanced practice nurses inform nurses (as patients) of web-based depression screening and computerized therapy.

The other treatment modalities for depression are the same or similar for nurses as the general public, but a tailored treatment plan is preferred. Finding a therapist who understands nursing is helpful. Besides the usual anti-depressants that are available, CBT (cognitive-based therapy) is recommended. Other recommended treatment modalities include meditation, yoga, and connecting with the creative arts. Nurse managers need to be adept at identifying mental health problems in their nurses, and

then promoting them to other suitable assignments in a supportive environment (Lampert, 2016).

Grounding is a particularly helpful anxiety-reducing (and depression preventing) technique that can be used on the job. Grounding involves distraction and detaching from emotional pain. The goal is to focus outward on the external world rather than on one's self. There are physical, mental, and soothing grounding strategies. A physical grounding exercise might be breathing in and out and thinking a soothing word on exhalation. A mental grounding might be to think through a daily task, such as passing meds, in as much detail as possible beforehand. A physical grounding could be to look at a picture of loved ones (Lampert, 2016).

While noted earlier that a feeling of being out of control commonly exists in nurses, there may be help with empowerment for them. Numerous studies have found that unions and collective bargaining may be a way for nurses to feel more control over their work environment. Collective bargaining strategies may be an effective means for nurses to gain control over their practice and attain professional as well as personal goals (Breda, 1997). Apfer, Zabava, Ford, & Fox (2003) and Kramer & Schmalenberg (2003) also found that when organizational autonomy and control over practice is present, nurses feel respected and empowered to deliver higher quality care.

The goal will always be to prevent depression in nurses (and others), but until such time that we fully understand the causative factors and how to treat them, we need to remain vigilant in identifying fellow nurses who may be depressed and to support them in constructive and encouraging ways.

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- Carefully read the entire article.
- This CE is free for MNA members and \$20 for non-members.
- Complete the evaluation and post-test response form and make your payment [ONLINE here](#).

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