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An EFL Classroom Oral Language and Group Work Observation: A Pilot Study

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Abstract

Purpose: The current study aimed to examine the association between lifestyle changings (age, marital status, duty hours) and depression among the wedded and single nurses of Multan. **Methodology:** Data was taken from (n=150) nurses through a stratified proportional sampling method. Hamilton Depression Rating Scale, Independent Sample T-Test, Linear Regression Model studied relations between depression and lifestyle aspects. **Main Findings:** The result showed that lifestyles changings (age, marital status, and duty hours) have a significant positive relationship with depression. Regression findings revealed lifestyles changings (age, marital status, and duty hours) were the significant predictors of depression. However, results also showed that the mean score of depression was high in married nurses as compared to unmarried nurses. **Application of this Study:** The current research will help to understand the consequences of depression, especially among nurses. Existing policies and coping strategies could be inquired about and could probably to improve to better help this population. **Novelty/Originality of this Study:** Based on this study, it is not only particular for professionals or nurses to be aware of depression toward a better life in the Pakistani society but also to be educated in the culture itself and clinical area.

Keywords: Lifestyles Changings, Depression, Nurses, Multan.

Introduction:

It is curcial to examine the relationship of neuropathological illnesses such as depression or certainly of emotional conditions, like happiness with lifestyle aspects. yet to do this, there is a need first for a practical definition of “lifestyle” Sobel and Rossi, (1984). It is realized that term as including the main aspects making up a person’s health and betterment. Swarbrick (1997) described term, “wellness”, as “a conscious, deliberate process that requires a person to become aware of and make choices that help promote a more satisfying lifestyle”. Furthermore, for the individuals who fail to

sustain a good everyday life may be suffering from physical illness also misbalancing of mental state (Paris et al. 2014).

It is often nurses who encourage patients to change their behavior in the sense of adopting a healthier lifestyle by Duffield et al. (2007). Since 2014, nurses have to deal with the progressively more complicated care of larger numbers of patients at workplace and regrettably, nursing in Pakistan tends to be short-staffed and poorly rewarded (Jasper et al. 2012). Furthermore, the work pressure is so high as compared with resources (Xianyu & Lambert, 2006), and may occasionally stumble upon workplace violence (Lamont et al. 2012).

As the developments in medical knowledge increase, the community enhanced its expectations towards nurses and professional performance and attitude, (Chung et al. 2012; Letvak et al. 2012).

The main objective of the study to check the association between lifestyle and depression.

Literature review:

The World Health Organization (WHO) evaluations that, by 2030, depression will become one of the three leading causes of illness burden worldwide (Mathers & Loncar, 2006).

In numerous countries, female nurses' rate of suicide has increased due work-related problems and risk may reflect work-related pressures with heavy assignments, lack of independence and job dissatisfaction (Bakker & Demerouti, 2007). Current study has emphasized that how a change could be made at work is a major aspect to reduce stress and burnout among this worker (Stimpfel et al. 2012) two aspects closely related to depression. More meaningfully, this staff is mostly a related to female profession, so an expected truth is that depression is furthermore prevalent in females (Meeks et al. 2011). The present research examines possible relations between lifestyle and depression in nurses. Current study (Tanaka et al. 2011) draws fundamental associations between lifestyle and depression in this population generally.

Another research was conducted on 9201 persons, aged ranging from 40 to 69, revealed relations between physical immobility, poor self-identified health, chronic disease and depression (Tanaka et al. 2011). The research revealed that members of both genders with depression were more depressed engaged in this profession.

Multivariate analyses showed this increased risk of depression in male members who were physically inactive and had chronic illness, and in female members with a body mass index of 25 or more and poor self-perceived health. However, both factors mentioned above appeared as risk aspects for depression (Tanaka et al. 2011).

Current study on lifestyle generally emphasizes on clients. The experimental indication for nurses' lifestyles over the last period is limited. This means that effect of unhealthy lifestyles on the working-

age nursing people. There is a requirement for a recent study to fulfill this gap. Therefore, the present research was conducted to examine the association between two above mentioned variables among the wedded and single nurses of Multan, Pakistan.

This study reporting correlation between lifestyle aspects and depression, highlighting a general idea about nurses' psychological health.

Methodology:

Participants

It is correlational research directed with nurses of Multan. Correlational research design was used. We recruited (n=150) nurses through nurses through stratified proportional sampling method in Multan, Pakistan. The sample consisted of 150 nurses in which (50% unmarried, 50% married). The research was approved by the Human Research Ethics Committee at the Children Hospital Multan.

Measures

Demographic Questionnaires

A set of queries were established to capture appropriate personal information regarding nurses. Nurses details including age, marital status, and duty hours were the demographic variables of the current research. These demographic variables are also used to consider and measure the lifestyles of nurses.

Hamilton Depression Rating Scale (HDRS; Hamilton, 1960)

Hamilton Depression Rating Scale was originally developed (Hamilton, 1960). Also measures signs of the previous week and contains nine questions rated 0 to 4 (Hamilton, 1960). HDRS is utilized to rate the severity of depression through assessing mood, insomnia, feelings of guilt, anxiety, suicide ideation, weight loss, retardation or agitation, and somatic symptoms. Participants with a score of 0 to 7 points were considered normal, with 8 - 13 as mild depression, 14 - 18 as moderate depression, 19 - 22 as severe depression, and > 23 as very severe depression (Hamilton, 1960; Sarfo, 2019). The Cronbach's alpha reliability of this scale is ($\alpha = .95$).

Analysis

Statistical analyses were conducted using the IBM SPSS Statistics: version 22 with significance set at ($P = .05$). The demographic variables showed participants were drawn from the ongoing working hospital and nursing hostel, who were aged 21-30 ($M = 25.58$, $s = 6.42$) =120, duty hours ($M = 12.79$, $s = 3.21$). The participants were belonging to city 98 (64.9%), town 29 (17.2%) and village 27 (17.9%). The sex split was 150 (100%) females. For the main study variables to ensure easy analysis and understanding, Pearson product-moment correlation analysis, hierarchal regression analysis, and Independent Sample T-Test were used.

Results:**Pearson Product Moment Correlation Analysis**

The outcomes of the correlation analyses are described in Table 3. A significant positive relationship was observed between total score of age ($r = .38$, $P = .05$) with depression, total score of marital status ($r = .86$, $P = .05$) with depression and duty hours has also significant positive relationship ($r = .68$, $P = .05$) with depression. See Table 2 for summary.

Hierarchical Regression Analysis

A hierarchical regression was shown with age entered at the first step, marital status entered at the second step and duty hours entered at the third step. The results for the regression analysis are in 3. Findings revealed that models were significant. In the first step ($\Delta R^2 = .40$, $F(1, 147) = .20$, $P = .01$) age was a statistically significant predictor ($\beta = .26$, $P = .01$), suggesting that age predicted depression. In the second model ($\Delta R^2 = .41$, $F(2, 146) = 17.8$, $P = .05$) marital status ($\beta = .30$, $P = .05$) was significant predictor of depression. In the last model ($\Delta R^2 = .34$, $F(3, 145) = 17.8$, $P = .01$) duty hours ($\beta = .35$, $P = .01$) was significant predictor of depression. In sum, the results showed that age, marital status, and duty hours were significant predictors of depression.

Independent Sample T-Test Analysis

An equal variances t test shows a statistical reliable difference between the mean of marital status for married nurses' depression ($M=42.51$, $s=8.89$) and the means score of unmarried nurses' depression ($M=34.52$, $s=10.64$), $t(67) = 3.24$, $p = .00$, $\alpha = .05$. Findings showed that married nurses have higher levels of depression as compared to unmarried nurses.

Table 1: Psychometric Properties of Questionnaires (n=150)

Variables	K	M	SD	α
Hamilton Depression Rating Scale	.09	60.40	16.0	.85

Table 2: Pearson Product Moment Correlation Analysis between Study Variables (n= 150)

Variables	1	2	3	4
1. Age	-	.41**	.38**	.38**
2. Marital Status	-	-	.86**	.86**
3. Duty Hours	-	-	-	.68**
4. Depression	-	-	-	-

*. Correlation is significant at the 0.05 level (2 tailed).

**.. Correlation is significant at the 0.01 level (2-tailed).

Table 3: Hierarchical Regression Analysis Predicting Depression on Age, Marital Status, and Duty

Predictors	Depression	
	ΔR^2	β
Step 1	.40**	
Age		.26**
Step 2	.41*	
Marital Status		.30*
Step 3	.34**	
Duty Hours		.35**
Total R ²	44%	

Hours (n=150)

Note: *p < .05., **p < .01., ***p < .001.

Dependent Variable: Depression

Predictors in the Models: Age, Marital Status, Duty Hours.

Table 4: Independent Sample t-test between Demographic Variable Marital Status and Study Variables (n=150)

Marital Status	t	df	P	Confidence Interval	
				LL	UL
Depression	3.24	67	.00	3.06	12.92

Note: t= Statistical Difference, df= Degree of Freedom, p= Significance Value, LL= Lower Limit, UL= Upper Limit.

Discussion

In various areas of the world, individuals are impacted by their health because of inappropriate behaviors.

Furthermore, the health concern, is that in the standard will cause a worsening of their health (Fincham et al. 2015). On the contrary, psychological health issues need primary exposure, particularly at an initial age. Furthermore, it improved treatment and organization, which is why this study intends to provide detailed information regarding this sample by its outcomes (Ansari et al. 2014).

Unhealthy lifestyles were revealed in most of the nursing staff, especially less than 30 percent and more in single.

It was also found that a substantial difference in lifestyles with the gender and an OR = 1.661. In relative to these outcomes, Hosseini et al. (2016), who claims that nurses who were married had a better health promotion behavior.

On the conflicting, Daesy et al. (2015) revealed that nurses with inappropriate living pattern and poor physical activity have faced more risk. Furthermore, a study conducted by Mak et al. (2018) revealed students did not involve in dangerous behaviors about their health, have better chance to avoid risk from their health concerns.

Conclusion:

The efforts of the nursing staff were an important factor in the extent to which the lifestyle habit changes succeeded. The present study measures the correlation between lifestyle and depression. Three lifestyle features (age, marital status, and job hours) were related with lesser volumes of despair. The present research also revealed the connection between lifestyle selections main concerned variable of the study. Furthermore, it concluded that Depression is the main hindrance between to achieve a healthier lifestyle among the selected sample.

The present research suggests improvements in both social and physical domains of health. However, to better determine the efficacy and sustainability of the intervention, larger studies over a longer period should be conducted.

References:

- Abebe, A. M., Kebede, Y. G., & Mengistu, F. (2018). Prevalence of stress and associated factors among regular students at Debre Birhan governmental and nongovernmental health science colleges North Showa zone, Amhara region, Ethiopia 2016. *Psychiatry journal*, 2018.
- Almutairi, K. M., Alonazi, W. B., Vinluan, J. M., Almigbal, T. H., Batais, M. A., Alodhayani, A. A., ... & Alhoqail, R. I. (2018). Health promoting lifestyle of university students in Saudi Arabia: a cross-sectional assessment. *BMC public health*, 18(1), 1-10.
- Ansari, W. E., Oskrochi, R., & Haghgoo, G. (2014). Are students' symptoms and health complaints associated with perceived stress at university? Perspectives from the United Kingdom and Egypt. *International journal of environmental research and public health*, 11(10), 9981-10002.
- Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of managerial psychology*.
- Cheung, T., Wong, S. Y., Wong, K. Y., Law, L. Y., Ng, K., Tong, M. T., ... & Yip, P. S. (2016). Depression, anxiety and symptoms of stress among baccalaureate nursing students in Hong Kong: a cross-sectional study. *International journal of environmental research and public health*, 13(8), 779.
- Chung, C. C., Lin, M. F., Ching, Y. C., Kao, C. C., Chou, Y. Y., Ho, P. H., & Chang, H. J. (2012). Mediating and moderating effects of learned resourcefulness on depressive symptoms and positive ideation in hospital nurses in Taiwan. *Research in nursing & health*, 35(6), 576-588.

- Darviri, C., Alexopoulos, E. C., Artemiadis, A. K., Tigani, X., Kraniotou, C., Darvyri, P., & Chrousos, G. P. (2014). The Healthy Lifestyle and Personal Control Questionnaire (HLPCQ): a novel tool for assessing self-empowerment through a constellation of daily activities. *BMC public health*, 14(1), 1-10.
- Deasy, C., Coughlan, B., Pironom, J., Jourdan, D., & Mcnamara, P. M. (2014). Psychological distress and lifestyle of students: implications for health promotion. *Health promotion international*, 30(1), 77-87.
- Duffield, C. M., Roche, M. A., O'Brien-Pallas, L., Diers, D., Aisbett, C., King, M. T., ... & Hall, J. P. (2007). Glueing it together: nurses, their work environment and patient safety.
- Fincham, S. M., Roomaney, R., & Kagee, A. (2015). The relationship between worldview, self-efficacy, psychological distress, and a health-promoting lifestyle among a South African undergraduate university sample. *South African Journal of Psychology*, 45(4), 508-520.
- Hamaideh, S. H., & Hamdan-Mansour, A. M. (2014). Psychological, cognitive, and personal variables that predict college academic achievement among health sciences students. *Nurse education today*, 34(5), 703-708.
- Hosseini, M., Ashktorab, T., HosseinTaghdisi, M., Vardanjani, A. E., & Rafiei, H. (2015). Health-promoting behaviors and their association with certain demographic characteristics of nursing students of Tehran City in 2013. *Global Journal of Health Science*, 7(2), 264.
- Lamont, S., Brunero, S., Bailey, A., & Woods, K. (2012). Breakaway technique training as a means of increasing confidence in managing aggression in neuroscience nursing. *Australian health review*, 36(3), 313-319.
- Mak, Y. W., Kao, A. H., Tam, L. W., Virginia, W. C., Don, T. H., & Leung, D. Y. (2018). Health-promoting lifestyle and quality of life among Chinese nursing students. *Primary health care research & development*, 19(6), 629-636.
- Mathers, C. D., & Loncar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS medicine*, 3(11), e442.
- Meeks, T. W., Vahia, I. V., Lavretsky, H., Kulkarni, G., & Jeste, D. V. (2011). A tune in “a minor” can “b major”: a review of epidemiology, illness course, and public health implications of subthreshold depression in older adults. *Journal of affective disorders*, 129(1-3), 126-142.
- Parisi, J. M., Xia, J., Spira, A. P., Xue, Q. L., Rieger, M. L., Rebok, G. W., & Carlson, M. C. (2014). The association between lifestyle activities and late-life depressive symptoms. *Activities, adaptation & aging*, 38(1), 1-10.

- Polat, Ü., Özen, Ş., Kahraman, B. B., & Bostanoğlu, H. (2016). Factors affecting health-promoting behaviors in nursing students at a university in Turkey. *Journal of Transcultural Nursing*, 27(4), 413-419.
- Rizo-Baeza, M. M., Gonzalez-Brauer, N. G., & Cortes, E. (2014). Quality of the diet and lifestyles in health sciences students. *Nutricion hospitalaria*, 29(1), 153-157.
- Shamsuddin, K., Fadzil, F., Ismail, W. S. W., Shah, S. A., Omar, K., Muhammad, N. A., ... & Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. *Asian journal of psychiatry*, 6(4), 318-323.
- Shiao, J. S. C., Tseng, Y., Hsieh, Y. T., Hou, J. Y., Cheng, Y., & Guo, Y. L. (2010). Assaults against nurses of general and psychiatric hospitals in Taiwan. *International archives of occupational and environmental health*, 83(7), 823-832.
- Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health affairs*, 31(11), 2501-2509.
- Tallman, I. (1984). *Lifestyle and Social Structure: Concepts, Definitions, Analysis*. By Michael E. Sobel. Academic Press, 1981. 226 pp.
- Tanaka, H., Sasazawa, Y., Suzuki, S., Nakazawa, M., & Koyama, H. (2011). Health status and lifestyle factors as predictors of depression in middle-aged and elderly Japanese adults: a seven-year follow-up of the Komo-Ise cohort study. *BMC psychiatry*, 11(1), 1-10.
- Tucker, S. J., Harris, M. R., Pipe, T. B., & Stevens, S. R. (2010). Nurses' ratings of their health and professional work environments. *AAOHN journal*, 58(6), 253-267.
- World Health Organization. (2012). *Public health action for the prevention of suicide: a framework*.
- Xianyu, Y., & Lambert, V. A. (2006). Investigation of the relationships among workplace stressors, ways of coping, and the mental health of Chinese head nurses. *Nursing & health sciences*, 8(3), 147-155.