Associations between emotional intelligence, depression and suicide risk in nursing students

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SUMMARY

Background: The most important factor which predisposes young people to suicide is depression, although protective factors such as self-esteem, emotional adaptation and social support may reduce the probability of suicidal ideation and suicide attempts. Several studies have indicated an elevated risk of suicide for health-related professions. Little is known, however, about the relationship between perceived emotional intelligence and suicide risk among nursing students.
Objectives: The main goals were to determine the prevalence of suicide risk in a sample of nursing students, to examine the relationship between suicide risk and perceived emotional intelligence, depression, trait anxiety and self-esteem, and to identify any gender differences in relation to these variables.
Method: Cross-sectional study of nursing students (n = 93) who completed self-report measures of perceived emotional intelligence (Trait Meta-Mood Scale, which evaluates three dimensions: emotional attention, clarity and repair), suicide risk (Plutchik Suicide Risk Scale), self-esteem (Rosenberg Self-esteem Scale), depression (Zung Self-Rating Depression Scale) and anxiety (Trait scale of the State-Trait Anxiety Inventory).
Results: Linear regression analysis confirmed that depression and emotional attention are significant predictors of suicidal ideation. Moreover, suicide risk showed a significant negative association with self-esteem and with emotional clarity and repair. Gender differences were only observed in relation to depression, on which women scored significantly higher. Overall, 14% of the students were considered to present a substantial suicide risk.
Conclusions: The findings suggest that interventions to prevent suicidal ideation among nursing students should include strategies to detect mood disorders (especially depression) and to improve emotional coping skills. In line with previous research the results indicate that high scores on emotional attention are linked to heightened emotional susceptibility and an increased risk of suicide. The identification and prevention of factors associated with suicidal behaviour in nursing students should be regarded as a priority.

Introduction

Suicide is a public health problem of considerable importance, and over the last 45 years suicide rates have increased worldwide (World Health Organization, 2012). Notably, young people constitute the highest-risk group in one third of the world's countries, and between the ages of 10 and 24, suicide is the second most frequent cause of death. In one US study the lifetime prevalence of suicidal ideation and suicide attempts in adolescents aged between 13 and 18 years was 12.1% and 4.1%, respectively, and one-third (33.9%) of adolescents with suicidal ideation had made at least one attempt (Nock et al., 2013). Eisenberg et al. (2007), in a study involving 2483 university students, reported that 2.5% of undergraduates and 1.6% of graduate students had reported suicidal thoughts in the four weeks prior to the study.

Several studies have indicated an elevated risk of suicide for health-related professions, especially nurses and physicians (Hawton et al., 2011; Meltzer et al., 2008), although the reasons for this are unknown. One proposed explanation for the increased risk of suicide in medical occupational groups is the higher rate of psychiatric disorders compared with other occupations (Hawton et al., 2002, 2011). In the specific case of nurses, their working conditions and the nature of the job make them especially vulnerable to problems such as burnout, anxiety, depression and low self-esteem. These aspects play a decisive role in making nursing one of the professions with the highest prevalence of suicidal behaviour (Hawton et al., 2002). In relation to nursing students, Goetz (1998) suggests that they may be at higher risk for suicide than are other college students because they are subjected to a stressful academic curriculum. Specifically, nurse training includes both clinical placements and theory-based classes, and among other

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stressful situations, nurses must also learn to cope with suffering and death (Pryjmachuk and Richards, 2007; Pulido-Martos et al., 2012). In a recent study of 142 Greek nursing students, 10% reported suicidal thoughts and 1.4% stated that they might attempt suicide if they had the chance (Melissa-Halikiopoulou et al., 2011). At present, however, few data are available with which to estimate the prevalence of suicidal behaviour among nursing students.

Previous studies have clearly shown that mental disorders, particularly depression (Cavanagh et al., 2003; Wang et al., 2011) and anxiety (Choi et al., 2011), are among the strongest risk factors for both attempted and completed suicide. A study of US university students estimated that the prevalence of depressive or anxiety disorders was 15.6% for undergraduates and 13.0% for graduate students (Eisenberg et al., 2007). Most theoretical models of suicidal behaviour propose a diathesis-stress model in which certain psychiatric, psychological and biological factors would make a person more predisposed to such behaviour, while stressful life events would interact with these factors to increase the risk (Nock et al., 2012). The experience of persistent stress might therefore explain, at least in part, why some professionals such as physicians, nurses and students on health-related courses present higher rates of suicidal behaviour.

Whatever the case, there is evidence to suggest that both psychological characteristics and stressful life events are contributory factors in deliberate self-harm among young people. Severity of self-harm history has been shown to be associated with higher levels of depression, anxiety and impulsivity, with lower levels of self-esteem, and with stressful life events in multiple areas of young people's lives (Madge et al., 2011). In this context, self-esteem, emotional adaptation, positive social support and experiential well-being are powerful factors that may reduce the risk of suicidal behaviour among at-risk adolescents (Sharaf et al., 2009; Wang et al., 2011).

In the nursing context several authors have ascribed a key role to emotional intelligence, and it has been suggested that the nursing curriculum should include the teaching of specific strategies for managing emotions, as well as social and communication skills training. The purpose of these skills would be to help nursing students and professionals cope with emotionally stressful situations (Görgens-Ekermans and Brand, 2012; Montes-Berges and Augusto-Landa, 2007).

According to the model of Mayer and Salovey (1997, p.10) emotional intelligence is "the ability to perceive accurately, appraise, and express emotion: the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth". The first instrument developed to assess perceived emotional intelligence was the Trait Meta-Mood Scale (TMMS; Salovey et al., 1995). The TMMS has three subscales that measure attention to emotions, emotional clarity, and emotional repair. Attention to emotions refers to a person's tendency to notice and think about his/her feelings and emotions. Emotional clarity refers to the ability to understand and discriminate one's emotions and feelings. Finally, emotional repair refers to a person's ability to moderate his/her emotional responses and to fix negative mood states.

Although there is limited evidence about the relationship between emotional intelligence and suicidal behaviour, research conducted with young students has concluded that emotional intelligence is a protective factor against suicidal ideation and behaviour (Cha and Nock, 2009; Ciarrochi et al., 2002). With regard to emotional regulation, there is a sequential process whereby a certain level of attention to feelings is necessary in order to understand emotional states and a certain level of clarity of feelings is required in order to moderate or regulate those (Palmer et al., 2003). Interestingly, however, Ciarrochi et al. (2002) showed that emotionally perceptive people appear to be more strongly impacted by stress than are their less perceptive counterparts. In line with this, generic research in the field of emotional intelligence has suggested that people who score high on emotional attention are more likely to experience depressive and anxiety disorders and to

report more physical symptoms (Salovey et al., 2002; Thompson et al., 2007). In this regard, a recent study of 243 nursing students found that those who scored high on emotional attention found it harder to cope with the idea of death (Aradilla-Herrero et al., 2012–2013).

Some researchers have found differences between men and women in relation to the TMMS dimensions. Specifically, women tend to score higher than men on emotional attention (Salguero et al., 2010). There is also evidence that women are more emotionally responsive and expressive than men, and that they process emotional information more efficiently (Thayer et al., 2003). Paradoxically, however, women show a greater tendency to engage in rumination than do men, and they present higher levels of depression and anxiety (Nolen-Hoeksema, 2012). The women in this latter study used a wider range of strategies than did men, including rumination, reappraisal, active coping, acceptance and social support. Nolen-Hoeksema and Aldao (2011) suggest that although women may use adaptive strategies more than men do, this does not help in terms of preventing distress and depressive symptoms; furthermore, women's increased use of maladaptive strategies makes them more vulnerable than men to distress and depression.

In an attempt to provide a detailed description of the factors that influence suicide risk in nursing students, the present study sought to determine the prevalence of suicide risk in a sample of these students, to examine the relationship between suicide risk and perceived emotional intelligence, depression, trait anxiety and self-esteem, and to identify any gender differences in relation to these variables. The specific hypothesis tested was that perceived emotional intelligence and self-esteem protect against the risk of suicide, whereas depression and anxiety are predisposing factors.

Method

Participants

First-year nursing undergraduates from a university nursing school in Catalonia (Spain) were invited to participate in the study. Of the 140 students enrolled, a total of 105 were present in class on the day of test administration, and of these, 93 completed the questionnaire and 12 returned it blank. Therefore, the study sample corresponded to 66.43% of the total number of first-year nursing students enrolled at that time.

Ethical Considerations and Data Collection

A descriptive, cross-sectional study was carried out. Ethical approval was obtained from the research ethics committee of the School of Nursing. All the participants received oral and written information about the aims of the study. It was made clear to them that their participation was voluntary and that all data would remain confidential. Research participants could not be personally identified and they were assured that participation would in no way affect their academic results.

Instruments

The students responded anonymously to a self-report questionnaire, which in addition to gathering information about age and sex contained the Spanish versions of the following scales:

Trait Meta-Mood Scale (TMMS-24) (Fernández-Berrocal et al., 2004; Salovey et al., 1995). This instrument evaluates perceived emotional intelligence, i.e. people's knowledge about their own emotional abilities. The Spanish version of the TMMS contains 24 items that are responded to on a five-point Likert scale (anchored by 1 = strongly disagree and 5 = strongly agree) and which assess levels of