KNOWLEDGE AND AWARENESS ON DEPRESSION OF HOSPITALISED ELDERLY PATIENTS AMONG NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA

PUTRI NORFITRIA NURULASPY BINTI ASEP YUYUD

SCHOOL OF HEALTH SCIENCES

UNIVERSITI SAINS MALAYSIA

2022

KNOWLEDGE AND AWARENESS ON DEPRESSION OF HOSPITALISED ELDERLY PATIENTS AMONG NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA (HOSPITAL USM)

by

PUTRI NORFITRIA NURULASPY BINTI ASEP YUYUD

Dissertation submitted in partial fulfillment of the
requirements for the degree
of Bachelor of Nursing (Honours)

2022

ACKNOWLEDGEMENT

I would want to convey my heartfelt gratitude to Dr. Intan Idiana and Dr. Wong Weng Kin, my supervisor and co-supervisor, for convincingly guiding and encouraging me to be professional and do the right thing even when the going got rough. I am grateful for their invaluable advice, support, and patiently guiding me through this study process. As this was my first time handling a research study, it was challenging for me to accomplish it without their advice and expertise. The goal of this study would not have been attained without their unwavering support.

I also want to express my gratitude to my parents, Mr. Asep Yuyud Karmita and Mrs. Noriah binti Sahat, as well as my friends, for their everlasting moral support. They kept me going for me throughout the year by continually assisting and supporting me.

I deeply appreciate the contributions of all those who have directly or indirectly encouraged me in successfully finishing my thesis. I would not have any worthwhile words to express my gratitude, but my heart is still overflowing with gratitude for the kindness shown to me by everyone.

TABLE OF CONTENTS

CERTIFICATE 1

DECLARATION 2

ACKNOWLEDGEMENT 3

LIST OF TABLES 8

LIST OF FIGURES 9

LIST OF ABBREVIATIONS 9

CHAPTER 1 INTRODUCTION 12

1.1 Introduction 12

1.2 Background of Study 12

1.2 Problem Statement 13

1.4 Research Questions 14

1.5 Research Objectives 15

1.5.1 General Objective 15

1.5.2 Specific Objectives 15

1.6 Research Hypothesis 16

1.7 Conceptual and Operational Definition 16

1.8 Significance of the Study 17

CHAPTER 2 LITERATURE REVIEW 19

2.1 Introduction 19

2.2 Overview of Elderly 19

2.3 Depression in Elderly 20

2.3.1 Factor Associated to Depression in Elderly 22

2.4 Nurses' Knowledge Regarding Depression in Elderly Patients 22

2.5 Nurses' Awareness Regarding the Early Sign of Depression in Elderly Patients 24

2.6 Association Between Knowledge and Awareness About Depression in Elderly Patients 26

2.7 Factor Influencing Nurses' depression Knowledge Towards the Elderly 27

2.7.1 Working Experiences and Nurses' Knowledge 27

2.8 Conceptual Framework 28

CHAPTER 3 METHODOLOGY 31

3.1 Introduction 31

3.2 Research Design 31

3.3 Study setting and population 31

3.6 Subject Criteria 32

3.6.1 Inclusion Criteria 32

3.6.2 Exclusion Criteria 32

3.7 Sampling Plan 33

3.7.1 Sample Size Estimation 33

3.7.2 Sampling Method 35

3.8 Variables 36

3.8.1 Variables Measurement 36

3.8.2 Variables Scoring 37

3.9 Research Instrument 38

3.9.1 Questionnaire 38

3.9.2 Translation of Instrument 39

3.10 Validity and Reliability 39

3.10.1 Content Validity 39

3.10.2 Pilot Test 39

3.11 Data Collection Method 40

3.11.1 The Procedure of Data Collection 40

3.11.2 Flow Chart of Data Collection 42

3.12 Ethical Consideration 42

3.13 Data Analysis 44

CHAPTER 4 RESULTS 45

4.1 Introduction 45

4.2 Result of Study 45

4.2.1 Sociodemographic characteristics ..... **Error! Bookmark not defined.**

4.2.2 Level of Knowledge 47

4.2.3 Level of Awareness 49

4.2.4 Association between Depression Knowledge score and Awareness score 50

4.2.5 Association between Working Experience and Level of Depression Knowledge 51

CHAPTER 5 DISCUSSION 52

5.1 Introduction 52

5.2 Sociodemographic of Respondents 52

5.3 The Level of Nurses' Knowledge Regarding Depression Among Hospitalised Elderly Patients in Hospital USM 53

5.4 The Level of Nurses' Awareness Regarding Early Signs of Depression Among Hospitalised Elderly Patients in Hospital USM 54

5.5 The Association Between Depression Knowledge Score and Awareness Score About Early Signs of Depression Towards Hospitalised Elderly Patients Among Nurses in Hospital USM. 55

5.6 The Association Between Working Experience and Level of Depression Knowledge Towards Hospitalised Elderly Patients Among Nurses in Hospital USM. 56

5.7 Strength and Limitation of the Study 57

CHAPTER 6 CONCLUSION 58

6.1 Summary of the findings 58

6.2 Implications and Recommendation 58

6.2.1 Nursing Practice 58

6.2.2 Nursing Education 59

6.2.3 Recommendations for Future Research 60

6.3 Conclusion 60

7.0 REFERENCES 62

8.0 APPENDICES 69

8.1 Appendix A: Instruments 69

8.2 Appendix B: Research Information and Consent Form 75

8.3 Appendix C: Sample Size Calculation 85

8.4 Appendix D: Permission from the Authors 86

8.5 Appendix E: Gantt Chart and Planned Research Milestone 87

8.6 Appendix F: Research Advertisement 89

LIST OF TABLES

Table 3. 1 Total number of nurses in selected ward 32

Table 3. 2 Independent and dependent variables 36

Table 3. 3 Scores and level of knowledge 37

Table 3. 4 Scores and level of awareness 37

Table 3. 5 Data analysis measurement..... 44

Table 4. 1 Respondents Demographic Characteristics of nurses in Hospital USM (n=239)46

Table 4. 2 The overall frequency and percentage level of knowledge among nurses in Hospital USM (n=239) 47

Table 4. 3 Respondents' level of knowledge among nurses in Hospital USM (n=239). 48

Table 4. 4 The overall frequency and percentage level of awareness among nurses in Hospital USM (n=239) 49

Table 4. 5 Respondents' level of awareness among nurses in Hospital USM (n=239).. 50

Table 4.6 Association between knowledge score and awareness score (n=239)..... 51

Table 4.7 Association between working experiences with knowledge level (n=239).... 51

LIST OF FIGURES

Figure 2. 1 Behavioral Change Model (Adapted from Hungerford & Volk, 1990) 29

Figure 2. 2 Modified from Behavioral Change Model 30

Figure 3. 1 Data collection flowchart……42

LIST OF ABBREVIATIONS

CCU	Coronary Care Unit
CDC	Centers for Disease Control and Prevention
HDU	High Dependency Unit
HREC	Human Research Ethical Committee
ICU	Intensive Care Unit
LLDQ	Late-Life Depression Quiz
ORL	Otorhinolaryngology
RN	Registered Nurse
SPSS	Statistical Package for Social Science
UN	United Nations
USM	Universiti Sains Malaysia
WHO	World Health Organization

PENGETAHUAN DAN KESEDARAN TERHADAP KEMURUNGAN PESAKIT TUA YANG DIRAWAT DALAM KALANGAN JURURAWAT DI HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRAK

Prevalens median gangguan kemurungan dalam kalangan orang tua daripada 74 kajian dengan sejumlah 487 275 orang tua adalah 10.3% di seluruh dunia. Kemurungan adalah antara gangguan mental yang paling biasa dalam kalangan orang tua. Jururawat adalah pengamal utama dalam penjagaan kesihatan yang menyediakan penjagaan langsung kepada pesakit warga emas. Pengalaman dan sikap jururawat nampaknya mempunyai kesan ke atas keupayaan mereka untuk bekerja dengan orang yang lebih tua dan kualiti penjagaan yang mereka sediakan. Kajian keratan rentas telah dijalankan untuk mengkaji pengetahuan dan kesedaran tentang kemurungan pesakit warga emas yang dirawat di hospital dalam kalangan jururawat di Hospital Universiti Sains Malaysia. 239 jururawat dari Hospital USM yang memenuhi kriteria inklusi telah diambil. Tahap pengetahuan dan kesedaran jururawat diukur dengan menggunakan Soal Selidik Kemurungan Kehidupan Lewat dan Kuiz Simptom Pullen yang dibangunkan dalam kajian lepas dengan kebolehpercayaan yang mencukupi. Soal selidik terdiri daripada tiga bahagian; data sosiodemografi, tahap pengetahuan jururawat, dan tahap kesedaran jururawat. Skor yang lebih tinggi menunjukkan tahap pengetahuan dan kesedaran yang lebih baik. Kebanyakan responden adalah perempuan (87.4%) dengan majoriti dalam kumpulan umur antara 31 dan 40 (51.0%). Dalam kalangan responden, 37.7% merupakan jururawat yang mempunyai pengalaman bekerja antara 6 hingga 12 tahun iaitu majoriti. Kajian itu melaporkan bahawa jururawat mempunyai pengetahuan yang lemah (74.9%) mengenai kemurungan di kalangan pesakit tua, manakala mereka mendapat skor sederhana (68.2%) untuk kesedaran tentang tanda-tanda awal kemurungan dalam kalangan warga tua. Korelasi Pearson digunakan untuk menentukan hubungan antara skor pengetahuan dan skor kesedaran. Terdapat hubungan signifikan yang positif antara kedua-dua pembolehubah ($r = 0.146$; $P = 0.024$). Tidak terdapat korelasi yang signifikan secara statistik antara pengalaman bekerja dengan tahap pengetahuan jururawat di Hospital USM ($r = 0.001$; $P = 0.988$). Pengetahuan dan kesedaran jururawat mengenai kemurungan dan tanda-tanda awalnya dalam kalangan pesakit tua masing-masing berada pada tahap yang lemah dan sederhana. Bahagian ini boleh diperbaiki dengan memperkenalkan protokol penilaian kemurungan dan program pendidikan berterusan yang tersusun dengan baik.

KNOWLEDGE AND AWARENESS ON DEPRESSION OF HOSPITALISED ELDERLY PATIENTS AMONG NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRACT

The median prevalence of depressive disorders among older persons from 74 studies with a total of 487 275 older people was 10.3% worldwide. Depression is among the most common mental disorders in older people. Nurses are the key practitioners in health care that provide elderly patients with direct care. Nurses' experience and attitudes appear to have an impact on their ability to work with older people and the quality of care they provide. A cross-sectional study was carried out to study the knowledge and awareness on depression of hospitalised elderly patients among nurses in Hospital Universiti Sains Malaysia. 239 nurses from Hospital USM who met the inclusion criteria were recruited. Nurses' level of knowledge and awareness were measured by using the Late Life Depression Questionnaire and Pullen Symptom Quiz developed in previous study with adequate reliability. The questionnaire comprised of three parts; sociodemographic data, nurses' level of knowledge, and nurses' level of awareness. Higher scores indicate better level of knowledge and awareness. Most of the respondents were female (87.4%) with the majority in age group between 31 and 40 (51.0%). Among the respondents, 37.7% were nurses who had working experience between 6 to 12 years, which was the majority. The study reported that the nurses had poor knowledge (74.9%) regarding depression among elderly patients, while they scored average (68.2%) for the awareness on early signs of depression among elderly. Pearson's correlation was used to determine the relationship between knowledge score and awareness score. There was a positive significant relationship between the two variables ($r = 0.146$; $P = 0.024$). There is no statistically significant correlation between working experience and the level of knowledge of nurses in Hospital USM ($r = 0.001$; $P = 0.988$). Nurses' knowledge and awareness regarding depression and its early signs among elderly patients were at a poor and average level, respectively. This part can be improved by introducing depression assessment protocols and well-structured continuing education programs.

CHAPTER 1 INTRODUCTION

1.1 Introduction

This study was carried out to identify the knowledge and awareness on depression of hospitalized elderly patients among nurses in Hospital Universiti Sains Malaysia (HUSM). Chapter 1 details the background of the study, problem statement, research objectives, research questions, research hypothesis, the definitions of the conceptual and operational terms and the significance of this study.

1.2 Background of Study

Depression in older adults aged 65 years and above is a current health concern. According to World Health Organization (WHO)'s statistics, depression prevalence rates are beginning to peak throughout older adulthood, with roughly 7% of older persons worldwide experiencing depression. Furthermore, a review article found that the global median prevalence of depressive disorders in older people was 10.3%, based on data from 74 studies involving 487 275 older adults (Barua et al., 2011).

Depressive symptoms and depression are among the most common mental disorders in older people (Sivertsen et al., 2015). Despite this, both are frequently misdiagnosed, undertreated, and ignored by healthcare providers, or are simply dismissed as part of the aging process (Knowles et al., 2015).

However, it is not a natural consequence of aging, and even in older people, the ability to treat depressed symptoms and/or depression successfully is high. Despite this, older adults have been shown to be less likely than the general population to receive a depression intervention (Waterworth et al., 2015). Proffitt et al. (1996) found that while nurses had the knowledge to reliably detect depression in the elderly, they did not routinely conduct such assessments.

Nurses are not trained well in late-life depression care (Davison et al., 2009). According to one study by Liebel & Powers (2015), home healthcare nurses should have extensive training in caring for elderly persons who are depressed (Liebel & Powers, 2015). As a result, before any training, current nurses' levels of knowledge on late-life depression should be assessed. Furthermore, nurses' beliefs and values might influence their practise behaviour in terms of what they desire to achieve for patients (Price B, 2015). Nurses' negative attitudes might prevent them from giving better depression care to the elderly. As a result, it's also important to figure out what level of knowledge and awareness nurses have about depression.

Indeed, nurses are the key practitioners in health care provider who give direct care to elderly adult patients (Boltz et al., 2013). Nurses' experience and attitudes appear to have an impact on their ability to work with older people and the quality of care they provide. As an increase in the aging population associated with chronic disease, the need for nurses with a right and optimistic mindset, competent and professional is a must, reducing physical functionality and increasing dependency (Faronbi et al., 2017).

1.2 Problem Statement

A prior study in Taiwanese hospitals found that nurses' knowledge of depression in elderly patients was inadequate, and that they had neutral to somewhat favorable attitudes toward depression (Ni et al., 2020). A study in Nigeria found that primary healthcare workers in Nigeria have a poor knowledge of depression in the elderly, with the majority of Community health extension workers being implicated. As a result, proper mental health training and community awareness programmes are required (Andrew et al., 2017).

According to two studies conducted in Malaysia, the prevalence of elderly patients with depression was significantly alarming, with 19.3% and 13.9%,

respectively, in Kuantan, Pahang and Hospital Universiti Sains Malaysia (Imran et al., 2009; Mohd Aznan et al., 2019). To prevent the advancement of depressed symptoms to severe mental health problems, it is necessary to screen and treat them.

There was no study were conducted in Malaysia to assess nurses' knowledge level and awareness regarding depression and its early signs among elderly patients. As the number of elderly patients in hospitals rises, nurses will have more possibilities to care for them (Ni et al., 2020). However, not all patients suffer from the same medical illness and health condition. Other patients may require greater nurses' attention throughout treatment and hospitalisation. Patients do not always receive the appropriate and necessary care, particularly when nurses' workloads are excessive (Kieft et al., 2014). Nurses are said to give patients equal attention and care. As a result of this condition, nurses might overlook any indicators of depression in their patients, particularly the elderly.

Therefore, nurses should have correct knowledge of depression in the elderly, as well as a higher level of awareness of depression. The study aimed to understand nurses' knowledge level of depression in the elderly and awareness about early signs of depression. Nurses will need a satisfactory level of depression knowledge in the elderly to accurately assess and treat their elder patients. Therefore, this study aims to assess nurses' depression knowledge of hospitalised elderly patients in Hospital Universiti Sains Malaysia.

1.4 Research Questions

1. What is the level of nurses' knowledge regarding depression of hospitalised elderly patients in Hospital USM?
2. What is the level of nurses' awareness regarding the early sign of depression of hospitalised elderly patients in Hospital USM?

3. Is there any association between depression knowledge score and awareness score about early signs of depression towards hospitalised elderly patients among nurses in Hospital USM?
4. Is there any association between working experience and level of depression knowledge towards hospitalised elderly patients among nurses in Hospital USM?

1.5 Research Objectives

1.5.1 General Objective

To determine the knowledge and awareness on depression of hospitalised elderly patients among nurses in Hospital Universiti Sains Malaysia.

1.5.2 Specific Objectives

1. To identify the level of nurses' knowledge regarding depression of hospitalised elderly patients in Hospital USM.
2. To identify the level of nurses' awareness regarding the early sign of depression of hospitalised elderly patients in Hospital USM.
3. To determine the association between depression knowledge score and awareness score about early signs of depression towards hospitalised elderly patients among nurses in Hospital USM.
4. To determine the association between working experience and level of depression knowledge towards hospitalised elderly patients among nurses in Hospital USM.

1.6 Research Hypothesis

Hypothesis 1

$H_0$1: There is no association between depression knowledge and awareness about early signs of depression towards hospitalised elderly patients among nurses in Hospital USM.

H_A1: There is an association between depression knowledge and awareness about early signs of depression towards hospitalised elderly patients among nurses in Hospital USM.

Hypothesis 2

$H_0$2: There is no association between working experience and level of depression knowledge towards hospitalised elderly patients among nurses in Hospital USM.

H_A2: There is an association between working experience and level of depression knowledge towards hospitalised elderly patients among nurses in Hospital USM.

1.7 Conceptual and Operational Definition

Definitions for the operational terms used in this dissertation are as follow:

Knowledge: The information and skills gained by experience or education (Oxford Dictionary, 2008). In this study, knowledge refers to nurses' knowledge regarding depression of hospitalised elderly patients (Zylstra & Steitz, 2001).

Awareness: Knowledge that something exists, or understanding of a situation or subject at present based on information or experience (Cambridge Dictionary, n.d). In this study, awareness refers to nurses' awareness regarding the early signs of depression in hospitalised elderly patients that indicate positive or negative results (Pullen, 2004).

Depression: A common and serious medical illness that negatively affects how you feel, the way you think and how you act (American Psychiatric Association, 2020). In this study, depression refers to the condition where the elderly show early signs such as a feeling of sadness, behavior change, loss interest in any activities, decrease in activity level, and is easily upset.

Elderly: Most developed countries have determined that people aged 65 years and above are considered elderly (World Health Organization, 2002). Even so, people are considered elderly when they are 60 years and above in Malaysia (Country Reports Malaysia, 2012). In this study, the researcher defined the elderly as 60 years and above that was admitted to all 17 selected wards in Hospital USM.

1.8 Significance of the Study

This study was done because there were no studies that assess nurses' depression knowledge and awareness regarding early signs of depression among hospitalised elderly patients in multiple discipline departments in Hospital USM. Nurses, mostly, since elderly patients were admitted because of medical illness and warded in the non-psychiatric ward, only focus on treatment for that condition. Therefore, some conditions

and early signs of depression were not detected. Hence, this study had provided a snapshot of the current prevalence of nurses' knowledge and awareness on depression and early signs of depression among hospitalised elderly patients in the multi-discipline department in Hospital USM.

Lastly, this study also contributed to hospital management to give a prime concern on early signs of depression among elderly individuals. There might be a need to further integrate advanced assessment for depression into professional schools and graduate programs. Furthermore, continuing depression education should be mandatory for all health practitioners to ensure that this condition can be prevented and early detection.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

In this study, this literature review summarized research that has been done on the subject. The aim was to gain an understanding of the level of depression knowledge and awareness in hospitalised elderly patients among nurses. This literature review covered the nurse's knowledge toward depression in the elderly, awareness of the early signs of depression in the elderly, association between knowledge and awareness and factors influencing nurses' knowledge towards the elderly. Lastly, the conceptual framework for this study is presented.

2.2 Overview of Elderly

The aging population has increased year by year, globally. Until 2019, there were 703 million older people aged 65 years and above worldwide (United Nations, 2019). The largest number of the world's older population is in Eastern and South-Eastern Asia, with 260 million elders. The second-largest number of the elderly population is over 200 million located in Europe and Southern America (United Nations, 2019). Furthermore, the global population growth of people aged 65 years is projected to rise by 442 million from 2010 to 2030, making it the fastest increasing age group (United Nations, 2013). Meanwhile, in Malaysia, the aging population has reported increasing gradually from 2015 to 2019 (Hirschmann, 2019). In 2015, the Malaysian population aged over 65 years stood at 5.8% and kept rising until 6.7% in 2019.

People do not become old or elderly when they reach a specific age. The age of 65 has traditionally been regarded as the onset of old age. However, the reason was based on history rather than biology. Many years ago, in Germany, the first country to establish a retirement programme, age 65 was chosen as the retiring age, and it is still

the retirement age for most people in developed cultures, but this tradition is changing (Richard, 2019).

2.3 Depression in Elderly

Depression in the geriatric community population has been identified as a significant problem because of the negative outcomes regarding poor functioning, increased perception of poor health and increased utilization of medical services (Bunce et al., 2012). World Health Organization (WHO) referred that the age of 65 years is considered as a definition of 'elderly' or older person in developed countries. Even though this definition is considered somewhat illogical, mostly it is associated with receiving pension benefits. At present, United Nations (UN) does not make any standard numerical criterion, but the UN agreed above 60 years old referring older population (WHO, 2014). Mental disorders important distinction in discussions of mental diseases in older adults is between those who have previously suffered mental illness and those who are experiencing mental illness for the first time in their lives., particularly depression, are more common in older adults, although they are frequently misdiagnosed and undertreated (Morley, 2010). It affects the general wellbeing and daily functions of the patients.

An important distinction in discussions of mental disorders in older adults is between those who have previously suffered mental illness and those who are experiencing mental illness for the first time in their lives. The distinction indicates disparities in etiology and prognosis, as well as differences in the lived experience of mental illness. It appears that half or more of geriatric major depression is a new disorder that develops in old age (known as late-onset depression), whereas the other half or less had their first episode of depression much earlier in life (called early-onset depression). Brodaty et al. (2001) identified 52% of inpatients and outpatients in a

geriatric mood disorders unit had the first onset at age 60 or older, however in another study, 71% of depressed older home care patients were suffering their first episode of depression (Bruce et al., 2002). However, studies of late-life depression do not consistently describe the proportion of cases that are early versus late-onset, and the age at which onset is considered "late" varies greatly. Also unknown is what proportion of those who have experienced depression earlier in life have a recurrence or continuation in later life, and what proportion never again suffer a depressive episode.

According to Smeltzer et al. (2010), depression is a common response to health problems, and is often underdiagnosed in the elderly. Depressed people can be suffering from injuries or illnesses; they may have lost someone they care about; or they may be seeking treatment for physical complaints which were symptoms of depression. Smeltzer et al. (2010) also defined depression as "the feeling of sadness, distress, hopelessness, and a lack of energy to do normal activities."

WHO (2017) has defined depression as a pathological state characterized by feelings of loss or guilt, lowered self-esteem, disturbed sleep, fatigue, and poor concentration.

The lack of an appropriate knowledge base results in patients remaining undiagnosed and untreated, contributing to both human suffering and economic burden. Therefore, it is important to determine the level of knowledge of depression in the elderly among those who provide care to elders during hospitalization.

According to WHO (2014), the prevalence of over 60 years aged people is increasing faster than any other aged population because the life expectancy rate of the elderly is rising and the fertility rate is decreasing. As a result of public health policies and socioeconomic development, we are able to maximize the health and functional capacities of old people as well as ensure their social participation and security.

2.3.1 Factor Associated to Depression in Elderly

The genetic attribution to depression is a major part of the biological predisposition, especially to major depression (Slutske et al., 1997). In terms of a person's social and internal psyche, there are many factors that indicated having an association with depression: physical activities, medical illness, quality of life, social connectedness, drug, and alcohol (Peltzer & Phaswana-mafuya, 2013). Despite the fact that depression isn't part of aging, it is a legitimate medical condition that can be treated, but older adults are still at higher risk of developing depression.

However, healthcare providers may misinterpret an older adult's depressive symptoms as a natural reaction to sickness or life changes that can occur as we age, and thus fail to treat the depression. Older adults often have this belief and do not seek help because they do not realise that with the right treatment, they could feel better (CDC, 2017). Depression and chronic illnesses are associated in the elderly, and this is explained by poor self-reported health and functional status (Niti et al., 2007).

Research has also shown the high prevalence of depression among patients admitted to the hospital for medical illnesses. Health care personnel do not recognize these depressions and therefore they do not treat them. The majority of patients with severe medical illness suffer from depression, although the intensity and frequency of depression are higher in patients with severe illness.

2.4 Nurses' Knowledge Regarding Depression in Elderly Patients

Based on six studies conducted, four studies stated that knowledge of nurses regarding depression in elderly patients was insufficient (Chuang & Kuo, 2018; Ni et al., 2020; Pullen, 2004; Kumar et al., 2014) while two studies indicated that nurse

practitioners in a primary care setting and advanced practice nursing students had better scores on knowledge about depression in elderly patients (Delaney & Barrere, 2012; Ogbeide & Neumann, 2011).

An earlier study by Pullen (2004) has analyzed that nurses' level of knowledge regarding depression among elderly patients was 62% which is less than satisfactory level of knowledge of late-life depression with 70% correct generally considered the minimum acceptable passing score. Secondly, the study revealed a significant correlation between knowledge of late-life depression and level of education. The higher the level of education, the higher the score on measuring knowledge of late-life depression (Pullen, 2004). Meanwhile, Kumar et al. (2014) have concluded that the majority of the staff nurses with results of 60% demonstrated inadequate knowledge regarding depression among patients.

According to Chuang & Kuo (2018), a study that was conducted among staff nurses in long term care facilities has found that nurses' knowledge about late-life depression was poor, and they also lacked confidence in managing and caring for older persons with depressive symptoms or depression, but nurses' attitudes towards depression were neutral or slightly positive. Furthermore, nurses who were more confident in providing care for older adults with depression had more favorable views regarding depression and a higher degree of enthusiasm in caring for older adults with depression.

Lastly, Ni et al. (2020) has conducted a cross-sectional study among staff nurses in three hospitals in Taiwan (Ni et al., 2020). It was reported that hospital nurses' knowledge of late-life depression is inadequate with 55.15%. According to this study, hospital nurses with more knowledge of late-life depression were more willing to offer

care for older patients with depression; their interest level in providing care for older patients with depression was greater; they had ever treated older patients who were experiencing depression in that past year; they had never received in-service training on depression in that past year; and they had ever attended lectures about depression in school (Ni et al., 2020).

However, there is no prior study on knowledge among nurses in Malaysia. This is one of the reasons why the present study focuses on nurses to determine the level of depression knowledge among nurses.

2.5 Nurses' Awareness Regarding the Early Sign of Depression in Elderly Patients

The registered nurse (RN) is one of the most important members of the healthcare team. Therefore, they are in a good position to recognize, assess, and intervene (following the nursing process) against depressive symptoms in the elderly (Winkley, 2013; Worrall-Carter et al., 2012). Nurses have considerable potential to reduce depressive symptoms through appropriate, timely evidence-based interventions. Yet, they rarely recognize depression in older patients (Nunn et al., 2007; Waterworth et al., 2015).

A nurse's inexperience with depressive symptoms and lack of confidence might explain why they hesitant to discuss depression with patients (Barker et al., 2014; Nunn et al., 2007). A second explanation is that nurses do not see this as part of their scope of practice (Waterworth et al., 2015). The accuracy of nurses in identifying depression in elderly patients varied according to the setting, but they were at least as accurate as physicians, according to a recent meta-analysis performed by Mitchell & Kakkadasam (2011).