Original Research Article

Attachment styles and depression among nursing officers of tertiary care centre in India

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ABSTRACT

Background: The concept of attachment plays a relevant role in mental health. Attachment style refers to how a person perceives and experiences interpersonal relationships. There are various attachment styles or patterns through which an individual attaches or form relationships with others. Attachment has a persistent and long-term impact on depression. The main aim of the study is to assess the attachment styles and depression among nursing officers of tertiary care centre in India.
Methods: Descriptive research design was used. The study was conducted at all India institute of medical sciences (AIIMS), Jodhpur among 250 nursing officers selected by convenient sampling technique. Self-structured attachment style questionnaire was used to assess the attachment style and structured questionnaire centre for epidemiologic studies depression scale was used to assess the depression among nursing officers. Data analysis was done by using statistical package for social sciences-version 25 (SPSS-25). Frequency, percentage, mean, standard deviation, chi square test, Fisher exact test and Pearson correlation were used.
Results: Result revealed that out of 250, majority 213 (85.2%) nursing officers had secure attachment style. Majority 183 (73.2%) nursing officers were normal, showed no depression. Moderate negative correlation was there between secure attachment style and depression scores. Strong positive correlation was found between anxious attachment style and depression scores. There was moderate positive correlation between avoidant, fearful attachments and depression scores respectively.
Conclusions: The study indicates that majority of nursing officers were having secure attachment style and were normal, showed no depression. The study established a relationship between attachment style and depression.

Keywords: Attachment style, Depression, Nursing officers

INTRODUCTION

Every individual exhibit emotion towards others and form relationships. Attachment style refers to how a person perceives and experiences interpersonal relationships.[1] Attachment is the tendency of an individual to make efforts to seek and maintain proximity and contact with specific individuals, who provide the subjective sense for physical and psychological safety and security to the individual.[2] Adult attachment styles describe peoples' comfort and confidence in close relationships, their fear of rejection and yearning for intimacy, and their preference for self-sufficiency or interpersonal distance.[3] Several researches revealed that attachment styles are a transformational factor in personal attitudes and the formation of the personality of an individual.[4]

The people who are securely attached do not have difficulty being intimate with others, they do not worry about others abandoning them. There are two types of

insecurely attached people: insecure-avoidantly attached and insecure-anxious/ ambivalently attached. Insecure-avoidantly attached individuals are not comfortable with intimacy and they have difficulty in trusting or depending on others. Insecure-anxious/ ambivalently attached individuals have a desire for intimate relationships and they often want to be closer to others, but they are afraid of rejection.[5] An individual's mental health and sense of well-being depend significantly on the quality of his or her relationships and attachment to others.[6] There are various attachment styles or patterns through which an individual attaches or form relationships with others. These attachment styles are secure, anxious, avoidant and fearful.[1]

The people who are having a secure attachment style tend to be less anxious and more satisfied with their relationships.[7] Securely attached people seem to recapitulate the health and pattern of their relationships with their parents, which built a strong basis for the rich and satisfying relationships that contribute to a happy life.[8] People with an anxious attachment style are those who anxiously attach to others and tend to worry more about their relationships. They experience an 'emotional hunger' and are desperate to form a fantasy bond of ideal love even if this might not be possible or reciprocated. They tend to look for others who can rescue them or 'complete' them.[9] Individuals with avoidant attachment style tend to be emotionally distant from their partners. They feel pride in their independence, and they see attachment as a sign of weakness. These individuals are afraid of intimacy and tend to withdraw when there is stress or conflict in the relationship.[8] Fearful attachment style is also known as 'disoriented' or 'disorganized' attachment. These individuals face a hard time forming healthy and long-lasting relationships. These people tend to have ambivalence between desperately needing others and pushing them away.[1]

There is evidence that shows that attachment style formed in early childhood persists during later life.[10] According to Bowlby insecure attachment style is considered as a predictor of psychopathology in later life and secure attachment is associated with healthy processes in later life.[11] The relationship of other mental disorders such as major depression, social anxiety disorder, obsessive-compulsive disorder, and chronic pain disorder with insecure attachment style has been reported.[12]

According to WHO (World health organization) reports, more than 300 million people in the world suffer from depression and it is the leading cause of disability. A major contribution is provided by depression in the global burden of diseases.[13] According to a study, India is considered as a most depressed country with 6.5% of Indian population suffering from mental disorders.[14] Social support system plays an important role in the characteristics of depression and the feeling of hopelessness, worthlessness. There is an association between depressive symptoms and hopelessness; these attributes are decreased among those

individuals who have high levels of social support.[16] In various studies, it is stated that attachment has a persistent and long-term impact on depression.[10,17]

According to a study conducted on the students of Bengaluru, the higher levels of anxious attachment, preoccupation with relationships and need for approval in relationships lead to self-injuring behaviour among youth and difficulties in all domains of emotion regulation.[18] The results from another study showed that fearful-avoidant attachment style significantly predicted higher death anxiety and depression among cancer patients.[19]

Nursing is considered as a stressful occupation within the healthcare system as nurses experience a variety of occupational stressors such as heavy workload, insufficient time for patient care, irregular work schedule, poor work environment, and difficult patients. According to a study done in China, approximately 38% of nurses had depressive symptoms.[20] An Indian study shows that the prevalence of depression among nurses is 14.18%.[21] Major depression among nurses affects both employees and organizations, depression among nursing professionals is linked to increases in work absenteeism, short-term disability, and decreased productivity.[22]

A study explored the adult attachment styles and cognitive vulnerability to depression in a sample of undergraduate students. Insecure attachment predisposes individuals to the development of depressive personality styles.[23] Another study was conducted in Japan among the students and findings revealed that insecure adult attachment and perceived life stress were related to daily depressive mood.[24] A German study was done on 162 cancer patients, it was revealed that the insecure attachment contributed to the prediction of depression (10%) and death anxiety (14%).[19] An Indian study on 470 students revealed that 31.2% of the total students reported self-injurious behaviour that was associated with the preoccupied attachment style.[18]

The current study aims to contribute to the limited research based on attachment style and its relationship to depression. Exploration of these aspects may contribute to the strengthening of psychological understanding of the particular professional group. In addition, the findings may help for intervention in working with this segment of profession. This study aims to explore various psychological aspects among nursing officers at tertiary care centre in India.

The primary objectives include examining the attachment styles prevalent among these professionals, assessing the levels of depression they experience, and investigating the relationship between attachment styles and depression. Additionally, the study seeks to analyse the association between selected demographic variables and both attachment styles and depression among the nursing officers.

METHODS

For the present study, non-experimental quantitative research approach and cross-sectional descriptive research design research design was used. The study was conducted at a tertiary care centre named AIIMS, Jodhpur. The study protocol was approved by the institutional ethics committee with letter number IEC/2019-20/777 dated on 26/04/2019. The study was conducted from June 2019 to January 2020. Study variables were attachment style and depression. Socio-demographic variables under study were age, gender, marital status, professional qualification, type of family, background, current area of work, work experience, history of any mental illness, history of any physical illness, family history of mental illness.

Participants

Non-probability convenience sampling was adopted to represent 250 nursing officers working in different areas of AIIMS, Jodhpur. Sample size calculation was based on allowance error method for descriptive study, where prevalence of depression in India was taken 14.6% according to a research study.[14]

$$4PQ/d^2$$

P=Prevalence (prevalence of depression is 14.6% in India according to a research)[25]

Q=1-P

d=Allowance error (5%)

According to this method sample size calculated was 199, but researcher decided to use 250 sample size. Nursing officers who were present at the time of data collection and willing to participate in the study were included. There were no exclusion criteria for study participants.

Materials

Data were collected from AIIMS Jodhpur by using self-report questionnaires using self-structured and standardized tools. Tools were prepared in 3 sections i.e., 1) Socio-demographic data, 2) self-structured attachment style questionnaire and 3) structured questionnaire (Centre for epidemiologic studies depression scale (CES-D).

Self-structured attachment style questionnaire was used to assess attachment style of the nursing officers. Each question is scored on a scale of 1-3, based on these replies: never (1), sometimes (2), always (3). The lowest score is 1 and highest score is 3 for each question. The self-report questionnaire consists of total 40 items (10 questions from each domain). There is total four domains in the tool i.e. secure, anxious, avoidant and fearful. These domains were taken according to a study done by Dr. Phillip Shaver and Dr. Cindy Hazan in 1987.[1] There are various other articles that support these domains.[25,26] An article by Dr. Lisa

Firestone published in Psychology Today also suggested similar domains of attachment style.[27] Mean based interpretation was used to interpret the results. Tool was validated from experts from different institutes. Tool was also validated by English and Hindi language experts. Reliability was determined by Cronbach's alpha. Tool was found to be reliable as the alpha score ranges from 0.7-1. Domain wise Cronbach's alpha score is 0.75, 0.81, 0.75 and 0.86 for secure, anxious, avoidant and fearful attachment respectively.

Structured questionnaire (CES-D) was used to assess the depression among nursing officers. This tool was originally published by Radloff in 1977.[28] This scale was found to have very high internal consistency and adequate test- retest repeatability. Validity was established by correlations with other self-report measures, clinical ratings of depression, and by relationships with other variables which support the construct validity of tool. It is a 20-item measure that asks caregivers to rate how often over the past week they experienced symptoms associated with depression, such as restless sleep, poor appetite, and feeling lonely. Response options range from 0 to 3 for each item (0=Rarely or none of the time, 1=some or little of the time, 2=Moderately or much of the time, 3=most or almost all the time). Scores range from 0 to 60, with high scores indicating greater depressive symptoms. Scoring ranges: less than 15-normal, 15-21-mild to moderate depression, over 21-possibility of major depression.

Procedure

After receiving permission from institutional ethics committee and medical superintendent of AIIMS Jodhpur, data collection was initiated. According to the convenience areas were selected, then SNO (Senior nursing officer) of that area were approached. After taking permission from SNO, nursing officers were contacted. Self-introduction was given to the nursing officers and purpose of the study was explained to them. All the participants were informed about their participation in research, objectives of study, duration of their involvement and probable use of findings of the study. Need and benefits of study explained to the nursing officers. Confidentiality of their responses was assured, their written informed consent was taken prior to the study and explained about right to withdraw that they can leave study any time. For future reference contact details given to nursing officers. Data were collected by questionnaire using pen and pencil method. Approx. 15-20 min. were taken by nursing officers to fill proforma. Pilot study was conducted on 10% of the total sample size of main study i.e. 25 nursing officers selected by convenient sampling technique. Hence, the area of pilot study was excluded from main study. Pilot study was found to be feasible.

Analyses

SPSS-25 was used for the analyses. Frequency, percentage, mean, standard deviation, chi square test,

Fisher exact test and Pearson correlation were used to analyse the data. Descriptive statistics was used for the analysis of data obtained from the sociodemographic sheet, self-structured attachment questionnaire, and CESD scale. Chi square test (where frequency >5) and Fisher exact test (where frequency<5) were used to find the association of attachment styles and depression with sociodemographic data. Pearson product-moment correlation was used to test the relationship between the different attachment styles and depression.

RESULTS

Sociodemographic characteristics

Table 1 shows that maximum 132 (52.8%) nursing officers were in the age group 26-30 years of age. Majority 159 (63.6%) nursing officers were male. Majority 151 (60.4%) nursing officers were married. The 196 (78.4%) nursing officers had professional qualification B. Sc. nursing/ post basic B.Sc. Nursing. The 138 (55.2%) nursing officers were having joint families. Majority 137 (54.8%) nursing officers came from rural background. 177 (70.8%) nursing officers were from IPD (In-patient department) area. 184 (73.6%) nursing officers had 0-5 years of work experience. Three (1.2%) nursing officers had history of any mental illness such as trichotillomania, postpartum depression and depression. Majority 226 (90.4%) nursing officers did not have history of any physical illness. Only 24 (9.6%) nursing officers had history of any physical illness, out of these 24 nursing officers, 6 were having endocrinological disorders, 4 were having gastrointestinal disorders, 5 were having musculoskeletal disorders, 5 were having cardiovascular disorders and 6 were having other disorders. 5 (2%) nursing officers had family history of any mental illness such as depression and BPAD (Bipolar affective disorder).

Attachment style

Table 2 shows that majority 213 (85.2%) nursing officers

had secure attachment style. The 14 (5.6%) nursing officers had anxious attachment style and 12 (4.8%) nursing officers had avoidant attachment style. The 11 (4.4%) nursing officers had fearful attachment style.

Depression

Table 3 depicts that majority 183 (73.2%) nursing officers were normal, showed no depression. 40 (16%) nursing officers had mild to moderate depression and 27 (10.8%) nursing officers had possibility of major depression.

Relationship between attachment style and depression

Result in table 4 shows that there is a moderate negative correlation between secure attachment style and depression scores (r=-0.21) and strong positive correlation was there between anxious attachment style and depression scores (r=0.46). There was moderate positive correlation between avoidant, fearful attachments and depression scores respectively (r=0.29, 0.39). The result shows significant correlation between attachment styles and depression.

Association of attachment style with sociodemographic variables

There is significant association at p level <0.05 of attachment style with gender (p=0.01), age (p=0.001), work experience (p=0.03), and history of physical illness (p=0.006) of nursing officers. And there is no significant association of attachment style with other socio demographic variables.

Association of depression with sociodemographic variables

There is significant association of depression at p level <0.05 with gender (p=0.03) among nursing officers. And there is no significant association of depression with other socio demographic variables.

Table 1: Frequency and percentage distribution of socio demographic variables (n=250).

Socio-demographical variables	N (%)
Age (in years)	
21-25	76 (30.4)
26-30	132 (52.8)
31-35	29 (11.6)
36-40	13 (5.2)
Gender	
Male	159 (63.6)
Female	91 (36.4)
Marital status	
Unmarried	99 (39.6)
Married	151 (60.4)
Professional qualification	
GNM	38 (15.2)
B.Sc. nursing/ post basic B. Sc. nursing	196 (78.4)
M.Sc. nursing	16 (6.4)

Continued.

Socio-demographical variables	N (%)
Type of family	
Joint	138 (55.2)
Nuclear	112 (44.8)
Background	
Rural	137 (54.8)
Urban	113 (45.2)
Current area of work	
IPD	177 (70.8)
OPD	28 (11.2)
OT	21 (8.4)
ICU	8 (3.2)
Emergency	16 (6.4)
Work experience (in years)	
0-5	184 (73.6)
6-10	51 (20.4)
>10	15 (6)
History of any mental illness	
Yes	3 (1.2)
No	247 (98.8)
History of any physical illness	
Yes	24 (9.6)
No	226 (90.4)
Family history of mental illness	
Yes	5 (2)
No	245 (98)

Table 2: Frequency, percentage and mean score of attachment style of nursing officers (n=250).

Attachment style	F (%)	Mean±SD
Secure	213 (85.2)	25.06±2.97
Anxious	14 (5.6)	24.00±1.92
Avoidant	12 (4.8)	23.33±3.34
Fearful	11 (4.4)	25.00±2.89

Table 3: Frequency, percentage and mean score of depression among nursing officers (n=250).

Depression	F (%)	Mean±SD
Normal	183 (73.2)	
Mild to moderate	40 (16)	10.86±9.72
Possibility of major	27 (10.8)	

Table 4: Correlation between attachment style and depression (n=250).

Attachment style	Correlation with depression
Secure	-0.21*
Anxious	0.46*
Avoidant	0.29*
Fearful	0.39*

*Correlation is significant at the 0.01 level.

DISCUSSION

The present study was conducted to find about attachment styles and depression among nursing officers of tertiary care centre in India.

It was carried out among 250 nursing officers from different areas. Out of 250, maximum 132 (52.8%) nursing officers were in the age group 26-30 years of age. Majority 159 (63.6%) nursing officers were male. The 151 (60.4%) nursing officers were married. The 196 (78.4%) nursing officers had professional qualification B. Sc. nursing. The 138 (55.2%) nursing officers were having joint families. Majority 137 (54.8%) nursing officers came from rural background. The 177 (70.8%) nursing officers were from IPD area. The 184 (73.6%) nursing officers had 0-5 years of work experience. Only 3 (1.2%) nursing officers had history of any mental illness such as trichotillomania, postpartum depression and depression. Majority 226 (90.4%) nursing officers did not have history of any physical illness. Five (2%) nursing officers had family history of any mental illness such as depression and BPAD.

According to the current study majority 213 (85.2%) nursing officers had secure attachment style. Fourteen (5.6%) nursing officers had anxious attachment style and 12 (4.8%) nursing officers had avoidant attachment style. 11 (4.4%) of the nursing officers had fearful attachment style. Similar results were found in a study conducted by Moghadam et al where secure attachment style was the most common attachment style.[29] Contrary results were shown in a study conducted by Eichenberg et al where half of the samples exhibited secure attachment style and half exhibited insecure attachment style.[22]

Current study reveals that majority 183 (73.2%) nursing officers were normal, showed no depression. The 40 (16%)

nursing officers had mild to moderate depression and 27 (10.8%) nursing officers had possibility of major depression. An Indian study conducted by Swapnilhe et al shows that the prevalence of depression among nurses is 14.18% which is somewhat similar to the results of current study.[21]

Result of the current study shows that there is a moderate negative correlation between secure attachment style and depression scores (r=-0.21) and strong positive correlation was there between anxious attachment style and depression scores (r=0.46). There was moderate positive correlation between avoidant, fearful attachments and depression scores respectively (r=0.29, 0.39). Study conducted by Moghadam showed similar results that there is a significant negative relationship between secure attachment style and depression.[29] Similar results were generated in another study conducted by Scheffold in Germany that suggests insecure attachment contributed to the prediction of depression.[19] Various other studies support this finding that insecure attachment style is positively correlated with depression and secure attachment style has negative correlation with depression. A study conducted by Ng et al from education university of Hong Kong revealed similar results in which there is a positive association between anxious attachment style and depressive symptoms.[30] Suzuki et al from university of Fukui, Japan conducted a study and results revealed that avoidant attachment style has positive relationship with depressive symptoms.[31]

There was significant association between attachment style and gender, age, work experience and history of physical illness of nursing officers. And there was no significant association of attachment style with other socio demographic variables. There was no significant association between attachment style and type of physical illness among nursing officers. There was significant association of depression with gender among nursing officers. And there was no significant association of depression with other socio demographic variables.

The findings indicate a notable relationship between attachment styles and levels of depression, suggesting that individuals with anxious attachment may be more predisposed to depressive symptoms compared to those with secure attachment.

The implications of these findings extend beyond individual mental health, highlighting the need for systemic changes within healthcare environments to support nursing staff effectively. Given that the majority of nurses exhibit secure attachment styles, fostering a work culture that promotes healthy interpersonal relationships could further mitigate stress and enhance job satisfaction. Moreover, addressing the specific vulnerabilities associated with anxious or avoidant attachment styles may be crucial in developing targeted interventions, such as tailored counselling programs or peer support systems, which can provide emotional resilience against workplace pressures. As the profession grapples with high demands and potential burnout, understanding and leveraging attachment theory within organizational practices presents an opportunity to improve not only the psychological well-being of nurses but also the overall quality of patient care they deliver. Limitations of the study is that research findings cannot be generalized as only single setting was selected to conduct the study.

CONCLUSION

There are various attachment styles or patterns through which an individual attaches or form relationships with others. Various studies suggest that insecure attachment styles are associated with depression. The results of the current study highlighted that most of the nursing officers had secure attachment style. Less number of nursing officers were found to have depression. Also, it was found that there was a negative relationship between secure attachment style and depression. After knowing the attachment styles of nursing officers and assessing their risk for depression we provided suggestive measures regarding seeking professional help to those nursing officers who were found to be more prone to have depression and also, gave them counselling accordingly to form and maintain healthy relationships. Based on findings of study, it is recommended that a study can be replicated on a larger sample, in different setting for making broad generalization. There is a need to conduct more studies that emphasize on attachment style. The relationship between attachment style with other dimensions of mental health should be investigated. The attachment style may be assessed with more detailed methods such as in-depth interview.

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