Araştırma / Research Article

Hemşirelik öğrencilerinin depresyon düzeyleri ve stresle baş etme yöntemleri

*Depression levels of nursing students and their methods for coping with stress**

Filiz Taş[1], Özlem Çıngıl[2], Seda Emiroğlu[3], Fatma Özlem Orhan[4]

[1]Kahramanmaraş Sütçü İmam Üniversitesi, Sağlık Bilimleri Fakültesi, Kahramanmaraş
[2]İstanbul Sultanbeyli Devlet Hastanesi, İstanbul
[3]Atatürk Üniversitesi, Sağlık Bilimleri Enstitüsü
[4]Kahramanmaraş Sütçü İmam Üniversitesi, Tıp Fakültesi, Kahramanmaraş

ÖZET

Amaç: Bu araştırma, Lisans eğitimi alan hemşirelik öğrencilerinin depresyon düzeyleri ve stresle başetme yöntemlerini belirlemek amacıyla tanımlayıcı olarak yapıldı. **Gereç ve Yöntem:** Çalışmanın evrenini, 2015-2016 eğitim öğretim döneminde Hemşirelik bölümünde öğrenim gören toplam 292 öğrenci, örneklemini ise araştırmaya katılmayı kabul eden 226 öğrenci oluşturdu. Veriler, araştırmacılar tarafından hazırlanan Görüşme Formu, Beck Depresyon Ölçeği (BDÖ) ve Stresle Başa Çıkma Yolları Ölçeği (SBYÖ) kullanılarak elde edildi. Araştırmaya katılan öğrencilere araştırmanın amacı konusunda bilgi verilerek, formlar yüz yüze görüşme yöntemi ile uygulandı. Verilerin değerlendirilmesinde, yüzde, ortalama, t testi, varyans analizi ve Tukey testi kullanıldı. Değerlendirmelerde anlamlılık düzeyi olarak p<0.05 kabul edildi. **Bulgular:** Araştırmaya katılan öğrencilerin yaş ortalaması 20.8±1.2 ve %77.4'ü kadındır. Öğrencilerin BDE puan ortalamalarının 12.50±10.20 olduğu, %27'sinin depresyon ölçeğinden yüksek puan aldıkları belirlendi. Yapılan istatistiksel analize göre, sınıf, okul yaşamından memnuniyet durumu, çalışırken okuma durumu, fiziksel ve ruhsal sağlık algısı ile depresyon arasında istatistiksel olarak anlamlılık bulundu (p<0.05). Çalışmaya katılan öğrencilerin stresle baş etmede kendine güvenli yaklaşım yöntemini kullandıkları belirlendi. **Sonuç:** Elde edilen bulgulara göre hemşirelik bölümünde okuyan öğrencilerin yaklaşık dörtte birinin depresyon puanının yüksek olduğu belirlendi. Birinci sınıf öğrencilerine yeni üniversite ortamı ve yeni eğitim sistemine uyumunu arttırmak için oryantasyon programlarının düzenlenmesi, son sınıf öğrencilerine mezuniyete hazırlığa yönelik adaptasyon programlarının yapılmasının, öğrencilerin ruh sağlığının geliştirilmesine katkı sağlayacağı düşünülmektedir.

ABSTRACT

Aim: This research was conducted as a descriptive study to determine depression levels and coping methods of stress of nursing students who have undergraduate education. **Materials and Methods:** The population of the study consisted of 292 students who studied in Nursing Department in 2015-2016 education period and 226 students who accepted to participate in the research. Data collection has been done through the use of an interview form developed by the researchers, Beck Depression Inventory (BDI) and Ways of Coping Checklist (WCC). The students were given information about the purpose of the research and the forms were applied by face to face interview method. Percentiles, means, t-test, variance analysis and Tukey tests have been applied for the analysis of the data. p<0.05 is accepted as the threshold for statistical significance. **Results:** The mean for ages of the students is 20.8±1.2 and %77.4 of the students is female. The students have been observed to have a mean of 12.50±10.20 for BDI and %27 of them scored high in depression tests. According to the results of the conducted statistical analysis, tenure, satisfaction with school life, working as a student, physical and mental health perception have been found to be significantly related to depression (p<0.05). Students involved in the study have been observed to use the self-confidence approach methodology in order to cope with stress. **Conclusion:** The results of the study revealed that nearly a quarter of the nursing students are on the verge of depression.

INTRODUCTION

Although many people are not aware of it, stress is a part of daily life, the effort of the individual to adapt to the changes in life and a process in which the individual's physical and mental balance is upset when the individual is not able to adapt; life events which create stress may lead to the emergence of depressive symptoms. Depression, which is characterized with anguish, unwillingness, pessimism, worthlessness, senility, heaviness and slowing down in physiological tasks, has become one of the most discussed problems in the recent years. The existence of these symptoms causes students to experience physical and social problems and affects their whole life (1-8). In studies carried out with university students in Turkey, it has been seen that the most important psychological disorder which negatively affects students is depression and that 17-23%

of the students have depression (2,9-13). Depression causes the adolescents to be lazy, unhappy, indifferent and incompatible individuals and it is a disorder which seriously disrupts their social relationships, academic and occupational success. It greatly influences work power and productivity and facilitates the acquisition of harmful habits (4,14-16). It is important that nursing students are integrated into the society and this occupation as people who recognize and manage their feelings and control their relationships and thus overcome their problems in an efficient manner, are able to form meaningful relationships with their environment, because when these students graduate, they become individuals who are responsible from the planning, implementation and evaluation of care services with the purpose of protecting and improving social health and treating illnesses when required (2,7,12,17). Therefore, it is highly important to define, prevent and treat depression and identify the risk factors which cause it to repeat.

This study aims at identifying the depression levels of students receiving undergraduate education at the department of nursing and their methods for coping with stress.

MATERIALS AND METHODS

The study is a descriptive type. The population of the study consists of a total of 292 students receiving education in the College of Nursing in the 2015-2016 academic year. In the study, a study has not been selected and the 226 students who were present at school on January 12-15/ 2015 and accepted to participate in our study have constituted the study group. The students who were absent on the date the study was conducted have been excluded. The rate of participation of the students in the study is 77.3%.

The Ethical Dimension of the Study; The approval of the board of the Ethics Committee for Clinical Exemptions from the Faculty of Medicine of (2014/18-09) and the permission for the research were obtained for the research. The students who participated in the research were informed about the purpose of the research and the forms were applied by face to face interview method and verbal approval was obtained from the students before the interviews were made.

Data Collection Tools; Data has been obtained through the Interview Form prepared by the researchers, Beck Depression Scale (BDS) and Ways of Coping Checklist (WCC) (12, 18-22).

Interview Form; The interview form, which consists of 21 questions about the socio- demographic characteristics of the students and general health characteristics has

been prepared by the researchers by reviewing the literature (2,7,9,12,18).

Beck Depression Scale (BDS); In this study, the Beck Depression Scale (BDS) has been used with the purpose of identifying the risk levels of the students in terms of depression. BDS, which was developed in English in 1961, has been translated to different languages later on and has displayed high levels intercultural of reliability and validity. BDS has been developed as a scale which measures the emotional, cognitive and motivational symptoms observed in depression (20). BDS, whose reliability and validity studies have been conducted by Hisli, in our country as well has become a frequently used scale in various researches and clinical applications (19,20). The Cronbach alpha coefficient has been determined as 0.80 and it has been stated that its cutoff score in its Turkish validity and reliability article is accepted as 17. BDS is a self-assessment scale which consists of 21 items and it is a four point Likert scale. Each item consists of sentences which express a behavioral pattern unique to depression. The lowest score of the scale is 0 and the highest score is 63. The low scores received in the scale point out to a small number of depression symptoms, whereas the high scores point out to a high number of these symptoms (19).

Ways of Coping Checklist (WCC); It is a four point Likert type of scale developed by Lazarus and Folkman, as a Ways of Coping Inventory (21). The 30 item list of the scale's Turkish validity and reliability study has been carried out by Sahin and Durak, This scale has two dimensions which can be defined as problem-oriented effective ways and emotion-oriented ineffective ways (22). These two dimensions are reflected in five different factors which are referred to as self-confident, optimist, unconfident/helpless/, submissive approach and seeking social support. In this scale, which has been scores between 0-3, the 1st and 9th items are calculated through reverse scoring in the calculation of applying for social support. The scores related to each factor are calculated separately and the total score is not calculated. In the evaluation of the scale, as the scores received from self-confident, optimist and seeking social support approaches increase, effective methods and as helpless and submissive approach scores increase, ineffective methods are used in coping with stress (22).

Statistical Analysis of Research Data; In the evaluation of data, descriptive statistics, percentages, averages, t test and variance analysis have been used with the purpose of analyzing the informative characteristics of the students. In advanced analysis, the Tukey test has been used. The significance level in the evaluations has been accepted as $p < 0.05$.

Restriction of Research; The limit of this research is only those students who are studying at a university. Cannot be generalized.

RESULTS

In this study, the age average of the students have been determined as 20.8±1.2 and that 77.4% are female and 22.6% are male. 61.5% of the students have been determined to live in the city center, 46.5% with their families and 83.2% with their nuclear family and 62.4% of the income level as has been determined as medium level.

It can be seen that the BDS score averages of the students is 12.50±10.20. 73% of the students are sub threshold (0-17 points) and 27% are supra threshold (18-63 points). When scores of 18 and above in the BDS were evaluated, it was seen that 27.0% of the students displayed depressive symptoms. 70.5% of the female students and 29.5% of the male students have received supra threshold scores. However, the difference between the scores are not significant (p>0.05, Table 1).

According to the statistical analysis made, it was determined that the mean scores of the depression scores of the second grade students, the working students and the students who were not satisfied with the school life were higher and the difference was statistically significant (p <0.05, Table 2).

Table 1. Average Distribution of Beck Depression Scale and Ways of Coping with Stress Scale Scores (N=226)

	N	Gender	ss	Min - Max Value
Beck Depression Scale Sub threshold (0-17) Supra threshold (18-63)	165(%73.0) 61 (%27.0)	Female n=48 (%70.5) Male n=13 (%29.5)	12.50±10.20	- 50.00
Self-confident approach			13.49±4.06	1-21
Helpless approach			10.42±4.24	0-23
Submissive approach			6.41± 3.0	0-18
Optimistic approach			8.61±2.97	0-15
Seeking Social Support			13.15±2.32	6-18

Table 2. Students' Depression and Ways of Coping with Stress Subdimension Scores In Terms Of the Students' Characteristics (N=226)

		Ways of Coping with Stress				
Characteristics	Depression	Self-Confident Approach	Helpless Approach	Submissive Approach	Optimistic Approach	Seeking Social Support
	x	x	x	x	x	x
Grade						
Freshman	11.04± 8.2	12.97±4.3	10.36±3.5	6.06±3.5	8.65±3.0	13.43±2.6
Sophomore	16.53±10.8	13.21±4.2	11.73±5.1	6.53±2.8	8.33±3.1	12.69±2.4
Junior	13.55±10.4	13.71±3.7	10.15±4.0	6.82±2.5	8.51±2.9	13.55±2.1
Senior	8.18 ± 8.9	13.92±4.0	9.46±3.8	6.22±3.2	9.01±2.7	12.85±2.0
Test	*p<0.05*	p>0.05	p>0.05	p>0.05	p>0.05	p>0.05
Preference style of this occupation						
Willingly	12.09±10.6	13.87±3.7	9.94±4.2	6.46±2.6	8.94±2.9	13.33±2.2
Unwillingly	13.08±9.5	12.93±4.4	11.13±4.2	6.44±3.4	8.14±3.0	12.88±2.4
Test	*p>0.05*	*p>0.05*	*p<0.05*	*p>0.05*	*p<0.05*	p>0.05
Working status						
Working	16.94±12.5	13.78±3.6	10.94±4.8	7.84±3.0	9.47±2.7	11.68±2.9
Not working	12.09±9.8	13.46±4.1	10.37±4.1	6.32±2.9	8.54±2.9	13.28±2.2
Test	*p<0.05*	*p<0.05*	p>0.05	*p<0.05*	p>0.05	*p<0.05*
Satisfaction from School Life						
Satisfied partially	8.27±8.5	15.12±3.6	9.63±3.3	6.70±2.6	10.02±2.7	13.38±2.1
satisfied	12.40±9.8	13.44±3.7	10.43±4.3	6.40±2.9	8.65±2.5	13.17±2.2
Not satisfied	15.76±10.8	12.37±4.5	10.98±4.6	6.35±3.3	7.53±3.3	12.93±2.6
Test	*p<0.05*	*p<0.05*	p>0.05	*p>0.05*	*p<0.05*	*p>0.05*

Table 3. Depression and Ways of Coping with Stress Subdimension Scores In Terms Of the Students' Health Characteristics (N=226)

	Depression	Ways of Coping with Stress				
		Self-confident Approach	Helpless Approach	Submissive Approach	Optimistic Approach	Seeking Social Support
	x	x	x	x	x	x
Perception of physical fitness state						
Very good	8.43±9.3	15.00±4.6	10.43±4.4	6.78±3.3	9.69±3.0	13.34±3.2
Good	10.61±9.1	14.03±3.7	9.93±4.1	6.22±2.8	9.02±2.6	13.33±1.8
Medium	16.24±10.5	12.34±3.9	11.44±4.2	6.57±2.9	7.65±3.9	12.67±2.6
Bad	19.77±11.5	11.11±5.0	9.22±4.2	7.88±4.1	7.77±4.0	13.77±2.5
Test	**$p < 0.05$**	**$p<0.05$**	$p>0.05$	$p>0.05$	**$p<0.05$**	$p>0.05$
Perception of mental health states						
Very good	8.46±8.8	15.73±4.2	8.65±3.7	6.17±3.2	10.26±2.7	13.24±2.6
Good	10.04±8.5	14.12±3.7	9.82±3.8	6.02±2.6	9.02±2.3	13.28±1.8
Medium	16.38±9.6	11.67±3.2	12.07±3.9	7.17±2.8	7.42±3.2	12.92±2.6
Bad	23.22±11.6	10.40±4.0	12.81±5.4	7.45±4.0	6.31±3.2	12.81±3.1
Test	**$p<0.05$**	**$p<0.05$**	**$p<0.05$**	**$p<0.05$**	**$p<0.05$**	$p>0.05$
Diagnosed illnesses						
Yes	14.03±13.0	12.37±4.3	10.68±4.5	6.55±3.4	7.82±3.2	12.65±2.6
No	12.27±9.7	13.65±4.0	10.38±4.2	6.44±2.9	8.73±2.9	13.22±2.2
Test	**$p<0.05$**	$p>0.05$	$p>0.05$	$p>0.05$	$p>0.05$	$p>0.05$
Smoking cigarettes						
Yes	19.16±12.0	10.96±4.8	11.19±4.4	7.45±4.1	7.77±3.8	12.12±2.8
No	11.44±9.4	13.89±3.7	10.30±4.1	6.29±2.7	8.75±2.8	13.31±2.2
Test	$p>0.05$	$p>0.05$	$p>0.05$	**$p<0.05$**	**$p<0.05$**	**$p<0.05$**

It was determined that the students had a significant relationship between physical health status and depression level ($p <0.05$) and the students who perceived physical and mental health status as "bad" were above the threshold of depression scores (Table 3).

It has been determined that there is a negative relationship between depression scores and optimistic approach, seeking social support and self-confident approach subdimensions and a positive relationship between submissive approach and helpless approach (Table 4).

DISCUSSION

Mental disorders have become an important health problem which require the intervention of researchers due to being common today, besides being chronic and the difficulties related to their treatment. In the researchers carried out with university students, the most important mental disorder is stated as depression. Even in cases in which depressive symptoms are not very severe, it is quite important to reach people who display these symptoms in terms of protective mental health and public health since these push individuals

Table 4. The Relationship between Depression and Ways of Coping with Stress

	BDS	Submissive Approach	Optimistic Approach	Seeking Social Support	Self-confident Approach	Helpless Approach
BDS	1					
Submissive Approach	,203**	1				
Optimistic Approach	-,366**	-,066	1			
Seeking Social Support	-,210**	-,039	,086	1		
Self-confident Approach	-,368**	-,174**	,644**	,159*	1	
Helpless Approach	,419**	,511**	-,309**	-,097	-,324**	1

*<..01,**<.05

towards immobility, unproductiveness and unhappiness (2,15,16,23).

In this study, 27.0% of the students have received scores of 18 and over (18-63 points) in the BDS (Table 1). In studies involving university students in domestic and foreign universities in the literature, the rate of the students who received 18 and over in the BDS has been determined as 18.3% and 41.9% (2,9,15,24-27). In a study conducted in the USA involving university students aged 17-25, the BDS average has been found as 7.6. (28). In our study, the rate of students who display depressive symptoms is similar to the rates indicated in the literature in Turkey. It is considered that the similarities between the rates obtained in our study and the rates indicated in the literature might be due to factors such as being a university student, leaving family and having a new environment and friends. However, it has been seen that the scores in our study and other studies conducted in Turkey are higher compared to the scores achieved in the studies abroad. This difference can be explained as the differences related to transnational social development levels.

In this study, it has been found that the BDS score average differs in accordance with gender and grade of the students. The depression scores of the female students were found to be higher than the scores of the male students. 70.5% of the female students and 29.5% of the male students have received scores of 18 and over. However, this difference has not been found statistically significant (p>0.05, Table 1). In the study conducted by Ozsaker, the depression scores of female students have been higher as well. In Aylaz et al. Study, the difference the BDS scale scores of female and male students has not been found significant. In Kaya et al. study, statistical significance has not been found in terms of prevalence of depression symptoms in Faculty of Medicine or College of Health students (4, 9, 10). When these studies are evaluated, it can be stated that women's biological structure, mental characteristics, personality structure, ways of coping with problems, social and cultural status and gender increase their inclination towards depression.

In this study, the depression score of sophomores have been found to be higher than the scores of seniors (p<0.05, Table 2). In Alparslan et al. study, it has been determined that there were depression symptoms in 41.2% of the sophomores and 27.7% of the seniors. Hur et al. have stated in their study that sophomores of nursing department were the group which complained the most about the number of classes (3, 29). When the other studies related to the same subject were analyzed, it has been determined that as the grade levels of the students increase, their depression scores increase as

well and that seniors' depression levels are higher than the scores of the other grades (2,18,30). The finding we obtained in our study is different from the findings in the literature. This result might be related to the adaptation problems of sophomores to the educational system, stress created by the applied courses and cultural and individual characteristics.

It has been determined that the depression score averages of students who work while going to university, are not satisfied with their school life are higher and that there is a significant relationship between them (p<0.05, Table 2). In Hur et al's study, it has been determined that the students' willingly preferring their department influences their BDS scores; the BDS scores of students who have unwillingly preferred their department are higher and that the difference between them is statistically meaningful (29). It can be stated that choosing an occupation can be an important variable in terms of the mental health of individuals; choosing an occupation having information about its working conditions can facilitate an individual's carrying out his/her occupation in an accurate manner, reduce health problems related to stress and make it possible for individuals who receive service to benefit from these services and be satisfied with them.

It has been determined that the students who unwillingly preferred this occupation make use of the helpless approach, those who willingly preferred this occupation make use of optimistic approach, those who work make use of self-confident approach, non-working students make use of seeking social support methods and students who are satisfied with school life make use of self-confident and optimistic approach methods (p<0.05, Table 2). In DeSimone, et al's study, the researchers have stated that there is a negative relationship between depression and self-confidence. Aspects such as interest, desire and skills are required in order to carry out an occupation in the ideal manner (31). In our study, the optimistic subdimension scores of students who believe that they can successfully carry out their occupation and have willingly preferred the occupation of nursing are high. It can be stated that willingly preferring this department and easy living environments in which the students can express themselves and participate in social activities will have positive effects on their mental health.

It has been determined that the students who perceive their physical and mental health conditions as very good make use of self-confident and optimistic approaches, whereas the students who perceive them as bad make use of helpless and submissive approach methods (p<0.05, Table 3). Our findings are in line with the findings of other studies (2,4,18,29,31). It is considered that the students do not use their effective cognitive, behavioral

and emotional reactions against events and conditions which create stress and that this affects their depression levels.

In our study, it has been determined that the depression score average of students whose perception of physical and mental health conditions is bad and have been diagnosed with an illness is higher and that the relationship between these is significant (p<0.05, Table 3). The BDS score averages of students who perceive their health conditions are bad are higher compared to students who perceive this as good and medium level (p<0.05, Table 3). Temel et al. have found in their study that the depression score averages of students who evaluated their physical and mental health as very good and good were low and the score averages of students who evaluated these as medium level and bad were high and they have found a significant difference between the averages of the statistical analysis (18). For both of these studies, it can be stated that students who perceive their health as 'bad' display depression symptoms.

In this study, when the relationship between the depression levels of the students and ways of coping with stress was analyzed, it has been determined that there is a negative relationship between depression levels and optimistic approach, seeking social support and self-confident approach subdimensions, a positive relationship between submissive approach and helpless approach and that it is statistically significant (p<0.05, Table 4). Similar findings have been obtained in Ozsaker's study as well and it has been found that there is a negative relationship between depression and self-confident approach, optimistic approach and seeking social support, whereas there is a positive relationship between depression and helpless and submissive approaches (4, 6, 21).

As a result, according to the obtained data, it has been seen that students who make use of self-confident approach, optimistic approach and seeking social support methods display less depression symptoms when depression levels of the students and the factors affecting these and the students' ways of coping with stress were compared, whereas the students who make use of helpless and submissive approaches display more depression symptoms. It is suggested to provide support for the students in terms of protecting their mental health in general with the purpose of increasing their self-confidence, optimistic approach and social supports and engage them in social activities for physical and social development and for them to make good use of their spare time.

CONFLICT OF INTERESTS

Authors declare no conflict of interest.

REFERENCES

1. Tanrıverdı, S. (2017). Determination of Variables Predicting Depression Levels of High School Students: Multinomial Logistic Regression Analysis. YYU Journal Of EducationFaculty.14(1):1517-1543.

2. Ozdel, L, Bostancı, M, Ozdel, O, Oguzhanoglu, N.K. (2002). The relationship with sociodemographic characteristics and depressive symptoms in university students. Anatolian Journal of Psychiatry. 3(3):155-161.

3. Alparslan, N, Yasar, S, Derelı, E, Turan, F.N. (2008). Depressif symptoms observed in students of health college and technical educatıon faculty, and examination of the affecting factors. Journal of Research and Development in Nursing. 2: 48-56.

4. Ozsaker, M. (2013).University Students' Ways Of Coping With Stress And Depression, European Journal of Sports and Exercise Science. 2 (4):7-16.

5. Ustun, A, Bayar, A. (2015). An ınvestıgatıon of unıversty students' depressıon, anxıety and stress levels related to the dıfferent varıables. Journal of Research in Education and Teaching. 4 (1): 384- 390.

6. Guler, O, Cınar, S. (2010). Determining To the Perceived Stressors and the Used Coping Strategies of the Nursing Department Students. Maltepe University Nursing Science and Art Review, Symposium Special Issue. 253- 261.

7. Guclu, N. (2000). Stress Management. Gazi Education Faculty Journal. 21(1): 91-109.

8. Oktay, A.A Gulpak, M, Yel, F. (2017). The effect on hospital presentatıon on first clınıcal stress level on nursıng students. Internatıonal Refereed Journal Of Nursıng Researches. (UHD), 101- 118. Doi: 10.17371/UHD2017.2.06.

9. Aylaz, R, Kaya, B, Dere, N, Karaca, Z, Bal, Y. (2007). Depressive symptom frequency among health high school students and the associated factors. Anatolian Journal of Psychiatry. 8:46-51.

10. Kaya, M, Genc, M, Kaya, B, Pehlıvan, E. (2007). Prevalence of Depressive Symptoms, Ways of Coping, and Related Factors Among Medical School and Health Services Higher Education Students. Turkish Journal of Psychiatry.18(2): 137-146.

11. Karaca, A, Yıldırım, N, Ankaralı, H, Acıkgoz, F, Akkus, D. (2014). Adaptation to Turkish of Nursing Education Stress Scale. Journal of Research and Development in Nursing.16(2): 29-40.

12. Bıngol, G, Gebes, R, Yavuz, R. (2012). An analysis of students' general state of health at Amasya School of Health Sciences according to some variables. Goztepe Medical Journal. 27(3):106-111. doi:10.5222/J.

13. Bostancı, M, Ozdel, O, Oguzhanoglu, N,K, Ozdel, L, Engın, A, Atescı, F, et al. (2005). Depressive symptomatology among university students in Denizli, Turkey: prevalence and sociodemographic correlates. Croat Med J. 46(1): 96–100.

14. Smıth, T,B, Mccullough, M,E, Poll, J. (2003). Religiousness and Depression: Evidence for a Main Effect and the Moderating Influence of Stressful Life Events, Psychological Bulletin, American Psychological Association. Inc. 129(4): 614–636.
15. Devecı, S.E, Ulutasdemır ,N, Acık, Y. (2013). The Frequency of Signs of Depression and Affecting Factors in the Students of a Health High School. Fırat Med J. 18(2): 98-102.
16. Ekundayo, O,J, Dodson-Stallwort, J, Roofe, M, Aban, I,B, Kempf , M,C, Ehırı, J,E, et al. (2007). Prevalence and correlates of depressive symptoms among high schooll students in Hanover, Jamaica. The Scientific World Journal. 7: 567-576. Doi: 10.1100/tsw.2007.104.
17. Evgın, D, Calıskan, Z, Caner, N. (2017). Anxıety Levels And Strategies for Copıng with Stress of Nursıng Students at Health College Before Clinical Practice. Sdü Institute of Health Sciences Journal. 8 (3): 22-28.
18. Temel, E, Bahar, A, Cuhadar, D. (1989). Determination of Coping Attitude with Stress and Depression Level of Nursing Students. Fırat Health Service Journal.2007; 2(5):107-118.
19. Hıslı, N. The validity and reliability of the Beck Depression Inventory for university students Journal of Psychology.23: 3-13.
20. Arkar, H, Safak, C. (2004). Beck Depression Inventory in a Clinical Sample Investigation of Dimensions. Turkish Psychology Journal.19(53):117-123.
21. Lazarus, R, Folkman, S. (1984). Stress, Appraisal and Coping. Newyork: Springer Publishing Company; ss.1-456.
22. Sahın, N.H, Durak, A. (1995). Stress Scoring Scale: Adaptation to University students. Journal of Turkish Psychology. 10(34): 56-73.
23. 23.Bruntland, G.H. (2000). Mental health in the 21st century. Bulletin of the World Health Organization. 78(4): 411.
24. Demır, F, Ay, P, Erbas, M, Ozdıl, M, Yasar, E. (2007). The Prevalence of Depression and its Associated Factors among Resident Doctors Working in a Training Hospital in Istanbul. Turkish Journal of Psychiatry. 18(1): 31-37.
25. Helm, H.W, Boward, M.D. (2003). Factor structure of the Beck Depression Inventory in University sample. Psychological reports. 92: 53-61.
26. Sherına, M.S, Rampal, L, Kaneson, N. (2004). Psychological Stress Among Undergraduate Medical Students. Med J Malaysia. 59(2): 143-45.
27. Ongen, D. (2006). Relationships Between Coping Strategies and Depression Among Turkish Adolescents. Social Behavior and Personality. 34(2): 181-96.
28. Penland, E.A, Masten, W.G, Zelhart, P, Fournet, G.P, Callahan, T.A. (2000). Possible selves, depression and coping skills in university students, Personality Individual Differences.29: 963-969.
29. Hur, S.D, Andsoy, I.I, Oksay-Sahın, A, Kayhan, M, Eren, S, Zunbul, N, et al. (2014). Depressive Symptoms in Karabuk University Health School Students. Journal of Psychiatric Nursing. 5(2):72-76. Doi: 10.5505/phd.2014.30075.
30. Unsal, Avdal, E, Aydınoglu, N, Kılıc, M. (2014). Determınatıon of stress levels of nursıng students ın fırst clınıcal experıence. Internatıonal Refereed Journal Of Nursıng Researches. (UHD), 1(1):67-77.
31. Desımone, A, Murray, P, Lester, D. (1994). Alcohol use, self-esteem, depression, and suicidality in high school students. a database of the U.S. National Library of Medicine.29: 939–942.