



Letter to the editor:

Knowledge and Attitude of Nursing Personnel towards Depression in General Hospitals: The Korean Perspective

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Dear editor:

We read with much interest the published article "Knowledge and Attitude of 851 Nursing Personnel toward Depression in General Hospitals of Korea" by Park et al. (1). We wish to share our critical comments regarding the published article.

It was not clearly stated if the questionnaire used was in English or Korean language. If used in any language other than English, special mention has to be there regarding the back to back translation and the validation but such was not mentioned. No age group of the individuals recruited for the present study was mentioned. Age plays an important role in outcome of the study. An earlier research conducted on nurses found the depression to be more in the younger age group (2).

No mental trauma, family history, or significant mental history of the nurses was stated. This fact may have been important exclusion criteria for the present study. Interestingly, an earlier study conducted on youth found major shock and negative perception of oneself to be the important factors for depression (3).

It may be interesting to debate any items in the questionnaire which may not have been actually answered by the nurses. It is also interesting to ascertain if the results of the present study is related to the training programme of the nurses. An earlier research study observed the training part to be an important component to influence the nurses' involvement and attitudes towards mental health problems (4). Perhaps, with the results, we may aim at future training programmes.

The authors were very humble in highlighting the limitations of the study. Overall, an interesting article for which the authors and the editor need to be applauded.

DISCLOSURE

The authors have no conflicts of interest to disclose.

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The Authors' Response:

Detecting Depression in Collaboration with Nursing Personnel in General Hospitals

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We are greatly thankful for your comments on our article in *J Korean Med Sci* (1). It is well known that there are many barriers to detect depression in patients with chronic physical disease, primarily non-psychiatric clinician related factors. Such factors include low confidence and skills of a clinician, low therapeutic alliance, low consultation time, low index of suspicion,

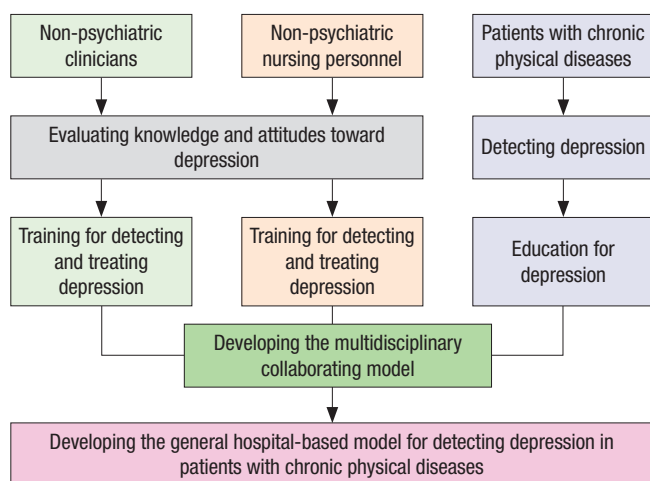


Fig. 1. A general hospital-based model for detecting depression in patients with chronic medical diseases. Adapted and modified from Park et al. (9) *Korean J Biol Psychiatry* 2013; 20: 31-40.

few inquiries about one's depressive symptoms, and stigma of depressive disorders, etc. (2-4). Increasing the knowledge and attitudes of nursing personnel about depression can contribute to efficient screening and detection for depression in non-psychiatric settings. Moreover, it is known that there have been no traditional words or concepts equivalent to 'depressive mood' in Korean cultures (5). Specific situations in Korean culture also could be a barrier to detecting depression. For an example, the term "depressive mood" has been replaced by the phrase "sad feelings" in the acculturation processes for Korean translation of the Hamilton Depression Rating Scale (HAMD) (6). Hence, with the reference to cultural psychiatry, we developed the self-questionnaire for knowledge and attitude about depression in Korean language.

According to your comments, ignoring confounding effects of the psychic trauma, and personal and familial psychiatric history of nursing personnel could be another limitation of our article in *J Korean Med Sci* (1). From the viewpoint of the classical concept for 'the wounded healer', the personal conflicts or psychic symptoms of clinical practitioners can be the underpinnings of empathy for patients, as well as possible vulnerability for compassion fatigue, burn-out, and decline of professional functioning (7). Hence, the psychological problems of nursing personnel might be regarded as an important variable in education and training programs for detecting depression in patients with chronic physical diseases in general hospitals.

The interviewing method for primary care practitioners consists of 6 steps: welcoming, agenda setting, non-focused inter-

viewing, focused interviewing, and transitioning to an agreed action (8). Hence, as shown in Fig. 1, detecting depression in patients with a chronic physical disease could be done more efficiently in the welcoming, agenda setting, or non-focused interviewing steps when collaborating with nursing personnel in general hospitals. Moreover, collaboration with nursing personnel could be a substantial part of a general hospital-based model for detecting depression in patients with chronic physical diseases (9).

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