

## Effects of Wellness and Depression on Suicidal Ideation in Male Baby Boomers

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### Abstract

*This study is a descriptive survey investigating the factors that affect suicidal ideation in male baby boomers born between 1955 and 1963. Three hundred and four participants residing in Gumi city and who provided informed consents were enrolled in the study. Structured questionnaires were used to measure suicidal ideation, depression, and wellness. Data were collected over a period of three month. Data are presented as means ± standard deviations and were analyzed using the SPSS 18.0 software with t-test, ANAOVA, Pearson's correlation coefficient, and Hierarchical multiple regression. The results showed a mean suicidal ideation score of 8.2 points, mean depression score of 61.6 points, and mean wellness score of 400.4 points. Self-direction of wellness had a significant effect on suicidal ideation in stage 2 of regression analysis ( $p = 0.002$ ). In stage 3, depression was found to have a significant effect on suicidal ideation ( $p < 0.001$ ), but the significance of self-direction of wellness disappeared. The adjusted  $R^2$  value of stage 3 was 0.15, with an explanatory power of 15% for suicidal ideation, which was 10% higher than the stage 2.*

**Keywords:** Depression, Suicidal ideation, Wellness, Men, Middle age

### 1. Introduction

For men, the late middle age is a period in which they have been sidelined from the central roles in society, been laid off, or are on the brink of retirement. The baby boomers the majority of Korea's population belong in this category [1]. The massive wave of retirement of the baby boomers that began in 2010 has been predicted to induce substantial repercussions in Korea's society and economy; the psychological conflicts faced by the baby boomers are also a topic of interest in the Korean society. Unlike the elderly generation in the past, the baby boomers are encumbered by added duties of taking care of their aged parents as well as their adult children; thus, they have made little preparations for their post-retirement lives [1][2]. Furthermore, owing to their work-centric lives, which have driven Korea's economic growth, they lack the emotional skills to express love and respect, have little psychological support from their family due to modified familial interactions

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and are susceptible to health problems due to aging-induced physical deterioration [2]. Wellness refers to a comprehensive health state that enables one to build an ideal physical, mental, social, and spiritual state amid a changing environment [3]. However, existing literature on the baby boomers has generally been confined to financial aspects related to retirement planning. Even the few studies on the psychological aspects of male baby boomers have only investigated quality of life and life satisfaction, stress and depression, and life experiences and adaptation to early retirement in middle-aged men [4][5][6][7]. There is a paucity of studies investigating the extreme cases of psychological maladaptation in men, such as suicide. In this context, we aim to examine the causal relationship between wellness and depression, and analyze factors that influence suicidal ideation in male baby boomers. This will serve as basis for developing adequate interventions for suicidal ideation in male baby boomers.

### **1.1. Objectives**

- Examine the differences in suicidal ideation according to the subjects' specific characteristics.
- Examine the degrees of suicidal ideation, depression, and wellness in the subjects.
- Examine the correlation among subjects' suicidal ideation, depression, and wellness.
- Examine the factors that affect male baby boomers' suicidal ideation.

## **2. Methods**

### **2.1. Study design**

This descriptive study aimed to identify the factors that affect male baby boomers' suicidal ideation.

### **2.2. Subjects and data collection**

A total of 344 male baby boomers who were born between 1955 and 1963 and who live in G city were enrolled in this study. We visited nine community service centers in G city, explained the purpose and methods of the study, and requested cooperation. This study was approved by the Institutional Review Board of Kyungpook National University Hospital (2014-0046). Data were collected from April 30, 2014 to June 30, 2014.

### **2.3 Research tools**

#### **2.3.1 Wellness**

Wellness was measured with the 'Wellness Evaluation of Lifestyle', developed by Myers, Sweeney, and Witmer [8][9], after translating it and running a factor analysis. Wellness Evaluation of Lifestyle is based on the Wheel of Wellness model and assesses individual's wellness in five life tasks: spirituality, self-direction, work and leisure, friendship, and love. For this study, we used a 119-item questionnaire after eliminating the cultural identity, demographic information, and false items from the original 131 items. The items were measured in a five-point Likert scale, with 1 being "completely disagree" and 5 being "completely agree." The originally Cronbach's alpha ( $\alpha$ ) for the scale was 0.89 at the time of development, which was 0.79 in this study.

### 2.3.2 Depression

Depression was measured with the CES-D-K (Center of Epidemiological Studies Depression Scale-Korean) [10], which was translated by Jo & Kim [11] to measure the symptoms of depression experienced by the general population more easily. The scale comprises 20 items, which are divided into depressing mood, guilt, unworthiness, helplessness, loss of appetite, sleep disturbance, and psychomotor retardation. The items are measured on a four-point Likert scale, with 1 being “rarely” and 4 being “mostly.” The Cronbach's  $\alpha$  for the scale was 0.89 at the time of development, which was 0.89 in this study.

### 2.3.3 Suicidal ideation

The Suicidal Ideation Questionnaire developed by Reynolds [12] and adapted by Shin [13] was used to measure suicidal ideation. This scale comprises 30 items that are measured on a seven-point Likert scale, with 1 being “I never thought about it” to 7 being “I think about it almost every day,” where a higher score indicates stronger suicidal thoughts. The Cronbach's  $\alpha$  in Shin's [14] study was 0.92 and that in this study was 0.86.

## 2.4. Data analysis

Collected data were analyzed using the SPSS 18.0 software.

- General characteristics were analyzed by real number, percentage, mean, and standard deviation.
- Differences in suicidal ideation according to general characteristics were analyzed using the t-test, ANOVA, and Scheffe's test.
- Degrees of wellness, depression, and suicidal ideation were analyzed by means and standard deviations.
- Factors that affect suicidal ideation were analyzed using the Hierarchical multiple regression.

## 3. Results

### 3.1. General characteristics

Table 1. Differences in suicidal ideation according to specific characteristics (N=304)

Characteristics	Categories	n(%)	Suicidal Ideation				
			Mean	SD <sup>2</sup>	t or F <sup>3</sup>	p	Scheffe
Year of birth	1955–1959	155(51.00)	9.31	21.46	1.16	0.248	
	1960–1963	149(49.00)	7.08	10.49			
Highest level of education	Middle school and lower	24(7.90)	17.92	28.80	3.20	0.024	a>b
	High school	190(62.50)	7.11	12.21			
	College	82(27.00)	8.45	21.53			
	Graduate school and higher	8(2.60)	3.00	3.16			
Marital status	Married	299(98.4)	7.94	16.64	-1.22	0.290	

<sup>2</sup> SD=Standard Deviation,

<sup>3</sup> t or F= Results of t-test or ANOVA

	Divorced or separated	5(1.60)	24.60	30.57				
Marriage type	Love marriage	144(47.40)	7.46	19.15	0.38	0.684		
	Arranged marriage	123(40.50)	9.24	15.11				
	Mixed(love+arranged)	37(12.20)	7.76	14.02				
	Unemployed after retirement	19(6.30)	7.95	12.88	0.91	0.506		
Occupation	Unemployed	10(3.30)	18.90	39.13				
	Professional practice	20(6.60)	3.75	4.54				
	Administration	38(12.50)	10.21	27.92				
	Office job	36(11.80)	5.69	10.53				
	Sales-Service	12(3.90)	6.67	10.06				
	Production-Simple labor	87(28.60)	8.23	14.11				
	Self-employed-business	64(21.10)	7.72	12.88				
	Others	18(5.90)	11.11	20.14				
	Job satisfaction	High	154(50.70)	7.59	17.46	1.40	0.249	
		Moderate	126(41.40)	7.93	13.55			
Low		24(7.90)	13.75	27.38				
Average monthly income	<2 million won	71(23.40)	12.94	22.98	2.22	0.067		
	2-3 million won	80(26.30)	7.63	11.01				
	3-4 million won	57(18.80)	7.26	12.20				
	4-5 million won	39(12.80)	7.90	27.43				
	>500 million won	57(18.80)	4.33	5.35				
Religion	Yes	151(49.70)	8.82	17.49	0.62	0.539		
	No	153(50.30)	7.62	16.55				
Family type	Extended	49(16.10)	11.55	21.89	1.21	0.231		
	Nuclear	255(83.90)	7.58	15.87				
Children	1	36(11.80)	7.56	12.07	0.08	0.920		
	2	221(72.70)	8.15	18.01				
	≥3	47(15.50)	9.04	15.56				

### 3.2 Degree of suicidal ideation, depression, and wellness in male baby boomers

Table 2. Mean scores for the main variables (N=304)

	Min	Max	Mean	SD
Suicidal ideation	0	172	8.22	17.00
Depression	20	62	31.60	8.67
Wellness	272	504	400.47	36.96

### 3.3 Factors that affect suicidal ideation in male baby boomers

Table 3. Factors that affect suicidal ideation (N=304)

		Stage 1					Stage 2					Stage 3					Tolerance limit	VIF
		B	SE	$\beta$	t	p	B	SE	$\beta$	t	p	B	SE	$\beta$	t	p		
Education		-12.17	9.05	-0.08	-1.35	.180	-11.36	8.97	-0.08	-1.27	.207	-5.54	8.55	-0.04	-0.65	0.518	0.842	1.187
Wellness	Essential						0.31	0.19	0.11	1.59	.112	0.27	0.18	0.10	1.47	0.143	0.664	1.507
	Self-direction						-0.25	0.08	-0.35	-3.12	.002	-0.13	0.08	-0.17	-1.58	0.115	0.230	4.343
	Work/Leisure						0.37	0.22	0.16	1.66	.097	0.25	0.21	0.11	1.18	0.238	0.354	2.826
	Friendship						0.46	0.45	0.09	1.02	.308	0.24	0.43	0.05	0.56	0.579	0.384	2.603
	Love						-0.29	0.40	-0.07	-0.73	.466	0.12	0.38	0.03	0.31	0.758	0.295	3.391
Depression												0.73	0.12	0.38	5.98	<.001	0.704	1.421
R <sup>2</sup>		0.03					0.08					0.18						
Adjusted R <sup>2</sup>		0.02					0.05					0.15						
R <sup>2</sup> change							0.03					0.10						
F		F = 2.44, p=0.047					F = 2.83, p=0.003					F = 6.42, p<0.001						
Durbin-Watson = 1.893																		

### 4. Conclusion

The objective of this study was to provide data for suicide prevention for male baby boomers by analyzing the causal relationships among their wellness, depression, and suicidal ideation. Highest level of education, which was used in stage 1, did not have a statistically significant effect on suicidal ideation. Wellness was used in stage 2, and self-direction was found to have a significant effect on suicidal ideation ( $p = 0.002$ ). Depression was used in stage 3 and was found to have a significant effect on suicidal ideation ( $p < 0.001$ ). But the significance of the self-direction (wellness), which was a significant variable in the previous stage, disappeared. The Adjusted R<sup>2</sup> of stage 3 was 0.15 with an explanatory power of 15%, which was 10% higher than that of stage 2.

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