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ORIGINAL ARTICLE

EVALUATION OF ANXIETY IN PRIMARY CARE NURSES

AVALIAÇÃO DA ANSIEDADE EM ENFERMEIROS DA ATENÇÃO BÁSICA

EVALUACIÓN DE LA ANSIEDAD EN ENFERMERAS DE LA ATENCIÓN PRIMARIA

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ABSTRACT

Objective: assessing the level of anxiety in nurses highlighting determinants for the onset of anxiety factors. ***Method:*** a descriptive, cross-sectional study with a quantitative approach with 17 nurses from Primary Care. The instrument for data collection was the State-Trait Anxiety Inventory (STAI). Statistical analysis was performed using the GraphPadPrism Program. The research project was approved by the Research Ethics Committee, Protocol n° 0262/13. ***Results:*** when assessing the level of anxiety by individual, four nurses were classified as having high anxiety and 13 low. The main factors identified as causes of anxiety in workplace were: excessive bureaucracy, workload and excessive demands. ***Conclusion:*** among nurses predominate low anxiety; however, the factors cited as causes of anxiety are likely to affect the quality of care. ***Descriptors:*** Anxiety; Primary Care; Nurses.

RESUMO

Objetivo*: avaliar o nível de ansiedade em enfermeiros, destacando fatores determinantes para o acometimento de ansiedade. ***Método*: estudo descritivo, transversal, com abordagem quantitativa, com 17 enfermeiros da Atenção Básica. O instrumento para a coleta de dados foi O Inventário de Ansiedade Traço-Estado (IDATE). A análise estatística foi realizada utilizando o Programa GraphPadPrism. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo n° 0262/13. ***Resultados*: ao avaliar o nível de ansiedade por individuo, quatro enfermeiros foram classificados com alta ansiedade e 13 com baixa. Os principais fatores identificados como desencadeadores de ansiedade no ambiente de trabalho foram: excesso de burocracia, sobrecarga de trabalho e demanda excessiva. ***Conclusão*: entre os enfermeiros predomina a baixa ansiedade, no entanto, os fatores citados como desencadeadores de ansiedade podem vir a afetar a qualidade da assistência. ***Descritores: Ansiedade; Atenção Básica; Enfermeiros.

RESUMEN

Objetivo: evaluar el nivel de ansiedad en las enfermeras destacando los factores determinantes para la aparición de factores de ansiedad. ***Método:*** un estudio descriptivo, transversal, con enfoque cuantitativo, con 17 enfermeras de la Atención Primaria. El instrumento para la recolección de datos fue el Inventario Estado-Rasgo de Ansiedad (STAI). El análisis estadístico se realizó mediante el programa GraphPadPrism. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo n° 0262/13. ***Resultados:*** para evaluar el nivel de ansiedad en el individuo, cuatro enfermeras fueron clasificadas como de alta ansiedad y 13 como de baja. Los principales factores identificados como factores desencadenantes de la ansiedad en el trabajo: una burocracia excesiva, carga de trabajo y una demanda excesiva. ***Conclusión:*** entre las enfermeras predomina la baja ansiedad, sin embargo, los factores citados como causas de la ansiedad pueden afectar a la calidad de la atención. ***Descriptores:*** Ansiedad; Atención Primaria; Enfermeras.

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INTRODUCTION

The deep and recent transformations in the economic, social and cultural context have contributed to the intensification of a proper feeling of human existence, which is anxiety. The company is practically forced to adjust to a new pace of life, in which the routine and the clock become the major villains, making the twentieth century known as the age of anxiety.[1]

Anxiety is considered as a state of tension, apprehension and discomfort, which originate from an impending internal or external danger, and may be a response to stress or environmental stimulus.[2,3] It involves emotional and physiological factors. The emotional aspect, the individual may express feelings of fear, feelings of insecurity, apprehensive anticipation, catastrophic thinking, increased wakefulness and alertness. Regarding the physiological manifestations show individual neurovegetative symptoms such as insomnia, tachycardia, pallor, increased perspiration, muscle tension, trembling, dizziness, intestinal disorders, etc.[4]

The emotional response to anxiety is generally classified as: trait anxiety and state anxiety. Trait anxiety refers to relatively stable individual differences in the intensification of anxiety state, which differentiates the tendency to react to situations identified as threatening; their scores are relatively constant over time and less sensitive to changes from environmental situations. The state anxiety is defined as a transitory emotional state or conditions of the human organism that have characteristics such unpleasant feelings of tension and apprehension, and consciously perceived by increased autonomic nervous system activity. Scores of state anxiety may vary according to the perceived danger and subject to change over time.[5,6]

It can be considered a normal state of anxiety when it consists in an adaptive response of the body, driving performance and with psychological and physiological components. When the intensity or frequency of the response does not correspond to the situation that triggered, when there is a specific object to which it directs, we consider pathological anxiety, which is set from the moment the suffering caused by anxiety bring harm to the person in terms of behaviors of escape and avoidance of important aspects of academic, social and professional life of the individual, setting up anxiety disorders.[4]

Among psychiatric disorders, anxiety disorders account for more frequent category in the general population, with a prevalence of 12,5% over a lifetime and 7,6% in year.[7] Some groups are more likely to develop this disorder, especially in work environment. Primary care workers have a high prevalence of health problems, including mental health, such as depression, anxiety, insomnia, fatigue, irritability, forgetfulness, difficulty concentrating, and somatic complaints.[8]

Primary Care (AB) is a set of health activities conducted by Family Health Teams (FHT), both individually and collectively, that enhance promotion and protection of health, disease prevention, diagnosis, treatment the rehabilitation and maintenance of health.[9] Each FHS must possess at least a physician, a nurse, an assistant or a practical nurse and Community Health Agents (ACS).[10]

Competes to the Nurse as a member of Family Health Team: (1) conduct comprehensive care to individuals and families in Basic Health Unit (BHU) and, when indicated or necessary, at home and/ or in other community settings, in all stages of human development: childhood, adolescence, adulthood and old age; (2) the nurse should perform nursing consultation; (3) request additional examinations; (4) prescribing medications as protocols; (5) plan, manage, coordinate and evaluate the actions developed by ACS; (6) supervise, coordinate and conduct continuing education activities of the ACS and the nursing staff; (7) contribute to and participate in continuing education activities of the nursing assistant, dental assistant and dental hygienist; (8) participate in the management of the inputs necessary for the proper operation of the FHS.[10]

The impoverishment and workload have been responsible for worsening health conditions and the changing epidemiological pattern of illness among workers. The prevalence of common mental disorders (CMD) for professionals in primary health care, indicate the presence of some of these disorders in 48% of nurses, especially experienced daily stressors as responsible for such involvement.[11]

In this context, the aim of this study is:

♦ Assessing the level of anxiety in nurses, highlighting crucial to the onset of anxiety factors.

METHOD

This is a descriptive cohort study and a quantitative approach, developed with nurses of the Family Health Units of a Health District

of the Municipal Health of João Pessoa-PB, in the period from July to August 2013. The sample was composed by 17 nurses who agreed to participate.

Data collection was done through the application of two instruments used to evaluate the level of anxiety (State-Trait Anxiety Inventory (STAI), consists of two sub-STAI-T and STAI-E) and an instrument for evaluation of determinants for the onset of anxiety and its relation to the study variables.

The Inventory of the State-Trait Anxiety (STAI)[12] is a validated instrument and translated into portuguese.[13] This is a test composed of two self-assessment questionnaires: the STAI-Trait (STAI-T) that defines the trace of anxiety of the individual, differentiating the tendency to react to situations identified as threatening and the STAI-State (STAI-E) that identifies the state of anxiety when facing a situation considered anxious or distressed. Each has 20 questions with four possible levels of response intensity, ranging from 1 to 4, wherein the summed scores by each volunteer range between 20 and 80 points. Importantly, individuals who scored below 40 points have been allocated in the group considered to have low anxiety (BA) and those who scored above 41 allocated to the group high anxiety (AA).[14]

Upon reaching the health unit, once identified the nurse, were presented the objectives of the study, the procedures to be carried out and obtained the informed consent of the participant. After this time the STAI-T was measured.

The assessment of anxiety-state was achieved by applying the STAI-E, in three moments of nursing care practice:

1st moment: before the beginning of its assistance activities, when the nurse was preparing to start their caregiving tasks.

2nd moment: one hour after the beginning of its activities.

3rd moment: fifteen minutes after completion of the research activities of the participants.

Completed the evaluation of the level of anxiety, using the STAI-E, the specific questionnaire designed to identify age, sex, length of service was applied, if it has another employment relationship and factors related to the occurrence of anxiety in professional investigation. In this last point the nurse was induced to indicate, at most, two factors related to their work process that elicits anxiety.

Statistical analysis was performed using the statistical GraphPadPrism Program (version 6.00, GraphPad Software Inc., San Diego, CA, USA). In the analysis of the STAI-T and STAI-variables and the Kruskal-Wallis and Dunns post-test was conducted. Results were considered significant when presented a significance level of 95% ($P<0,05$).

The research project was approved under protocol nº. 0262/13 by the Research Ethics Committee of the Center for Health Sciences of the Federal University of Paraiba, in compliance with Resolution nº. 466/12 of the National Health Council, which regulates the conduct of research involving humans.

RESULTS

When evaluating the STAI-T it is observed that these professionals have an average score on trait anxiety equivalent to 35.52 points. Since when evaluating the level of anxiety for the individual, 4 nurses are classified as high anxiety and 13 with low anxiety. It is worth mentioning nurses with high anxiety in the age ranges they are only present between 41-50 years old and from 51 years old, spread 2 in each group (Figure 1).

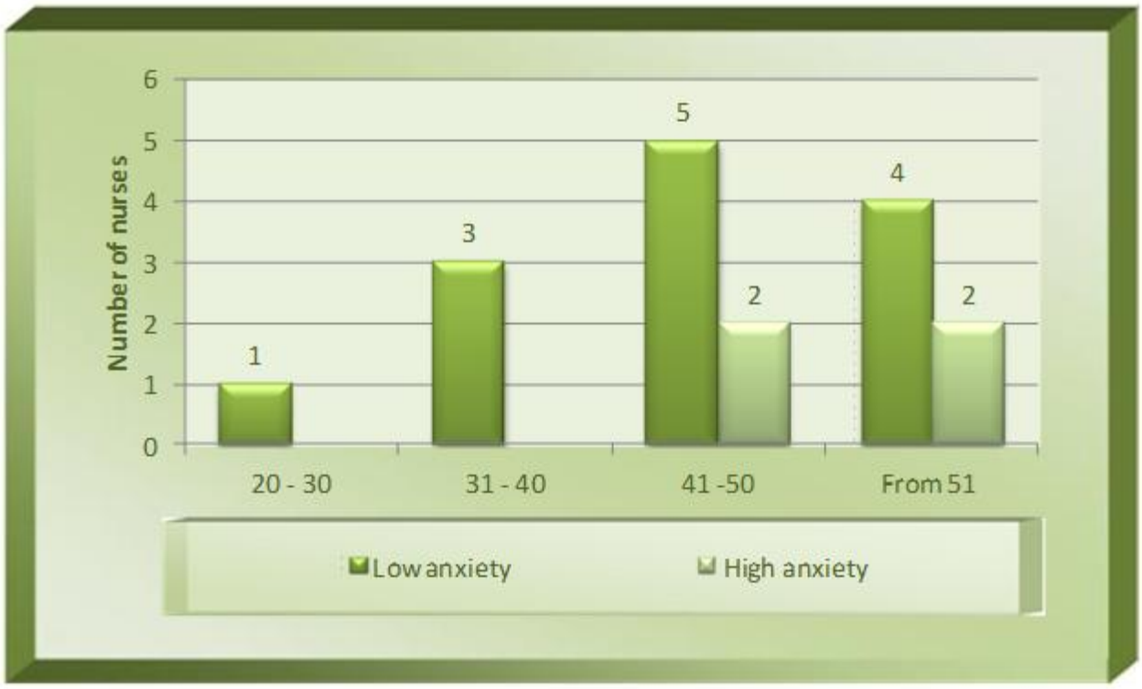

Figure 1. Distribution of nurses by age, divided into groups with low anxiety and high anxiety group. Source: Survey data.

When analyzing the average STAI-T score of the groups of high anxiety and low anxiety with age (Figure 2), the group of high anxiety in this age group from 51 years old had the highest average of 44.5 points in score.

Figure 2. Average scores of trait anxiety by age. The values are presented as average values. Statistical test: Kruskal-Wallis and Dunns post-test. Source: Survey data.

In data refered to the average trait anxiety according to length of service, it is observed that professionals with up to 5 years of work do not exhibit high anxiety score (Figure 3).

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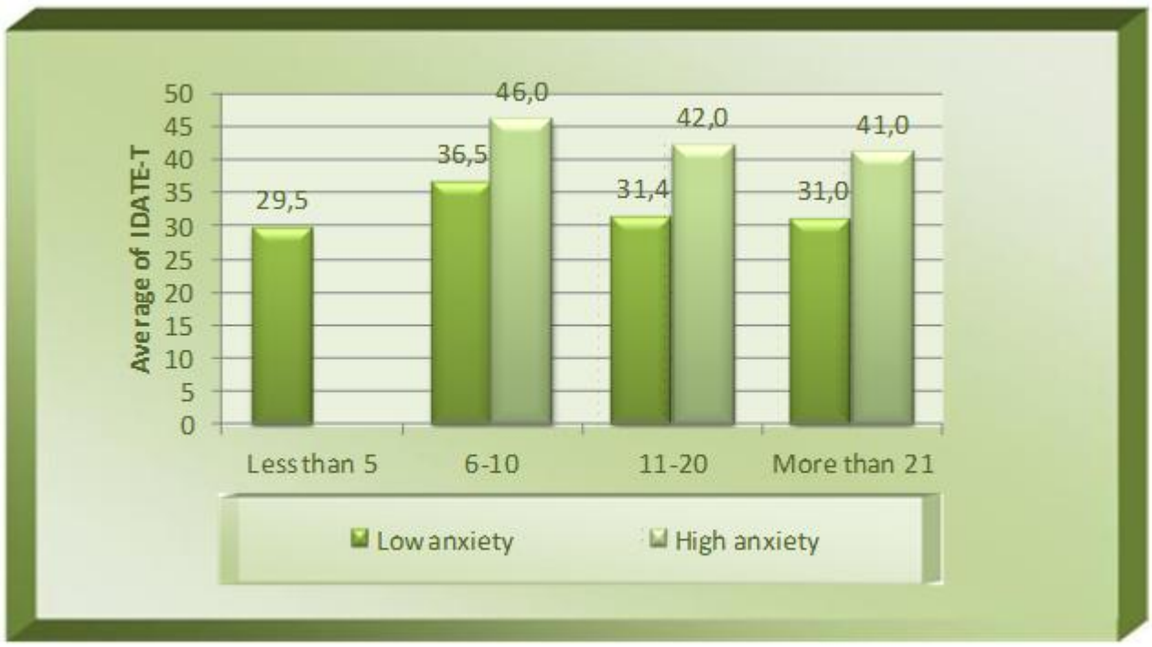

Figure 3. Average scores of trait anxiety displayed by time of service. The values are presented as average values. Statistical test: Kruskal-Wallis and Dunns post-test. Source: Survey data.

The average score of the STAI-E in the three moments present themselves differently between groups of low anxiety and high anxiety. Where the first tends to return to the initial conditions, what does not happen with the group of high anxiety.

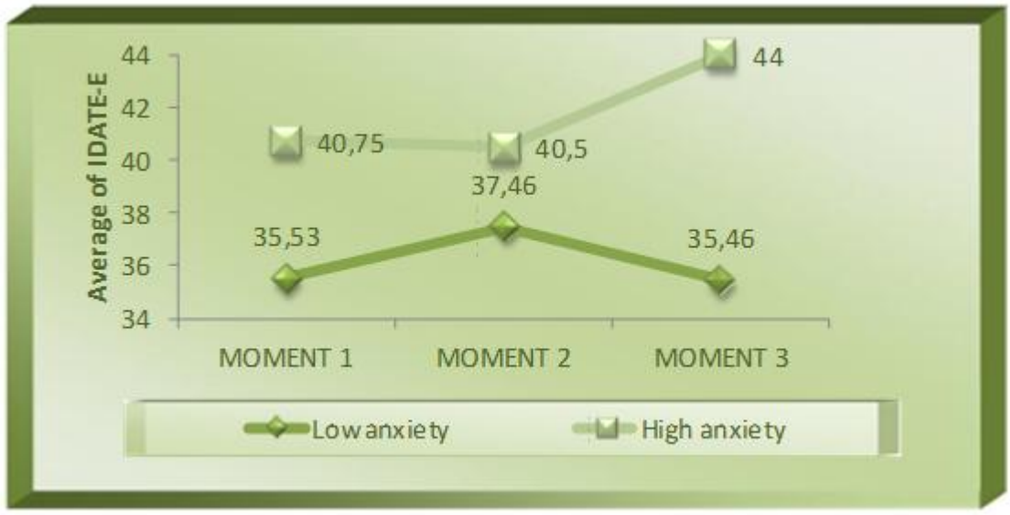

Figure 4. Comparison of average scores on the STAI-E in the three moments of the sample separated into two groups: High and Low Anxiety. The values are presented as average values. Statistical test: Kruskal-Wallis and Dunns post-test. Source: Survey data.

Table 1 presents the factors cited by nurses as triggers of anxiety in workplace. Stand out too much bureaucracy, which appears in 10 citations, followed by workload with 9 citations.

Table 1. Distribution of the factors cited by nurses as triggers of anxiety in the workplace

Factors cited by nurses as triggers of anxiety	Number of nurses
Excessive bureaucracy	10
Workload	9
Excessive demand	6
Low pay	3
Professional devaluation	3
Other	3

DISCUSSION

Given the results presented, it was not found considerable level of significance of the statistical point of view between the groups with low anxiety and high anxiety when correlated with the average STAI-T score with variables: age and length of service; mean score and STAI-E with moments of nurses' activities. A result that is not significant from a statistical point of view may have clinical relevance.[15] This finding, although lacking statistical significance, express that from the clinical point of view there is a high incidence

of anxiety permeating nursing practice in primary care, which in the course time can become pathologic.

The results showed that by measuring the scores of the STAI-T it was possible to identify that from 17 professionals participated in the study, 4 have high anxiety, which is a considerable number, when taking into account the losses of a possible pathological anxiety for personal life, to professional performance and quality of service.

As with any other work activity, anxiety influences the performance of daily activities. In the case of nursing care the dimensions that can take considerable proportions problem, since besides the worker another actor appears on the scene, the figure of the user.

When analyzed the STAI-T score, confronted with age, it is observed that the lowest average score of the group of low anxiety is present in individuals between 20-30 years old, as well as professionals with high anxiety have a higher mean score from 51 years old. By analyzing the STAI-T score for time served, the time period up to 5 years of work contains the lowest average score among the group of low anxiety, 29.5 points, and does not present individuals with high anxiety. In the group of high anxiety the highest average score of STAI-T is the period comprising 6-10 years of work, 46 points, following high in the ranges 11 to 20 years with 42 points and from 20 years with 41 points.

Professionals that worked in FHS for more than five years had higher prevalence of minor psychiatric disorders.[8] Regarding age, the prevalence of minor psychiatric disorders increases with age in the general population, and that the longer exposure to a given context can be associated with increased physical and emotional stress of the worker.[16,17]

Figure 4 shows the score of the STAI-E groups of low anxiety and high anxiety on three stages of the study: before starting the activities during nursing care and finally, the end of activities. Can observe how each group behaves in that time period. Individuals with low anxiety have an average score of 35.5 points in the first time during the work this score reaches the level of 37.4 points; the third time the mean score returns the closeness of the initial value, standing at 34.5 points, indicating that the process of the work of professional nursing in the FHS influenced the increase in the average scores STAI-E. In individuals with high anxiety, it can be noted that, in the opposite manner to individuals with low anxiety, the mean score tends to raise the third time to the end of the workday, which may be related to the trait anxiety of these profile individuals, which may affect the extra-professional activities of the worker.

At the last moment of the study, the nurses indicated factors as triggers of anxiety in the workplace. Three were emphasized: excessive bureaucracy, workload and excessive demands; factors that correlate and suggest how the professional nursing is exposed daily to situations of high emotional demands, leading to physical and mental exhaustion. The long working hours and the accumulation of functions that nursing plays also predispose to worsening health of the worker.[18]

The factors cited as causes of anxiety in this study are not peculiarities of the rated service. Workload interferes in family relations and in particular on the lives of workers in nursing due to the reduction of free time.[19] Workload can mean a triggering anxiety factor among nurses, since in the majority, are female and often adds another journey: taking care of the house and being responsible for children's education.[20]

The excessive bureaucratic requirements in requests and referrals of examinations and specialized queries cause a slowdown in the flow of service, being a factor of wear at work. [21] Still identifies the lack of recognition and appreciation of the activities performed by both teammates work, as by managers of the institutions.[20]

To work in a FHS is necessary motivation and individual commitment, a specific profile for this job, unlike other services. Work is a way of an individual's survival, considering that most of its time will be dedicated to it; this activity should be enjoyable, seeking job satisfaction and personal.[22]

CONCLUSION

Although low anxiety prevails among the population studied, the factors cited as causes of anxiety are likely to affect the quality of user assistance, since the activities of nurses influenced the increase in the average of state-anxiety in both groups.

It was observed that individuals with less than 5 years of service did not show high anxiety and the highest average of STAI-T score in the high anxiety group performed in nurses aged from 51 years old, which suggests that the greater exposure time to a given context interfere with trait anxiety of these professionals.

The management of service should pay attention to ensure adequate working conditions and facilitate measures for prevention of pathological anxiety, ensuring a quality care. It is hoped that this study may support further research involving this theme, with a broader analysis on different regions, searching for information that may add to existing studies.

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