



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

PREVALENCE OF ANXIETY IN NURSING PROFESSIONALS OF URGENCY AND EMERGENCY

PREVALÊNCIA DE ANSIEDADE EM PROFISSIONAIS DE ENFERMAGEM DE URGÊNCIA E EMERGÊNCIA

PREVALENCIA DE ANSIEDAD EN LOS PROFESIONALES DE ENFERMERÍA DE URGENCIA Y EMERGENCIA

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ABSTRACT

Objective: to identify the prevalence of anxiety in nursing professionals. **Method:** a cross-sectional study with a quantitative approach, with 90 professionals of the nursing staff of an urgency and emergency hospital in Teresina/PI, Brazil. The collection came from a semi-structured form and the Beck Anxiety Inventory. Subsequently the data were analyzed using the program Statistical Package for Social Science. **Results:** we found that 27.8% had mild anxiety, 13.3% moderate and 3.3% severe, which mainly afflict nursing technicians. Regarding the physical and psychological symptoms related to anxiety highlighted the inability of relaxation and nervousness, respectively. **Conclusion:** there was a considerable amount of nursing staff professionals with moderate to severe anxiety. Thus, it is necessary to develop strategies to eliminate the factors causing anxiety in these professionals. **Descriptors:** Anxiety; Mental Health; Emergency Nursing.

RESUMO

Objetivo: identificar a prevalência de ansiedade em profissionais de enfermagem. **Método:** estudo transversal, de abordagem quantitativa, com 90 profissionais da equipe de enfermagem de um hospital de urgência e emergência de Teresina/PI, Brasil. A coleta ocorreu a partir de um formulário semiestruturado e do Inventário de Ansiedade de Beck. Posteriormente os dados foram analisados a partir do programa *Statistical Package of Social Science*. **Resultados:** constatou-se que 27,8% dos profissionais possuíam ansiedade leve, 13,3% moderada e 3,3% grave, as quais acometiam principalmente os técnicos de enfermagem. Quanto aos sintomas físicos e psíquicos relacionados à ansiedade destacaram-se a incapacidade de relaxamento e o nervosismo, respectivamente. **Conclusão:** houve uma quantidade considerável de profissionais da equipe de enfermagem com grau moderado a grave de ansiedade. Assim, faz-se necessário a elaboração de estratégias que eliminem os fatores causadores da ansiedade nesses profissionais. **Descritores:** Ansiedade; Saúde Mental; Enfermagem em Emergência.

RESUMEN

Objetivo: identificar la prevalencia de la ansiedad en los profesionales de enfermería. **Método:** un estudio transversal con un enfoque cuantitativo, con 90 profesionales del personal de enfermería de un hospital de urgencia y de emergencia en Teresina/PI, Brasil. La recolección de datos sucedió a partir de una forma semi-estructurada y el Inventario de Ansiedad de Beck. Posteriormente se analizaron los datos utilizando el paquete estadístico programa de Ciencias Sociales. **Resultados:** se encontró que el 27,8% de los profesionales poseía ansiedad leve, 13,3% moderada y 3,3% grave, que afectan principalmente a los técnicos de enfermería. En cuanto a los síntomas físicos y psicológicos relacionados con la ansiedad de manifiesto la incapacidad de la relajación y el nerviosismo, respectivamente. **Conclusión:** había una cantidad considerable de profesionales de enfermería con moderada a severa ansiedad. Por lo tanto, es necesario desarrollar estrategias para eliminar los factores que causan la ansiedad en estos profesionales. **Descriptor:** Ansiedad; Salud Mental; Enfermería de Urgencia.

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INTRODUCTION

The increase in the number of people seeking the Urgency and Emergency Units (UUE) has a strong impact on the health system. The unpredictability of demand, coupled with the severity of patients seeking this type of service, makes this challenging scenario for professionals in the health sector and managers, since UUE are strategic sectors in the hospital complex, the need for high-quality care front service different specialties and problems.¹

Given this reality, the public emergency services have suffered from overcrowding, the accelerated pace of work, the workload of health professionals and the precariousness of physical resources, human and material. Such units often work beyond the limit of its capacity, with occupancy rates of upper beds their maximum occupancy, insufficient number of professionals for assistance with qualification not always adequate, excessive care, inadequate demand, poor planning and management of existing resources.²

Among the health professionals who work in these services include the nursing staff. In this context, the actions of care go beyond the technical knowledge and procedures, involving constant emotional health professionals to relieve suffering and deal with crises in situations of negative consequences.³ In addition, these professionals usually are subject to factors related to the organization and precariousness of work, such as the division and subdivision of tasks, lack of professional recognition, multi-functionality, productivity requirement, low wages and deficiencies in the health system networks, which can trigger harm to psychosocial health including anxiety.⁴

The term anxiety comes from Ancient Greek, which means overwhelming, suffocating. It follows the most people in the existential process. To feel some physical and/or mental suffering, which requires changes in everyday life, it is expected to increase their levels. Distress or anxiety are related terms that express the subjective experience and are always associated with manifestations of physical symptoms, such as headache, perspiration, palpitations, chest tightness, malaise, mild epigastric and restlessness.⁵

In addition to the engines and visceral effects, it affects thinking, perception and learning. It tends to produce confusion and distortion of perception, not only of time and space, but also of people and meanings of events. These distortions can infer learning to

reduce the concentration, reduce memory and disrupt the ability to maintain relationships. The range of symptoms present during anxiety tends to vary between people.⁵

In the context of nursing practice in urgent and emergency services, one sees the natural direction of the most dynamic professionals, restless and pragmatic to operate in the sector. The performed activities appear to contribute to change the individual's state of anxiety, so it is possible to infer that the high demand of patients, structural issues of service and care to critical patients are involved in the genesis of anxiety.⁶

The nurses facing these situations encountered in their daily lives should be aware of this whole load of emotions and feelings that present themselves as real challenges for professional practice does not affect the maintenance of their physical and psychosocial integrity and compromise the quality of care provided.⁷

OBJECTIVE

- To identify the prevalence of anxiety in nursing professionals.

METHOD

This is a cross-sectional study with a quantitative approach, performed with the nursing staff of an urgency and emergency hospital in the city of Teresina / PI. The sample was calculated by taking based on an assumed prevalence of 31.3%⁵ and 95% confidence level, totaling 90 professionals, stratified proportionally according to their category. So was the sample a total of 23 nurses and 67 nursing technicians.

For the definition of the participants, the following inclusion criteria were used: be working for more than a year in the urgency and emergency unit, thus having more elements to seizure of their work process, and not be out of the institution for license vacation or other reason. Then the professionals were invited to participate in the study and after presentation of the study objectives and obtaining the consent of the same, signed a Consent Form Clarified (WIC).

Data collection was conducted from September to November 2014, through two instruments: the first consisted of characterization data of the participants and the second corresponded to the Beck Anxiety (BAI), used to measure the severity of anxiety of an individual.

Beck Anxiety Inventory consists of a self-report measure with 21 items as descriptions of symptoms of anxiety in response

alternatives ranging from no to a bit, moderately and severely. The recommended rating for the level of anxiety is minimal anxiety (0-7), mild anxiety (8-15), moderate anxiety (16-25) and severe anxiety (26-63)

Data were entered and processed with the help of Microsoft Office Excel 2013 software, then, there were exported and analyzed statistically using the Statistical Package for the Social Sciences (SPSS) for Windows 17.0. Statistics was conducted descriptive and Chi-Square Test, using significance level of $p < 0.05$. The data were then organized into charts and tables.

The development of the study took place in accordance with the requirements of regulatory guidelines and standards for research involving human subjects, governed

by Resolution N° 466/12 of the National Health Council. The research project was initially authorized by the Emergency Hospital in Teresina and, subsequently, approved by the Research Ethics Committee of the State University of Piauí, through the opinion N 684671 (CAAE: 30611814.5.0000.5209).

RESULTS

When considering the anxiety score detected in 90 nursing professionals who work in the emergency care sector, it was observed that 27.8% have mild anxiety, 13.3% moderate anxiety and 3.3% have compatible parameters with anxiety serious level, as figure 1.

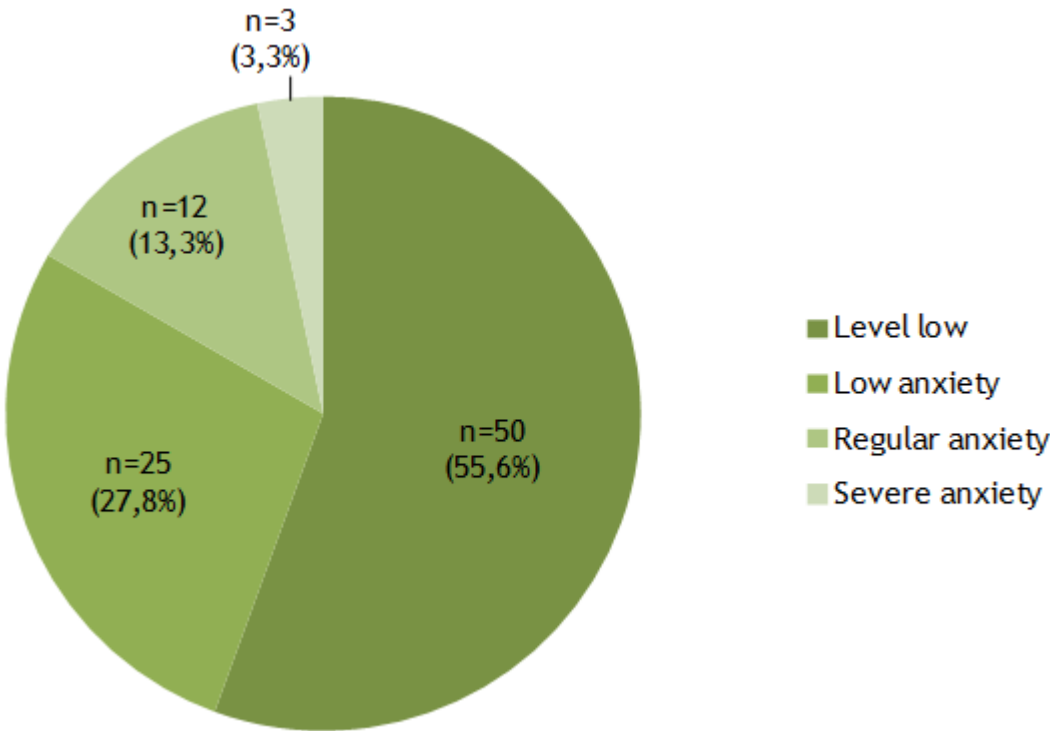


Figure 1. Anxiety score in nursing professionals of nursing professionals of a hospital urgency room in the city of Teresina-PI. Teresina, PI, 2015

Figure 2 shows the prevalence of anxiety according to professional category and are recording a higher percentage of anxiety

among professional nursing technicians (46.3%) than among nurses (39.1%).

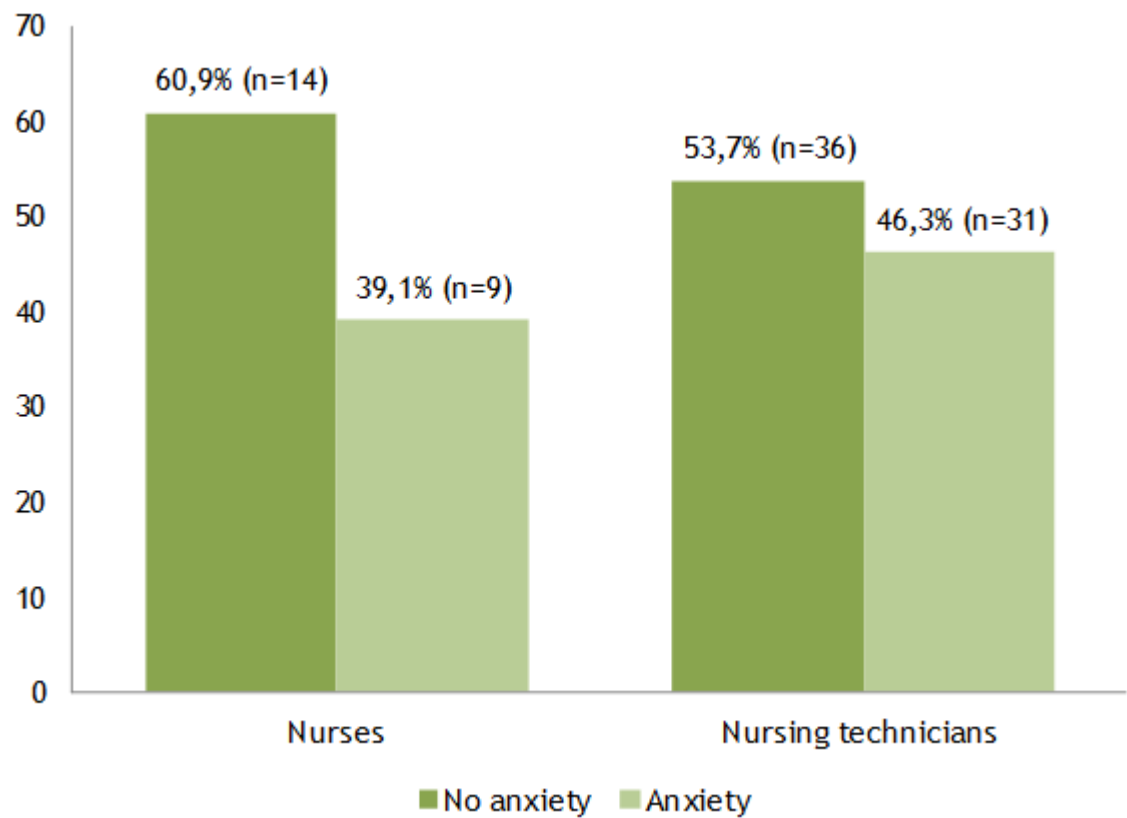


Figure 2. Presence of anxiety according to professional category. Teresina, PI, 2015

It is observed in Figure 3 a comparison between the average score obtained in the Beck anxiety inventory, according to Professional category. So, it was noticed that

nursing technicians have a higher range of results, although the nurses group has obtained a higher median.

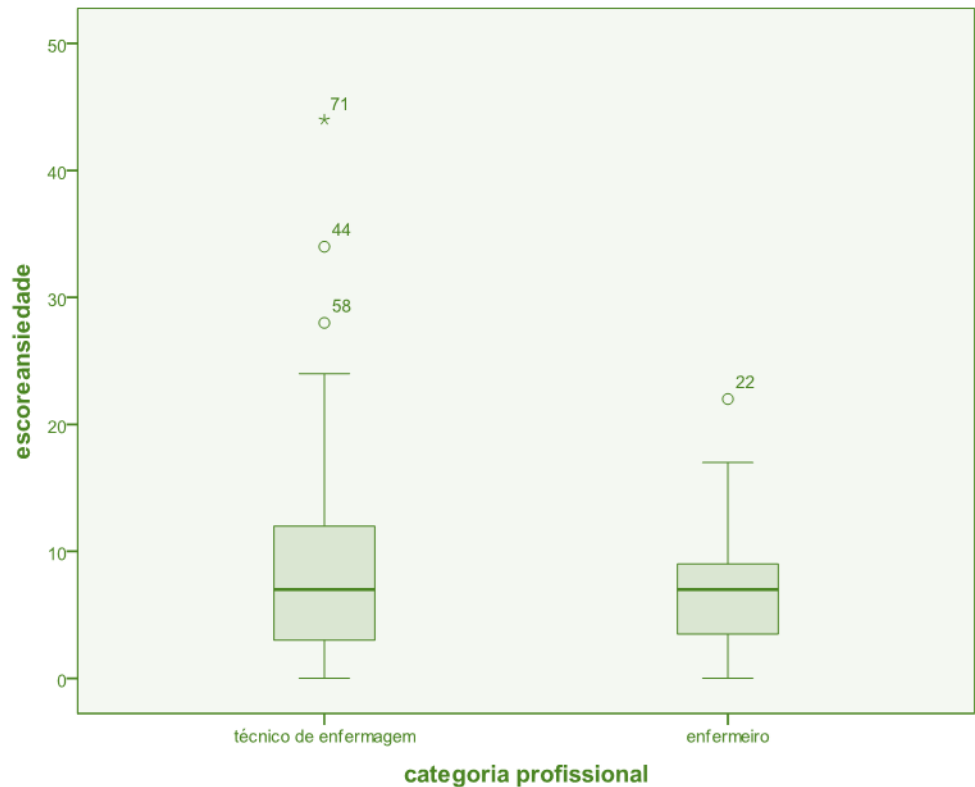


Figure 3. Comparison of average scores of anxiety according to Professional category. Teresina, PI, 2015

In relation to physical symptoms presented by nursing professionals, there was more often the inability to relax (50.0%), feeling of

warmth (40.0%) and indigestion or abdominal discomfort (32.2%).

Table 1. Physical symptoms present in nursing professionals who work in a hospital urgency room in the city of Teresina-PI. Teresina, PI, 2015.

Physical Symptoms	Yes		No		Total	
	n	%	n	%	n	%
Numbness or tingling	28	31,1	62	68,9	90	100,0
Feeling of warmth	36	40,0	54	60,0	90	100,0
Tremors in legs	13	14,4	77	85,6	90	100,0
Inability to relax	45	50,0	45	50,0	90	100,0
Dazed or dizzy	22	24,4	68	75,6	90	100,0
Palpitation	21	23,3	69	76,7	90	100,0
Without balance	6	6,7	84	93,3	90	100,0
Hand tremors	13	14,4	77	85,6	90	100,0
Tremolo	7	7,8	83	92,2	90	100,0
Difficulty breathing	10	11,1	80	88,9	90	100,0
Indigestion or abdominal discomfort	29	32,2	61	67,8	90	100,0
Feeling faint	8	8,9	82	91,1	90	100,0
Face flushed	9	10,0	81	90,0	90	100,0
Sweat (nonthermal)	21	23,3	69	76,7	90	100,0

Concerning the psychological symptoms reported by nursing professionals, nervousness (50%), fear of the worst happens (47.8%) and

fear of losing control (34.9%) occurred with more frequency, as shown in table 2.

Table 2. Psychic symptoms present in nursing professionals who work in a hospital urgency room in the city of Teresina-PI. Teresina, PI, 2015.

Psychic Symptoms	Yes		No		Total	
	n	%	n	%	n	%
Fear the worst to happen	43	47,8	47	52,2	90	100,0
Terrified	16	17,6	74	82,2	90	100,0
Nervous	45	50,0	45	50,0	90	100,0
Feeling of choking	16	17,8	74	82,2	90	100,0
Fear of losing control	35	34,9	55	65,1	90	100,0
Fear of dying	34	37,8	56	62,2	90	100,0
Scared	32	35,6	58	64,4	90	100,0

DISCUSSION

Anxiety is one of the most common forms of psychological distress associated with the occupational environment.⁸ The results presented in this study denote that the nursing professionals who work in urgency rooms present with increased vulnerability due to the specificities of their practice.

The percentage of nurses working in the Urgency and Emergency Units who had anxiety proved to be higher than those found in research in other work sectors. Study of 211 nursing staff of surgical blocks in eleven hospitals in Paraná found a prevalence of 31.3% of anxiety symptoms.⁵ In the state of São Paulo, to analyze 39 nursing professionals who worked in medical clinic, emergency care, intensive care and operating room, it was found a 15% of prevalence of mild anxiety symptoms to moderate,⁹ while in this study 41.1% of nurses had mild or moderate anxiety.

The complexity of an emergency service and emergency coupled with the severity of the clientele that brings there and the constant unpredictability of events make the environment is riddled with instability. Moreover, the excessive number of patients, the scarcity of resources, the burden of the

nursing staff, the insufficient number of professionals in the health, fatigue and lack of appreciation of the professionals involved are factors that contribute to the development of harm to psychosocial health of workers in these services.⁶

In this perspective, multiple employments, less time working in the institution and job dissatisfaction are identified as factors favoring the emotional exhaustion of emergency care nurses.¹⁰⁻¹¹ It is worth noting that the organizational stress combined with low social support at work are configured as predictors of mental disorders in these professionals.¹²

According to the international literature, anxiety is also directly associated with long working hours (more than 60 hours per week) and frequent nocturnal activities.¹³ Such situations may compromise the quality of care, and subtract the free professional time and hinder social interaction, especially with regard to the interaction with their families, social activities, leisure, among others, and it would be simple strategy and feasible to minimize the development of anxiety states.⁷

Thus, professionals who practice double shifts are more stressed than those who have unique journey.⁷ In addition; workers who

operate nocturnally experience certain incompatibility between the habits forced by working day and frequency of biological rhythms. Both situations make them more likely to develop mood changes, among which stand out anxiety and depression.¹⁴

Among other factors contributing to the rise of occupational stress and consequent anxiety in nursing staff levels would be interpersonal relationships, the interaction between people and communication. The most intense relationship becomes the most common conflicts the manifestation of individual differences that can lead to misunderstandings situations, disrespect and feelings of coercion.¹⁵

Thus, reducing the pressure on the team, greater openness for dialogue and the development of behaviors aimed at the integration of staff and adopting new attitudes front of stressors are strategies that can prevent the development of anxiety symptoms.¹⁵

Another interesting fact is the highest proportion of nursing technicians who have symptoms of anxiety when compared to the nurse. This situation can be explained by the social division of labor in nursing, in which technical professionals are responsible for implementing the majority of procedures that require greater physical wear. Moreover, the existing hierarchical and power relations within and between health professional teams it may also contribute to greater emotional distress for that category.

A study with 124 technicians and nursing assistants pointed out that the perception of conflicts, especially jobs (when demand physical and cognitive workload) and relationships (where there are power coercion) has predictive power on occupational stress in this group of workers.¹⁶

Although they have a lower proportion of nurses with symptoms of anxiety, this category showed the highest median scores on the Beck Anxiety Inventory. This can be explained by the competence of the leadership of nurses from the nursing staff and the realization of more complex procedures, taking into account that it is an emergency unit where patients are at high risk and service must be performed in order quickly and efficiently, which can affect the mental health of nurses.

Excess of exclusive duties performed by nurses, such as intensive care for critically ill patients and actions related to the management of care (organization, coordination and evaluation of the nursing team's actions), the high number of patients,

poor physical infrastructure, lack of inputs and medications, insufficient human resources and conflicting relationships with the medical profession are factors that hinder nurses' working process and directly influence the biopsychosocial welfare.¹⁷

Studies show that among the nurses, the main signs and physical symptoms resulting from work are tachycardia, cold sweat, hypertension and arrhythmia, as well as nausea and diarrhea complaints. In relation to psychological signs and symptoms stand out from anxiety, insomnia, difficulty falling asleep, anger, anxiety and tension as the most prevalent.⁷

These symptoms undertake the professional work capacity because of physical and psychological discomfort caused by these disorders. These changes require quick and effective interventions since they affect the employee's quality of life and interfere directly in the execution of their work activities.

High levels of anxiety among professionals impair interpersonal relationships and the very method of professional nursing care, reflecting directly on the quality of care provided. Propose strategies to reduce anxiety symptoms, whether related to the work environment or not, should be part of the human resource management schedule.¹⁸

Thus, in addition to individual changes, there is the need for organizational and collective changes in the context of urgency and emergency services. These changes are necessary so that we can positively influence the satisfaction and motivation in the workplace and hence control the predictors of anxiety and other health problems to mental health workers.¹⁰

CONCLUSION

The study showed that a significant amount of nursing team professionals presented anxiety, mainly mild to moderate. In this context also it stands out the highest frequency of signs and symptoms of anxiety found in the technical level nursing professionals.

From these results, we realized the importance in carrying out reviews of the emotional aspects of nursing professionals, since these have a negative effect both on the social life of individuals, but also in the development of their work activities, interfering in the quality of assistance offered by them.

The application of the Beck Anxiety Scale among nursing team workers brings an

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important contribution to the profession, diagnosing the health status of these professionals. Therefore, it is necessary the applicability of the instrument in other settings in which nursing professionals are inserted, aiming for the realization of the prevalence and the main factors associated with anxiety and the development of strategies to welcome and provide support to professionals in the field of health services.

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Submission: 2015/09/24

Accepted: 2016/08/10

Publishing: 2016/11/01

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J Nurs UFPE on line., Recife, 10(11):3969-76, Nov., 2016