



## **ANXIETY, DEPRESSION, AND QUALITY OF LIFE OF NURSES WORKING IN PUBLIC HOSPITALS**

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### ARTIGO ORIGINAL

#### **ABSTRACT**

Nursing is often described as the art of caring, providing holistic patient assistance without time restrictions. However, due to this nature of work, it is common for these professionals to present symptoms of mental illnesses such as anxiety and depression. This results in a reduction in the quality of life at work, directly affecting the efficiency of care provision. This study aimed to verify the presence of anxiety and depression symptoms, as well as the index of quality of life at work among nurses working in the inpatient sector of public hospitals in the city of Aracaju.

Among the 128 professionals included in the sample, 46.1% presented anxiety symptoms and 30.5% depression symptoms, according to the HADS scale. Additionally, 66.4% of nurses reported an unsatisfactory quality of life at work index (QLWI). The majority of professionals who presented symptoms of both diseases were female; 17.2% had two employment bonds, and 19.5% reported an unsatisfactory QLWI.

Therefore, it is possible to infer that the accumulation of employment bonds and the reduction in quality of life at work may have been determining factors for the development of these symptoms. It is concluded that it is extremely important to improve working conditions, safety, and remuneration, as well as increase the institutional appreciation and recognition of nursing professionals. This would contribute to raising the quality of life indices at work and reducing the need for multiple employment bonds.

**Keywords:** Anxiety; Depression; Quality of life; Anxiety and depression in nurses; Quality of life at work for nurses.

# ANSIEDADE, DEPRESSÃO E QUALIDADE DE VIDA DE ENFERMEIROS QUE ATUAM EM HOSPITAL PÚBLICO

## RESUMO

A enfermagem é frequentemente descrita como a arte de cuidar, oferecendo assistência ao paciente de forma holística e sem restrições de tempo. No entanto, devido a essa natureza de trabalho, é comum que esses profissionais apresentem sintomas de doenças mentais, como ansiedade e depressão. Isso resulta em uma redução na qualidade de vida no trabalho, afetando diretamente a eficiência na prestação de cuidados. Este estudo teve como objetivo verificar a presença de sintomas de ansiedade e depressão, bem como o índice de qualidade de vida no trabalho entre enfermeiros que atuam no setor de internação de hospitais públicos no município de Aracaju.

Entre os 128 profissionais incluídos na amostra, 46,1% apresentaram sintomas de ansiedade e 30,5% de depressão, conforme a escala HADS. Além disso, 66,4% dos enfermeiros relataram um índice de qualidade de vida no trabalho (IQVTE) insatisfatório. A maioria dos profissionais que apresentaram sintomas de ambas as doenças eram do sexo feminino; 17,2% tinham dois vínculos empregatícios, e 19,5% relataram um IQVTE insatisfatório.

Portanto, é possível inferir que o acúmulo de vínculos empregatícios e a redução da qualidade de vida no trabalho podem ter sido fatores determinantes para o desenvolvimento desses sintomas. Conclui-se que é de extrema importância melhorar as condições de trabalho, segurança e remuneração, além de aumentar a valorização e o reconhecimento institucional dos profissionais de enfermagem. Isso contribuiria para elevar os índices de qualidade de vida no trabalho e reduzir a necessidade de múltiplos vínculos empregatícios.

**Palavras-chave:** Ansiedade; Depressão; Qualidade de vida; Ansiedade e depressão em enfermeiros; Qualidade de vida no trabalho de enfermeiros.

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## **INTRODUÇÃO**

In the multiprofessional team, nurses are among the professionals most susceptible to mental health problems. Some factors that contribute to this situation are the work sector within the hospital, length of work, gender of the professional, and their marital status (Taghinejad et al., 2014).

Studies that sought to examine the mental health of nurses working in hospitals prove that more than 45% of respondents were suspected of suffering from some type of mental disorder (Ardekani et al., 2008; Tajvar et al., 2015). Among these disorders, the most common were anxiety (27.9%) and depression (24.9%), identified in mild, moderate, and severe degrees (Asad et al., 2013; Aragão et al., 2023).

Such disorders lead to a poor quality of life at work for these professionals with sometimes immeasurable consequences. Studies have pointed out that this situation can generate physical, psychological, intellectual, and sexual exhaustion, as well as impacts on patient care, procedure errors, occupational stress, and burnout (Gurses et al., 2009; Dehghan et al., 2014; Romero et al., 2008; Arakawa et al., 2011; Wu et al., 2011; Andrade et al., 2024; Rodrigues et al., 2024).

According to this state of knowledge, in the present work, we sought to verify symptoms of anxiety and depression and the quality of life index at work of nurses working in the inpatient sector of public hospitals in the city of Aracaju.

## **MATERIALS AND METHODS**

The present study is characterized as descriptive cross-sectional, with a quantitative approach. It was developed in four medium and large public hospitals in the city of Aracaju after being approved by the Ethics Committee. The sample consisted

of 136 nurses who worked in the inpatient sector during morning, afternoon, and night shifts of the research field institutions. Of these, two refused, two did not return the questionnaire, and four filled it out incompletely, leaving a sample of 128 nurses for analysis. This work complied with ethical precepts in research with human beings. For this, the researchers requested volunteers to participate in the study after explaining its purpose. Participants were invited to sign a Free and Informed Consent Form, which outlined the risks, objectives, benefits, and research methods. Two self-administered questionnaires were used in addition to an extra page containing sociodemographic and professional data.

The first questionnaire consisted of the Hospital Anxiety and Depression Scale (HADS), (Zigmond, Snaith, 1983). For the occurrence of anxiety and depression, the sums of responses to HADS items were obtained, which could range from 0 to 21, and the cut-off points recommended by the authors for both scales were adopted: HADS-Anxiety: without anxiety symptoms  $\leq 7$  and with anxiety symptoms  $\geq 8$ ; HADS-Depression: without depression symptoms  $\leq 7$  and with depression symptoms  $\geq 8$ . Those who presented anxiety/depression symptoms could still be classified into mild (8-10), moderate (11-14), and severe (15-21) degrees.

The second was the Quality of Life at Work Instrument for Nurses, developed and validated by Kimura, Carandina (2009), composed of two parts, each with four dimensions (1. Institutional appreciation and recognition, 2. Working conditions, safety, and remuneration, 3. Professional identity and image, 4. Team integration). In it, the researcher should assign a value from 1 to 5, previously established by the instrument; in the first part, they should indicate their level of satisfaction, and in the second, the degree of importance of the listed items. In the end, the crossing of the values attributed

to the items generated a global score, the quality of life index at work for nurses (QLWI). This index had values ranging from 0 to 20, and from the average (10.50) of the results obtained, it was possible to classify individuals into two groups: those who were above average are those who have satisfactory quality of life at work, those who were below it have unsatisfactory quality of life at work.

## RESULTS

Of the 128 professionals, 83.6% (107) were female, with ages ranging from 23-57 years and an average of 31.5; approximately 65% of them had only undergraduate education as their level of instruction, with a minimum of one and maximum of 420 months and an approximate average of 82 months of service in the hospital area.

The nurses were well distributed in the three work shifts, with a slightly higher prevalence in the night shift; the most prevalent work schedule was 36 hours per week, within a variation of 24-60 hours, distributed between one or two employment bonds in 99.2% of the servers (**Table 1**).

**Table 1** - Sample characterization

Characterization	Variables	N	%
Sex	Female	107	83.6
	Male	21	16.4
Education level	Only Undergraduate	82	64
	Specialization	44	34.4
	Master's degree	2	1.6
Weekly work hours	20	1	0.8
	30	28	21.9
	36	62	48.4
	40	16	12.5
	44	5	3.9

	60	16	12.5
<b>Work shift</b>	Morning	43	33.6
	Afternoon	38	29.7
	Night	47	36.7
<b>Number of employment bonds</b>	1	56	43.7
	2	71	55.5
	3	1	0.8

According to the data obtained with the HADS scale, it was found that less than half of the professionals presented symptoms of anxiety and depression; however, the number of nurses who presented symptoms for anxiety was significantly higher compared to those who presented symptoms for depression. Among those who presented symptoms for anxiety or depression, most were of mild degree (**Table 2**).

**Table 2** – Prevalence of anxiety and depression in nurses according to the HADS scale and classification of symptoms according to severity

	<b>Anxiety n (%)</b>	<b>Depression n (%)</b>
<b>Without symptoms</b>	<b>69 (53.9)</b>	<b>89 (69.5)</b>
<b>With symptoms</b>	<b>59 (46.1)</b>	<b>39 (30.5)</b>
Mild degree	32 (25)	28 (21.9)
Moderate degree	23 (18)	8 (6.3)
Severe degree	4 (3.1)	3 (2.3)

Those individuals who presented symptoms for both diseases represented a quarter of the total sample. They were, in their vast majority, female, 17.2% had two employment bonds, and 19.5% had an unsatisfactory QLWI (**Table 3**).

**Table 3** - Relationship between sample characteristics and QLWI with positive results for anxiety and depression pointed out by HADS in nurses

Characterization	Variables	Anxiety n (%)	Depression n (%)	Both n (%)
<b>Total</b>		27 (21.1)	7 (5.5)	32 (25)
<b>Sex</b>	Female	24 (18.8)	5 (3.9)	29 (22.7)
	Male	3 (2.3)	2 (1.6)	3 (2.3)
<b>Education level</b>	Only undergraduate	20 (15.6)	5 (3.9)	22 (17.2)
	Specialization	7 (5.5)	2 (1.6)	10 (7.8)
	Master's degree	0	0	0
<b>Weekly work hours</b>	20	0	0	0
	30	5 (3.9)	4 (3.1)	5 (3.9)
	36	15 (11.7)	1 (0.8)	15 (11.7)
	40	5 (3.9)	0	2 (1.6)
	44	1 (0.8)	0	1 (0.8)
	60	1 (0.8)	2 (1.6)	9 (7)
<b>Work shift</b>	Morning	10 (7.8)	2 (1.6)	10 (7.8)
	Afternoon	8 (6.3)	2 (1.6)	11 (8.6)
	Night	9 (7)	3 (2.3)	11 (8.6)
<b>Number of employment bonds</b>	1	14 (10.9)	2 (1.6)	10 (7.8)
	2	13 (10.2)	5 (3.9)	22 (17.2)
	3	0	0	0
<b>QLWI</b>	Satisfactory	10 (7.8)	0	7 (5.5)
	Unsatisfactory	17 (13.3)	7 (5.5)	25 (19.5)

The quality of life index of almost 70% of professionals was below average, and only 33.6% had a satisfactory score. Among the QLWI dimensions, almost all nurses were dissatisfied with their working conditions, safety, and remuneration; however, regarding professional identity and image, 78.9% were satisfied (**Table 4**).

**Table 4** – QLWI dimensions related to the level of satisfaction of the surveyed nursing professionals

	Satisfactory n (%)	Unsatisfactory n (%)
<b>1. Institutional appreciation and recognition</b>	47 (36.7)	81 (63.3)
<b>2. Working conditions, safety, and remuneration</b>	11 (8.6)	117 (91.4)
<b>3. Professional identity and image</b>	101 (78.9)	27 (21.1)
<b>4. Team integration</b>	84 (65.6)	44 (34.4)

## DISCUSSION

For a long time, nursing was an exclusively female profession, always having an association with the role of mother, protector, and caregiver of the needy (Haddad, 2000). However, it is noted that the entry of men into this profession has occurred gradually in recent times, demystifying the previously established culture.

The prevalence of females is still significantly higher compared to males (Haddad, 2000; Peniche, 2005; Schmidt, Dantas, Marziale, 2011). In the present study, it was observed that 83.6% of the sample was composed of women, which caused higher results for variables related to this gender, for this reason, it is necessary to reassess the influence of sex within these studied variables.

The education level of professionals proved to be predominantly low, as only 36% of them sought some type of professional improvement. This aspect is quite





worrying, as it indicates that these nurses may be providing low-quality care, presenting a potential risk to the health of assisted patients. This aspect is consistent with that found by Schmidt, Dantas, and Marziale (2011), in a study with nursing professionals in the city of Londrina-PR. It was seen that of the 211 participants, only 22.3% sought some type of training, taking into account all components of the team.

Gao et al., (2012) in a study with Chinese nurses with an average age of 35.01 years, identified that the prevalence of anxiety symptoms in the study population was 43.4%. The factors that had a more significant relationship with such symptoms were education, presence of chronic diseases, life events, and demographic factors. These results reinforce those found in the present study, in which it was identified that 46.1% of professionals presented positive symptoms for the disease.

Regarding depression, it was seen that 30.5% of the sample presented symptomatology, which was also found by Gong et al., (2014). According to studies conducted in public hospitals in southern China, it was reported that the prevalence of depressive symptoms among nurses was 38% and that such symptoms were associated with workplace violence, long service hours, and frequent night shift work.

Oliveira, Pereira (2012) conducted a study where they sought to evaluate anxiety, depression, and burnout in nurses, using the HADS scale for anxiety and depression, and observed that the values obtained were compatible with a moderate level of anxiety (88%) and mild depression (64%). When compared to the data obtained in the present study, there is a disagreement regarding anxiety, which had a higher prevalence at the mild level. Depression, however, was consistent with the data from those authors in that the predominance was also at the mild level of symptoms.

The quality of life of nursing professionals was analyzed by Cordeiro (2012) in a



descriptive-exploratory study, the author observed that the factors related to the reduction of quality of life consisted of low salaries, precarious working conditions, occupational risks, lack of professional appreciation, and dissatisfaction with work. Such findings were also found in the present study, in which dimensions 1 and 2 presented values below average for most professionals, causing the reduction of QLWI which as a consequence generated an unsatisfactory result for the quality of life of 66.4% of nurses. For Nascimento et al., (2023), who conducted an integrative literature review aiming to synthesize scientific evidence on the quality of life of nursing professionals, concluded that it is necessary to sensitize health workers and managers to identify harmful factors related to the work environment. Moreover, it is important to increase awareness about the necessary support for these professionals, so that they feel recognized, valued, and satisfied with the activities they perform. When the worker is not satisfied with health and work conditions, it affects the quality of care offered, the service routine, and resolute nursing assistance, contributing to the occurrence of potential errors that can cause irreversible damage to patient safety, as well as lead to worker absence, generating costs for the health and social security system.

## **CONCLUSION**

The result obtained with HADS indicated a high prevalence of anxiety and depression among nurses working in the inpatient sector of public hospitals in the city of Aracaju. This data allows us to infer that professionals are dissatisfied with their working conditions and this is negatively affecting their quality of life, leading to the development of mental disorders such as anxiety and depression. Given this situation, there is a need for professional appreciation by work institutions, taking into account aspects such as good relationships between both parties; recognition of the importance



of providing a pleasant, equipped, and safe work environment; and fair remuneration for the quantity and quality of work.

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## **CONFLICT OF INTEREST**

The authors have no conflict of interests to declare.

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