Abstract

Objective: To evaluate levels of anxiety-trait and state presented by nurses from a hospital environment during the work process.

Method: This is a descriptive cross-sectional study with a quantitative approach, performed with a sample of 30 nurses. Data collection was done through the Trait-State Anxiety Inventory (IDATE-T and IDATE-E) and an identification questionnaire prepared by the researcher. The software GraphPad Prism was used for the statistical analysis of the results.

Results: The results showed that, 12 nurses presented scores corresponding to high levels of anxiety-trait. It was also observed that the highest levels of anxiety are present in the female gender, in the age group of 31-40 years, in individuals that are single, who have more than one employment, with less than 10 years of professional activity and who do not practice physical activities.

Conclusion: It was observed a high level of anxiety-state in a third of the respondents, and it becomes essential for the organizational field to detect sectors that trigger stress and anxiety due to the type of clientele.

Introduction

Anxiety is an emotional state inherent in the human psyche, which people confront daily. The terms stress and anxiety are often confused,
however, stress is characterized as an external pressure exerted on the individual, while anxiety consists of the subjective response to the stress factor [1].

Anxiety can be classified into two concepts: anxiety-trait and anxiety-state. The anxiety-trait is related to a relatively constant personal characteristic that is not sensitive to changes during the situations experienced by the individual. Anxiety-state refers to a transient feeling, an emotion that varies according to the intensity of the moment the individual encounters. It is characterized by unpleasant sensations of tension and apprehension that are consciously perceived by the individual, increasing the activity of the autonomic nervous system [2, 3].

Anxious people present both physical and social losses that consequently affect their professional performance. Among the various health professions in Brazil, nurses are considered the most exposed to situations that could put their health at risk, and have a history of complaints about stress, discomfort and lack of healthy conciliation between work environment and family environment, with negative deficits in resting and optimization of professional performance [1].

In nursing professionals, it is common to see the occurrence of these damages, associated with daily stresses and the organization of work conditions at the workstations, directly affecting the quality of life of the professionals [4.5], creating a feedback of this situation which becomes increasingly harmful.

Nursing was classified by the Health Education Authority as the fourth most stressful profession in the public sector, and in response to the overload of the professional routine on the individual, a constant stress situation develops. This opens up the possibility for the appearance of diverse biological and psychological manifestations, known as "diseases of the modern world", such as depression and anxiety [6, 7].

Nurses have a working day that varies according to the institution where they work. Generally, this work day presents as work shifts and being on call, requiring a constant effort and overload that, associated to issues such as labor relations, low remuneration and lack of autonomy, may potentiate the emergence of stress in these professionals [8, 9].

The quality of the work environment is an important factor in preserving the health of professionals [10]. Considering the significant increase in "diseases of the modern world" in the population in general, and considering the complaints among professionals, questions arise about the level of anxiety present in nurses and the respective factors that provoke it during the process of work, requiring greater observance and analysis on this issue.

In view of these findings, the present study aimed to evaluate anxiety-trait and state levels presented by nurses from a hospital environment during the work process.

Method

This is a descriptive cross-sectional study with a quantitative approach, carried out in a School Hospital located in the city of João Pessoa-PB. The target population consisted of nurses working at the referred hospital and the sample consisted of 30 professionals, all of whom had to provide their consent for the study participation by signing the Informed Consent Form, in compliance with the criteria recommended in Resolution 466/12 of the National Health Council, which provides for conducting research with human beings [11].

The following eligibility criteria were used in the research: to be a nurse working in the Hospital in which the research was made, agree to sign the Informed Consent Form and not be submitted to any type of therapy for anxiety.

Initially the subjects were oriented as to the objectives of the study and procedures to be performed. Afterwards, the Free and Informed Consent Forms were provided for signature, and then parti-
Participants were invited to fill in the Identification Form, in which socio-demographic data were collected about sex, age, number of children, years of professional activity as nurse, among other data.

For the evaluation of anxiety levels, the Trait-State Anxiety Inventory (IDATE) was applied. Elaborated by Spielberger, Gorsuch and Lushene in 1970, translated and validated for the Portuguese language by Biaggio and Natalício in 1979, IDATE is used to quantify subjective components related to anxiety. The questionnaire presents a scale that evaluates anxiety as a trait (IDATE-T) and another scale that evaluates anxiety as a state (IDATE-E). Each scale presents 20 questions, with four possible intensity of response, ranging from 1 to 4, where the added scores by each volunteer range from 20 to 80 points. The scores below 40 points were categorized as low anxiety group (LA) and scores above 41 for the high anxiety group (HA).

To analyze the data, the statistical software GraphPad Prism (version 4.00, GraphPad Software Inc., San Diego, CA, USA) was used. The results were considered significant when they presented a level of significance of 95% (p <0.05).

Results and Discussion
The results of this study showed that, when assessing the anxiety trait, through the measurement of the IDATE-T among the 30 nurses, it was possible to identify 12 (40%) nurses with high anxiety. This number is considered relevant, given that the emergence of anxiety disorders can cause harm to the personal and professional lives of these individuals, reflecting on the quality of their service. The IDATE-T scores allowed indicating the professionals’ anxious profile, where the low anxiety group had a median of 33, and the high anxiety group had a median of 43.

As for the IDATE-E, the nurses obtained during their work, a median of 34 in the low anxiety group, and a median of 48 in the high anxiety group. Through the IDATE-E, it was possible to grasp that 20 nurses (66.7%) presented low anxiety and 10 nurses (33.3%) presented high anxiety during the accomplishment of their activities at work.

Through the number of nurses who presented a high level of anxiety, there is a consonance with other studies, which affirm that nurses are a group with a great predisposition to develop problems related to stress and anxiety due to the greater contact they have with the patient and their families. When it comes to the hospital environment, this group is commonly submitted to situations that generate dissatisfaction with work, such as unhealthy and precarious conditions, long service hours, overloading, repetition of activities, lack of physical, material and human resources, besides the pressure exerted by the bosses, patients and their relatives.

A total of 30 nurses participated in the study, of whom 29 (96.7%) were female and 01 (3.3%) were male. Among women, 10 presented scores for high anxiety levels (33.3%). Nursing is an area with a prevalence of female workers, since according to the Federal Council of Nursing, 87.24% of professionals are female while 12.76% are male. It is known that anxiety is a common psychiatric pathology among the general population, being even more present among women, since they present a significantly higher risk compared to men for the development of anxiety disorders throughout life.

Regarding the age group of the individuals, the group presented a variation of age from 31 to 55 years, and the highest number of nurses with HA levels were between the ages of 31 and 40 (13.3%). One study has shown that the prevalence of minor psychiatric disorders increases with age in the general population, and that the longer exposure to a particular context may be associated with increased physical and emotional exhaustion of the worker. However, in this research the opposite
was observed, most of the anxious individuals are in the lower age range, that is, with a shorter time of professional performance.

Regarding marital status, 09 individuals declared themselves unmarried, 16 married or live with partners, 04 divorced and 01 widowed. Among the categories, the subjects with the highest levels of anxiety were married (16.6%).

Scholars affirm that the affective relationship influences the decrease of stress in the work environment and helps in the relationship with the other professionals that compose the team, since the family well-being provides tranquility to the professional in moments of rest, preparing him or her to return to work [19]. However, other authors point out that, taking into account the prevalence of the female sex in this group, the responsibilities with the family and children, still culturally related to women, can lead to a double working day for the nurses, which might become a triggering factor of stress and anxiety [13].

Regarding the length of service, out of the six interviewees who worked for less than 10 years, 03 (10%) presented with a high degree of anxiety; among those working from 11 to 20 years, 03 (10%) were also identified with high anxiety, being 11 the total. The group of those who work from 21 to 30 years was composed of 11 nurses, with 04 (13.3%) of these presenting high anxiety. Only 02 (6.6%) participants worked for more than 30 years and presented low anxiety.

The short time of service has been presented in other investigations as a factor that influences the life of the worker, and may compromise the quality of care provided. Due to the feeling of unpreparedness with the responsibilities that the profession imposes, the workers with little experience are more likely to develop symptoms of emotional changes [15].

The number of interviewees who had another employment was 17 (56.7%), of these, 06 (20%) presented high anxiety. Among the 13 nurses who did not have another employment, 04 (13.3%) were classified with high anxiety.

The low salaries and the lack of professional valorization have generated in nurses the need to have a second employment. This fact leads to a worsening of the quality of life of these professionals, since an intense work day is undertaken, as well as stress and little time for leisure and rest, in an attempt to guarantee a good family income [15].

Work overload consists of a factor directly related to the aggravation of psychic loads in nursing professionals [20]. The work rhythm tends to intensify when the professional has more than one employment, for the demands of activities are probably repeated in the two scenarios of the worker’s performance [15, 20].

When analyzing the factor related to the practice of physical activity, 08 professionals exercised regularly, with 02 (6.6%) of these presenting high anxiety. Among those who rarely practiced physical activities, in a total of 16 nurses, 05 (16.7%) were identified with high anxiety. Only 06 professionals in the sample reported never having practiced physical activity, and of these, 03 (10%) had high anxiety.

The interviewed nurses who rarely or never performed physical activities had high levels of anxiety compared to those who practiced regular activities. The practice of physical activity brings physical, psychological and social benefits, justifying the lower anxiety index of physical activity practitioners compared to non-practitioners. In addition, exercising contributes to the maintenance of physical and cognitive functions, and consequently promotes a better quality of life and greater independence in old age [21]. A physically active lifestyle reduces the risks of chronic diseases including hypertension, stroke, cancer, type II diabetes, osteoporosis, osteoarthritis, depression and also anxiety [22].

In addition to the topics presented, there are several other situations that can trigger changes in the mental health of the nurse. The time devoted to
work together with the precariousness of the job, low remuneration, deregulation of working conditions regarding legal norms and regression of social rights, interfere in the family relations and in the private life of nursing workers [23].

The way in which work is organized and the space it occupies in everyday life has been removing the possibility of workers to live the multiple dimensions of life, for the long hours of work and the accumulation of functions that nursing exercises also predispose to health problems of the worker [23].

In this sense, anxiety causes a direct influence on the performance of daily activities, and when talking about nursing care, the dimensions of this possible problem take on considerable proportions. This is because besides the worker’s health, another factor appears on the scene: care and commitment with the figure of the user, since not only the patient’s depression and anxiety can be transmitted to the caregiver, but also the caregiver who presents these conditions can influence their triggering on the patient [24].

Conclusions

The anxiety-trait and anxiety-state levels were expressive for the sample used, which was characterized by a high level of anxiety-state in a third of respondents. The state of anxiety is also found to be proportionally higher in individuals in the 31-40 age group, unmarried, in those who had another employment, with less than 10 years of professional activity and who rarely or never practice physical activity.

Regarding anxiety and the factors that can trigger it, it is the responsibility of the management to provide employees with the environment and means of work that are more favorable to maintaining the well-being of all. Because the health of the professional is directly linked to the patient’s health and to the feedback of the process that aims at integral care.

It becomes essential to the organizational field to detect sectors that trigger stress and anxiety due to the type of clientele, the amount of work and other causes that may compromise the physical and mental health of the professional and their perception for those in their care.

References


