The art of caring: Evaluation of the mental health profile of nurses who work at night

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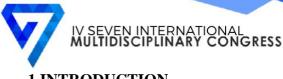E-mail: verafeitosa@uol.com.br

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ABSTRACT
Symptoms of anxiety and depression are frequent in health care professionals. Nurses, due to the characteristics of their work and degree of responsibility, play a role with a great overload of physical and mental activity (Preto et.al, 2009). This reality makes these professionals significantly susceptible to the development of mental disorders.

Keywords: Public Health, Common Mental Disorders, Anxiety, Depression.

1 INTRODUCTION

Symptoms of anxiety and depression are frequent in health care professionals. Nurses, due to the characteristics of their work and degree of responsibility, play a role with a great overload of physical and mental activity (Preto et.al, 2009). This reality makes these professionals significantly susceptible to the development of mental disorders.

The situation becomes even more serious among professionals who work the night shift, since they are more likely to develop sleep disorders (Hsu et al., 2009). Night shift impacts the worker's quality of life and, in addition, the association with excessive work, inadequate pay and precarious and unhealthy working conditions is associated with several health problems (Scott, Monk, Brink, 1997; Costa, Morita, Martinez, 2000; Parent-Thirion et al., 2007; da Rocha et al., 2010; Vargas, Dias, 2011; Flo et al., 2012).

There are few studies on night work and mental disorders (Øyane et al., 2013). Thus, this study aimed to evaluate mental health characteristics, specifically anxiety and depression, in nurses who work in public hospitals at night.

2 MATERIALS AND METHODS

This observational, descriptive, cross-sectional study with quantitative analysis was developed with a sample of 85 nurses working in public hospitals in the city of Aracaju. The nurses included in the study were active in the institution and worked at night. To carry out this work, all ethical precepts related to research with human beings were followed.

The study instruments included a self-authored sociodemographic questionnaire and the Hospital Anxiety and Depression Scale (HADS) (Zigmond, Snaith, 1983). The HADS was translated and validated in Brazil by Botega et al., (1995). The scale has 14 items, of which seven are focused on the assessment of anxiety (HADS-A) and seven on depression (HADS-D).

3 RESULTS

Of the total number of nurses participating in this study, 83.5% (71) were female and 16.5% (14) were male. The mean age was 35.7 years and the mean working day, in hours per week, was 36.7. Regarding the employment relationship, 69.4% (35) had two or more contracts and 97.3% (83) declared dissatisfaction with the salary remuneration. Only 36.5% (31) of the participating nurses had a postgraduate degree. The mean time at the institution was 90.5 months.

Regarding the symptoms of anxiety and depression, it was observed that 42.4% (36) of the nurses were considered anxious, with most of them distributed between the mild (17) and moderate (17) groups, and 34.1% (29) were depressed, mostly with mild symptoms (22).

Regarding age, it was observed that the largest number of nurses with symptoms of anxiety and depression were in the 25 to 39 age group, with anxiety being more expressive in the age group of 25 to 29

years (22.2%) and depression between 30 and 34 years (24.1%).

The nurses' weekly working hours ranged from 20 to 44 hours. The 36-hour week regimen was the most frequent (57.6%) and participants in this group had higher rates of anxiety (25.9%) and depression (21.2%). Regarding the number of employment relationships, it was found that those who had two or more jobs had higher rates of anxiety (69.4%) and depression (30.5%), compared to nurses who had only one employment relationship (30.6% and 11.8%, respectively).

Of the nurses who had all their contracts in the hospital area, 15 had signs of anxiety and 12 of depression.

4 DISCUSSION

The sociodemographic and professional characteristics of the participants in this study were composed of a large number of women, predominantly aged between 25 and 39 years, which corroborates the findings of Akhtar-Danesh and Landeen (2007).

Nurses with a 36-hour workday had a higher frequency of signs of anxiety and depression. In addition, most of them had more than one employment relationship as a source of income, corroborating the findings of Araújo et al. (2003), and were dissatisfied with the remuneration received. Some studies show that the higher the income, the lower the frequency of depression (Akhtar-Danesh, Landeen, 2007).

Most of the professionals did not have specialization, showing that most nurses do not seek improvement. Reduced time and low pay may explain this finding.

In our study, we found a worrying frequency of nurses with symptoms of anxiety (42.3%) and depression (34.1%). The predominance of symptoms was between mild and moderate. Schmidt, Dantas, Marziale (2011) observed a higher risk of mental health disorders in women than in men among nursing professionals in the operating room. In our study, the predominant gender was also female, however, it was not possible to draw inferences to the emergence of mental health problems, due to the low number of nurses.

5 CONCLUSION

In this study, it was possible to observe that women still make up the majority of the group of nurses and that, in hospitals, younger professionals prevail. Age and low pay probably lead to double working hours and a low search for specialization.

The number of night shift workers with symptoms of anxiety and depression was high, indicating that the set of factors inherent to the working conditions of this population may culminate in a process of illness in the professionals.

There is a need to change working conditions, improve remuneration and pay attention to this target audience.

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