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Original Article

Work and depression symptoms in Family Health Strategy nurses[1]

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Depression is a common disorder among health professionals, in particular in nurses. Goals: Verify the presence and intensity of depression symptoms; analyze triggering factors and evaluate the perception of nurses regarding their psychological distress and their working conditions. Method: Exploratory and descriptive study, quantitative, performed with Family Health Strategy nurses in the city of São Paulo, interviews by means of a semi-structured questionnaire using three psychometric scales, statistical analysis by Fisher's exact test and the t-Student test. Results: 59 nurses participated and an expressive majority presented depression symptoms without realizing they were ill. The key factors mentioned were related to their working conditions. Conclusion: A high prevalence of depression symptoms was observed due to working conditions.

Descriptors: Depression; Mental Health; Occupational Health; Psychiatric Nursing; Family Health Strategy.

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Trabalho e sintomatologia depressiva em enfermeiros da Estratégia de Saúde da Família

Depressão é transtorno comum entre profissionais da saúde, em específico nos de Enfermagem. Objetivos: Verificar a presença e intensidade da sintomatologia depressiva; analisar os fatores desencadeantes e avaliar a percepção dos enfermeiros sobre seu sofrimento psíquico e as condições de trabalho. Método: Estudo exploratório e descritivo, quantitativo, realizado com enfermeiros da Estratégia de Saúde da Família em município de São Paulo. Entrevistas por meio de questionário semiestruturado, utilizadas três escalas psicométricas. Análise estatística pelo teste exato de Fisher e teste t-Student. Resultados: Participaram 59 enfermeiros, expressiva maioria apresentou sintomatologia depressiva, não se percebiam doentes. Principais fatores apontados estavam relacionados às condições do trabalho. Conclusão: Observou-se alta prevalência de sintomas depressivos devido às condições de trabalho.

Descritores: Depressão; Saúde Mental; Saúde do Trabalhador; Enfermagem Psiquiátrica; Estratégia Saúde da Família.

Trabajo y sintomatología depresiva en enfermeros de la Estrategia de Salud de la Familia

Depresión es trastorno común entre profesionales de la salud, en específico en los de Enfermería. Objetivos: Verificar la presencia e intensidad de la sintomatología depresiva; analizar los factores desencadenantes y evaluar la percepción de los enfermeros sobre su sufrimiento psíquico y las condiciones de trabajo. Método: Estudio exploratorio y descriptivo, cuantitativo, realizado con enfermeros de la Estrategia de Salud de la Familia en el municipio de São Paulo. Entrevistas por medio de cuestionario semiestruturado, utilizadas tres escalas psicométricas. Análisis estadístico por la prueba exacta de Fisher y prueba t-Student. Resultados: Participaron 59 enfermeros, expresiva mayoría presentó sintomatología depresiva, no se percibían enfermos. Principales factores apuntados estaban relacionados a las condiciones del trabajo. Conclusión: Se observó alta superioridad de síntomas depresivos debido a las condiciones de trabajo.

Descriptores: Depresión; Salud Mental; Salud Ocupacional; Enfermería Psiquiátrica; Salud de la Familia.

Introduction

For decades, the relationship between work and suffering has been studied. Technological advances promote constant changes in society, which cause psychological distress, especially the emergence of depressive disorders. This issue has currently been gaining major prominence in public health with focus on occupational health [1].

According to the World Health Organization (WHO), depression occurs in people of all genders, ages and backgrounds; it affects approximately 350 million people worldwide and is among the leading causes of disability [2].

Depression is considered one of the greatest public health problems in the world, in terms of work, it causes poor performance, more days lost and the leading cause of sick leave[3].

In Nursing, certain factors related to the work process such as areas of activity, interpersonal relationships, work shift, overload, work schedule problems, autonomy and execution of tasks, patient assistance, strain, social support, insecurity, conflict of interests and the coping strategies just as factors outside of work, such as gender, age, domestic workload, support and family income, health status and individual characteristics are related to factors that trigger depression [4].

The nurses working in the Family Health Strategy (FHS) present emotional distress due to the major challenge of the work organization in meeting goals, prevention and health promotion programs, participation in meetings, performing the administrative part, critical situation experienced, professional devaluation, uncertainty as to the professional role, the social reality found in the areas of activity and the problems brought by the population itself [5].

The study's goals were to verify the presence and the intensity of the depression symptoms in FHS nurses; analyze the factors that trigger these symptoms and evaluate the perception of nurses about their psychological distress and working conditions.

Methodology

This is an exploratory and descriptive study using the quantitative method.

The study was conducted in 29 units of the Family Health Program in the city of Guarulhos, state of São Paulo.

The period for collecting the sampled data was between March and August, since we didn't have the variance of measurements available for depression symptoms in the participants studied we opted for a non-probabilistic sample. The sample was defined by convenience and 59 nurses were interviewed, distributed equally in all areas of the city of Guarulhos, state of São Paulo.

For the study, the following inclusion criteria were established: be a nurse and working for at least six months with the Family Health Strategy in Guarulhos, state of São Paulo.

The study was authorized by the City Health Department and was approved by the Research Ethics Committee of the Federal University of São Paulo under No. 503.643. The respondents only participated of the study through an informed and signed consent form.

Data was collected through interviews. Three psychometric scales were initially applied in the following order: the Beck Depression Inventory (BDI), the Hamilton Rating Scale for Depression (HAM-D) and the Montgomery-Asberg Depression Scale (MADRS).

Next, the interview was conducted by means of a semi-structured questionnaire developed by the authors about depression symptoms aiming to understand the social-demographic and professional profile, the working conditions and the depression symptoms.

The data was analyzed by means of statistical analysis and treatment through Fisher's Exact Test and the t-Student test.

The scales were analyzed according to the recommended standardized scores and also compared the responses to the items and final score of each scale with each other and also by statistical analysis.

Results

59 Family Health Strategy nurses were interviewed, distributed across the four regions of the city of Guarulhos, state of São Paulo.

The questionnaire developed for the study allowed the respondents to give more than one answer to specific items.

In the statistical treatment, the level of significance of 0.05 was considered, which is equivalent to a reliability of 95%.

In Table 1 we present the percentages for the attribute characteristics for prior depression; also the averages and standard deviations for continuous characteristics.

The indices of depression were evaluated in the form of attribute (depression level categories) and continuous (scores).

Table 1 - Frequency (and percentages) and Averages (and Standard Deviations) for the sample characteristics - Prior Depression. Guarulhos, SP, Brazil, 2016

		Prior Depression		p-value	
Characteristic	Group	(n=33) No	(n=26) Yes	Fisher	teste t
Gender	Female	30 (55.6%)	24 (44.4%)	1.0000	
	Male	3 (60.0%)	2 (40.0%)		
Marital Status	With companion	17 (48.6%)	18 (51.4%)	0.4330	
	Without companion	4 (66.7%)	2 (33.3%)		
	Single	12 (66.7%)	6 (33.3%)		
Children	No	19 (67.9%)	9 (32.1%)	0.1157	
	Yes	14 (45.2%)	17 (54.8%)		
No. of children	0	19 (67.9%)	9 (32.1%)	0.2534	
	1	6 (42.9%)	8 (57.1%)		
	2	7 (53.8%)	6 (46.2%)		
	3	1 (25.0%)	3 (75.0%)		
BDI[(a)]	No depression	23 (65.7%)	12 (34.3%)	0.1126	
	Mild depression	9 (47.4%)	10 (52.6%)		
	Moderate depression	1 (20.0%)	4 (80.0%)		
	Severe depression	0 ( )	0 ( )		
HAM-D[(b)]	No depression	6 (100.0%)	0 (0.0%)	0.0799	
	Mild depression	18 (56.3%)	14 (43.8%)		
	Moderate depression	7 (46.7%)	8 (53.3%)		
	Severe depression	2 (33.3%)	4 (66.7%)		
MADRS[(c)]	No depression	5 (100.0%)	0 (0.0%)	0.0240	
	Mild depression	24 (58.5%)	17 (41.5%)		
	Moderate depression	4 (40.0%)	6 (60.0%)		
	Severe depression	0 (0.0%)	3 (100.0%)		
Age	Average(PD)[(d)]	34.6 (9.0)	35.4 (7.8)		0.7212
BDI	Average(PD)	7.0 (5.4)	11.2 (7.2)		0.0171
HAM-D	Average(PD)	13.3 (7.1)	18.5 (6.3)		0.0046
MADRS	Average(PD)	13.3 (6.7)	19.2 (8.3)		0.0053

(a)BDI (Beck Depression Inventory)
(b)HAM-D (Hamilton Rating Scale for Depression)
(c)MADRS (Montgomery-Asberg Depression Scale)
(d)PD (Prior Depression)

Of the 59 respondents, 44 (74.58%) reported they were specialized in Nursing, of which 35 (45.24%) reported being specialized in FHS, and 15 (25.42%) no type of specialization.

Regarding the number of jobs, 50 (84.75%) reported having only one job and 9 (15.25%) reported having two jobs with workloads exceeding 70 hours a week, with the workload at the FHS of 40 hours a week and the other job being the night shift.

As to having a prior diagnosis for depression, 26 (44.07%) responded they did, but were unable to mention the type and also mentioned other mental disorders totaling 28 diagnoses.

Regarding the use of medication, 22 (37.28%) said they did, but only 12 (20.33%) reported a prescription made by a psychiatrist and 3 (5.08%) mentioned self-medication. As to the treatment, 19 (79.17%) reported that they no longer do the follow-up.

Of the 59 respondents, 58 (98.31%) believed there were factor in nursing work that favored psychological illness and the data is indicated in Table 2.

Table 2 – Factors of nursing work that favor psychological illness. Guarulhos, SP, Brazil, 2016

Reported Factors	N	%
Excessive duties of nurses	55	15.45
Work overload	46	12.92
Lack of organizational structure	45	12.64
Lack of human resources	33	9;27
Excessive demands	29	8.15
Lack of appreciation of nurses/appreciation of the medical profession	27	7.58
Patient social problems	25	7.02

(continue...)

Table 2 - *(continuation)*

Inadequate physical structure	24	6.74
Interpersonal relationships	19	5.34
Lack of material resources and equipment	16	4.49
Listening to problems on a daily basis /population's shortsighted culture	14	3.93
Working the CHAS[a] without a doctor	7	1.97
Nurses giving professional support to doctors	5	1.4
Other	5	1.4
Being a team coordinator	4	1.12
Unit manager with other training	2	0.58
Total	356	100

(a)CHAS (Community Health Agent Strategy)

Stress was the most cited factor by the respondents and included the work overload, such as: the number of goals to be met; amount of work; excessive responsibilities and patients. There are statements that illustrate the suffering: "I only kept from going crazy because I thought it was temporary", "my workday is very busy and I'm always breathless and disheveled, with numerous thoughts at the same time, I eat in a hurry", "being a leader creates stress".

Mental fatigue was also reported as psychological pressure; psychological demands; psychological distress; psychological and emotional imbalance and mental fatigue, related to the demands of the job, such as consultations, Health Department programs, patient accommodation and requests.

Physical fatigue, which included body, back and stomach aches and fatigue due to the number of the nurse's responsibilities, interpersonal relationships, lack of appreciation for the nurses and lack of human resources were also mentioned.

Symptoms of anxiety were also mentioned such as accelerated thoughts; the long time it takes to shut off from work; tension; agitation; palpitations and tremors due to overwork, frustration for not accomplishing what is required; a sensation that only nurses are responsible for the staff and lack of structure.

Table 3 displays the results referring to the presence and intensity of depression symptoms according to the scores of each psychometric scale, separated by those who had and didn't have prior diagnoses for depression.

Table 3 - Results for the presence and intensity of the depression symptoms verified by the psychometric scales. Guarulhos, SP, Brazil, 2016

	With prior diagnosis	Without prior diagnosis
Psychometric Scale Score	26 (44.07%)	33 (55.93%)
	BDI[a]	
No depression	12 (20.34%)	23 (38.99%)
Mild depression	10 (16.95%)	9 (15.25%)
Moderate depression	4 (6.78%)	1 (1.69%)
Severe depression	0	0
	HAM-D[b]	
No depression	0	6 (10.17%)
Mild depression	14 (23.73%)	18 (30.50%)
Moderate depression	8 (13.56%)	7 (11.87%)
Severe depression	4 (6.78%)	2 (3.39%)
	MADRS[c]	
No depression	0	5 (8.47%)
Mild depression	17 (28.81%)	24 (40.68%)
Moderate depression	6 (10.17%)	4 (6.78%)
Severely depressed	3 (5.09%)	0

[a]BDI (Beck Depression Inventory)
[b]HAM-D (Hamilton Rating Scale for Depression)
[c]MADRS (Montgomery-Asberg Depression Scale)

The prevalence of depression symptoms was observed in 40.67% for the BDI scale, 89.83% for the HAM-D scale and 91.53% for the MADRS scale of all respondents.

When we analyzed the responses given in the BDI and those in the interview questionnaire, we observed that the respondents didn't believe or wouldn't admit that they had depression symptoms, even with so many factors mentioned as a form of becoming ill at work.

We emphasize the fact that all participants who said they had no depression symptoms reported characteristic symptoms of this disorder when asked about the existence of any psychological distress.

Analysis and Discussion

I our study we found a high percentage for the presence of depression symptoms, far beyond what is found for the population in general. In the European Union, statistical data indicated that 27% of the adult population presented at least one episode of depressive disorder per year [6].

A study conducted with FHS professionals in a city in the state of Rio Grande do Sul, indicated a prevalence of 25% of common mental disorder in nurses [7].

A study conducted with professionals in a general hospital indicated a prevalence of 33.6% for common mental disorders for members of the Nursing staff compared to 17.9% for other Health Care professionals, and 9.1% in doctors, with a predominance of anxiety and depression symptoms [8].

The study reported that among Health Care professionals, Nursing is the profession with higher chances of becoming ill with depression, because they deal with pain, death and suffering of their patients on a daily basis [9].

As to nursing professionals that work with the Family Health Strategy, the study indicated that the number of duties is determined by goals related to specific Health Department programs and contributes to limit the actions regarding social problems, which create feelings of powerlessness and physical and emotional strain [10].

Study data with the same psychometric scales that indicated a prevalence of 95.6% of the depression symptoms in emergency unit nurses, stand out. [11]

The high number of depression symptoms found in our study are mainly related to factors related to the work at the FHS and have promoted the psychological illness of the professionals.

The social-demographic data in our study indicate that females are the majority, because 91.53% of the respondents were women and confirm the reality of the profession, which essentially consists of women. Due to the historical context of the profession, we observe that the Nursing profession consists predominantly of women; in Brazil, the Nursing population corresponds to 1,449,583 professionals, of which 87.24% are women. [12]

As to the high percentage of respondents with specializations, this fact is in conformity with the educational and labor market, for the professional obtains a degree as a general nurse and is unprepared for the work market, this forces him/her to obtain a specialization to expand his/her job possibilities in the work market [13]. The professional without a specialization experiences suffering to act and assume legal responsibilities, which create feelings of insecurity [13].

Another issue observed in our study is the double employment, which is historical in the Nursing profession, due to most professionals being women. In addition, professionals seek the double employment due to the low salaries and start working three jobs [5].

Professionals with three jobs are more susceptible to illness because in addition to the amount and quality of sleep diminishing, their leisure and family conviviality are affected, and therefore create a higher rate of absenteeism due to the mental distress to which they are submitted, which also affects the quality of care provided to patients [14].

It is worth mentioning that the respondents didn't believe or admit they had depression symptoms, even with so many factors as forms of illness at work, which makes it difficult to seek treatment, which makes the condition worse. The BDI scale is self-evaluating, which allows the individual to omit his/her true feelings, this fact is evident in the low percentage of individuals with prior diagnosis of depression who assumed having depression symptoms during the interview when they answered the BDI.

After the application of the HAM-D and MADRS evaluation scales, there was a confirmation of depression symptoms in all respondents with prior depression diagnosis and depression symptoms in most of them without prior depression diagnosis were confirmed.

In the literature we find that approximately two thirds of people with some form of mental disorder do not seek help because of society's discrimination. In addition to feeling shame, there is the fear of losing

their jobs due to the difficulty of getting a new job because the treatment is long [9].

In our study of respondents that mentioned prior diagnosis for depression, 92.31% indicated they had undergone some form of treatment, but only 8.33% were discharged. The dropout rate according to the data obtained from the interviews, this rate was relatively high, approximately 79.17%.

Adherence to the treatment of individuals with depression is a major challenge, because half of the patients interrupt the treatment with antidepressants in the first six months [15].

As to the reports of medication use without a doctor's prescription and the lack of follow-up by a specialized professional, may be related to the banalization of the depression symptoms. [16]

Nursing is the largest Health Care group of professionals; they perform an important role in health care for the population of a country. The emotional and physical demands of the profession are high and even with all the technology in the modern world, it still hasn't been used in favor of the emotional health of nurses that present a high risk of suffering due to stress, anxiety and depression[17].

The risk of depression in nurses is high and can be explained by the characteristics of the profession due to work overload, low autonomy and the working environment under unsanitary conditions that contribute to the occurrence of mental disorders. [18]

In our study we observed that the excessive duties of nurses (93.22%) and the work overload (77.96%) were the majority answers favoring mental illness.

Work overload combined with the number of activities to be accomplished in a short period of time and the perception that the salary they are paid is not compatible with the efforts they employ have been associated to high levels of emotional exhaustion, because it puts the professional under enormous tension and causes, in addition to the physical demands, more fatigue, strain and chronic exhaustion [19].

Mental illness in Nursing professionals requires attention because this profession is the only one providing patient care 24 hours a day, in other words, their work routine is to be in direct contact with the patient's suffering, marked by uncertainties and anxiety, situations of high emotional stress that put their bodies on alert, which causes intense emotional strain and may cause psychological distress [9,20].

Study limitations are due to the number of participants.

Conclusion

The results have allowed us to learn more about illness by depression in nurses working at the FHS in Guarulhos, state of São Paulo and through the application of the psychometric evaluation scales, we were able to observe a high prevalence of depression symptoms in the respondents, with emphasis to light and moderate intensity. We emphasize the fact that the nurses didn't notice or didn't admit they had the detected symptoms.

We found that the working conditions were inadequate and were significant for the emergence of depression symptoms in nurses, which reveals the harsh reality of the work at the FHS, causing psychological distress. Most nurses indicated working conditions as the promoter of illness, with emphasis to factors relative to the amount of nursing duties, work overload, lack of organizational structure and human resources, excessive demand and the lack of appreciation for the nurses.

The study allowed a reflection on the intensity of the psychological distress indicated by the professionals and the influence of work for psychological distress and illness, it points to the need for strategies to intervene in the factors that predispose to mental illness to prevent or reduce psychological distress such as depression.

References

1. Ferreira NN, Lucca SR. Síndrome de burnout em técnicos de Enfermagem de um hospital público do Estado de São Paulo. Rev Bras Epidemiol. 2015;18(1): 68-79.

2. World Health Organization (WHO). Depression, a Hidden Burden: Let's recognize and deal with it. [Internet] WHO [2012]. [Acesso 23 out 2012]. Disponível em: http://www.who.int/mental_health/management/depression/flyer_depression_2012.pdf

3. Teng, CT, Cezar LTS. Depressão. Rev Bras Medicina. 2010 dez;(67):37-52.

4. Schmidt DRC, Dantas RAS, Marziale MHP. Ansiedade e depressão entre profissionais de enfermagem que atuam em blocos cirúrgicos. Rev Esc Enferm USP. 2011;45(2):487-93.

5. Rosario CAR, Lopes AM, Pereira FFA, Costa FM. Avaliação do estresse entre enfermeiros que atuam na estratégia Saúde da família de Montes Claros, MG. Rev Norte Min Enferm. 2015;4(1):3-14.

6. World Health Organization (WHO). Mental health - Data and statistics. [Internet] WHO [2016]. [Acesso 13 fev 2016]. Disponível em: http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics.

7. Moreira UB, Horta JA, Duro LN, Borges DT, Cristofari AB, Chaves J, et al. Perfil sociodemográfico, ocupacional e avaliação das condições de saúde mental dos trabalhadores da Estratégia de Saúde da Família em um Município do Rio Grande do Sul, RS. Rev Bras Med Fam Comun. 2016;11(38):1-12.

8 - Alves AP, Pedrosa LAK, Coimbra MAR, Miranzi MA, Hass VJ. Prevalência de transtornos mentais comuns entre profissionais de saúde. Rev. enferm UERJ, Rio de Janeiro. 2015 Jan-fev; 23(1):64-9.

9- Silva DSD, Tavares NVS, Alexandre ARG, Freitas DA, Brêda MZ, Albuquerque MC, et al. Depressão e risco de suicídio entre profissionais de Enfermagem: revisão integrativa. Rev Esc Enferm USP. 2015; 49(6):1027-36.

10. Horta NC, Moreira DA, Aguiar KT, Morais JL. Potenciais de desgaste biopsíquico nos profissionais de Enfermagem que atuam na Estratégia de Saúde da Família. Percurso Acadêmico. 2014;4(7):105-19.

11. Oliveira FP, Mazzaia MC, Marcolan JF. Sintomas de depressão e fatores intervenientes entre enfermairos de serviço hospitalar de emergência. Acta Paul Enferm. 2015; 28(3):209-15.

12. Conselho Federal de Enfermagem. Análise de dados dos profissionais de enfermagem existentes nos Conselhos Regionais. Brasília: Cofen; 2011.

13. Silva KL, Sena RR, Tavares TS, Belga SMMF, Maas LWD. Enfermeiros migrantes no Brasil: características demográficas, fluxos migratórios e relação com o processo de formação. Rev. Latino-Am. Enfermagem. 2016;24:e2686. DOI: 10.1590/1518-8345.0390.2686.

14. Vargas D, Dias APV. Prevalência de depressão em trabalhadores de enfermagem de Unidade de Terapia Intensiva: estudo em hospitais de uma cidade do noroeste do Estado de São Paulo. Rev. Latino-Am. Enfermagem. 2011;19(5):1114-21.

15. Ibanez G, Mercedes BP, Vedana KG, Miasso AI. Adherence and difficulties related to drug treatment in patients with depression. Rev Bras Enferm. 2014;67(4):556-62.

16. Barlem ELD, Lunardi VL, Lunardi GL, Tomaschewski-Barlem JG, da Silveira RS, de Lima Dalmolin G. Sofrimento moral em trabalhadores de enfermagem. Rev. Latino-Am. Enfermagem. 2013; 21(Spec): 79-87.

17. Perry L, Lamont S, Brunero S, Gallagher R, Duffield C. The mental health of nurses in acute teaching hospital settings: a cross-sectional survey. BMC Nurs. 2015;14:15.

18. Gärtner FR, Ketelaar SM, Smeets O, Bolier L, Fischer E, van Dijk FJ, et al. The Mental Vitality@ Work study: design of a randomized controlled trial on the effect of a workers' health surveillance mental module for nurses and allied health professionals. BMC Public Health. 2011 May;11(1):290.

19. Galindo RH, Feliciano KVO, Lima RAS, Souza AI. Síndrome de Burnout entre enfermeiros de um hospital geral da cidade do Recife. Rev Esc Enferm USP. 2012; 46(2):420-7.

20. Camargo RM, Sousa CO, Oliveira MLC. Prevalência de casos de depressão em acadêmicos de enfermagem em uma instituição de ensino de Brasília. Rev Min Enferm. 2014;18(2):392-7.

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