

Anxiety and Depression in the Nursing Team in the Hospital Area

Vanessa Augusto Bardaquim^{1*}, Ernandes Gonçalves Dias², Renata Cristina da Penha Silveira³, Maria Lucia do Carmo Cruz Robazzi⁴ and Vanessa Augusto Bardaquim⁵

¹PhD in Health Sciences at University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development (EERP-USP), Ribeirão Preto, São Paulo, Brazil

²Enfermeiro, Master in Health Sciences at University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development (EERP-USP), Professor in College Verde Norte (Favenorte), Monte Azul, Minas Gerais, Brazil

³Associate Professor III at Federal University of São João Del Rei (UFSJ), Campus Centro-Oeste Dona Lindu, Divinópolis, Minas Gerais, Brazil

⁴Doctor Professor at University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development (EERP-USP), Ribeirão Preto, São Paulo, Brazil

⁵PhD in Health Sciences at University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development (EERP-USP), Ribeirão Preto, São Paulo, Brazil

***Corresponding Author:** Vanessa Augusto Bardaquim, PhD in Health Sciences at University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development (EERP-USP), Ribeirão Preto, São Paulo, Brazil.

Received: December 24, 2020; **Published:** February 19, 2021

DOI: 10.31080/ecnh.2021.03.00208

Abstract

Objective: To identify the presence of anxiety and depression among nursing workers working in the hospital area and to analyze whether there is a relationship between these health changes and some characteristics of these workers.

Methods: Cross-sectional, exploratory, correlational study with a quantitative approach, carried out in a hospital institution, with 164 nursing professionals. For data collection, a personal and professional characterization questionnaire and the Hospital Anxiety and Depression Scale - Hospital Anxiety and Depression Scale (HADS) were used.

Results: The nursing team showed high levels of Anxiety (44.5%) and Depression (24.4%). However, the tests applied did not show statistical differences between professionals working between different sectors of the hospital when compared to those working in critical areas of hospitalization. About working time, half of those with Depression worked less time in the nursing area and about the workload; those who work longer have shown to be more anxious.

Conclusion: Future research should investigate the health needs of nursing workers, since anxiety and depression disorders can be modifiable risk factors.

Keywords: Nursing Team; Worker's Health; Anxiety; Depression

Introduction

The characteristics of nursing work under the conventional view, is as being mainly care at the hospital bedside, in addition to face-to-face care and interaction with the patient. It is the mobilization of a large number of professionals with different areas of specialization to safeguard the patient's health status, inserted in a health system increasingly determined by technologies [1]. Thus, the high demands for nursing activities in the hospital environment, indicate that these health professionals are at high risk for acquiring mental illnesses such as anxiety and depression [2].

In this sense, Generalized Anxiety Disorder is understood as a phenomenon characterized by excessive, persistent and difficult to control concern, accompanied by physical or psychological symptoms that cause suffering and impaired performance, it is a frequent

disorder that is often not diagnosed [3]. The causes are multiple and depending on the intensity of the symptoms, it can be considered as pathological anxiety, with the affected person presenting excessive concerns about everyday circumstances of life [4].

Another disorder often found in outpatient clinics is depression. Depressive disorders are chronic and multifactorial, that is, they are the sum of internal factors such as genetic and systemic and/or environmental factors such as stressors. They are divided into unipolar or bipolar and still have subtypes, these particular characteristics of each subtype are considered when diagnosing and choosing the correct treatment [5].

The constant changes in the world of work have an impact on the mental health of workers, with mental disorders being one of the biggest causes of absence, often related to depression [6].

Based on this premise, the health sector has high rates of illness among workers resulting from frequent exposure to biological, physical and psychological loads. Nursing represents the largest contingent of the health workforce, which is why it is more exposed and vulnerable to the development of health problems such as mental and behavioral disorders [7].

Thus, it appears that the health of the nursing worker is compromised, due to long working hours, multiple employment relationships, low pay, high number of sick leave, accidents and poor conditions in the work environment [8].

In view of the problems that anxiety and depression can cause in professionals, especially in the nursing team, this study is justified, in order to further investigate the existence of a relationship between these two changes.

Aim of the Study

In this sense, this investigation aimed to identify the presence of anxiety and depression among nursing workers working in the hospital area and to analyze the relationship between these health changes and some characteristics of these workers.

Materials and Methods

This is a cross-sectional, exploratory, correlational study, with a quantitative approach carried out in a medium-sized charitable hospital in the interior of the State of São Paulo, Brazil, with the data collected, exclusively, by the first author of this investigation. At the time (2017), 446 workers on the nursing team were registered at the hospital. The studied population was composed of nurses, technicians and nursing assistants, of both sexes, distributed in the following sectors: Isolation (I) (8 hospital beds), Intensive Care Unit (ICU) adult (10 hospital beds), Coronary Care Unit (CCU) adult (10 hospital beds), Urgency and Emergency (UE) (9 hospital beds) including Recovery (10 hospital beds) and the Inpatient Unit (IU) (113 hospital beds, in general).

In this study, Critical Areas (AC) were considered the adult ICU, the CCU, the UE and sector I; the semi-critical area was considered the IU.

Professionals of both sexes were included in the research, regardless of the length of service at the institution and the shift they performed; those who were not found at the workplace at the time of data collection were excluded, for any reasons of leave from work, vacation or time off.

Two instruments were used to obtain the data; one for the personal and professional characterization of the workers, composed of the personal and professional characterization, with 19 structured and semi-structured questions, directed to the variables that aim at the identification of the worker and his professional activity, adapted from a master's thesis at the Nursing School Ribeirão Preto, São Paulo [9].

The second instrument was the Hospital Anxiety and Depression Scale [10], in its version translated and validated for the Portuguese language [11], whose acronym in English is HADS - Hospital Anxiety Depression Scale. This instrument was chosen because it is easy to

understand, quick to apply and has a reduced number of questions. Although it was initially used for outpatients to detect depressive and anxiety states, it can be used in several contexts [10].

The scale contains 14 multiple choice questions and consists of two subscales: anxiety (HADS-A) and depression (HADS-D). There are seven (7) questions for anxiety and another seven (7) for depression, each scored from 0 to 3 the maximum score for anxiety or depression, being therefore 21. For the interpretation of the values, it is considered that how much the higher the score, the greater the chance of developing an anxiety and/or depression disorder [10]. An anxiety score ≥ 8 in HADS is considered the diagnosis of anxiety, while a score ≥ 9 in the assessment of depression in HADS is considered positive for this disease [10,11].

We inform that all the instruments were delivered to the workers in a hospital room reserved for that purpose, answered in front of the first author and collected after the answers, in order to avoid communication of responses between them.

With regard to statistical analysis, for the elaboration of the database, the information obtained by means of the instruments was entered, twice, in an MS-Excel spreadsheet, version 2010. As for the determination of the sample size, the sample plan adopted was by stratified random sampling with proportional allocation by strata, in which each stratum was formed by sectors I, EU, UCO, ICU and UI.

The prevalence of depression taken as the basis for the sample calculation was assumed to be unknown. In order to obtain a conservative estimate of sample size, the prevalence value of 50% was suggested, which results in a sample size that includes any P value.

Adopting the parameters of relative errors of 20, significance level of 5%, prevalence of 50% in each stratum and the total population of 245 employees, the sample size required in the study was 164. The program adopted for the sample calculation was R, version 3.1.2 obtained at www.r-project.org.br. Some tests were carried out, one of which was the Mann-Whitney test, which compares the average of two groups of different individuals; this method satisfies the condition of the sample being independent and is a non-parametric alternative for the t-Student test, as it does not require that the two groups follow a normal distribution, nor that their size is identical [12].

Another test was Kruskal-Wallis, a non-parametric test used to compare three or more populations; to find out which groups differ, it is necessary to use the multiple comparison test [12]. Spearman's correlation coefficient - ρ was also used, which measures the intensity of the relationship between ordinal variables.

This coefficient is not sensitive to asymmetries in distribution, nor to the presence of outliers, therefore, it does not require that the data come from two normal populations. Its interpretation is as follows: above 0.9 it indicates a very strong correlation, from 0.7 to 0.9 a strong correlation, from 0.5 to 0.7 a moderate correlation, from 0.3 to 0.5 a weak correlation and from 0 to 0.3 a negligible correlation [13]. The level of significance and p-value was also considered ($< 5\%$).

As for ethical aspects, the research was approved by the Research Ethics Committee under the CAAE Protocol: 55839216.5.0000.5393 and previously authorized by the hospital where the data was collected. The participants signed a Free and Informed Consent Form (ICF) prepared in accordance with the national standards of ethics in research, recommended by Resolution No. 466/2012, of the National Health Council, Brazil.

Results

Regarding the profile of the 164 interviewees, it was identified that 80% were female and 46.34% married or cohabiting; considering the widowers and the separated, this percentage resulted in 53.7%; the majority (57.93%) were between 31 and 50 years old. Regarding employment, all were hired and most (76.22%) worked for less than 10 years in the profession, 84.76% had only one job in nursing and 94.51% none outside the health area.

It was identified that 88.41% performed 42 hours of work per week, with a minimum of 30 hours and a maximum of 60 hours (overtime in another workplace). Twenty-two workers worked between 1 and 22 overtime hours each week and 2 worked over 30 weekly overtime hours in this job; however, 18 workers worked more than 36 hours a week at another institution.

Most of these workers consisted of nursing technicians (62.2%), followed by nurses (21.3%) and nursing assistants (16.5%). Regarding the sectors where they worked, 48.2% were based in the IU, 20.7% in the EU, 14.6% in the ICU-UCO, 12.8% in the adult ICU and 3.7% in the I; 52.44% worked in the day shift, 42.68% in the night shift and 4.88% in both shifts; 93.9% worked on weekends; 57% did not practice physical activities, 47.6% had difficulty sleeping and 22% practiced physical activity 3 times a week and 9.1%, 2 times.

The data of 164 nursing workers regarding anxiety are shown in table 1.

Affirmative for "Anxiety" questions		Answers	f	%
A1	I feel tense or contracted.	(3) Most of the time	18	11,0
		(2) Much of the time	35	21,3
		(1) From time to time	106	64,6
		(0) Never	5	3,0
A3	I feel a kind of fear, as if something bad is going to happen.	(3) Yes, and in a very strong way.	7	4,3
		(2) Yes, but not as strong.	42	25,6
		(1) A little, but it doesn't concern me.	51	31,1
		(0) I don't feel any of this	64	39,0
A5	I have a head full of worries.	(3) Most of the time	48	29,3
		(2) Much of the time	39	23,8
		(1) From time to time	59	36,0
		(0) Rarely	18	11,0
A7	I can sit at ease and feel relaxed.	(0) Yes, almost always.	34	20,7
		(1) Often	40	24,4
		(2) Few times	80	48,8
		(3) Never	10	6,1
A9	I have a bad feeling of fear, like a cold in my stomach or a tightness in my stomach.	(0) Never	57	34,8
		(1) From time to time	87	53,0
		(2) Often	14	8,5
		(3) Almost always	6	3,7
A11	I feel restless, as if I can't be standing anywhere.	(3) Yes, too much	10	6,1
		(2) Enough	14	8,5
		(1) A little	61	37,2
		(0) I don't feel that way	79	48,2
A13	Suddenly, I have a feeling of panic	(3) Almost every moment	1	0,6
		(2) Several times	17	10,4
		(1) From time to time	46	28,0
		(0) I don't feel it	100	61,0
Total			164	100,0

Table 1: Distribution of hospital nursing professionals (n = 164) according to the responses to the statements in the "Anxiety Scale (A)". São Carlos, São Paulo, Brazil, 2017. Source: Prepared by the authors. 2017.

With regard to responses to depression, the information is found in table 2.

Affirmative for "Depression" questions		Answers	f	%
D2	I still enjoy the same things as before.	(0) Yes, in the same way as before.	59	36,0
		(1) Not as much as before	87	53,0
		(2) Just a little	16	9,8
		(3) I no longer enjoy anything	2	1,2
D4	I laugh and have fun when I see funny things.	(0) As before	94	57,3
		(1) Currently slightly less	55	33,5
		(2) Currently far less	13	7,9
		(3) I can't do it anymore	2	1,2
D6	I feel happy	(3) Never	51	31,1
		(2) Few times	63	38,4
		(1) Often	47	28,7
		(0) Most of the time	3	1,8
D8	I'm slow to think and do things	(3) Almost always	11	6,7
		(2) Often	22	13,4
		(1) From time to time	99	60,4
		(0) Never	32	19,5
D10	I lost interest in taking care of my appearance	(3) Completely	5	3,0
		(2) I am no longer taking care of myself as I should	28	17,1
		(1) Perhaps not as much as before	48	29,3
		(0) I take care of myself in the same way as before	83	50,6
D12	I look forward to the good things to come.	(0) As before	65	39,6
		(1) A little less than before	54	32,9
		(2) Much less than before	32	19,5
		(3) Almost never	13	7,9
D14	I can feel pleasure when I watch a good TV or radio program or when I read something.	(0) Almost always	60	36,6
		(1) Several times	57	34,8
		(2) Few times	35	21,3
		(3) Almost never	12	7,3
Total			164	100,0

Table 2: Distribution of hospital nursing professionals (n = 164) according to the responses to the statements in the "Depression Scale (D)". São Carlos, São Paulo, Brazil, 2017.
Source: Prepared by the authors. 2017.

In summary, the following table 3 was organized with the grouped data of anxiety and depression.

The Mann Whitney test was performed and the results showed that all p-values were above the established significance level of 5%, indicating that there was no evidence that anxiety and depression levels were higher among professionals working in CA than among those working in the UI.

The practice of physical activity was questioned and related to depression; it was identified that 55% of nursing workers did not practice this activity. In addition, 35.1% of those who did not practice it had depression, and 10% of those who did have this health change.

Variables	f	%
Anxiety		
Yes	73	44,51
No	91	55,49
Total	164	100
Depression		
Yes	40	24,39
No	124	75,61
Total	164	100

Table 3: Distribution of hospital nursing professionals (n = 164) according to the variables: "Anxiety and Depression". São Carlos, São Paulo, Brazil, 2017.

Source: Prepared by the authors. 2017.

When applying the Pearson Chi-Square test, the value - p 0.00% was obtained, for a significance level of 5%, that is, statistically there was no equality of workers in the field of nursing who had depression and exercised physical therapist and workers who owned it and did not exercise.

As for the depression related to the length of professional experience, it is observed that, despite the fact that people with this problem register a time above 500 months of work, the median of those with depression was lower when compared to that of workers without this disease. Thus, half of those who had depression had up to 48 months of work; as for those who did not, about 50% reported more than 60 months of work.

Discussion

According to the sociodemographic characterization, as in other studies, most of the interviewees were female, a phenomenon widely confirmed in research with nursing workers [2,8,14], young adults, who worked for less than 10 years in the profession and nursing technicians [15].

Regarding marital status, singles prevailed, working 42 hours a week [16,17]. For some years now, the workload reduction has been advocated for a better quality of life for the nursing team [18,19].

It is noted that the number of people working in the day shift was higher, which is to be expected, since the significant majority of tasks in hospital environments are performed during the day. Most nurses worked on weekends; regarding epidemiological characteristics, most did not practice physical activities [16].

In this study, 44.51% of the participants had anxiety; of these, 64.6% responded feeling "tense or contracted" from time to time and 21.3% a good part of the time; 50% felt a "fear as if something bad was going to happen"; 53.1% had a "head full of worries most or most of the time"; almost 50% rarely managed to "sit at ease and relax"; 50% felt "restless, as if they could not stand still anywhere", although 61% did not have the "feeling of panic". Many of these characteristics are described in other studies in which anxiety was investigated [4].

In such a way that anxiety is configured as one of the main problems of today, intensified by technological advances, by social and economic pressures [20].

Nowadays, where the COVID pandemic 19 is experienced, anxiety seems to have increased among the nursing staff; A systematic review by researchers from Greece and the United Kingdom showed that of 13 studies with 33,062 participants, anxiety was assessed in 12

of them, with a combined prevalence of 23.2%, where nurses exhibited the highest rates [21]. Anxiety symptoms were high among health professionals who work in a surgical center in Turkey [22]. In Spain, a study with hospital health workers showed that those with a higher level of anxiety perceive themselves as ineffective [23].

As for depression, 24.39% showed signs of this health change; in this study, 36% also reported feeling “a taste for the same things as before”; 60% felt “seldom happy or never”; 50.6% still took care of themselves “the same way as before”; 39.6% were as “excited as in the past waiting for things to come”. In addition, 57.3% laughed and had fun “the same way when they see funny things”; 60.4% felt that from time to time they were “slow to think and do things” and 70% almost always or several times were able to feel pleasure when they watched “a good television, radio program or when they read something”.

In the literature review article by researchers from Greece and the United Kingdom, among 33,062 participating health professionals, depression was evidenced in 10 studies, with a prevalence rate of 22.8% [21]. In Nepal, a study carried out with health workers, during the new coronavirus pandemic, showed that 38% of these workers suffer from anxiety and/or depression [24].

Among the factors that can contribute to anxiety and depression among these people are work overload, night shift, double working hours, working conditions and length of service in institutions [25]. In fact, it was found in an emergency care hospital in Teresina/PI, Brazil, that 27.8% of nursing professionals had mild anxiety, 13.3% moderate and 3.3% severe, which mainly affected nursing technicians 46.3% followed by nurses 39.1% [26].

In this study, the scores of the depression questionnaire showed the existence of a certain lack of motivation among the workers interviewed. It is noteworthy that on depression, in relation to developing the disease, the incidence is 10% for females and 5% for males; the differences presented are justified by the physiological aspects, the social role and the greater emotional sensitivity in women [27].

A review study with the literature search carried out between 2003 and 2015 showed that nursing professionals are vulnerable to depression when young, married, doing night work and having several jobs, when they have a high level of education, low family income, overload of work, high stress, insufficient autonomy, feeling of insecurity and professional conflict [28].

There was also a moderate positive correlation with the variable total anxiety and total depression. It is confirmed that there was no difference in the levels of these two diseases between the categories of the nursing team; also, at the 5% significance level established, no evidence was found that the levels of anxiety and depression are higher among professionals working in critical areas than among those working in the inpatient unit.

The causes of absence from work due to mental and behavioral disorders among nursing professionals were investigated in a Brazilian university hospital. Depressive episodes were responsible for most of the absences 24.1%, with females the most predominant 90.5%, with emphasis on the age group between 31 and 40 years 57.7%, with the technicians most nursing 68.1%; the hospitalization sector was responsible for the largest number of sick leave due to mental and behavioral disorders, 31.3%. The triggering factors for depression in these workers may be related to the frequent submission to excessive workloads, exhausting shifts and high psychological loads. Health promotion strategies, reorganization of working conditions and adequate attention to the mental health of these workers constitute important measures to reduce work leaves [7].

About performing physical activities, it is known that those who exercise can prevent both anxiety disorders and depression, in this investigation, of the workers who exercised, 10% were depressed. The beneficial influence of physical exercise is confirmed in other studies [29].

Regarding working time, 50% of workers with depression worked less time in the nursing field. Regarding the workload, those who work more were supposed to be more anxious, because those who have a shorter workload are likely to do a lot more overtime (30h normal load) and those who work 60h maximum, end up working 16h more, in relation to the group of people who are not anxious and perform the weekly workload.

It is emphasized that continuous supervision over the psychological consequences must be part of the preparation efforts in the health systems, to prevent the psychological impact of these professionals, even now after outbreaks of infectious diseases [2].

Limitation of the Study

This study has limitations, the main one being related to cross-sectional studies, which do not allow the establishment of causalities; another aspect refers to the number of workers, coming from only one hospital, which discourages the possibility of generalizations. On the other hand, it promotes advances in knowledge, reiterating that the nursing team has been presenting mental changes, such as depression and anxiety, which can restrict the care offered to patients.

Conclusion

The nursing team showed high levels of anxiety (44.5%) and depression (24.4%). However, according to the tests applied, there was no statistical difference between the hospital sectors and between the teams that work in the critical areas of the inpatient units known as medical clinic. Thus, it was confirmed that there were no statistical differences in the levels of anxiety and depression between the categories of the nursing team.

These findings highlight the need to carry out further investigations on anxiety and depression with a view to associating how both affect nursing team workers. Future research should investigate the health needs of nursing workers, since anxiety and depression disorders can be modifiable risk factors.

Acknowledgments

To the hospital and the entire nursing team.

Conflicts of Interest

The authors declare that there aren't conflicts of interest.

Financial Support

Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), linked to the Ministry of Education of Brazil - Financing Code 001.

Bibliography

1. Walter L and Styhre A. "Nursing, bedside care, and the organization of expert knowledge: Professional work as agencement". *The Scandinavian Journal of Management* 36.3 (2020): 101118.
2. Pouralizadeh M., et al. "Anxiety and depression and the related factors in nurses of Guilan University of Medical Sciences hospitals during COVID-19: A web-based cross-sectional study". *International Journal of Africa Nursing Sciences* 13 (2020): 1002332.
3. Zuardi AW. "Características básicas do transtorno de ansiedade generalizada". *Medicina* 50.1 (2017): 51-55.
4. Moura A., et al. "Fatores associados à ansiedade entre profissionais da atenção básica". *Publicação de Sociedade Portuguesa de Enfermagem de Saúde Mental* 19 (2018): 17-26.
5. Menezes IC and Juruena MF. "Diagnóstico de depressões unipolares e bipolares e seus especificadores". *Medicina* 50.1 (2017): 64.
6. Corrêa CR and Rodrigues CML. "Depressão e trabalho: revisão da literatura nacional de 2010 e 2014". *Negócios em Projeção* 8.1 (2017): 65-74.
7. Oliveira DM., et al. "Afastamento do trabalho por transtornos mentais e comportamentais entre profissionais de enfermagem". *Revista Cuidarte* 10.2 (2019): e631.

8. Guimarães ALO and Felli VEA. "Notificação de problemas de saúde em trabalhadores de enfermagem de hospitais universitário". *Revista Brasileira de Enfermagem* 69.3 (2016): 507-514.
9. Dalri RCMB. "Carga horária de trabalho dos enfermeiros de emergência e sua relação com estresse e cortisol salivar. 2013. 205f. Tese (Doutorado) - Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo, Ribeirão Preto (2013).
10. Zigmond AS and Snaith RP. "The hospital anxiety and depression scale". *Acta Psychiatrica Scandinavica* 67.6 (1983): 361-370.
11. Botega NJ, et al. "Validação da escala hospitalar de ansiedade e depressão (HAD) em pacientes epiléticos ambulatoriais". *Jornal Brasileiro de Psiquiatria* 47.6 (1998): 285-289.
12. Portal Action. Teste de Kruskal-Wallis.
13. Shimakura S. "Coeficiente de correlação de postos de Spearman (2005).
14. Dias EG, et al. "Qualidade de vida no trabalho dos profissionais da saúde de uma Unidade Básica de Saúde". *La Revista Cubana de Enfermería* 32.4 (2016).
15. Notaro KAM, et al. "Cultura de segurança de equipes multidisciplinares de unidades de terapia intensiva neonatal de hospitais públicos". *The Revista Latino-Americana de Enfermagem* 27 (2019): e3167.
16. Santos SVM, et al. "Características Socioeconômicas, Epidemiológicas e Laborais de Profissionais de Enfermagem Hospitalar". *RECOM* 7 (2017): e1391.
17. Souza VS, et al. "Qualidade de vida dos profissionais de enfermagem atuantes em setores críticos". *Rev Cuid* 9.2 (2018): 2177-2186.
18. Souza JD, et al. "Stresse em serviço de urgência e os desafios para enfermeiros brasileiros e portugueses". *Ev Enf Ref* 12 (2017): 107-116.
19. Bardaquim VA, et al. "Reflexão sobre as condições de trabalho da enfermagem: subsídio às 30 horas de trabalho". *REC* 8.2 (2019): 171-181.
20. Moura IM, et al. "A terapia cognitivo-comportamental no tratamento do transtorno de ansiedade generalizada". *Rev Cient Fac Educ e Meio Ambient* 9.1 (2018): 423-441.
21. Pappa S, et al. "Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis". *Brain, Behavior, and Immunity* 88 9 (2020): 901-907.
22. Koksall E, et al. "Evaluation of Depression and Anxiety Levels and Related Factors Among Operating Theater Workers During the Novel Coronavirus (COVID-19) Pandemic". *The Journal of PeriAnesthesia Nursing* (2020).
23. Muñoz ASA, et al. "Self-efficacy and anxiety in female hospital healthcare workersAutoeficacia y ansiedad en trabajadoras sanitarias de hospital". *Ansiedad Estrés* 24.2-3 (2018): 99-104.
24. Gupta AK, et al. "Prevalence of anxiety and depression among the healthcare workers in Nepal during the COVID-19 pandemic". *Asian Journal of Psychiatry* 54 (2020): 1022602.
25. Bardaquim VA, et al. "Evidencias sobre factores asociados a ansiedad y depresión en personal de enfermería". *Evidentia* 14.1 (2017): 1-9.
26. Veloso LUP, et al. "Prevalência de Ansiedade em profissionais de Enfermagem de Urgência e Emergência". *Revista de Enfermagem UFPE on line* 10.11 (2016): 3969-3976.

27. Assumpção GLS., *et al.* "Depressão e suicídio: uma correlação". *Rev. Pret.* 3.5 (2018): 312-333.
28. Silva DSD., *et al.* "Depressão e risco de suicídio entre profissionais de Enfermagem: revisão integrative". *Revista da Escola de Enfermagem da USP* 49.6 (2015): 1023-1031.
29. Mora CAA. "Revisión de los beneficios de la intensidad y modalidades de ejercicio físico sobre el estrés psicológico". *Pensar Mov* 16.1 (2018): e30335.

Volume 3 Issue 3 March 2021

© All rights reserved by Vanessa Augusto Bardaquim., *et al.*