RELATIONSHIP BETWEEN LIFE SKILLS, ANXIETY, AND DEPRESSION IN INTENSIVE CARE UNIT (ICU) NURSES

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ABSTRACT

Introduction: Work has played a central role in the construction of individuals' health. And disorders such as anxiety and depression can cause damage to people's lives as a whole and significantly affect the worker. Therefore, programs for mental health prevention, such as the development of life skills, can contribute to the improvement and prevention of these skills. Objective: to describe sociodemographic characteristics, health/disease conditions, symptoms of Anxiety and Depression and to associate them with the VH of ICU nurses from a tertiary hospital in the State of São Paulo, Brazil. **Method:** This is a descriptive, cross-sectional study with a survey design and correlation of variables. All nurses from the Intensive Care Units (ICU) of a high-complexity hospital were invited to participate in the research, who agreed to participate and answer the following assessment instruments: 1) Protocol with sociodemographic information and health/disease conditions; 2) Hospital Anxiety and Depression Scale - HADS; 3) Life Skills Scale (EHV). The exploratory analysis of the data included mean, median, and standard deviation and variation for continuous and numerical variables, and proportion for categorical variables. All tests were two-tailed and P values < 0.05 were considered significant. **Results:** The study population consisted of individuals aged between 23 and 43 years, with a predominance of females. Most of those evaluated indicated no health problems. Significant symptoms of anxiety and depression were found in about one third of the sample and eight of the ten HV in interval two, with a median of 4, i.e., good HV. **Conclusion:** The sample is characterized by a group of nurses with a lower presence of significant symptoms of Anxiety and Depression when compared to similar studies and good Life Skills. In the comparative analysis between groups with and without depression, older women with a mean age of (35 years) showed depression and an association with poor life ability to communicate effectively.

Keywords: Anxiety. Depression. Life Skills. Nurses. Mental health.

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INTRODUCTION

Work occupies a central role in the construction of health and the very identity of individuals, its influence exceeds the daily working hours established by labor laws and extends to family and private life. It is from the relationship that is established with work that the subjects are recognized, valued, validated as promoters of knowledge and with diverse potentialities. Working mobilizes thought, intelligence and the construction of identity (MIGUEL, GENTIL AND GATTAZ, 2011; SOUSA & SILVA, 2019).

Through work, the individual seeks to meet his needs and socialize. It is an activity in which physical and psychological aspects are related and should contribute to health and well-being, and not to the illness, maladjustment and tension of workers (BARBARO, ROBAZZI, PEDRÃO, CYRILLO AND SUAZO, 2009; SOUSA & SILVA, 2019).

Several studies point to the importance of health workers being physically and emotionally well, to take care of others. The physical, emotional, and mental exhaustion generated by work can contribute to apathy, discouragement, sadness, irritability, depression, anxiety, among other problems, generating losses in productivity, performance, and satisfaction. These factors contribute to the emergence of mental health-related problems (RODRIGUÊS, RODRIGUÊS, OLIVEIRA, LAUDANO & SOBRINHO, 2014; FERNANDES, SOARES & SILVA, 2018).

Nursing workers are considered to be at risk for mental illness and the hospital environment contributes to the health problems Researchers in the area report an increase in suffering from mental and behavioral disorders such as anxiety and depression compared to the general population. Research has shown that the Intensive Care Units (ICU) are one of the most tense and difficult environments to work in the hospital, which can also cause damage to the physical and mental health of the team that works there. Increasingly sophisticated units, unstable environment, work overload, interpersonal relationships and conflicting decisions are factors pointed out as triggers of problems such as depression and anxiety (KIRCHHOF, et al., 2009; VARGAS, 2011; JULIO et al., 2022).

Nursing professionals who work in Intensive Care Units (ICU) are among the workers at risk of mental illness. They experience many stressors at work, such as dealing with critical and serious situations, frequent suffering and death, lack of material and human resources, interpersonal conflicts, communication problems, among others that contribute to illness (DINCER & INANGIL, 2021; HEESAKKERS, et al., 2021). The mental and physical health of these professionals is essential to ensure the quality of health services (HAN et al., 2022). Mental disorders, such as anxiety and depression, can cause serious damage to family, academic, social, and personal life; even in the way the individual evaluates himself, others

and the future. They can occur when the demands or needs of the work environment exceed the individual's adaptation condition (BÁRBARO et al, 2009).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), there are different types of anxiety disorders, however, a characteristic among them is the presence of anxiety and avoidance behavior, in which the individual avoids situations that lead him to become anxious. It involves the presence of physical symptoms such as: tachycardia, sweating, dizziness, nausea, shortness of breath, dry mouth and psychic symptoms such as: restlessness, irritability, insecurity, insomnia, difficulty concentrating, and this combination of symptoms results in a significant functional impairment for the individual (APA, 2023). Depression is one of the major psychiatric disorders that affects people in the world. The affected individual may present symptoms such as depressed mood, lack of motivation, loss of interest, constant tiredness and fatigue, significant weight gain or loss, insomnia, agitation or psychomotor retardation, feelings of worthlessness or guilt, low ability to concentrate or make decisions and suicidal ideation, are important symptoms in the diagnosis of depression, harming the mental health of this individual (APA, 2023).

For the World Health Organization (WHO), mental health is a term used to describe the level of cognitive and emotional quality of life of the individual, including the ability to enjoy life and seek a balance between their activities, their efforts and staying healthy It involves the balance between work and leisure activities and not just the absence of disease (WHO, 2013; GAIANO, et al., 2018). Health promotion involves actions that enable people to adopt and maintain healthy lifestyles. Research in prevention has shown a significant increase in publications, as is the case of studies that show positive results in the reduction of social, emotional, cognitive problems and the increase of competences, from the teaching of Life Skills (HV) (MURTA, 2007). Life Skills are considered adaptive and positive behavior skills, which help the subject to better deal with the demands and challenges of their daily lives. There is a group of ten skills that are: Decision Making, Problem Solving, Creative Thinking, Critical Thinking, Effective Communication, Interpersonal Relationships, Self-Knowledge, Empathy, Dealing with Feelings and Emotions, and Dealing with Stress, which can help promote the health and well-being of individuals. The World Health Organization (WHO) proposes HV teaching programs, with the purpose of developing emotional, social and cognitive capacities and thus contributing to individuals being able to better deal with everyday conflict situations (WHO, 1997).

Or The term Life Skills has its origin mentioned in the 1986 Ottawa Charter, which states as necessary: to provide information, education and reinforce HV to promote health and support for personal and professional development. By developing these skills, it is

possible to increase the possibilities of individuals to exert greater control over their own behaviors, their environments and make choices that contribute to mental health. These ten skills are considered relevant, can be applied to all individuals, contribute to protecting them from risk environments and behaviors (UNICEF, 2012, RAVINDRA, 2012).

Studies in the literature have shown a positive impact of life skills training in different populations and ages. Research by Minto, Netto, Bugliani & Gorayeb, (2006) on HV teaching with teaching students, adolescents demonstrated increased capacity for reflection in problem-solving situations, improved interpersonal relationships, communication and physical and mental quality of life. In a study by Gorayeb, Netto & Bugliani (2003) carried out a study on health promotion and the teaching of HV also in schools with adolescents, which indicated an improvement in self-knowledge, reflection, interpersonal relationships, problem solving and well-being of this population. In the work of Sahebalzamani, Farahani and Feizi (2012) who researched the effect of HV training on the general health of nursing students, they found that the teaching of these skills increased the overall quality of health of these students. Another study, with health professionals, found that the participants had low HV, related to the presence of symptoms of anxiety, depression and stress (DIONÍSIO-LUCÂNIA, 2015).

Considering the impact that ICU work can have on the lives of nursing professionals and the damage caused by mental disorders such as anxiety and depression, it is important that more research be carried out to increase knowledge in this area in order to develop programs for the promotion, prevention and intervention of workers' mental health through Life Skills training. Therefore, the present study aimed to describe sociodemographic characteristics, health/disease conditions, symptoms of Anxiety, Depression and associate them with the Life Skills of Intensive Care Unit nurses from a tertiary hospital in the State of São Paulo.

METHODOLOGY

STUDY DESIGN AND SETTING

This is a descriptive, cross-sectional study, with a survey design and correlation of variables. Data collection was carried out in a tertiary hospital in the state of São Paulo, Brazil. The methodological path is presented below, with the presentation of the research participants, materials and procedures applied.

PARTICIPANTS

A total of 43 nurses from the Intensive Care Units (ICU) of a tertiary hospital in the State of São Paulo, Brazil, participated in the research. The invitation was made to the professionals in the three shifts, morning, afternoon and night, and those who agreed to participate spontaneously answered the evaluation instruments and signed the Informed Consent Record.

INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria were: being an ICU nurse, being available to participate in the study. The exclusion criteria were: having mental impairments and/or disorders that require other forms of intervention or that make it difficult to understand the assessment instruments.

INSTRUMENTS

For data collection, a protocol was used, including specific assessment instruments, described below:

Identification Form, Sociological, Demographic and Health/Disease Conditions:

It was prepared by the researcher, with the objective of identifying sociodemographic data of the sample, such as gender, age, education, profession, area of activity and health conditions.

Hospital Anxiety and Depression Scale (HADS):

The scale has 14 items divided into two subscales, seven for the assessment of anxiety symptoms (HADS-A) and seven for the assessment of depression symptoms (HADS-D). Each of the items can be indicated from zero to three points, composing a maximum score of 21 points for each of the scales.

The authors of the original scale (ZIGMOND & SNAITH, 1983) presented the following classifications for both subscales: 0 to 7 non-cases, from 8 to 10 possible cases, and higher than 11 probable cases. For this study, The classification used by the study of Schimidt, Dantas and Marziale (2011), made with a population of nurses. The authors used the scores indicated by the authors of the original scale, but in a summarized way, with: HAD-anxiety without anxiety from 0 to 7, and with anxiety ≥ 8; HAD-depression without depression from 0 to 7, and with depression ≥ 8. The possible values for both measures range from zero to 21, and the higher the value, the greater the chance of the individual developing an anxiety and/or depression disorder.

The scale was chosen for the present study because it is easy to apply, addresses the variables of interest (anxiety and depression) and has demonstrated good psychometric characteristics among individuals with different types of health problems. It was initially

proposed for outpatients to verify states of depression and anxiety, however, recent studies with nursing professionals show its application in other contexts, with different populations thus expanding its use (Schmidt, Dantas & Marziale, 2011).

Scale to assess Life Skills (EHV):

This scale was developed by Dionísio-Lucânia (2015), in his master's thesis, based on definitions of the concepts of Life Skills of the World Health Organization (WHO; 1997) Minto, Pedro, Netto, Bugliani and Gorayeb (2006) and Murta, Del Prette (2010). The definitions of each skill are presented and the respondent evaluates how much each one would be present in his or her life, based on a Likert scale: 1 (never), 2 (almost never), 3 (sometimes), 4 (almost always) and 5 (always). The values of the scale were divided into two intervals: answers considered to have less ability (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to have good ability (4 Almost Always and 5 Always). The maximum score of the instrument is 50 and the minimum is 10 points. The closer to 50 points, the greater the presence of HV demonstrated by the individual.

ETHICAL ASPECTS

Data were collected after the project was approved by the Ethics Committee for Research on Human Beings with Opinion (N° 1.672.671). The nurses who agreed to participate in the research signed the Free and Informed Consent Record, with information about the objectives of the study, risks and benefits, the non-identification of the participants, the freedom to withdraw from the research without prejudice, the confidential nature of the data and the intended use of the information collected. After clarifying the doubts, everyone signed the Registry in two copies, one copy of which remained with the participant and the other with the researcher, who stored it separately from the evaluation protocol to ensure confidentiality. Individuals who were identified with psychosocial or clinical demand that exceeded the size of the present study were referred to the psychology service of the hospital where the research took place for the necessary procedures, as recommended by Resolution 510/2016 of the National Health Council - CNS.

PROCEDURES

After the study was approved by the Research Ethics Committee, data collection began in six Intensive Care Units, in the three morning, afternoon and night work periods. The evaluation protocol was given to the participant to answer individually. The forms were delivered in the form of a self-answer, and in case of doubts, the researcher was available to

explain or provide a synonym of the terms that would facilitate the understanding and completion of the evaluation instruments.

During the explanation of the procedure, two nurses requested psychological support, as they were in need of support. An appointment was scheduled for these employees and an individual service was carried out in the service of assistance to employees of the same hospital.

DATA ANALYSIS

The exploratory analysis of the data presented included mean, median, and standard deviation, and the categorical variables are described in numbers. The association of anxiety, depression and Life Skills measures were compared between two groups of numerical variables performed using the Student's t-test. The comparison of categorical variables between the two groups was performed using Fischer's exact test. Statistical analysis was performed using the IBM-SPSS Statistics software, version 24 (IBM Corporation, NY, USA). All tests were two-tailed and P< values of 0.05 were considered significant. The data were tabulated in Excel spreadsheets and presented in Tables based on descriptive analysis.

FINDINGS

The participants in the study sample are between 23 and 43 years old, with a mean age of 32 years, with a predominance of females 34 (79%), in relation to the marital status of the participants, most are married and in a stable union 26 (60.5%). The sample consisted of undergraduate nursing students and 14 (32.6%) had graduate degrees.

Regarding the number of children, most of the participants 27 (62.8%) declared not having children. According to information from the institution's human resources department, the average salary of nurses is 3.5 minimum wages, but the salaries of the participants varied due to length of service, period of work, workload, among others. Regarding the type of housing, 24 (55.8%) had their own home, 12 (27.9%) were financed and seven (16.3%) rented. Most of the participants worked during the day 29 (67.4%) and at night 14 (32.6%).

Regarding data on health conditions and lifestyle habits, a significant portion of the participants indicated that they did not have a health problem 34 (79.1%), did not use medication regularly 28 (66.7%) and used medication 14 (33.3%), and one participant did not declare this information. Regarding tobacco use, there was a predominance of 42 (97.7%) nonsmokers. Regarding the use of alcoholic beverages, 20 (46.5%) reported not drinking, 20 (46.5%) reported drinking socially and three (7%) reported using them regularly. Regarding the use of illicit drugs, 42 (97.7%) reported not using them. Physical activity was practiced

by 18 (41.9%). Regarding laser activities, 25 (58.1%) indicated doing it regularly, and sometimes 18 (41.9%). When asked about having support or support, only one (2.3%) reported not having it. The others had the support of family and friends, among others.

Table 1 describes the presence and absence of anxiety and depression of the participants, with a score above eight points and no significant symptoms from 0 to 7 points. 13 (30.2%) had significant symptoms of anxiety and 10 (23.3%) of the participants had significant symptoms of depression.

TABLE 1

Prevalence and score of anxiety and depression, according to the Hospital Anxiety and Depression Scale of the nurses included in the study (N=43).

N variables	%
ADH - Anxiety	
Present 13	30,2
Absent 30	69,8
HAD – Depression	
Gift 10	23,3
Absent 33	76,7

Ordinal variables are described as median (minimum and maximum) and nominal variables are described as number (percentage). HAD hospital scale of anxiety and depression.

Table 2 describes the participants' perception of Life Skills. For this evaluation, the values of the Likert scale were categorized into two intervals, which are: interval 1 (never, 2 almost never, and 3 sometimes) are considered low abilities, and interval 2 (4 almost always and 5 always) are considered good abilities. In the study, most of the skills had a median of 4, that is, the sample had good Life Skills.

TABLE 2

Perception of Life Skills of the nurses included in the study (N = 43).

Skills	Average	Median	Standard deviation	Variation
Self	3,74	4,0	0,73	2 – 5
Empathy	3,83	4,0	0,64	3 – 5
Effective communication	3,47	3,0	0,83	2 – 5
Interpersonal relationship	3,95	4,0	0,69	3 – 5
Decision making	3,95	4,0	0,75	2 – 5
Troubleshooting	3,86	4,0	0,64	3 – 5
Creative thinking	3,63	4,0	0,72	2 – 5
Critical thinking	3,88	4,0	0,69	3 – 5
Dealing with feelings and emotions	3,65	4,0	0,75	2 – 5
Dealing with stress	3,16	3,0	0,92	1 – 5
Total score	37,3	3,7	4,9	29 - 49

A comparative analysis between groups with and without depression, according to the Hospital Anxiety and Depression Scale, found that women with a mean age of 35.7 years had depression, with a significant result, with a value of P = 0.027. And the comparative analysis between groups with and without anxiety, there was also a predominance of females with anxiety, but there was no significant result in the P value.

The comparative analysis of Life Skills according to the presence of depression of the participants showed that employees with depression had an association with low ability in effective communication and the data demonstrate a significant value of P= 0.012. The comparative analysis of life skills according to the presence of anxiety of the participants

showed that 13 individuals had anxiety, but did not present a significant association with life skills.

DISCUSSION

The study sample consisted of a group of nurses, young people aged between 23 and 43 years, most of whom were female and married. In a study that evaluated symptoms of anxiety and depression in nursing professionals in the operating room, similar results were verified, that is, the important presence of workers with symptoms of anxiety and depression. According to a report by the World Health Organization (WHO), in Brazil, depression is the second leading cause of disability, being the highest rate in Latin America with more than eleven million Brazilians diagnosed with the disease, most of them women (WHO, 2017). According to data from the Regional Nursing Council of Rio de Janeiro (2021), about 85% of nursing professionals in Brazil are female, which is in agreement with the present study in which there was a significant presence of female professionals.

An important portion of the evaluated (34=79.1%) mentioned not having a health problem and using medication (14=42), and one did not answer this question. Among the diseases mentioned are gastritis, allergy, reflux, arthritis, depression, migraine, hypothyroidism and polycystic ovary. In a study by Souza, Silva, Costa and Sobrinho (2011), among the health complaints, the following stood out as the most frequent: pain in the legs, back pain and pain in the arms. Among the diagnoses mentioned, those who work in the hospital as nursing professionals also highlighted: arterial hypertension, varicose veins in the lower limbs, repetitive strain injuries (RSI), urinary infection, low back pain and sinusitis. In general, according to Ascari, Schmitz and Silva (2013), studies point to weaknesses in the health of nursing workers, whether they are nurses, assistants or technicians. Occupational diseases and places of work were varied, with a significant number of professionals exposed to occupational risks, which led to an increase in diseases in recent years.

Most of the participants reported not using tobacco (n-42) or alcohol (n-20), but no measures or questions about the consumption pattern were used, but whether they used it or not. Reisdorfer, Moretti-Pires, Kunyk and Gherardi-Donato (2014), in a study on the use of alcohol and tobacco by health professionals and their relationship with their work, identified that the meanings given to the use of these substances by professionals seek to correspond to a social expectation of being examples of behavior for society. Regarding the issue of drug use by health professionals, it has still been investigated in an irrelevant way in Brazil, which highlights the importance of conducting more research to better understand the consumption of substances by health professionals, as there are few studies on the subject and therefore it is necessary to investigate the prevalence and which factors contribute to the use of drugs

(BOTTI, LIMAN & SIMÕES, 2010). In the present study, only one participant reported using illicit drugs.

Regarding the practice of physical activity (n-18; 41.9%) among the participants in the sample, they reported practicing it. According to Freire, et al., (2015) physical activity is defended, together with other factors, as an important element in health promotion, with benefits for physical and mental health, reducing levels of anxiety and depression. However, little has been studied about physical activity in professionals working in intensive care units (ICUs). Even though they are aware of the benefits of this activity, adherence is low, either due to lack of time or even incentive. Those who practice physical activities have greater vigor and willingness to carry out their daily and professional activities, in addition to demonstrating less fatigue and a better cognitive level.

In the present study, the sample had an average of seven hours of sleep, 50% of the participants reported that they sleep more than seven hours and the other 50% sleep less than seven hours. A study that aimed to verify the sleep pattern of nurses identified that these professionals have this altered pattern, due to the fast pace of work, excessive workload, shifts and shifts of activities. The authors indicate greater attention to the quality of sleep of these workers, as it can lead to several health problems (GODOY, BANDEIRA, JÚNIOR, & GUSMÃO, 2012).

In the sample, 25 (58.1%) of the participants reported having a leisure activity. Research on leisure in the lives of nurses found that this practice plays an important role in the lives of these professionals, as it acts on emotional balance, their mental health and satisfaction with work and life. It is not just a time of rest, it is more than that, it is a strategy to deal with stress that collaborates to promote well-being. It would be essential for health organizations to consider the importance of their workers' leisure and seek to include or encourage this practice (ABRÃO, et al., 2024).

Support or support was indicated by most of the participants, and the main support was that of family members 17 (39.5%), followed by friends 11 (25.6%). However, some of the participants reported support or support in the church, in music and in God. None of the employees reported having support or support at work. According to Braga, Carvalho and Binder (2010), the employee spends most of the day in the workplace, if he receives support and support in this place, the number of mental disorders can decrease when compared to situations in which this support is low and inadequate.

Healthy eating was indicated by a significant number of participants, 31 (72.1%). For Zanelli (2010), healthy eating and physical activity are factors that contribute significantly to reducing mental health problems, such as anxiety and depression. In the research by

Dionísio-Lucânia (2015), on mental health and Life Skills of health professionals, a high number of workers with significant symptoms of anxiety 24 (66.7) and depression 20 (55.6) were verified, values higher than those found in the present study, but which may be related to the fact that the population is not only made up of nurses, but of different professionals, having lower education and socioeconomic conditions and less practice of physical and leisure activities.

Regarding mental health, in the present study they presented significant symptoms of anxiety in 13 (30.2%) and depression in 10 (23.3%) of the participants. The presence of anxiety and depression in workers can affect well-being, daily activities, contribute to absence from work, presenteeism, leaves, drop in productivity, illness, decrease in the quality of the service provided, and consequently generate losses for companies (Schmidt, Dantas & Marziale, 2011; Oliveira & Pereira, 2012). A study that aimed to evaluate the quality of life, depression and anxiety in 75 nursing professionals, 65 (86.7%) nursing technicians and 10 (13.3%) nurses, from a psychiatric hospital, found that 51 (68%) were at risk for depression, 64 (85.3%) had moderate trait anxiety and 63 (84%) moderate state anxiety, the study revealed that nursing professionals had little compromised quality of life, however, there was a higher percentage for depression and moderate levels of anxiety than that found in the present study, which may be related to the hospital context with different demand. These data reinforce the importance of organizations developing strategies to take care of the mental health of their employees and thus reduce losses (PESSOA, et al., 2021).

In the sample studied, the participants' perception of Life Skills had a mean of (3.74) with a median of (4.0), that is, good skills. An association was found between participants with depression and low effective communication skills, with a value of (P- 0.027). In this study, the sample showed good life skills and low mental illness, and the study by Dionísio-Lucânia (2015) found a correlation between low life skills and greater mental illness with a diverse group of health workers, the opposite of what was found in the present study, which shows a possible relationship between the variables. Life skills seem to have a protective effect on mental health, and in view of this possibility, it is essential that more research be carried out that can contribute to the development of preventive and interventional measures in mental health based on the training of these skills.

In another work, it is possible to verify the effectiveness of life skills training as a strategy to reduce symptoms of anxiety, depression, and stress in health professionals and help individuals deal with life's challenges effectively (DIONÍSIO-LUCÂNIA, 2021). These studies found in the literature indicate the presence of damage to the mental health of health professionals, which reinforces the importance of seeking intervention and prevention

strategies that can contribute to their well-being, which can be found in Life Skills Training, as recommended by the World Health Organization since 1997 and is corroborated in studies in the literature, highlighting the relevance of conducting more research to investigate the relationship between these variables and expand knowledge in this area and thus also contribute to the population in general.

CONCLUSION

This study was conducted with ICU nurses from a tertiary hospital in the state of São Paulo, Brazil. The sample was composed of nurses aged between 23 and 43 years and predominantly female. Most participants reported having no health problems, maintaining a healthy diet, performing physical activity and having an adequate sleep time, around seven hours of sleep.

Most participants had good life skills and low mental illness compared to other studies in the literature. The sample consisted of a relatively healthy group of nurses, that is, they presented the presence of significant symptoms of Anxiety and Depression in about one third of the sample and eight of the ten skills with a median of four, that is, good Skills. The data found in the present study and in others in the literature show the benefits that good life skills can have on mental health, which deserves further research to expand the use of this strategy.

In view of this, it is important to emphasize the need for further research, with a larger number of participants, to verify the correlation between the investigated variables and thus support the development of new strategies for promotion, prevention and intervention in the mental health of nurses and the population in general.

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