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CORRELATION BETWEEN DEPRESSION AND ANXIETY SYMPTOMS WITH LIFE SKILLS IN HEALTH WORKERS

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ABSTRACT

Introduction: Mental disorders such as depression and anxiety can cause damage to social, personal and work life. In view of this situation, research aimed at reducing its impact and the development of skills that contribute to the prevention of these problems are essential.Objective: to identify and describe symptoms of depression and anxiety and correlate them with life skills in health workers. Method: This is a descriptive, cross-sectional study with a survey design and correlation of variables. Participants were 36 health professionals from a high-complexity hospital in the interior of the state of São Paulo, Brazil, who agreed to respond to the evaluation protocol. The following instruments were used: 1) Protocol with sociodemographic information and health/disease conditions; 2) Hospital Anxiety and Depression Scale - HADS; 3) Life Skills Scale developed by the researchers. The data were tabulated in Excel spreadsheets, presented in tables for descriptive analysis and association between the variables by Spearman's Correlation Coefficient. The level of significance adopted was 0.05. Results: the sample consisted of individuals aged between 30 and 57 years, predominantly female (n-34; 94.4%), married (27 = 75%), most of whom were nursing professionals (n-16 = 66.7%). Some of the evaluated indicated some health problem and used medication (n-16; 44.4%); practicing leisure activities (n-11; 30.6%); presence of support or support was indicated by most respondents (n-35; 97.2%). Significant symptoms of anxiety were observed in (n-24 = 66.7%) and depression in (n-20 = 55.6%). The sample demonstrated impairments in life skills, and most of these established a negative correlation with symptoms of depression and anxiety. Conclusion: Participants had significant symptoms of depression and anxiety and impairments in life skills, which requires further research to investigate the relationship between these variables.

Keywords: Workers' Mental Health. Depression. Anxiety. Life Skills.

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1 INTRODUCTION

1.1 WORKER'S MENTAL HEALTH AND LIFE SKILLS

Work has a central role in man's life, because through it he transforms his potentials into actions and objects with social value. Their achievements contribute to organizations, to society and at the individual level, by dedicating themselves to work and producing, they have remuneration, appreciation, belonging to the collectivity, which is important for the maintenance of their mental health (RUMIN, GUEDES & SCHMIDT, 2021). Based on its economic value for the worker's subsistence, due to its cultural or symbolic aspect, work mediates social integration, having fundamental importance in the constitution of subjectivity, in the worker's way of life and mental health (SOUZA, 2013; SOUSA & SILVA, 2019).

According to the World Health Organization (WHO), mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to another. It can be understood as a state of mental well-being that allows the individual to deal with the demands of life, realize their abilities, learn, work and contribute to their community. It is an important component of health and well-being that underpins individual and collective abilities to make decisions, build relationships, and shape the world we live in. It is a basic human right, fundamental for personal, community and socioeconomic development (WHO, 2022).

Mental illness can cause damage to the individual's life as a whole, affects the family, academic, social, personal context, pleasure and well-being. It occurs when the demands of the environment exceed the subject's capacity to adapt, which contributes to the appearance of feelings of lack of dignity and incapacity, reduction in creativity, motivation and productive behavior at work (PINHO & ARAUJO, 2007; BARBARO et al., 2009; BRAZIL, 2012). In the health area there is a significant supply of work and to ensure the quality of health services it is essential that the mental and physical health of these professionals is in good condition.

Mental disorders such as depression and anxiety represent the second leading cause of work-related diseases and the main cause of absence from work activities (RIVIÉRE et al., 2020). Depression is considered a public health problem, with a negative impact, it can compromise functioning, generate losses in personal, social and work life (MATOS & OLIVEIRA, 2013). It is one of the most prevalent psychiatric disorders in the world, characterized by depressed mood, lack of motivation, loss of interest or pleasure, tiredness, and fatigue. There may be body change, both significant weight gain and loss. Sleep problems (insomnia or hypersomnia), psychomotor agitation or retardation, feelings of worthlessness or guilt, poor ability to concentrate or make decisions, and suicidal ideation

are other relevant symptoms in the diagnosis of depression (APA, 2023). And anxiety involves different types of disorders, but the main characteristic among them, in addition to the presence of anxiety, is avoidance behavior, in which the individual avoids certain situations considered anxiogenic. Pathological fear can manifest itself in different ways and intensity, but the disorders can have in common the presence of symptoms such as physical (tachycardia, sweating, dizziness, nausea, shortness of breath), and psychic (restlessness, irritability, startle, insecurity, insomnia, difficulty concentrating) (APA, 2023). Fear is a universal feeling, an innate emotion of the human being, necessary for the protection and perpetuation of the species. However, when exaggerated, it can have negative consequences for the individual's functioning (SILVA, 2012).

Efforts to deal with the mental illness of health workers are fundamental, since they face several situations that contribute to this happening (CARREIRO, FILHA, LAZARTE, SILVA & DIAS, 2013). The mental health of these professionals is, therefore, a situation that requires more research and knowledge to propose coherent and effective prevention and intervention measures. The World Health Organization (WHO) The WHO proposes the development of programs for the training of these skills as a health promotion strategy that presents positive results in reducing social, cognitive, emotional, and behavioral problems and increasing competence to deal with everyday challenges. They are a set of ten skills: Decision Making, Problem Solving, Creative Thinking, Critical Thinking, Effective Communication, Interpersonal Relationships, Self-Knowledge, Empathy, Dealing with Feelings and Emotions, and Dealing with Stress (WHO, 1997).

Considering the complexity and high prevalence of mental disorders in the general population and in health workers, and in view of the possibility that life skills training can contribute to the reduction of emotional and behavioral problems, the importance of conducting research to expand knowledge in this area and contribute to the development of health promotion programs is highlighted. prevention and intervention, to the mental health of workers, based on the training of these skills. Thus, this research aimed to identify and describe sociodemographic characteristics, health conditions, symptoms of anxiety, depression and to correlate them with the life skills of workers assisted by the Psychology Service of a teaching hospital in the interior of the State of São Paulo.

2 METHODOLOGY

2.1 STUDY DESIGN AND LOCATION

This research involved a descriptive, cross-sectional study, with a survey design and correlation of variables based on quantitative analysis. Data collection was carried out in a high-complexity hospital in the interior of the state of São Paulo, Brazil.

To achieve the proposed objectives, the methodological path is described below, with the presentation of the research participants, materials and procedures used.

2.2 PARTICIPANTS

The research participants were collaborators of a high-complexity hospital in the interior of the State of São Paulo, Brazil. Adult individuals, of both sexes, volunteers, who agreed to participate and answered the assessment instruments. The invitation was disseminated through posters fixed in the sectors and on the time cards, with information about the procedures and objectives of the work. 40 employees registered, but 36 participated.

2.3 INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria were to be an employee of the Hospital, and to be available to participate in the research, and the exclusion criteria were: to have severe mental impairments and/or disorders (e.g., severe depression with psychotic episodes; anxiety disorders with phobic or panic characteristics) that would require other forms of intervention or that would make it impossible to understand and respond to the proposed instruments.

2.4 INSTRUMENTS

Identification Form: With information on sociodemographic, health and disease conditions, use of medication, data on the presence of support or support, whether leisure activities are carried out and sample information such as gender, age, education, profession and area of activity.

Hospital Anxiety and Depression Scale (HADS): contains 14 items, divided into two subscales, seven of which are focused on the assessment of anxiety symptoms (HADS-A) and seven on depression symptoms (HADS-D). Each of the items can be indicated from zero to three, and the maximum score for each scale is 21 points.

The authors of the original scale (ZIGMOND & SNAITH, 1983) recommend the following classifications for both subscales: 0 to 7 non-cases, 8 to 10 possible cases, and more than 11 probable cases. For the present study, a classification was adopted from a more

recent study with a similar population (nurses), carried out by Schimidt, Dantas and Marziale (2011). These authors reported having used the scores indicated by the researchers of the original scale, although in a summarized form, as follows: HAD-anxiety without anxiety from 0 to 7, with anxiety ≥ 8; HAD-depression without depression from 0 to 7, 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.

This scale was chosen for the present study because it is easy to understand and apply and has a small number of items. It addresses variables of interest (anxiety and depression) and has demonstrated in research good psychometric characteristics among individuals with various types of health problems. This scale 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).

A study conducted by Bjelland, Dahl, Haug & Neckelmann (2002) shows a correlation between the HADS and the Beck Depression Inventory (BDI) (CUNHA, 2001), which ranged from (0.60) to (0.80), and the criterion validity of the HADS scale was considered from 'good to very good'.

Scale to assess Life Skills (EHV): developed by the researchers themselves (DIONÍSIO- LUCÂNIA, 2015), based on definitions from the World Health Organization (1997), Minto, Pedro, Netto, Bugliani and Gorayeb (2006) and Murta, Del Prette and Del Prette (2010). The definitions of each skill are presented and the respondent evaluates how much it is present in his life, based on a Likert scale, being 1 (never), 2 (almost never), 3 (sometimes), 4 (almost always) and 5 (always). For the present study, the values of the scale were divided into two intervals: answers considered to be less skillful (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to be more skillful (4 Almost Always and 5 Always). The maximum score of the scale is 50 and the minimum of 10 points. The closer to 50 points, the greater the presence of the life skills demonstrated by the individual.

2.5 ETHICAL ASPECTS

The data were collected after approval of the project by the Ethics Committee for Research on Human Beings, with Opinion No. 571,948, and the collaborators who agreed to participate signed the Free and Informed Consent Register, 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 intended use of the information collected. After clarifying doubts, the participants signed

the Consent Record in two copies, one copy of which remained with the participant and the other with the researcher who stored them separately from the evaluation protocols to ensure the confidentiality of the information. Participants identified with a condition that went beyond the size of the study were referred to the aforementioned service for the necessary procedures, as recommended by Resolution 510/2016 of the National Health Council - CNS.

2.6 PROCEDURES

The evaluation for data collection was carried out collectively, in the psychological care rooms of the aforementioned hospital, but each participant received the evaluation protocol to answer individually based on the guidance provided by the researcher. In case of doubt or not knowing the meaning of a word, the researcher made herself available to explain or offer a synonym to facilitate the understanding and completion of the evaluation instruments.

2.7 DATA ANALYSIS

A descriptive analysis of the data was performed, which were presented as mean, median, standard deviation for numerical variables, absolute and relative frequencies for categorical variables. The association of anxiety and depression with life skills was established by Spearman's correlation coefficient. For the analysis of socio-demographic characteristics and health conditions with life skills, Fisher's exact test was used, and for this evaluation the values of the Likert scale were categorized into two intervals: answers considered with lower ability (1 Never, 2 Almost Never and 3 Sometimes) and answers considered with greater ability (4 Almost Always and 5 Always). The level of significance applied to the evaluations was 0.05 and the statistical analysis was performed using the Statistical Package for Social Science (PASW) version 18 for Windows (SPSS, Chicago, Ill, USA).

3 RESULTS

Regarding the sociodemographic characteristics of the participants, the study sample was aged between 30 and 57 years (mean age of 40.92), with a significant predominance of females (34 = 94.4%), and married (27 = 75%). Education varied between elementary and incomplete higher education, but high school predominated (24 = 66.7%), followed by complete higher education (10 = 27.8%). Regarding the profession, n-16 (44.5%) are in the nursing area, and the others were divided into administrative assistants (5 = 13.9%); secretaries (3 = 8.3%); sector leaders, laboratory technicians, maids and radiology

technicians (2 = 5.6%), and kitchen assistants, telephone operators, occupational safety technicians and occupational therapists (1 = 2.8%), respectively.

An important portion of the participants indicated some health problem and used medication (16 = 44.4%). The main complaints reported were depression (11 = 30.6%), hypertension (3 = 8.4%), thyroid (2 = 5.6%), followed by orthopedic, diabetes, HIV, gastritis, dermatitis, rectocolitis, sinusitis, rhinitis, and fibromyalgia (1 = 2.8% each). The practice of leisure activities was reported by n-11 (30.6%); Regarding sleep, the sample had a mean of 5.94, a standard deviation of 1.33, and ranged from four to eight hours of sleep per day. The distribution/dispersion of the participants' responses among the sociodemographic and health conditions variables did not allow associative analysis with life skills for the sample studied. Support was indicated by the majority of respondents (35 = 97.2%), who perceive it, mainly from family members (35 = 97.2%), friends (20 = 55.6%), followed by church and psychotherapy (5 = 13.9%) and work (1 = 2.8%).

According to the results of Table 1, it can be seen that there was an occurrence of more than 50% of the workers with scores above eight points, both for anxiety and depression. They had significant symptoms of anxiety n-24 (66.7%) and depression n-20 (55.6%). The mean number of symptoms in the anxiety group was 10.19 and standard deviation was 4.25, with the number of symptoms ranging from three to 19. For depression, the mean was 8.42 and standard deviation was 4.91; The number of symptoms ranged from one to 19.

TABLE 1 - Anxiety and Depression of Participants (N-36)

Variables	Participants	(%)	Symptoms	
			Average	Standard deviation
Anxiety			10,19	4,91
Non-significant signs (0-7)	12	33,3		
Significant Signals (≥8)	24	66,7		
Depression			8,42	4,25
Non-significant signs (0-7)	16	44,4		
Significant Signals (≥8)	20	55,6		

Table 2 presents the description of the Likert scale of life skills in two intervals: answers considered to have lower ability (1 Never, 2 Almost Never and 3 Sometimes) and answers considered to be more capable (4 Almost Always and 5 Always), with respective medians. The skills that had more than 50% of the answers present in the interval (4 and 5) and median of 4 points were self-knowledge (69.5%), empathy (51.1%), problem solving (63.9%) and creative thinking (61.1%). The other skills had more than 50% of the answers in the interval (1, 2 and 3) and median of 3 points, being effective communication (61.1%), interpersonal

relationships (63.9%), decision-making (52.8%), critical thinking (55.6%), dealing with feelings and emotions (58.4%) and dealing with stress (66.7%).

TABLE 2 - Description of the life skills scale at two intervals and median

Skills	Range 1,2,3*		Range 4 and 5**		Median
	Frequency	%	Frequency	%	
Self	11	30,5	25	69,5	4
Empathy	16	48,9	20	51,1	4
Effective Communication	22	61,1	14	38,9	3
Interpersonal Relationships	23	63,9	13	36,1	3
Decision Making	19	52,8	17	47,2	3
Troubleshooting	13	36,1	23	63,9	4
Creative Thinking	14	38,9	22	61,1	4
Critical Thinking	20	55,6	16	44,4	3
Dealing with Feelings and Emotions	21	58,4	15	41,6	3
Dealing with Stress	2	66,7	12	33,3	3

***Interval with** answers considered with less skill.
**** Interval with** answers considered with greater skill.

Spearman's correlation coefficient with the number of symptoms of depression and anxiety with life skills was applied. The data demonstrate a correlation between anxiety and empathy skills, interpersonal relationships, decision-making, problem-solving, creative thinking, dealing with feelings and emotions, and dealing with stress, and correlations between depression symptoms with almost all life skills assessed, except effective communication skills, Table 3.

TABLE 3 - Correlation between measures of Anxiety, Depression and Life Skills

Skills	Spearman's correlation coefficient (rho) Anxiety	(p) Anxiety	Spearman's correlation coefficient (rho) Depression	(p) Depression
Self	***-0,226***	***0,18***	-0,43**	0,009
Empathy	-0,439**	0,007	-0,35*	0,037
Effective Communication	***-0,075***	***0,66***	***-0,20***	***0,22***
Interpersonal Relationships	-0,32*	0,05	-042**	0,01
Decision Making	-0,474**	0,004	-0,369*	0,02
Troubleshooting	-0,375*	0,02	-0,478*	0,02
Creative Thinking	-0,377*	0,02	-0,519**	0,001
Critical Thinking	***-0,254***	***0,13***	-0,357*	0,03
Dealing with Feelings and Emotions	-0,379*	0,02	-0,398**	0,01
Dealing with Stress	-0,479**	0,003	-0,544**	0,001

* Significant correlation at the 0.05 level. ** Significant correlation at the 0.01 level.

4 DISCUSSION

The sample studied, with a predominance of women and married, is a relatively young and diversified group in relation to the professions, but there was a predominance of professionals in the nursing area. Similar results are found in the study by Schmidt, Dantas

and Marziale (2011) that aimed to assess symptoms of anxiety and depression in nursing professionals, which corroborates the data of the present study, and which should reflect the nursing population. In a study conducted by Filho et al. (2023), cases of work-related mental disorders were verified, prevalent in women, between 30 and 49 years old.

A significant portion of the evaluated mentioned some health problem and the use of medication (n-16), and of these n-11 reported depression, which was confirmed with the results of the evaluation found in the present study. In the study by Schmidt, Dantas and Marziale (2011), which used the same instrument (HADS), with 211 professionals from eleven hospitals in Londrina, Paraná, a lower percentage (n-51= 24.2%) of depression was found, which may be related to the specific population (nursing professionals in operating rooms), field variability, and the form of recruitment and data collection.

In the present study, 30.6% (n-11) of the participants reported performing leisure activities. The sample also showed a significant incidence of anxiety and depression symptoms. Although these associations were not measured, the data confirm the literature that points to leisure as an alternative to improve the mental health of individuals. Research on leisure, work and mental health promotion with hospital employees showed that leisure was considered an important factor for health promotion, since it enables physical and mental care, is a way to rebalance day-to-day problems, and the lack of it can contribute to the illness of these people (CAMARGO & BUENO, 2004). Another study on the practice of leisure activities and psychic morbidity carried out with 3,190 residents of urban areas of Feira de Santana, Bahia, found that 60.8% of the interviewees reported moments of recreation on a regular basis. The prevalence of common mental disorders was 31.2%, and of these, 43.5% did not have periods of fun (ARAUJO, JUNIOR, ALMEIDA & PINHO, 2007).

The sample had an average of 5.94 hours of sleep, significantly below what is considered adequate for this practice. A literature review with the objective of verifying the sleep pattern of nurses with double shifts identified that these professionals have this altered pattern, due to the fast pace, 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). According to Oliveira (2012), the quality of sleep is related to the person's quality of life, because while sleeping, the body performs important functions for physical and mental balance. At the beginning of the twentieth century, people slept nine hours a night, currently this time is increasingly shorter, but doctors recommend sleeping approximately eight hours. According to a study by Lucchesi, Pradella-Hallinan, Lucchesi and Moraes (2005) and Troncoso (2012), altered sleep patterns are observed in most psychiatric disorders.

Support was indicated by the majority of those evaluated (n-35), who perceive this support mainly from family members (97.2%) and friends (55.6%). However, of the n-36, one (2.8%) participant reported support or support at work. Considering that the employee spends a significant portion of the day at the place of his work activities, this support can be considered significant for his mental health, as pointed out by the study by Braga, Carvalho and Binder (2010), according to which the number of common mental disorders is lower in situations of high social support at work when compared to situations in which this support is low. According to Zanelli (2010), increasing the levels of social support contributes to making the workplace healthier, developing a perception of support and security in employees, in addition to promoting interaction, increasing confidence, increasing the ability to face problems, as well as influencing the maintenance of health and favoring adaptive behaviors in stressful situations.

In the present study, a high occurrence of workers with significant symptoms of anxiety (n-24, 66.7%) and depression (n-20, 55.6%) was observed. A study with 25 nursing professionals from a health unit in Coimbra, Portugal, who used the same scale (HADS), found similar results, anxiety in 88% and depression in 64% (OLIVEIRA & PEREIRA, 2012). The data from both studies point to a worrying mental health situation, indicating the need for curative and preventive actions, as well as establishing relationships between the variables, sleep and mental health. The results on anxiety and depression, found in the present, were higher than those observed in other studies: with 141 community agents from basic health units in the city of São Paulo (SILVA & MENEZES, 2008); of workers in the basic health network of Botucatu - SP (BRAGA, CARVALHO & BINDER, 2010); with 211 nursing professionals from hospitals in Londrina - PR (SCHMIDT, DANTAS & MARZIALE, 2011); and with nursing workers from a large hospital in Bahia (RODRIGUÊS, RODRIGUÊS, OLIVEIRA, LAUDANO & SOBRINHO, 2014).

Mental health is related to the well-being of the mind and any condition that can affect it can lead to some type of disorder, such as anxiety and depression. There are many factors that can contribute to these problems, and those related to the professional area can make the individual sick, whether due to sociodemographic, occupational or health factors. Nurses who work in sectors within hospitals are at risk of mental illness, which can be verified in the study by Costa (2023), which aimed to assess the levels of anxiety and depression in nurses inserted in a hospital context and found that the highest levels of anxiety were related to the female gender and the amount of employment and in depression also to the female gender and age. And professionals who work in management sectors had higher levels than those who work in care sectors.

The analysis of the life skills scale demonstrated that the study participants had four out of ten skills with more than 50% of the responses in intervals 4 and 5 (higher values) and median of four. The other six skills had more than 50% of the answers in intervals 1, 2 and 3 (lower values) and median of three. The data show that the study sample had low life skills, related to the presence of symptoms of depression and anxiety, with a negative correlation of most life skills with such variables, that is, the lower the life skills, the greater the presence of these symptoms among these health professionals. Research conducted by Sahebalzamani, Farahani and Feizi (2012) that investigated the effect of life skills training on the general health of nursing students, found that teaching these skills increased the overall level of health of students. A study by Carvalho and Araujo-Filho (2018), with 43 ICU nurses that investigated the presence of anxiety, depression and life skills in this population, found significant symptoms of anxiety and depression in a third of the sample and eight of the ten HV in interval two, with a median of 4, considered good Life Skills. In this study, the researchers found the presence of lower mental illness associated with 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.

Considering that life skills training contributes to improving physical and mental health and quality of life, as well as other emotional and behavioral problems, the importance of further research in this area is emphasized in order to expand the use of these skills to improve mental health, especially health workers. It is noteworthy that the results do not call for generalization, but rather the beginning of discussions about the contributions of life skills to the mental health of health workers.

5 CONCLUSION

The sample studied is a group of health workers, relatively young and diverse, but with a predominance of female nursing professionals. An important portion of the participants indicated some health problem and use medication, with depression being the main disorder reported.

The existence of conditions that trigger depression and anxiety in health work is a reality observed in this and other studies in the literature. Regarding mental health, more than half of the participants presented significant symptoms of depression and anxiety, indicating the need for actions to manage and control them.

The sample had low life skills and most of them had a negative correlation with depression and anxiety, that is, the lower these skills were, the greater the presence of impairments to the mental health of the participants.

Considering the consequences that mental disorders can generate and the importance that workers' health has in the production of health care, the results found in this study may contribute to the development of preventive and interventional measures for work in hospitals, since these environments present factors that can predispose to significant mental impairments, as those verified in the sample evaluated.

It is hoped that this study will stimulate further investigations on the relationship between mental health and life skills in health workers and encourage the development of programs for the training of these skills in order to improve mental health, quality of life and consequently the quality of work provided, as well as contribute to the general population.

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