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ORIGINAL ARTICLE

Prevalence of depressive symptoms among emergency care nursing professionals in the pandemic context

Prevalência de sintomas depressivos entre profissionais de enfermagem do pronto atendimento no contexto pandêmico

Prevalencia de síntomas depressivos entre profesionales de enfermería de atención de emergência en el contexto de pandemia

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Abstract
Objective: This study aimed to identify the prevalence of depressive symptoms among nursing professionals in an emergency care unit during the COVID-19 pandemic. **Methods:** A quantitative cross-sectional study was conducted with 26 nursing professionals, including nurses and nursing technicians, in an emergency care unit located in the interior of Mato Grosso, Brazil. Data were collected between 2021 and 2022, through the application of a semi-structured questionnaire and the Beck Depression Inventory. Data analysis was performed descriptively and contingently. **Results:** The overall prevalence of depressive symptoms was 38%. Specific groups stood out, such as professionals who had COVID-19, nurses working more than 40 hours per week, those who reported considering quitting their jobs during the COVID-19 pandemic, and those who expressed fear of contamination and fatal complications of the disease. **Conclusion:** The findings of this study highlight the importance of developing targeted strategies to promote the mental health of nursing professionals. Faced with the challenges of the pandemic, it is essential to implement psychological support measures and interventions that can mitigate adverse effects on the mental health of these professionals, ensuring the continuity of quality care to the population.
Descriptors: COVID-19; Depression; Nursing Team; Mental Health.

Resumo
Objetivo: identificar a prevalência dos sintomas depressivos entre profissionais de enfermagem da unidade de pronto atendimento no contexto pandêmico da COVID-19. **Métodos:** estudo transversal quantitativo, realizado com 26 profissionais de enfermagem (enfermeiros e técnicos de enfermagem) de uma unidade de pronto atendimento localizada no interior de Mato Grosso, no Brasil. A coleta de dados ocorreu entre 2021 a 2022, a partir da aplicação de um questionário semiestruturado e o Inventário de Depressão de Beck. Os dados foram analisados de forma descritiva e por contingência. **Resultados:** A prevalência geral de sintomas depressivos foi de 38%, com destaque para profissionais que tiveram COVID-19, enfermeiros com jornada >40h, que pensaram em desistir do trabalho durante a pandemia da COVID-19 e que tiveram medo de se contaminar e de morrer por complicações da doença. **Conclusão:** os achados despertam a necessidade de desenvolver estratégias que visam a promoção da saúde mental dos profissionais de enfermagem.
Descritores: COVID-19; Depressão; Equipe de Enfermagem; Saúde Mental.

Resumen
Objetivo: Este estudio tuvo como objetivo identificar la prevalencia de síntomas depresivos entre profesionales de enfermería en una unidad de atención de emergencia durante la pandemia de COVID-19. **Métodos:** Se llevó a cabo un estudio transversal cuantitativo con 26 profesionales de enfermería, incluyendo enfermeros y técnicos de enfermería, en una unidad de atención de emergencia ubicada en el interior de Mato Grosso, Brasil. Los datos se recolectaron entre 2021 y 2022, mediante la aplicación de un cuestionario semiestructurado y el Inventario de Depresión de Beck. El análisis de los datos se realizó de forma descriptiva y contingente. **Resultados:** La prevalencia general de síntomas depresivos fue del 38%. Grupos específicos destacados incluyeron profesionales que habían tenido COVID-19, enfermeros que trabajaban más de 40 horas por semana, aquellos que consideraron renunciar a sus trabajos durante la pandemia de COVID-19, y aquellos que expresaron temor a la contaminación y complicaciones fatales de la enfermedad. **Conclusión:** Los hallazgos de este estudio resaltan la importancia de desarrollar estrategias dirigidas para promover la salud mental de los profesionales de enfermería. Frente a los desafíos de la pandemia, es esencial implementar medidas de apoyo

psicológico e intervenciones que puedan mitigar los efectos adversos en la salud mental de estos profesionales, garantizando así la continuidad de una atención de calidad a la población.
Descriptores: COVID-19; Depresión; Equipo de Enfermería; Salud Mental.

Introduction

COVID-19, caused by the novel Coronavirus (SARS-CoV-2), was considered a serious public health problem, as it is an acute respiratory syndrome with a highly infectious potential. The COVID-19 pandemic was declared in March 2020, initially reported in Wuhan province, China. In Brazil, the first case of the disease was registered on February 26, 2020, with a history of travelers from Europe, mainly Italy.[1]

According to data from the World Health Organization (WHO) COVID-19 Dashboard, in January 2024, there were 774,469,939 COVID-19 cases worldwide, with 7,026,465 deaths due to complications from the disease. In Brazil, there were 37,085,675 registered cases and 702,116 deaths.[2]

During the COVID-19 pandemic, healthcare professionals were directly affected.[3] This is due to the increased workload resulting from the severity of cases, poor working conditions, and conflicting information about the disease and how to treat or prevent it, which contributed to psychological distress among these professionals.[4]

The Pan American Health Organization (PAHO) revealed that in the Americas, approximately 14.7% to 22% of health professionals presented symptoms related to depression, while in Brazil, 13% showed indications of depression, with a particular emphasis on severe levels of the illness.[4]

Given the reality experienced by healthcare professionals during this pandemic, it becomes necessary to identify the true extent of the psychological impact on the health of these professionals. Therefore, this study aimed to identify the prevalence of depressive symptoms among nursing professionals in the Emergency Care Unit within the context of the COVID-19 pandemic.

Methods

This is a quantitative cross-sectional study conducted in a municipality in the interior of Mato Grosso, Brazil. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for observational studies were used.

The study population consisted of nursing professionals (nurses and nursing

technicians) who worked in a 24-hour emergency care unit during the COVID-19 pandemic, and the sample was non-probabilistic, selected by convenience.

The study included professionals who worked at the 24-hour Emergency Care Unit (UPA-24h) during the COVID-19 pandemic, of both sexes, aged ≥18 years. Those who were absent from work due to health issues, leave of absence, or maternity leave during the data collection period were excluded. From a sample of 64 professionals, after applying the eligibility and acceptance criteria, the final sample consisted of 26 nursing professionals (16 nurses and 10 nursing technicians).

Data collection took place from November 2021 to January 2022, both online and in person, using two questionnaires. The first one, a semi-structured questionnaire developed by the researchers, was designed to characterize the professionals, their sociodemographic aspects (sex, age group, skin color, marital status, and education level), and the variables observed during the COVID-19 pandemic: work-related (job function, weekly working hours, job satisfaction level), COVID-19-related (COVID-19 diagnosis, hospitalization for treatment), and behavioral variables during work during the pandemic (thoughts about quitting work, feelings such as fear of becoming infected and transmitting the virus to family members, and death from complications of the disease). The second, the Beck Depression Inventory (BDI), is a self-assessment scale for identifying depressive symptoms and levels of severity of the disorder (mild, moderate, and severe). It consists of 21 items, each with four alternatives in increasing degrees of intensity, arranged on a Likert-type scale (0, 1, 2, 3), allowing scores to be summed in the range of 0 to 63 points. The adopted scores are: 0 to 13 indicates the absence or minimal symptoms; 14 to 19 mild depression; 20 to 28 moderate depression; and 29 to 63 severe depression.[5]

Initially, data collection took place virtually, using Google Forms. Professionals were contacted via WhatsApp® or email. The availability and interest of participants in collaborating with the study and answering the questionnaire were considered. To ensure that participants read and accepted the Informed Consent Form, the form included the full text of the form and a question about their agreement to it; acceptance was essential to access and answer the research questionnaire. Fourteen professionals participated in this format. Due to low participant participation in this data collection method, it was necessary to simultaneously begin in-person data collection through self-administration of the

research instruments at the professionals' workplaces. Three duly trained researchers took turns attending the three shifts (morning, afternoon, and night) for four consecutive days. During this visit, the professionals were approached, the objectives of the study were explained, questions were answered, and the informed consent form was given to them, which they signed after reading if they agreed. Following this, they received the research instruments. Twelve professionals participated in this format. At this stage, the researchers followed the recommendations of the WHO and the UFMT COVID-19 Prevention Committee to prevent the spread of this disease.

For data analysis, the data were initially stored in a Microsoft Excel® 2013 spreadsheet, where absolute and relative frequencies were calculated. The statistical program BioEstat, version 5.0, was used for contingency analysis, through the application of Fisher's exact test, focusing on verifying the association between the independent variable (depression) and the independent variables (work-related and related to behavioral reflexes during the COVID-19 pandemic), considering a significance value of $p<0.05$.

Regarding ethical aspects, in this study the professionals were informed about their participation and the guarantee of absolute confidentiality of the information collected throughout the research. Acceptance to participate in the study was through the signing or electronic acceptance of the Informed Consent Form, respecting the requirements of Resolution No. 466/2012 of the National Health Council (CNS). The project was approved by the Ethics Committee of UFMT/CUA, obtaining ethical approval No. 4.526.452 and CAAE: 39835420.6.0000.5587.

Results

The study included 26 healthcare professionals, aged between 22 and 51 years, predominantly between 30 and 39 years old (42%), female (81%), who self-identified as mixed-race (54%) and white (38%), single (50%) or married (46%), with higher education (74%) and secondary education (24%). Regarding occupational profile, there was greater participation in the survey from nurses (62%), followed by nursing technicians (38%), with a working time of <2 years in the UPA-24h (50%), 2 to < 3 years (31%) and ≥3 years (19%), who were hired (96%).

The overall prevalence of depressive symptoms was 38% (n=10), with moderate (15%) and severe (15%) symptomatology being the most prominent (Figure 1).

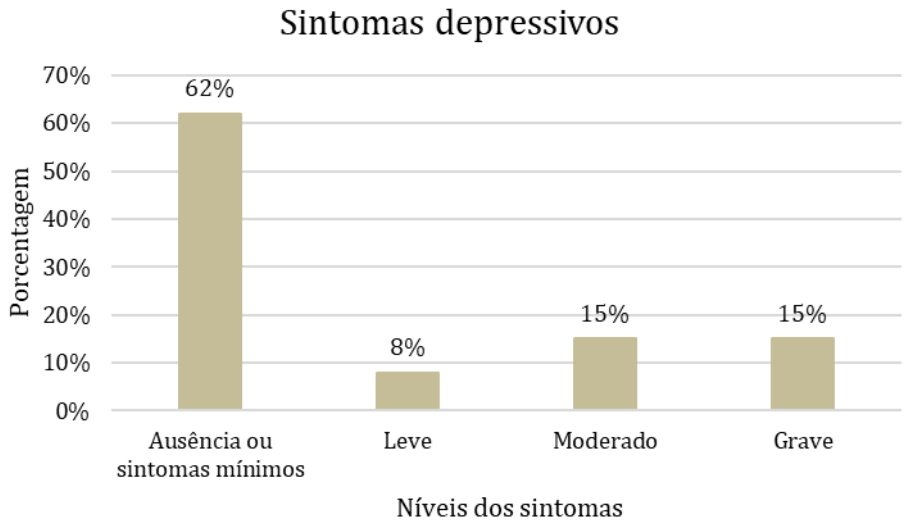


Figure 1. Distribution of depressive symptom levels in nursing professionals at the 24-hour Emergency Care Unit (UPA-24h) from November 2021 to December 2022. Interior of Mato Grosso, Brazil. (n=26), 2024.
Source: Prepared by the authors (2024).

Symptoms suggestive of depression were more prevalent among nurses (70%), followed by nursing technicians (30%), who worked >40 hours a week (60%), who considered quitting their jobs during the COVID-19 pandemic (30%), although they were satisfied with their work at the 24-hour Emergency Care Unit (90%), as shown in Table 1.

Table 1. Association of variables according to work during the COVID-19 pandemic and the occurrence of depression among the nursing staff of the Emergency Care Unit. November 2021 to January 2022, Interior of Mato Grosso, Brazil. 2024. (n=26)

Variable		Depression			
		Total n (%)	Yes n (%)	No (%)	*p-value**
Function performed	Nurse	16	7 (70)	9 (56)	
	Nursing technician	10	3 (30)	7 (44)	0.390
Weekly workload	Up to 40 hours	13	4 (40)	9 (56)	
	>40h	13	6 (60)	7(44)	0.344
Did you consider quitting your job during the pandemic?	Yes	8	3 (30)	5 (31)	
	No	18	7 (70)	11 (69)	0.647
Level of job satisfaction at the 24-hour Emergency Care Unit.	Satisfied	24	9 (90)	15 (94)	
	Not satisfied	2	1 (10)	1 (6)	0.630

*p<0.05Fisher's exact test. Source: prepared by the authors.

Professionals with symptoms suggestive of depression are distinguished by having had COVID-19 (60%), fear of contracting the virus at work (70%) or of infecting a family member (100%), and even fear of dying from complications of the disease (70%), as highlighted in Table 2.

Discussion

The sociodemographic characteristics observed in this study were similar to those found in other national6 and international studies.[7-8] Similar behavior occurred among the variables related to the work profile of the nursing team in research conducted in Tubarão (SC).[9]

This study highlighted the presence of depressive symptoms among nursing staff, mainly at moderate and severe levels. These symptoms were more prevalent among professionals who had COVID-19. A study conducted in northeastern Brazil reported identical results, where 38% of nursing professionals presented moderately severe or severe symptoms of depression during the same period[10], while two international studies reported higher results. The first, conducted in China, showed that 44.3% of healthcare professionals presented symptoms of depression, with this rate reaching 62.02% among nurses.[7] The second, conducted in Portugal, showed that the internal consistency values for anxiety and depression presented by nurses were greater than 0.80, indicating a high

incidence of this disorder among these professionals.[11]

Table 2. Association of variables according to the effects of COVID-19 and the occurrence of depression among the nursing staff of the Emergency Care Unit. November 2021 to January 2022, Interior of Mato Grosso, Brazil. 2024. (n=26)

Variable		Depression			
		Total n (%)	Yes n (%)	No (%)	*p-value**
Had COVID-19	Yes	6 (60)	6 (60)	12 (75)	0.352
	No	4 (40)	4 (40)	4 (25)	
Needed hospitalization to treat COVID-19.	Yes	0 (0)	0 (0)	5 (30)	0.066
	No	10 (100)	10 (100)	11 (70)	
Fear of contracting COVID-19 at work	Yes	7 (70)	7 (70)	15 (94)	0.142
	No	3 (30)	3 (30)	1 (6)	
Fear of infecting family members with COVID-19	Yes	10 (100)	10 (100)	15 (94)	0.615
	No	0 (0)	0 (0)	1 (6)	
Fear of dying from COVID-19 complications	Yes	7 (70)	7 (70)	10 (63)	0.517
	No	3 (30)	3 (30)	6 (38)	

*p<0.05Fisher's exact test. Source: prepared by the authors.

The increase in depression levels among professionals may be related to the direct and indirect exposure of the nursing team during the COVID-19 pandemic, compromising the well-being of professionals, whether due to increased working hours, physical exhaustion, high hospital transmissibility, the need to make ethically difficult decisions about rationing care, the increased number of deaths, the lack of preparation of nurses to face death, experiencing the dying process, and the absence of Personal Protective Equipment (PPE).[10,12] On this last point, the Federal Nursing Council (COFEN), at the beginning of the pandemic, stated that the absence of PPE could compromise the health of workers and cause a shortage of professionals on the front line of the pandemic, due to absences resulting from contamination, which would cause a collapse of the Unified Health System (SUS).[13]

On the other hand, having to deal with negative or neutral information about the pandemic, receiving negative feedback from family and friends related to work, and also having to deal with a lack of willingness to join frontline work, were also reported by researchers as three other major

risk factors that could contribute to the emergence of psychological problems among healthcare professionals during the pandemic.[7]

In the present study, during the COVID-19 pandemic, the following can be highlighted as occupational risk factors for mental illness: being a nurse in a 24-hour emergency care unit, working more than 40 hours a week, and having thoughts of quitting the job. Authors reinforce that nurses working in emergency sectors need to deal with various situations that would not be usual in other sectors, for example, dealing with patients on the verge of death, suffering from pain, among others. A comparative study carried out in Portugal revealed that the fear of one's own death was expressly intensified during the pandemic.[12]

Long before COVID-19, nursing staff already spent a great deal of time resolving/alleviating the health problems of many people daily, and more frequently in high-pressure environments such as Intensive Care Units (ICUs), hemodialysis, and oncology, which already contributed to mental illness.[10] According to the literature, during the pandemic, there was an increase in workload and, coupled with overload, loneliness was another relevant factor that contributed to the emergence of depressive symptoms, as this period involved separation from family and the death of loved ones.[13-14]

According to the WHO, nursing professionals' exposure to risk factors, such as those mentioned above, can directly contribute to high levels of anxiety, increasing the risk of illness, causing severe mental health problems and increasing cases of Burnout Syndrome, as well as generating depression and stress.[15]

A multicenter study conducted with nurses from Portugal, Spain, and Brazil during the COVID-19 pandemic revealed a large percentage of nurses with moderate/high levels of burnout (42%, 43%, and 42%, respectively), and even higher levels of emotional exhaustion and personal accomplishment than depersonalization.[16]

Although the professionals in this study reported being satisfied with their work in the emergency department, the authors report that the existence of high levels of stress related to work pressure cannot be ignored, with or without a pandemic, in both private and public services, as it is a routine environment where these professionals have to deal with urgent situations, difficult decision-making, and patients in serious condition.[13-14]

As the pandemic progressed, working conditions for healthcare professionals worsened, increasing their

workload in terms of hours and volume of procedures, which were initially uncertain in the face of COVID-19 complications, exacerbating the fear and anxiety of these professionals.[14-17]

Healthcare workers face uncertainty, anxiety, worry, and fear, both of infecting themselves and their families. Adding to this, they also had to cope with inadequate workplace safety measures, such as a lack of or poor quality PPE, insufficient staffing, lack of infrastructure and basic materials, uncertainty about procedures in the face of the advancing disease, and the absence of established treatment protocols. The sum of these factors contributed to affecting the mental and physical health of these professionals.[13]

The COVID-19 pandemic led healthcare professionals to question their practices and conduct regarding safety and lack of information about the disease, triggering feelings of fear[6], as revealed in this study. Fear was also experienced by nurses at a hospital in Portugal.[12] Authors report that negative feelings such as fear, panic, anxiety, insecurity, stress, and exhaustion were part of the professional life of nurses, directly impacting the care provided to the community during the pandemic.[6,12,18] This can also occur because fear can diminish the desire of professionals to remain in the workplace, causing them to be present merely out of obligation, to fulfill their hours, which can cause discomfort, anxiety, and psychological suffering.[13,17]

Beyond their professional lives, a study reported that the personal lives of nursing professionals were profoundly affected during the COVID-19 pandemic, a period marked by changes in daily routines, affecting the dynamics of marital relationships, since uninterrupted cohabitation at home 24 hours a day revealed and amplified aspects of interpersonal relationships. The difficulty in processing feelings and the struggle to maintain emotional balance became additional challenges, often leaving them with the task of conveying to their families that everything is alright.[6]

Chinese, Brazilian, and British research recommends implementing measures to reduce the moral and mental harm caused by the pandemic to nursing staff, as well as creating mental health support services for healthcare professionals.[18-19] As an example, in order to alleviate the emotional suffering experienced by healthcare professionals during the pandemic, in Brazil, healthcare professionals in the state of Pernambuco created the Nursing Care Network, where volunteer professionals joined together in a collaborative action to support nursing professionals working during the COVID-

19 pandemic, with actions aimed at reducing stress levels, whether through the provision of psychological support and guidance on integrative and complementary practices.[19]

Another initiative created in Brazil by Cofen in April 2020 was "Solidarity Nursing," an emotional support tool via chat available on the professional council's website for all nursing professionals working on the front lines of COVID-19. This service was provided 24 hours a day, with the voluntary participation of more than 150 specialist nurses, masters, and doctors in mental health spread throughout Brazil, serving an average of 130 professionals per day.[19]

Initiatives to support nurses in coping with the adversities arising from the work context during the pandemic were also reported in an international study conducted in Portugal with nurses working in oncology departments, where the implementation of a training program in emotional management in the face of death was identified as effective in empowerment and self-management, characterized as a strategy capable of improving emotional skills, motivating nurses to continue to deepen their abilities.[20]

Care strategies aimed at the nursing team need to be expanded beyond the context of the COVID-19 pandemic, as this period served to further highlight, globally, the precarious working conditions experienced by this and other health professionals. Thus, the provision of mental health care spaces, both inside and outside the workplace, that can offer a space for qualified listening, support, integrative practices, adequate rest areas, among others, could contribute as a measure to prevent mental health problems, also reducing the impacts of existing mental illness among professionals.

This study is limited by the absence of sample size calculation and the fragility of data collection (online and in-person). Its contributions include the identification of factors associated with depressive symptoms (work-related and COVID-19 related), which can contribute to planning strategies for the mental health care of professionals.

Conclusions

Depressive symptoms were present among nursing professionals. Several factors may have contributed to worsening these symptoms, such as work-related factors (job function and weekly working hours) and those related to COVID-19 (having had the disease and fear of infecting, dying from, or infecting family members).

The findings suggest that actions focused on improving working conditions and providing specialized mental health care to nursing professionals are positive for the care and monitoring of the mental health conditions of this worker profile. Therefore, it is recommended that the management of the 24-hour Emergency Care Unit (UPA-24h) invest in developing strategies aimed at prevention and promotion regarding the mental health of these healthcare professionals. Furthermore, it is necessary to create strategies to offer employees alternatives that can contribute to improving their mental health, such as encouraging physical exercise, offering psychological care (online and in-person), and providing integrative and complementary practices to workers.

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