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# Ansiedade e depressão em profissionais de unidade de terapia intensiva em manaus na pandemia de covid-19

Anxiety and depression in professionals at intensive care unit in manaus during the covid-19 pandemic

Ansiedad y depresión en profesionales de unidad de cuidados intensivos de manaos durante la pandemia de covid-19

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**RESUMO**

**Objetivo:** identificar as principais variáveis sociais e sua influência na saúde mental de profissionais da saúde durante a pandemia de COVID-19. **Método:** estudo de abordagem quantitativa, realizado com profissionais que atuaram em unidade de terapia intensiva. A análise dos dados aconteceu em 3 etapas: análise descritiva, análise univariada e análise multivariada, com o programa SPSS e o nível de significância utilizado foi de 5%. **Resultados:** os profissionais tiveram amigos próximos diagnosticados com COVID-19 e alto grau de preocupação. 52,4% perderam amigos próximos e isso impactou sua saúde mental em grau moderado e alto. 85% têm medo de perder seus familiares, 95% afirmaram que não receberam auxílio psicológico entre 2020 e 2022, 25% foram afastados do trabalho por causa da saúde mental. 28,6% dos participantes apresentaram sintomas de ansiedade e 14,4% de depressão. **Conclusão:** o estudo evidenciou que houve impacto dos fatores sociais na saúde mental.

**Descritores:** Saúde mental; Pandemias; Covid-19; Unidades de terapia intensiva.

**ABSTRACT**

**Objective:** to identify the main social variables and their influence on the mental health of healthcare professionals during the COVID-19 pandemic. **Method:** quantitative study, carried out with professionals who worked in an intensive care unit. Data analysis took place in 3 stages: descriptive analysis, univariate analysis and multivariate analysis, with the SPSS program and the significance level used was 5%. **Results:** professionals had close friends diagnosed with COVID-19

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and a high level of concern. 52.4% lost close friends and this impacted their mental health to a moderate and high degree. 85% are afraid of losing their family members, 95% stated that they did not receive psychological help between 2020 and 2022, 25% were removed from work because of mental health. 28.6% of participants presented symptoms of anxiety and 14.4% of depression. **Conclusion:** the study showed that there was an impact of social factors on mental health.

**Descriptors:** Mental health; Pandemics; Covid-19; Intensive care units.

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**RESUMEN**

**Objetivo:** identificar las principales variables sociales y su influencia en la salud mental de los profesionales de la salud durante la pandemia de COVID-19. **Método:** estudio cuantitativo, realizado con profesionales que actuaron en una unidad de cuidados intensivos. El análisis de los datos se realizó en 3 etapas: análisis descriptivo, análisis univariado y análisis multivariado, con el programa SPSS y el nivel de significancia utilizado fue del 5%. **Resultados:** los profesionales tenían amigos cercanos diagnosticados con COVID-19 y un alto nivel de preocupación. El 52,4% perdió amigos cercanos y esto impactó en grado moderado y alto su salud mental. El 85% tiene miedo de perder a sus familiares, el 95% afirmó que no recibió ayuda psicológica entre 2020 y 2022, el 25% fue apartado del trabajo por motivos de salud mental. El 28,6% de los participantes presentó síntomas de ansiedad y el 14,4% de depresión. **Conclusión:** el estudio demostró que hubo impacto de los factores sociales en la salud mental.

**Descriptores:** Salud mental; Pandemias; Covid-19; Unidades de cuidados intensivos.

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**INTRODUCTION**

Family members of premature newborns are at high risk of developing psychological illnesses that can affect their relationship with the baby and negatively interfere with its development[1]. In this context, the family faces various concerns about the baby's future, such as the possibility of death, which generates feelings of anguish, fear, helplessness, the desire to escape, the need to be with their child and to look after them.[2]

Regarding the feelings experienced by mothers of hospitalized babies, feelings of anguish, fear and insecurity when leaving their children in hospital are noted in mothers of premature babies. Mothers' powerlessness to care for and take their babies home reinforces their feelings of inferiority, affects their self-esteem and their image of their maternal abilities. The feelings experienced by mothers during their child's hospitalization are multiple and affect not only their relationship with their baby, but also their relationship with the environment and with themselves.[7]

Mothers who have had a premature baby and who have indicators of anxiety, characterized by diffuse and unpleasant feelings of apprehension, such as restlessness, discomfort and tachycardia, and depression, are at high risk of mental health problems and may find it more difficult to cope with their child's situation and less prepared for the baby's initial care.[4,5] Anxiety can also make it difficult for the mother to process information.[6]

Correia and Linhares[7] associated the interaction of high levels of maternal anxiety and depression as a possible detrimental factor to the baby's development and the mother's emotional well-being.

Emphasizing the importance of the closeness between parents and baby, research in the field of neuroscience states that the bond between parents and children is fundamental for the baby's development, whether premature or full-term[2]. Therefore, the healthcare team must have a broad perception of how this period affects the family of a hospitalized baby, encouraging the formation and/or continuity of the bond between the family and their baby.[8]

According to the Ministry of Health[9], COVID-19 is the name of the disease caused by the SARSCov-2 virus and is related to clinical conditions that can range from asymptomatic infection to severe respiratory conditions. Around 80% of COVID-19 patients may be asymptomatic and 20% may require hospital care due to respiratory difficulties, 5% of whom may need ventilatory support to promote better gas exchange.

The SARS-CoV-2 virus is highly transmissible by droplets and contact. It can remain in the environment for hours to days depending on the surface and environmental conditions. Closed spaces with poor ventilation and low light levels are factors that contribute to the transmission of the virus.[10]

Women are the group most vulnerable to mental health problems during the COVID-19 pandemic. This group includes mothers, pregnant women and postpartum women. The hormonal changes of pregnancy and the postpartum period make them even more susceptible to conditions such as anxiety and depression.[11]

The nursing team plays a strategic role in identifying the patient's clinical signs and symptoms, directly accompanying them in their basic human needs and intervening with the multi-professional team in the patient's health. Thus, in view of the possibility of correlations between the presence of signs of anxiety and depression in mothers of premature babies and impacts on the baby, and considering the context of the COVID-19 pandemic in the years 2020 and 2021, in which women are more likely to present these symptoms, the study aimed to identify signs and symptoms of anxiety and depression in mothers of premature babies admitted to a reference maternity hospital, in order to add scientific knowledge and new contributions and work strategies for health professionals and managers, specifically nursing, in caring for the newborn and the family, as well as contributing to future research in this area.

**METHOD**

This was a quantitative, epidemiological and cross-sectional study. The study site was a kangaroo intermediate care unit (UCINCA) in a public maternity hospital in the city of Manaus. Data collection took place between January and April 2021. In order to take part, the mothers had to be aged 18 or over. Mothers in psychiatric episodes, with chronic illnesses, positive for the HIV virus and who did not speak or understand Portuguese were excluded.

In order to characterize the mothers in terms of sociodemographic variables, a form was drawn up with questions about age, area of residence, number of residents in the house, color, gender identification, sexual orientation, schooling, marital status, number of children, professional occupation, family income, consumption of legal drugs, previous gestational problems and number of premature births. To identify signs of anxiety and depression, the Hospital Anxiety and Depression Scale (HADS) was used, in its version translated and validated for the Portuguese language.

This instrument is made up of multiple-choice questions that address the anxiety and depression variables, with seven questions for each variable. The questions are scored from zero to three, where the highest score for each variable is 21 and the higher the score, the greater the chance of the individual showing symptoms of anxiety and/or depression.[12]

This study was approved by the Comitê de Ética em Pesquisa (CEP) under protocol 4.318.417 and CAEE: 26413619.5.0000.5020 (version 2). All participants in the study signed a Free and Informed Consent Form (FICF) in two copies. Based on Resolution No. 466 of December 2012 of the National Health Council, which provides for research projects with human beings, the bioethical references of autonomy, non-maleficence, beneficence, justice and equity of the research participants were taken into account.

The data obtained was entered into a Microsoft Excel® spreadsheet and transferred to the SPSS version 20 database. The data was analyzed descriptively and univariately and tables were produced with the frequency, percentage, valid percentage and cumulative percentage for each variable and another table with the mode of each variable.

**RESULTS**

The total number of participants in the sample was 19 (N). Table 1 shows the name of the variable, the result of the highest frequency from the Mode, the number corresponding to the number of participants who had the answer equivalent to what is shown in the Mode, and the valid percentage of this number of participants.

**Table 1 -** Sociodemographic profile. Manaus (AM), Brazil, 2021.

| SOCIO-DEMOGRAPHIC PROFILE | | | |
|---|---|---|---|
| **Variable** | **Result from Mode** | **N** | **Valid percentage** |
| **Age** | 21 to 35 years old | 12 | 63,2% |
| **Area where you live** | North, South, West and Center-West | 4 | 21,1% |
| **Number of residents in the house** | 5 to 10 | 13 | 68,4% |
| **Color** | Brown | 12 | 63,2% |
| **Gender identification** | Cis woman | 15 | 78,9% |
| **Sexual orientation** | Straight | 18 | 94,7% |
| **Education** | Completed high school | 8 | 42,1% |
| **Marital status** | Stable relationship | 9 | 47,4% |
| **Occupation** | Unemployed | 5 | 26,3% |
| **Monthly Income** | 2 to 3 minimum wages (between R$ 2,090 and R$ 3,135) | 13 | 68,4% |

| | | | |
|---|---|---|---|
| **Main income earner** | Partner | 13 | 68,4% |
| **Do you have a religion? What religion?** | Yes, Christian | 19 | 100% |
| **Are you a smoker?** | No and never consumed | 16 | 84,2% |
| **Are you an alcoholic?** | You've already consumed, but you've stopped | 14 | 73,7% |
| **Frequency of alcohol consumption** | Didn't answer | 14 | 73,7% |
| **Do you take medication?** | No | 18 | 94,7% |
| **Medication** | Not applicable | 18 | 94,7% |
| **Number of children** | 2 | 7 | 36,8% |
| **Have you had any complications in previous pregnancies?** | No | 10 | 52,6% |
| **Problems with previous pregnancies** | Eclampsia, pre-eclampsia, ICU | 2 | 10,5%; 5,3%; 5,3% |
| **First premature baby?** | Yes | 13 | 68,4% |
| **Previous premature deliveries** | 1 | 4 | 21,1% |

Source: Research authors. The following table describes the results of the Hospital Anxiety and Depression Scale.

**Table 2 -** Hospital Anxiety and Depression Scale. Manaus, AM, 2022.

| Classification | Result from Mode | Valid Percentage |
|---|---|---|
| Absence of Anxiety (Score<9) | 14 | 66,7% |
| Anxiety Symptom (Score>8) | 6 | 28,6% |
| Absence of Depression (Score<9) | 17 | 81% |
| Symptom of Depression (Score>8) | 3 | 14,4% |

Sources: Research authors

## DISCUSSION

A study published in 2011 found the following sociodemographic conditions in the families of premature newborns: 52% of families had a monthly income of more than one minimum wage (R$380.00 reais, equivalent to R$1,039.00 in 2020). The majority of households had between 4 and 6 residents, including the NB (48%), with the father as head of household (63%) and 62% of mothers were unemployed.[13]

The current survey shows that the mothers interviewed reported earning between two and three minimum wages (68.4%), which indicates a positive improvement on the survey mentioned above. The number of people living in the same household is the same as that found in the study, from 5 to 10 people, and the spouse is the main earner (68.4%). There is a reduction in the number of mothers who are unemployed (26.3%).

With regard to the Hospital Anxiety and Depression Scale (HAD-A and HAD-S), according to Zigmond and Snaith's cut-off points, a score of 0 to 8 represents the absence of symptoms of anxiety or depression and a score greater than 8 is significant for the presence of symptoms of anxiety or depression. Table 2 shows that 61.11% of the mothers had symptoms of anxiety and 38.88% had symptoms of depression.

Still during pregnancy, pregnant women deal, in addition to all the changes that come with pregnancy, with the side effects of COVID-19, such as restrictions on prenatal appointments, examinations and care, difficulties with family support, socioeconomic concerns and fear of the disease and its complications. Thus, there is a direct relationship between the pandemic caused by SARS-CoV-2 and serious psychological challenges, which cause a potential increase in anxiety, depression and postpartum depression in puerperal women.[14] In line with this, a study carried out with pregnant women identified 26.6% of cases of alterations compatible with probable mental disorders, with symptoms of depression/dysthymia and anxiety/panic being found.

The report of alcohol consumption was related to prematurity. The analysis of alterations compatible with probable mental disorders showed that there was no significant association with prematurity, but there was a link with the mother's perception of alterations in the NB's behavior, either in groups or isolated for depression/dysthymia and anxiety/panic.[15] Another study found that the majority of mothers did not have depression (61.9%) or that it was mild (14.9%). Similarly, most mothers did not have anxiety (52.4%) or it was mild (26.2%). Of the total, eleven (26.2%) mothers had depression and anxiety at the same time. Most of the mothers (71.4%) were using the kangaroo position for the first time at the time of this study.[16]

**CONCLUSION**

It was noted that the context of the COVID-19 pandemic has significantly affected the mental health of puerperal women, with an increase in symptoms of anxiety and depression. It is therefore necessary for professionals to be prepared to deal with greater insecurity and concern

on the part of the mother and family in relation to the health and protection of the baby. More research is also needed to assess the impact of COVID-19 on the mental health of these mothers and on the care of premature babies.

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