



## COMMON MENTAL DISORDERS AND PRESENTEEISM AMONG INTENSIVE CARE UNIT NURSES

### TRANSTORNOS MENTAIS COMUNS E PRESENTEÍSMO ENTRE ENFERMEIROS DE UNIDADE DE TERAPIA INTENSIVA

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**ABSTRACT:** The aim of this study was to evaluate the association between common mental disorders (CMDs) and presenteeism among nurses working in Intensive Care Units (ICUs). A quantitative research design was employed, conducted in four general adult ICUs of a public hospital in Foz do Iguaçu, Brazil. The Depression, Anxiety, and Stress Scale (DASS-21) was used to identify mental disorders, and the Stanford Presenteeism Scale was applied to assess presenteeism. Sixteen nurses who had been working in the units for more than six months participated in the study. Symptoms of depression, anxiety, and stress were identified in relation to mental health disorders. A prevalence of 41.6% for presenteeism was observed, with double work shifts and night shift work having a greater impact on the scores. Using the Chi-square test, Fisher's exact test for proportions, and Pearson's correlation, signs of common mental disorders and presenteeism were identified among the nurses. Additionally, an association was observed between illness due to mental disorders and a tendency toward presenteeism, influenced by working conditions.

**KEYWORDS:** Nursing; Presenteeism; Mental disorders; Intensive Care Units.

**RESUMO:** O objetivo deste estudo foi avaliar a associação entre transtornos mentais comuns e presenteísmo em enfermeiros atuantes em Unidades de Terapia Intensiva. Pesquisa quantitativa, realizada em quatro unidades de terapia intensiva gerais adulto de um hospital público de Foz do Iguaçu, Brasil. Para identificação dos transtornos mentais foi aplicado o instrumento *Depression, Anxiety, and Stress Scale* e para o presenteísmo o instrumento *Stanford Presenteeism Scale*. Participaram 16 enfermeiros, com atuação superior a seis meses na unidade. Com relação aos transtornos mentais, foram identificados sinais e sintomas de depressão, ansiedade e estresse. Foi observado a prevalência de 41,6% de presenteísmo, visto que a dupla jornada e o trabalho no período noturno apresentaram maior comprometimento do escore. Usando o teste Qui-quadrado e Fischer para proporções e correlação de Pearson, se identificou sinais de transtornos mentais comuns e presenteísmo entre enfermeiros, sendo observado a associação do adoecimento por transtornos mentais, junto a tendência ao presenteísmo de acordo com as condições laborais.

**PALAVRAS-CHAVE:** Enfermagem; Presenteísmo; Transtornos mentais; Unidades de Terapia Intensiva.

## INTRODUCTION

The daily work of intensive care nursing professionals requires qualified technical and theoretical knowledge, quick reasoning, and emotional control in response to unforeseen events, in addition to constant scientific updates, which are necessary due to the development of the specialty in recent years<sup>1</sup>. The work activity in the Intensive Care Unit (ICU) is increasingly associated with psychological distress among the nursing team, evidenced by prolonged working hours, a fast-paced work environment, and the intense responsibility for tasks performed and human life<sup>1,2</sup>. This psychological distress can be identified as a risk factor for cases of Common Mental Disorders (CMD) associated with presenteeism in hospital institutions<sup>1</sup>.

Nurses working in complex environments may exhibit higher rates of CMD compared to those working in other hospital units, as highlighted by national and international studies<sup>2-5</sup>. CMD refers to situations where professionals do not meet formal diagnostic criteria for anxiety and depression, according to the International Classification of Diseases (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V)<sup>2,3</sup>.

CMD, also known as minor psychiatric disorders, are less severe forms of mental disorders that typically present symptoms such as insomnia, fatigue, physical discomfort, sadness, irritability, anxiety, stress, and difficulty concentrating, among others<sup>6,7</sup>.

Presenteeism is characterized by the physical presence of the professional at work under biological and psychological conditions that hinder the effective performance of their duties<sup>1</sup>. The context in which nurses carry out their work in the ICU may contribute to illness and, in most cases, interfere with the effectiveness of patient care. This fact negatively impacts productivity, posing risks to patients, especially those under complex care<sup>1,3</sup>.

Among healthcare professions, nursing is more exposed to risks of accidents and occupational diseases, both physical and psychological, which can lead to presenteeism. This is closely related to the pressure of not making mistakes, mental exhaustion, and emotional tension, which can intensify in a critical care unit, alongside inadequate working conditions and excessive workloads that workers face during their daily activities<sup>8</sup>.

Working conditions, long or double shifts, the relationship with employers, and constant exposure to patient suffering and death are cited as reasons that increase the vulnerability of these professionals to psychological distress, potentially leading to cases of absenteeism<sup>9,10</sup>.

Thus, discussing the prevention of this phenomenon is important for institutions, patients, and nurses, as it can lead to timely actions to reduce the risks of delivering low-quality care, as well as preventing occupational diseases. Therefore, this study aims to evaluate the association between common mental disorders and presenteeism among nurses working in ICUs.

## METHODOLOGY

This is a quantitative, descriptive research, with data collection conducted among all nurses working in four ICUs of a public hospital in Foz do Iguaçu, Paraná, Brazil.

The inclusion criteria for participation in the study were: being a clinical nurse practicing the profession for at least six months in one of the hospital's ICUs. The exclusion criteria were: professionals on vacation or medical leave.

Data collection took place in May 2023. The first contact was made with the nurse manager of these units, who delivered sealed envelopes containing an invitation letter to the clinical nurses working different shifts. The letter explained the study's objectives, the research instrument, and the Free and Informed Consent Form (FICF) to obtain their signatures upon agreeing to participate in the study. Participants had up to one week to respond to the survey.

To identify the presence of CMD among workers, the Depression, Anxiety, and Stress Scale (DASS-21) was used. The DASS-21 is based on a four-point Likert scale, ranging from 0 (did not apply to me); 1 (applied to me to some degree); 2 (applied to me to a considerable degree); and 3 (applied to me very much), referring to feelings from the past week. With a total of 21 questions, items 1, 6, 8, 11, 12, 14, and 18 form the stress subscale. Items 2, 4, 7, 9, 15, 19, and 20 form the anxiety subscale. Items 3, 5, 10, 13, 16, 17, and 21 form the depression subscale<sup>11</sup>.

To assess presenteeism, the Stanford Presenteeism Scale (SPS-6) was applied to the professionals. This instrument consists of a questionnaire with six questions divided into two groups for evaluation. Questions 1, 3, and 4 are associated with psychological factors and assess workers' ability to concentrate during task performance, while questions 2, 5, and 6 evaluate the interference of reported health problems on the ability to complete work, perform tasks efficiently, and meet goals<sup>12</sup>. The total SPS-6 score is obtained by summing the item scores, ranging from 6 to 30, presented on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). A high score (>18) indicates a greater ability to concentrate and perform work tasks. Lower scores (between 6 and 18) demonstrate a decline in work performance due to presenteeism<sup>12</sup>.

Sociodemographic and occupational data of the participants were collected alongside the instruments, including age, gender, marital status, family structure, work shifts, weekly hours, employment contracts, and length of service in the ICU.

Sixteen nurses from the four adult ICUs of the aforementioned hospital participated in the study. Due to missing responses in some questionnaire and instrument items, the analyses were conducted using the combination of valid data, with the number of participants (n) varying across analyses.

Statistical analysis was performed using SPSS 26.0 software. The stress, anxiety, and depression variables from the DASS-21 scale were described using mean and standard deviation. The Lilliefors test was used to verify the normality of the DASS-21 subscale data, and Pearson's correlation test was applied to assess correlations between these subscales.

The association between occupational variable frequencies and the results of the SPS-6 and DASS-21 instruments, as well as the comparison of classifications obtained by the instruments, were evaluated using Fisher's test, adopting a significance level of less than 5%.

The study was approved by the Research Ethics Committee of the State University of Western Paraná (UNIOESTE) under opinion number 6.107.189 and complied with the regulatory standards of the National Health Council for research involving human subjects.

## RESULTS

Regarding the sociodemographic characterization of the study population, it was identified that the majority were female (75%) and aged between 26 and 49 years. Of these, 41.7% were aged 26 to 33 years, 25% were 34 to 41 years, and 33.3% were 42 to 49 years. Additionally, 58.3% self-identified as white, 33.3% were married, and 33.3% were single, while 58.3% had one or more children. Regarding the questionnaire item on previously diagnosed psychopathologies, only 33.3% of the nurses reported

having a prior diagnosis. Concerning length of service, all participants were clinical nurses with an average of five years of experience in the ICU and a 12-hour work shift schedule (12/36 hours).

Analysis of presenteeism using the SPS-6 indicated that 41.6% of the total participants scored 18 or lower, being classified as presenteeists, while 58.4% scored higher than 18, being classified as non-presenteeists.

The examination of associations between occupational variables, presenteeists, and non-presenteeists is described in Table 1.

Regarding double work shifts, it was found that the majority of participants (58.3%) did not work in another institution. The association between working in another institution and presenteeism (33.3%) was statistically significant ( $p=0.0269$ ).

Regarding work shifts, it was noted that 5 (41.7%) worked during the day shift and 6 (50%) during the night shift. The day shift showed a higher frequency of non-presenteeism (33.3%). Of those who worked overtime in the last month, 50% did not exhibit presenteeism.

**Table 1.** Association of occupational variables with presenteeism among nurses in the Intensive Care Unit (n=12). Foz do Iguaçu, Brazil, 2023.

Variables	Total n(%)	Presenteeist n(%)	Non-presenteeist n(%)	p-value*
<b>Works in another institution</b>				
Yes	5 (41.7)	4 (33.3)	1 (8.3)	0.0269
No	7 (58.3)	1 (8.3)	6 (50.0)	
<b>Work shift</b>				
Day	5 (41.7)	1 (8.3)	4 (33.3)	0.2255
Night	6 (50.0)	3 (25.0)	3 (25.0)	
Day and night	1 (8.3)	1 (8.3)	-	
<b>Overtime in the last month</b>				
Yes	9 (75.0)	2 (16.7)	6 (50.0)	0.2483
No	3 (25.0)	2 (16.7)	1 (8.3)	

Source: Research data, 2023. \*Fisher's Exact Test.

In the DASS-21 results, shown in Table 2, symptoms of anxiety, depression, and stress were identified among the participants.

The average level of depression was  $4.44 \pm 3.7$ , with values ranging from 0 to 12 points. Of the total analyzed, 81.25% exhibited normal symptoms, 12.5% moderate symptoms, and 6.25% severe symptoms. No mild symptoms of depression or extremely severe symptoms were observed among the study participants.

The average level of anxiety was  $4.12 \pm 4.8$ , with values ranging from 0 to 17 points. Of the total analyzed, 68.75% exhibited normal symptoms, 12.5% mild symptoms, and 18.75% extremely severe symptoms; no moderate or severe symptoms of anxiety were observed.

The average level of stress was  $7.25 \pm 3.3$ , with a minimum of 2 and a maximum of 14 points. Of the total analyzed, 56.25% exhibited normal symptoms, 18.75% mild symptoms, 18.75% moderate symptoms, and 6.25% severe symptoms.

A positive correlation was observed between the DASS subscales. Analyzing the scores from the DASS instrument, it was noted that some respondents presented high scores across all three subscales.

The Pearson correlation test, illustrated in Figure 1, showed a positive correlation between depression and anxiety ( $r=0.6642$ ,  $p=0.0050$ ), depression and stress ( $r=0.7446$ ,  $p=0.0009$ ), and between anxiety and stress ( $r=0.7642$ ,  $p=0.0006$ ).

**Table 2.** Description of stress, anxiety, and depression variables using the DASS-21 scale (n=16). Foz do Iguaçu, Brazil, 2023.

Variable	Depression	Anxiety	Stress
Mean ± Standard Deviation	4.44 ± 3.7	4.12 ± 4.8	7.25 ± 3.3
Normal - n(%)	13 (81.25)	11 (68.75)	9 (56.25)
Mild - n(%)	-	2 (12.5)	3 (18.75)
Moderate - n(%)	2 (12.5)	-	3 (18.75)
Severe - n(%)	1 (6.25)	-	1 (6.25)
Extremely severe - n(%)	-	3 (18.75)	-

Source: Research data, 2023.

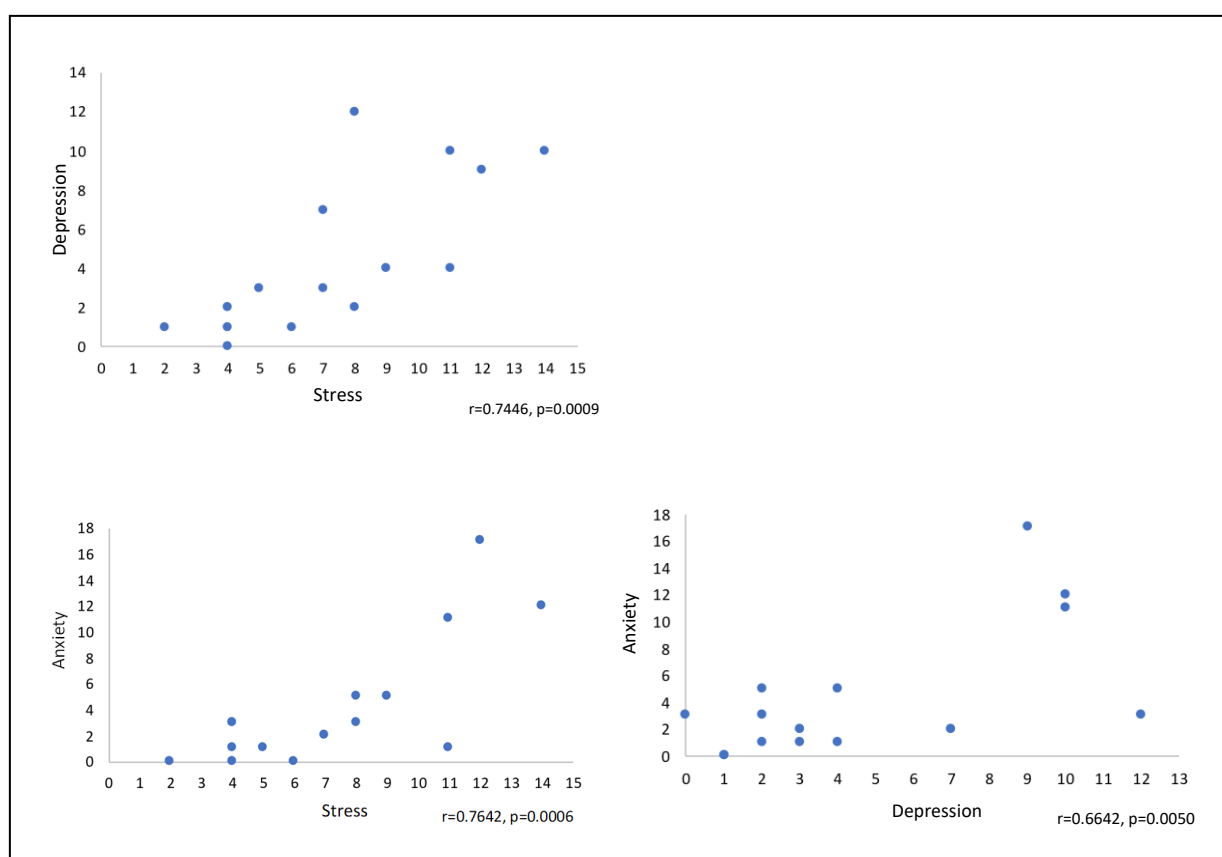
**Figure 1.** Pearson correlation between the Depression, Anxiety, and Stress scores of the DASS-21 (n=14). Foz do Iguaçu, Brazil, 2023. Source: Research data, 2023.

Table 3 presents the distribution of occupational variables related to the presence of Depression, Anxiety, and Stress, as classified by the DASS-21 scale. The results were grouped. The symptoms classified as mild, moderate, severe, and extremely severe were represented as "present," while the normal result was represented as "absent."

Of the data analyzed, 35.7% of participants who exhibited symptoms of stress worked exclusively in the ICU of the hospital under study. Of those who worked overtime in the month, 6 (42.8%) manifested symptoms indicating stress according to the DASS-21 scale.

The night shift, compared to the day shift, showed a higher number of individuals with present symptoms across all DASS-21 subscales, including 2 (14.3%) with symptoms of depression, 3 (21.4%) with symptoms of anxiety, and 4 (28.6%) with symptoms of stress.

**Table 3.** Distribution of occupational variables related to the presence of Depression, Anxiety, and Stress, as classified by the DASS-21 scale (n=14). Foz do Iguaçu, Brazil, 2023.

Variable	Depression		Anxiety		Stress	
	Absent n(%)	Present n(%)	Absent n(%)	Present n(%)	Absent n(%)	Present n(%)
<b>Works in another institution</b>						
Yes	4 (28.6)	2 (14.3)	5 (35.7)	1 (7.1)	4 (28.6)	2 (14.3)
No	7 (50.0)	1 (7.1)	4 (28.6)	4 (28.6)	3 (21.4)	5 (35.7)
<b>p-value</b>		0.3846		0.2378		0.2960
<b>Work shift</b>						
Day	4 (28.6)	1 (7.1)	3 (21.4)	2 (14.3)	2 (14.3)	3 (21.4)
Night	6 (42.8)	2 (14.3)	5 (35.7)	3 (21.4)	4 (28.6)	4 (28.6)
Day and night	1 (7.1)		1 (7.1)		1 (7.1)	
<b>p-value</b>		0.6425		0.6174		0.8260
<b>Overtime in the last month</b>						
Yes	9 (64.3)	2 (14.3)	7 (50.0)	4 (28.6)	5 (35.7)	6 (42.8)
No	2 (14.3)	1 (7.1)	2 (14.3)	1 (7.1)	2 (14.3)	1 (7.1)
<b>p-value</b>		0.5440		0.7253		0.7203

Source: Research data, 2023.

Table 4 presents the comparison of classifications obtained from the DASS-21 and SPS-6 instruments. In this analysis, two questionnaires were excluded due to omissions and incomplete responses in the SPS-6.

Regarding the classification of depression in the DASS, it was observed that the absence of symptoms and non-presenteeism occurred in 50% of the cases, as well as the absence of anxiety observed in 42.9% of the participants. The highest frequency of stress occurred among non-presenteeist participants (35.7%). No statistically significant difference was observed between presenteeism and the DASS-21 subscales.

**Table 4.** Comparison of classifications obtained from the DASS-21 and SPS-6 instruments (n=14). Foz do Iguaçu, Brazil, 2023.

DASS-21	SPS-6		p-value
	Presenteeist n(%)	Non-presenteeist n(%)	
<b>Depression</b>			
Present	1 (7.1)	2 (14.3)	0.7253
Absent	4 (28.6)	7 (50.0)	
<b>Ansiedade</b>			
Present	1 (7.1)	3 (21.4)	0.5455
Absent	4 (28.6)	6 (42.9)	
<b>Stress</b>			
Present	1 (7.1)	5 (35.7)	0.3007
Absent	4 (28.6)	4 (28.6)	

Source: Research data, 2023.

## DISCUSSION

The results showed that the professional category of ICU nurses is predominantly composed of young women with white skin. These characteristics are supported by the literature, which has shown a majority presence of female nurses (85%) and those aged up to 40 years (61.7%) among nursing

professionals<sup>13</sup>. A study conducted in Minas Gerais also confirmed that the majority of nurses identified as white (56.6%)<sup>6</sup>.

Historically, nursing has been a predominantly female-dominated field. This perception may be linked to the fact that, socially, caregiving responsibilities for life and health have been traditionally associated with women. Consequently, professions in this area tend to be undervalued in terms of salary when compared to those culturally associated with men, which may also explain the tendency to seek additional sources of income<sup>14</sup>.

The intensive care nurses in this study were classified as presenteeists, consistent with two studies conducted in the Central-West region of Brazil. One study reported 38.14% presenteeism in a sample of 291 nursing workers<sup>15</sup>, and another found 43.8% in a sample of 306 participants<sup>16</sup>. Thus, attention is drawn to the importance of identifying presenteeism among nurses, considering its association with physical and mental health issues, as well as reduced productivity in workplace practices<sup>15</sup>.

Among the occupational variables analyzed in this research, night shifts were identified as a factor related to presenteeism and the presence of CMD. Professionals working night shifts under a 12/36-hour schedule demonstrated greater impairment in SPS-6 scores.

A study conducted in the state of Paraná with 196 nursing professionals revealed that 76.5% of the sample experienced poor sleep quality, and 41.8% reported exacerbation of anxiety, stress, loss of concentration, and irritability<sup>17</sup>. Sleep quality is essential for the body, as it contributes to memory consolidation, energy conservation and restoration, and regulation of brain metabolism. Poor sleep quality leads to an increased incidence of psychiatric disorders, fatigue, irritability, cognitive deficits, memory loss, and reduced alertness, impacting work capacity and resulting in diminished professional performance<sup>15-17</sup>.

Presenteeism can also be attributed to holding employment with another institution, meaning double shifts and long consecutive hours of work. This aspect was identified in the present study, as well as in research conducted at a large Brazilian hospital, which showed that 37.7% of professionals reporting presenteeism had dual employment<sup>12</sup>.

Beyond low wages, the pursuit of additional jobs is linked to the uncertainty of job stability, given the high unemployment rates, especially for the nursing profession. Furthermore, the undervaluation of the profession and the prevalence of precarious and temporary employment contracts lead many professionals to maintain a second job, as it fosters a sense of greater security along with the perception of ensuring a more financially stable future<sup>18</sup>.

With the instability of employment, workers have adopted a permissive attitude, exposing themselves to exhausting conditions and showing extreme resistance to taking time off, neglecting signs of fatigue and psychophysical distress, thereby adopting a presenteeist stance driven by the constant fear of unemployment<sup>15,19</sup>.

Double shifts represent a process of work intensification. Long working hours are associated not only with health risks for nurses but also with risks to the safety of patients under their care<sup>18,19</sup>.

Moreover, a study conducted in Iran suggested that female nurses are more prone to developing mental health disorders, considering not only the complex interplay of genetics, hormonal levels, and metabolic influences but also the socialization process that portrays women as tireless figures capable of sustaining and performing multiple tasks with ease. Thus, although both genders share similar working conditions, the social roles they perform create significant differences in the process of illness<sup>20</sup>.

Epidemiological data indicate that approximately 5.8% of the Brazilian population suffers from depression, totaling 11.5 million cases, making it the highest rate in Latin America, while anxiety affects 9.3% (18,657,943) of people living in the country<sup>21</sup>.

Nurses, particularly those working in complex units such as the ICU, are more predisposed to developing symptoms of depression, anxiety, and occupational stress, considering their exhausting routines, intensive care demands, and feelings of helplessness in the face of death. A study conducted in Bahia highlighted that the prevalence of CMD among nurses at a public general hospital was 35.0%, a rate higher than that found in the present study, as well as in a study at a public hospital in the Central-West region of Brazil (23.37%), but lower than that identified among professionals at two hospitals in the southwestern region of Paraná<sup>17,21,22</sup>.

In reference to the data, the percentage of professionals exhibiting depressive symptoms (18.7%) was lower than findings from a study conducted in Pernambuco with the ICU nursing team, which indicated that 22% presented mild to moderate symptoms. Regarding anxiety symptoms, when compared to the same study, the results also differed; however, the figures found in Pernambuco were lower, with 10% reporting mild symptoms and 1% reporting severe symptoms, the most advanced level on the instrument used by the authors<sup>21</sup>.

As for stress, the findings align with the results of a study conducted at a high-complexity public hospital in Rio de Janeiro, where nurses demonstrated high levels of stress intensity<sup>22</sup>.

Although dual employment has been identified as a factor that can increase the likelihood of triggering occupational stress by more than twofold due to work overload, extended periods away from family, and limited time for leisure and self-care, the results of the present study showed that 37.7% of nurses who exhibited stress symptoms had only a single employment contract, working exclusively in the ICU of the hospital under study<sup>23,24</sup>. It is known that excessive working hours, marked by overtime, lead to the onset of stress, explained by the fact that when not accompanied by periods of physical and mental recovery, sustained overwork can culminate in stress-inducing factors<sup>22</sup>.

Therefore, in practice, it is understood that the ICU is a sector with a direct impact on the risk of developing CMD. Nursing professionals working in this unit perform tasks that require high physical, cognitive, and social competencies, and as a result, they tend to ignore signs of illness, as they are often self-critical individuals who perceive absence from work as a sign of incompetence or weakness. This characterization makes them prone to presenteeism, which in turn accelerates the onset and exacerbation of CMD<sup>6,25,26</sup>.

A systematic review conducted by North American researchers highlighted the need for interventions based on mindfulness and cognitive-behavioral therapy to reduce stress, anxiety, and depression among professionals working under constant tension. In addition, they highlighted other promising strategies to promote the health of these professionals, including brief interventions such as deep breathing and gratitude for their work activities<sup>27</sup>. English researchers further emphasized that managers need to provide opportunities and encourage nurses to engage in active learning to help them cope with the daily demands of stressful work environments<sup>4</sup>.

Considering this, greater attention to the mental health of these professionals is crucial, as workers with CMD are four times more likely to experience presenteeism and pose a higher risk to those under their care<sup>23,24</sup>. Therefore, there is an urgent need to promote the health and well-being of nurses working in complex settings, with evidence-based interventions to improve their health and enhance the quality and safety of the care they provide.

As limitations of this study, it is important to note that although the sample included all ICU nurses, it consisted of a small number of participants, which may have influenced the results.

## CONCLUSION

The results showed that 41.6% of ICU nurses exhibited presenteeism, with night shifts and double work schedules (working at another institution) identified as aggravating factors for this phenomenon.

Regarding CMD, symptoms of anxiety, depression, and stress were identified, ranging from mild to extremely severe. Night shifts were relevant to symptoms across all three subscales, and working overtime contributed to increased stress symptoms.

No statistically significant association was found between presenteeism and CMD, with symptoms from the DASS-21 subscales being more prevalent among non-presenteeist professionals.

However, despite not demonstrating a correlation between CMD and presenteeism, this study advances scientific knowledge in the fields of health and nursing on this topic, as the presence of CMD and presenteeism associated with working conditions serves as a warning to institutions. Professionals who are presenteeists and/or have compromised mental health may impair patient care, particularly in complex situations.

This study also reinforces the need to improve working and salary conditions for nursing professionals, in addition to adopting strategies to preserve and promote mental health. These strategies should also include reducing working hours and increasing the availability of human resources in hospital institutions, especially in units requiring intensive patient care, aligned with the effort demanded by the profession.

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