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DEPRESSION, ANXIETY, AND DESPAIR IN HEALTH RESIDENTS

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ABSTRACT

This manuscript provides a review of the recent literature on anxiety and depressive disorders. In the last decades there has been an increase in the diagnoses of depression and anxiety, which are caused by the excellence of psychic suffering and responsible for incapacitating thousands of individuals to daily life. In ancient Greece, depression and its symptoms were known as melancholy. Anxiety has been termed anxiety neurosis and Angstneurosis. However, regardless of the name, the symptoms of both diseases are the same, of course, maintaining the proportion of each. The aim of the manuscript is to seek subsidies in specialized literature to reflect on possible solutions to a public health problem that has for centuries puzzled experts around the world. This review will serve as a theoretical support for the development of research in various health areas. The method for collecting the data that compose the text was based on the bibliographic review of several papers published in periodicals in recent years. With regard to health professionals and an increase in depressive and anxious conditions, most of the problems are considered to be caused by the enormous workload, which generates exacerbated stress that culminates in depression, anxiety and hopelessness.

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INTRODUCTION

Several factors are involved in the psychic illness of people in the 21st century. Institutions in the way they work, present aspects that collaborate in this process and increasingly we must seek methods to identify and modify these factors. Modern society has been marked by several technological and cultural changes which present themselves continuously reflecting directly on the set of emotions of the individual. Emotional fragility can lead to new depressives and anxiety levels and hopelessness in residing in the health area. Considering the prognostic implications of depression, the high rate of absence at work, suicide, etc., the detection of these pictures can serve as a guideline for the appropriate treatment of these professionals and for the design of public health policies and, as a consequence, improvement quality of life of health residents.

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Literature Review

Contemporary society has been marked by social, cultural, economic, political transformations and technological advances that occur at an intense pace. Associated with all the transformations cited, the population has been presenting unbridled levels of consumerism. According to Ehrenber (2004, 2009) the increase in the occurrence of cases of depression are directly related to certain normative changes in the society. For Ehrenber (2004, 2009), the unrealizable models of action proposed by exacerbated contemporary individualism have unleashed unprecedented psychic pressure on individuals, with depression being one of the most striking symptoms of sociocultural reforms and reconfiguration of

values since the eighteenth century. The changes in the eighteenth century were much slower and different than the transformations that currently take place, a fact that contributes to changing behavioral factors worldwide. In this context, these daily transformations reflect directly on the individual's set of emotions (Ehrrenber, 2010a, 2010b; VASCONCELOS, 2015). Studies have reported that generally people who work in the health area, attend medicine, nursing, psychology, dentistry, pharmacy and are enrolled in postgraduate programs may present behavioral alterations (ALVES, 2014; SARAVANAN; WILKS, 2014). In this scenario, the number of symptoms related to anxiety, hopelessness and depression has been increasing in health residents in the municipality of Campo Grande, MatoGrossodoSul, Brazil (RODRIGUES, 2016).The American Psychiatric Association (2000) defines depression as an emotional state with retardation in psychomotor and reasoning processes, depressive emotional reactions, feelings of guilt or criticism, and illusions of unworthiness. On the other hand, the World Health Organization (1997) defines depression as a common mental disorder, characterized by sadness, loss of interest and loss of pleasure for everything, fluctuations between feelings of guilt and low self-esteem, as well as sleep disturbances or of appetite. In addition, depression consists of a mental disorder characterized by high prevalence and morbidity, being among the main factors of global burden of disease, since the most severe conditions can lead to suicide (Betel, 2014; Razzouk, 2016).

According to information obtained by the World Health Organization, depression has victimized 322 million people worldwide, and diagnoses confirmed from such information have increased in recent years. From 2005 to 2015, the number of cases increased by 18.4%, with all occurrences representing approximately 5% of the world population. The prognosis for the problem is not encouraging, as numbers increase more and more over time, making depression one of the biggest public health concerns in the world. In relation to Brazil, the figures are worrying, with 5.8% (11.5 million) of the Brazilian population suffering from depression, leaving the country among the Latin American nations with the highest number of people in depression (WHO, 2017). According to the study by Razzouk (2016), entitled: Why should Brazil prioritize the treatment of depression in the allocation of health resources ?, the World Bank and the World Health Organization (WHO) emphasized the importance of prioritizing mental health investments in global health policy agendas, particularly focusing on the treatment and prevention of depression, cases of the disorder. Mental disorders, especially depression, are one of the main determinants of poor quality of life, lack of physical and cognitive development, loss of remuneration and work capacity, difficulties in social interaction, among other problems which afflict a large number of people (Razzouk, 2016).The depressive condition of some individuals is a source of suffering for other people who live with them daily, such as parents, children, wife and friends (MINUCHIN, 1993). According to Razzouk (2016), the occurrence of damages to an individual's mental health not only represents the reduction of his potential for personal development, but minimizes the contribution that this subject could offer to the community, resulting in loss of intellectual capital. In addition, the author affirms that depression is among the main agents that cause absenteeism and presentism at work, becoming the third reason for the workers' absence in the country. The work carried out in hospital environments is characterized by several demanding demands that professionals need to respond on a daily basis. These works involve intense emotional stimuli inherent to illness, such as contact with pain and suffering, complaints of hostile patients, and living with deaths and losses that, together with unhealthy and oppressive working circumstances, can cause in addition to occupational stress, the development of depressive disorders (ANTUNES, 2017).In a study conducted by Antunes (2017) on the scientific production involving psychic suffering and depression among health workers, it was possible to identify the main causes of this problem. Among them are the moral harassment, represented by the violence, or violence that the individual suffers in the performance of his professional functions; consultations carried out on an emergency basis; organizational conditions such as physical environments; institutional guidelines; aspects of bureaucracy; types of occupation; and other psychic vulnerabilities to which the professionals are exposed, regardless of the type of work performed. All these factors can be related to symptoms of psychic suffering and depression (ANTUNES, 2017, p.71). The authors Oliveira, Mazzaia and Marcolan in 2015, carried out a study to identify the occurrence of depressive symptoms among emergency workers. According to the research results, more than 90% of emergency professionals are in depression, most of whom do not perceive their own psychological suffering and do not relate to their working conditions, considering that their suffering did not interfere with the quality of care provided.

According to Robazzi *et al*. (2014), the overload of work entails the reduction of schedules for food, entertainment, rest, sleep and social and family life, causing suffering and illness of the professional. In this respect, Oliveira, Mazzaia and Marcolan (2015) argue that the excess of workload and the double journey reflect the current context of the labor market, which is marked by the high demand of professionals for few jobs. These factors have as consequence the increase of unemployment, competitiveness and logic of productivity, which result in the professional devaluation. The results of the research carried out by Oliveira, Mazzaia and Marcolan (2015) reveal that high levels of anxiety and depression are related to factors such as the demands of health professionals, the required efforts of individuals for work activity and work overload. Thus, the prevalence of depressive states among health workers, along with the other deficits caused by the disorder, such as the limitations they impose on individuals and the high cost to society, places depression as one of the most worrying public health problems of the Brazil, especially because not everyone has access to adequate diagnosis and treatment. Anxiety consists of a normal state that surfaces as an adaptive reaction of the organism, boosts performance involving psychological and physiological factors (ROSA *et al*., 2012). In a way, anxiety is considered as a pathology only in cases where its intensity or periodicity does not correspond to the circumstance that motivated it or there is no particular object for which it is addressed (ROSA *et al*., 2012). According to Rosa *et al*. (2012), anxiety is configured as an uncomfortable or fearful feeling linked to an autonomic reaction. Generally, what triggers him is not something specific and known by the subject, it becomes a sense of apprehension arising from the hypothesis of a threat, as an indication of some danger that is approaching and that forces him to take measures of defense (ROSA *et al*., 2012). The psychophysiological changes elicited by the anxious state resemble the individual's responses to fear, and thus consist of

survival mechanisms related to fight or flight behavior (ROSA *et al*., 2012). In order to recognize whether anxiety is normal or pathological, it is necessary to analyze the level of anxiety of individuals in relation to a certain circumstance and duration, as well as the periodicity in which it occurs and the amount of dysfunctional behaviors manifested by the state of anxiety (ROSA *et al*., 2012). Anxiety is characterized by the intensity with which it manages to elicit organic responses in the subject, as if it were intended for the care and preservation of one's own life. However, to a high degree, anxiety is a limiting condition, manifested through inappropriate and unconditional behaviors with what is actually happening, indicating a pathology framework (ROSA *et al*., 2012). According to Oliveira *et al*. (2006), the anxiety happens through a catastrophic perspective of the scenarios and scenarios experienced, anticipating the occurrence of some danger or threat. Individuals with a high degree of anxiety tend to suffer from anticipating their disability and to doubt their intellectual abilities. This negativistic view influences their selective focus, interfering with their ability to encode data in memory, hampering their thinking and their understanding (OLIVEIRA *et al*., 2006).

Multiprofessionals when integrating into home health care programs need to learn how to deal with the changes inherent in that period that affect their professional and personal lives. It may be necessary to move away from the family and the circle of friends, and all this requires an adaptive capacity with the new daily life that not all individuals can manage. Above all, these professionals are not yet accustomed to the demand of patients and tasks of the profession. There is a possibility that health residents may feel inadequate and diminished in performing their duties, having to deal with the continuous internal collection, which may favor their maturity and originate disorders such as anxiety, commonly diagnosed in health workers health area (ROTTA *et al*., 2016).Among the anxiety-provoking elements are collections for reporting, problems with co-existence with colleagues and management (ROTTA *et al*., 2016). According to the author ROTTA *et al*., 2016, the environment and daily work are among the predominant aspects in the development of high levels of anxiety and depression, due to the workload of most multiprofessional health residency programs 60 hours a week, for a period of 24 months, which encompass activities involving theory and practice. In this way, it is a stage of the training process that generates a lot of stress, since the newly trained and inexperienced professional must face a new and exhausting context, which contains friction between professionals with different backgrounds and specialties, as well as the requirement to coexistence with patients affected by serious diseases and their respective relatives. In addition, the health professional has to deal with the constant fear of contamination, the insecurity still present in his daily practice, frustrated professional expectations, inherent difficulties in the work, and requirements to carry out his activities in different sectors and institutions (Rotta *et al*. al., 2016).Health residents are faced with stressors that integrate their training and also their professional practice, which can lead to personal, family, institutional and social difficulties, if adequate measures are not taken to deal with the problems that may arise to have According to the research developed by Cahú *et al*. (2014), there is a greater vulnerability in health residents psychologically. The authors (Cahú *et al*. 2014) point out that evidence of the psychological fragility of the individual working in the health area interferes with their performance with the patients, revealing the demand for intervention to preserve the mental health of the professional (CAHÚ *et al*., 2014).For many years, emotions were considered inappropriate phenomena, that is, they should be ignored because they are something bad, inappropriate, that should not be felt by the human being (Batista and Pawlowytsch, 2012). Emotions were not the objects of research and interpretation. Culture required subjects to be able to dominate their feelings in order not to allow their emotions to transcend (GORDON, 1981). However, emotions became the goal of scientific and scholarly studies as man developed a desire to understand physical and emotional expressions as well as attempts to understand organic and chemical processes of behavior along with sensations capable of to be felt and their forms of manifestation possible before specific occurrences (Batista; Pawlowytsch, 2012). In the theoretical field, emotions can be classified within theories of motivation, and can be divided into three basic categories: physiological, neurological and cognitive. Physiological theories understand that the responses of the body to external stimuli are responsible for the emotions. Neurological theories suggest that it is brain activity and its dynamics that provide individuals with emotional responses. On the other hand, theories of the cognitive matrix defend that the preponderance of the thoughts and other mental actions would be the driving force par excellence in the construction of the emotions (MEYERS, 2004).

According to Batista and Pawlowytsch (2012), emotion is conceptualized as a mental and physiological state that connects to a range of feelings, behaviors and cognitive abilities that are part of the daily life of individuals. Emotions play an essential role in the communication process, since they come to the aid of the subjects, having a great deal of relevance, above all, in the development of social interactions during their existence (Batista, Pawlowytsch, 2012). The author Beck (2001), recognizing the importance of emotions in the social environment in which the subjects are inserted, elaborated several studies and researches, in order to obtain a more advanced understanding about the emotional processes. Beck (2001) created inventories and scales for the measurement of levels of emotions, such as: depression, anxiety, hopelessness and suicidal ideation. Beck (2001) in his studies decided to analyze the subjects' emotional expressions not only in terms of depression and anxiety, but also what he termed as hopelessness. Thus, under the theoretical contributions of Beck (2001), other professionals began to investigate whether the work environment of individuals influenced the development of their emotions and how they were manifested. Various studies indicate that working conditions interfere with the subjects' emotional constitution. The context of work experienced by the health professional exposes him to the direct contact with his own emotions and emotional expressions of the patients, being faced with these conditions that these professionals carry out their activities under constant pressure (Batista, Pawlowytsch, 2012). Hopelessness is strongly linked to the feeling of failure, and is composed of self-defeating thoughts permeated by a pessimistic and negativistic perspective of the future, being intensely related to depression (Oliveira *et al*., 2006). Usually, hopelessness is defined as a cognitive operation in which it prevails an interpretation of reality in which the future is seen as a space of absolute emptiness, without perspectives or motivations to live In this context, the desire to exist physically and psychologically is annihilated (Marback; Pelisoli, 2014). From the point of view of this perception

previously mentioned, the person is not able to find or visualize other possibilities that do not involve ending his own life, this being the only way with which he thinks it is possible to deal with him presents himself to him as a problem insoluble (Beck *et al*., 1997). The person in a state of hopelessness is considered abnormal, with many faults, errors and defects, believing that it has no value and becomes incapable of perceiving its potentialities (BECK *et al*., 1997). Hopelessness manifests itself as an indicator of depression, as it is a very harmful cognition, whose behaviors aremaladaptive (Wright *et al*., 2012). The fact that one does not perceive the least hope, finding no reason and meaning for one's own existence, leads the individual on a path of despair, when he perceives himself without alternatives to solve his questions, mistakenly believing that suicide consists of his best option (Marback; Pelisoli, 2014).

Final considerations

Sadness and anguish are sources of human suffering from the presence of man on earth. Existence alone brings with it a number of disturbing questions, many of which to this day have no satisfactory or convincing answers. They are manifestations of the human condition itself acceptable and tolerable by individuals considered healthy. The problem lies in the pathological condition that brings such feelings to their maximum potency, which causes them to transmigrate from one bearable sphere to another unimaginably intolerable, and therefore full of lethality. What would lead health professionals accustomed to dealing with borderline situations to develop depression and anxiety at worrying levels? The answer may be in society or in the individual, or both in view of the intrinsic and inseparable dialectical complementarity between the two categories. As far as the sociocultural aspect is concerned, the human race is immersed in an atmosphere whose values are based around the exacerbated individualism, the competitive logic that is infused by the big corporations and the ideology that preaches economic success as a condition of the maximum realization of the human being. As far as individuals are concerned, not all are prepared for heavy workloads and psychological pressures imposed by patients, patient's family, and administrators. In this sense, it is known that the daily life of health professionals is extremely stressful, especially due to the various responsibilities related to the practical-theoretical framework of the activities carried out. Added to these responsibilities are a series of problems related to less technical and much more personal aspects, such as relationships established because of administrative and hierarchical issues. In fact, the workload of the health residents that is dedicated to health activities is very high, there are professionals who have three jobs, when in fact only one of the journals would already be sufficient for their level of stress to remain saturated. In this scenario, depressive and anxious pictures develop - or aggravate themselves - given that the individual can not cope with the stress that this situation causes.

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