

Anxiety symptomatology in professionals of the mobile emergency care service

RESUMO | Objetivo: Rastrear sintomas de ansiedade em profissionais do Serviço de Atendimento Móvel de Urgência (SAMU). Método: Estudo exploratório, descritivo e transversal, de abordagem quantitativa, realizado em SAMU localizado no interior do Piauí, entre abril e junho de 2021, através de questionário on-line. O instrumento classificou os participantes em: ansiedade mínima; ansiedade leve; ansiedade moderada; e ansiedade grave. Para análise estatística utilizou-se o teste de razão de verossimilhança, pois, a razão esperada foi menor que 5 nas variáveis analisadas, sendo considerado o nível de significância de 5% ($p < 0,05$). Resultados: Participaram do estudo 14 profissionais assistenciais. Entre os sintomas indagados, houve prevalência de: "incapacidade de relaxar" (35,7%), "medo que o pior aconteça" (35,6%), "palpitação ou aceleração do coração" (28,6%) e "sensação de calor" (28,5%). Conclusão: A maioria dos emergencistas foi classificada com ansiedade mínima, contudo, a baixa adesão de participantes dificultou uma análise mais consistente da sintomatologia de ansiedade nesses profissionais.

Descritores: Ansiedade; Saúde Mental; Serviços Médicos de Emergência; Profissionais da Saúde.

ABSTRACT | Objective: To screen anxiety symptoms in Mobile Emergency Care Service (SAMU) professionals. Method: Exploratory, descriptive and cross-sectional study, with quantitative approach, conducted in SAMU located in the interior of Piauí, between April and June 2021, through an online questionnaire. The instrument classified participants into: minimal anxiety; mild anxiety; moderate anxiety; and severe anxiety. For statistical analysis we used the likelihood ratio test, because the expected ratio was less than 5 in the variables analyzed, being considered the significance level of 5% ($p < 0.05$). Results: Fourteen caregivers participated in the study. Among the symptoms inquired, there was a prevalence of: "inability to relax" (35.7%), "fear that the worst will happen" (35.6%), "palpitation or acceleration of the heart" (28.6%) and "feeling hot" (28.5%). Conclusion: Most emergency responders were classified with minimal anxiety, however, the low adherence of participants hindered a more consistent analysis of anxiety symptomatology in these professionals.

Keywords: Anxiety; Mental Health; Emergency Medical Services; Health Professionals.

RESUMEN | Objetivo: Identificar los síntomas de ansiedad entre los profesionales del Servicio de Atención Móvil de Urgencias (SAMU). Método: Estudio exploratorio, descriptivo y transversal, con enfoque cuantitativo, realizado en un SAMU ubicado en el interior de Piauí, entre abril y junio de 2021, a través de un cuestionario online. El instrumento clasificó a los participantes en: ansiedad mínima, ansiedad leve, ansiedad moderada y ansiedad grave. Para el análisis estadístico se utilizó la prueba de la razón de verosimilitud, ya que la razón esperada era inferior a 5 en las variables analizadas, considerándose el nivel de significación del 5% ($p < 0,05$). Resultados: Catorce cuidadores participaron en el estudio. Entre los síntomas indagados, hubo una prevalencia de: "incapacidad para relajarse" (35,7%), "miedo a que ocurra lo peor" (35,6%), "palpitaciones o aceleración del corazón" (28,6%) y "sensación de calor" (28,5%). Conclusión: La mayoría de los socorristas fueron clasificados con ansiedad mínima, sin embargo, la baja adherencia de los participantes impidió un análisis más consistente de la sintomatología de ansiedad en estos profesionales.

Palabras claves: Ansiedad; Salud Mental; Servicios Médicos de Emergencia; Profesionales de la Salud.

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INTRODUCTION

Anxiety can be perceived in anyone and everyone because it is a totally physiological process

triggered in response to some degree of uncertainty or doubt. When physiological, anxiety can be beneficial to the individual, making him excel in certain situations by inducing him to prior planning caused by the feeling of something going wrong.¹⁻²

On the other hand, when the intensity of anxiety causes situations that culminate in physical and/or mental suffering in order to impair the performance of daily life activities, it is considered pathological and is evaluated as a disorder.³

According to the World Health Organization (WHO), the worldwide prevalence of Anxiety Disorder (AD) is 3.6%, equivalent to approximately 264 million people. In Latin America, the percentage of prevalence is considerably higher than the global average. Brazil ranks fourth among the countries with the highest rates of people diagnosed with anxiety in the world, with a percentage of 9.3%. However, studies that show and relate the prevalence of this disorder in the country with regional representations are scarce and quite limited.⁴⁻⁵

Assuming that the occupational exercise influences the quality of life and that the conditions and the work environment are significant to the health of the worker, those who practice their work activities within the scope of health services are vulnerable to the development of Common Mental Disorders (CMD), because they go through stressful situations daily and are faced with conflicts, suffering, fear, living with death, long working hours, among other characteristic aspects of the health professional's routine.⁶

Among the medical specialties, working in urgency and emergency can trigger intense suffering in the professional due to impacting scenes of situations, traumas and injuries, which can become unforgettable. In this sense, emergency professionals, regardless of their experience or experience in dea-

ling with imminent life-threatening situations, may, at some point, feel fear, suffering and impotence in the face of loss of health and/or the prospect of death, making them subject to the development of mental, physical, cognitive and/or interpersonal disorders.⁷

The COVID-19 pandemic has brought even more concerns to emergency professionals, increasing stress levels at work. It is noted that these professionals are constantly vulnerable to the development of anxiety disorder because they face their routine challenges, in addition to the emotional destabilization caused by the pain of the patients to whom they provide care, lack of supplies such as Personal Protective Equipment (PPE) and medical equipment, distancing from close people, in addition to the greater risk of contamination and death. When this happens, there are significant impacts on the personal and professional lives of these individuals.⁸⁻⁹

The presence of anxiety symptoms in health professionals can interfere with their perception of their occupational environment as a stressor, which in turn, it can have repercussions on your personal and professional life, reducing your quality of life by triggering anguish and discomfort, altered behavior with people close to you and superficial problem solving.¹⁰

The identification of stressors and possible emotional disturbances such as anxiety, allow the elaboration of stress coping strategies, and social and psychological support projects that can reduce the impact of these stimuli, which, consequently, would reduce the probability of triggering CMD.¹¹

Thus, this research aimed to track anxiety symptoms in professionals who work in the Mobile Emergency Care Service of a municipality located in the interior of the state of Piauí, Brazil.

METHOD

Exploratory, descriptive and cross-

s-sectional study, with a quantitative approach, carried out with professionals who work on a decentralized basis of a SAMU located in a municipality in the southeastern mesoregion of Piauí, where, to meet a demand of 250 to 300 monthly visits, the base has two mobile service units, being a Basic Support Unit (USB), an Advanced Support Unit (USA), and a motorcycle to provide assistance in hard-to-reach places.

Emergency workers who were part of the aforementioned SAMU professional staff during the research period were invited to participate in the study. Those who developed managerial functions, that is, who did not work in care practice, were excluded. Thus, it was observed in the health unit under study a number of 33 professionals able to participate in the research, where all were invited to participate in the study, including 6 nurses, 14 nursing technicians, 7 doctors and 6 ambulance drivers.

Data collection was carried out from April to June 2021, online, via an electronic questionnaire, as a way to reduce face-to-face contact and prevent infections by SARS-CoV-2, due to the serious COVID-19 pandemic situation that Brazil was experiencing.

The invitation to participate, with a link to access the electronic version of the collection instruments, reproduced through the Google Forms website, and the research participation guidelines were sent to SAMU professionals via email and messaging application, from a contact list made available to researchers by the SAMU coordination.

In an attempt to reach the largest number of professionals and minimize the loss of participants, the invitation to participate was sent three times to all 33 professionals who remained active in the workforce, with an interval of 15 days between submissions. The electronic form remained accessible and available to receive responses from April to June 2021. The responses were stored on the Google Forms platform, where

researchers could have access for further analysis.

For descriptive and inferential statistical analysis of the data, the IBM SPSS® software was used. The part related to inferential statistics was performed using the likelihood ratio statistical test to observe the association between the variables of the sociodemographic questionnaire and the anxiety measures. The likelihood ratio test was chosen because the expected ratio was less than five in the variables analyzed. For the tests, a significance level of 5% ($p < 0.05$) was considered.

To obtain the sociodemographic variables, a questionnaire adapted by the researchers was used, based on the questionnaire of another study.¹² The instrument asked questions in order to obtain the following variables: age, biological sex, marital status, number of children, education level, professional category, length of service provided to SAMU, weekly workload, number of simultaneous jobs, physical exercise, and consumption of alcohol and tobacco.

In Brazil, the Beck Anxiety Inventory (BAI) was validated by the psychologist Jurema Cunha, in 2001, after publishing the Manual of the Portuguese Version of the Beck Scales. The instrument consists of 21 multiple-choice statements, which take between 5 and 10 minutes to be answered. For each symptom, there are the following alternatives: a) Absolutely not; b) Lightly; c) Moderately; and d) Seriously. The scoreboard for BAI has a score from 0 to 4 for each statement, with the total sum ranging from 0 to 63. According to this score, the anxiety level was classified as: minimal anxiety (0-10); mild anxiety (11-19); moderate anxiety (20-30); and severe anxiety (31-63).¹³

This research was approved by the Research Ethics Committee of the Federal University of Piauí (CEP/UFPI) to analyze the ethical-legal precepts, and was approved under the protocol Certificate of Presentation for Ethical Assessment

(CAAE) no. 44000921.3.0000.8057, and opinion no. 4,644,669.

RESULTS

The study had the participation of 14 volunteers, predominantly male (64.3%), postgraduate (70%), Catholic (71.4%), who do not consume alcohol



According to the World Health Organization (WHO), the worldwide prevalence of Anxiety Disorder (AD) is 3.6%, equivalent to approximately 264 million people.



(64.3%), do not use tobacco (100.0%), and who reside in the city of the study (85.7%). There was also a percentage of 71.4% of professionals who practice physical activities.

The number of single and married people presented equal percentages (50%), however 10 of them reported not having children (71.4%). Among the participants who reported having

children, two claimed to have one child (14.28%), and another two claimed to have two children (14.28%).

Study participants were aged between 23 and 42 years, with a median of 33 years and a standard deviation of 5.7, mostly people aged between 30 and 39 years (64.3%). The Shapiro-Wilk normality test considered the level for normal distribution $p > 0.05$, and it showed that the data referring to ages follow a normal distribution ($p = 0.649$).

When analyzing the professional category of the participants, two drivers, five nursing technicians, four nurses and three doctors were identified, with the prevalence of working time in SAMU from 1 to 5 years (57.1%), weekly workload of 24 hours (92.85%). It is noteworthy that half of the participants claimed to have another job (50%), and work a week of 40 hours or more (57.1%).

When analyzing the 21 items evaluated by the BAI, it was found that the option “minimal anxiety” was predominant in all the variables surveyed, followed by “moderate anxiety” and “severe anxiety”.

Among all symptoms, the most prevalent were “inability to relax” (35.7%), “fear of the worst happening” (35.6%), the “palpitation or acceleration of the heart” (28.6%) and the “feeling of heat” (28.5%) (Table 1).

Regarding the classification of the level of anxiety considering the score of each participant (Table 2), a small percentage of professionals had moderate or severe symptoms of anxiety (14.2%).

The likelihood ratio test showed no statistically significant association between the presence of anxiety symptoms and sociodemographic variables, as all had a p -value > 0.05 (Table 3).

DISCUSSION

SAMU is considered a complex service of great value to the community for assisting victims of injuries of different

Table 1 – Distribution of anxiety symptoms according to responses regarding the frequency of anxiety symptoms. Piauí, Brazil, 2021. (N=14).

Variables	Absolutely not		Light		Moderated		Severe	
	N	%	N	%	N	%	N	%
1. Numbness or tingling	11	78,6	2	14,3	1	7,1	-	-
2. Heat sensation	10	71,4	3	21,4	1	7,1	-	-
3. Leg tremors	11	78,6	1	7,1	2	14,3	-	-
4. Unable to relax	9	64,3	2	14,3	3	21,4	-	-
5. Fear of the worst happening	9	64,3	3	21,4	1	7,1	1	7,1
6. Stunned or dizzy	11	78,6	2	14,3	1	7,1	-	-
7. Palpitation or acceleration of the heart	10	71,4	2	14,3	2	14,3	-	-
8. Out of balance	14	100,0	-	-	-	-	-	-
9. Terrified	12	85,7	1	7,1	1	7,1	-	-
10. Nervous	11	78,6	2	14,3	1	7,1	-	-
11. Feeling of suffocation	13	92,9	1	7,1	-	-	-	-
12. Hand Tremors	12	85,7	1	7,1	1	7,1	-	-
13. Trembling	12	85,7	1	7,1	1	7,1	-	-
14. Fear of losing control	12	85,7	1	7,1	-	-	1	7,1
15. Difficulty breathing	12	85,7	1	7,1	1	7,1	-	-
16. Fear of dying	12	85,7	1	7,1	1	7,1	-	-
17. Scared	11	78,6	3	21,4	-	-	-	-
18. Indigestion or discomfort in the abdomen	13	92,9	1	7,1	-	-	-	-
19. Feeling of faintness	14	100,0	-	-	-	-	-	-
20. Flushed face	13	92,9	1	7,1	-	-	-	-
21. Sweat (not due to heat)	11	78,6	2	14,3	1	7,1	-	-
Total	243		31		18		2	

Source: Survey data, 2021.

Table 2 – Distribution of anxiety frequency among SAMU professional categories according to BAI classification. Piauí, Brazil, 2021. (N=14).

Variable	Conductor		Nurse		Physician		Nursing technician		Total	
	N	%	N	%	N	%	N	%	N	%
Minimal anxiety	1	7,1	3	21,4	3	21,4	5	35,7	12	85,8
Light anxiety	-	-	-	-	-	-	-	-	-	-
Moderate anxiety	1	7,1	-	-	-	-	-	-	1	7,1
Severe anxiety	-	-	1	7,1	-	-	-	-	1	7,1
Total	2	14,3	4	28,6	3	21,4	5	35,7	14	100

Source: Survey data, 2021.

natures, aiming to provide care as quickly as possible to reduce mortality and disability rates. For this, it is necessary to

have technically, physically and psychologically trained professionals.¹⁴

The Mobile Pre-Hospital Care

(APHM - Atendimento Pré-Hospitalar Móvel) team is susceptible to psychological disorders due to constant expo-



Table 3 – Association of anxiety with sociodemographic variables. Piauí, Brazil, 2021. (N=14).

Variable	Minimum anxiety	Mild, moderate or severe anxiety	Total	p-Value*
Gender				0,226
Male	8 (88,9%)	1 (11,1%)	9 (100%)	-
Female	4 (80%)	1 (20%)	5 (100%)	-
Marital Status				0,250
Single	6 (85,7%)	1 (14,3%)	7 (100%)	-
Married	6 (85,7%)	1 (14,3%)	7 (100%)	-
Divorced/Separated	-	-	-	-
Widow(er)	-	-	-	-
Religious beliefs				0,196
Atheist	-	-	-	-
Catholic	9 (90%)	1 (10%)	10 (100%)	-
Evangelical	3 (75%)	1 (25%)	4 (100%)	-
Others	-	-	-	-
Alcohol consumption?				0,226
Yes	4 (80%)	1 (20%)	5 (100%)	-
No	8 (88,9%)	1 (11,1%)	9 (100%)	-
Tobacco consumption?				**
Yes	-	-	-	-
No	12 (85,7%)	2 (24,3%)	14 (100%)	-
Level of education				0,203
High School		1 (100%)	1 (100%)	-
Technical education	2 (100%)		2 (100%)	-
Graduation	4 (100%)		4 (100%)	-
Post-graduation/				
Specialization	6 (85,7%)	1 (14,3%)	7 (100%)	-
Professional category				0,322
Ambulance driver	1 (50%)	1 (50%)	2 (100%)	-
Nurse	3 (75%)	1 (25%)	4 (100%)	-
Physician	3 (100%)		3 (100%)	-
Nursing Technician	5 (100%)		5 (100%)	-
Time of Operation in SAMU				0,870
Less than 1 year	3 (100%)		3 (100%)	-
Between 1 to 5 years	6 (75%)	2 (25%)	8 (100%)	-
5 to 10 years	1 (100%)		1 (100%)	-
More than 10 years	2 (100%)		2 (100%)	-

Caption: *p-value for likelihood ratio test. **the variable turned out to be a constant. Source: Survey data, 2021..

sure to environmental stressors, such as noise, temperature and ventilation at inadequate levels, and organizational aspects, such as the unequal division of tasks among the team. In addition, so-

cioeconomic and demographic aspects can influence, increasing or reducing stress levels at work.¹⁵

The present study identified that 64.3% of the professionals who make

up the SAMU are male, which corroborates the findings of a survey in a SAMU located in the countryside of Piauí, which noted that 75% of the APHM team was male. 16 As it was observed that the



population of a SAMU located in the interior of Maranhão was mostly composed of men, corresponding to 60.5%.¹⁷

The predominance of males in the APHM services is perceived in the literature due to the need to use physical force during the consultations. It should also be noted that even though women are the majority in nursing, the SAMU team also has doctors and ambulance drivers, occupations where there is a prevalence of male professionals.¹⁸

The age variable showed a prevalence between 30 and 40 years (64.3%), similar to what was found in other studies. It was observed in the SAMU of Araçatuba (SP), the percentage of 69.0% of the sample within the same age group.¹⁴ As well, the prevalence of age between 31 and 39 years was evidenced in a SAMU in Minas Gerais.¹¹ The majority of professionals under 40 years of age can be explained by the expansion of nursing in recent decades, which has resulted in a greater number of young people and young adults in this category.¹⁷

Although half of the study population reported being single and the other half married, the percentage of married people in other studies stands out. In the SAMU in Araçatuba (SP) it was found that 69% of the SAMU team were married.¹⁴ When analyzing several emergency care units in the state of São Paulo, they found a sample of professionals where 56.5% were married.¹⁹

Regarding the number of children, a minority (28.6%) of the participants reported having children. On the other hand, it was observed that 56.3% of the SAMU team in the interior of Piauí reported having children.¹⁶ And an even higher percentage among SAMU Maranhão professionals (69.8%) had at least one child.¹⁷

It is emphasized that marriage and the parent-child bond can act as a reducer of stressful factors, if the affective relationship is stable, which contributes to generating emotional satisfaction and a sense of gratitude. On the other hand,

if the relationship is not stable, it can be characterized as a stressor.¹⁶

The marital status proved to be a possible protective characteristic for the mental health of the respondents due to the existence of a marital and psycho-affective support that reduces the risk of developing psychic disorders. The absence of widowed, divorced and separated participants in the study may have corroborated the low identification of symptoms of AD, since this population is the most likely to develop this disorder.⁴

In this research, all participants reported being adherents to some religious doctrine (100.0%), the majority being Catholic (71.4%). Another study obtained a similar result, where 100% reported being practitioners of some religious activity and Catholics were present in greater numbers (50%).¹⁴

Spirituality/religiosity is directly related to factors of psychological well-being, such as happiness, life satisfaction and positivity, in addition to reducing the risks of depression, suicidal ideation, and consumption of alcohol and other drugs. Being spirituality/religion another factor that minimizes possible anxious situations among the participants.²⁰

There was a percentage of 71.4% of professionals who reported practicing physical activity daily, weekly or rarely. The practice of physical exercises is recognized as a non-pharmacological measure aimed at disease prevention, health promotion and quality of life improvement. In addition to improving cognitive ability, and reducing levels of anxiety and stress, which also contributes to minimizing the risks of mental disorders.²¹

It was found that 85.7% of respondents reside in the municipality, where the SAMU base is located. The absence of stressors related to travel and commuting between cities may have contributed to the low rate of anxious symptoms found among the participants.²²

As for the level of education of professionals, the prevalence was of post-graduates (50.0%). Considering that the level of education is directly related to the prevalence of anxiety due to the level of knowledge about psychopathologies, as well as protection strategies to avoid them, and also for socioeconomic reasons, it can be inferred that the low identification of disorders among the respondents of this study may be related to their high level of education.¹⁹

With regard to years of experience, 57.1% work between one and five years, which means that most professionals are familiar with the particularities of care and experience in the service, which may be a protective factor for triggering symptoms related to anxiety. On the other hand, new hires may be more anxious due to lack of experience and the expectation of career success.¹⁶

AD can arise as a result of a long-term occupational wear caused by long working hours and the accumulation of jobs in order to supplement workers' income, generating anxiety related to physical and mental fatigue, due to the possibility of not paying the bills.^{11,22}

In this research, half of the professionals (50.0%) claimed to have another job and 92.9% reported having a 24-hour workweek at SAMU and totaling 40 hours or more when reconciling with other jobs. It appears that although it is not possible to identify the total weekly workload of all professionals, for at least 50% of them, it cannot be considered exhaustive, since it does not exceed 24 hours per week in SAMU, allowing them the time of rest provided by law by the Consolidation of Labor Laws (CLT - Consolidação das Leis Trabalhistas), being, therefore, a protective factor for the emergence of anxiety symptoms.

According to the instrument used, 85.8% of the entire APHM team was classified as having minimal anxiety. Among the professional categories that presented anxiety, 7.1% of the drivers presented moderate anxiety and 7.1%

of the nurses, severe anxiety. As for all cases, another study obtained a similar result in which most professionals (75%) had minimal symptoms.²³

As for the presence of the pathology in a severe form in one of the nurses, it is noteworthy that the nursing professionals are responsible for most of the activities and tasks performed by the APHM team, with administrative, technical and organizational functions, and this accumulation of functions is a risk factor for the development of emotional problems.¹⁰ In addition, the professional in question is female, has more than one job, has a workday of more than 40 hours per week, is sedentary, consumes alcoholic beverages and resides in another municipality 84 km from her workplace, thus presenting several factors that may be related to the emergence of anxiety.

However, it is noteworthy that even with the symptoms of anxiety being moderate or severe in two of the participants (14.2%), there was no statistically significant association between the variable of symptoms for anxiety and the sociodemographic variables, which may be a result of the small number of participants in the research.

Considering the symptoms in isolation, the “inability to relax” (35.7%) and the “fear of the worst happening” (35.6%) were the ones with the highest prevalence. In a study carried out in an urgency and emergency service located in Teresina, the inability to relax was also the most prevalent anxiety symptom, with a percentage value equal to the nervousness symptom (50%), and the “fear of the worst happening” was the third most prevalent symptom, with a percentage of 47.8%.²³

The presence of these symptoms may be related to the inadequate conditions of the team's resting place, the high risk of death by accident during the transfer of the victim to the reference institution that will continue the care, or the fear of self-contamination or conta-

mination of people close to them, especially in the current pandemic scenario of COVID-19.²⁴

Collective factors, such as the training offered to professionals, may also have contributed to the greater security of professionals to develop their occupational activities, also ensuring greater mental stability.^{16,25}

It is also noteworthy that USB, a ca-



[...] Brazil ranks fourth among the countries with the highest rates of people diagnosed with anxiety in the world, with a percentage of 9.3%.



tegory of support for minor traumas, is presented as the most used in the studied SAMU. Associated with the length of service factor being mostly from 1 to 5 years, it is inferred that the probability of most professionals having witnessed serious accidents or impacting scenes is not so great as to trigger severe symptoms of anxiety disorder.³

The identification of stressors and possible emotional disorders, such as anxiety disorder, allows the development of strategies to cope with stress, which consequently reduces the probability of triggering these disorders.⁷

The participation of 14 volunteers in this research corresponds to 42.4% of the target population that was intended to be reached. A possible justification for the low participation rate is the dissemination of many online surveys that are taking place during the COVID-19 pandemic period, which may be causing fatigue in respondents and reducing the number of participants in surveys.

CONCLUSION

Most SAMU professionals were classified as having minimal anxiety (14.2%). However, it is noteworthy that the statistical analysis of the association between anxiety symptoms and socio-demographic variables revealed no statistical significance, that is, there is no relationship between individual characteristics and the development of anxiety symptoms.

This research presented as a limiting factor the low adherence of participants to the study, which made it difficult to have a more consistent analysis of the presence of anxiety symptoms among professionals.

We suggest the development of new studies with this occupational group, with larger samples, in different locations, in order to better identify symptoms of anxiety disorder in this group.

The importance of research for deepening the relationship between anxiety disorder and the specificities of the services provided by emergency professionals is highlighted, and thus, according to the situational diagnosis of this population, to develop public policy strategies to assist workers who present psychological distress and reduce as much as possible of disorders related to the occupational scope.

References

- 1Nava KS, Almeida HRA. Transtorno de ansiedade generalizada: intervenções da terapia cognitivo-comportamental. *Rev Saberes da FAP*, 9ª edição, 2020; 1(1). DOI: <https://doi.org/10.5281/zenodo.5083805>.
- 2Santos JS, do Nascimento BKM, da Silva MS, de Souza EA, Fermoseli AFO. A relação da neurofisiologia do transtorno da ansiedade com a neurofisiologia do tabaco. *Cad Graduação-Ciênc Biológicas Saúde-UNIT-ALAGOAS*. 2017;4(1): 51-51. Disponível em: <https://periodicos.set.edu.br/fitsbiosau-de/article/view/3847>.
- 3Moura IM, Rocha VHC, Bergamini GB, Samuelsson E, Joner C, Schneider LF et al. A terapia cognitivo-comportamental no tratamento do transtorno de ansiedade generalizada. *Rev Cient Fac Educ Meio Ambiente [Internet]*. 2018;9(1):423-441. DOI: <https://doi.org/10.31072/rcf.v9i1.557>.
- 4Mangolini VI, Andrade LH, Wang YP. Epidemiologia dos transtornos de ansiedade em regiões do Brasil: uma revisão de literatura. *Rev Med*. 2019;98(6):415-422. DOI: <https://doi.org/10.11606/issn.1679-9836.v98i6p415-422>.
- 5Orellana JDY, Ribeiro MRC, Barbieri MA, Saraiva MDC, Cardoso VC, Bettiol H et al. Transtornos mentais em adolescentes, jovens e adultos do consórcio de coortes de nascimento brasileiras RPS (Ribeirão Preto, Pelotas e São Luís). *Cad Saúde Pública*. 2020;36. DOI: <https://doi.org/10.1590/0102-311X00154319>.
- 6Adriano MSPF, Almeida MR, Ramalho PPL, Costa IP, Nascimento ARS, Moares JCO. Estresse ocupacional em profissionais da saúde que atuam no serviço de atendimento móvel de urgência de cajazeiras - PB. *Rev Bras Ciênc Saúde*. 2016;21(1): 29-34. DOI: <https://doi.org/10.22478/ufpb.2317-6032.2017v21n1.16924>.
- 7Almondes KM, Sales EA, Meira MO. Serviço de psicologia no SAMU: campo de atuação em desenvolvimento. *Psicol Ciênc e Prof*. 2016;36(2): 449-457. DOI: <https://doi.org/10.1590/1982-3703000992014>.
- 8Esperidião E, Saidel MGB, Rodrigues J. A saúde mental: foco nos profissionais de saúde. *Rev Bras Enferm*. 2020;73(Suppl 1):e73supl01. DOI: <http://dx.doi.org/10.1590/0034-7167.202073supl01>.
- 9Silva HGN, Santos LES, Oliveira AKS. Effects of the new Coronavirus pandemic on the mental health of individuals and communities. *J. nurs. health*. 2020;10(n.esp.):e20104007. DOI: <https://doi.org/10.15210/jonah.v10i4.18677>.
- 10Farias MS, Ponte KMA, Moraes MVA, Sabóia ECM. Nurses' Life Quality of Mobile Urgency Service with Double Work Shift. *J Health Sci*. 2017;19(2):103-108. DOI: <https://doi.org/10.17921/2447-8938.2017v-19n2p103-108>.
- 11Pereira LZ, Oliveira LAD, Batista NK. Estresse ocupacional: estudo com gestores técnicos do serviço de atendimento móvel de urgência (SAMU) do estado de Minas Gerais. *Gestão & Planejamento-G&P*. 2018;19: 436-452. DOI: <https://doi.org/10.21714/2178-8030gcp.v19.4848>.
- 12Terra FDS. Avaliação da ansiedade, depressão e autoestima em docentes de Enfermagem de universidades pública e privada (Doctoral dissertation, Universidade de São Paulo) 2010.
- 13Cunha JA. Manual da versão em português das Escalas Beck. São Paulo: casa do psicólogo, 2001;256: 11-3.
- 14Canesin DR, Lovadini VL, Sakamoto SR. The difficulties experienced by nursing professionals in prehospital care. 2020;91(29). DOI: <https://doi.org/10.31011/reaid-2020-v.91-n.29-art.641>.
- 15Meireles AR, Machado MG, Silva RM, Santos OP, Moraes-Filho IM, Ribeiro FMSS. Self-perceived occupational stress in the nursing team of an emergency service. *Journal Health NPEPS*. 2018;7(3): 228-34. Disponível em: <https://periodicos.unemat.br/index.php/jhnpeps/article/view/3696>.
- 16Luz LM, Torres RRB, Sarmento KMQ, Sales JMR, Farias KN, Marques MB. Síndrome de Burnout em profissionais do serviço de atendimento móvel de urgência. *Rev Fund Care Online*. 2017 jan/mar;9(1):238-246. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i1.238-246>.
- 17Cruz FMP, Pontes ASN, Porto TNRS, Feitosa GT, Sousa Neto BP, Magalhães NA et al. Impactos decorrentes da síndrome de burnout nos profissionais do Serviço de Atendimento Móvel de Urgência (SAMU). *Rev Eletrônica Acerv Saúde*. 2020;12(10), e4748. DOI: <https://doi.org/10.25248/reas.e4748.2020>.
- 18Sousa BVN, Teles JF, Oliveira EF. Profile, difficulties and particularities at work of mobile prehospital care professionals: an integrative review. *Enferm Actual Costa Rica*. 2020;(38): 245-260. DOI: <https://doi.org/10.15517/revenf.v0i38.36082>.
- 19Oliveira FPD, Mazzaia MC, Marcolan JF. Sintomas de depressão e fatores intervenientes entre enfermeiros de serviço hospitalar de emergência. *Acta Paul Enferm*. 2015;28:209-215. DOI: <http://dx.doi.org/10.1590/1982-0194201500036>.
- 20Monteiro DD, Reichow JRC, Sais EDF, Fernandes FDS. Espiritualidade/religiosidade e saúde mental no Brasil: uma revisão. *Acad Paul Psicol*. 2020;40(98):129-139. Disponível em: <http://pepsic.bvsalud.org/pdf/bapp/v40n98/a14v40n98.pdf>.
- 21Macedo AB, Vega EA, Antonioli L, Pinheiro JM, Dornelles T, Souza SB. Intervenções para o estresse e ansiedade na enfermagem: revisão integrativa. *REAIID*. 2021;95(35): e-021108. DOI: <https://doi.org/10.31011/reaid-2021-v.95-n.35-art.1141>.
- 22Costa COD, Branco JC, Vieira IS, Souza LDDM, Silva RAD. Prevalência de ansiedade e fatores associados em adultos. *J Bras Psiquiatr*. 2019;68(2):92-100. DOI: <https://doi.org/10.1590/0047-2085000000232>.
- 23Veloso LUP, Laurindo LMB, Sousa LRPD, Veloso C, Silva Junior FJGD, Monteiro CFDS. Prevalência de ansiedade em profissionais de enfermagem de urgência e emergência. *Rev enferm UFPE on line*, 2016;3969-3976. DOI: <https://doi.org/10.5205/1981-8963-v10i11a11479p3969-3976-2016>.
- 24Santos CGC, Medeiros LM, Sousa YG, Torres LM, Araújo MS, Sousa LFO, Medeiros SM. Occupational Stress in Professionals of Mobile Emergency Service. A Descriptive Study. *Int Arch Med*. 2016;9. DOI: <https://doi.org/10.3823/2068>.
- 25Gabatiz RIB, Pilenghi SD, Milbrath VM, Hirschmann B, Hirschmann R. Atualização dos profissionais e atuação do núcleo de educação permanente no serviço de urgência. *RBPS*. 2021;22(3):88-97. DOI: <https://doi.org/10.47456/rbps.v22i3.25889>.