Review Article

Interventions for anxiety that can be used by nurses: a scoping review

Intervenções para ansiedade que podem ser utilizadas por enfermeiros: revisão de escopo

Intervenciones para la ansiedad que pueden ser utilizadas por enfermeros: revisión de alcance

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Abstract

Objective: To map the interventions that can be performed by nurses in the various health care services for the management of anxiety symptoms in adults during COVID-19.

Methods: The scoping review was conducted according to the JBI manual. The review question was: What is the knowledge available in the literature on interventions to manage anxiety symptoms that can be used by nurses in the various health care services, in the adult population, during COVID-19? The data sources searched were: Virtual Health Library (VHL), EMBASE, PubMed, CINAHL, PsycINFo, Scopus and Web of Science. There was no limitation of year or language of publication.

Results: Were analyzed 85 articles. Studies have shown that, in general, the entire adult population has experienced changes in anxiety levels during the pandemic. Among the identified interventions, which can be carried out by nurses to manage anxiety symptoms, there was singular emphasis on the various forms of online interventions, with a frequency of 21.4% in the studies, followed by physical activities, with a frequency of 13.3%.

Conclusion: It was possible to map interventions that can reduce anxiety symptoms in the adult population as well as delimit those that can be applied by nurses, increasing the visibility of this category as protagonist of care in the various sectors of health services. Among the synthesized interventions, teleassistance, physical activity, cognitive exercises and non-pharmacological interventions stood out.

Resumo

Objetivo: Mapear as intervenções que podem ser realizadas por enfermeiros nos diversos serviços de atenção à saúde para o manejo dos sintomas de ansiedade em adultos durante a COVID-19.

Métodos: A revisão de escopo foi conduzida conforme o manual do *Joanna Briggs Institute* (JBI). A pergunta de revisão foi "Qual o conhecimento disponível na literatura sobre as intervenções de manejo dos sintomas de ansiedade que podem ser utilizadas por enfermeiros nos diversos serviços de atenção à saúde, na população adulta, durante a COVID-19?". As fontes de dados pesquisadas foram: Biblioteca Virtual em Saúde (BVS), EMBASE, PUBMED, CINAHL, PsycINFo, SCOPUS e Web of Science. Não houve limitação de ano ou idioma de publicação.

Resultados: Foram analisados 85 artigos. Os estudos mostraram que, em geral, toda a população adulta apresentou mudanças nos níveis de ansiedade durante a pandemia. Entre as intervenções identificadas, que podem ser realizadas por enfermeiros para o manejo dos sintomas de ansiedade, houve singular destaque para as variadas formas de intervenções *online*, com frequência de 21,4% nos estudos, seguida pelas atividades físicas, com frequência de 13,3%.

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Conflicts of interest: nothing to declare.

Conclusão: Foi possível mapear as intervenções que podem reduzir os sintomas de ansiedade na população adulta, assim como delimitar as que podem ser aplicadas por enfermeiros, aumentando a visibilidade dessa categoria como protagonista do cuidado nos diversos setores de serviço de saúde. Dentre as intervenções sintetizadas, destacaram-se o teleatendimento, atividade física, exercícios cognitivos e intervenções não farmacológicas.

Resumen

Objetivo: Mapear las intervenciones que pueden ser realizadas por enfermeros en los diferentes servicios de atención a la salud para el manejo de los síntomas de ansiedad en adultos durante el COVID-19.

Métodos: La revisión de alcance fue realizada de acuerdo con el manual del *Joanna Briggs Institute* (JBI). La pregunta de revisión fue "¿Cuál es el conocimiento disponible en la literatura sobre las intervenciones de manejo de los síntomas de ansiedad que pueden ser utilizadas por enfermeros en los diferentes centros de atención a la salud, en la población adulta, durante el COVID-19?". Las fuentes de datos investigadas fueron: Biblioteca Virtual em Saúde (BVS), EMBASE, PUBMED, CINAHL, PsycINFo, SCOPUS y Web of Science. No hubo restricción de año ni idioma de publicación.

Resultados: Se analizaron 85 artículos. Los estudios mostraron que, en general, toda la población adulta presentó cambios en los niveles de ansiedad durante la pandemia. Entre las intervenciones identificadas para el manejo de los síntomas de ansiedad, que pueden ser realizadas por enfermeros, se observó un singular énfasis en las diversas formas de intervenciones en línea, con frecuencia de 21,4 % en los estudios, seguida por actividades físicas, con frecuencia de 13,3 %.

Conclusión: Fue posible mapear las intervenciones que pueden reducir los síntomas de ansiedad de la población adulta, así como determinar las que pueden ser aplicadas por enfermeros, y así aumentar la visibilidad de esta categoría como protagonista del cuidado en los diferentes sectores de servicios de salud. Entre las intervenciones sintetizadas, se destaca la teleatención, la actividad física, los ejercicios cognitivos y las intervenciones no farmacológicas.

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Introduction

Severe acute respiratory syndromes (SARS) are infectious diseases that become epidemic with variants like coronavirus.[1] COVID-19 is an infection caused by SARS-CoV-2 declared by the WHO as a global health emergency.[1] In the midst of this situation, it is possible to observe worrying data regarding mental health, aggravated during a serious social crisis, such as the one generated by the pandemic.[2]

There are several factors that impact the population's mental health during a pandemic period, including the lack of reliable information on disease prevention measures, generated by the spread of "fake news", in addition to fear of contagion, social distancing, among others,[2] which cause several biopsychosocial changes. In this scenario, the high prevalence of anxiety in the population stands out, even after the virus has been controlled.[3]

Anxiety consists of a vague and uncomfortable discomfort or fear, followed by physiological and behavioral changes in the individual, caused by anticipation of danger. At a low level, anxiety can be considered a warning sign that draws attention to imminent danger and allows individuals to take action to deal with the threat;[4] however, when it becomes difficult to act in their daily lives, it results in a pathological state.[5]

With regard to health professionals' actions in the face of anxiety symptoms, it is known that nursing stands out as the backbone of the health system, acting at all levels of care and ensuring comprehensive care 24 hours a day, with nurses being responsible for organizing care.[6] Assistance must comply with COFEN Resolution 358/2009, which provides for the Systematization of Nursing Care (SNC).[7]

The gold standard of treatment for anxiety symptoms is cognitive behavioral therapy and using first-line medications for anxiety disorders.[8] However, the pandemic brought the need to introduce innovative measures along with the traditional model of care. It is important, therefore, to identify and map evidence on anxiety management strategies during the COVID-19 pandemic, making it possible to translate knowledge into health practice for professionals - especially nursing, who work directly on the front line care at all levels of health care.[3]

In this context, the objective of this review was to map the interventions that can be performed by nurses, in the various health care services, for the management of anxiety symptoms in adults during COVID-19.

Methods

The present study is a scoping review that aims to map the main concepts that support a given area of knowledge, examine the extent, scope and nature of the investigation, summarize and disseminate research data and identify research gaps existing. This review is based on an exploratory review conducted in accordance with the JBI manual,[9] which proposes mapping scientific production following five steps: research question and objective identification; search for relevant studies; study selection; data analysis; synthesis and presentation of data [9] and the specific PRISMA extension for scoping review (PRISMA – ScR),[10] which helped the authors in reporting the review.

Based on this concept, to identify the criteria to be pointed out in the study, the mnemonic PCC was used,[9] being P (Population): adults (18 and 65 years old), with symptoms of anxiety, regardless of whether or not there is a comorbidity; C (Concept): interventions that can be carried out by nurses to manage anxiety symptoms, understanding this symptom as a vague and uncomfortable discomfort, followed by physiological and behavioral changes;[4] and C (Context): several health services, at all levels of care, during the COVID-19 pandemic, for the study review question elaboration.

Considering the mnemonic elements, the research question was: What is the knowledge available in the literature about interventions for managing anxiety symptoms, which can be used by nurses in the various health care services, in the adult population during COVID-19?

Regarding the studies' methodology, experimental and quasi-experimental studies, randomized controlled clinical trials, non-randomized controlled trials, before/after studies and interrupted time series analysis studies, descriptive and analytical observational studies, including case studies, prospective and retrospective cohort studies, case-control studies and cross-sectional analytical studies, qualitative studies, and opinion articles were included. No date or language restrictions were applied to the search, as the pandemic context itself limits the period and expands the possibilities of publication languages.

Given the PCC, a search strategy was developed, consolidated for PubMed as ("Anxiety"[Mesh]OR anxiety OR anxious OR anxieties) AND ("coronavirus disease-19" OR covid-19 OR "COVID-19" OR "corona virus disease 2019" OR "SARS-CoV-2" OR "2019-new coronavirus" OR "2019 novel coronavirus" OR "2019-nCoV" OR coronavirus OR "SARS Virus" OR SARS-CoV-2) AND (Interventions OR "Patient Care" OR Treatment), and the adaptations of this strategy to the other sources of information are shown in Chart 1.

Chart 1. Database search strategy table

Database	Search strategy
PubMed	("Anxiety"[Mesh]OR anxiety OR anxious OR anxieties) AND ("coronavirus disease-19" OR covid-19 OR "COVID-19" OR "corona virus disease 2019" OR "SARS-CoV-2" OR "2019-new coronavirus" OR "2019 novel coronavirus" OR "2019-nCoV" OR coronavirus OR "SARS Virus" OR SARS-CoV-2) AND (Interventions OR "Patient Care" OR Treatment)
VHL	("anxiety") OR ("anxious") OR ("anxieties") AND ("coronavirus-disease-19") OR ("covid-19") OR ("coronavirus-disease-2019") OR ("sars-cov-2") OR ("2019-novel-coronavirus") OR ("2019-ncov") OR ("coronavirus") OR ("sars-virus") AND ("intervention") OR ("patient-care") OR ("treatment")
EMBASE	('anxiety'/exp OR anxiety OR anxious OR anxieties) AND ('coronavirus disease-19':ti,ab,kw OR 'covid 19':ti,ab,kw OR 'covid-19':ti,ab,kw OR 'corona virus disease 2019':ti,ab,kw OR 'sars-cov-2':ti,ab,kw OR '2019-new coronavirus':ti,ab,kw OR '2019 novel coronavirus':ti,ab,kw OR '2019-ncov':ti,ab,kw OR coronavirus:ti,ab,kw OR 'sars virus':ti,ab,kw OR 'sars cov 2':ti,ab,kw) AND (interventions:ti,ab,kw OR 'patient care':ti,ab,kw OR treatment:ti,ab,kw) AND adult:ti,ab,kw NOT child:ti,ab,kw
CINAHL via EBSCOhost	(anxiety OR anxious OR anxieties) AND ("coronavirus disease-19" OR covid-19 OR "COVID-19" OR "corona virus disease 2019" OR "SARS-CoV-2" OR "2019-new coronavirus" OR "2019 novel coronavirus" OR "2019-nCoV" OR coronavirus OR "SARS Virus" OR SARS-CoV-2) AND (Interventions OR "Patient Care" OR Treatment)
PsycINFO	Any Field: "Anxiety"[Mesh]OR anxiety OR anxious OR anxieties AND Any Field: "coronavirus disease-19" OR covid-19 OR "COVID-19" OR "corona virus disease 2019" OR "SARS-CoV-2" OR "2019-new coronavirus" OR "2019 novel coronavirus" OR "2019-nCoV" OR coronavirus OR "SARS Virus" OR SARS-CoV-2 AND Any Field: Interventions OR Any Field: "Patient Care" OR Any Field: Treatment
Scopus	TITLE-ABS-KEY (anxiety OR anxiousness OR (generalized AND anxiety AND disorder) AND coronavirus AND disease-19 OR covid-19 OR corona AND virus AND disease 2019 OR sars-cov-2 OR 2019-new AND coronavirus OR 2019 novel AND coronavirus OR 2019-ncov OR coronavirus OR sars AND virus OR sars-cov-2 AND interventions OR (patient AND care) OR treatment)
Web of Science	((ALL=(anxiety OR anxious OR anxieties)) AND ALL=(("coronavirus disease-19" OR covid-19 OR "COVID-19" OR "corona virus disease 2019" OR "SARS-CoV-2" OR "2019-new coronavirus" OR "2019 novel coronavirus" OR "2019-nCoV" OR coronavirus OR "SARS Virus" OR SARS-CoV-2)) AND ALL=(Interventions OR "Patient Care" OR Treatment))

The selected complete texts were assessed, in relation to the eligibility criteria, by two independent reviewers. Adults (18 to 65 years old), with or without comorbidities, but with anxiety symptoms measured using validated scales were included. The concept was interventions for anxiety management, carried out or not by nurses, however, under their care competence according to legislation. The context was the COVID-19 pandemic.

The implementation of innovative measures by nurses is facilitated, as these professionals provide assistance at different levels of health care (primary to quaternary), and the bond with users is facilitated due to the longer period of direct assistance with patients.[3] Nurses, due to the direct and constant nature of their care work, end up being privileged in identifying anxiety symptoms and, in this sense, carrying out nursing diagnoses and defining care interventions will be their main allies. In view of this, the present review is relevant in optimizing nursing processes, both those aimed at promoting patient autonomy for coping, but also in offering diversified strategies for managing anxiety and facilitating the process of adaptation.[10]

Study selection and data collection

The first stage was carried out in PubMed, for analysis of the words contained in the title and abstract of the articles on the subject, to develop a search strategy. Then, the descriptors were adapted for the studies in the VHL, EMBASE, PubMed, CINAHL, PsycINFo, Scopus and Web of Science databases. In the third moment, a search was carried out in the references of the selected articles to find studies that were not collected by the search strategy. Collection took place between June and July 2021. All citations were sent to the reference manager Mendeley v.1803/2020, which grouped the articles and identified those that were duplicated. Next, the studies were screened using the Covidence software. Disagreements between the two independent reviewers were resolved with additional reviewers. The authors were contacted to obtain additional data. The number of studies found was described in the PRISMA flowchart. Data extraction and mapping took place through an instrument adapted from the form recommended by the JBI.[9] The information extracted was: title, authors, year of publication, country of origin, study methodology, identified interventions, anxiety assessment scale applied and results obtained. The results were explained in a tabular presentation, with a simple categorization of the interventions and the way in which they were applied, aligning them with the objective of the review.

Results

A total of 15,309 studies were found. Of these, 10,868 were duplicates, leaving 4,441 studies for selection, and, of these studies, 4,215 were excluded. A total of 226 articles remained for full reading, of which 141 were excluded. The final review sample consisted of 85 studies. The study selection process flow, based on the PRISMA- ScR recommendations,[11] can be seen in Figure 1.

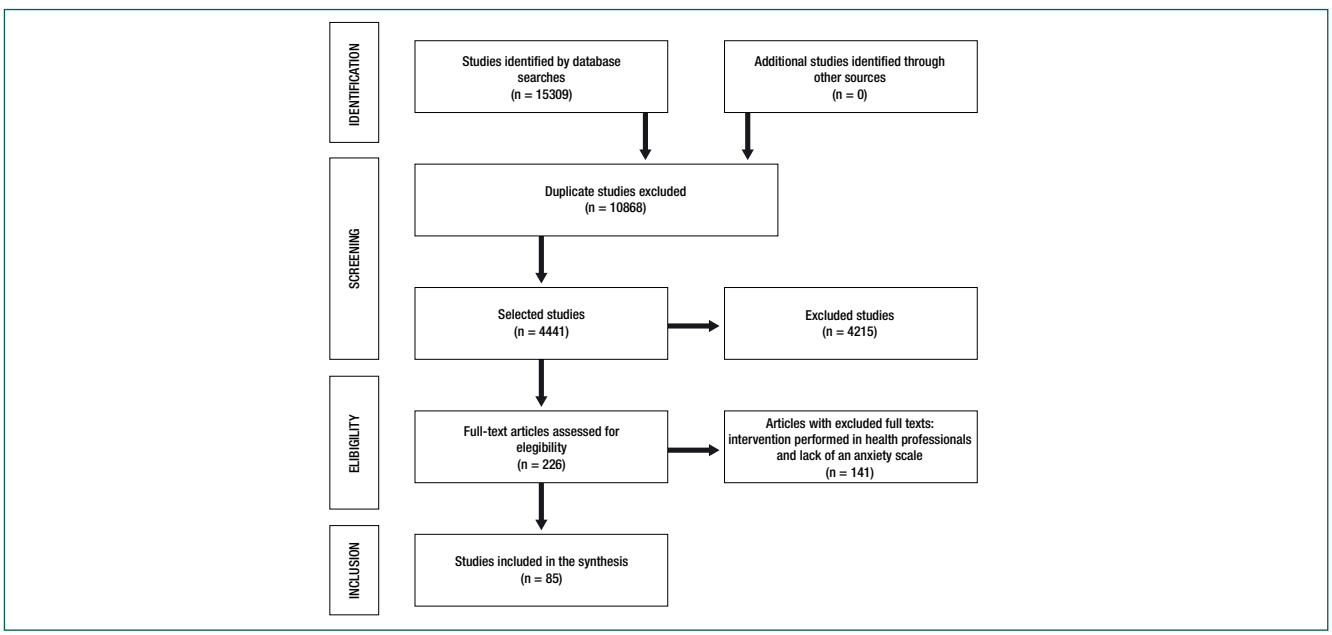

Figure 1. Study selection process flowchart

Study characterization, according to the data extracted by the adapted instrument, can be found in Chart 2.

Chart 2. General characterization of included studies (n = 85)

Category	Variable	n(%)
Origin of studies	Asia	33(38.9)
	America	25(29.5)
	Europe	20(23.5)
	Oceania	5(5.89)
	Africa	1(1.1)
	Transcontinental	1(1.1)
Study design	Randomized clinical trial/non-randomized clinical trial/ experimental study/pilot study/case-control study	40(47.0)
	Observational studies/cross-sectional studies/ longitudinal studies/case studies	31(36.5)
	Literature review	14(16.5)
Competence interventions for nurses to manage anxiety symptoms in the context of COVID-19*	Consultations with health professional in the remote format	21(24.7)
	Unguided or self-guided online psychoeducation	24(28.2)
	Psychocognitive skills	17(20.0)
	Complementary and integrative health practices	13(15.3)
	Relaxation techniques	13(15.3)
	Adoption of healthy lifestyle habits	10(11.7)
	Support/spirituality	9(10.5)
	Action therapy pharmacological	4(4.7)

Some studies presented more than 1 intervention, being performed in association or assessed/tested separately

Chart 3. Mapping of interventions and respective strategies for managing anxiety symptoms in the general population within the context of the COVID-19 pandemic

Intervention	Strategies
Consultation with health professional in the remote format [13-27]	Telemedicine [13-19]
	Telephone consultation for brief intervention [20-27]
Non-guided or self-guided online psychoeducation [14,16,19,26,28-45]	Information for preventive care with COVID-19 [26,28-30]
	Mobile apps [14,19,29,31-44]
	Text messages [16.43-45]
Psychocognitive skills [21,43,46-59]	Intelligence emotional [21.43-48]
	Mindfulness [49-52]
	Coping/exposure therapies [56-59]
Practices integrative complementary [22,34,51,52,56,60-68]	Meditation [52,56,60]
	Mindfulness [22,34,51,61-63]
	Yoga [64.65]
	Ecotherapy [66]
	Traditional Chinese medicine[67.68]
Social support /Spirituality [39,48,69-75]	Offer/incentive of social support [39,48,69-71]
	Peer education [72]
	Enhancement of spirituality [73-75]
Healthy lifestyle habits [14,64,76-82]	Physical activity [64.76-80]
	Exergames [14.81]
	Food healthy [82]
Relaxation techniques [25,52,67,83-88]	Relaxation muscle [67.83-85]
	Rehabilitation respiratory [67,86,87,25,52]
	Neuromodulation cervicobrachial [88]
Action therapy pharmacological[43.89-92]	Psychopharmacology [88.89]
	Plants and herbs medicinal [43,91,92]

The analysis of nurses' competence interventions,[12] resulted in the mapping and classification of eight general interventions for anxiety management. These interventions are composed of a set of actions/activities (n=25), called strategies (Chart 3).

Discussion

Of the studies that made up the sample, the majority (68.4%) originated in Asia, where the pandemic started, and America, where the highest number of deaths and people suffering from anxiety due to COVID-19 are concentrated.[1,93] A significant part of the studies had as target population young adults (18 to 28 years),[18,24,25,28,34,43,58,66-67,70,71,75,77,81,84,86] which converges with recent evidence that this age group was the most affected by anxiety symptoms as a result of the pandemic, signaling the pertinence of the investigation of this review.[94] It is worth emphasizing that this review was composed exclusively of studies that presented validated scales, resulting in greater reliability of the collected data.

As for the concept that triggered the research, the identification of interventions carried out or not by nurses for anxiety management, some studies named the intervenors as health professionals, which includes the category nurse. Such studies were included in order to increase the possibilities of professional nurses to act as protagonists in anxiety management, since all the interventions described are supported by current legislation.[95]

Among the mapped interventions, non-pharmacological practices, information and communication technology (ICT) tools stood out in 53.1% of studies.[13-45] Among them, telemedicine stood out, as it encompassed care also encompassing the mental health of individuals experiencing the COVID-19 pandemic, since at this time social distancing was necessary, which was seen in the identified studies that made available the intervention of remote/online.[16-19,51,92]

A study points out that telenursing – a sub-area of telemedicine – is recent and, therefore, it is necessary to train professionals to include ICT in the work process, in order to expand care practices.[96] In addition, structural barriers deserve to be re-

solved, such as investment in infrastructure, systems and services, in addition to specific attention to ethical and legal issues. [97]

With regard to drug therapy, its use was evidenced in 7% of studies,[43,89-93] with emphasis on gabapentin in anxiety treatment.[89,90] Gabapentin increases the activity of glutamic acid decarboxylase, also interfering with the synthesis of monoamines, thus presenting an anxiolytic effect. Gabapentin has side effects, such as dizziness and drowsiness, which sometimes makes users opt for other therapies.[98]

According to Law 7,498/86, "nurses perform all nursing activities, being responsible for prescribing medications established in public health programs, and in a routine approved by the institution".[95] Gabapentin does not appear in this list of medications; however, nurses have different responsibilities in administering medication. By way of comparison of the performance of nurses between countries, it is worth mentioning that, in the United States, the prescription of antidepressants, antipsychotics and anticonvulsants (such as gabapentin) by nurses is authorized.[99]

Side effects of anxiolytic medications directly interfere with treatment compliance.[97] As a possibility to help increase compliance, Integrative and Complementary Practices (PIC) can be indicated as a complement and consist of several therapeutic resources, which can be used as a treatment to reduce anxiety symptoms.[100] After implementing the Brazilian National Policy on Integrative and Complementary Practices (PNPIC), through Ordinance 971/2006, the Brazilian population was protected in its right to access differentiated practices for diagnosing and treating illnesses. [101]

COFEN Resolution 581/18,[102] supports the execution of PIC by nurses, allowing the performance of these practices in the various areas of activity. However, further studies are needed to prove the effectiveness of these practices, as well as application protocols.

Among the articles that indicate PIC as interventions, 64% describe meditation and its variant, mindfulness, as beneficial in the management of anxiety symptoms.[22,34,51,52,56,60-63] Meditation has a broad concept, but it is generally referring to a practice used to calm the mind, increasing self-awareness and self-perception in relation to the environment, which can be guided or self-induced.[56]

In articles highlighting the beneficial effects of mindfulness-type meditation,[21,25,47,52,70] It should be noted that the modality provides psychophysiological changes, such as a decrease in the production of adrenaline and cortisol as well as structural changes in cortical plasticity, thus contributing to anxiety reduction.[103] With regard to the practice of mindfulness, nurses stand out, as they are the professionals responsible for providing support to patients who have some type of imbalance, whether physical or mental.[104]

Studies have shown that relaxation techniques have a positive relationship between practice and reduced anxiety.[17,28,37,52,67] These techniques can be respiratory or muscular, and can be associated with other strategies.[28] One of the studies reports that the practice of relaxation techniques, when performed daily, contributes to a significant reduction in anxiety levels in patients with COVID-19.[17]

Another important finding is the adoption of healthy lifestyle habits, such as diet and physical exercise.[33,64,76,77,79,80,82] The effects of a healthy eating pattern have a positive impact on mental health, by reducing anxiety symptoms, given that healthy foods have nutrients that cause changes in serotonin levels.

As provided in COFEN Resolution 453/2014, which approves nursing team performance in nutritional therapy, nurses are assigned the responsibility of prescribing, executing and permanently assessing food and nutrition conditions as a therapy.[105] In addition to healthy eating, regular physical exercise can produce antidepressant and antianxiety effects.[76]

With less expressiveness among the findings, social support was indicated as a strategy that can reduce the anxiety levels of adults in stressful events, such as the pandemic.[39] This support can be provided in different ways, such as through the dissemination of true information about the pandemic, economic support, support groups and emotional support.[47]

Another group of interventions identified was the use of tools such as apps, conversation plat-

forms, educational materials and social networks to meet the needs of the population affected by anxiety.[5,34,43] All studies that examined the effectiveness of support texts via message showed positive results in terms of lowering anxiety levels.[13,43]

The regulation of the use of these tools in nursing work is an old discussion in developed countries;[95] however, in Brazil, regulation only occurred due to the pandemic context, through COFEN resolution 634/2020, which deals with nursing in digital health, using ICT safely and expanding the possibilities for nurses to intervene. Such resolution foresees the end of this action for when the pandemic context is finalized; however, there is movement, with public consultations so that this type of service is definitively consolidated.[106]

Expressive writing, spirituality practice, ecotherapy, neuromodulation, benevolent creativity and emotional intelligence enhancement techniques were also identified.[3,32,33,64,73,86] These methods appear to be effective for controlling anxiety in the population, requiring more theoretical and practical research to better understand the aspects that involve nurses' attributions, since these methods are understood within the needs of a psychosocial level.[64,75]

Considering the objective of mapping the strategies being used by nurses to manage anxiety symptoms during COVID-19 in the adult population in general, the diversity of actions found allowed us to understand that there is worldwide mobilization to improve the secondary impact of the pandemic, since each of the strategies found presents a possibility of care, which allows the customization of actions, according to regional and even individual characteristics, with application in different health sectors.

Conclusion

It is understood that the COVID-19 pandemic has a very significant coefficient on the population's mental health, considering the ongoing contamination with coronavirus. Among the synthesized interventions of nurses' competence, telecare, physical activity, cognitive exercises and non-pharmacological interventions that can reduce anxiety symptoms and have a positive effect on the adult population's quality of life stand out. The identification of nurses' competence interventions can increase the visibility of this category as the protagonist of care in the various health service sectors. Faced with such a diversity of identified interventions, a more specific delimitation is necessary; therefore, a systematic review of the effectiveness of the interventions found here is suggested, in order to validate and consolidate them in the daily routine of nursing.

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