

Serviços de saúde mental: percepção da enfermagem em relação à sobrecarga e condições de trabalho*

Mental health services: perception of nursing in relation to overload and working conditions

Servicios de salud mental: percepción de las enfermeras frente a la sobrecarga y condiciones de trabajo

Sidnei Roberto Alves¹; Reginaldo Passoni dos Santos²; Raquel Gusmão Oliveira³; Mirian Ueda Yamaguchi⁴

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ABSTRACT

Objective: To identify the perception of nursing professionals about the work overload in hospital psychiatric services. **Method:** descriptive, analytical and exploratory study analyzed through Bardin referential. Data collection occurred from April to May 2013 with 70 nursing professionals who underwent Labor Impact Assessment Scale Mental Health Services. Once authorized by the Ethics Committee Unicesumar (CAEE n. 13676913.2.0000.5539). **Results:** thematic categories: The causes of work overload; Aspects that relieve the workload and changes proposed to reduce the workload. **Conclusion:** The main factor is that overload relates to the lack of human resources and relations between professionals. The management of the work process can be a strategy to reduce the burden of work.

Descriptors: Nursing, Mental Health, Human Resources.

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¹ Master in Health promotion. Nurse. University Hospital of Western Paraná (HUOP) and Teacher at the State Secretariat for Education (SEED). Cascavel - PR, Brazil. Email: sidneiunioeste@gmail.com.

² Attending Master's Degree in Biosciences and Health. Nurse. State University of Western Paraná (Unioeste), Capes scholarship holder. Cascavel - PR, Brazil. Email: regi-pas@hotmail.com.

³ Doctoral candidate in Psychiatric Nursing by the Nursing School of Ribeirão Preto - EERP - USP. Nurse. Teacher of the Medical Course of the Unicesumar. Maringá - PR, Brazil. Email: oliveira.raquel@usp.br.

⁴ Doctor in Pharmaceutical Sciences. Pharmacist. Researcher in the Cesumar Institute of Science, Technology and Innovation - ICETI. Maringá - PR, Brazil. Email: mirianueda@gmail.com.

RESUMO

Objetivo: conhecer a percepção dos profissionais de enfermagem em relação à sobrecarga e condições de trabalho em serviços psiquiátricos hospitalares. **Método:** Estudo descritivo, analítico e exploratório, desenvolvido a partir do referencial de Bardin. A coleta de dados ocorreu no período de abril a maio de 2013 com 70 profissionais de enfermagem, aplicando-se a Escala de Avaliação do Impacto do Trabalho em Serviços de Saúde Mental. Obeve-se o Certificado de Apresentação para Apreciação Ética sob nº 13676913.2.0000.5539. **Resultados:** Da análise de conteúdo emergiram três categorias: As causas da sobrecarga de trabalho; Aspectos que aliviam a sobrecarga; Mudanças propostas para diminuir a sobrecarga. **Considerações finais:** Falta de recursos humanos e relações interpessoais conflituosas incrementam a sobrecarga, ao passo que a infraestrutura física do ambiente influencia negativamente nas condições de trabalho.

Descritores: Enfermagem, Saúde Mental, Recursos Humanos.

RESUMEN

Objetivo: Identificar la percepción de los profesionales de enfermería acerca de la sobrecarga de trabajo em los servicios de psiquiatria del hospital. **Método:** estudio descriptivo, analítico y exploratório analizada a través Bardin referencial. Los datos fueron recolectados entre abril y mayo de 2013, con 70 profesionales de enfermería que se sometieron Trabajo de Impacto Escala de Evaluación de Servicios de Salud Mental. Una vez autorizado por el Comité de Ética Unicesumar (CAEE n. 13676913.2.0000.5539). **Resultados:** categorías temáticas: Las causas de la sobrecarga de trabajo; Aspectos que alivian la carga de trabajo y los câmbios propuestos para reducir la carga de trabajo. **Conclusión:** El principal factor que la sobrecarga se relaciona com la falta de recursos humanos y las relaciones entre los profesionales. La gestión del proceso de trabajo puede ser una estrategia para reducir la carga de trabajo.

Descriptores: Enfermería, Salud Mental, Recursos Humanos.

INTRODUCTION

In Brazil, psychiatric services have gone through diverse change in recent years, a fact triggered by the Psychiatric Reform and powered by mental health policies that established a new model of assistance.¹

The Psychiatric Reform was a politically, socially and economically characterized movement that assured access by the population to mental health services, respecting their rights and liberty. One of its principles is de-hospitalization, that is, not only the intention to see persons with a mental disorder out of a hospital, but also to transform them in subjects active their treatment and structured for social interaction.¹⁻²

Thus, the new model of attention to mental health involved the expansion of psychiatric services and required higher involvement from the nursing professionals with the service users, creating new demands and often resulting in overload.³

The work overload of nursing professionals became evident by the transformations occurred in the last decades in the world of work, and have been felt as much in work relations as in the health of the workers.⁴

It is worth highlighting that the working context of nursing shows a technical division between nurses, technicians and auxiliaries, and that these professionals have different levels of training and of assistance responsibility, which contributes to the fragmentation of care and of the working process.⁵

The nursing team composes the biggest working force in the health area.⁶ The Minister of Health has estimated that nursing professionals represent 49.6% of the total of workers in the healthcare field, 57% of which correspond to the high school level personnel, what shows the relevance of this category to the public health conjuncture of the country.⁷

Therefore, nursing professionals that act in mental health services are subject to several factors that cause work overload, whose impact is evidenced by the degradation of the service's infrastructure conditions and in the workers' life.⁸

Additionally, studies point that occupational diseases are frequent in nursing work, impairing the quality of life and the working process. Caused by lack of human resources, precarious structural conditions and lack of motivation, they entail work overload.^{5,9}

Individuals spend most of their life at the workplace. Therefore, the tasks they perform, the type of bond and the remuneration may cause modifications in the mental health of the people and generate dissatisfaction or physical and emotional strain when there is overload of professional activities.¹⁰⁻¹¹

The impact of work on the workers' health and life relates to the perception of the high demand required in routine situations and the difficulties to face the requirements of the professional activity.^{17,21}

The World Health Organization (WHO) has recommended studies about the impact of work in psychiatric health professionals, aiming to improve organization in the evaluation processes and enhance the quality of the services.¹² These factors must be observed, since they interfere in the professionals' health and in the quality of their assistance.

Based on the above considerations, this study proposes to discover the perception of nursing professionals in relation to overload and working conditions in hospital psychiatric services.

METHODS

Descriptive, analytical and exploratory study of qualitative approach, undertaken in two psychiatric services localized in Southern Brazil. Thus, one of the services lodged 26 beds and 22 nursing professionals. In the other service, there were 240 beds for a nursing team of 61 members. The data collection happened in April and May of 2013.

The established inclusion criteria were all the professionals that provided assistance in both services and all that were present in their respective working institutions at the time of the data collection. In this sense, professionals that held a medical certificate, were on a medical leave, were on

vacation, or that refused to participate in the study were excluded. Because of the inclusion and exclusion criteria, 70 nursing professionals from both institutions constituted the subjects of this study.

The approach was carried out through a self-applicable instrument, at the workplace, after signing of a free and informed consent form. The collection was undertaken in groups of up to five participants or individually, depending on the availability of the professionals. The Labor Impact Assessment Scale in Mental Health Services (IMPACTO-BR) was used. It contains 18 quantitative items and 3 qualitative questions. The following qualitative questions were considered: 1) "Which are the aspects of your work in this service that result in more overload for you?"; 2) "Which are the aspects of your work in this service that result in less overload for you?"; and 3) "Which aspects of you work in this service would you like to change to lessen your overload?". The scale was developed in a multicentre project of the WHO and validated in Brazil from a Canadian study by researchers on the field of mental health.¹²

The qualitative data was interpreted under Bardin content analysis.¹³ *A priori*, the analysis of the raw data, derived from the interviews with the semi-structured instrument, was done through a broad reading. Afterward, thorough readings that allowed the organization of data by the grouping of similar and divergent points were undertaken. They originated categories, subcategories and themes. *A posteriori*, the data was discussed, with the existing scientific publications on the topic as its theoretical background.

The qualitative results were analysed based on the thematic content analysis technique, which consists on discovering the cores of meaning that compose communication, and whose presence or frequency means something to the analytic object concerned.¹³

To preserve their anonymity, the respondents were nominated by acronyms and a numerical scale: E1...E49 for the participants from the private hospital, and P1...P21 for the respondents from the public hospital.

Meeting the requirements of Resolution 466, of December 12, 2012, from the National Council of Health, the project was sent to the Standing Committee on Ethical Research with Humans of the institution to which the researchers were associated at the time of the execution of the study, having obtained the presentation certificate for ethical appreciation n. 13676913.2.0000.5539.

RESULTS AND DISCUSSION

The professionals are predominantly of the female gender, with an average age of 40 years. Most of the subject has completed high school and obtained technical qualification in nursing. Additionally, the operation time in mental health services varied between five and seven years,

and 38.1% of the professionals had another employment bond.

Several studies in the nursing field conclude that there is a prevalence of female professionals, what shows a tendency towards feminization of the healthcare workforce, being such aspect likely pertinent to the creation of jobs and income for women.¹⁴⁻¹⁵ The double burden of the female gender, divided between work and domestic activities, might cause work overload, resulting in illness due to physical, psychological and emotional exhaustion, and due to several occupational diseases.¹⁶⁻¹⁷

From the content analysis, the results were grouped in the following thematic categories: causes of work overload; aspects that alleviate work overload; proposed changes to lessen overload.

The causes of overload at work

From the professionals' accounts, it was possible to identify that the main causes of overload relate to the care with the patient; infrastructure of the work environment; reduced number of human resources. In this sense, the statements below exemplify these causes:

The glass in the windows, given that the patients having an outbreak always break the glass (E.43).

What causes overload is the lack of employees, working with a reduced workforce. (E.22).

[...] types of patients that are hospitalized (P.1).

Studies point that the lack of professionals leads to work overload and, consequently, result in physical and emotional exhaustion, occupational diseases, medical leaves and the increase in absenteeism at work.^{8,18}

Therefore, health services must revise their staff dimensioning and gather strategies on the impact of health costs, in assistance results and in the health of professionals. In addition, they must observe the factors that compromise the performance of professionals concerning the infrastructure of the work environment.¹⁹

In this perspective, the structural conditions in the work environment that lead to work overload of health professionals in hospital services is the object of study of researchers that seek to arouse the interest of employers in the need to improve organizational work conditions and the comprehension of the factors that cause distress and impact at work.⁸

For the health manager, it is a challenge to solve problems related to the lack of nursing professionals, since this issue deals with the costs and expenses and the quality of professionals. The dimensioning of professionals is needed to avoid work overload and to improve the professionals' quality of life. However, the factors on the

worker's health condition are often overlooked by the health service manager.^{18,21}

Aspects that alleviate overload

On what refers to the aspects that alleviate work overload, the issues related to the working process become evident. In this sense, actions such as completing the functional picture, improving the physical space, care and communication with the patients stand out. Another point that deserves recognition is that the subjects refer to improvements in the relational aspects between the workers.

If the board is complete, the patients are well supported by the team, with psychology, occupational therapy (OT) etc.; this takes overload off the auxiliaries (P.1).

Physical space (P.19).

Workload (P.16).

Talking with the patients, listening [...] (P.9).

I like to talk with the patients (E.15).

Teamwork (E.32).

The professionals note that the improvement in dimensioning would alleviate their overload. This reinforces that the health services that have an adequate number of human resources lessen the work overload and improve the quality of assistance to the health service users. In this sense, the continuous search for quality of assistance must direct the working process in health facilities.²⁰

The quality of work is defined as a set of attributes, which encompass the level of professional excellence, satisfaction on the part of users, safety of patients and the efficient use of the human resources.²⁰ On what concerns the sufficient contingent of professionals in the hospital facilities, further development on work dynamics at the workplace is indispensable. Thus, it is fundamental to know the aspects related to the work conditions that provide for the decrease of the negative impact on the workers.

Another factor of utmost importance are the conflictive relations at work, a fact which is also worrying, since the relations at the workplace might compromise the worker's performance in the care provided to the user, or might even be an indicative of absenteeism, among other factors.¹⁸

For this purpose, after the managers are aware of the aspects that lessen impact at work, they should establish strategies for the improvement of work conditions and quality of life. The aspects linked to structure, work relations and quality of assistance are mentioned in several studies as aspects able to alleviate work overload. That way, they allow

the worker and the manager to discuss the organizational issues of work and to propose modifications in the work environment.^{8,21}

Proposed changes to lessen overload

When questioned about actions that could promote the decrease of overload, the professionals reported: improvements in the physical infrastructure, training/capacitation, better wages, reduction of the workload and increase in the number of professionals, as it can be verified in the statements below:

Increased physical space (P.19)

Hiring more workers (E. 49)

Successfully implementing projects previously attempted, such as the singular therapeutic project, among others (P.9)

If there were training again, as there had before, the new workers would learn better and the ones already acquainted to the institution would do their job without overload (E.20)

Training for the workers, fair wage for the workers [...] (E.41)

The nursing workers recognize the need for modifications in the structural conditions of health services, considering that work overload can be decreased through the adequate dimensioning of personnel and the restructuring of the working process.

Nevertheless, work overload can be observed in an objective/subjective way, in which the working process is able to influence the decision-making of health managers. Health management contributes to propose changes in this context, and, that way, the managers exchange experiences to assist in the decision-making that interferes directly or indirectly in the health working process.²²

Thus, evaluations of mental health services have been incited by the World Health Organization (WHO), in order to propose changes and to improve the quality of health services.¹²

FINAL CONSIDERATIONS

The present study has identified, under the professionals' viewpoint, which are the aspects and factors related to the overload and work conditions in the context of psychiatric services. O presente estudo identificou, sob a ótica dos profissionais, quais são os aspectos e fatores relacionados à sobrecarga e condições de trabalho no contexto dos serviços de psiquiatria. Clearly, it becomes clear that the lack of human resources and conflictive interpersonal relations add to the

overload, whereas the physical infrastructure of the work environment affects the work conditions negatively.

Therefore, innovations in the management of the working process might be a strategy to lessen the overload and improve the work conditions. This perspective alludes to the relevance of the participation of the subject at the decision-making moments about the systematization of the working process, which should occur by what is called shared management, considering that the proposals of change in the context of professional practice should come as much from the managers as from their collaborators.

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Author responsible for correspondence:

Sidnei Roberto Alves

Rua Fortaleza, n. 3180, bloco E, apto E16, Recanto

Tropical

Cascavel/PR, Brazil

ZIP-code: 85807-090