

PSYCHOLOGICAL HEALTH DAMAGES RELATED TO THE WORK OF PROFESSIONALS IN A GENERAL HOSPITAL

Danos psicológicos à saúde relacionados ao trabalho dos profissionais de um hospital geral

Daños psicológicos a la salud relacionados con el trabajo de profesionales en un hospital general

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ABSTRACT

Objective: To evaluate if the professionals of a general hospital suffer psychological damages to health related to the work context in which they are inserted. **Method:** This is an epidemiological, observational, descriptive, cross-sectional study with a quantitative approach, performed in a General Hospital. The sample consisted of 205 employees. The psychological damage of these professionals was assessed with the Escala de Avaliação dos Danos Relacionados ao Trabalho (Work-Related Damage Assessment Scale). **Results:** Participated in the research 18 professional categories of medium, technical and higher levels, being the women and the professionals working in the night shift who presented greater psychological damage. The items of the loneliness and sadness scale were pointed with higher percentage to very severe. **Conclusions:** Work-related psychological damage permeates the experiences of feeling of pleasure at work, requiring care interventions for the studied public.

DESCRIPTORS: Occupational health; Mental health; Tertiary healthcare; Quality of life; Stress psychological.

RESUMO

Objetivo: Avaliar se os profissionais de um hospital geral sofrem danos psicológicos à saúde relacionados ao contexto de trabalho no qual estão inseridos. **Método:** Trata-se de uma pesquisa epidemiológica, observacional, descritivo, com delineamento transversal e abordagem quantitativa, realizada em um Hospital Geral. A amostra foi composta por 205 colaboradores. Os danos psicológicos desses profissionais foram avaliados com a Escala de Avaliação dos Danos Relacionados ao Trabalho. **Resultados:** Participaram da pesquisa 18 categorias profissionais de níveis médio, técnico e superior, sendo as mulheres e os profissionais que trabalham no turno noturno que apresentaram

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maiores danos psicológicos. Os itens da escala solidão a tristeza foram apontadas com maior porcentagem para muito grave. **Conclusões:** Os danos psicológicos relacionados ao trabalho permeiam as vivências de sentimento de prazer no trabalho, fazendo-se necessário intervenções de cuidado para o público estudado.

DESCRITORES: Saúde do trabalhador; Saúde mental; Atenção terciária a saúde; Qualidade de vida; Estresse psicológico.

RESUMEN

Objetivo: Evaluar si los profesionales de un hospital general sufren daños psicológicos a la salud relacionados con el contexto laboral en el que se insertan. **Método:** Este es un estudio epidemiológico, observacional, descriptivo, transversal con un enfoque cuantitativo, realizado en un Hospital General. La muestra consistió en 205 empleados. El daño psicológico de estos profesionales se evaluó con la Escala de Avaliação dos Danos Relacionados ao Trabalho. **Resultados:** Participaron en la investigación 18 categorías profesionales de nivel medio, técnico y superior, siendo las mujeres y los profesionales que trabajan en el turno nocturno quienes presentaron el mayor daño psicológico. Los ítems de la escala de soledad y tristeza fueron señalados con mayor porcentaje a muy severo. **Conclusiones:** El daño psicológico relacionado con el trabajo impregna las experiencias de placer en el trabajo, lo que requiere intervenciones de atención para el público estudiado.

DESCRIPTORES: Salud laboral; Salud mental; Atención terciaria de salud; Calidad de vida; Estrés psicológico.

INTRODUCTION

The conditions and systematization of work are preponderant factors for the assessment of the health and illness processes of professionals. Work is an integral element of human subjectivity, interferes directly and can have consequences for the health of workers, significantly affecting the mental health of workers and increasing the damage to their health.¹

The work developed in the health area compromises the physical and psychological integrity of the professionals, in addition, it is also conducive to accidents at work, caused mainly by the issues of insalubrity in services, exhaustion and overload.^{2,3} These working conditions have resulted in an increased risk of illness. And monitoring the health of these workers is identified as essential to recognize, create indicators and enable changes in reality.⁴

In the field of occupational health, studies and theoretical-conceptual discussions have been growing, however, it is still not enough, especially when talking about themes directed to mental health (stress, Burnout Syndrome, ergonomics and psychic health), which are slowly acquiring the necessary academic and professional sector space.⁵

With regard to psychological suffering at work, it can be noticeable in the face of some signs and symptoms, for example, the suffering itself, anxiety, irritation, aggressiveness, stress and somatization. It is necessary to understand that the mental health of those who deal with such subjective and sickening issues must be treated effectively and efficiently.⁵

Working in unhealthy environments requires demands beyond the professional's limits, leaving him or her with an unstable emotional state and with no interest in developing

their work process. When these professionals develop their activities presenting the symptoms that correspond to occupational stress, they endanger the life of the patient who is being assisted, as well as their own health.⁶

In order to have a more real understanding of these demands, in the period from 1997 to 2009, it was verified at national level that the prevalence of common mental disorders varied between 20 and 56% on the adult population, being mainly female workers.⁷

Preventing diseases and promoting health in the workplace are challenges that demand needs, competences and skills that go beyond the simple technical-scientific approach of contents. For the performance of the professionals to be successful, it is necessary that basic health policies are put into practice, obeying the principles of quality, operationalization norms, as well as that there is an infrastructure of services that favor the viability of the idealized projects.⁸

It is worth mentioning that studies on workers' mental health are even more scarce, however, there are already some approaches that seek to understand this context, for example, the psychodynamics of work, which focuses on mental health at work, privileges the relationship between psychological suffering, arising from conflicts connecting the subject and the reality of work, and the mediation strategies used by workers to deal with suffering and transform work into a source of pleasure.⁹

Thus, this study aimed to assess whether professionals in a general hospital suffer health psychological damage related to the work context in which they are inserted.

METHODS

Epidemiological, observational, descriptive research, with cross-sectional design and quantitative approach. The study was conducted at the Regional Hospital Tarcísio Maia (HRTM) located in the municipality of Mossoró, in the state of Rio Grande do Norte (RN-Brazil). This institution is configured as a large General Hospital dedicated to 24-hour urgent and emergency care, a reference for the entire western region of the state. It has in its register in the sector of human resources a quantity of 820 employees between servers and contracts, its area of coverage being the territory of the West region of Rio Grande do Norte. The institution has the function of urgent and emergency care through the Unified Health System (SUS), offering the services of Internal Medicine; Surgical Clinic; Pediatric Clinic, UPI (Infected Patients Unit); Traumatology, Ophthalmology, Dentistry, Oral Maxillofacial Surgery; Nursing Units; Social Work, Nutrition and Dietetics; Physiotherapy; Occupational Therapy; Occupational Health; Diagnostic and Imaging Service and Clinical Analysis Laboratory.

For the target population of the research, considering the total number of hospital professionals (820) and applying a stratified random sample, considering a 95% confidence interval with a margin of error of 5.93%, a final sample of 205 employees was obtained among Doctors, Nurses, Pharmacists, Biochemists, Psychologists, Social Workers,

Occupational Therapists, Physiotherapists, Nutritionists, Nursing Technicians and Assistants, Laboratory Technicians, Surveillance Staff, Administrative Staff and Hygiene Staff. Participation in the research was voluntary.

Professionals on vacation or graduates were excluded from the research during its execution; those who did not sign the ICF; those who did not respond to the survey adequately and/or completely; and those who started at their job position less than 06 months ago.

Data collection was carried out between November and December of 2018. The questionnaire was filled out individually, in a calm environment and in a confidential manner. The instruments used were a sociodemographic questionnaire that included the variables: age, sex, education, time of professional experience, monthly income, weekly workload; work shift and the "Work-Related Damage Assessment Scale" (WRDAS). This scale belongs to the form "Inventory of Work and Risk of Illness" (IWRI), an instrument built and validated in Brazil, which assesses the influence of work and risk of illness. The WRDAS has 29 questions divided into: physical damage (12 items), social damage (07 items), and psychological damage (10 items), that assess the presence of health damage in the last 6 months. The participant is asked about the frequency that he or she presents certain damages essentially resulting from work, varying on a scale of 0 to 6 times. In this research, only work-related psychological damage was considered for evaluation.¹⁰

The database was built in EXCEL format, version 2017, for the realization of the descriptive tables and application of statistical tests, the free statistical software R was used, version 3.2.0. Descriptive statistics were performed to characterize the sample, considering frequencies, measures of central tendency (arithmetic mean), and variability (percentile). In relation to work-related damage, based on a WRDAS percentile analysis, the following classification was obtained: positive evaluation (0 or 1 once); critical evaluation (2 twice); severe evaluation (3 times); very severe (4 to 6 times); the number of times referring to the reported frequency of work-related damage.

The research responded to the ethical precepts of Resolution No. 466/2012 of the National Health Council (CNS). The start of data collection started after approval by the Research Ethics Committee (CEP) of UERN, under the Consubstantiated Opinion nº 2,781.86. The respondents' confidentiality and anonymity was ensured through the use of codenames. All data produced during the research are held by the researcher and will remain properly filed for a minimum of five years.

RESULTS E DISCUSSION

In the qualitative variables, a descriptive analysis was carried out through distributions of absolute and relative frequencies (%). While in the quantitative variables evaluated

in the study, descriptive statistics of trend and data dispersion measures were analyzed, such as: minimum (Min), maximum (Max), average (Mean) and standard deviation (SD). In order to verify the reliability of the data of the WRDAS instrument, Cronbach's Alpha Index was evaluated, where the indexes above 0.70 indicate data consistency classified as satisfactory. It can be observed that all dimensions evaluated regarding the frequency level on the WRDAS scale, obtained a Cronbach's alpha above 0.70.

In the comparison of the domains evaluated with the sociodemographic characteristics, the Student's t parametric statistical test and Analysis of Variance were applied. While in the analysis of correlation between the WRDAS domains, Pearson's parametric statistical test was used. When comparing the WRDAS classification with the sociodemographic profile, the Chi-square statistical test was applied. For all statistical tests performed, the level of significance was 5%, that is, there is evidence for the rejection of the null hypothesis (H0) case value - $p < 0.05$.

The sample of this study is characterized by 18 professional categories of medium, technical and higher levels, with the majority being nursing technicians (43.41%). Of these, 85.85% are female, with an average age of 44.94 years old. 49.76% have worked for more than 5 years, 91.22% receive between 1 and 5 minimum wages per month, performing a 40-hour working shift (41.46%), with 61.66% working during the day.

After analyzing the data, it was noticed that female professionals showed greater psychological damage, with an average of 1.59 in women and 0.80 in men. With regard to age, there was no statistical difference with the psychological domains, the ones up to 45 years old presenting an average of 1.52, and above 45 years old, an average of 1.47. As well as salary differences, those who earn up to 5 minimum wages presented an average of 1.53, with a standard deviation of 1.39, and those who earn more than one minimum wage, presented an average of 1.09 and standard deviation of 1.40.

Regarding time of service, there was also no statistically significant change, up to 1 year of service (average 1.07), from 1 to 5 years (average 1.38) and over 5 years (average 1.67). In terms of hours of work, again there was no statistical difference, those who work less than 30 hours with an average of 1.56, those with 40 hours an average of 1.34 was found, and above 40 hours, an average of 1.66.

There is evidence of statistical difference between the work shift and the psychological domain, the employees who work at night have greater psychological damage, being daytime (average of 1.00) and nighttime (average of 1.53).

In the assessment of the Psychological Damage domain, shown in Table 1, it is found that many psychological damages were identified as severe or very severe, with evidence for the items Sadness and Loneliness.

Table 1 - Frequency distribution of items on the Work-Related Damage Assessment Scale - WRDAS in the psychological domain.

Item	Freq.	Positive	Critical	Severe	Very Severe	Total
Bitterness	N	156	15	8	26	205
	%	76,09	7,32	3,90	12,69	100,00
Feeling of Emptiness	N	142	25	15	23	205
	%	69,27	12,20	7,32	11,21	100,00
Feeling of Helplessness	N	147	16	12	30	205
	%	71,71	7,80	5,86	14,63	100,00
Bad Mood	N	147	14	22	21	204
	%	72,05	6,87	10,79	10,29	100,00
Willingness to give up everything	N	153	14	18	20	205
	%	74,63	6,83	8,78	9,76	100,00
Sadness	N	102	23	17	63	205
	%	49,76	11,22	8,29	30,73	100,00
Irritation with everything	N	114	25	29	37	205
	%	55,61	12,2	14,14	18,05	100,00
Feeling of Abandonment	N	126	20	22	37	205
	%	61,47	9,76	10,73	18,04	100,00
Doubt about the ability to do tasks	N	163	19	13	10	205
	%	79,51	9,27	6,35	4,87	100,00
Loneliness	N	87	26	28	64	205
	%	42,44	12,68	13,66	31,22	100,00

The data referring to the age group and sex are consistent with a study carried out in a Hospital in Belém, in which the majority of professionals were female (87.1%), aged between 40 and 61 years old (58,1%).¹¹ A study with the nursing staff of a hospital outpatient clinic also shows similar data, 70% of the sample was with nursing assistants and technicians, 86.67 were women aged 50 to 59 years old.¹²

The female professionals showed greater psychological damage, which may be a reflection of the culture that these workers are inserted, in which even women who work are responsible for most of the domestic activities as well, causing an accumulation of activities, affecting the motivation for work and causing psychological suffering.¹³

Regarding income, there was no evidence of a statistical difference between income and mental illness, different from studies that argue that the value of the salary is something very much linked to quality of life, as a result of when less is earned, one needs to acquire other jobs and have an exhaustive workload, with no time for leisure, family or self-care.^{14,15}

In view of the results of the application of WRDAS, it is possible to verify, in general, that the psychological disorders related to work are poorly recognized, but it is necessary to consider that in the Very Severe assessment, there were

reports above 20% in the following items: Bad mood (26.85%), Sadness (31.71%), Irritation with everything (27.80%). These data are compatible with a survey conducted with the nursing staff of a surgical clinic in which the highest percentages were in a bad mood and irritation with everything.¹⁶

It is likely that much information has not been really exposed, considering that mental suffering is often not identified or is placed in the background, as it is a subjective aspect, which contrasts with the biomedical model in effect in the hospital environment.¹⁷

Many of the psychological sufferings present in professionals working in the hospital have implications with the direct contact with the anguish of patients and all the responsibility directed to the health professional, who often has little time to plan the work process and even put it into practice due to the rushed daily routine of the hospital, its stressful context and with little power of decision. The mental illness process itself in the work environment interferes with the intellectual, creative and productivity of workers.¹⁸

This study will involve obtaining data, providing support for the implementation and planning of strategic actions that can minimize the psychological damage to the health of workers in the hospital.

FINAL CONSIDERATIONS

This research shows that the prevalence rate of psychological illness detected in the evaluated professionals is considered relevant, considering that psychological distress is present, although to varying degrees, in all the professional categories evaluated. Thus, the study allowed a greater understanding related to the psychological disorders caused in the hospital environment, seeking to expand discussions.

The need for therapeutic spaces and humanized coexistence within the hospital directed for the professionals is notorious, so that they can minimize stress, tiredness and other symptoms of mental suffering, sharing the daily suffering arising from their work and feeling welcomed. It is necessary for management and workers to articulate themselves to reevaluate the methods of work organization, in order to plan measures that promote a harmonious work environment, with flexible organization that mitigates the demands arising from the work context, thus being able to minimize suffering and psychological damage related to work and permeate the experiences of feeling of pleasure at work.

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