

EVALUATION OF JOB IMPACT ON MENTAL HEALTH PROFESSIONALS IN A PSYCHIATRIC INSTITUTION

AVALIAÇÃO DO IMPACTO DO TRABALHO EM PROFISSIONAIS DE SAÚDE MENTAL DE UMA INSTITUIÇÃO PSIQUIÁTRICA

EVALUACIÓN DEL IMPACTO DEL TRABAJO EN PROFESIONALES DE LA SALUD MENTAL DE UNA INSTITUCIÓN PSIQUIÁTRICA

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ABSTRACT

More detailed involvement is demanded from mental health professionals with their patients, given that in cases of patients with serious illnesses, the treatment can be prolonged for many years. Thus, the present study's aim was to characterize the sociodemographic profile of mental health professionals, to verify the impact of their work, and to compare this impact on mental health professionals as regards gender. This study was carried out with 32 mental health professionals from a psychiatric institution. A sociodemographic questionnaire and the IMPACT-BR scale were applied to collect the relevant data. An overall average score of 1.63 ± 0.56 was registered. The subscale in which the highest level of impact was reported is related to the emotional repercussions of work, with an average of 1.97 ± 1.13 . The obtained data demonstrated that the highest level of impact was related to the emotional repercussions of work. The findings of the remaining subscales demonstrated a low impact on mental health professionals from a psychiatric institution.

Keywords: Psychiatric Aides; Occupational Health; Mental Health.

RESUMO

Exige-se do profissional de saúde mental mais envolvimento com seus clientes, pois no caso de pacientes graves o tratamento pode se prolongar por muitos anos. Assim, o objetivo foi caracterizar o perfil sociodemográfico dos profissionais de saúde mental, verificar o impacto do trabalho e comparar esse impacto nos profissionais da área de saúde mental entre os sexos. Este estudo foi realizado com 32 profissionais de saúde mental de uma instituição psiquiátrica. Para coleta dos dados foram aplicados um questionário sociodemográfico e o instrumento IMPACTO-BR. Foi registrado escore médio global de $1,63 \pm 0,56$. A subescala em que foi verificado o mais alto nível de impacto está relacionada às repercussões emocionais do trabalho, com média de $1,97 \pm 1,13$. Os dados obtidos demonstraram que o mais alto nível de impacto foi relacionado às repercussões emocionais do trabalho. Os demais escores demonstraram haver baixo impacto do trabalho na saúde mental desses profissionais de saúde de uma instituição psiquiátrica.

Palavras-chave: Auxiliares de Psiquiatria; Saúde do Trabalhador; Saúde Mental.

RESUMEN

Al profesional de la salud suele exigirsele mayor compromiso con sus pacientes pues, en el caso de aquéllos más graves, el tratamiento suele ser bastante prolongado. El objetivo del presente estudio fue caracterizar el perfil socio-demográfico de los profesionales de salud mental, verificar el impacto del trabajo y comparar como este impacto afecta a enfermeros y enfermeras. Se trata de un estudio realizado con 32 profesionales de una institución psiquiátrica. La recogida de datos se realizó con la aplicación de un cuestionario socio-demográfico y el instrumento IMPACTO-BR. Se registró un escore medio global de $1,63 \pm 0,56$. La sub-escala en la cual se verificó el mayor nivel de impacto está relacionada a las repercusiones emocionales del trabajo, con media de $1,97 \pm 1,13$. Los datos obtenidos demuestran que el nivel de impacto más alto está vinculado a las repercusiones emocionales del trabajo. Los demás resultados indicaron bajo impacto del trabajo en la salud mental de estos profesionales que desempeñan sus tareas en la institución psiquiátrica.

Palabras clave: Auxiliares de Psiquiatria; Salud Del Trabajador; Salud Mental.

INTRODUCTION

Many people spend the better part of their lives in the work environment. The functions developed in the workplace, the interpersonal relationships, the type of formal work, and the remuneration can all cause alterations in one's mental health and determine the level of satisfaction or physical and emotional exhaustion brought about by work, especially when there is an overload of professional activities.^{1,2}

The direct and continuous contact with patients is a common characteristic among healthcare workers. The concept of being overworked is related to the perception of the high demand required of the individual in routine situations in the workplace as well as the difficulty to face the demands professional activities imposed upon the workers.³

Workers' distress can unleash negative consequences upon their health as well as upon their work performance, considering that personal, social, and family problems begin to appear, which can lead to socioeconomic repercussions.⁴

Part of the medical services offered to mental health patients is carried out in psychosocial care centers, although a considerable number of hospitalizations are being carried out in psychiatric institutions as well.⁵ In the psychiatric institution, an atmosphere of emotional tension, as well as physical and psychological exhaustion, occurs. The practices of the healthcare professionals with mental health patients combine a wide range of situations related to the treatment provided to the patient as well as to the organizational factors that can cause an impact on their own physical and mental health.⁶

Mental health professionals are directly involved with their patients, given that in cases of patients with serious illnesses, the treatment can be prolonged for many years, thus overloading the workers, which subsequently affects their quality of medical care.⁷ In the medical care provided to chronic patients, few changes are put into effect and observed by the healthcare professionals. This situation can generate a feeling of frustration regarding the ideal expectations and results obtained in their professional practice.⁸

The psychological disorders related to the professionals' daily routine fail to be recognized, although they do present high prevalence rates among the workers, which are normally represented by physical symptoms. The complexity inherent within the performed activity makes it difficult to define the relationship between such disorders and the work developed by healthcare professionals.⁹ Although mental health professionals do share many activities, each professional has his/her own specialties, both in academic background as well as in his/her daily routine.¹⁰

In Brazil, social protection for the worker is scarce, which can discourage changes in jobs, despite the satisfaction and stress generated by the job itself.⁷ The mental health field is

one of the sectors that has received the least amount of prestige, even though it is one of the fields that most requires funding from the government, since mental health disorders have an important impact on causes of incapacity and can provoke an overload of work for healthcare professionals.⁵ According to the World Health Organization (WHO), 12% of all people need some form of mental health care, be it continual or periodic.¹¹

Many healthcare professionals show both drive and dedication in providing medical services to mental health patients, yet there are a series of difficulties that can be found in the workplace, especially with those who work in psychiatric institutions. Nevertheless, the impact of mental health care has not been studied in depth as regards multidisciplinary teams. Moreover, few studies have dealt with the impacts on the workplace in the mental health field. The WHO has recommended that studies be conducted concerning the work overload felt by professionals who work with psychiatric patients in an attempt to facilitate the systematization of evaluation processes and improvements in the quality of services rendered.¹²

From this point of view, the present study proposes to characterize the sociodemographic profile of mental health professionals, to verify the impact of their work, and to compare this impact on mental health professionals as regards gender.

METHOD

The present work was a descriptive and exploratory study carried out with 32 mental health professionals from a psychiatric institution, in the city of Uberaba, MG, Brazil. Data collection was performed in July 2010.

The psychiatric institution where the data collection was performed contains 160 hospital beds and receives 130 hospitalizations per month. The patients generally remained hospitalized for approximately 31 days.

All professionals who had direct contact with patients and who worked six hours or more on the physical premises of the institution were invited to participate in this study, totaling 42 professionals, including nurses, psychologists, social workers, nursing technicians, and nurse's aides. Doctors who spent less than six hours in direct contact with the patient were excluded from the study, and another seven professionals refused to participate in the study for personal reasons. The questionnaire was given to each participant, who was informed as regards the nature of the study, the aims, the possibility of abandoning the study at any time, and the fact that the data obtained would remain classified. All who chose to participate in the study signed an informed consent form. The study was authorized by the psychiatric hospital and was approved by the Research Ethics Committee from Universidade Federal do Triângulo Mineiro (UFTM), under protocol number 1609/2010.

The questionnaire included the following sociodemographic data: marital status, gender, age, level of education, job title, and years worked at the institution.

The Mental Health Division of the WHO has drafted a series of scales for the evaluation of mental health services. One such scale was the IMPACTO-BR, which was validated in Brazil.¹² This scale contains 34 questions that seek to evaluate the work overload felt by the mental health professionals caused by their daily routine with mental health patients. The quantitative questions evaluate the work overload felt by the team.¹²

In the present study, the abbreviated version of the IMPACTO-BR scale, which contains only 18 quantitative items used to calculate the degree of work overload felt by healthcare professionals, was used to evaluate the impact of work in mental health services. After having analyzed the internal consistency and Cronbach's alpha, only these 18 questions were maintained, and therefore construct the dimensional aspect of the scale. The quantitative questions, whose answers are provided in a Likert-style 5-point scale, are classified as: (1) none at all; (2) not much; (3) somewhat; (4) very much; (5) extremely, to be answered according to the question. If there was no impact, the answer should be "none at all", while "extremely" represents a heavy work overload felt by the professional. The first factor of the scale estimates the impact of work on the physical and mental health of the team. This factor contains five items that refer to the effects on the following aspects: the frequency of physical problems felt by the worker of the team; the frequency of medical evaluations; the frequency with which the professional uses medicine; the effects of work on emotional stability; and the need to seek out professional help due to these problems.¹²

The second domain of this scale evaluates the impact of the work overload reflected in the professionals' daily routine. This factor contains six items that refer to the frequency with which the professional thinks about changing jobs, the frequency with which the professional thinks that another kind of job would make him/her feel more healthy, time off due to illnesses related to stress in the workplace, degree in which the worker is afraid of being attacked while performing a professional activity, repercussion of work on one's sleeping habits, and the effect of work on one's health in general.¹²

The third domain of the scale contains five items which evaluate the effects of developing professional activities on the emotional state of the worker and in the perception of being overworked. These items are related to the following aspects of work overload: feeling frustrated with the results of his/her work, feeling overloaded by the continuous contact with the patients, feeling exhausted after work, feeling depressed because he/she works with mentally disturbed patients, and feeling stressed because he/she works with mental illnesses.¹²

The questionnaire was given to each professional and collected two days later. All work shifts were covered by the study.

To analyze the data, a data base was set up using the Epi Info® 3.5.1 program. All data were typed in double for later verification of the possible existence of divergent data. Next, the consistency of the fields was checked to identify any typing errors. To meet the proposed aims, a descriptive analysis made up of absolute and percentage frequencies (average, median, standard deviation, and maximum and minimum values).

RESULTS

Thirty-two professionals participated in the study, including: three psychologists, two social workers, four nurses, seventeen nursing technicians, and six nurse's aides. The results demonstrated that 53.1% were nursing technicians, with 59.4% female, with an average age of 34.3 years (± 9.1), ranging from 24 to 55 years of age, predominantly single (43.8%). As regards the level of education, there was a predominance of professionals with a high school education (49.9%). The participants presented a minimum time of work of two months and a maximum of 324 months (Table 1).

Table 1 - Sociodemographic data of the professional at a psychiatric institution: Uberaba, MG – Brazil, 2010

	N	%
Gender		
Female	19	59,4
Male	13	40,6
Marital Status		
Married	10	31,3
Single	15	46,8
Not informed	7	21,9
Education		
Elementary school – complete	3	9,4
High school – incomplete	1	3,1
High school – complete	15	46,9
Higher education – incomplete	2	6,3
Higher education – complete	11	34,4
Age		
Average \pm SD	–	33,4 \pm 9,14
Total	32	100,0

The impact of work registered an overall average score of 1.63 ± 0.56 , which shows a low impact of work. The three subscales vary from one to five. The subscale in which the highest level of impact could be identified was referent to the emotional repercussions of the work, with an average of 1.97 ± 1.13 .

The effects on physical and mental health presented the lowest score, with an average of 1.44 ± 0.82 (Table 2).

Table 2 - Average scores of impact of work among professionals from a psychiatric institution: Uberaba, MG – Brazil, 2010

	Average (DP)
Overall impact	1,63 (0,56)
Effects on physical and mental health	1,44 (0,82)
Effects on team's performance	1,68 (1,03)
Emotional repercussions	1,97 (1,13)

The average impact among men was 1.84 ± 1.20 . The scale factor that evaluated the effects of work on the emotional state of the professions obtained the highest scores for both genders, especially in men, at 2.13 ± 1.33 . In men, the factor related to the effects on the team's performance obtained a score of 2.01 ± 1.33 , which was higher than that recorded in women, at 1.45 ± 0.75 (Table 3).

Table 3 - Average scores of impact of work as regards the gender of the workers from a psychiatric institution: Uberaba, MG – Brazil, 2010

	Female (average – SD)	Male (average – SD)
Overall impact	1,49 (0,79)	1,84 (1,20)
Effects on physical and mental health	1,34 (0,64)	1,58 (1,02)
Effects on the team's performance	1,45 (0,75)	2,01 (1,27)
Emotional repercussions	1,86 (0,96)	2,13 (1,33)

As regards the emotional repercussions, when asked about the results of their work with mental health patients, most did not feel frustrated: 56.3% of the workers that participated in the present study answered that they did not feel frustrated, while 25% affirmed that they did feel frustrated. As regards the overload when working constantly with mental health patients, 34.4% answered that they did not feel overloaded, while 28.1% did feel somewhat overloaded. Concerning physical exhaustion when they finish their work shift, 40.6% of the professionals answered that they felt somewhat physically exhausted, whereas 12.5% felt extremely exhausted when they finished work. Considering the stress factor, 53.1% answered that they did not feel stressed because of their work, while only 6.3% answered that they felt extremely stressed.

DISCUSSION

The present study showed a predominance of female participants, as could also be seen in other investigations.^{10,13} The highest percentage of participants belongs to the nursing team, as

they are in direct and continual contact with the mental health patients when carrying out their professional activities.¹⁴ The average time for medical care was lower in the psychiatric institution researched in this study when compared to other studies.⁵

The low values (lower than 2, referent to “not much” on the IMPACTO-BR scale) regarding the impact level found in the studied population suggest that, possibly, those who felt a greater impact of work may have been on medical leave from the institution or might have refused to participate in the research, as was also inferred in other studies.⁵ In the present study, a greater impact of work could be found on men than on women. In the psychiatric institution, there were no differences in working conditions or in salaries associated with the gender of the professional. The subscale related to the emotional repercussions obtained the highest score among the researched subscales, which is in accordance with findings from other studies.^{7,10}

The majority of participants, when considering the emotional repercussions, answered that they did not feel frustrated with the results from their work, nor overloaded or stressed because they had to deal the entire time with mental health patients. As regards this domain, similar results were found in a study carried out at the Psychiatric Care Center in the state of Pará, Brazil.¹⁵ Although the majority felt exhausted when they finished work, the results suggest that many professionals that work in the institution choose to do so and show a subsequent lesser impact on their work than that found in other institutions.⁵

This study presents some limitations, since it should be noted that the medical care services evaluated presented some peculiarities, such as the average hospitalization time for the patients, which was lower than in other institutions. The low level of impact found in the present study can also be explained by the fact that there were no differences in salaries, in differential perks, and in benefits relevant to the different types of labor contracts, as can be seen in public agencies, which can maintain professionals in statutory regimes as established by local, state, and federal agencies or by temporary labor contracts that exercise the same function. In the institution researched in the present study, the only existing labor regime is that of the Consolidation of Labor Laws, given that it is characterized as a philanthropic institution, which does not offer differences in salaries among the personnel who perform similar functions.

The IMPACTO-BR scale was created to be self-administered; therefore, it is subject to the reliability of the answers given by the participants, as well as to the emotional state of the professional at the moment in which the research was carried out.

CONCLUSION

It can therefore be concluded that, when using the IMPACTO-BR scale to evaluate the impact of work on mental health

professionals, the score with the highest level of impact was related to the emotional repercussions from work. The other scores proved to have a low impact of work on the mental health of healthcare professionals who work at a psychiatric institution. For this reason, due to the scarcity of comparative studies, new research in other mental health institutions is warranted. Evaluations, such as that carried out in the present study, help to identify an overload of work in the multidisciplinary team, thus contributing to improvements in the quality of medical care.

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