



Satisfaction and burden in mental health professionals' performance^a

Satisfação e sobrecarga na atuação de profissionais em saúde mental

Satisfacción y sobrecarga en el desempeño de los profesionales de salud mental

Fabiana Aparecida Monção Fidelis¹

Guilherme Correa Barbosa¹

José Eduardo Corrente¹

Jéssica Emy Komuro¹

Sílvia Justina Papini¹

1. Universidade Estadual Paulista "Júlio de Mesquita Filho", Faculdade de Medicina de Botucatu, Departamento de Enfermagem. Botucatu, SP, Brasil.

ABSTRACT

Objective: to analyze the burden on professional satisfaction in workers of Psychosocial Care Centers (CAPS - *Centros de Atenção Psicossocial*) in a municipality in the countryside of São Paulo state. **Method:** this is a cross-sectional study. The Scale for Assessing the Satisfaction of Professionals in Mental Health Services and the Scale for Assessing the Burden of Professionals in Mental Health Services were used as an instrument, which were applied to CAPS teams in a city in the countryside of São Paulo. **Results:** we assessed 49 workers, with predominance of females, aged between 30 and 39 years, with complete graduate studies, working as statutory, 30 hours per week and without complementary work. Professionals had job satisfaction and low work burden. They pointed out the need for improvements in physical structure, human resources and material acquisition. **Conclusion and Implications for practice:** mental health professionals feel satisfied in their performance, but dissatisfaction with the lack of continuity of care provided and the need for improvement in physical structure for better service delivery was emphasized. The 30-hour weekly workload and statutory bond seems to favor satisfaction with work and reduce the burden.

Keywords: Mental Health Services; Workload; Health Personnel; Health Evaluation; Job Satisfaction.

RESUMO

Objetivo: analisar a sobrecarga sobre a satisfação profissional em trabalhadores dos Centros de Atenção Psicossocial (CAPS) de um município do interior paulista. **Método:** estudo transversal. Utilizou-se como instrumento a Escala de Avaliação da Satisfação de Profissionais em Serviços de Saúde Mental e a Escala de Avaliação da Sobrecarga de Profissionais em Serviços de Saúde Mental, que foram aplicadas às equipes do CAPS de um município do interior Paulista. **Resultados:** foram avaliados 49 trabalhadores, com predomínio do sexo feminino, idade entre 30 e 39 anos, com pós-graduação completa, trabalhando como estatutário, 30h semanais e sem trabalho complementar. Os profissionais apresentavam satisfação no trabalho e baixa sobrecarga de trabalho. Apontaram necessidade de melhorias na estrutura física, nos recursos humanos e na aquisição de materiais. **Conclusão e implicações para a prática:** os profissionais atuantes em saúde mental se sentem satisfeitos na sua atuação, mas foi ressaltada a insatisfação na faltada continuidade do cuidado prestado e a necessidade de melhoria na estrutura física para melhor prestação de serviço. A carga horária de 30h semanais e o vínculo estatutário parecem favorecer a satisfação em relação ao trabalho e diminuir a sobrecarga.

Palavras-chave: Serviços de Saúde Mental; Carga de Trabalho; Pessoal de Saúde; Avaliação em Saúde; Satisfação no Emprego.

RESUMEN

Objetivo: analizar la carga sobre la satisfacción laboral de los trabajadores de los Centros de Atención Psicossocial (CAPS) de una ciudad del interior de São Paulo. **Método:** estudio transversal. La Escala de Evaluación de la Satisfacción de Profesionales en los Servicios de Salud Mental y la Escala de Evaluación de la Carga de Profesionales en los Servicios de Salud Mental se utilizaron como un instrumento, que se aplicaron a los equipos de CAPS en una ciudad en el interior de São Paulo. **Resultados:** se evaluaron 49 trabajadores, con predominio de mujeres, con edades comprendidas entre 30 y 39 años, con posgrado completo, trabajando con un vínculo legal, 30 horas a la semana y sin trabajo complementario. Los profesionales tienen satisfacción laboral y baja sobrecarga de trabajo. Señalaron la necesidad de mejoras en la estructura física, los recursos humanos y la adquisición de materiales. **Conclusión e implicaciones para la práctica:** los profesionales que trabajan en salud mental se sienten satisfechos con su desempeño, pero la insatisfacción se destacó por la falta de continuidad de la atención brindada y la necesidad de mejorar la estructura física para una mejor prestación del servicio. La carga de trabajo de 30 horas a la semana y el vínculo legal parecen favorecer la satisfacción laboral y reducir la sobrecarga.

Palabras clave: Servicios de Salud Mental; Carga de Trabajo; Personal de Salud; Evaluación en Salud; Satisfacción en el Trabajo.

Corresponding author

Guilherme Correa Barbosa
E-mail: g.barbosa@unesp.br

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INTRODUCTION

Public policies in mental health have been changing in recent decades driven by the psychiatric reform movement. A milestone for the policy was Law 10.216 of 2002 that guarantees the rights of people with mental disorders, the reduction of psychiatric hospitals and the creation of substitute services establishing care in the community.¹

Substitute services, called Psychosocial Care Centers (CAPS), recommend caring for people in severe psychological distress in their territory through access to work, leisure, exercise of civil rights, strengthening family and community ties, valuing subjects' autonomy, aiming at universal, comprehensive and qualified access to users of mental health services.^{1,2}

The World Health Organization (WHO) proposes that these services go through periodic assessments so that the focus of the objective and purpose of the work process is not lost, with emphasis on collaborative practice, avoiding the retrogression and repetition of the asylum model.³⁻⁶

The multidisciplinary team's role in this context is of great responsibility, as they act with a range of knowledge and perspectives constant considering the collection of the team, users, and family members. In view of this situation, there is concern about this health professional who should be satisfied at work and little burdened.¹⁻³

All those who are involved in the care provided to health service users are understood as a health professional. The work environment of these services often presents stressful situations that can lead to the physical and psychological illness of these professionals. Working conditions can be influenced by burden, which in turn is directly related to the levels of satisfaction in the service. However, the quality of services provided to users of mental health services can be predicted by burden levels in employment and satisfaction.^{1,2,7}

Thus, health staff's satisfaction and burden are indicators of quality of mental health services. Both can cause harm to the general health of workers, including their own mental health, which may reflect on their work and on their social and daily life behavior. Burden can lead to increased absences at work, turnover and stress, causing impairment in the execution of services (or services provided).^{1,2} In the daily work of the team these indicators can affect the conduct and care provided to users, causing damage to the treatment offered.^{2,3}

This research has as hypothesis that workers with work burden has a lower satisfaction in employment, consequently the care in the health service has its quality impaired. Therefore, it is important applying indicators of work burden and job satisfaction in service assessments.

This study aimed to analyze the burden on professional satisfaction in workers of a CAPS in a municipality in the countryside of São Paulo state.

METHOD

This is a cross-sectional study conducted in health services, from February to March 2018, in the four community mental health services, CAPS I, CAPS ad, children's CAPS and CAPS III of a municipality in the countryside of São Paulo.

All health professionals who were related to care practices (social worker, physical educator, nurse, physician, psychologist, occupational therapist, nursing technician) and who were part of the staff of the CAPS of the municipality were invited to participate in the study. Professionals who were on vacation or on leave during the collection period were excluded.

For data collection, training and guidance were carried out on the correct completion of the scales, for two nurses in mental health and a student of the 5th semester of an undergraduate nursing course of a private university of the municipality, who assisted the main researcher in the research.

The scales were used in days and times according to participants' availability. At the application time of the scales, the Informed Consent Form (ICF) was signed, clarifying the reliability and confidentiality of the interviews. Three instruments for data collection were used.

A sociodemographic questionnaire containing age (years), sex (female/male), marital status (with/without a partner), working time (years), professional category, wage range (minimum wage), working hours (hours), employment relationship (statutory/ Consolidation of Labor Laws - CLT).

The Scale for Assessing the Satisfaction of Professionals in Mental Health Services (SATIS-BR) that aims to assess the degree of mental health professionals' satisfaction with service. It has 32 quantitative questions, 30 of which are gathered in four subscales and two finals, which are included in the overall scale. The first subscale contains ten questions that assess satisfaction with quality of service (Cronbach's alpha = 0.83); the second subscale contains seven questions that assess satisfaction with professionals' participation in the team (Cronbach's alpha = 0.72); the third subscale has ten questions that assess satisfaction with working conditions (Cronbach's alpha = 0.77); the fourth subscale, with three questions, assesses satisfaction with people's relationships at work (Cronbach's alpha = 0.63). The two final questions, which are part of the overall scale, measure professionals' satisfaction with mental health work and their satisfaction regarding the frequency of contact between patients and professionals. The scale is structured as a Likert ordinal with responses arranged in five points ranging from 1 = very dissatisfied - minimum satisfaction value to 5 = very satisfied - maximum satisfaction point.⁶

The Scale for Assessing the Burden of Professionals in Mental Health Services (*Impacto-BR*) was applied to measure mental health service professionals' burden, and can be filled by the participants themselves. It presents 18 questions, grouped into three dimensions. The first assesses the impact of work on the team's physical and mental health (five questions; Cronbach's alpha=0.78); the second refers to the effects on team functioning (six questions; Cronbach's alpha=0.77); the third assesses the

feeling of being burdened and the effects of work on professionals' emotional state (five questions; Cronbach's $\alpha=0.70$); the third also assesses the overall scale (Cronbach's $\alpha=0.87$).⁶ The answers are arranged on a five-point Likert ordinal scale ranging from 1= in no way – minimum burden value to 5= extremely-maximum burden point.⁶

These scales are part of a group of scales for assessing mental health services developed by the WHO Division of Mental Health, validated for use in Brazil in 2,000 by Bandeira et al.⁶

Analyses were performed through SAS for Windows program, v.9.4 involving data descriptive analysis with tests of means, calculation of standard deviations and percentages for the description of the sociodemographic profile of the sample and for the calculation of the degree of satisfaction and burden of service professionals, based on the scores of the Impact-BR and SATIS-BR scales, and construction of confidence intervals for each of the quantitative variables.

The research was approved by the Research Ethics Committee of the Botucatu School of Medicine (UNESP), under Opinion 2,425,142 of 08/12/2017, and Resolution 466/12 of the Brazilian National Council for Ethics in Research (CONEP - *Conselho Nacional de Ética em Pesquisa*) and the Brazilian National Health Council (CNS – *Conselho Nacional de Saúde*) 79291317.0.0000.5379 was followed.

RESULTS

In the four CAPS of the municipality studied, there were 59 professionals. Of this total, 10 they met the exclusion criteria (vacation and premium leave) in the data collection period. Thus, 49 professionals participated in the research.

Table 1, presented below, corresponds to professionals' sociodemographic profile.

Of the professionals studied, 75.48% (37) were female, with a mean age of 43.6 (± 10.77) years; 69.36% (34) were white; 61.2% (30) had a stable relationship or marriage. As for training and education, 57.12% (28) had higher education; 46.4% (13) had graduate degrees; 40.8% (20) were nursing technicians; 34.68% (17) had more than 10 years of experience; 59.16% (29) received from one to three minimum wages. Another fact that stands out is that 65.28% (32) had a statutory type of employment and 75.48% (37) had a 30-hour working week, with 24.48% (12) having another job.

The assessment of workers' satisfaction measured by the SATIS-BR scale is presented in Table 2.

The overall SATIS-BR score showed a mean of 4.19 ± 0.46 , which suggests a good general satisfaction of the technical team with service. When the different dimensions were assessed, questions related to conditions at work received the best assessment (4.09 ± 0.58), and questions referring to the dimension of team participation in service obtained the lowest mean (3.60 ± 0.57).

Regarding the service recommendation to a relative or close friend who was in need of help from a Mental Health Service, 75.48% (37) answered yes, emphasizing that this is a quality service with competent and qualified team, in addition to

Table 1: Demographic and professional profile of health workers of the Psychosocial Care Center - Lins - SP - Brazil - 2018

Variables (n=49)	Percentage (%)
Sex	
Female	75.48
Male	24.52
Age (years)	
20-29	4.08
30-39	42.82
40-49	16.32
50-59	32.64
60-70	4.08
Ethnicity	
White	69.39
Mulatto	14.30
Mixed ethnicity	16.33
Marital status	
With partner	61.20
Without partner	38.80
Education	
Higher education	57.14
Graduate course	42.85
Professional category	
Social worker	8.16
Nurse	20.44
Physical educator	2.04
Doctor	8.16
Psychologist	12.24
Nursing technician	40.80
Occupational therapist	8.16
Working time	
1 year	6.12
2-4 years	26.52
5-10 years	32.64
Over 10 years	34.68
Range (minimum wage)	
1 to 3 wages	59.16
4 to 7 wages	30.64
8 to 11 wages	2.04
12 to 15 wages	4.08
Over 16 wages	4.08
Employment relationship	
Statutory	65.28
CLT*	34.72
Working day	
16 h	4.08
20 h	4.08
30 h	75.48
40 h	16.36

*CLT - Consolidation of Labor Laws.

Table 2 - Assessment of Psychosocial Care Centers workers' satisfaction through SATS-BR - Lins - SP - Brazil - 2018.

Degree of satisfaction (n=49)	Mean ± SD	Minimum	Maximum
Overall	4.19 ± 0.46	3.40	5.00
Quality of services offered	3.74 ± 0.50	2.43	5.00
As for participation	3.60 ± 0.57	2.40	5.00
Working conditions	4.09 ± 0.58	2.67	4.60
Performance in service	3.83 ± 0.60	2.40	4.80

*SD - Standard deviation

Table 3 - Assessment of health workers' burden in Psychosocial Care Centers through the IMPACT-BR - Lins - BRAZIL - Brazil - 2018 scale

Degree of burden (n=49)	Mean±SD	Minimum	Maximum
Overall	1.52 ± 0.40	1.00	2.78
Resentful effects by the team	1.37 ± 0.46	1.00	3.00
Impact of work on team operation	1.60 ± 0.53	1.00	3.00
Feelings of being overwhelmed	1.64 ± 0.53	1.00	3.00

*SD - Standard deviation

commitment and technical competence, presenting good results and this being the only specialized service in the region. This finding corroborates with a level of overall satisfaction above four indicating good satisfaction.

Regarding what professionals most like in service, they reported work team link; the role they perform at work; they felt satisfied with the service provided to users; they were satisfied with the way patients are treated; they reported that the team is committed and responsible, considered good the care provided to users; and they highlighted that they felt satisfaction when a patient improved, in being able to help people and that humanized care helped in user evolution and improvement.

Regarding problems that may generate dissatisfaction, they reported inadequate physical structure, lack of commitment of the team, political influences, inefficient network, pressure at work, interference scare, idle patients in service and need for greater commitment of some professionals.

When requesting suggestions regarding service improvement, participants highlight the importance of adjustments in physical structure, increase in the number of rooms for care, greater number of professionals, better location of service, investment in continuing education, formation of approach groups, less interference during visits and renewal of materials for therapeutic workshops.

To assess workers' burden, the *Impacto-BR* scale was applied, presented in Table 3.

The overall burden score assessed by *Impacto-BR* presented a mean of 1.52±0.40, the mean value close to 1.00 suggests a low general burden of the technical team of work on professionals' social and family life. Questions related to feelings of being burdened presented higher score (1.64±0.46), and those related

to the effects resented by the team on physical and mental health, the lowest score (1.37±0.46).

Data indicated that workers presented greater burden in the following aspects: tiredness after work, frustration with the results of work, feeling overwhelmed by constant contact with patients, depressive symptoms and stress for working with people with mental disorders.

On the other hand, they were less burdened with the possibility of changing their work area, because they thought this could be less stressful. There were also few requests for absence resulting from excessive work, little reference to the fear of aggression during a work day, complaints of changes in sleep and health resulting from stressful work.

Regarding the questions of how much time they spend a week with service users, 32.64% (16) spent between 31-40 hours. When asked what their main activity with patients, 55.08% (27) performed general care; 6.12% (3), pharmacological activities; 6.12% (3), rehabilitation activities; 4.08% (2), group therapy; 4.08% (2), individual psychotherapy; 2.04% (1), family psychotherapy; 2.04% (1), counseling; 18.36% (9), other activities.

DISCUSSION

The profile of the mental health team workers participating in this study is diverse, as it has different generations and contexts, but without the occurrence of significant interferences in the work process.

Most participants were female (75.51%), also observed in other studies.^{4,8-11} The low presence of males in health services can be, among other explanations, because women present in their historical evolution characteristic of caregivers, and the greater demand for professional training in health.^{2,12} Women

went through a long process of social struggle, claiming equal participation to men in the labor market, equal pay and right to citizenship, which may also explain the female predominance observed in another study.¹² The process of women's struggle provided the possibility of studying, professionalizing and achieving their economic independence, conquered by women, favored their predominance working in the health field.^{12,13}

Most professionals on the team were between 39 and 59 years old, married, with higher education, specialization, graduate studies and had been working there for more than five years. Similar results have been found in other studies.^{2,9,14} Poor turnover, longer service, experience and preparation are positive factors for good relationships between teams and better service. Insecurity, as a result of the current unemployment crisis, reduces the possibilities of constant labor exchange due to lack of supply, increasing the commitment and responsibility of this worker, who needs the financial resource to subsidize family requests.^{4,14} In another study,¹⁴ most of professionals who made up the team were up to 39 years old had little experience with the model recommended by public mental health policies.

Regarding the profession of the studied team, despite being multidisciplinary (psychologists, social worker, physician, occupational therapist and physical educator), there was a predominance of nursing technicians and nurses, while another study¹⁴ found a multidisciplinary team with a predominance of medical professionals and psychologists. The findings of this study are in line with Ordinance/Minister's Office 336 of February 19, 2002,¹⁵ which emphasizes the importance of a multidisciplinary team to work in substitute services, that the rehabilitation and insertion of users depend on a singular project elaborated with professionals who share the same expectations, not having medical professionals as a centralizing care center, with the sole and exclusive purpose of drug treatment.

More than half of workers in this study work under the statutory regime (65.20%), a similar finding in another study,⁹ in which mental health workers were statutory with a workload of thirty hours per week. Despite the reduced workload, only 24.48% of workers in this research have another employment relationship. Many statutory professionals do not have other employment ties, despite the possibility of performing paid shifts to supplement the salary income. Similar information was found in another study.⁹

Regarding satisfaction, the study indicated that professionals in general demonstrated to be satisfied with their service. The dimensions that brought the most satisfaction among teams were: conditions at work; general conditions of the installations; wages and benefits received; comfort and appearance of service; safety and reliability measures and working place environment.

It pointed out less satisfaction in relation to participation in the work, i.e., in the team's decisions; in service assessment; in treatment implementation, as well as in the expression of their opinions about service; their participation in team discussions regarding operationality and relationships and also regarding professional recognition to improve the expectation of being promoted and their degree of responsibility in the service.

Studies indicate that long working hours lead to impairment in professional satisfaction in any professional area, and seem to be linked with less personal motivation over time. As a consequence, personal dissatisfaction appears that leads to worsening motivation and affects self-esteem.^{11,16}

Some studies^{9,16,17} have described that professionals enrolled in public institutions have greater satisfaction with private service workers, and may justify the result. For statutory workers, there is a security of stability at work; for CLT workers, insecurity permeates work.^{2,18}

Of the quality indicators in mental health services, we have the level of satisfaction of the professionals who work in it; with this, the SATIS-BR scale contemplates an important quality indicator of mental health services, as the quality of care provided to users is directly linked to team professionals' satisfaction.^{10,11}

With that, the factor of SATIS that obtained the worst assessment was the quality of services offered to users. The data obtained demonstrated that the treatment and care offered to patients, the team's autonomy and service adequacy are some of the issues that showed less satisfaction. In a study,¹⁹ professionals specified other care that users need, but that are not offered in CAPS, such as community workshop, dance classes, and computing.

In their study, Oliveira et al.¹¹ discuss the need for a look at caps units, regarding hiring human resources, assessing physical structures, diversity of therapeutic activities, incentive to update and valuing professionals and increase investments. These findings corroborate those of this research.

Another study⁷ that sought to characterize the sociodemographic profile and identify the levels of satisfaction and burden related to nursing technicians' work working in psychiatric hospitals in Minas Gerais showed lower levels of satisfaction and higher levels of burden compared to those in this study. It corroborated that services that operate in the territory work together with the context of life of users, enhancing care.

The health assessment process is complex, and must obey technical principles so that conflicting situations can be detected in the territories where they are located, being recommended by WHO^{3,4} that it happen frequently. In this way, authors⁷ treat the subject with great relevance, as it allows for change in services, reaching quality standards. In some services, assistance is only effective when professionals are subject to supervision and if this practice does not occur frequently, the quality of care provided is lost.^{16,18}

The obstacles found by the mental health worker related to satisfaction in the work environment reveal that the places where the services are installed are most affected by the team, directed in disagreement with the logistics and the need for assistance. Other studies^{8,11,20} also highlighted as a negative point the interferences that occurred during patient care, in addition to the deficiency in human resources and the slowness in material acquisition. It supported another study¹⁹ that also found dissatisfaction by workers regarding interruptions in care, lack of materials and organizational aspects.

When asked about service safety, some workers expose their insecurity by reporting situations in which there is the possibility of being assaulted, complaints from people who are working on the front line of daily care. Similar information was found in another study.¹⁴ It is understood that this insecurity is feared in view of being able to safeguard the patients' own safety, sometimes made impossible by the lack of necessary human resources.

The obstacles of mental health workers related to professional overload in the work environment demonstrated that the level of global overload is of low impact for those who lived daily with users of mental services. A study¹⁵ also showed low burden scores, showing that mental health workers did not report a desire to change jobs, that being working daily with patients in psychological distress does not cause them work burden. The work, when performed with motivation, causes satisfaction and not burden, dissatisfaction and burden sometimes occur due to the inadequate number of professionals causing burden in care.^{1,8,9}

Work burden may be related to the conditions that professionals have been exposed to and the difficulties encountered in daily work. There are some indicators that can trigger negative consequences to professionals' health and work such as: lack of resources and infrastructure, professional devaluation, reduced autonomy combined with physical burden and lack of labor cooperation among team members, low rate of professionals and extensive workload, influencing care, impairing the quality of the service provided, which compromises patient safety and care provision.^{9,11,13} However, it is notable that working conditions have an impact on the quality of life at work on mental health workers.

Studies indicate that work burden may be related to more than one employment relationship, low pay, temporary/precarious work contract, insecurity within the work environment, physical and mental fatigue felt after work shifts and health problems related to body posture and mental health.^{7,21} Work burden is directly related to the development of emotional exhaustion, which indirectly influences quality of care.⁷

The limitations found in this study were the non-participation of all team components and the impossibility of a statistical analysis due to the sample size.

Even with mental health workers' intermediate satisfaction and low overload, areas where there is a possibility of improving the working conditions of these professionals were observed. Thus, we suggest studies that focus on these aspects.

The workload of 30 hours per week and statutory bond seem to favor satisfaction with work and reduce the burden. Thus, it can be considered that both characteristics should be considered when aiming at professionals' satisfaction and low burden.

CONCLUSION

Mental health professionals feel satisfied in their performance, but there was a need for improvement in the physical structure to better provide service. Moreover, dissatisfaction was highlighted in the lack of continuity of care provided to people with mental disorders in Primary Health Care, mainly due to the difficulty of articulation between the services in the community. Professionals

had low general overload, but it should be considered that these professionals had a privileged workload and without complementary work.

The work reinforces that professionals with low work burden tend to be more satisfied with their job, which consequently brings a better quality of care to service users.

To ensure adequate care in the mental health service, it is important to establish a continuous assessment process, in order to recognize its weaknesses and potential for planning actions to improve the work team.

This study is limited by the sample N; however, it should be considered that all professionals in the municipality were invited to participate.

Thus, indicators of work overload and job satisfaction should be used more by health services because they reflect better quality care.

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AUTHORS' CONTRIBUTIONS

Study design: Fabiana Aparecida Monção Fidelis, Guilherme Correa Barbosa, Silvia Justina Papini

Data collection or production: Fabiana Aparecida Monção Fidelis.

Data analysis: Fabiana Aparecida Monção Fidelis, José Eduardo Corrente, Jéssica EmyKomuro, Silvia Justina Papini.

Interpretation of results: Fabiana Aparecida Monção Fidelis, Guilherme Correa Barbosa, José Eduardo Corrente, Silvia Justina Papini.

Writing and critical review of the manuscript: Fabiana Aparecida Monção Fidelis, Guilherme Correa Barbosa, José Eduardo Corrente, Jéssica EmyKomuro, Silvia Justina Papini.

Approval of the final version of the article: Fabiana Aparecida Monção Fidelis, Guilherme Correa Barbosa, José Eduardo Corrente, Jéssica EmyKomuro, Silvia Justina Papini.

Responsibility for all aspects of content and integrity of the published article: Fabiana Aparecida Monção Fidelis, Guilherme Correa Barbosa, José Eduardo Corrente, Jéssica EmyKomuro, Silvia Justina Papini.

ASSOCIATE EDITOR

Maria Catarina Salvador da Motta

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