RESEARCH | PESQUISA

Overload in health workers in a psychiatric hospital complex in the northeast of Brazil

Sobrecarga em trabalhadores de saúde de um complexo hospitalar psiquiátrico no Nordeste brasileiro

Sobrecarga en trabajadores de salud en un complejo hospitalario psiquiátrico en el noreste de Brasil

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ABSTRACT

Objective: this article aims to identify the aspects that cause work overload in a psychiatric hospital and to list strategies to reduce the overload reported by the 188 participants. **Method:** data were collected from workers at a psychiatric hospital in the city of João Pessoa, Paraíba, Brazil. A scale for assessing the impact of work in mental health services (IMPACTO-BR) was used, processed in the IRAMUTEQ software and submitted to content analysis. **Results:** the results were systematized in two thematic categories: *Work overload aspects* and *Strategies to reduce overload*. It was revealed that the biggest causes of overload are from the organizational context, while the smallest impact comes from patients. **Conclusion and implications for the practice:** the suggested strategies ranged from acquiring decent work, with labor rights, to actions aimed at better patient care. It is suggested that political and institutional actions be implemented to encourage team integration, valorization of work, and physical and mental health care of workers.

Keywords: Working Conditions; Patient Care Team; Occupational Health; Professional Burnout; Psychiatric Hospitals.

RESUMO

Objetivo: este artigo visa identificar os aspectos que causam a sobrecarga laboral em um complexo psiquiátrico e verificar estratégias de minimização desta sobrecarga. **Método:** os dados foram coletados com trabalhadores de um complexo hospitalar psiquiátrico na cidade de João Pessoa, Paraíba, Brasil. Aplicou-se a Escala de Avaliação do Impacto do Trabalho em Serviços de Saúde Mental (IMPACTO-BR) na coleta de dados, os quais foram processados no *software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ) e submetidos à análise de conteúdo. **Resultados:** os resultados foram sistematizados em duas categorias temáticas: *Aspectos de sobrecarga laboral* e *Estratégias para amenizar a sobrecarga*. Foi relevado que as maiores causas de sobrecarga são do contexto organizacional, enquanto que o menor impacto advém do paciente. **Conclusão e implicações para a prática:** as estratégias sugeridas discorreram desde a aquisição de um trabalho digno, com direitos trabalhista, até as ações voltadas para um melhor atendimento para o paciente. Sugere-se que sejam implementadas ações políticas e institucionais de incentivo à integração da equipe, valorização do trabalho e cuidado da saúde física e mental do trabalhador.

Palavras-chave: Condições de Trabalho; Equipe de Assistência ao Paciente; Saúde do Trabalhador; Esgotamento Profissional; Hospitais Psiquiátricos.

RESUMEN

Objetivo: este artículo pretende identificar los aspectos que causan la sobrecarga laboral en un complejo psiquiátrico y las estrategias para minimizar la sobrecarga referida por los 188 participantes. **Metodo:** los datos fueron recolectados de trabajadores de un complejo hospitalario psiquiátrico en la ciudad de João Pessoa, Paraíba, Brasil. Se utilizó una escala para evaluar el impacto del trabajo en los servicios de salud mental en la recopilación de datos, que fueron procesados en el *software* IRAMUTEQ y sometidos al análisis de contenido. **Resultados:** los resultados fueron sistematizados en dos categorías temáticas: *Aspectos de sobrecarga de trabajo* y *Estrategias para amenizar la sobrecarga*. Se ha relevado que las mayores causas de sobrecarga son del contexto organizacional, mientras que el menor impacto viene del paciente. **Conclusión e implicaciones para la práctica:** las estrategias sugeridas discurrieron entre la adquisición de un trabajo digno, con derechos laborales, a las acciones dirigidas a una mejor atención al paciente. Se sugiere que se implementen acciones políticas e institucionales de incentivo a la integración del equipo, valorización del trabajo, y de cuidado de la salud física y mental del trabajador.

Palabras-clave: Condiciones de Trabajo; Grupo de Atención al Paciente; Salud Laboral; Agotamiento Profesional; Hospitales Psiquiátricos.

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INTRODUCTION

The psychiatric hospital service is a resource in the health area that is still widely used today for treating people with mental disorders. It is seen as a place to restore health, access to food, medicines and hygiene activities. However, it is also seen as an inert, hostile environment that reproduces dehumanized care[1-3].

Workers, responsible for care in the mental health service, often work under unhealthy conditions, lack of resources and the threat of being attacked by patients. Such conditions can generate a workload above personal and/or professional capacity and, consequently, negatively impact their quality of life and health[4].

According to Dejours[5], working conditions include physical, chemical and biological environment, hygiene, safety, and ergonomic conditions. Issues related to the organization, on the other hand, consist of division and content of work, hierarchical system, command and control modalities, power relations and operating mode.

Studies have shown that poor working conditions and inefficient organization in psychiatric services, overload workers, predispose workers to the development of pathologies, such as compassion fatigue, depression, stress, and burnout. These are pathologies that have negative implications for the quality of life of workers, reduced work efficiency and high staff turnover[6-8].

Thus, identifying the burden and intervening in causal aspects is relevant for promoting workers' health and for the quality of care offered to users and to the Institution. In this sense, the importance of further research that seeks to address the impact on work in psychiatric services is undeniable, considering that it is in the work context that the greatest factors of suffering and illness for workers are revealed[9,10].

From the bibliographical research (Scielo, LILACS, PubMed, Scopus and BDENF), considering the time frame of publications from the last 5 years prior to collection, a shortage of studies was identified that evaluated the impact of work in a psychiatric hospital, carried out with the multidisciplinary patient care team composed of: social workers, librarian, dentist, physical educator, nurse, pharmacist, physiotherapist, physician, nutritionist, psychologist, caregiver, support/surveillance workers, nursing assistant and technician, nursing assistant dentistry, workshop and holistic therapist. Studies that assessed specific professional categories[11] or carried out with a multidisciplinary team[12], were identified, but no studies were found that included such a wide variety of workers, nor that addressed the theme, as proposed in the present study.

Given the above, this study aims to identify the aspects that cause work overload in a psychiatric hospital and verify strategies to reduce this burden.

METHOD

This is a descriptive, exploratory study with a quanti-qualitative approach, carried out in a psychiatric hospital (PH) in northeastern Brazil. Of the 320 workers belonging to the multidisciplinary team that provide assistance in the studied institution, 188 participated in this study, 44 nursing technicians and assistants, 38 caregivers, 33 support/surveillance workers, 27 nurses, 17 social workers, 10 psychologists, 5 pharmacists, 3 nutritionists, 2 dentists, 2 physical educators, 1 dental assistant, 1 workshop, 1 holistic therapist, 1 librarian, 1 physiotherapist, 1 general practitioner, 1 psychiatrist.

For sample selection, the following inclusion criteria were adopted: workers who were 18 years old or older and who worked for at least 6 months in the institution selected for the proposed research, period of burnout development. Workers who presented with mental disorders and/or any severe illness that prevented data collection, who were on vacation or sick leave, as well as professionals who worked in the administrative area were excluded, given that burnout is developed in workers who maintain direct contact with other people.

Data collection took place at a PH located in the city of João Pessoa, Paraíba, Brazil. Participants received an envelope containing the following self-applicable instruments: 1. Questionnaire with sociodemographic, occupational, lifestyle and health variables; 2. A scale for assessing the impact of work in mental health services (IMPACTO-BR). Subsequently, the envelopes were collected by the researchers.

The Scale consists of 18 quantitative questions and 03 complementary descriptive questions. To meet the objective proposed in this study, only the descriptive questions were used: what are the aspects of your work in this service that result in more overload for you? What are the aspects of your work on this service that result in the least burden for you? What aspects of your work in this service would you like to change to lessen the burden?[13]

The answers regarding the descriptive questions existing in IMPACTO-BR were gathered in a single file, called corpus. To process the data in the corpus, we used the IRAMUTEQ software (*R Interface pour les Analyzes Multidimensionnelles de Textes et de Questionnaires*) 0.7 alpha 2, which aims to find the essential information contained in a text through analysis textual statistics, such as: classical lexical statistics; research on specific groups; Descending Hierarchical Classification (DHC); similarity analysis and word cloud[14,15].

In this study, we used the similarity analysis and DHC. Similarity analysis graphically organizes the words, identifying the co-occurrence and connection between terms, helping to understand the structure of the social representation about the object under study. With DHC, IRAMUTEQ groups the segments of texts and vocabularies, correlating them by content in a hierarchical class scheme, represented by a dendrogram, which indicates the quantity and lexical composition of classes, the absolute frequency of terms and the value of chi-square aggregate[14,16].

After processing the textual content, the analytical model composed of categories that corresponded to the classes

of words generated by the DHC technique was built. For the interpretative analysis of the *corpus*, content analysis was used, which provides a thorough and careful assessment of the findings[17].

The project was approved by theInstitutional Review Board of *Universidade Federal da Paraíba*, under Opinion 2,303,520, in accordance with Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*), which regulates the ethical guidelines for the development of research involving human beings. All participants who consented to participate in the study signed the Informed Consent Form. To guarantee participant anonymity, random identification was performed, using the letter P for participant, followed by ascending numbering until completing the total number of workers participating in the research.

RESULTS

Among the participants (n=188), most were female (67%, n=126), had basic education (60%, n=112), with a mean age of 47.8 years (SD = 11, 07), precarious employment relationship (63%, n=120), working hours greater than 40 hours per week (53%, n=112), had another job (63%, n=70), length of work less than 10 years (51%, n=95), did not practice sports (62%, n=116), and had not taken a vacation in the last 2 years (77%, n=144). Regarding free time, 14% (n=26) mentioned that they used to sleep, watch television or do housework.

Regarding absence from work, of the 188 participants, 10% (n=19) declared to have been absent in the last year, and 13% (n=24), to have taken sick leave. Leaves were due to

organizational problems such as salary delays, maternity leave or illness, with a case of stress diagnosis.

As for analysis of the textual *corpus*, 2,713 occurrences of words were found, 531 in the active form, with an average frequency of 3 words for each form. This *corpus* hhas been split into 77 text segments; 56 are equivalent to 72.73% of the total words were matched through DHC, which generated five classes, represented in the dendrogram, shown in Figure 1. An adequate analysis of the collected data is considered when there is a retention of text segments above 70%[15].

The five classes, created based on the occurrence of the terms, gave rise to two *subcorpora*: The first is formed by Classes 3 and 2, which refer to strategies aimed at reducing work overload. The second, represented by Class 1, is related to events causing overload. This last *subcorpus* was subdivided, giving rise to Classes 4 and 5, which reinforce participants' reports on the events causing greater and lesser burden (Figure 1).

Based on the results presented in the dendrogram, two categories were established for interpretive analysis of the *corpus*: The first, called *Work overload aspects*, represents the answers to questions 1 and 2, from IMPACTO-BR; and the second category, *Strategies/recommendations for reducing overload*, answers question 3.

Work overload aspects

Based on the terms evoked in Classes 1, 4, and 5, which form category 1, the impact factors on work in a psychiatric service were related to work conditions and organization. Class 1 explains 21.4% of the total *corpus*, and had as the most representative words: *medical discharge, family, psychiatric hospital* and *mental*. This class includes aspects that indicate
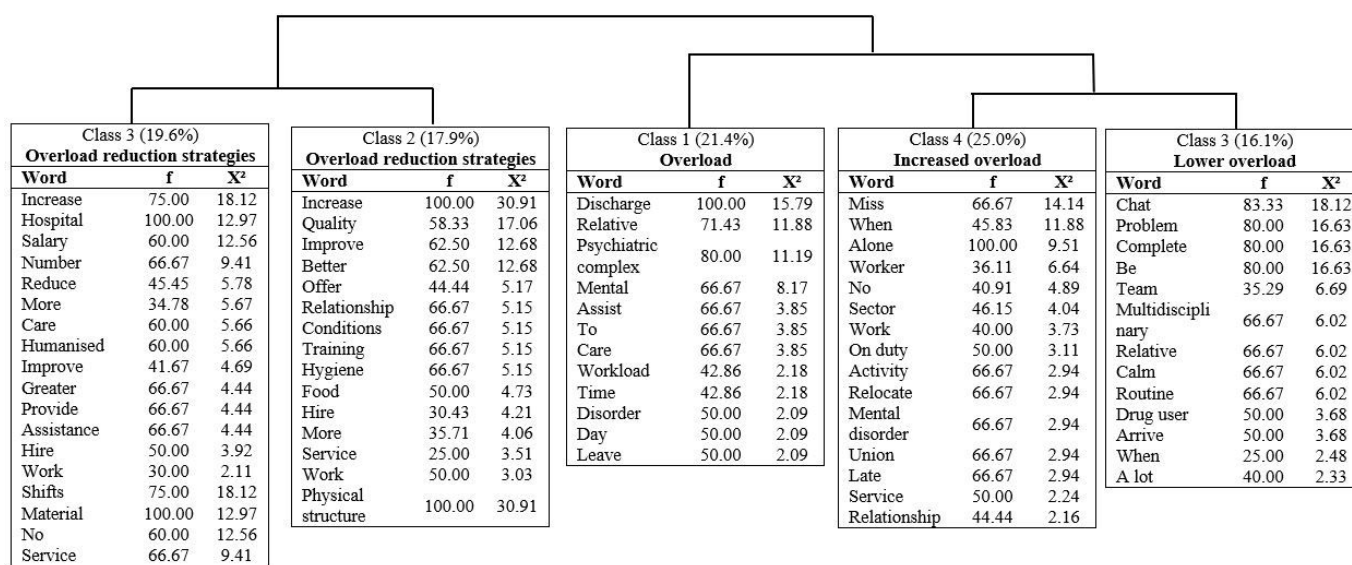
Class 3 (19.6%) Overload reduction strategies			Class 2 (17.9%) Overload reduction strategies			Class 1 (21.4%) Overload			Class 4 (25.0%) Increased overload			Class 3 (16.1%) Lower overload		
Word	f	X²	Word	f	X²	Word	f	X²	Word	f	X²	Word	f	X²
Increase	75.00	18.12	Increase	100.00	30.91	Discharge	100.00	15.79	Miss	66.67	14.14	Chat	83.33	18.12
Hospital	100.00	12.97	Quality	58.33	17.06	Relative	71.43	11.88	When	45.83	11.88	Problem	80.00	16.63
Salary	60.00	12.56	Improve	62.50	12.68	Psychiatric complex	80.00	11.19	Alone	100.00	9.51	Complete	80.00	16.63
Number	66.67	9.41	Better	62.50	12.68	Mental	66.67	8.17	Worker	36.11	6.64	Be	80.00	16.63
Reduce	45.45	5.78	Offer	44.44	5.17	Assist	66.67	3.85	No	40.91	4.89	Team	35.29	6.69
More	34.78	5.67	Relationship	66.67	5.15	To	66.67	3.85	Sector	46.15	4.04	Multidiscipli nary	66.67	6.02
Care	60.00	5.66	Conditions	66.67	5.15	Care	66.67	3.85	Work	40.00	3.73	Relative	66.67	6.02
Humanised	60.00	5.66	Training	66.67	5.15	Workload	42.86	2.18	On duty	50.00	3.11	Calm	66.67	6.02
Improve	41.67	4.69	Hygiene	66.67	5.15	Time	42.86	2.18	Activity	66.67	2.94	Routine	66.67	6.02
Greater	66.67	4.44	Food	50.00	4.73	Disorder	50.00	2.09	Relocate	66.67	2.94	Drug user	50.00	3.68
Provide	66.67	4.44	Hire	30.43	4.21	Day	50.00	2.09	Mental disorder	66.67	2.94	Arrive	50.00	3.68
Assistance	66.67	4.44	More	35.71	4.06	Leave	50.00	2.09	Union	66.67	2.94	When	25.00	2.48
Hire	50.00	3.92	Service	25.00	3.51				Late	66.67	2.94	A lot	40.00	2.33
Work	30.00	2.11	Work	50.00	3.03				Service	50.00	2.24			
Shifts	75.00	18.12	Physical structure	100.00	30.91				Relationship	44.44	2.16			
Material	100.00	12.97												
No	60.00	12.56												
Service	66.67	9.41												

Figure 1. Dendrogram of the Descending Hierarchical Classification with partitions and contents of the research *corpus*.
Source: research data.

a weakness in the relationship between the family, the patient and the institution. The text segments highlighted below allow us to identify this reality, which is, therefore, considered by some workers as an aspect of greater service overhead.

> *When we have to leave a patient who is on medical discharge at his home, which is in another city, and the family resists receiving him. It is stressful, dealing with the fatigue of the journey and having to convince the family to receive the patients* (P142).

> *When we talk to family members and they do not want to accept the work routine* (P82).

> [...] *family members' rejection of patients with mental disorders* (P88).

> *Lack of family support* (P6).

As for the most burdensome factors, Class 4, which represents 26.61% of the *corpus* analyzed, constituting the most expressive class of the content of participants' responses, revealed that these factors are linked to organizational conditions and the work process. The main words of this class were: *missing, when alone workers, not* and *sector*. In the text fragments described below, it is possible to identify that the absence of a team member was considered an event of more work overload in the investigated service:

> *When a teammate is absent and I have to work alone* (P138).

> *Lack of more support people and I don't like to be alone with many patients to give attention to* (P177).

> *Working alone on duty* (P105).

> *When workers are missing and have to be relocated to another sector* (P141).

> *When an employee is absent and you assume the role of the other, sometimes even in another profession* [...] (P157).

In the investigated institution, it was identified that, of the 188 workers who participated in this study, 10% claimed to have been absent at least once in the last year and 13% reported having taken sick leave. These leaves were the result of organizational problems, maternity leave and illness, with a record of a stress diagnosis case.

In this study, one participant stated that this type of support was lacking in the PH, associating this lack with an aspect of work in the investigated service that caused him the most overload:

> *Lack of psychological support and recognition by management, feeling abandoned* (P117).

Another factor often cited as a major cause of overload refers to insufficient human, material and/or economic resources. In the illustrations shown below, it is possible to identify that the feeling of overload occurs mainly due to the impossibility of workers not being able to perform their respective function or to offer care to patients, and therefore considered as one of the most overloaded aspects in the work in the investigated institution:

> [...] *lack of materials and resources to perform my role* (P30).

> [...] *lack of sheets and hygiene material for patients, difficulty in general maintenance* (P99).

> [...]*lack of resources* (P113).

> [...] *lack of material, working on improvisation* [...](P119).

> *When there is no material or there is some other problem that prevents us from having service* (P136).

> *Lack of adequate equipment to user service* [...] (P136).

In this study, when participants were asked about the aspects that caused more work overload, the answers *were relationship problems and the difficulty of teamwork*, as can be seen in the following text fragments:

> *The relationship with workers, abuse of powers* [...] (P07).

> *I believe that in certain situations the lack of cooperation by co-workers* (P63).

> [...] *make scales. dealing with peer relationships and demands* (P70).

> *When the team does not speak the same language* (P150).

> [...] *lack of respect and collaboration of the multidisciplinary team* (P160).

As for the elements with lesser overload, it is possible to identify such elements in Class 5, which totals 16.1% of the textual *corpus*. The most frequent terms in this class were: *talk, problem, be, complete, team.* When asked about the aspects that caused the least burden at work, some participants considered that the *contact with patients* was the aspect that caused the least work impact. Other workers mentioned *patients* as an overload element, however, under the condition of using *restraint*:

> *When patients do not accept medication; when there is a need to use restraint and use medication* (P15).

> *Contact with patients* (P40).

> *Patients in crisis to be restrained* (P132).

> *Talking and listening to patients with mental disorders, it is simply wonderful to enter their world* (P61).

Interaction with patients. I learn a lot about the nuances of human nature from them (P185).

What makes me less stressful and less burdensome is the fact that I see that all my efforts to care, to give all the assistance as a nursing technician have been worth it, when I see the patients in good general condition (P55).

Although the patient has been revealed as one of the elements of lesser work burden at the PH, some participants in this study highlighted the burden arising from the care provided to chemically dependent patients, also called drug users, as can be seen in the text fragments of the following testimonials:

Working with drug addicts becomes more difficult when the family is absent and when the multidisciplinary team does not identify with the area (P22).

Insistence of some drug addicts wanting care. The clinic does not treat drug addicts (P78).

Chemically dependent patients who are not abstinent (P157).

As I deal with drug addicted teenagers with misconduct, this generates a huge burden in solving problems in the ward, without any support or change on the part of management (P164).

Strategies/recommendations for reducing overload

This category was originated from the constituent data of Classes 2 and 3, represented by 19.6% and 17.9% of explanation of the total *corpus*. The central lexical elements were: *increase, hospital, salary, number, reduce, more, quality, improve, offer*. In this category, the aspects of work that participants would like to change to reduce the burden are made explicit. According to workers' answers, the work overload in the PH will only be reduced if there is intersectoral involvement of the care network, improvement in the institution's environmental conditions, greater performance of teamwork and the offer of decent work, with labor rights. With regard to the modifications suggested by workers regarding the conditions of bond and work, the following text fragments stand out:

Improve salaries and working conditions. More financial incentive and recognition (P162).

First, improve the salary, as I earn less than everyone else, work more and have a high workload, for mental health (P164).

When it comes to working with people with mental disorders, the workload and the retirement service should be reduced, just as we should receive unhealthy conditions (P156).

[...] increase pay and have labor rights (P141).

Becoming effective or enrolled and, consequently, improve remuneration so that they do not need to have another job or work extra shifts (P138).

Still, regarding workload reduction, participants suggested, in addition to changes in the PH scope, improvements in the articulation with other services in the care network, as highlighted in the following fragments:

[...] improve structure (physical/materials); *improve the agreement with the hospital network* (P76).

Substitution services functioned to reduce admissions to psychiatric hospitals (P06).

Hospital and health managers partner with municipalities to talk about mental health in general and the users who attend the hospital, and about the responsibility of everyone and the role of the family (P188).

With regard to the assistance provided in the service, the participants of this research considered that a more effective work of workers and a better performance of teamwork would contribute to the reduction of overload in the investigated institution:

Greater involvement with the multidisciplinary team in defense of the rights of patients with mental disorders, as per the Psychiatric Reform Project (P61).

That everyone actively participate in their sectors to have a more organized work so that our overload can be reduced (P80).

[...] specific care, without mixing chemically dependent patients with patients with mental disorders […] multidisciplinary care would help a lot in our work (P156).

That each workers fulfill their duties to improve work and have more evolution. To not just be carrying out useless activities [...] (P188).

It is important to highlight that, as can be seen in the fragments of texts mentioned above, the modifications suggested by the workers to reduce the burden are associated with a better offer of patient care. To elucidate this statement, the graphic representation, called a tree, is presented below (Figure 2). This figure demonstrates the results of the similarity analysis, making it possible to identify the co-occurrences between the words and indications of the connection between the terms[16].

After the generic analysis of the similarity tree, it can be seen that the meanings attributed to work overload are related to the vernacular *patients*, which is the central lexical element. As previously mentioned, the term *patients* was

generally mentioned in the participants' answers, in the sense that it was necessary to improve working conditions to offer them a better service and, thus, reducing work overload.

This result can be confirmed by the words *improve, more, workers*, *when*, *not*, *team*, which appear in the following text fragments:

SUBTITLE OF ITEMS

Alta médica - discharge
Ambiente - environment
Ao - to
Atender - assist
Atendimento - service
Atividade activity
Atrasado - late
Aumentar - increase
Bom - good
Capacitação - training
Carga horária - workload
Chegar - arrive
Completo - complete
Complexo psiquiátrico - psychiatric complex
Condições - conditions
Contratar - hire
Conversar - chat

Cuidado - care
Cuidar - care
Dar - provide
Dever - responsability
Equipe - team
Estar - be
Estrutura física - physical structure
Falar - speak
Falta - miss
Família - relative
Familiar - familiar
Gostar - like
Hora - time
Hospital - hospital
Humanizado - humanised
Maior - greater
Mais - more
Material - Material
Melhor - better

Melhorar - improve
Mental - mental
Menos - less
Muito - a lot
Multi-profissional - Multidisciplinary
Não - no
Necessidade - need
Noturno - night
Numerar - number
Ofertar - offer
Organizar - organize
Participar - joing
Plantão - on duty
Plantões - shifts
Problema - problem
Qualidade - quality
Quando - when
Quantidade - quantity
Reduzir - reduce

Relacionamento - relationship
Remanejar - relocate
Render - shift changing
Rotina - routine
Salário - Salary
Saúde - health
Setor - sector
Sobrecarga - overload
Trabalhador - worker
Trabalhador de apoio - staff
Trabalhar - work
Tranquilo - calm
Transtorno - disorder
Transtorno mental - mental disorder
União - union
Unido - together

Figure 2. Word similarity analysis.
Source: research data.

Hire more employees and provide better quality of service in general (P23).

That the institution would place trained professionals who had the profile to work in psychiatry, as it is a differentiated service, where patients need to be treated with attention, care and, above all, respect (P45).

Good working conditions for taking care of patients, as hygiene materials and clothing are sometimes lacking and it is difficult to take care of them (P56).

Greater involvement with the multiprofessional team in defense of the rights of patients with mental disorders as per the Psychiatric Reform Project (P81).

Improve physical structure and carry out a recycling of professionals, hiring people who work with humanization and love (P107).

Establishing standards of clothing and better quality, improving air conditioning, offering television for patients; having more spaces for activities, offering sports activities (P150).

Workload reduction; specific care, without mixing drug-using patients with patients with mental disorders [...] (P156).

That the economic situation of the hospital be improved in order to offer a better life for patients (P163).

DISCUSSION

Studies report that the prevalence of female professionals, common in health services, often involves double working hours, divided between domestic and work activities, which leads to a lack of leisure, rest and even dedication to the family [12,18,19].

In this research, workers said that, in order to make up for the absence of any professional in the service, the others were subjected to excessive activities and, sometimes, attributions that were not within their competence. A similar situation occurred in a study carried out with nursing professionals in hospital psychiatric services in Brazil, in which it was found that the lack of professionals also caused work overload, recommending a review of staff sizing, since the overload can compromise quality work and workers' lives, which can be reflected by absences and sick leave [11,20,21].

Work is one of the most stressful elements of contemporaneity and the work environment is one of the most favorable to the development of mental disorders [2]. In a study carried out in a PH in northeastern Brazil, it was revealed that work at the institution demanded a critical cognitive cost for nursing workers to become ill, emotional tension and permanent alertness due to patients' clinical nature. These were some of the factors considered crucial for the illness [4]. Thus, proactive measures aimed at attenuating and preventing psychological distress and mental illness should be offered by institutions to their workers [6,12,22].

With regard to structure and resources, the scarcity of materials requires workers to use creativity and more time to develop means to help deliver care efficiently. This condition causes feelings of anguish, tension and dissatisfaction in workers, favoring the development of diseases such as burnout [4,10,23].

A study with workers from a PH in Singapore considered the association between psychosocial well-being and mental health to be positive. Moreover, it showed that the workplace affects the mental health and well-being of professionals [24]. This result corroborates what was revealed by the study with psychiatry trainees from 22 countries: long working hours, associated with low salaries, and little time available for rest and leisure favored the development of burnout [7].

Burnout Syndrome is a psychosocial phenomenon resulting from stressors present in the work context, characterized by low job performance, emotional and physical exhaustion, attitudes of indifference and feelings of guilt [20].

A systematic review of burnout in mental health professionals investigated 62 studies in 33 different countries. In all the studies analyzed, a solid relationship was found between the increase in workload and the increase in burnout rates, with the main determinants of workload and the relationship between workers [10].

Work relationships characterized by conflicts, inaccurate roles, poor communication and unresolved problems favor the development of burnout and explain many problems present in health care [4,23]. In this and other studies, workers do not place themselves in the context of the problem, pointing out the responsibility of the error to the other, denying being part of the process; moreover, as much as the occurrence of the error is an individual act, it cannot be separated from the context [25]. After all, teamwork and the provision of care concern everyone on the scene, and when everyone collaborates, there is a reduction in the workload in the service [15].

Despite the difficulties inherent in mental health work, there are conditions perceived by workers that make them manifest satisfied. One of these conditions is being able to be useful and supportive of a population that is often invisible to the mental health policy [26]. From this perspective, when providing support to patients with psychiatric diagnoses, workers find a meaning for themselves and for life at work, perceiving work as a source of pleasure and defense against distress [5,9].

In this sense, *contact with patients* can be considered a source of pleasure and *restraint*, reflected in overload, as a cause of distress. This finding is consistent with what was observed in an investigation into the satisfaction and impact of work among professionals in the multidisciplinary team of a PH in Brazil. In this investigation, the workers revealed that they felt more satisfied when they were in contact with patients, which was one of the aspects that had the least impact on the institution [12].

In this study, it is clear that the burden is reflected in workers' difficulty in dealing with sick patients due to the use of alcohol, crack or other drugs. It is assumed that this difficulty reflects the lack of training/knowledge on the subject, and the fragile relationship and support between the family, the team and the care network[26].

Another explanation is the stigmatized perception of workers in relation to drug users. In a survey carried out with professionals who worked in psychiatric care at a general hospital in southern Brazil, it was observed that: workers considered drug users guilty of their hospitalization; on the other hand, patients with mental disorders of other etiologies were considered victims, as they believed they had no control over their actions. When talking about the latter, they first recalled their qualities, and only later did they comment on episodes of aggression and delusions, the need for physical restraint or medication[27]. In this study, workers presented a similar perception with regard to *patients*, especially with a mental disorder, and the use of *restraint*.

It is important to highlight that workers recognize the potential risk of violence caused by patients in psychiatric institutions, and, under these conditions, consider them as a generator of overload[12]. In this study, it was observed that this burden may have been reduces by support workers who work for protection, surveillance and security for both users and professionals themselves.

The lack of regulation and the loss of labor and social rights, by encouraging the legalization of temporary work and informal work, are characterized by precarious work[28]. For Machado et al.[29], the precariousness of work has negative effects on workers' mental health, which can manifest itself through social suffering, which implies loss of confidence in the other, in themselves, of their dignity and from the perspective of a better future. Therefore, the fight for decent work and for the protection of health and well-being is recommended.

The broad view of participants regarding the causal aspects and the necessary changes to reduce the workload goes against what has been shown by studies on work in mental health services. The literature points out that, despite the increase in the number of services, the phenomenon known as the revolving door, a term used in psychiatry for frequent readmissions, still persists. To combat this phenomenon and, consequently, reduce the burden PH services, it is necessary to establish partnerships between the areas of health, education, justice, social assistance, among others. In the PH space, aspects related to institutional macropolitics to the direct assistance provided in this service must be worked out[26,30,31].

Although it is relevant that, in this study, the participants expressed the *patients* as a central factor at work, it is important to emphasize that workers are a key element for the functioning of the investigated service. Therefore, it is recommended that effective approaches be offered to combat work overload and its negative consequences for the quality of life of these workers[12,24].

A relevant point to be highlighted is that, in this study, the chemically dependent patient was identified as an element of burden. A survey carried out in PH in Belo Horizonte, Brazil, warned of the trend towards an increase in hospitalizations of these patients in these services. Therefore, there is a need for training and adaptation of services, as well as the Psychosocial Care Network, to serve this specific audience, softening the impact on the work corresponding to this aspect[32].

With regard to patients, it is worth noting that the family is a fundamental element for their care, above all, relevant to the process of dehospitalization, deinstitutionalization and psychosocial rehabilitation[2,19]. However, the findings of this study revealed that, when the care process involves a family that is absent or resistant to support for patients, this is considered an overload factor among workers.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

As limitations for this study, there is a lack of similar researches in order to compare with other realities. Another limitation was that, as this was a conventional sample, the interpretations were limited to the group of respondents, subject to the reliability of the responses provided by the research participants.

For the participants of this research, the aspects that cause overload to workers' health were predominantly related to working and organizational conditions, and the patient was considered as an aspect of lesser burden and almost always as the main reason for the changes listed in the service to reduce the impact on work.

Through this study, it was possible to perceive the difficulty of workers to include themselves as a constituent element of the organization of work and as a subject who needs leisure activities and healthcare.

Thus, considering the implications of overload on workers' health and life, it is essential that new studies deepen the analysis of these aspects, especially on the strategies related to workers' well-being inside and outside the work environment. It is recommended that psychiatric institutions offer actions to encourage team integration, valuing work and physical and mental health care, above all, offering regular psychological support, encouraging the practice of sports and social activities.

AUTHOR'S CONTRIBUTIONS

Study design. Francilene Figueirêdo da Silva Pascoal. Jaqueline Brito Vidal Batista.

Data collection or production. Francilene Figueirêdo da Silva Pascoal. Jaqueline Brito Vidal Batista.

Data analysis. Francilene Figueirêdo da Silva Pascoal. Solange Fátima Geraldo da Costa. Patrícia Serpa de Souza Batista. Alana Vieira Lordão. Jaqueline Brito Vidal Batista.

Interpretation of results. Francilene Figueirêdo da Silva Pascoal. Solange Fátima Geraldo da Costa. Patrícia Serpa

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