


## Satisfaction, overload and opinion of health professionals on mental disease

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**Objective:** to evaluate professionals in the mental health care network through their satisfaction and overload. **Method:** a cross-sectional study with 46 professionals from the teams of the Psychosocial Care Network in a city in Northern Paraná. The questionnaire was divided into 4 parts: Socio-occupational characterization; Rating Scale for Team Satisfaction in Mental Health Services; Scale of Assessment for Impact of Work on Mental Health Services; and Scale of Opinions on Mental Illness. **Results:** 65.8% of the professionals were satisfied with the mental health network. Regarding the physical conditions and comfort of the service, 53.4% are not satisfied, expressing the possibility for improvement. **Conclusion:** the assessment of mental health services is relevant when aiming at improvements in the quality of the services offered.

**Descriptors:** Mental Health; Personal Satisfaction; Workload; Mental Health Services.

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### How to cite this article

Machado FP, Soares MH, Ramos LKF, Ruzzon ED. Satisfaction, overload and opinion of health professionals on mental disease. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2021 Apr.-June; 17(2):26-33. doi: <https://dx.doi.org/10.11606/issn.1806-6976 .smad.2021.152995>

## **Satisfação, sobrecarga e opinião sobre doença mental de profissionais de saúde**

**Objetivo:** avaliar profissionais da rede de cuidados em saúde mental através de sua atitude, satisfação e sobrecarga. **Método:** estudo transversal, com 46 profissionais das equipes da Rede de Atenção Psicossocial de uma cidade no Norte do Paraná. O questionário foi dividido em 4 partes: Caracterização sócio ocupacional; Escala de Avaliação da Satisfação da Equipe em Serviços de Saúde Mental; Escala de Avaliação do Impacto do Trabalho em Serviços de Saúde Mental; Escala de Opiniões sobre a Doença Mental. **Resultados:** 65,8% dos profissionais deram-se por satisfeitos com a rede de saúde mental. Em relação às condições físicas e o conforto do serviço, 53,4% não se encontraram satisfeitos, expressando possibilidade de melhora. **Conclusão:** a avaliação dos serviços de saúde mental é relevante quando se almeja melhorias na qualidade dos serviços ofertados.

**Descritores:** Saúde Mental; Satisfação Pessoal; Carga de Trabalho; Serviços de Saúde Mental.

## **Satisfacción, sobrecarga y opinión de los profesionales de la salud sobre enfermedad mental**

**Objetivo:** evaluar a los profesionales de la red de salud mental a través de su actitud, satisfacción y sobrecarga. **Método:** estudio transversal con 46 profesionales de los equipos de la Red de Atención Psicossocial en una ciudad del norte de Paraná. El cuestionario se dividió en 4 partes: Caracterización sociolaboral; Escala de calificación para la satisfacción del equipo en los servicios de salud mental; Escala de evaluación del impacto del trabajo en los servicios de salud mental; Escala de opiniones sobre enfermedades mentales. **Resultados:** el 65,8% de los profesionales se mostró satisfecho con la red de salud mental. En cuanto a las condiciones físicas y la comodidad del servicio, el 53,4% no se mostró satisfecho y expresó la posibilidad de mejora. **Conclusión:** la valoración de los servicios de salud mental es relevante a la hora de buscar mejoras en la calidad de los servicios ofrecidos.

**Descriptorios:** Salud Mental; Satisfacción Personal; Carga de Trabajo; Servicios de Salud Mental.

## Introduction

Since the beginning of the Psychiatric Reform, adequate attention to mental health has been debated. The health professional is trained to be capable of working in different areas and of living with patients with different diagnoses, from the least complex to the most complex, among them, mentally ill patients. Mental illness is still much stigmatized, and health professionals do so themselves, becoming a barrier for the patient and also for the professionals, causing dissatisfaction and overload in the work environment<sup>(1-2)</sup>.

A number of studies point out the relevance of carrying out evaluations, aiming to improve the quality of the mental health services. These evaluations involve the service users, the participation of their families and the professionals who work there, providing a greater link between them. A comprehensive assessment is encouraged in order to estimate the level of satisfaction for the three segments and the degree of burden on the family members and service professionals<sup>(3)</sup>.

A study carried out in Brazil found a high degree of satisfaction among the users of the Psychosocial Care Center (*Centro de Atenção Psicossocial, CAPS*), where the main impicator of satisfaction is poor infrastructure conditions, negatively impacting on the dissatisfaction of health professionals working with mental health<sup>(3-4)</sup>.

Some studies<sup>(5-6)</sup> suggest that the CAPS should be submitted to evaluative processes, in order to check the quality of the health care that is being offered in these institutions, in addition to the evaluations of the services because they are linked to the planning and management of the health services. An effective evaluation system must reorder the execution of actions and services, resizing them in order to meet the needs of its users, giving greater rationality to the use of resources.

The perception of patients, family members and professionals are different perspectives when designing the evaluation process of a health service, but they are also complementary, as it proposes a comprehensive evaluation of a health service<sup>(7)</sup>.

A survey of professionals involved in the mental health care process<sup>(8)</sup> highlights that the most positive attitudinal profiles are directly linked to the experience of pleasure at work. It was suggested that these professionals be offered a professional development program so that the deepening of knowledge about mental illness and the change in their attitudinal profiles can be more consistent with the proposals of substitute mental health services.

However, there is a need to evaluate professionals of the mental health network as for their attitudes, satisfaction and overload, these variables being important within the evaluation process, as they reflect other important aspects of quality, but also, of good working conditions.

## Method

This is a descriptive and cross-sectional study carried out at the Psychosocial Care Center (CAPS) III, Child Psychosocial Care Center (*Centro de Atenção Psicossocial Infantil, CAPS i*) and the Family Health Support Center (*Núcleo de Apoio à Saúde da Família, NASF*) in 2016.

The study population consisted of professionals with higher and secondary education (social workers, nurses, physicians, psychologists, occupational therapists, nursing technicians, artisans and others). For them, the inclusion criterion was acting as professionals in the services of the mental health care network for at least 3 months.

The research was approved by the Ethics Committee for Research (*Comitê de Ética em Pesquisa, CEP*) with Human Beings, under CAAE No. 18426114.7.0000.5231. The professionals were contacted in person, and interviewed at their available times, after authorization from the CEP. The sample consisted of 46 service professionals, who work in the morning or afternoon. The participants were guaranteed anonymity, confidentiality of information, and the right to refuse or abandon the research at any stage. These guarantees were ensured in the Free and Informed Consent Form that was signed after explaining the research objectives and clarifying doubts.

## Data collection

A questionnaire containing 4 parts was applied: 1) Socio-occupational characterization; 2) Scale of Assessment for Team Satisfaction in Mental Health Services (SATIS-BR/team); 3) Scale of Assessment for Impact of Work on Mental Health Services (IMPACTO-BR); and 4) Scale of opinions about mental illness (OMI).

The abbreviated version of SATIS-BR contains 32 quantitative items, each with answers arranged on a five-point Likert scale, corresponding to: 1- "very dissatisfied", 2- "dissatisfied", 3- "indifferent", 4- "satisfied", and 5- "very satisfied". These items are grouped into 4 subscales or factors: a) satisfaction with the quality of the services offered (factor 1); b) team satisfaction regarding their participation in the service (factor 2); c) team satisfaction with the working conditions (factor 3); team satisfaction regarding their relationship in the service (factor 4). In addition, 3 qualitative questions were included at the end of the questionnaire.

The IMPACTO-BR scale contains 18 items, each with answers arranged on a five-point Likert scale that correspond to: 1- "not at all", 2- "not much", 3- "more or less", 4- "much", and 5- "extremely". The items are grouped into three factors: effects on physical and mental health; effects on the functioning of the team; and emotional repercussions of work.

The OMI was translated and validated for Brazil<sup>(6)</sup> and is made up of 51 statements. Its answering options vary according to a progressive sequence of six points of agreement, from "totally agree" to "totally disagree". These statements are grouped into seven factors: authoritarianism, benevolence, mental hygiene ideology, social restriction, interpersonal etiology, etiology of mental effort, and minority view.

Exploratory descriptive statistical analyses and correlation tests were performed between the scores of the applied instruments. Data was analyzed using the Statistical Package for the Social Sciences, v.21. The significance level adopted was  $\alpha=0.05$ .

## Results

Of the studied population, 38 respondents were female and 7, male. Their mean age was 41.95 years old, with a range between 28 and 63. Table 1 presents the main socio-demographic data of the studied population.

Table 1 - Category of professionals, number and percentage of schooling level and performance in mental health services. Paraná. Brazil, 2016

Level of schooling/performance	Nº	%
High school	6	13.3%
Higher education	12	26.7%
Postgraduate course	27	60.0%
CAPS III*	21	46.7%
CAPS I†	11	24.4%
NASF‡	13	28.9%
Nurse	7	15.6%
Physician	4	8.9%
Psychologist	13	28.9%
Social Worker	3	6.7%
Occupational Therapist	2	4.4%
Nursing assistants/technicians	6	13.3%
Artisan	1	2.2%
Other professions	9	20.0%

\*CAPS III = Psychosocial Care Center III; †CAPS I = Child Psychosocial Care Center; ‡NASF = Family Health Support Center

As for academic training, 60% have post-graduate degrees and 13.3% have secondary education. As for the type of service, 46.7% work in CAPS III, 28.9% in NASF, and 24.4% in CAPS. Table 2 lists the mean and standard deviation scores of the SATIS-BR, Impact and Opinion

scales on mental illness, in professionals working in the care of people with mental disorders.

1- "very dissatisfied", 2- "dissatisfied", 3- "indifferent", 4- "satisfied", and 5- "very satisfied"

Table 2 - Mean (m) and standard deviation (sd) scores on the SATIS-BR\*, Impact and Opinion on mental illness scales, in CAPS† and NASF‡ professionals. Paraná, Brazil, 2016

SATIS-BR*	m <sup>§</sup>	sd <sup>  </sup>
<b>Job satisfaction</b>	3.29	0.65
Quality of the services offered to the patients (S-1)	3.36	0.56
Team participation in the service (S-2)	3.30	0.72
Working conditions (S-3)	2.92	0.61
Service relationship (S-4)	3.58	0.73
<b>Impact of the workload</b>	<b>M</b>	<b>sd</b>
Impact	1.83	0.59
Physical and mental health (I-1)	1.67	0.65
Work overload (I-2)	1.76	0.51
Effects on emotional state (I-3)	2.05	0.61
<b>Opinions about mental illness</b>	<b>M</b>	<b>sd</b>
Authoritarianism (A)	4.90	1.87
Benevolence (B)	5.02	1.19
Ideology of mental hygiene (C)	4.04	2.11
Social restriction (D)	5.38	1.79
Interpersonal etiology (E)	3.22	1.27
Etiology of mental effort (F)	4.90	1.25
Minority view (G)	3.95	1.4

\*SATIS-BR = Scale of Assessment for Team Satisfaction in Mental Health Services; †CAPS = Psychosocial Care Center; ‡NASF = Family Health Assistance Center; §m = Mean; ||sd = Standard Deviation

In relation to the satisfaction of the health professionals, a global score of 3.29 was obtained, equivalent to 65.8% of the maximum possible satisfaction concept, therefore suggesting the satisfaction degree of the professionals regarding the quality of the services offered to the patients (Table 2). When the impact of the workload is observed, an overall score of 1.83 is obtained, equivalent to 37.8% of the maximum expected concept. In other words, the overall impact was lower, accompanying the higher score for job satisfaction.

As for the opinion about mental illness, the Benevolence domains obtained a score of 5.02, meaning that the professional in this area translates what happens to the mentally ill due to the individual's unhappiness;

thus, these professionals should support them by means of protection and kindness.

The Social Restriction score, 5.38, represents and translates the vision of these workers, in which mental illness is a hereditary defect, in which carriers can contaminate their family and society, and must be protected by the personal and social rights of the patient. When analyzing the level of statistical significance of the factors of the OMI scale, only the domains Interpersonal etiology and Minority view did not pass the Hypothesis Test ( $p > 0.05$ ).

Table 3 presents Pearson's correlation ( $r$ ), the shared variance ( $r^2$ ), and the  $p$  ( $p$ )-value between the domains of the SATIS-BR and IMPACTO-BR scales.

Table 3 - Pearson's correlation coefficient ( $r$ ), shared variance ( $r^2$ ), and  $p$ -value ( $p$ ) among the SATIS-BR\* and IMPACTO-BR† scales. Paraná, Brazil, 2016

		Job Satisfaction			
		S-1‡	S-2§	S-3	S-4¶
Job impact	I-1**	-0.32	-0.30	-0.35	-0.37
	$r^{††}/r^{2††}$	(10.24%)	(9.24%)	(12.25%)	(13.54%)
	$p^{§§}$	0.035	0.045	0.020	0.014
	I-2**	-0.22	-0.41	-0.27	-0.37
	$r^{††}/r^{2††}$	(4.7%)	(17.10%)	(7.2%)	(14.06%)
	$p^{§§}$	0.155	0.004	0.078	0.012
	I-3	-0.5	-0.52	-0.44	-0.49
	$r^{††}/r^{2††}$	(25%)	(26.93%)	(19.53%)	(24.30%)
	$p^{§§}$	0.001	0.000	0.003	0.001

\*SATIS-BR = Scale of Assessment for Team Satisfaction in Mental Health Services; †IMPACTO-BR = Scale of Assessment for Impact of Work on Mental Health Services; ‡S1 = Quality of the Services Offered to the Patients; §S2 = Team Participation in the Service; ||S3 = Working conditions; ¶S-4 = Service Relationship; \*\*I1 and I2 = Physical and Mental Health; †† $r$  = Pearson's Correlation Coefficient; ††† $r^2$  = Shared Variance; §§ $p$  =  $p$ -value; ||||I3 = Effects on Emotional State

According to Table 3, with the exception of the correlations between S-1 and I-2 and between I-2 and S-3, which represent the quality of the service offered to the patients and the work overload and of this with the working conditions, respectively, all the correlations were statistically significant, therefore denoting the inversely proportional relationship between job satisfaction and work overload.

## Discussion

### Job impact and job satisfaction

In this study, the professionals were satisfied with their participation in decision-making in the service, which somewhat differs in another study<sup>(9)</sup>, where the scores indicated low satisfaction rates of the nursing team, and the general satisfaction scores ranged from 2.2 to 4.8

and the mean score was 3.4; the factors that showed the greatest satisfaction was "relationships", presenting a mean score of 3.7, followed by the "Service quality and working conditions" factors with mean scores of 3.4.

In this context, other studies highlight that, as the main factor for professionals to have better job satisfaction in the mental health service, it is necessary to improve work organization and the infrastructure of the services. However, the highest levels of satisfaction refer to the working conditions and to the relationships with colleagues in the service. These results were also found in other studies, in which the subscale with the highest satisfaction index was that of service relationships, with a mean of  $3.74 \pm 0.57$  and the subscale that generated the lowest level of satisfaction was in relation to the working conditions, with a mean of  $2.99 \pm 0.56$ <sup>(10)</sup>.

As for the factors evaluated, there was a greater burden with regard to the emotional repercussions of work, with mental health work not being considered an emotional burden by the professionals. This result corroborates with other data obtained<sup>(10-12)</sup> in which a greater degree of overload was found in this dimension; however, a lesser impact referred to physical and mental health, also confirmed by data displayed in other studies<sup>(7,12-15)</sup>.

A significant negative correlation was observed among the satisfaction and overload scores, with lower levels of satisfaction and higher for overload, in professionals with a stress sign. These results confirm the hypothesis that there is an association between these variables, as expected, attesting to the convergent validity between the satisfaction (SATIS-BR) and overload (IMPACTO-BR) scales, applied to the professionals of mental health services.

This information obtained with these scales collaborates for the evaluation of the mental health services, being important quality indicators, since the satisfaction and overload felt by the professionals of the work teams can directly affect the quality of care provided to the patients<sup>(13)</sup>.

There is a need to change aspects of the service operation or to implement new support and monitoring procedures for the professionals, so that they may be supported and encouraged, increasing their level of satisfaction and easing work overload, thus promoting a positive impact by reducing the occurrence of absenteeism and enabling improvements for professionals and patients in their work-related environment<sup>(16)</sup>.

### Attitudes towards mental illness

Urgent and emergency service professionals<sup>(17)</sup> with technical and higher level obtained a median of 10.0 with respect to the Sten factor in the authoritarian factor, in which the perspective is reflected that the mentally

ill needs to be isolated from other patients, remaining under locked doors and surveillance. It contains the concept of the patients' personal and social recoverability and the idea of their dangerousness. The median for authoritarianism at the technical level was 8.0 and, for the higher level, 6.0<sup>(13)</sup>.

The Benevolence factor suggests that the mentally ill, due to their unhappiness, should be supported through kind and paternalistic protectionism, based on care, personal attention and material comfort. A median of 1.0 for technical and higher level was found in professionals from an urgent and emergency service<sup>(17)</sup>. In CAPS, community center and therapeutic residence professionals<sup>(18)</sup>, the median found was 4.0 for the technical and higher levels. Compared with a study with nurses in mental health emergencies, it is noted that the nurses studied are less authoritarian and more benevolent than nurses in psychiatric emergencies<sup>(17)</sup>, thus corroborating with the study in question.

The Ideology of mental hygiene factor<sup>(18)</sup> represents the idea that the mentally ill are individuals similar to normal people, with quantitative but not qualitative differences, being capable of performing specialized activities and even take care of children. A median of 5.0 was found for technical level professionals, reaching the mean, but differing from another study<sup>(18)</sup>, where technical-level professionals had a median of 4.0, results below the mean, indicating that people with mental illness were less similar.

Regarding Social Restriction<sup>(18)</sup>, a factor in which mental illness is seen as a kind of hereditary defect, completely different from other diseases, the carrier can contaminate the family and society, and should therefore be protected by restricting the patient's personal and social rights, even after hospitalization with a median of 10.0 found for professionals with a technical level indicating a total belief that these patients have hereditary disorders, and that should remain with their family. However, a study<sup>(18)</sup> presented a median of 7.0, being above the mean of 5.0.

The Interpersonal etiology factor explains mental illness as originating from interpersonal experiences, with an emphasis on interaction with parental figures. The subjects strongly believe that mental disorders are related to interpersonal factors linked to degrees of kinship, with a median of 8.0 corresponded by technical level professionals from an urgency and emergency service, differing from another study<sup>(18)</sup> where the professionals with technical level obtained a median of 5.0, matching the mean.

The Etiology of mental effort factor reflects the idea that mental illness originates from "excessive brain effort" due to exaggerated intellectual work, over thinking or having negative thoughts, indicating that there is a total belief in these professionals that this disease comes from exacerbated mental effort, being that the study presented

a median of 10.0 for technical level professionals; this median represents that these professionals believe that mental disorders are hereditary and that these patients should remain in family life<sup>(17)</sup>.

The Minority View factor represents the concept that the mentally ill, being very different from people considered normal, can be easily recognized in a human group, mainly due to their external appearance; according to Table 2, the mean score found was 3.95: this represents that the mentally ill are not easily recognized in groups of people without mental disorders, being corroborated by a study<sup>(17)</sup> with health professionals working in emergency services, who believe that these patients are different due to their appearance, presenting a mean of 7.24.

The present study corroborates other findings<sup>(18)</sup>, despite different target populations, some aimed at undergraduate students, the large gap of low related knowledge about mental illness can be considered; however, a study<sup>(19)</sup> disagrees with this survey, showing in its results that the students indicated levels of social tolerance and sensitivity towards the mentally ill person.

## Conclusion

The evaluation of the health services allows verifying the quality of the services offered, their effectiveness and the present flaws, in order to promote strategies for improvement. In line with the literature, the results point to the need for greater investments in material and human resources. This exposes the team to stressful work. However, it becomes indispensable to have a more adequate infrastructure for patient care, given the great dissatisfaction of the professionals, in relation to being capable of properly carrying out activities with the patients.

The results obtained still showed significant correlations in the analyzed variables. Thus, it can be concluded that the scales used, SATIS-BR, IMPACTO-BR and ODM, were appropriate measurement instruments to be employed in estimating the degree of satisfaction, burden and stress of the professionals in the mental health services. These scales made it possible to assess, separately by the sub-scales and with independent measurement scores, different dimensions of the mental health services. Standardized validated measurement scales are necessary to evaluate these services, making data reliable and comparable. Thus enabling intervention in work processes, making them the best possible.

Based on these results, it is suggested that more training, improvements and continuing education be offered to the professionals in the mental health area, aiming at improving the assistance to be provided and that, in fact, they understand and know how to relate to the mentally ill patient.

In addition to these, it is possible to emphasize the importance of the professionals looking for better

infrastructures, conditions and work organization, therefore experiencing a good interpersonal relationship among the professionals and also with mentally ill patients.

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## Author's Contribution

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All authors approved the final version of the text.

Conflict of interest: the authors have declared that there is no conflict of interest.

Received: Feb 5<sup>th</sup> 2020

Accepted: Ago 10<sup>th</sup> 2020

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