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QUALITY OF LIFE OF NURSING PROFESSIONALS WORKING IN MENTAL HEALTH

QUALIDADE DE VIDA DE PROFISSIONAIS DE ENFERMAGEM QUE ATUAM EM SAÚDE MENTAL

CALIDAD DE VIDA DE PROFESIONALES DE ENFERMERÍA QUE ACTÚAN EN SALUD MENTAL

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ABSTRACT

Objective: to evaluate the quality of life of nurses and nursing technicians and assistants working in a psychiatric hospital and in psychosocial care centers. ***Method:*** this is a descriptive, observational, study, with a cross-sectional survey design and a sample of 44 professionals from services which care for mentally ill people in Uberaba, Minas Gerais, Brazil. The data, collected by means of WHOQOL-bref, were analyzed with the analysis variance test (ANOVA-F), after approval by the Research Ethics Committee of Universidade Federal do Triangulo Mineiro, under the Protocol 1,393. ***Results:*** the highest scores in the physical (82.47) and psychological (74.77) domains and in the social relations (77.27) were those of nursing assistants and the lowest were those of nurses (77.27, 71.21, and 74.24, respectively). In the environment domain, nurses presented the highest score. ***Conclusion:*** there were no significant differences between the scores and the professional categories. The lowest scores obtained by nursing professionals, in general, were those of the environmental and psychological domains. ***Descriptors:*** Quality of Life; Nursing Human Resources; Mental Health Services.

RESUMO

Objetivo: avaliar a qualidade de vida de enfermeiros e técnicos e auxiliares de enfermagem que atuam em um hospital psiquiátrico e em centros de atenção psicossocial ***Método:*** estudo descritivo, observacional, do tipo inquérito transversal, com uma amostra de 44 profissionais dos serviços de atendimento a doentes mentais de Uberaba-MG. Os dados, coletados por meio do WHOQOL-bref, foram analisados com o teste de análise de variância (ANOVA-F), após a aprovação do Comitê de Ética em Pesquisa da Universidade Federal do Triângulo Mineiro, sob o Protocolo n. 1.393. ***Resultados:*** os maiores escores no domínio físico (82,47), psicológico (74,77) e nas relações sociais (77,27) estavam entre os auxiliares de enfermagem e os menores entre os enfermeiros (77,27, 71,21 e 74,24, respectivamente). No domínio meio ambiente, os enfermeiros ficaram com o maior escore. ***Conclusão:*** não houve diferenças significativas entre os escores e as categorias profissionais. Os menores escores obtidos pelos profissionais de enfermagem, em geral, foi nos domínios meio ambiente e psicológico. ***Descritores:*** Qualidade de Vida; Recursos Humanos de Enfermagem; Serviços de Saúde Mental.

RESUMEN

Objetivo: evaluar la calidad de vida de enfermeros y técnicos y auxiliares de enfermería que actúan en un hospital psiquiátrico y en centros de atención psicosocial. ***Método:*** esto es un estudio descriptivo, observacional, tipo encuesta transversal, con una muestra de 44 profesionales de los servicios de atención a enfermos mentales de Uberaba, Minas Gerais, Brasil. Los datos, recogidos por medio del WHOQOL-bref, fueron analizados con la prueba de análisis de varianza (ANOVA-F), después de la aprobación del Comité de Ética en Investigación de la Universidade Federal do Triângulo Mineiro, bajo el Protocolo 1.393. ***Resultados:*** las puntuaciones más altas en el dominio físico (82,47), psicológico (74,77) y en las relaciones sociales (77,27) se encontraban entre los auxiliares de enfermería y las más bajas entre los enfermeros (77,27, 71,21 y 74,24, respectivamente). En el dominio medio ambiente, los enfermeros presentaron la mayor puntuación. ***Conclusión:*** no hubo diferencias significativas entre las puntuaciones y las categorías profesionales. Las puntuaciones más bajas obtenidas por los profesionales de enfermería, en general, fue en los dominios medio ambiente y psicológico. ***Descriptores:*** Calidad de Vida; Recursos Humanos De Enfermería; Servicios de Salud Mental.

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INTRODUCTION

In the last two decades, it's possible to observe in Brazil an accelerated and consistent transformation in mental health care.[1] The Psychiatric Reform has allowed the constitution of new discourses in the mental health field, revealing faces which were previously blackened by the exclusionary approach of traditional psychiatry.[1] Regarding the care for people undergoing psychological suffering, it was observed, throughout history, that these patients have always been treated in closed psychiatric institutions, with the so-called moral treatment; thus, the method adopted was the hospital-driven one, where the individual was hospitalized and treated out of her/his everyday social context.[2]

Influenced by the Psychiatric Reform in Brazil, the Ministry of Health, through the Portaria 224/1992, started funding and regulating new mental health services, prioritizing the outpatient treatment with an interdisciplinary nature.[3] This portaria regulated the guidelines and standards to be followed for the implementation of two kinds of psychosocial care centers (NAPS/CAPS). In 2002, the Psychosocial Care Centers (CAPS) were redefined, at the federal level, through the Portaria GM/MS 336.[4] According to the legislation, the middle and upper level nursing professionals are included in the team which provides care in the CAPS, and they're even responsible for providing care in therapeutic workshops and other modalities of assistance to the users of this service.[5]

It's known that, historically, the nursing team is mostly made up of women, and, taking into account the current socio-economic context, one may infer that a large part of these female workers is likely to experience conflicts due to requirements from their professional and personal life, because of the double or triple workday.[6] Besides, health care workers, including the nursing professionals, tend to present high levels of anxiety generated by contact with human suffering and the technical or social work division, therefore, a study shows that the nursing professions, which deal with the patients during most of the time, are among the professions most susceptible to mental health problems.[7]

Specifically thinking of the mental health work, despite the deinstitutionalization process generated by the Psychiatric Reform, these units are still present, as well as the nursing work tied to these roots, at a time when the psychic sufferer is medicalized, jailed, and removed from social contact. As a result, one observes in society the belief that these workers are more inclined towards the risk of becoming mentally ill than the professionals from other specialties, as they undergo various workloads.[8] These workloads lead the nursing team to undergo physical, psychological, and biological problems which become stressful agents, producing an environmental change which is perceived as threatening or harmful for the person's dynamic balance, making her/him unable to meet the demands of new situations.[9] Moreover, one should not forget the distresses experienced by the nursing professionals working in the CAPS, since it's crucial that one keeps thinking through the work organization and the health/illness of professionals from the health services who care for people undergoing psychological suffering.[10]

This is the starting point for thinking of the importance of evaluating the quality of life (QOL) of these workers who deal with mental suffering. The quality of life group from the World Health Organization (WHO) specifically defines QOL as the individual's perception with regard to her/his status within the context of culture and value systems and with regard to her/his aims, expectations, standards, and concerns.[11]

One observes an expansion in the theme nursing professional's quality of life in the national literature, but still there aren't studies specifically evaluating the QOL of nursing professionals from services caring for the individual undergoing psychological suffering and those which aim to compare the QOL of different nursing professional categories. One can find in the national literature studies evaluating the general health, stress, and job satisfaction of nursing professionals working in mental health services, however, their settings are psychiatric hospitals; thus, one finds out the need for studies like this, since there's a gap in this area and little is known about the QOL of nursing professionals working in the various services of care for the patient undergoing psychological suffering, such as the CAPS.

A study carried out with nurses from psychiatric hospitals, aiming to evaluate their stress, showed that 38% of them had stress, 30.9% were in the resistance phase, and only 7.1% were in the exhaustion phase.[12] Another study, carried out with psychiatric nurses to evaluate their job satisfaction, showed the professional dissatisfaction of most nurses, something which, according to the authors, can compromise the quality of the nursing care provided.[13]

A study carried out with nursing assistants and technicians and nurses from a psychiatric hospital to evaluate the health problems of these workers, related to the workplace, showed that the workers were undergoing a very intensive process of physical and mental distress.[8] A mental distress which gets close to psychological suffering due to the potentiation of exposure to psychic overload rather than to contact with the work object (the individual undergoing psychological suffering), i.e. because of the job conditions to which these nursing professionals are exposed.[8]

When one evaluates the difference between the QOL in the different nursing professional categories working in mental health services, one also finds out a gap in the literature. However, studies carried out in other health care settings, such as a surgical ward, shows that the QOL varies among the different nursing professional categories. This study showed that the QOL of nursing assistants and technicians working in the surgical ward presented higher scores when compared to the QOL of nurses.[14]

Taking into account the fact that there aren't in the national literature studies with regard to the QOL of the nursing professionals working in mental health services; that the studies related to the theme QOL which have already been developed show both mental and physical health problems and job dissatisfaction of these nursing professionals; and that no study had the CAPS as its setting and the nursing professionals working in these facilities as its participants, this study aimed to:

• To evaluate the QOL of nurses and nursing technicians and assistants working at a psychiatric hospital and at the CAPS; and

• To evaluate whether there're differences in the QOL among professionals.

METHOD

Descriptive, observational, study with a cross-sectional survey design, which aimed to evaluate the QOL of nursing assistants and technicians and nurses from the services caring for the mentally ill patients of Uberaba, Minas Gerais, Brazil — Spiritist Sanatorium of Uberaba; adult CAPS; Alcohol and Drugs CAPs; children's CAPS.

Data were collected in January 2010. To collect the data, a generic instrument for evaluating the QOL was applied, the World Health Organization Quality of Life (WHOQOL-bref), besides an identification questionnaire and demographic data, prepared by the researchers. The sample consisted of 44 nursing professionals, being 11 nurses, 11 nursing assistants, and 22 nursing technicians. The instruments were applied in a self-managing way; they were delivered by the researchers in the workplace, where they were read, clarified, and the consent term for participation in this research was signed.

The WHOQOL-bref, version in Portuguese, proposed by the WHO, is a questionnaire which may be used and copied by researchers, since their guidelines, issues, and layout aren't modified. It consists of 26 questions divided into four domains: physical, psychological, social relationships, and environment. This instrument has already been validated in Brazil, meeting the required performance criteria: internal consistency, discriminating validity, converging validity, validity criterion, and test-retest reliability.[15]

The semi-structured questionnaire for the sociodemographic analysis of the nursing professional had the following information: date of birth, sex, place of birth, marital status, housing conditions, religion, and the family's monthly income.

Before analyzing the data, the questionnaires were identified by means of codes, thus preserving the professionals' identity. The questionnaires were typed using the *Microsoft Excel* software, tabulated and entered into the *Statistical Package for the Social Sciences* (SPSS), version 17.0, with the WHOQOL-bref syntax.

Regarding the aims, descriptive analysis through absolute frequencies and percentages was used for categorical variables, besides centrality (mean) and dispersion (standard deviation) measures for numerical variables. For comparing three or more groups, due to the samples' normality and the variances' homogeneity, the ANOVA F-test was used, followed by Tukey's multiple comparison. The significance level for all tests was 5%.

This study was approved by the Research Ethics Committee of Universidade Federal do Triangulo Mineiro (UFTM), under the Protocol 1,393; the subjects were informed on the aims and the confidentiality of their identity and their answers, and they signed a Free and Informed Consent Term.

RESULTS

According to Table 1, most professionals are female among the nursing technicians (64%) and assistants (64%). Among the nurses, men (64%) were mostly observed. Regarding age, the largest proportion is concentrated in the age group from 20 to 30 years (36%). It's

noteworthy that, among nurses, the highest percentages were observed from 20 to 30 years (36%) and from 31 to 41 years (36%). However, among the nursing assistants, the largest proportions of individuals were found from 41 to 50 years (45%) and over 51 years (45%). Regarding the marital status, most individuals in the sampled population were single (38%), followed by the married (41%) ones. According to data on religion, one noticed a predominance of the spiritist religion (45%).

Table 1. Sociodemographic data according to nursing professional categories. Uberaba, 2010.

Variables	Assistant		Technician		Nurse		Total	
	n	%	n	%	n	%	n	%
Sex								
Female	7	64	14	64	4	36	25	57
Male	4	36	8	36	7	64	19	43
Age								
20-30	0	0	12	55	4	36	16	36
31-40	0	0	5	23	4	36	9	20
41-50	5	45	2	9	3	28	10	23
≥ 51	5	45	1	4	0	0	6	14
Data loss	1	10	2	9	0	0	3	7
Marital status								
Married	5	46	8	36	5	45	18	41
Single	3	27	13	59	5	45	21	48
Others	3	27	1	5	1	10	5	11
Religion								
Catholic	5	45	8	36	2	18	15	34
Spiritist	5	45	8	36	7	64	20	45
Others	0	-	5	23	2	18	7	16
Data loss	1	10	1	5	0	0	2	5
Income*								
1-5	8	73	22	100	4	36	34	77
≥ 6	0	0	0	0	7	64	7	16
Data loss	3	27	0	0	0	0	3	7
*** Minimum wage: R$ 510.00**								

According to Table 2, in all professional categories the highest score was that of the physical domain and the lowest was that of environment. There was no significant difference between the professional categories in the QOL domains.

Table 2. Scores of quality of life from the WHOQOL-bref, by professional categories. Uberaba, 2010.

Domains	Nurse Mean (standard deviation)	Technician Mean (standard deviation)	Assistant Mean (standard deviation)	n	p
Physical	77.27 (14.57)	78.08 (13.05)	82.47 (10.92)	0.546	0.584
Psychological	71.21 (18.30)	72.77 (15.00)	74.77 (13.99)	0.144	0.867
Social relations	74.24 (21.23)	73.86 (16.12)	77.27 (18.67)	0.137	0.872
Environment	65.90 (18.45)	58.62 (15.97)	57.10 (12.77)	1.022	0.369

DISCUSSION

Regarding the sociodemographic data, one observes that most of the population under study is female, a result corroborating other studies and showing that nursing is, since the 19th century, an essentially female profession.[14,16-7] However, in this study, the proportion of men was higher when compared to data found in the literatura.[14,16-7] Perhaps, this fact is a characteristic of male labor related to specificities of the workplace. A study showed that men's work is characterized by the use of physical strength by the psychiatric nursing professionals in episodes of psychomotor agitation, self-aggressiveness, and hetero-aggressiveness of patients with mental disorders.[8]

Regarding the age group of the professionals under study, it's concentrated between 20 and 40 years, a finding corroborating other studies.[16-7] According to data on marital status, a similar frequency was noticed between married and single individuals; this fact is similar to a study which found 39.4% of married and 42.4% of single individuals.[16] It's also worth stressing that a high proportion of singles may be related to the predominant age group in the study (20 to 40 years). Finally, according to data on religion, it was noticed a predominance of subjects who said they follow the spiritualist religion (45%), a finding which may be related to the fact that the medium Chico Xavier lived in the town of Uberaba.

Regarding the assessment of QOL, it was observed that, in general, the nursing professionals had high QOL scores, above 70 in all domains, except in the environment, where the scores of nurses and nursing technicians were below 60. The group which validated the questionnaire WHOQOL in Brazil indicates that the low scores in this domain may be related to issues such as safety, leisure, housing, transportation, health care services, wage, and physical environment; these issues are regarded as key components

on which one is able to construct a life with quality, however, they don't depend only on the worker to be solved.[15] Regarding the physical safety and protection of the professionals working with mental suffering, these issues tend to be differentiated, since the episodes of hetero-aggressiveness are usual among the patients. According to an author, deliriums or hallucinations cause behavioral changes.[18] Patients hear voices which haunt them and can command their actions.[18] A patient undergoing a psychotic crisis, at any time, may present psychomotor agitation, physical violence, verbal abuse, suicide, destruction of material, escapes, crying outbursts, homicides, among other psychiatric complications.[18]

Moreover, one can't forget thinking of other issues, such as income, which, in the study, proved to be low — most individuals earn from 1 to 5 minimum wages (77%), a finding corroborating other studies.[14,19] The low income in the study sample may affect not only the environment domain, by restricting the conditions of leisure, safety, transportation, among others, as in the other domains, since the lower income leads these professionals to opt for having more than one job, increasing their exposure to risks, and it may also affect concentration, promote negative feelings, and reduce their social relationships outside work.[19] This fact may also be related to the lower score obtained by nursing assistants and technicians in the environment domain, as, according to data from this study, they're low income professionals.

The second domain which had the lowest QOL scores among the professional categories was the psychological domain, which involves, among other things, memory and concentration changes, besides positive and negative feelings. This finding may be related to the different workload to which these professionals are exposed, since, according to a study evaluating the health of nursing professionals working in psychiatry, they're exposed to all workloads, which are potentiated by the psychic overloads.[8] The exposure triggers the distress process, which is characterized by physical and mental distress. The potentiation of psychic overloads also leads to a mental distress process stronger than the physical one.

The physical domain presented the highest scores in all professional categories, a finding which differs from literature findings, something showing that issues related to the physical domain often have low escores.[14,20] However, knowing that this domain comprises, among other things, ability to work and daily life activities, one may conclude that, perhaps, the professionals working in mental health services, differently from those working in the surgical ward or intensive care unit, have a good ability at work and, thinking of work as a daily life activity, it, somehow, must satisfy these professionals.

One observed in this study that nurses had the lowest score in the domains of physical, psychological, and social relationships, a finding which may be related to the responsibility of the nurse along with the nursing team and the bureaucratic activities required from these professionals, especially at the hospital level. According to a study, the completion of bureaucratic tasks constitutes a stressing element for the professional, due to an academic training aimed at care, something which can lead to the emergence of psychological and even physical distresses.[21] Moreover, a study shows that the mental health services develop differentiated therapeutic activities, something which requires versatility and ability from the nurse to develop various types of therapeutic activities, a fact which can constitute a stressing agent to the nurse, which often isn't prepared for these activities, since there's still a gap between the activities performed by the nurse and the assumptions of the Psychiatric Reform.[22]

However, despite this, the scores obtained by the different professional categories of the study were quite similar, with no significant difference in QOL among professionals. A study evaluating the QOL of the nursing professionals from a surgical ward, despite using an instrument for evaluating QOL different from that used in this study, also showed similar scores among professional categories.[14] According to the authors, such finding demonstrates that these professionals are undergoing very similar situations, both with regard to the professional aspects, such as the personal aspect, i.e. they have low wages, long working hours, double shift, little free time for leisure, among others.[14]

This study has limitations, since it was carried out only in care services for the patient undergoing psychological suffering in the town of Uberaba, making it impossible to generalize the results, however, this study contributes to increase the knowledge on the theme, especially in the face of the fact that investigations on this subject are scarce in the country, since, despite the advances with regard to the study of the quality of life of nursing professionals, the same isn't observed when the object are the nursing professionals

working in mental health services, especially comprising the new devices of mental health, the CAPS, something which generates a gap in the Nursing literature. Moreover, this research may support proposals for further studies aimed at exploring more the issues related to the quality of life of these professionals in the various settings of care for the individual undergoing psychological suffering, which nowadays exist in Brazil after the advent of the Psychiatric Reform.

CONCLUSION

This study allowed us to evaluate and compare the QOL of the nursing professionals working in mental health services in Uberaba. Most of the study population is female, from 20 to 40 years old, single, and spiritualist. Regarding the QOL, it was observed that there were no significant differences among the scores and the professional categories. The lowest scores obtained by the nursing professionals, in general, were at the environmental and psychological domains.

After the advent of the Psychiatric Reform and the implementation of new health care services aimed at the person undergoing psychological suffering, several factors have changed in the mental health care, among them the physical space, which became open, allowing a decrease in the number of stressing agents in the environment. However, besides the psychiatric hospitals still are a part of the network of care for the person undergoing psychological suffering, with indoor spaces, often stressful, one shouldn't forget that the nursing team deals with people undergoing mental suffering, something which requires not only a different care, but a psychological training of these professionals. Therefore, it's crucial that the nurse from these services, leader of the nursing team, works along with her/his team seeking actions, within the work field, which can influence the environment, promoting a more pleasant space, with less noise and fewer stressing factors for the patient and the professional.

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