SATISFACTION AND OVERLOAD OF WORKERS OF COMMUNITY MENTAL HEALTH SERVICES: SYSTEMATIC REVIEW

ABSTRACT

Objective: To present studies about overload or burnout, job satisfaction and related factors in community mental health workers. Method: a systematic review study, the following research question "What is the impact of working in community mental health in overload and in employee satisfaction?", performed in PubMed and Lilacs databases, published from 1997 to 2011 using the descriptors "job satisfaction" OR "burnout" AND "mental health services". 275 studies were located and selected 26. Results: workers in community mental health services have scores of overload or burnout from middle to high and average scores of job satisfaction. The organization of work, relationships intra team, institutional support and number of patients are factors those influence the levels of burnout or overload and satisfaction. Conclusion: factors associated with the work process in community mental health services are most related to the levels of overload or burnout and satisfaction. Descriptors: Workers; Professional Burnout; Job Satisfaction; Mental Health Services.

RESUMO

Objetivo: apresentar estudos sobre sobrecarga ou burnout, satisfação no trabalho e fatores relacionados em trabalhadores de saúde mental comunitária. Método: estudo de revisão sistemática, com a seguinte questão de pesquisa "Qual a repercussão do trabalho em saúde mental comunitária na sobrecarga e na satisfação do trabalhador?", realizada nas bases PubMed e Lilacs, publicados de 1997 a 2011, utilizando os descritores "job satifaction" OR "burnout" AND "mental health services". Foram localizados 275 estudos, e 26 selecionados. Resultados: os trabalhadores de serviços de saúde mental comunitária apresentam escores de sobrecarga ou burnout de médios a altos e escores médios de satisfação no trabalho. A organização do trabalho, relações intraequipe, apoio institucional e quantidade de pacientes são fatores que influenciam nos níveis de burnout ou sobrecarga e satisfação. Conclusão: fatores referentes ao processo de trabalho em serviços de saúde mental comunitária são os mais relacionados aos níveis de sobrecarga ou burnout e satisfação. Descriptores: Trabalhadores; Esgotamento Profissional; Satisfação no Trabalho; Serviços de Saúde Mental.
INTRODUCTION

The Psychiatric Reform experienced in Brazil in recent decades occurred in the expansion of the National Health System that incorporated concepts such as comprehensive care, decentralization, regionalization and democratization to the everyday health services. The model of mental health care, redefined with psychiatric reform, shared social achievements obtained in the process of democratization of the country and the health sector.¹

Following the political and economic transformations the health sector has absorbed an increasing complex needs of professionals with training that go beyond the execution of tasks pre-established, ² with great emphasis on psychosocial care which expanded its powers and its network of services so significantly in recent years.

As a key strategy of the transformation of attention to mental health care for asylum for care in freedom is the structuring of services deployed in the territory of the user. The community mental health services are complex in their organization and responsibilities, in addition to clinical care that promote psychosocial rehabilitation and organization of mental health services in its territory.³

The maintenance model of care with care in freedom, their replication and qualification are directly related to the skills and commitment of its employees. Some indicators, such as satisfaction and burden of workers, contribute to assess the sustainability of the teams of mental health care in the community.

Work overload refers to the perception of excessive demands for the individual and the feeling of having a weight load as a result of these demands,⁴and is related to job satisfaction, as this is considered a pleasurable emotional state resulting from the evaluation the individual makes of his work.⁵

Satisfaction and overload are mediators, facilitators and / or triggers of burnout among healthcare workers;⁶ and burnout was defined as a multidimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment, being the way workers face chronicity of occupational stress.⁷

The objective of this review was to present studies that analyze overload or burnout and job satisfaction, and factors related to them in community mental health workers.

METHODOLOGY

It is a systematic review of literature production in the electronic databases of satisfaction and burden on community mental health workers. To guide the review, the following research question was asked: what is the impact of working in community mental health in overload and employee satisfaction? Selected articles had to meet the following inclusion criteria: community mental health services; workers as subjects and quantitative methodology. The articles of qualitative methodology and review were not included.

The search was accomplished in the months of August to October 2011 and tracked down studies published in the period of 15 years, from January 1997 to July 2011, in Brazil or abroad, where the burden or satisfaction were independent variables in the analysis of the impact work in community mental health. The databases used for tracking the articles were Lilacs (Latin American and Caribbean Health Sciences) and PubMed (Medline Publisher), and the descriptors used were “job satisfaction” or “burnout” and “mental health services” and their respective versions in Portuguese, limited to publications in Portuguese, English, Spanish and Italian.

The first phase of the analysis was based on the titles of manuscripts and abstracts of all articles that met the inclusion criteria or who did not have sufficient information to determine their exclusion. After review of the abstracts, all articles were obtained in full and examined according to the inclusion criteria. Relevant information of the items were recorded in instrument developed for this purpose, comprising: authorship; title, year of publication, place of publication, purpose, characteristics of subjects, response rate, methodology, instruments and main results.

The processes of selection and analysis of the articles were performed by pairs, using the instrument to collect data, and disagreements between the authors were resolved at consensus of items that remain in the review. The results were summarized and presented as a whole, without being summarization.

RESULTS

A total of 275 articles were obtained through the first screening, 272 studies in PubMed and 3 in Lilacs. From an initial assessment were excluded articles that did not relate to the subject workers in community mental health (171), and duplicate (1) thus leaving 101 articles of PubMed and 2
of Lilacs, as shown in figure 1. A more accurate reading of abstracts identified other items for exclusion on grounds of whether they are: hospital services, homeless centers, community counselors, reducing harm, assessing quality of care provided by the service description, service implementation processes, services for the elderly, services for children and care centers for victims of violence, literature reviews and studies using only qualitative methodologies, totaling 41 and 62 excluded studies considered relevant to the context of the review.

By reading the full articles, we excluded those whose subject did not meet the stated objective, such as community services and hospital mental health, analyzed together (10); service workers hospital mental health (6); services for seniors (3); marriage counselors and drug users (3); situations of suicide (2); course assessment and supervision (6), residential care (1); embarrassment of psychiatrists (1), and studies with methodologies bit light (4). There were identified 26 studies for analysis and synthesis.

A majority of the 26 selected studies used scales to measure the constructs satisfaction and burden, together with providing a wide variety of tools, making it difficult to compare the results of the studies. Many of the articles do not provide information on the construction of scale and / or validation.

**DISCUSSION**

Among the instruments used to evaluate burnout is the Maslach Burnout Inventory (MBI), used in 21 studies, being 17 studies used the version of the Maslach Burnout Inventory Human Services Survey - 22 (MBI - HSS 22) and 3 studies used the Maslach Burnout Inventory General Survey - 16 (MBI - GS 16). In most studies the MBI was combined with other instruments and in just one situation MBI was the only instrument evaluated.28

![Figure 1. A flowchart of search in databases, of exclusion and selection of articles.](image-url)
Satisfaction and overload of workers of community...
Brazilian studies which evaluate the repercussion on workers, care in the community to individuals with psychological distress are more recent and reflect the process of hospital discharge that began contemporaneously with the Brazilian Health Care Reform, during the 1980s, and later to England and to the United States.

Brazil were identified in mean scores for overall satisfaction (3,30; 3,59) with higher scores on the subscale of relationship in service and a lower level of satisfaction subscale working conditions being that satisfaction increased with age, decreased with increased schooling and showed no differences between the professions. Comparison of satisfaction among mental health workers and community hospital services showed no significant differences between the overall scores: 3,26(± 0,68) of hospital workers and 3,43(± 0,53) of workers Community.20

The impact of work were identified scores low overall, 1,85 29 on average 2,08,30 whereas the subscale with the highest level of impact was related to the emotional repercussions of work and with lower scores of workers Community.29

Observed also the impact reduced with age and showed higher scores among workers with ties to public and females and did not differ between the mean scores professions.29 Compared impact global community service workers (2,01 ±0,64) and hospital (2,09 ± 0,83) did not show these differences.
Blankertz & Robinson* Examine intentions of abandonment and reasons p/stay and leave the work. Determine predictors of turnover.

Blankertz & Robinson* To examine the coherence of perception about the motivation of service entry and exit between workers and managers

Prosser et al.10 To identify sources of stress and job satisfaction among the professionals of mental health teams. Examine the role of socio-demographic factors and the work on determination of stress and satisfaction.

Wykes et al. 11 To investigate factors that act in the development of burnout. Produce data for comparison purposes with evaluation of new services.

Martin & Schinke12 To check the levels of job satisfaction and burnout in mental health workers.

Prosser et al.13 To examine whether the adoption of a municipal service of community based Psychiatry in an inner city is accompanied by an increase in “burnout”, and deterioration of mental health and decreased job satisfaction among the staff.

Edwards et al.14 To examine frequency and severity of stressors experienced by community mental health nurses.

Fotherguil et al.13 To identify specific stressors, moderators factors and coping strategies.

Hannigan et al.15 Investigate the causes, moderators and outcomes of stress among nurses in community mental health services throughout Wales.

Edwards et al.17 Examine frequency and severity of stressors experienced by community mental health nurses in Wales.

Salyers & Bond16 To examine the relationship between burnout race in a sample of case managers who work with people with severe mental illness.

Gellis et al.17 Describe the specific tasks of case managers in community mental health. Analyse the

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<th><strong>Author</strong></th>
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<tr>
<td>Blankertz &amp; Robinson</td>
<td>Examine intentions of abandonment and reasons p/stay and leave the work. Determine predictors of turnover.</td>
<td>51% of workers do not have probability of leaving the job in the next two years; motivated by desire to help customers (42%), interest and challenge of work (15%) and c/customers satisfaction results (11%). Factors that would change jobs: stress/burnout (21%), low salary (20%) and little potential p/advance (13%). Association between schooling and intention to leave the service. Negative association between intention to leave the service and years worked on the type of service. Positive correlation between intention to leave and emotional exhaustion and depersonalization and negative correlation with professional achievement. Workers greater intention of letting the service c/highest scores of burnout than those c/no intention to leave the service. Factors p/leave work: stress and burnout (21%); low salary (20%); small potential for promotion (13%). Major sources of stress: inadequate human resources; responsibility s/power; many administrative tasks. Largest sources of satisfaction: work w/help patients; help w/the team; the company of colleagues. Career as a greater source of satisfaction was higher for psychiatrists and not whites. Management was greater for the more experienced. Not working in hospital is associated with c/increased perception of overload.</td>
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<td>Wykes et al.11</td>
<td>To investigate factors that act in the development of burnout. Produce data for comparison purposes with evaluation of new services.</td>
<td>GHQ-28 total was correlated significantly with the 3 subscales of the MBI. Community care teams have experienced high levels of burnout. There was no significant correlation between burnout and medical licenses. MBI showed no difference between the sexes, but women reported more daily stressors. Burn out and stress without difference between professions. Moderate or severe Burnout in 57% of workers. 90% of employees satisfied with their work. Stronger correlation of satisfaction c/promotion opportunities, followed by compliment of supervisors and negative with burnout. Moderate or Severe Burnout in 57% of workers. 90% of employees satisfied with their work. Stronger correlation of satisfaction c/promotion opportunities, followed by compliment of supervisors and negative with burnout. Moderate or severe Burnout in 57% of workers. 90% of employees satisfied with their work. Stronger correlation of satisfaction c/promotion opportunities, followed by compliment of supervisors and negative with burnout.</td>
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<td>Edwards et al.14</td>
<td>To examine frequency and severity of stressors experienced by community mental health nurses.</td>
<td>Organizational factors are major sources of stress than characteristics of the patients. GHQ-12 indicated that 35% of CMHNs surpassed the threshold of psychiatric disorder. MBI-51% of CMHNs have experienced high levels of emotional exhaustion to long term; 24% suffered from high levels of Depersonalization and bad relationship c/customers, while 14% faced severe feelings of lack of personal fulfillment in the long run. Positive correlation between self-esteem scores and number of years worked in Community Mental Health Services. Positive correlation between self-esteem scores and total score of the GHQ-12, MBI depersonalization subscale, total score of CPN Stress. A significant negative correlation between self-esteem and personal fulfillment of the MBI and all subscales of Psyche Nurse Methods of coping. Working in an urban environment and without support Manager were indicators of greater emotional exhaustion. Depersonalization significantly higher for males; caregiver for elderly people; no job security and no backup manager. Inverse relationship between Depersonalization and long experience in SMC teams. Personal achievement: increased for those with managerial responsibility, completed graduate school and drink alcohol. CMHNs c/bad relationships w/their managers, who work sick c/severe mental illness and don't feel safe in their work are more likely to stress high scores. Predictors of stress; emotional exhaustion; working with clients c/severe mental illness, who do not drink alcohol and do not feel safe on the job are more prone to higher average stress. Compared with Caucasians, African Americans reported significantly less emotional exhaustion and depersonalization, but do not differ in levels of personal fulfillment. African-Americans have reported greater management control and less comfort than Caucasians. Control was not related with burnout. Physical comfort related significantly c/depersonalization. Few differences between urban and rural activities. C/postgraduate professionals occupy more time in</td>
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different perceptions of the case managers about stress and job satisfaction in urban and rural areas.

**Gellis & Kim**
Examine the different perceptions of job stress, organizational support, pressure at work, dimensions of job satisfaction and coping strategies. Investigate predictors of stress, depressive mood and propensity to leave work in accordance with the age of the case Managers in SM.

**Galeazzi et al**
Explore the morale of psychiatrists and psychiatric nurses working in Community Mental Health Centers (CMHC), in Modena, Italy. Identify levels of burnout and job satisfaction of professionals and the differences between the two groups. Which aspects of the job are reported as enjoyable and stressful? Which factors are predictors of burnout, job satisfaction and team identity in these professionals?

**Evans et al**
Describe the characteristics of the workforce of social assistances of mental health. Identify the differences between the Judiciary Social Assistances (JSA) and the others of mental health about demographics, experience, working conditions and labour content. Examine the impact of workload on the Judiciary Social Assistances when compared to those of mental health that do not carry official responsibilities.

**Priebe et al**
To evaluate morale, team identity, job satisfaction and burnout in psychiatrists, nurses, psych. community and community mental health social workers in Berlin and London.

**Edwards et al**
Determine the degree of influence of clinical supervision on the levels of burnout reported by community mental health nurses in Wales, United Kingdom.

**Evans et al**
Examine the prevalence of stress, burnout, and job satisfaction among mental health/social workers (MHSWs) and the factors responsible for them.

**De Marco et al**
Evaluate the impact of workload on job satisfaction, quality of life and the prevalence of psychiatric disorders in mental health professionals.

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**Silva RAR da, Costa e Silva RK**
Satisfaction and overload of workers of community...

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individual therapy and psycho education than the c/graduation. JSS-stressors most rated: inadequate salary; address c/crisis situations; excessive paperwork; lack of opportunity for promotion; insufficient staff; colleagues don’t do their job; meeting deadlines; increase of assignments; p competition/progression. The lack of organizational support was the stressor reported more often than pressure at work for both groups. High frequency of crisis events can lead to occupational stress and lower job satisfaction.

+ Youth: significantly less satisfied; perception of greater pressure at work. Minor organizational support and greater propensity to leave the job than older ones. Low satisfaction c/supervision and communication within the service. + Old: lower scores of depressive mood and scales of physical symptoms than younger ones; perceived organizational support and more lower pressurizational support at work; more satisfied c/job type, c/coworkers, supervision and additional benefits. Organizational support as a predictor of depressive mood not significant for GC + Old and significant for + Young; as well as pressure at work.

Nurses and psychiatrists showed average levels of burnout. No significant differences between the two groups in job satisfaction (average scores), perception of work and professional role. Positive relationships c/patients as more pleasant aspects of the work, while the conflicts of the team and high workloads were seen as more difficult to deal with. Multivariate analysis showed to be a psychiatrist and team conflicts are the main causes of pressure at work and burnout. Simple open-ended questions about work with quantitative measures seem to be promising tools for investigating morals of mental health professionals and identify their determinants.

JSAs were older and more skilled than non-JSAs. Standards and working conditions did not differ, although JSAs do more hours on duty. JSAs received less support at work, mainly of supervisors and autonomy than non-JSAs. JSAs reported lower levels of job satisfaction; 111 (47%) presented score 4 or 5, and 106 (42%) reported lower level of burnout, indicating potential psychological disorder. Feel unappreciated at work, excessive work demands, limited amplitude in decision-making, and unhappiness about your workplace contributed to the low job satisfaction and most aspects of burnout. Stress can exacerbate the problems of recruitment and retention. Employers must recognize the demands placed on MHSWs: excessive work, dimensions of job satisfaction and coping strategies. Significant negative correlations between global score of MCSS and the emotional exhaustion subscales (r = −0.148, P = 0.050) and Depersonalization (r = −0.220, P = 0.003) of MBI. Clinical supervision is effective leading nurses to report lower levels of emotional exhaustion and Depersonalization.

High levels of stress and emotional exhaustion c/lower job satisfaction; 111 (47%) presented score 4 or higher on the GHQ, indicating potential psychological disorder. Feel unappreciated at work, excessive work demands, limited amplitude in decision-making, and unhappiness about your workplace contributed to the low job satisfaction and most aspects of burnout. Stress can exacerbate the problems of recruitment and retention. Employers must recognize the demands placed on MHSWs: excessive work, dimensions of job satisfaction and coping strategies. Significant negative correlations between global score of MCSS and the emotional exhaustion subscales (r = −0.148, P = 0.050) and Depersonalization (r = −0.220, P = 0.003) of MBI. Clinical supervision is effective leading nurses to report lower levels of emotional exhaustion and Depersonalization.

Overall satisfaction: 3.59 ± 0.55; Service relationship: 3.89 ± 0.53; Service relationship: 3.89 ± 0.53; Working conditions: 3.25 ± 0.59; Global impact: average = 1.85 ± 0.54; Emotional impact = 2.23 ± 0.64. Negative correlation

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English/Portuguese

J Nurs UFPE on line., Recife, 7(spe):5656-67, Sept., 2013
Rebouças et al. 10
Evaluate the level of satisfaction and the impact that the work produces on the health and well being in crowded professionals in mental health services a programmatic area of Rio de Janeiro.

Isset et al. 12
Evaluate the satisfaction of mental health professionals in 4 dimensions: degree of autonomy, c/patient relationship; compensation and administrative responsibilities.

Lasalvia et al. 13
Estimate and compare the prevalence of burnout among caregivers registered and unregistered.

Nelson et al. 14
Assess how changes in Mental health services (deinstitutionalization) affect the workforce. Compare teams of Crisis resolution with Street approach and Community Mental health as for satisfaction and burnout.

Acker 16
Understand the perception of the Social and professional activities and interactions with careful management. Examine the relationship between the work and symptoms associated with burnout.

Crawford et al. 16
Analyze levels of burnout among employees of community services for people with personality disorder (PD) and identify protectors and predictors of burnout.

Sorgaard et al. 17
Compare levels of burnout and sources of stress among caregivers registered and unregistered.

Figure 3. Quantitative studies about overload and job satisfaction in community mental health according to objectives and key results. Period from 1997 to 2011.

The impact of hospital discharge on Mental Health Care in England, workers in community services and crisis resolution teams was evaluated by the satisfaction and burnout constructs and identified that community teams experienced lower job satisfaction than crisis resolution teams and the two types of teams had average scores of emotional exhaustion, less depersonalization and greater personal fulfillment teams to crisis resolution. 24 Studies that evaluated and compared the impact of working in community mental health between different professions found greater burnout in psychiatrists, social workers and psychiatrists in greater depersonalization and nurses. 25 Being that social workers had higher burnout and lower

(Total Variable B) 
(Pearson) \( r = -0.422 \) between satisfaction and impact. Association between satisfaction and length of service: professional c/5 to 10 years and 10+ years. Professionals c/20 years feel less satisfied w/quality of services offered. Statistically significant differences in relation to the emotional impact and age (< < impact on operation of the team).

Overall satisfaction: mean = 3.30±0.66; Service relationship = 3.81±0.80; Quality of service = 3.45 ±0.70; Staff participation in service = 3.2 ± 0.89; Working conditions = 3.05±0.75.

Global impact: medium = 2.08±0.79; Emotional repercussions = 2.34±0.89; Team operation = 2.23±0.88; Impact on physical and Mental Health = 1.90±0.90. The higher the level of schooling, the lower the satisfaction. Impact of work not associated with studied variables. Satisfaction without differences between hospital teams (3.26±0.68) and community (3.43±0.53).

With satisfaction Autonomy: for those with large < n of cases and working in hospitalization: C/c/relationship satisfaction patients: for professionals with extensive # of cases; those who are in service for 5 years or more report greater satisfaction; profession or job Setup did not show significant effects. Satisfaction associated with remuneration: Only associated with the Office, nurses and case managers less satisfaction. Satisfaction associated with the administrative burden: Only significant difference to case manager, those who act as case manager report less satisfaction w/the administrative burden than those working for task. There was no effect of the number of cases, personal characteristics or hospital environment.

Greater emotional exhaustion between A. (50%) and social Psychiatrists (37,6%), Depersonalization in Psychologists (32%) and nurses (21%). 1/5 of the aggregate sample with severe burnout: A. = 30,8% Social, higher rate and psychologists = 12%, lower rate. Larger exhaust more than 1 year in service, the permanent staff, with more direct contact with the user. Depersonalization > men and with more time in service. Higher risk of burnout for those with direct relation c/patients, who are more than 6 years in the service, social and nurses. Situational factors and has greater value Predictor for organizational burnout than individual factors.

Crisis resolution and Street Approach: moderately satisfied with work; average scores of emotional exhaustion; low depersonalization and low personal fulfillment. Community Mental health team < satisfaction and lower levels of personal fulfillment than Crisis resolution teams. Crisis resolution team < depersonalization than Community Mental health teams.

Employees with higher levels of self-perception of competence in the context of managed care report lower levels of Emotional Exhaustion and Somaticization. Provider of burnout: self-perception of competence in the management of care. Predictor of burnout: working in a public institution.

32% with high emotional exhaustion; 14.4% and 8% low depersonalization sense of personal fulfillment. Protectors of burnout: strong teamwork, clear leadership and opportunities to reflect practice. Predictors of burnout: direct and daily care with user; work for more than 12 years on the job. Low levels of burnout found may reflect the early stage of the development of these services.

No significant differences between the 2 groups. Not recorded more dissatisfied with social relations. Caregivers registered with higher demand. Sources of stress and burnout showed minor differences.
Satisfaction and males had less burnout and greater team identity in the study in the UK. Study in the United States in 2009 identified nurses and psychiatrists with medium levels of burnout and high scores of emotional exhaustion and depersonalization as well as job satisfaction showed no significant differences between professions and between professionals and outpatient hospitalization.

Research conducted in England, with 260 nurses from community mental health services, revealed high levels of emotional exhaustion at 36% of nurses, high levels of depersonalization in 12% and low levels of job satisfaction in 10% of nurses. Detected a negative correlation between the scores of clinical supervision and emotional exhaustion and depersonalization.

In Wales, a study conducted in 2000 identified 51% of community mental health nurses with high levels of emotional exhaustion, depersonalization with 24% and 14% of low personal accomplishment, which were not related to work with patients suffering psychological and organizational factors rather to the service. In the same population was found positive correlation between years worked and self-esteem, self-esteem and between emotional exhaustion (r = 0,41, p <0,01), and depersonalization and total stress score (r = 0,32, p <0,32), a negative correlation between personal achievement and self esteem.

Note that most of the studies evaluated overload and job satisfaction descriptively or cross-sectional studies showing lack of other designs - cohort, case-control and intervention.

Studies have identified protective factors for emotional exhaustion, depersonalization and low personal accomplishment, ie, burnout, which were the presence of clinical supervision; strong teamwork, leadership and clear goal; opportunity to reflect practice; self perception; and job satisfaction.

Predictors of burnout were considered to be a psychiatrist and live conflicts team, be a social worker and female, impairment at work, excessive work demands, limited decision-making and dissatisfaction to the workplace, direct daily care with user, working for more than 12 years in service, working in a public institution. Factors associated with higher job satisfaction were identified greater autonomy, observation service changes happening quickly, benefits of teamwork and keep customers out of the hospital; promotional opportunity and praise from supervisors and low satisfaction was related charges administrative and the large number of cases under the responsibility of professional and was not associated with relationships with patients and financial reward; lack of physical infrastructure and human resources and materials.

FINAL REMARKS

Methodological limitations make it difficult to compare studies; making standardization of instruments essential to the advancement of analyzes to assess the impact of working in community mental health services, especially in Brazil where there are few publications on this topic.

From this systematic review was reached the following conclusions: (1) the community mental health workers have the highest average scores of burnout and / or work overload, (2) have average scores of job satisfaction, (3) overhead and low satisfaction are related to work organization, intra team, institutional support and number of patients, and the lack of Brazilian studies related material and human resources and poor working conditions, (4) the characteristics of the customers for whom provide care, ie, individuals in psychological distress is not identified by workers as a major element in the trigger overhead and lower satisfaction, (5) direct contact with the user's source of worker satisfaction.

Considering the findings of the review, the community mental health services need to discuss, design and evaluate changes that qualify the work process and the relationships among service workers, promote professional training and management, aiming to reduce the overhead and increase satisfaction in these workers and thus qualify the care provided to users.

REFERENCES


