

## Job satisfaction and work overload among mental health nurses in the south of Brazil

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**Abstract** *This study assessed job satisfaction and work overload among doctors, nurses, psychologists, and nursing technicians working in community mental health services and conducted a comparison between nurses and other health-care professionals. Using convenience sampling, a cross-sectional study was conducted with 61 healthcare professionals working in psychosocial care centers in a municipality located in the South Region of Brazil. Data was collected using a sociodemographic questionnaire, work impact assessment scale (Impacto - Br), and mental health professional satisfaction scale (Satis - Br). Data analysis was performed using the statistical software package SPSS 21.0. The average overall work overload score of nurses was  $2.92 \pm 0.42$  and the average overall job satisfaction score was  $3.38 \pm 0.51$ . The level of satisfaction of nurses with the quality of services provided was lower than that of other professionals ( $3.36 \pm 0.77$  compared to  $3.78 \pm 0.56$ , respectively;  $p = 0.04$ ). The factor that had the greatest negative influence on work overload among nurses was feeling physically tired ( $2.99 \pm 0.92$ ), while the factor that had the greatest positive influence on job satisfaction was good working relationships ( $4.06 \pm 0.65$ ).*

**Key words** *Nursing, Mental health, Job satisfaction, Work overload*

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## Introduction

Nursing is a profession committed to promoting health and quality of life by meeting the health needs of the population and defending the principles that underpin health and environmental policy<sup>1</sup>. Mental health nursing has undergone major transformations in recent years, resulting in the adoption of new practices by professionals aimed at ensuring the provision of comprehensive care for people with mental health problems. In working settings characterized by conflicts and resistance, nursing professionals have therefore felt the need to reflect upon their actions and work processes, rethinking everyday practices<sup>2</sup>.

Within this context, one of the indicators of the quality of mental health services is the level of satisfaction of mental health professionals. The assessment of satisfaction encompasses a range of factors that affect service delivery, such as working conditions, working relationships, quality of treatment provided, structural and organizational problems, and involvement in decision making<sup>3</sup>. A low level of job satisfaction can negatively affect patient-provider relationships and may ultimately influence the quality of treatment provided<sup>4</sup>.

Job satisfaction is a complex phenomenon influenced by a range of work-related factors, such as aspirations and individual sadness and happiness, ultimately affecting attitudes towards self, family, and the organization<sup>5</sup>. Studies have shown that there is a negative association between job satisfaction and work overload, as increasing workload leads to a decline job satisfaction<sup>6</sup>. In this respect, dissatisfaction with work overload and poor working conditions can often lead to physical and mental exhaustion, affecting productivity, performance, absenteeism, turnover, organizational citizenship behavior, health and well-being, life satisfaction, and patient satisfaction<sup>6</sup>.

The lack of coping strategies, such as the provision of adequate support and measures to minimize work overload, can often aggravate dissatisfaction<sup>7</sup>. In this respect, enabling healthcare staff to regularly share experiences can help professionals to deal with the emotional effects of work overload<sup>5</sup>.

Studies have shown a high level of stress among healthcare staff working in community mental health services<sup>8</sup>. These services generally treat or support people with severe and complex mental health problems. As a result, patients are generally highly dependent and have a wide

range of needs, thus requiring a high degree of job involvement<sup>5</sup>. Furthermore, community mental health services are characterized by a lack of resources, inadequate staffing, and excessive workload, which can contribute to the feeling of being overloaded among healthcare staff<sup>4,5</sup>.

In view of the above, this study assessed job satisfaction and the impact of work overload among doctors, nurses, psychologists, and nursing technicians working in community mental health services and conducted a comparison between nurses and other healthcare professionals.

## Methodology

Using convenience sampling, a cross-sectional study was conducted with healthcare staff (doctors, nurses, psychologists, and nursing technicians) working in eight psychosocial care centers (CAPS, acronym in Portuguese) in a municipality located in the South Region of Brazil using the following inclusion criteria: healthcare professionals who have been working in the mental health services for at least six months and are not on vacation or other leave. Data was collected between August and November 2016. Sixty-four professionals were invited to participate in the study, three of whom refused due to personal reasons, resulting in a final sample of 61 professionals.

### Data collection instruments

Demographic data, including sex, skin color, age, and length of employment, was obtained using a specially designed questionnaire. Socioeconomic status was defined according to the Brazilian Association of Polling Companies (ABEP, acronym in Portuguese)<sup>9</sup> categories A, B, C, D, or E, where A is the highest status and E the lowest.

Work overload was assessed using the mental health professional work impact scale (Impacto-BR). This self-administered questionnaire consists of 28-items divided into three subscales assessing the following aspects of work overload: impact on the physical and mental health of healthcare staff; impact on team functioning; and the feeling of being overloaded and emotional impact. The items are responded on a five-point Likert scale, where 1 is "not at all or never" and 5 is "always or extremely"<sup>4,5</sup>.

Level of staff satisfaction was assessed using the mental health professional satisfaction scale (Satis-BR). This 61-item questionnaire measures

level of satisfaction with the mental health services provided by the health organization and working conditions. The part of the questionnaire that measures level of satisfaction with the mental health services consists of 30 quantitative items grouped into four subscales and two separate questions in the items that measure overall satisfaction. The items are responded on a five-point Likert scale, where 1 is “very dissatisfied” and 5 “very satisfied”. This questionnaire also contains qualitative and descriptive questions that complement the above items referring to aspects of the services could be improved and the main causes of dissatisfaction with the services<sup>4,5</sup>.

### Statistical analysis

Double data entry was performed using the software Epi Info, version 6.04d to detect any inconsistencies. Data analysis was conducted using the statistical software package SPSS 21.0. Means, standard deviation, and percentages were calculated for the descriptive analysis of the sociodemographic variables. The chi-squared test was used for the comparison between the different groups of professionals and between the nurses and other professionals.

The following independent variables were analyzed: sex, skin color, age, length of employment, profession, and socioeconomic status. The outcome variables were job satisfaction and work overload.

A significance level of 5% was adopted for all statistical tests.

### Ethical aspects

All respondents signed an informed consent form. The study was approved by the Research Ethics Committee of the Catholic University of Pelotas.

### Results

Of the 61 health professionals who participated in the study, 4.9% were doctors, 23% psychologists, 27.9% nurses, and 44.3% nursing technicians/assistants. The results show that 83.6% of the professionals were women, 78.7% were aged between 36 and 67 years, 60.7% were from socioeconomic group C or D, and 59% were married or lived with a partner. With respect to level of education and length of employment, 63.9% had a degree or postgraduate qualification, and

47.5% had been working in mental health for at least six years (Table 1).

Table 2 shows the average overall and subscale scores of the groups nurses and other professionals. No statistically significant difference was found between the average overall work impact scores of nurses and other professionals ( $2.92 \pm 0.42$  compared to  $3.07 \pm 0.49$ , respectively;  $p = 0.28$ ). With respect to the work impact subscales, a statistically significant difference was found between the two groups in the emotional impact subscale ( $2.49 \pm 0.57$  compared to  $2.15 \pm 0.68$ , respectively;  $p = 0.07$ ), indicating that the emotional impact of work is greater among nurses (Table 2).

The average overall satisfaction score of nurses was  $3.38 \pm 0.51$ , suggesting that they are moderately satisfied with their job. The satisfaction subscale that obtained the highest average score was satisfaction with work relationships ( $3.74 \pm 0.57$ ), while the subscale that obtained the lowest average score was satisfaction with working conditions ( $2.99 \pm 0.56$ ). A statistically significant difference was found between the two groups for the subscale satisfaction with quality of services provided ( $3.36 \pm 0.77$  compared to  $3.78 \pm 0.56$ , respectively;  $p = 0.04$ ) (Table 2).

An analysis of the association between job satisfaction and length of employment among all professionals shows that level of job satisfaction was lower among those who had been working in the mental health services for over six years in comparison to those who had been working in the services for less than six years ( $3.26 \pm 0.52$  compared to  $3.63 \pm 0.49$ , respectively;  $p = 0.04$ ). This difference was statistically significant. Furthermore, work impact was shown to be greater among professionals who had been working in the mental health services for over six years in comparison to those who had been working in the services for less than six years ( $3.14 \pm 0.44$  compared to  $2.91 \pm 0.48$ , respectively;  $p = 0.062$ ).

The factors that had the greatest negative influence on work impact among nurses were feeling physically tired ( $2.99 \pm 0.92$ ) and work-related stress ( $3.21 \pm 0.63$ ), while the factors that had the greatest positive influence on job satisfaction were good working relationships ( $4.06 \pm 0.65$ ) and degree of autonomy at work ( $3.82 \pm 0.72$ ) (results not shown).

Level of satisfaction was lowest for the items dissatisfaction with salary ( $1.67 \pm 0.85$ ) and dissatisfaction with frequency of staff-patient contact ( $1.82 \pm 0.99$ ) and highest for the items satisfaction with team competence ( $3.89 \pm 0.67$ )

**Table 1.** Sociodemographic characteristics of healthcare professionals working in the psychosocial care centers.

Characteristics	N (%)
Sex	
Female	51 (83.6)
Male	10 (16.4)
Skin color	
Caucasian	46 (75.4)
Noncaucasian	15 (24.6)
Age	
24 to 35 years	13 (21.3)
36 a 67 years	48 (78.7)
Socioeconomic status	
Low	24 (39.3)
Average	37 (60.7)
Marital status	
Single/divorced/widow	25 (41.0)
Married/living with partner	36 (59.0)
Level of education	
Technical qualification	22 (36.1)
Degree/postgraduate qualification	39 (63.9)
Profession	
Doctor	3 (4.9)
Nurse	17 (27.9)
Nursing technician	27 (44.3)
Psychologist	14 (23)
Length of employment	
Under a year	10 (16.4)
1 to 6 years	22 (36.1)
Over 6 years	29 (47.5)
Total	61 (100)

and satisfaction with mental health work ( $4.02 \pm 0.86$ ) (results not shown).

The analysis of the answers to the qualitative and descriptive questions shows that 100% of nurses believe that services can be improved. Some of the main causes of dissatisfaction among nurses include lack of resources for materials and food, poor service infrastructure, difficulties in establishing a referral and back referral system with primary health centers, lack of professional recognition, work overload, and low pay.

A common thread was observed in the answers given by the nurses and other professionals to the question referring to aspects of the services could be improved. Suggestions included increased staffing levels, improvements to service structure, the creation of more therapy workshops, greater professional recognition, safety improvements, training in mental health policy,

**Table 2.** Average work overload and job satisfaction scores by group.

	Nurses	Other professionals	P-value
Overall impact	$2.92 \pm 0.42$	$3.07 \pm 0.49$	0.28
Impact on the physical and mental health	$1.91 \pm 0.74$	$1.77 \pm 0.84$	0.55
Impact on team functioning	$2.13 \pm 0.87$	$2.07 \pm 0.81$	0.80
Emotional impact	$2.49 \pm 0.57$	$2.15 \pm 0.68$	0.07
Overall satisfaction	$3.38 \pm 0.51$	$3.55 \pm 0.52$	0.25
Satisfaction with quality of services provided	$3.36 \pm 0.77$	$3.78 \pm 0.56$	0.04
Satisfaction with participation in the service	$3.32 \pm 0.61$	$3.36 \pm 0.57$	0.84
Satisfaction with working conditions	$2.99 \pm 0.56$	$3.12 \pm 0.65$	0.48
Satisfaction with work relationships	$3.74 \pm 0.57$	$3.51 \pm 0.69$	0.23
Total	17 (27.9%)	44 (72.1%)	

Chi-squared test represented by means (sd). P-values  $\leq 0.05$  were considered statistically significant.

and increased funding for the purchase of materials and food.

## Discussion

There was no statistically significant difference in levels of job satisfaction and work impact between nurses and other professionals. However, the findings show a moderate level of job satisfaction and work impact in both groups. This contrasts with the findings of previous studies showing low levels of work overload among health professionals working in mental health services<sup>4,10-15</sup>. This may be explained by the fact that most of these professionals show a high level of dissatisfaction with working conditions, which could be reflected in greater work overload related to emotional impact and impact on

team functioning. These findings reveal a need to review organizational projects with a view to improving services.

According to Popim & Boemer<sup>16</sup>, feelings frequently awakened by stressful and emotionally draining activities associated with mental health care include insecurity, fear, sadness and anguish, and aggressiveness and powerlessness<sup>5,16</sup>, leading to high levels of physical and mental strain among healthcare professionals.

The analysis of the qualitative questions showed that all professionals, not only nurses, expressed dissatisfaction with professional recognition, service structure and organization, and lack of materials. With respect to job satisfaction, the level of satisfaction of nurses with the quality of services provided was lower than that of other professionals. This difference was statistically significant. This finding suggests that nurses feel more dissatisfied with the treatment and care provided to patients because they feel the service needs to be improved. According to Nóbrega & Silva<sup>17</sup>, to ensure the provision of continuous comprehensive mental health care that meets the population's health needs and service demands, it is necessary to improve access and increase staffing.

Healthcare staff who had been working in the mental health services for over six years showed lower levels of job satisfaction in comparison to those who had been working in the services for less than six years across all professions. This may be due to the fact that motivation decreases over time. In this respect, job dissatisfaction may lead to a lack of personal fulfillment at work, which manifests itself in lack of motivation and low self-esteem<sup>18</sup>.

Levels of satisfaction among nurses were highest for the items satisfaction with team competence and satisfaction with mental health work. These findings are similar to those of other studies showing that health professionals work in mental health as a matter of personal choice and satisfaction<sup>19,20</sup>.

The present study has a number of limitations. First, the study was conducted in only one municipality in the South Region of Brazil, limiting generalization to other regions and settings. Second, the study did not include other staff working in the CAPSs, such as social workers, hygiene assistants, general service staff, administrative assistants, and receptionists. Studies assessing job satisfaction, work overload, and working conditions among nursing staff working in CAPSs are scarce and the majority involve only small samples of professionals. In contrast, the present study assessed all nursing staff working in the municipality's mental health services.

Our findings suggest that nurses working in mental health services experience high levels of work overload. However, this is related to poor working conditions rather than lack of job satisfaction. In this respect, the issues raised in this study, such as lack of resources and infrastructure, lack of professional recognition, low staffing levels, and extensive work load may have a negative impact both on a professional's health and work, thus influencing service delivery.

### Final considerations

Our findings suggest the need for greater coordination between healthcare staff and administrators with a view to implementing strategies aimed at solving the problems currently faced in mental services and at promoting staff participation in decision-making and greater investment in emergency services.

In view of the transformations mental health nursing practice has undergone in recent years, especially after the country's mental health reform and creation of psychosocial care networks, research aimed at assessing nursing practice and exploring the challenges faced by nurses in delivering quality mental health care is vital to promote reflection on the organization of work in mental health services.

### **Collaboration**

JF Oliveira, AM Santos, LS Primo, MRS Silva, ES Domingues, FP Moreira, C Wiener and JP Oses made fundamental contributions to this study.

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Article submitted 05/06/2017

Approved 22/10/2017

Final version submitted 24/10/2017

