

FACTORS ASSOCIATED WITH THE PROFILE OF THE NURSING TEAM OF A PSYCHIATRIC HOSPITAL AND ITS IMPLICATIONS FOR OCCUPATIONAL HEALTH*

FATORES ASSOCIADOS AO PERFIL DA EQUIPE DE ENFERMAGEM DE UM HOSPITAL PSIQUIÁTRICO E SUAS IMPLICAÇÕES PARA A SAÚDE DO TRABALHADOR

FACTORES ASOCIADOS AL PERFIL DEL EQUIPO DE ENFERMERÍA DE UN HOSPITAL PSIQUIÁTRICO Y SUS IMPLICACIONES PARA LA SALUD DEL TRABAJADOR

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ABSTRACT

Objective: to discuss the implications of sociodemographic and work profile, health conditions and life habits for the health of the nursing worker of a psychiatric hospital. **Method:** A cross-sectional study with 74 participants. A questionnaire was used to characterize sociodemographic, labor and health conditions and life habits. **Results:** there was an association between the auxiliary / nursing technician category with black race / color ($p < 0.001$), mean educational level ($p < 0.001$), weekly hours greater than 30 hours ($p = 0.007$), more than An employment bond ($p = 0.034$), night work ($p = 0.018$) and common mental disorder ($p = 0.015$). There was a significant association between the nurse category and the time of performance in the sector ($p = 0.028$). **Conclusion:** the results suggest that the nature of the work performed exerts a strong influence on the health of the worker, especially on the nursing assistant/technicians. **Keywords:** Nursing; Occupational Health; Mental Health; Psychiatric Hospitals.

RESUMO

Objetivo: discutir as implicações do perfil sociodemográfico e laboral, as condições de saúde e hábitos de vida para a saúde do trabalhador de enfermagem de um hospital psiquiátrico. **Método:** estudo transversal realizado com 74 participantes. Foi utilizado questionário para caracterização sociodemográfica, laboral e de condições de saúde e hábitos de vida. **Resultados:** verificou-se associação entre a categoria auxiliar/técnico de enfermagem da raça/cor preta ($p < 0,001$), nível médio de escolaridade ($p < 0,001$), carga horária semanal superior a 30 horas ($p = 0,007$), mais de um vínculo empregatício ($p = 0,034$), trabalho noturno ($p = 0,018$) e transtorno mental comum ($p = 0,015$). Observou-se associação significativa entre a categoria enfermeiro e o tempo de atuação no setor ($p = 0,028$). **Conclusão:** os resultados sugerem que a natureza do trabalho executado exerce forte influência sobre a saúde do trabalhador, em especial sobre os auxiliares/técnicos de enfermagem.

Palavras-chave: Enfermagem; Saúde do Trabalhador; Saúde Mental; Hospitais Psiquiátricos.

RESUMEN

Objetivo: discutir las implicaciones del perfil sociodemográfico y laboral, las condiciones de salud y los hábitos de vida para la salud del trabajador de enfermería de un hospital psiquiátrico. **Método:** estudio transversal realizado con 74 participantes. Se utilizó un cuestionario para la caracterización sociodemográfica, laboral y de condiciones de salud y hábitos de vida. **Resultados:** se verificó asociación entre la categoría auxiliar / técnico de enfermería de raza negra/ tez negra ($p < 0,001$), nivel medio de escolaridad ($p < 0,001$), carga horaria semanal superior a 30 horas ($p = 0,007$), más de un vínculo laboral ($p = 0,034$), trabajo nocturno ($p = 0,018$) y trastorno mental común ($p = 0,015$). Se observó asociación significativa entre la categoría enfermero y antigüedad en el sector ($p = 0,028$). **Conclusión:** los resultados sugieren que la naturaleza del trabajo realizado ejerce fuerte influencia sobre la salud del trabajador, en especial sobre los auxiliares/ técnicos de enfermería.

Palabras clave: Enfermería; Salud Ocupacional; Salud Mental; Hospitales Psiquiátricos.

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INTRODUCTION

Different models of mental health care have been implemented over the years. From 1970, the process of psychiatric reform began in Brazil, having the deinstitutionalization as its guiding principle, but only with the enactment of Law 10.216/01 that it was strengthened. The current legislation had several changes, such as the reduction of beds and hospitalizations in psychiatric hospitals, bed migration to general hospitals, matrix support, attention to the patient in basic care and implementation of substitutive services, called the *Centros de Atenção Psicossocial* (CAPS).¹

With the political and ideological conjuncture in the implementation of the substitutive model, the assistance in the emergency situations in mental health is still concentrated in the hospital services. These challenges include the shortage of qualified professionals to work under the new paradigms and doctrines, low professional adherence, financial costs for the implementation and maintenance of the network of psychosocial services, as well as worker's sickness and non-recognition by their peers.¹

Besides the ideological and paradigmatic questions, psychiatric hospitals are institutions that recall abandonment, suffering, punishment, and pain. Regarding the working conditions, studies show that the precariousness of such institutions contributes to the intensification of work because they are places structurally unsuitable for the execution of tasks and care, where continuous surveillance is required. Yet, the scarcity of material, human and equipment resources increases the worker's vulnerability to illness. However, even with the obstacles, the process of deinstitutionalization has advanced and has become more effective and decisive in the network care model.^{2,3}

The current mental health policy in Brazil stimulates the development of multidisciplinary teaching, the research and the extension practices that the nursing is inserted. The nursing activity is characterized as a fragmented work, based on the division of power and rigid ways of control, typical of the Taylorist administrative model that when added by stress and workload conditions, it is considered a vulnerability factor to illness.⁴

Thus, the objective of this study was to discuss the implications of sociodemographic and occupational profile, the health conditions and life habits for the health worker of a psychiatric hospital.

The research was justified by the gap in the knowledge production since no studies were found in the bibliographic survey that discussed these implications. It contributed to identify the importance of the individual indicators of the worker in the health-illness process of the nursing professionals who work in psychiatric hospitals. Thus, there is a need to broaden the debate about the profile of the nursing worker within the reference of the process of deinstitutionalization and restructuring of mental health services from the perspective of worker health.

METHOD

This is a descriptive and cross-sectional study conducted at a psychiatric hospital in the Northeast region of Brazil.

The study participants were workers of the nursing team of the hospital (nurse, nursing assistant, and technician). Nursing workers who performed administrative functions and did not provide direct assistance to the patient were excluded. For the sample calculation, 95% confidence level, 05% error estimate, and 05% level of significance were considered. With 90 workers that met the pre-established criteria, a sample size of 70 participants was raised. A total of 74 workers participated, 14 of them were nurses and 60 were nursing assistants/technicians, equivalent to 82.2% of the eligible population. The losses corresponded to eight workers who refused to participate in the survey and another eight workers that were not found during the data collection phase.

The data collection period was between March and April 2016. The data were collected through an interview conducted by the researcher and well-trained research assistants, guided by a semi-structured questionnaire, prepared and submitted to the pre-test by the researcher, adjusted according to the needs of the researcher service. This process was conducted inside the research institution during the work shifts, with the interviews scheduled in person or by telephone contact. The workers were clarified about the research and were only interviewed after consent through signing the Free and Informed Consent Term.

The questionnaire with self-reported information about the sociodemographic profile (age, gender, marital status, children under six years old, race/skin color and education level), labor (function, sector of activity, training time, time working in psychiatry, in the institution and in the current sector, weekly workload, employment bonds, shift and nights worked in the last fortnight) and health conditions and habits of life (physical activity practice, leisure time, health problems with medical diagnosis, work-related health problems, sleep satisfaction, insomnia, and common mental disorder). The common mental disorders were measured using the Self-Reporting Questionnaire (SRQ-20) scale in its reduced version widely applied in similar studies in Brazil and in other countries.

The data were organized, processed and analyzed with the Statistical Package for the Social Sciences (SPSS), version 21.0. Descriptive analyzes of absolute and relative frequencies were performed for the categorical variables, of central tendency (mean) and of dispersion (standard deviation) for the continuous variables. For the continuous variables, the adherence to the normal distribution was still analyzed using the Kolmogorov-Sminorv test, and only the age variable met the normality assumption ($p > 0.20$). Pearson's chi-square test or Fisher's exact test were used, when the expected frequency was lower 5%, to verify the associations between categorical variables and the professional category. For the variable age, the

Student's t-test was used, and for the other continuous variables (training time, time of performance in Psychiatry, institution and current sector) the Mann Whitney U test was used to verify the association with the professional category. The level of significance was set at 0.05.

The study obeyed the national and international norms for research involving human beings, approved by Ethics Committee in the research under the opinion number 1,434,109.

RESULTS

Most of the participants were female (91.9%, n=68), without a partner (54.1%, n=40), without children under six years old (87.8%, n=65), they declared being brown/yellow (65.8%, n=48) and with completed high school (58.1%, n=43). It was identified that 81.1% (n=60) were nursing assistants/technicians, 63.5% (n=47) developed activities in the psychiatric hospitalization sector, 70.3% (n=52) worked up to 30 hours 54% (n=40) reported having no other job, 56.8% (n=42) were on night shifts and 12.2% (09) performed more than six night shifts in the 15 days before the data collection (Table 01).

Table 1 - Association between sociodemographic and categorical variables and professional category in nursing workers of a psychiatric hospital. Teresina, PI, Brazil, 2016. (n=74)

Variables	Professional category				Total n(%)	p
	Nurse		Assistant/ Technician			
	n	%	n	%		
Gender						
Female	13	19.1	55	80.9	68(100)	0.884*
Male	01	16.7	05	83.3	06(100)	
Living with a partner						
Yes	07	20.6	27	79.4	34(100)	0.773†
No	07	17.5	33	82.5	40(100)	
Children under 6 years old						
None	12	18.5	53	81.5	65(100)	0.542†
01 or more	02	22.2	07	77.8	09(100)	
Race/skin color (n = 73)						
Brown/Yellow	06	12.5	42	87.5	48(100)	<0.001†
Black	00	0	13	100	13(100)	
White	08	66.7	04	33.3	12(100)	
Education level						
Up to High school	00	0	43	100	43(100)	<0.001†
Higher education	14	45.2	17	54.8	31(100)	
Sector						
Hospitalization	00	0	47	100	47(100)	0.230*
Emergency	01	7.1	13	92.9	14(100)	

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Table 1 - Association between sociodemographic and categorical variables and professional category in nursing workers of a psychiatric hospital. Teresina, PI, Brazil, 2016. (n=74)

Variables	Professional category				Total n(%)	p
	Nurse		Assistant/ Technician			
	n	%	n	%		
Weekly workload						
Up to 30 hours	14	26.9	38	73.1	52(100)	0.007†
31 or more	00	0	22	100	22(100)	
Other job						
Yes	10	29.4	24	70.6	34(100)	0.034†
No	04	10	36	90	40(100)	
Night shift						
Yes	04	9.5	38	90.5	42(100)	0.018†
No	10	31.3	22	68.8	32(100)	
Nights worked						
Up to 06 nights	14	21.5	51	78.5	65(100)	0.122†
06 or more nights	00	0	09	100	09(100)	

* Fisher's Exact Test †X² Test.

A significant statistical difference was found in the professional categories, considering race/skin color (p<0.001), education level (p <0.001), weekly workload (p=0.007), other job (p=0.034), and night shift (p=0.018).

The nursing assistant/technician category is associated with black race/skin color, with a workload of more than 30 hours a week, having more than one job relationship and attending night shifts. Regarding the level of education in nurses, most of them had postgraduate specialization (64.3%, n=09), while for mid-level nursing professionals, it was found that one (6.3 %) nursing assistants and 16 (36.4%) nursing technicians had a higher level.

The mean age of study participants was 49 years old (± 9.22), the mean of time of graduation was 19.7 (± 9.97) years, 18.58 (±11.73) years of work in psychiatric nursing, 17.62 (± 11.73) years of work in the research institution and 7.14 (± 8,57) years of work in the sector (Table 02).

A significant association was observed only between the professional categories and the time in the sector (p=0.028). The nurses were the professionals with more time in the same sector than the nursing assistants/technicians.

Regarding the variables related to health conditions and life habits, it was found that most of the workers practiced physical activity (56.8%, n=42), had leisure time (78.4%, n=58) and was dissatisfied with sleep (54%, n=40). Also, 25.7% (n=19) reported four or more health problems with medical diagnosis, 17.6% (n=13) declared work-related health problems, 8.1% (n=06) reported insomnia and 25.7% (n=19) had a common mental disorder (Table 03).

Table 2 - Association between sociodemographic and continuous labor variables and professional category in nursing workers of a psychiatric hospital. Teresina, PI, Brazil, 2016. (n=74)

Variable	Professional category				Total	p
	Nurse		Assistant/ Technician			
Age						
Mean	49.64		48.92		49.05	0.793*
SD	7.35		9.65		9.22	
Interval (min-max)	34 – 61		23 – 71		23 – 71	
Time of graduation						
Mean	23.74		18.78		19.70	0.115†
SD	7.51		10.30		9.97	
Interval (min-max)	07 – 35		01 – 37		01 – 37	
Time in Psychiatry						
Mean	18.86		18.52		18.58	0.689†
SD	11.56		11.87		11.73	
Interval (min-max)	01 – 34		0 – 47		0 – 47	
Time in the institution						
Mean	17.57		17.63		17.62	0.901†
SD	11.47		11.88		11.73	
Interval (min-max)	01 – 34		0 – 44		0 – 44	
Time in the sector						
Mean	10.93		6.25		7.14	0.028†
SD	9.40		8.20		8.57	
Interval (min-max)	01 – 29		0 – 31		0 – 31	

* Student t-test † Mann-Whitney U Test.

Table 3 - Association between variables related to health conditions and life habits and professional category in nursing workers of a psychiatric hospital. Teresina, PI, Brazil, 2016. (n=74)

Variable	Professional category				Total n(%)	p
	Nurse		Assistant/ Technician			
	n	%	n	%		
Physical activity						
Yes	09	21.4	33	78.6	42(100)	0.528*
No	05	15.6	27	84.4	32(100)	
Time for leisure						
Yes	13	22.4	45	77.6	58(100)	0.144*
No	01	6.2	15	93.8	16(100)	
Health problems with medical diagnosis						
Up to 03 diagnostics	11	20	44	80	55(100)	0.686*
04 or more diagnoses	03	15.8	16	84.2	19(100)	
Work-related health problems						
Yes	04	30.8	09	69.2	13(100)	0.230*
No	10	16.4	51	83.6	61(100)	

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Table 3 - Association between variables related to health conditions and life habits and professional category in nursing workers of a psychiatric hospital. Teresina, PI, Brazil, 2016. (n=74)

Variable	Professional category				Total n(%)	p
	Nurse		Assistant/ Technician			
	n	%	n	%		
Complaints of insomnia						
Yes	01	16.7	05	83.3	06(100)	0.884*
No	13	19.1	55	80.9	68(100)	
Satisfaction with sleep						
Satisfied	02	10.5	17	89.5	19(100)	0.410†
Regular	02	13.3	13	86.7	15(100)	
Insatisfied	10	25	30	75	40(100)	
Common Mental Disorder						
Yes	00	0	19	31.7	19(100)	0.015*
No	14	100	41	68.3	55(100)	

* X² test † Fisher's Exact Test.

Among the health problems with medical diagnosis, the most frequent were varicose veins (44.6%, n=33), hypertension (36.5%, n=27) and high cholesterol (24.35%, n=18). Among the health problems related to work were: mental and behavioral disorders (46.1%, n=06) and diseases of the musculoskeletal system and connective tissue (15.4%, n=02).

Regarding the variables related to health conditions and life habits, the common mental disorder variable was associated with the nursing assistant/technician category (p=0.015). In this group of variables, no statistically significant differences were found between the professional categories (p> 0.05).

DISCUSSION

The results found regarding the age confirm the data from the Brazilian Nursing Profile survey, which identified 40.1% of nursing workers aged 36 to 50 years old. They are workers who were in the stage of professional maturity, characterized by extensive development of technical and practical ability, productivity, creativity, mastery of skills and cognitive dexterity. This is a phase of certainty and professional affirmation and search for economic prosperity, which reflects in the improvement and idealization of professional advancement, by the nursing technicians, in most cases, by the entrance in the university course.⁵

On the other hand, this maturity can mistakenly be understood as a protection against risks and accidents at work, when they feel empowered and dexterous. The lack of career plan policy can lead to professional dissatisfaction, compromising the health of the worker. Another important condition for worker health concerns the condition that older workers can work fewer hours.

In this study, when the total of 17 nursing assistants/technicians had graduation, a quest for qualification was inferred. Research affirms that the higher the qualification, the greater the possibility of professional choices, influencing the labor insertion.⁶ Thinking about the health aspects of the worker, it is expected that the professional qualification brings prevention behavior to the occupational risks, in the perspective that this theme has been included in the training. Regarding the qualification, the findings also infer that higher qualification has more possibilities of choice to sectors of performance, data statistically significant in this study due to the greater time of performance in the same sector by the nurses.

There was a predominance of females in the sample evaluated. Therefore, gender issues cannot be overlooked when evaluating the nursing work process, especially the health-illness-work process, considering that the woman still exercises a double working day, being socially responsible for the activities house.

Concerning the marital situation, the largest stratum was of workers who did not live with a partner, equivalent to those professionals who were at the time of the single interview, widowed and divorced and had no children under six years old.

As for the marital situation, where most of the participants did not have partners, the predominance observed in this study is in line with research carried out with hospital nurses from Taiwan⁷ and another with hospital nurses from Rio de Janeiro.⁸ However, it differs from other national^{3,4} and international^{9,10} studies. The marital situation can act as a contributing factor to the worker's psychosocial health, affecting the health-disease process. This question demands more in-depth studies, seeking this causal relationship.

Regarding the factor having children, the data are similar to a study¹¹ performed in a psychiatric institution located in the interior of São Paulo. This result may reflect lesser domestic overhead for these workers. Most of the nursing workers referred to mestizos (brown and yellow). This data diverges from research carried out with nursing professionals from Mato Grosso do Sul¹² and from Rio Grande do Sul⁶, where most of the workers referred being white. This divergence can be attributed to regional issues, as this study was developed in the Brazilian North-east, a region marked by its Afro-Brazilian characteristics.

Race/skin color data reveal a still latent disparity in nursing when a stratified analysis is performed by function. While most nurses declare white, most nursing assistants/technicians brown/yellow. Also, mid-level nursing workers who self-referred mestizos and blacks stood out in relation to those declared white. This finding was also shown in the Brazilian Nursing Profile survey, mentioned earlier.⁵

Studies show that in Brazil, blacks continue to occupy spaces in the labor market in less valued activities, with more demand for physical effort, less intellectual performance and

low remuneration than those who declare as white and with a higher education level.¹³

The labor variables indicate the predominance of nursing assistants/technicians (81.1%) and 18.9% (n=14) of nurses. The proportion of nurses in the team is higher than in the study¹² conducted with nursing professionals in the municipality of Campo Grande, the state of Rio Grande do Sul, which identified 15.7% of the team as nurses. If this proportion found is in compliance with the personnel dimensioning parameters, the number of nurses can be a beneficial factor to the health of the worker, considering that the better staffing results in a better distribution of workloads and may still reflect less workload on nursing assistants and technicians.

More than half of the nursing professionals performed their duties in the hospitalization sector. This data differs from a study¹⁴ conducted with mental health professionals from Jordan that only 44.6% attended long-term patients. It is observed that the distribution of nursing professionals in the sectors of the institution exerts a strong influence on their health. In this study, nursing workers work in the hospitalization sector and in the areas of emergency, outpatient, administration and central material and sterilization, which reflects a demand for differentiated strategies for promotion and prevention of illness, given that each sector presents different working conditions, with diverse occupational risks.

The results highlight workers with high professional experience and professional working time in the institution, similar to a study in Sweden.¹⁵ Long experience in psychiatric care while being able to be treated as positive to workers' health, because it determines more ability, knowledge, and safety in the work, may refer to a prolonged exposure to health and related risks to the sector/institution.

The most frequent weekly workload was up to 30 hours (70.3%, n=52), and most of the participants (54%, n = 40) did not have another job. The weekly workload data differ from a survey carried out in a public hospital in Bahia with nursing professionals, which observed 59.9% with a weekly workload of more than 40 hours.¹⁶ Regarding the number of jobs, other publications found similar results reported that the workers had no other job, however, with percentages well above in this study.^{6,17}

It is important to point out that the data of this research show a reality different from most nursing workers in Brazil, where most of them have more than one employment relationship, and a weekly workload of more than 40 hours¹⁸. Having more than one job is very common in Brazilian nursing due to low wages, insufficient to meet the needs of the family. Despite the economic growth of the nursing profession, it also has similar and/or superior working hours as the doctor, but with lower salaries than other higher-level health professionals.⁴ Thus, when working risks are intensified, translating into con-

ditions that can lead to physical or mental illness, for example, mental disorders and musculoskeletal injuries.

Regarding the work shift, a high percentage of night shift professionals were found. A study warns that night shifts are harmful to workers' health as they change the routine to suit nighttime activities, reducing mental and cognitive capacity, physical fatigue and risk of exposure to accidents and failures, changes in gastrointestinal functions and rhythm circadian and they can still determine losses in family and social relations.^{4,16}

The data found in this study reveal that professionals in the nursing assistant/technical category are more vulnerable to illness because they are the ones who work the longer hours, consequently, they have more jobs and more chances to work at night.

As life habits, there was predominance of professionals who practiced physical activity and had time for leisure. Research with nurses working in a surgical clinic showed that most workers did not practice physical activity, presenting high averages of social damages.¹⁶ In Lithuania, physical and leisure inactivity was responsible for negative evaluations of the health status of the nursing worker.¹⁹ Thus, it is believed that the practice of physical activity and leisure activities has a positive impact on the health and quality of life of the nursing worker, acting as a strategy for coping with problems arising from the work environment.

The existence of diseases diagnosed by a doctor was reported by all nursing staff at the institution, and 25.7% (n=19) reported more than four health problems, where varicose veins (44.6%) were the most affected, followed by hypertension (36.5%) and high cholesterol (24.3%).

Varicose veins were also identified in a cross-sectional study aimed at estimating the occurrence of health complaints reported by nursing workers in a public hospital in Feira de Santana, Bahia, in which 46.3% reported varicose veins in lower limbs.⁴ According to the authors, these data can be justified by the nature of nursing work, which leads the worker to long periods in orthostatic position and to travel long distances.

Hypertension was also reported by workers. The 7th Brazilian Arterial Hypertension Directive recommends the practice of physical activity for both prevention and treatment, and the reduction of sitting time, standing up for five minutes every 30 minutes sitting.²⁰ Although this study has a predominance of active professionals physically and with leisure time, the proportion of workers with high blood pressure and high cholesterol was high.

It was verified that 17.6% (n=13) of nursing staff at the hospital reported health problems related to work. The common mental disorders (CMD) were statistically significant in nursing assistants and technicians. These data are consistent with a study carried out in the southern region of Brazil, which revealed mental and behavioral disorders in the nursing team reality, responsible for a high number of leave and days of absence at work.²¹

CMD is a difficult term to be defined. However, operational proposals are presented, such as a group of symptoms that characterize anxiety, depression and stress-related disorders (including burnout and somatoform and adjustment disorders), excluding psychoactive substances, and other more serious disorders, since symptoms related to anxiety, depression and stress are very similar in origin, manifestation and treatment.²² This operational definition emerged because The International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) for non-psychotic and non-psychoactive substance use disorders are too specific, which would be very difficult for clinical psychiatrists to define diagnoses and of therapy.²³

Corroborating these findings, a survey carried out with mental health professionals in a psychiatric institution identified a low impact in the evaluation of global scores regarding work in this context. Nevertheless, the score with the highest impact level was related to the emotional repercussions of the work.²⁴

Several issues addressed in the results of this study are reality in the nursing services, not only mental health care spaces, but also in emergency care hospital institutions, attention to the health of women and children and basic care services, among others. The data reveal conditions that can be generalized and have important implications for nursing practice, especially nursing assistants and technicians, professionals submitted to higher rates of common mental disorders and night shifts, conditions that act as systemic stressors to the worker equilibrium. These considerations show the need of mediating strategies of the adverse conditions of work that may risk the sickness of the worker.

The limits of this study are related to the reduced sample size, enabling deeper statistical analyzes, to its typology, which identified only associations, without raising possible cause and effect relationships, and to the smallness of studies related to the population evaluated, which may comparisons with other similar scenarios. However, the data that match studies with other populations of different scenarios should be considered.

CONCLUSION

The profile of the study workers shows approximations with the profile of nursing professionals in Brazil. It is important to point out that it is a group with high age and experience in the service researched. Black race/skin color, mean education level, weekly workload greater than 30 hours, more than one job, night shifts and common mental disorder were associated with the nursing assistant/technician professional category.

The results emphasized the political and administrative issues inherent in the profession, such as lower wages, longer working hours and less recognition for the work of nursing assistants/technicians. They also suggest that the nature of the

work performed has a strong influence on the health of the worker, especially on nursing assistants/technicians.

The study contributed to reflections about the impact of work on the health of nursing assistants and technicians, since they presented exclusively common mental disorder, emphasizing the need for other studies investigating the association of this illness with the work performed by this group of professionals.

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