

Common mental disorders among nursing workers in a psychiatric hospital

Transtornos mentais comuns entre trabalhadores de enfermagem de um hospital psiquiátrico

Trastornos mentales comunes entre trabajadores de enfermería de un hospital psiquiátrico

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Descritores

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Abstract

Objective: To check the associations between sociodemographic and occupational variables, health conditions, and life habits and common mental disorders among nursing workers of a psychiatric hospital.**Methods:** This is a cross-sectional, quantitative study performed in a psychiatric hospital. Seventy-four nursing workers participated. Data were collected through a questionnaire for sociodemographic, occupational, and health and life habits characterization of the subscale Number of current diseases diagnosed by a physician, extracted from the Work Ability Index, the Ohayon Insomnia Questionnaire, and the Self-Reporting Questionnaire - 20. Statistical analysis was performed using chi-square, Fisher's exact, Student's t, and Mann-Whitney U tests.**Results:** The prevalence of common mental disorders was 25.7%. The variables associated with common mental disorders were: professional category ($p = 0.015$), leisure time ($p < 0.001$), health problems ($p = 0.003$), and sleep satisfaction ($p = 0.003$).**Conclusion:** The findings of these associations allow us to infer that there is a relationship between workers' life habits, their work activity, and the outcome evidenced by the higher percentage of common mental disorders. This study contributes with subsidies for proposing interventions and actions to prevent workers from becoming ill.

Resumo

Objetivo: Verificar as associações entre as variáveis sociodemográficas, laborais e condições de saúde e hábitos de vida e os transtornos mentais comuns entre os trabalhadores de enfermagem de um hospital psiquiátrico.**Métodos:** Estudo transversal, quantitativo, realizado em um hospital psiquiátrico. Participaram 74 trabalhadores de enfermagem. A coleta dos dados ocorreu por meio de questionário para caracterização sociodemográfica, laboral e de condições de saúde e hábitos de vida, da subescala Número de Doenças Diagnosticadas pelo Médico, extraída do Índice de Capacidade para o Trabalho, do Questionário de Insônia de Ohayon e do Self Reporting Questionnaire - 20. A análise estatística foi realizada utilizando os testes qui-quadrado, exato de Fisher, t de Student e U de Mann Whitney.**Resultados:** A prevalência de transtornos mentais comuns foi de 25,7%. As variáveis associadas aos transtornos mentais comuns foram: categoria profissional ($p=0,015$), tempo para lazer ($p<0,001$), problemas de saúde ($p=0,003$) e satisfação com o sono ($p=0,003$).**Conclusão:** Os achados das associações permitem inferir que existe uma relação entre os hábitos de vida do trabalhador, sua atividade laborativa e o desfecho evidenciado pelo maior percentual de transtornos mentais comuns. Este estudo contribui com subsídios para propostas de intervenções e ações preventivas para o adoecimento.

Resumen

Objetivo: Verificar las asociaciones entre las variables sociodemográficas, laborales y condiciones de salud y hábitos de vida y los trastornos mentales comunes entre los trabajadores de enfermería de un hospital psiquiátrico.**Métodos:** Estudio transversal, cuantitativo, realizado en un hospital psiquiátrico. Han participado 74 trabajadores de enfermería. La recolección de los datos ocurrió a través de cuestionario para la caracterización sociodemográfica, laboral y de condiciones de salud y hábitos de vida, de la subescala Número de Enfermedades Diagnosticadas por el Médico, extraída del Índice de Capacidad para el Trabajo, del Questionario de Insomnio de Ohayon y del Self Reporting Questionnaire - 20. El análisis estadístico ha sido realizado utilizando las pruebas Chi-cuadrado, exacto de Fisher, t de Student y U de Mann Whitney.**Resultados:** La prevalencia de trastornos mentales comunes ha sido de un 25,7%. Las variables asociadas con los trastornos mentales comunes han sido: categoría profesional ($p=0,015$), tiempo para el ocio ($p<0,001$), problemas de salud ($p=0,003$) y satisfacción con el sueño ($p=0,003$).**Conclusión:** Los hallazgos de las asociaciones permiten inferir que existe una relación entre los hábitos de vida del trabajador, su actividad laboral y el desfecho evidenciado por el mayor perceptual de trastornos mentales comunes. Este estudio contribuye con subsidios para propuestas de intervenciones y acciones preventivas para la enfermedad.

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Introduction

Health is a dynamic and multifaceted process influenced by several conditions, including human work, which is a determinant of the workers' health situation, contributing both as a source of achievement and as a pathological element.⁽¹⁾

The process of work intensification can be understood as the social dimension of worker exploitation due to physical, mental and psychic exhaustion to perform an activity in a certain period of time. This process also includes the expropriation of practical knowledge, in order to obtain the greatest quantum of work in the same amount of time. This intensification has been pointed out as a possible explanation for the high prevalence of mental disorders among workers.⁽²⁾

Currently, the study of this process leads to discussions about distress at work and workers' impossibility to deal with inevitable changes that redefine work contexts, favoring the illness process.⁽²⁾

It should be noted that health care does not escape from the deleterious effects associated with the way capital is exploited. Regarding health workers, along with these effects, there are still situations limited to their work activity, the dissociation between effectiveness and the quality of the work performed, and workers' competence and commitment.⁽¹⁾ It is in this context that common mental disorders (CMD) should be considered. This is a clinical condition with unspecific psychosomatic symptoms varied in form, magnitude, time and space.^(2,3) The effects of the complications caused to the workers' mental health bring important consequences to the individual, organization, and community.

Nursing work in psychiatric institutions was chosen as the focus of this study because it reveals a particular reality, given the limitations in the quality and effectiveness of health care for people with mental disorders. Despite the concern with the workers' health, there is little discussion regarding mental health nursing workers. The literature lacks studies evaluating the prevalence of CMD among nursing workers in mental health services, although Brazilian⁽³⁻⁶⁾, Pakistani⁽⁷⁾, and Iranian⁽⁸⁾ studies re-

veal a high prevalence of these diseases among nursing workers in hospital services.

Regarding work in mental health services, studies show that this work process exposes nursing workers to all kinds of workloads – either physical, cognitive and/or psychic -, but the most intense are the psychic loads, especially associated with organizational factors, the type of treatment offered in the institutions, and emotional involvement with patients.^(9,10)

Studies point to mental and behavioral disorders as the main cause of pensions due to disabilities among health workers,⁽¹¹⁾ and secondly as responsible for the nursing workers' leaves,⁽¹²⁾ requiring more time for recovery and generating more costs,⁽¹³⁾ in addition to the reduction of work capacity.⁽⁴⁾ Faced with this problem, there is the question: Are common mental disorders present among mental health nursing workers, and what factors may be associated with these disorders?

One cannot ignore the current context of Brazilian policies, which provide, among obstacles and limitations, the prohibition of the expansion of beds in specialized psychiatric hospitals, the qualification and expansion of psychiatric beds in general hospitals, and basic care as an essential aspect of the Psychosocial Care Network (RAPS, as per its acronym in Portuguese). This reality has direct implications for the mental health of professionals who work in hospitals under uncertainties for the future, and can lead to a scenario of suffering and frustration, with the workers' psychic health being a direct reflection of work conditions and working hours, salaries, and permanent education.

Therefore, the objective of this study is to check the associations between sociodemographic and occupational variables, health conditions, and life habits, and mental disorders that are common among nursing workers of a psychiatric hospital.

Methods

This is a quantitative, cross-sectional study conducted at a psychiatric hospital in the Northeast

region of Brazil. It is a highly complex institution, with 160 full-time beds, and eight beds for crisis intervention, urgency and emergency services, and outpatient care, a reference for the psychosocial care network of the state and neighboring region, also receiving patients from the penitentiary system who have to follow security measures.

Data collection took place between March and April 2016 through face-to-face interviews conducted by the researcher and six previously trained and certified research assistants. The workers were invited in person at their workplace and by telephone, and a subsequent visit was scheduled. The participants were informed about the research and the voluntary nature of their participation, and their consent was obtained through Free and Informed Consent Forms that were signed in two copies, one for the researcher and other for the participant to keep.

All nursing staff workers ($n = 90$) were considered eligible. Workers who performed administrative functions and/or did not provide direct patient care, and those who were on vacation or on a leave and did not return during the data collection period, were excluded. Eight workers were lost, three were on vacation/leave, and five were not located during the collection period.

For data collection, the participants answered questions about sociodemographic and occupational issues, health conditions and life habits, and questions about CMD, contained in the Self Reporting Questionnaire (SRQ-20). Data were processed, organized and analyzed with the help of the Statistical Package for the Social Sciences (SPSS 21.0) software.

The sociodemographic variables studied were: age; gender; living arrangement; having children under six years of age; race/color; and level of education. Occupational variables were: professional category; area of activity by level of complexity; time since graduation, length of work in psychiatric nursing, length of work in the institution, length of work in the area; number of employment bonds; weekly workload, and night work. Health conditions and life habits were: physical activity; leisure time; work-related health problems; health prob-

lems with medical diagnosis; complaints of insomnia, and satisfaction with sleep.

To track health problems with a self-reported medical diagnosis, the researchers used 15 items from the subscale Number of current diseases diagnosed by a Physician, extracted from the Work Ability Index, which was validated in Brazil in the 1990s by a group of researchers led by Tuomi.⁽¹⁴⁾ For the analysis, the arithmetic mean of the diseases referred to by the participants was calculated, and was considered as the mid-point for discrimination of the categories, namely: up to three diagnoses, and four or more diagnoses.

In the evaluation of insomnia complaints, an instrument developed by Ohayon⁽¹⁵⁾ was used, which evaluates the frequency of only an affirmative answer to any of the questions related to the previous two weeks: “Did you have difficulty falling asleep?”, “Did you wake up before the desired time and could not fall asleep again?”, and “Did you wake up during your sleep and had difficulty sleeping again?”. The variable was categorized into insomnia complaints (yes and no).

The Brazilian version of the SRQ-20, recommended by the World Health Organization, was used for the evaluation of CMD. This instrument contains 20 questions about symptoms and emotional problems related to work and general health that may have occurred in the 30 days prior to collection. Each alternative has score zero (0) and one (1), which correspond respectively to the absence and presence of the symptom. Five positive responses for men and seven for women were used as the cutoff point for CMD, based on previous research that revealed good specificity and sensitivity for this stratification.⁽¹⁶⁾ The SRQ-20 Cronbach alpha coefficient was 0.837.

The categorical variables were presented in tables, by means of absolute and relative frequency, and associated with CMD using a chi-squared test (X^2) and/or Fisher's exact test, when the expected frequency was less than 5%.

Continuous variables were presented through mean and standard deviation values. They were analyzed according to the distribution of normality and the aid of the Kolmogorov-Smirnov test.

The variable age met the normality assumption ($p > 0.20$), and was evaluated by Student's t-test; ($p < 0.20$), whereas the variables of time since graduation, length of work as a psychiatric nurse, length of work in the institution, and length of work in the area were evaluated through the Mann-Whitney U test, because they did not meet the normality assumption ($p < 0.20$). In all analyses an association was considered significant when $p < 0.05$.

This study was approved by a research ethics committee, under report no. 1.434.109 and Certificate of Presentation for Ethical Assessment - CAAE registration no. 52679216.7.0000.5238, in compliance with national and international ethical standards in human research.

Results

The study participants were 74 (82.2%) nursing workers from the psychiatric hospital, with 19% ($n = 14$) being nurses, and 81% ($n = 60$) being nursing aides/technicians, predominantly female (91.9%, $n = 68$), with a mean age of 49.05 (± 9.22) years, who did not live with a partner (54.1%, $n = 40$), without children under 6 years old (87.8%, $n = 65$), brown/yellow (65.8%, $n = 48$), and with education up to high school (58.1%, $n = 43$). Most of them worked in the hospital admission department (63.5%, $n = 47$), with an average time of 19.7 (± 9.97) years, length of work in psychiatric nursing of 18.58 (± 11.73) years, length of work in the studied institution of 17.62 (± 11.73) years, and length of work in the area of 7.14 (± 8.57) years. A higher percentage of workers with a workload up to 30 hours (70.3%, $n=52$), who had no other job (54.1%, $n=40$) and had night shifts (56.8%, $n=42$) was observed.

A total of 56.8% ($n=42$) practiced a physical activity, 78.4% ($n=58$) had leisure time, 25.7% ($n=19$) reported four or more health problems with a medical diagnosis, 17.6% ($n = 13$) reported a health problem related to the work in the hospital, 8.1% ($n = 06$) complained of insomnia, and 54.1% ($n = 40$) reported being dissatisfied with

sleep. The overall prevalence of CMD among the nursing staff of the psychiatric hospital was 25.7% ($n=19$).

Table 1 shows the associations between socio-demographic and occupational variables and CMD among nursing workers in the psychiatric hospital. The statistical tests used did not identify a significant difference for the sociodemographic variables among evaluated the groups ($p > 0.05$). Regarding the work variables, the professional category of nursing aides/technicians presented a higher percentage for CMD, showing a significant statistical difference ($p = 0.015$).

Table 1. Association between sociodemographic and occupational variables and CMD among nursing workers in a psychiatric hospital

Variables	CMD		Total n(%)	p-value
	No n(%)	Yes n(%)		
Gender				0.601*
Female	50(73.5)	18(26.5)	68(100)	
Male	5(83.3)	01(16.7)	06(100)	
Living with a partner				0.596†
Yes	24(70.6)	10(29.4)	34(100)	
No	31(77.5)	09(22.5)	40(100)	
Children under 06 years old				0.802†
None	48(73.8)	17(26.2)	65(100)	
01 or more	07(77.8)	02(22.2)	09(100)	
Race / color ($n = 73$)				0.331†
Brown/Yellow	34(70.8)	14(29.2)	48(100)	
Black	09(69.2)	04(30.8)	13(100)	
White	11(91.7)	1(8.3)	12(100)	
Level of education				0.057†
Up to high school	28(65.1)	15(34.9)	43(100)	
Higher education	27(87.1)	4(12.9)	31(100)	
Professional category				0.015*
Nurse	14(100)	00(0)	14(100)	
Aide/Technician	41(68.3)	19(31.7)	60(100)	
Sector				0.813†
Admission	32(68.1)	15(31.9)	47(100)	
Urgency/Emergency	10(71.4)	4(28.6)	14(100)	
Weekly workload				0.431†
Up to 30 hours	40(76.9)	12(23.1)	52(100)	
31 or more	15(68.2)	7(31.8)	22(100)	
Employment bond				0.885†
Up to one job	30(75)	10(25)	40(100)	
02 or more jobs	25(73.5)	9(26.5)	34(100)	
Night work				0.234†
Yes	29(69)	13(31)	42(100)	
No	26(81.3)	6(18.7)	32(100)	

* Fisher's exact test †X² test

Table 2 shows the associations between the variables related to health conditions and life habits and CMD among nursing workers of the psychiatric hospital. Evaluation of the variables related to health conditions and life habits and CMD showed a statistically significant association for higher prevalence of CMD ($p < 0.05$) among not having leisure time, presenting four or more health problems with a medical diagnosis, and sleep satisfaction. The other variables did not show a significant statistical difference.

Table 2. Association between the variables related to health conditions and life habits and CMD among nursing workers of a psychiatric hospital

Variables	CMD		Total n(%)	p-value
	No n(%)	Yes n(%)		
Physical activity				0.181
Yes	34(81)	08(19)	42(100)	
No	21(65.6)	11(34.4)	32(100)	
Leisure time				<0.001
Yes	49(84.5)	9(15.5)	58(100)	
No	6(37.5)	10(62.5)	16(100)	
Health problems with a medical diagnosis				0.003
Up to 3 diagnoses	46(83.6)	09(16.4)	55(100)	
4 or more diagnoses	9(47.4)	10(52.6)	19(100)	
Work-related health problems				0.083
Yes	7(53.8)	6(46.2)	13(100)	
No	48(78.7)	13(21.3)	61(100)	
Complaints of insomnia				0.328
Yes	3(50)	3(50)	06(100)	
No	52(76.5)	16(23.5)	68(100)	
Satisfaction with sleep				0.003
Satisfied	10(52.6)	9(47.4)	19(100)	
Regular	9(60)	6(40)	15(100)	
Dissatisfied	36(90)	4(10)	40(100)	

* χ^2 test

Table 3 shows the associations between the continuous variables and CMD among nursing workers in the psychiatric hospital. Regarding the variables age, time since graduation, length of work in psychiatry, length of work at the institution, and length of work in the area, the results of the associations did not show a significant statistical difference among the groups.

Table 3. Association between the continuous variables and CMD among nursing workers in a psychiatric hospital

Variable	CMD			p-value
	No	Yes	Total	
Age				0.798*
Mean	48.89	49.53	49.05	
SD	8.97	10.16	9.22	
Variation (min-max)	29 – 71	23 – 63	23 – 71	
Time since graduation				0.853†
Mean	19.75	19.58	19.70	
SD	9.68	11.05	9.97	
Variation (min-max)	3 – 37	1 – 35	1 – 37	
Length of work in psychiatry				0.586†
Mean	17.91	20.53	18.58	
SD	11.67	11.10	11.73	
Variation (min-max)	0 – 47	0 – 44	0 – 47	
Length of work at the institution				0.343†
Mean	16.62	20.53	17.62	
SD	11.58	11.10	11.73	
Variation (min-max)	0 – 36	0 – 44	0 – 44	
Length of work in the area				0.172†
Mean	8.09	4.37	7.14	
SD	9.19	5.79	8.57	
Variation (min-max)	0 – 31	0 – 18	0 – 31	

*Student's t test †Mann-Whitney U test

Discussion

Limitations of this study include the impossibility of more detailed statistical analyses due to the small sample size; impossibility of establishing a cause-and-effect relationship; difficulty in the qualitative analysis of the data due to the scarcity of national and international studies on the researched population, minimized by the use of references with other study scenarios; and possible underestimation of CMD cases among the sample, because SRQ-20 is an instrument in which the symptoms are self-reported.

This research showed to be relevant because its theme is one of the priorities in health sciences, and it provides subsidies for promotion and prevention interventions regarding the mental health of nursing workers in psychiatric hospitals.

In this study, an association was observed between the variables professional category, time for leisure, health conditions with a medical diagnosis, and satisfaction with sleep, and psychic suffering. It is suggested that the principles of the psychiatric reform, which apply to people with mental disorders,

should be extended to the work context of nursing professionals from a preventive care perspective. Thus, it is necessary for workers to recognize the risk factors for mental illness, so they can intervene in the perspective of health promotion, together with the investments of employers in permanent health education devices, periodic health assessments, the creation of healthy environments, and support for actions to guide new behaviors and habits that favor quality of life, considering their influence in the health-disease process.

The overall prevalence of CMD among nursing workers in the studied institution surpasses the values found in studies with teaching nurses at public universities in the state of Rio Grande do Sul⁽¹⁷⁾ and with nursing workers at a hospital in Porto Alegre.⁽⁴⁾ However, it was lower than that found with nursing workers from a hospital in the state of Bahia,⁽⁶⁾ a university hospital in Rio Grande do Sul,⁽⁴⁾ and three hospitals in Rio de Janeiro.⁽⁵⁾ This result suggests that work environments reflect different profiles of sickness to the nursing workers, taking the profile of the user, context and working conditions, and socio-professional relations into account.

Regarding the sociodemographic variables and the percentage of CMD, investigations in Iran presented consistent results to suggest that female nursing workers are more prone to mental disorders.^(18,19) These results partially reinforce those found in this study, as they do not identify any significant differences between groups; however, there is a higher prevalence among female workers.

It is important to highlight that mental disorders, in general, are more common in women. This is due to a complex web of genetic and hormonal factors, metabolic influences and the process of socialization. Therefore, although men and women share similar working conditions, their social roles and behaviors are considerably different from the point of view of illness.⁽²⁰⁾ It is known that in recent years there has been an increase in the participation of women in the business market; however, there is no reduction in women's domestic work, and a proportional increase in male participation in household activities.

Among the sociodemographic variables, even without statistical significance, it is necessary to recognize the higher percentages of CMD among workers at a higher age, who lived with a partner and attended high school. Studies from Pakistan,⁽⁷⁾ Lithuania,⁽²¹⁾ and Brazil⁽²²⁾ corroborate these data.

The previous results raise questions, since more experienced professionals could better face the difficulties related to their work. A study with federal public servants showed that the highest rates of emotional exhaustion and the lowest rates of professional achievement were presented among those with lower education levels. However, further clarification is still needed, because a likely explanation would be that more skilled professionals would have more cognitive tools to deal with difficulties. Moreover, professionals with higher qualifications have numerous possibilities of choices that impact on socioeconomic conditions, and are less susceptible to mental health problems.⁽²³⁾

With regard to work variables, only the variable professional category was statistically significant for association with the prevalence of CMD. In nursing, the occurrence of major injuries in the category of nursing aides/technicians can be explained by the nature of the work they develop. A study showed that 7.1% of the nurses reported a health problem, whereas the frequency for nursing aides/technicians was 17.2%.⁽²⁴⁾

Nursing work requires a high level of demand and complexity. Numerically, it is the most populous class in the hospital context, being responsible for the care of human beings and their families. This work is carried out by different professional categories, which demand specific training, and a scope of distinct activities. It is understood that the core of a nursing staff's work is care in its technical, communicative and interactive dimensions with users. It is this work process, along with the specific issues of the work - such as precarious working conditions, lack of material and human resources, devaluation of the profession, relationship difficulties, low salaries, and duplicated leaderships, in addition to the closest contact with the patients being performed by nursing aides/technicians, which may suggest they are more susceptible to developing psychic illness, of-

ten resulting from the loss of meaning of their work, reflected in feelings of anxiety, irritability, anguish, dissatisfaction, and intellectual illness.⁽²⁵⁾

The activities carried out by mental health nursing professionals mostly require communicative and relational skills, and that the execution of procedures is not the greatest demand of the work. Some activities, nonetheless, are prerogatives of a nurse's work, such as care and environment planning, and this may, in a certain way, keep nurses away from direct and constant contact with the service users. It should, however, be considered that even when not continuously in the presence of the person with a mental disorder, nurses, as well as other members of the nursing team, are exposed to factors that trigger mental suffering, such as permanent alertness, fear, and tension. In the studied service, work distribution between nurses and the other members of the team is clear, where the former is in charge of all care planning, making nearer contact with the user more difficult due to the great demand of the individuals hospitalized in the institution, and the latter in charge of the implementation of care.

Statistical analysis showed significance to the professional category of nursing aides/technicians, but it did not reveal significance for level of education. However, 41.9% of the sample has a higher level of education, which seems to indicate a significant number of nursing aides/technicians with higher education. Therefore, it is evident that the sample presents more prepared nursing aides/technicians, if years of education and the requirement of practice are considered. This should be seen as a factor of suffering that generates work overload and conflicts in the relations of power with their immediate superiors.⁽²⁴⁾

Data related to the area of activity converge with those found in a cross-sectional study - when identifying that the prevalence of CMD among people working in the admission department may be higher.⁽⁴⁾ A study with nurses from Iran showed a significant association between the area of activity and the worker's mental health.⁽⁸⁾ These associations can be attributed to the complexity of care in each area of activity. In nursing, workers are inserted in an environment that can damage their health and integrity.

This should take the differences in the performance of specific areas into account, and demands mastery of the work process and the resulting risks, analyses of the singularities of the type of patients and the technologies required for care, and the exposure to specific risks in that area.⁽²⁶⁾ A study with nursing workers at a psychiatric hospital has shown, for example, that controlling emotions, making continuous and repetitive use of sight, memory, hands, and feet, and dealing with the aggressiveness of others are critical conditions for becoming ill, and require constant attention.⁽²⁷⁾

Another alarming situation pointed out in nursing was the situation of working in two different places, due to the low salaries, ease to conciliate the various employment bonds, and the permissiveness of labor laws.⁽²⁸⁾ These conditions contribute to the high physical and mental load of nursing work, demonstrating the need for rest breaks and leisure time.

From the point of view of health conditions and life habits, the variables leisure time, health problems with a medical diagnosis, and sleep satisfaction obtained significant statistical associations with the prevalence of CMD.

A study with Lithuanian nurses identified that physical activity and mental suffering had a negative association with health status self-assessment, so it was observed that those who practiced little physical activity and/or who had some kind of mental suffering showed worse evaluations of their conditions.⁽²¹⁾ A study with nurses from Taiwan showed that the higher the physical and psychological symptoms and the stress levels, the worse the quality of sleep and the health status self-assessment.⁽²⁹⁾

A study conducted with nurses from Hong Kong noted that marital status, physical activity, and sleep quality are associated with depression, as well as marital status, sleep quality and leisure activities are associated with anxiety, and age, physical activity and leisure with levels of stress.⁽³⁰⁾ This study revealed similar data regarding health conditions and life habits found in this study, when it was observed that professionals who did not practice physical and/or leisure activities were more vulnerable to CMD.

Practicing physical and leisure activities is associated with lower levels of anxiety and depres-

sion. These results reinforce the importance of physical activity and leisure, not only because of the lower vulnerability to CMD, but also because of social benefits.⁽³¹⁾

A cross-sectional study with nurses from surgical clinics in university hospitals in southern Brazil showed that workers who did not practice a physical activity had social damages, with the risk of illness related to social isolation and an ineffective family and social pattern.⁽³²⁾ It is believed that physical and leisure activities act as protective factors to workers' health.

Workers who were dissatisfied with sleep presented a lower prevalence of CMD. The data found in this study regarding sleep satisfaction differ from those found in other studies.^(3,29,33) These findings allow the reflection that workers dissatisfied with sleep can use psychoactive drugs to relax and treatment for insomnia, reducing vulnerability to CMDs. These data are corroborated by other findings, such as a study with 106 health professionals showing that 21.6% were on psychoactive drugs. It also indicated insomnia among the three main reasons for the use of psychoactive drugs by health professionals, followed by depression and anxiety.⁽³⁴⁾

The existence of conditions triggering suffering among health professionals, especially in nursing, cannot be denied; thus, the use of psychoactive drugs becomes a reality. Research indicates that professionals who work on high demand and low control have a high prevalence of CMD, which may result in the use of psychoactive drugs.⁽⁴⁾

The association between CMD and health problems with a medical diagnosis is common. The prevalence of CMD was higher among nursing professionals with four or more diagnosed health problems, the most common being varicose veins, hypertension, and high cholesterol. Results of a study⁽³⁵⁾ with adult women showed a prevalence of 18.7% of cases of CMD, with a higher prevalence among those with one or more chronic diseases, and four or more diagnosed health problems reported, corroborating the findings of the present study. This is a very complex phenomenon, which represents a serious public health problem. When analyzing data, it can be inferred that, when pre-

senting CMD, these workers can attenuate the actions of self-care and still present alterations in hormonal levels, which would justify the coexistence of psychic and non-psychic morbidities. On the other hand, chronic health conditions could affect the quality of life of workers, impairing social interaction, routines, and habits, which would lead to mental disorders.⁽³⁵⁾

Faced with this reality, there are still some uncertainties regarding the psychiatric reform process, currently on the national agenda. It is important to consider that, on December 14, 2017, the Tripartite Interagency Committee of the Brazilian Ministry of Health approved Resolution 32, which establishes guidelines for the strengthening of RAPS. This resolution brings back to the scene the figure of specialized psychiatric hospitals as a point of care/component of the RAPS. This scenario of uncertainties can be a facilitating factor in the development of suffering.⁽³⁶⁾

Studies also point out that this psychic illness, expressed by anguish, headache, anxiety, depression, among other symptoms, and psychic conditions, may be related to the field of action itself - psychiatric institutions - and not to working conditions. That is, it is a field where professional frustration is common because of the results, sometimes out of reality and without a precise prognosis, in a context in which cognitive demands are high, revealing risk of workers' illnesses.^(27,37) However, even in the face of the discussions presented in this study, it cannot be said that there are relations between CMD and the fact that the sample comes from a psychiatric hospital, because, among the work variables, only the professional category presented statistical significance.

Conclusion

The prevalence of CMD among the nursing staff of the psychiatric hospital was 25.7%. In response to the research question, when sociodemographic characteristics were associated with CMD, no statistically significant difference was obtained. However, there was a significant association with the professional category, leisure time, health problems and sleep satisfaction. Higher prevalences of CMD were

observed among nursing aides/technicians, with no leisure time, with four or more medical diagnoses of health problems and sleep satisfaction.

Contributions

Sousa KHJF, Lopes DP, Tracera GMP, Abreu AMM, Portela LF, and Zeitoune RCG contributed with the project design, data analysis and interpretation, critical content review, and approval of the final version of the manuscript.

References

- Rosado IV, Russo GH, Maia EM. Produzir saúde suscita adoecimento? As contradições do trabalho em hospitais públicos de urgência e emergência. *Cien Saúde Colet*. 2015;20(10):3021-32.
- Pina JA, Stotz EN. Intensificação do trabalho e saúde do trabalhador: uma abordagem teórica. *Rev Bras Saúde Ocup*. 2014;39(130):150-60.
- Magnago TS, Prochnow A, Urbanetto JS, Greco PB, Beltrame M, Luz EM. Relationship between work ability in nursing and minor psychological disorders. *Texto Contexto Enferm*. 2015;24(2):362-70.
- Urbanetto JS, Magalhães MC, Maciel VO, Sant'Anna VM, Gustavo AS, Poli-de-Figueiredo CE, et al. Work-related stress according to the demand-control model and minor psychic disorders in nursing workers. *Rev Esc Enferm USP*. 2013;47(3):1186-93.
- Rotenberg L, Costa AS, Griep RH. Mental health and poor recovery in female nursing workers: a contribution to the study of gender inequities. *Rev Pan Salud Publica*. 2014;35(3):179-85.
- Rodrigues EP, Rodrigues US, Oliveira LM, Laudano RCS, Sobrinho CL. Prevalência de transtornos mentais comuns em trabalhadores de enfermagem em um hospital da Bahia. *Rev Bras Enferm*. 2014;67(2):296-301.
- Ahmed M, Hayat AA, Haq I, Minhas FA. Minor psychiatric morbidities in nurses. *J Rawal Med Coll*. 2012;16(2):194-7.
- Taghinejad H, Suhrabi Z, Kikhavani S, Jaafarpour M, Azadi A. Occupational mental health: a study of work-related mental health among clinical nurses. *J Clin Diagn Res*. 2014;8(9):WC01-3.
- Alves AP, Guidetti GE, Diniz MA, Rezende MP, Ferreira LA, Zuffi FB. Evaluation of job impact on mental health professionals in a psychiatric institution. *Rev Min Enferm*. 2013;17(2):424-8.
- Souza SR, Oliveira EB, Mauro MY, Mello R, Kestemberg CC, Paula GS. Cargas de trabalho de enfermagem em unidade de internação psiquiátrica e a saúde do trabalhador. *Rev Enferm UERJ*. 2015;23(5):633-8.
- Martins JT, Galdino MJ, Linares PG, Ribeiro RP, Ueno LG, Broboff MC. Disability retirement of workers in the health field at a university hospital. *Rev Pesqui Cuid Fundam*. 2017;9(1):122-7.
- Marques DO, Pereira MS, Souza AC, Vila VS, Almeida CC, Oliveira EC. Absenteeism – illness of the nursing staff of a university hospital. *Rev Bras Enferm*. 2015;68(5):876-82.
- Santana LL, Sarquis LM, Miranda FM, Kalinke LP, Felli VEA, Mininel VA. Health indicators of workers of the hospital area. *Rev Bras Enferm*. 2016;69(1):23-32.
- Silva Junior SH, Vasconcelos AG, Griep RH, Rotenberg L. Validade e confiabilidade do índice de Capacidade para o Trabalho (ICT) em trabalhadores de enfermagem. *Cad Saúde Pública*. 2011;27(6):1077-87.
- Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev*. 2002;6(2):97-111
- Santos KO, Araújo TM, Pinho PS, Silva AC. Avaliação de um instrumento de mensuração de morbidade psíquica: estudo de validação do Self Reporting Questionnaire (SRQ-20). *Rev Baiana Enferm*. 2010;34(3):544-60.
- Tavares JP, Magnago TS, Beck CL, Silva RM, Prestes FC, Lautert L. Prevalence of minor psychiatric disorders in nursing professors. *Esc Anna Nery*. 2014;18(3):407-14.
- Kayalha H, Yazdi Z, Rastak S, Dizaniha M. Obvious and hidden anxiety and the related factors in operating room nurses employed in general hospital, Qazvin, Iran: a cross-sectional study. *Glob J Health Sci*. 2013;5(6):202-8.
- Roustaei N, Jafari P, Sadeghi E, Jamali J. Evolution of the relationship between social desirability and minor psychiatric disorders among nurses in Southern Iran: a robust regression approach. *Int J Community Based Nurs Midwifery*. 2015;3(4):301-8.
- Carlotto MS, Amazarray MR, Chinazzo I, Taborda L. Transtornos Mentais Comuns e fatores associados em trabalhadores: uma análise na perspectiva de gênero. *Cad Saúde Colet*. 2011;19(2):172-8.
- Malinauskienė V, Leisyte P, Malinauskas R, Kirtiklyte K. Associations between self-rated and psychosocial conditions, lifestyle factors and health resources among hospital nurses in Lithuania. *J Adv Nurs*. 2011;67(11):2383-93.
- Coutinho LMS, Matijasevich A, Sczufca M, Menezes PR. Prevalência de transtornos mentais comuns e contexto social: análise multinível do São Paulo Ageing & Health Study (SPAHS). *Cad Saúde Pública*. 2014;30(9):1875-83.
- Boechat MA, Ferreira MC. Preditores individuais e organizacionais do burnout em servidores públicos federais. *Psicol Saúde Doenças*. 2014;15(3):738-50.
- Machado LS, Rodrigues EP, Oliveira LM, Laudano RC, Sobrinho CL. Agravos à saúde referidos pelos trabalhadores de enfermagem em um hospital público da Bahia. *Rev Bras Enferm*. 2014;67(5):684-91.
- Ferreira DK, Medeiros SM, Carvalho IM. Psychological distress in nursing worker: an integrative review. *Rev Fund Care Online*. 2017;9(1):253-8.
- Loro MM, Zeitoune RC, Guido LA, Silveira CR, Silva RS. Revealing risk situations in the context of nursing work at urgency and emergency services. *Esc Anna Nery*. 2016;20(4):e20160086
- Sousa KH, Lopes DP, Nogueira ML, Tracera GM, Moraes KG, Zeitoune RC. Risk of illness and human cost at work in a psychiatric hospital. *Esc Anna Nery*. 2018; 22(2): e20170288
- Souza NV, Cunha LS, Pires AS, Gonçalves FG, Ribeiro LV, Silva SS. Perfil socioeconômico e de saúde dos trabalhadores de enfermagem da Policlínica Piquet Carneiro. *Rev Min Enferm*. 2012;18(2):232-40.
- Lin SH, Liao WC, Chen MY, Fan JY. The impact of shift work on nurses' job stress, sleep quality and self-perceived health status. *J Nurs Manag*. 2014;22:604-12.

30. Cheung T, Yip PS. Depression, anxiety and symptoms of stress among Hong Kong nurses: a cross-sectional study. *Int J Environ Res Public Health*. 2015 Sep;12(9):11072–100.
31. Harvey SB, Hotopf M, Overland S, Mykletun A. Physical activity and common mental disorders. *Br J Psychiatry*. 2010 Nov;197(5):357–64.
32. Silva RM, Zeitoune RC, Beck CL, Martino MM, Prestes FC. The effects of work on the health of nurses who work in clinical surgery departments at university hospitals. *Rev Lat Am Enfermagem*. 2016;24:e2743.
33. Palhares VC, Corrente JE, Matsubara BB. Association between sleep quality and quality of life in nursing professionals working rotating shifts. *Rev Saude Publica*. 2014 Aug;48(4):594-601.
34. Schneider AP, Azambuja PG. Uso de fármacos psicotrópicos por profissionais da saúde atuantes da área hospitalar. *Infarma*. 2015;27(1):14-21.
35. Senicato C, Azevedo RC, Barros MB. Common mental disorders in adult women: identifying the most vulnerable segments. *Cienc Saúde Colet*. 2018;23(8):2543-54.
36. Comissão Intergestores Tripartite (Brasil). Resolução no. 32, de 14 de dezembro de 2017. Estabelece as Diretrizes para o Fortalecimento da Rede de Atenção Psicossocial (RAPS). *Diário Oficial da União* 22 dez 2017; no. 245, Set 1, p.239.
37. Zgiet J. Reforma Psiquiátrica e os trabalhadores da saúde mental – a quem interessa mudar? *Saúde Debate*. 2013;37(97):313-23.