

# Approaches to workload in psychiatric and mental health nursing

*Abordagens sobre carga de trabalho em enfermagem psiquiátrica e saúde mental*

*Enfoques para la carga de trabajo en enfermería psiquiátrica y salud mental*

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## How to cite this article:

Pedroso TG, Pedrão LJ, Perroca MG. Approaches to workload in psychiatric and mental health nursing.

Rev Bras Enferm. 2020;73(Suppl 1):e20190620.

doi: <http://dx.doi.org/10.1590/0034-7167-2019-0620>

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EDITOR IN CHIEF: Antonio José de Almeida Filho

ASSOCIATE EDITOR: Hugo Fernandes

**Submission:** 11-13-2019

**Approval:** 04-23-2020

## ABSTRACT

**Objective:** to investigate approaches to workload in psychiatric and mental health nursing in Brazilian and international production of knowledge **Methods:** integrative literature review using six databases, covering January 2005 to March 2019. Articles in full in English, Spanish and Portuguese were included. **Results:** the sample consisted of 23 original articles classified as quantitative or emotional. The quantitative dimension was addressed in 12 articles and included: assessing patient care needs, identifying activities performed by the team, measuring time spent and developing and validating a measurement instrument. The emotional dimension included 11 articles the focus of which was on identifying stressors in the workplace, psychosocial risks and coping strategies. **Conclusion:** strategies were found for measuring workload and assessing the impact of stressors on nursing teams.

**Descriptors:** Workload; Nursing Staff; Psychiatric Nursing; Mental Health; Workplace

## RESUMO

**Objetivo:** investigar as abordagens de carga de trabalho existentes na produção do conhecimento nacional e internacional em enfermagem psiquiátrica e saúde mental. **Métodos:** revisão integrativa de literatura, em seis bases de dados, com recorte temporal de janeiro de 2005 a março de 2019. Foram incluídos artigos em inglês, espanhol e português disponíveis na íntegra. **Resultados:** a amostra constituiu-se de 23 artigos originais classificados em duas dimensões. A dimensão quantitativa foi abordada por 12 artigos e abrangeu: avaliação de necessidades de cuidados de pacientes, identificação de atividades realizadas pela equipe, mensuração do tempo despendido e desenvolvimento e validação de instrumento de mensuração. A outra dimensão emocional incluiu 11 artigos cujos enfoques recaíram sobre identificação de estressores no ambiente de trabalho, riscos psicossociais e estratégias de enfrentamento. **Conclusão:** evidenciaram-se estratégias para mensuração da carga de trabalho e avaliações do impacto dos estressores nas equipes de enfermagem.

**Descritores:** Carga de Trabalho; Recursos Humanos de Enfermagem; Enfermagem Psiquiátrica; Saúde Mental; Condições de Trabalho.

## RESUMEN

**Objetivo:** investigar los enfoques existentes de carga de trabajo en la producción de conocimiento nacional e internacional en enfermería psiquiátrica y salud mental. **Métodos:** revisión bibliográfica integradora, en seis bases de datos, con un marco temporal desde enero de 2005 hasta marzo de 2019. Los artículos en inglés, español y portugués estaban disponibles y disponibles en su totalidad. **Resultados:** La muestra constaba de 23 artículos originales clasificados en dos dimensiones. La dimensión cuantitativa fue abordada por 12 artículos e incluyó: evaluación de las necesidades de atención al paciente, identificación de actividades realizadas por el equipo, medición del tiempo empleado y desarrollo y validación de un instrumento de medición. La otra dimensión emocional incluyó 11 artículos cuyo foco estaba en identificar estresores en el lugar de trabajo, riesgos psicosociales y estrategias de afrontamiento. **Conclusión:** se evidenciaron estrategias para medir la carga de trabajo y evaluar el impacto de los estresores en los equipos de enfermería.

**Descritores:** Carga de Trabajo; Recursos Humanos de Enfermería; Enfermería Psiquiátrica; Salud Mental; Condiciones de Trabajo.

## INTRODUCTION

Since the Psychiatric Reform movements<sup>(1)</sup>, nursing professionals working in psychiatry and mental health have been reorganizing their practice continuously. Based on changes in the work process, questions arise regarding quantifying time required for care<sup>(2)</sup> and investigating how work can impact the health of these workers<sup>(3-4)</sup>.

Workload (WL) in nursing is the amount of time and physical and cognitive effort required to provide care (direct and indirect) to the patient and to perform non-assistance care activities, including professional development. By measuring this, personnel involved in providing services to different types of patients under different conditions can be assessed qualitatively and quantitatively<sup>(5-6)</sup>.

When aiming to characterize its scope, it has usually been categorized in two distinct ways. In the first<sup>(7)</sup>, it is divided into physical (noise, temperature), chemical (medication), biological (body fluids), mechanical (accidents with sharp materials), physiological (inadequate posture) and psychological (working conditions). In the other approach<sup>(8)</sup>, it is classified into seven dimensions. Identifying and measuring the time consumed by nurses in carrying out their care activities (direct and indirect) covers the quantitative dimension, and the working conditions include the qualitative dimension. The cognitive dimension includes mental effort and information overload, with physical effort, including handling the patient, corresponding to the physical dimension. The impact on the worker's mental health corresponds to the emotional dimension. Time pressure is related to short deadlines and the need to work fast, and the variability of the WL, as the name itself implies, is constantly changing and increasing and/or decreasing.

Transformations in the psychiatry and mental health care model encourage the reorganization of nursing processes, requiring tools to support decision making<sup>(2-4)</sup> and, consequently, require greater involvement on the part of nursing team to meet these new demands, which can negatively impact the WL and quality of life of professionals<sup>(3)</sup>. Thus, studies focused on this topic can benefit management of nurses working in mental health, reflected in the work environment, in the care process and in the team's well-being.

## OBJETIVE

Investigate approaches to workload in psychiatric and mental health nursing in Brazilian and international production of knowledge.

## METHODS

This is an integrative literature review. This method comprehensively analyzes scientific knowledge in order to understand a particular phenomenon. It has the potential to construct science by contributing to developing theories that can be applied in practice and constitute new public policies<sup>(9-10)</sup>.

The integrative review in this study was based on the steps recommended in the literature<sup>(11)</sup>. Although this methodology was proposed in 2005, it is still widely used in research<sup>(9-10)</sup>.

## I) Identify the problem

The research question was: which approaches to the psychiatric and mental health nursing team WL are found in the scientific literature?

## II) Search of the literature

In March 2019, a search was conducted by one of the integrative review authors in the following databases PubMed/MEDLINE of the National Library of Medicine, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), EMBASE, SCOPUS and Web of Science.

So as to cover the topic entirely, keywords and descriptors researched in the Medical Subject Headings (MESH) and Health Sciences Descriptors (DECS) were included in Portuguese, English and Spanish. The following controlled descriptors, keywords, synonyms and Boolean operators were used, considering the particularities of each database:

PubMed, EMBASE, CINAHL, SCOPUS, WEB OF SCIENCE: ("workload" OR "classification") AND ("Psychiatric Nursing" OR "Mental Health Nursing") AND ("nurses" OR "nursing staff" OR "staff nursing" OR "nursing staffs" OR "nurse staffing" OR "Staff Nurses" OR "nursing personnel" OR "Nursing, Team" OR "Nursing Team" OR "Team Nursing").

LILACS: ("workload" OR "carga de trabajo" OR "carga de trabalho" OR "classification" OR "classificação") AND ("psychiatric nursing" OR "enfermeria psiquiátrica" OR "enfermagem psiquiátrica") AND ("Nursing Staff" OR "Personal de Enfermeria" OR "Recursos Humanos de Enfermagem").

The eligibility criteria included articles with abstracts available in Portuguese, English and Spanish addressing the WL of psychiatry and mental health nursing teams. The comprehensive time frame, from January 2005 to March 2019 was chosen to try to understand how scientific production has been impacted by the reorganization of nursing work in the mental health area. Gray literature and new studies, after the end of the search period, were not included in the research.

## III) Data evaluation

A total of 721 studies were found. The search results were imported to the review support platform, Rayyan, where duplications were resolved and 267 studies were excluded at this stage.

The articles were pre-selected based on reading titles and abstracts, and the final sample was reached based on reading the articles in full, which was done by two researchers, independently. Of the remaining 454 studies, 39 were selected. After reading the selected articles in full, 23 articles were included in the review. The search strategies used in the respective databases and the reasons for exclusion are shown in Figure 1.

## IV) Data analysis

The studies were analyzed individually, and data were extracted using an instrument that covered year, country, type of study, situation, approach, results and conclusion, and subsequently categorized according to the dimension of the WL addressed. The five dimensions considered in this study were adapted from the seven previously described<sup>(8)</sup> so that variability of WL was incorporated into the quantitative dimension and time pressure into the cognitive dimension.

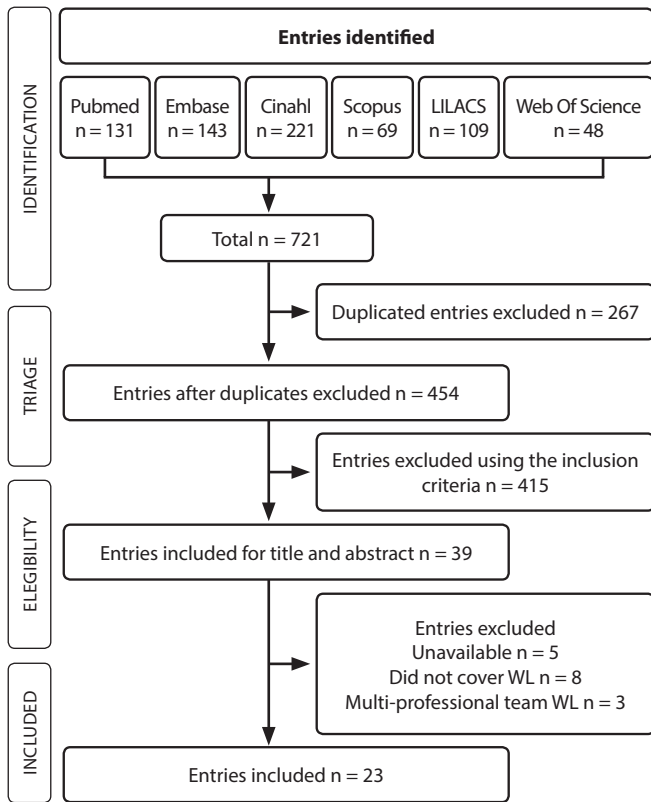


Figure 1- Flowchart used to select the studies – PRISMA(12)

**RESULTS**

Twenty-three original articles which met the inclusion criteria were selected. The synthesis of the scientific production evaluated

is organized in charts (Chart 1, Chart 2 and Chart 3) in ascending order of the year of publication.

In the period from 2005 to 2010, ten studies were found, and in the period from 2011 to 2018, 13, with higher frequencies in the years 2008, 2009 and 2012 (three studies/year). The studies were carried out in several countries, such as Brazil (n = 5), United Kingdom (n = 4), Australia (n = 3), Japan (n = 2) and China (n = 2). Belgium, Spain, Jordan, Ireland, Greece, Sweden and the United States each contributed only one study. The studies were published in Brazilian and international nursing journals addressing generic subjects (n = 9), in psychiatric nursing and mental health journals (n = 10), in multiprofessional journals specialized in mental health (n = 2) and in multiprofessional journals with general themes (n = 2).

The articles were also evaluated regarding the situations in which the research was carried out, the most frequent being psychiatric hospitals (n = 11), followed by psychiatric units in general hospitals (n = 8), community mental health services (n = 4) and private psychiatric clinic (n = 1). The use of more than one situation in the same study stands out.

The quantitative dimension of WL was addressed in 12 articles and included: assessing patient care needs<sup>(13-15)</sup>; identification of activities performed by the team<sup>(16-18)</sup>, measuring time spent<sup>(16,18-19)</sup>, measuring care hours and WL<sup>(15)</sup>; development<sup>(20)</sup> test, application<sup>(21-22)</sup> and validation of instrument for measuring WL<sup>(23)</sup>; and identification of factors contributing to WL<sup>(24)</sup>.

Another dimension found, the emotional, included 11 articles the focus of which was on: identifying stressors in the workplace and coping strategies<sup>(25-29)</sup>; work environment and psychosocial risks: exhaustion<sup>(30)</sup>; social support and quality of life<sup>(31)</sup>; WL and quality of care<sup>(32)</sup>; work overload<sup>(33)</sup>; conflict and satisfaction<sup>(34)</sup>; and violence at work<sup>(35)</sup>.

Chart 1 - Distribution of articles selected for integrative review between 2005 and 2009 (n=9)

Author, Year, Country	Type of Study and Situation	Approach	Results and Conclusion	WL Dimension
Iglesias, Villa, 2005 Spain	Observational Psychiatric hospital	Application of the Resources Utilization Groups (RUGT18) instrument for categorizing psychiatric patient care.	61.3% of patients were classified in the serious behavioral problem category. The instrument needs refinement due to its low sensitivity in perceiving changes in psychopathological conditions.	Quantitative
Carvalho, Felli 2006 Brazil	Case study (focus groups) Psychiatric hospital	Identifying workloads and coping strategies for nursing workers.	The psychological load was considered to exacerbate the others (physical, physiological, biological, mechanical and chemical), generating a process of physical and mental exhaustion; Coping strategies: support from colleagues.	Emotional
Bee et al. 2006 United Kingdom	Descriptive 3 psychiatric inpatient units in general hospitals	Classification of activities performed by the mental health nursing team; Identification of time dedicated to direct and indirect care.	Most work by nurses in Professional Communication (35.5%) and assistants in direct activities with the patient (63.5%). Average reported time: 31.7 minute/hours (assistants) and 18.5 minutes/hours (nurses).	Quantitative
Ridley 2007 United Kingdom	Observational Psychiatric inpatient unit of a hospital for children and adolescents	Assessment of nursing care dependence and its relationship with the number of staff in the team and the quality of care.	Based on patients' level of dependence, it was found that 10 employees per day was insufficient, and 12 proved to be adequate to generate a score of "good" or "very good" in the care quality.	Quantitative
Cai, Li, Zhang 2008 China	Cross-sectional exploratory Psychiatric inpatient units of two teaching hospitals and a psychiatric hospital	Identification of stressors in the workplace of psychiatric nurses and their coping strategies.	WL and dealing with death scored highest. Forms of positive coping were used by most respondents.	Emotional

To be continued

Chart 1 (concluded)

Author, Year, Country	Type of Study and Situation	Approach	Results and Conclusion	WL Dimension
Martins, Arantes, Forcella, 2008 Brazil	Descriptive-exploratory Psychiatric hospital	Evaluation of the reliability, concordance and construct validity of an instrument to classify the care needs of patients with mental disorders.	The instrument was considered reliable, with satisfactory levels of concordance and validated construct.	Quantitative
Henderson et al. 2008 Australia	Action research (focus groups) Community mental health service	Identifying factors that contribute to the WL of nurses considering 4 aspects: Team, Client characteristics, Local organization and Health Care system.	Team: lack of personnel to meet demand. Client characteristics: greatest impact on WL. Local organization: access to the service. Health Care system: lack of integration of services, and time spent on bureaucracy.	Quantitative

Note: WL - Workload.

Chart 2. Distribution of articles selected for integrative review between 2009 and 2013 (n=9)

Author, Year, Country	Type of Study and Situation	Approach	Results and Conclusion	WL Dimension
Furaker 2009 Sweden	Documentary General, medical, surgical, geriatric and psychiatric hospitalization units	Evaluating time spent on nurses' activities.	On average, 38% of the work in all units consisted of direct care. The psychiatric unit consumed more time than other units: 100 minutes/day in general nursing and 150 minutes/day in administrative activities.	Quantitative
Gerolamo 2009 United States	Documentary Psychiatric hospital	Analysis of the relationship between activities performed and nurses' perceptions of their workloads	The number of high scores was related to the total number of shifts that nurses reported WL as 4 (medium to heavy) or 5 (heavy).	Quantitative
Currid 2009 United Kingdom	Hermeneutic Phenomenology 4 psychiatric inpatient units in general hospitals	Evaluation of occupational stressors experienced by nurses.	We found: pressure (from managers, lack of beds, WL); aggressive patient behavior (hostility, intimidation, physical violence); inability to switch off from work.	Emotional
Oliveira, Laus, 2011. Brazil	Descriptive Psychiatric inpatient units at a general hospital.	Characterizing hospitalized patients according to the degree of dependence in relation to nursing care.	More than 60% of patients were classified as having mild dependence.	Quantitative
Leka, Hassard, Yanagida, 2012 Japan	Descriptive-exploratory 6 psychiatric hospitals	Assessing demographic factors and psychosocial risks associated with two dimensions of general well-being: tension and emotional exhaustion in nurses.	Higher emotional exhaustion in young nurses; this was associated with high demands for psychological work and low social support at work. There was an association with high demands for psychological work, low psychological control and low social support at work.	Emotional
Hamaideh 2012 Jordan	Correlational Inpatient units at public, private and armed forces psychiatric hospitals	Assessing occupational stress, social support and quality of life among nurses.	Most common occupational stressors: "difficulties with patients", "lack of resources" and "WL". Predictive factors of occupational stress: low social support, low quality of life.	Emotional
Willis et al., 2012 Australia	Action research, (focus groups) Community mental health service	Development and preliminary assessment of a tool to equally adapt the WL of nurses working in community mental health and community health.	Tool was proven to be able to manage the intensity of work, adjust the WL and increase transparency regarding work practices.	Quantitative
Bogaert et al, 2013 Belgium	Quantitative 2 psychiatric hospitals	Evaluating the relationships between the practice environment, WL, burnout, responses to work and quality of care assessed by nurses.	Positive evaluations of the dimensions of the practice environment predicted results such as job satisfaction and low intention to leave the hospital/profession and high quality of care.	Emotional
Mukai, Jericó, Perroca 2013 Brazil	Descriptive Neuro-psychiatric hospital	Investigating nursing care needs, average hours of care provided and the WL of the nursing team.	The following was observed 73.3% of patients had mild dependence. Average hours of care: 0.57 to 0.88 (nurses) and 1.97 to 3.16 (nursing assistants). The average workload: 119.6 to 183 hours.	Quantitative

Note: WL - Workload.

**Chart 3** - Distribution of articles selected for integrative review between 2014 and 2018 (n=7)

Author, Year, Country	Type of Study and Situation	Approach	Results and Conclusion	WL Dimension
Yada et al., 2014 Japan	Descriptive-exploratory 6 psychiatric hospitals	Investigating occupational stress in psychiatric nurses who care for elderly inpatients with dementia symptoms.	The most significant stressors were physical WL and the work environment. The most common reactions to stress were irritability and anxiety.	Emotional
McTiernan, McDonald, 2015 Ireland	Comparative Psychiatric Hospital and Community Mental Health Service	Assessment of stressors in psychiatric nurses. Comparison of occupational stress, coping strategies and burnout in psychiatric nurses working in a hospital environment with those working in community services.	Stressors: lack of resources, difficulties with the patient and WL, which was a predictive factor of emotional exhaustion. Both groups reported average levels of emotional exhaustion and used avoidant coping strategies. Hospital nurses: higher depersonalization scores; community service nurses: greater personal fulfillment.	Emotional
Fanneran et al., 2015 United Kingdom	Qualitative 6 psychiatric inpatient and learning disability units in general hospitals	Evaluation of the experience of nursing teams in the use of tools: <i>Safer Nursing Care Tool</i> (SNCT) and <i>Mental Health and Learning Disability Workload Tool</i> (MHLDDWT).	SNCT: 79% considered it practical, easy to use and suitable for calculating personnel requirements; with limited ability to capture "all activities". MHLDDWT: for 57%, it is practical, easy to use and suitable for calculating personnel requirements; for most it was time consuming and more difficult to use.	Quantitative
Alves et al., 2016 Brazil	Comparative 2 psychiatric hospitals	Assessment of work overload in nursing professionals working in public and private psychiatric hospitals.	There was no significant difference in the assessment of overload between groups, however the private sector service team showed higher averages of overload in all aspects in the individual assessment of each subscale.	Emotional
Heslop et al., 2016 Australia	Qualitative (focus groups) 4 community mental health services	Identifying nurses' activities and measuring time spent.	18 activities were identified. Highlights included: "internal coordination of care" (283.3 hours), "clinical documentation" (283.3 hours), "monitoring patients' psychopathology" (175 hours).	Quantitative
Konstantinou et al., 2018 Greece	Quantitative Private psychiatric clinic	Investigating the relationship between conflict and ambiguity of roles, organizational commitment and job satisfaction with burnout.	The predictors of burnout were: conflict of roles, satisfaction with WL, satisfaction with training, ambiguity of role, satisfaction with remuneration and family problems.	Emotional
Yang et al., 2018 China	Descriptive-exploratory Psychiatric hospital	Investigating the incidence, type, related factors and effects of violence at work; level of burnout and coping strategies of nurses.	High incidence (94.6%) of violence (verbal and physical aggression, sexual harassment). Effects: feelings of injustice, depression and anger. Burnout levels increased with age, job title, years of work. Coping strategies: asking for help from colleagues and supervisors, physical restraint and avoiding patients.	Emotional

Note: WL - Workload.

## DISCUSSION

Brazilian and international scientific production on WL in psychiatry and mental health nursing was distributed across four continents, most from Europe, with emphasis on the United Kingdom. Brazil led with the largest number of studies, being the only country in South America, to contribute to the topic in the period under investigation.

It was observed that community mental health services are not yet the main situations for such research, possibly due to the history of the hospital environment as a consolidated model of health care<sup>(36)</sup>. Therefore, it is natural that research on management, organization and conditions of nursing work is more frequent with inpatients. It is believed, however, that studies should follow the trend in funding for mental health, prioritizing the community

area, and focusing on strategies for improving management and quality of care for these services<sup>(37)</sup>.

Most of the studies identified were focused on psychiatric care for adult patients, with little progress being seen when it comes to WL and child and adolescent psychiatry, which requires differentiated care planning from the nursing team, always aiming to expand and articulate the care network<sup>(38-39)</sup>. To this end, child psychiatric care in Brazil has been advancing since 2002, with the creation of mental health services known as Child and Youth Psychosocial Care Centers (CAPSi)<sup>(40)</sup>. However, at the national level, studies on WL with this clientele were not identified either.

Regarding the approaches, they were evenly balanced between the quantitative (identification and measurement of WL) and emotional (impact of work on the worker's mental health) dimensions, with fluctuations over the years.

The time frame was divided into three phases, of five years each, enabling us to see how the researchers' view shifted from a predominantly quantitative approach (phase 1 - construction and development of measurement instruments), to the beginning of an approach with the emotional dimension (phase 2 - occupational stressors), culminating in greater emphasis on the latter (phase 3 - satisfaction and coping strategies).

In the quantitative dimension, the results showed concern with finding strategies to improve the adaptation of personnel in psychiatric and mental health nursing. Investigations addressing the identification of activities carried out and the measurement of time spent by the team, as well as the development, testing, application and validation of an instrument for measuring WL, were concentrated in the United Kingdom, Brazil and Australia.

Although the development of such instruments, especially those for classifying patients (PCI), began in the 1960s in the United States, it was only after the 1990s that they were developed in Brazil<sup>(41)</sup>. Nevertheless, they were intended for clinical areas other than psychiatric nursing, and, thus, they placed more emphasis on somatic characteristics, with little sensitivity to changes in patients' psychopathological conditions<sup>(21,23)</sup>. As psychiatry and mental health has been consolidating itself and changes in public policies are recent, instruments for measuring WL in this area were developed later, in the 1980s, in the United States<sup>(42)</sup>, and in 2006, in Brazil<sup>(23)</sup>. These studies were a major advance for psychiatric nursing, which until then was based on instruments from other clinical areas.

However, knowledge gaps remain regarding possible obstacles to the use of measurement instruments, since few productions have been identified regarding their use. More than ten years after publication of the Instrument for Classification of the Level of Dependence for Psychiatric Nursing developed in Brazil<sup>(23)</sup>, only two investigations reported its application in the practice setting. The first<sup>(14)</sup>, to identify the patients' demand for nursing care and their care profile and the other<sup>(15)</sup>, focusing on care planning, measuring the hours of care and calculating the WL.

Article 4 of Brazilian Nursing Council (COFEN) Guidelines 543/2017<sup>(43)</sup>, which updates and establishes parameters for nursing staff size, sets out considerations to assist psychiatric and mental health patients, contributing greatly to the specialty. It recommends using the Dependency Level Classification Instrument for Psychiatric Nursing<sup>(23)</sup> for mental health services operating 24 hours a day, including Psychiatric Intensive Care Units, psychiatric emergency services, psychiatric wards and Psychosocial Care Centers III (CAPS III). Thus, nurses and managers in this area are supported in the practice situation. Understanding the benefits of using this instrument frequently will enable progress to be made in investigations into nursing care demands from psychiatric patients and measuring WL, with a view to adjusting the number of staff in the units and services.

In the dimension of emotional WL, it was found that the researchers' sought to identify and assess occupational stressors in nursing teams, such as pressure from managers in the work environment, lack of resources, dealing with death, aggressive patient behavior and high WLs in particular.

The nurse-patient relationship is the main focus in psychiatric and mental health nursing, and skills, such as empathy, active

listening, non-judgment and emotional support, require engagement and demand physical and emotional availability from the professional<sup>(44-45)</sup>. The findings included difficulty in handling the patient among the team's occupational stressors<sup>(29,31)</sup>. Therefore, due to therapeutic relationship demands, training for these professionals should be prioritized, even when dealing with more subjective practices compared to procedures in other specialties.

As the main coping strategies, professionals used avoidance and seeking support from co-workers. The former can compromise the treatment of the patient, as the professional will not always be able to interact in the appropriate, therapeutic way required by the job<sup>(44)</sup>. The latter contrasts with another result found, namely that many nursing professionals did not feel supported at work, which may infer that some seek help, but do not necessarily feel supported in this environment. Some alarming data, also among the coping strategies, was the use of mechanical restraint<sup>(35)</sup>. This is a coercive technique, used in specific situations, after other therapeutic approaches fail. The decision to use it is taken jointly by the multiprofessional team, it is not used indiscriminately<sup>(46)</sup>. Therefore, it is an inappropriate coping strategy that goes against the ethical conduct of this health professional. It can be inferred from the findings of the review that training is needed and forms of support must be established.

The nursing team's mental health, including psychiatry, was studied because it is directly associated with the quality of care<sup>(47)</sup>, which was detected in the review, showing that the occupational stressors identified were associated with high emotional exhaustion and feeling of psychological overload<sup>(25,29-30)</sup>, directly influencing the quality of care provided by the professional<sup>(32)</sup>.

The other dimensions considered were not identified by the review. Studies were found addressing topics such as therapeutic relationship (cognitive), mechanical restraints (physical) and working conditions (qualitative), however they were not investigated from the perspective of WL, which generate information about the professional in this specialty. Investing in studies to expand this overview could contribute to the area of psychiatric nursing and mental health, taking into account the activities of this team already found in the literature as beneficial for patient treatment<sup>(45)</sup>.

Despite the distinction of the WL dimensions, they are permeated, that is to say, the characteristics of the patient are identified as factors contributing to the quantitative WL, and difficulties in dealing with patients are identified as occupational stressors. Also, for high WL (quantitative), there is a higher level of exhaustion in the professional (emotional). It is noted, therefore, that one dimension can influence the other. Thus, investing in improvements to one factor may entail benefits for other dimensions.

### Limitations of the Study

The limitations involve not including indexing databases for university (dissertation and thesis) production or material not published in digital databases or in other languages.

### Contributions to the Field of nursing, health or public policy

This is an international and Brazilian overview of approaches to WL in the context of psychiatric nursing and mental health.

As it was the first study in this specialty, it enabled a greater understanding of the topic.

The synthesis of the scientific production identified areas of investigation that are as yet incipient. Among them, the low frequency of research on instruments for measuring WL in health-care practice in the last 10 years stands out, and it is not possible to draw comprehensive conclusions regarding its applicability.

Moreover, the studies were predominantly in the hospital context. This must move to community mental health services, which represent the basis of the current psychiatric treatment model. Regarding the focus of care, the research focused on adult patients, not including children and adolescents. The cognitive (therapeutic relationship), physical (mechanical restraint) and qualitative (working conditions) dimensions were insufficiently addressed.

Labor factors and unhealthy coping strategies were highlighted, indicating the importance of directing health service policies toward establishing improvements for the team, positively influencing the quality of care by these professionals.

Thus, this review guides more in-depth investigations in order to reorganize work in the area of psychiatric and mental health nursing WL in a more substantiated way, reflected in improvements for the service, professionals and patients served.

## CONCLUSION

Quantitative and emotional dimension approaches to the WL of psychiatric and mental health nursing teams were found in the scientific literature, with emphasis on Brazil in productions in both dimensions. The researchers' concern was evidently in establishing strategies for measuring WL and assessing the impact of stressors, ways of coping and the psychosocial risks of the team in the work environment. However, scientific production was shown to be insufficient to meet professional needs.

Thus, we suggest greater articulation between researchers and nurses working in the care process and in care management to encourage more widespread use of existing instruments and advancement in increasingly reliable measurement strategies and, also, the emergence of other matters relevant to the situation of working in this specialty.

## FUNDING

This study was carried out with the support of the Coordination for the Improvement of Higher Education Personnel (CAPES), Financing Code 001.

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