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Coping strategies of psychologists in a non-governmental CAPS*

Estratégias de *coping* de psicólogas em um CAPS não governamental

Estrategias de *coping* de psicólogas en un CAPS no gubernamental

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This study aims to identify evidence of work overload and coping practices adopted by psychologists of a non-governmental CAPS in Minas Gerais. Data were collected in the first half of 2017, using semi-structured interviews and analyzed by thematic content analysis. Participants were eight psychologists. Two thematic axes were constructed: "Health-work-disease relationship" and "Coping strategies". It was observed that the professionals recognized the wear generated by work, feeling more intensely the mental exhaustion, but they had strategies for dealing with labor demands. It has been concluded that despite using strategies focused on the problem and emotion, the ones focused on the problem were better perceived by the psychologists.
Descriptors: Adaptation, Psychological; Occupational health; Mental health.

Este estudo tem como objetivo identificar indícios de sobrecarga de trabalho e práticas de *coping* adotadas por psicólogas de um CAPS não-governamental do interior de Minas Gerais. Os dados foram coletados no primeiro semestre de 2017, por meio de entrevista semiestruturada e analisados pela análise de conteúdo temática. Participaram oito psicólogas. Dois eixos temáticos foram construídos: "Relação saúde-trabalho-doença" e "Estratégias de *coping*". Observou-se que as profissionais reconheciam o desgaste gerado pelo trabalho, sentindo de forma mais intensa o desgaste mental, mas possuíam estratégias para lidar com as demandas laborais. Conclui-se que apesar de utilizar estratégias focadas no problema e na emoção, as focalizadas no problema foram melhor percebidas pelas psicólogas.
Descritores: Adaptação psicológica; Saúde do trabalhador; Saúde mental.

Este estudio tiene como objetivo identificar indicios de sobrecarga de trabajo y prácticas de *coping* adoptadas por psicólogas de un CAPS no gubernamental del interior de Minas Gerais. Los datos fueron recogidos en el primer semestre de 2017, por medio de entrevista semiestructurada y analizados por el análisis de contenido temático. Participaron ocho psicólogas. Dos ejes temáticos fueron construidos: "relación salud-trabajo-enfermedad" y "Estrategias de *coping*". Se observó que las profesionales reconocían el desgaste generado por el trabajo, sintiendo de forma más intensa el desgaste mental, pero poseían estrategias para hacer frente a las demandas laborales. Se concluye que a pesar de utilizar estrategias enfocadas en el problema y la emoción, las focalizadas en el problema fueron mejor percibidas por las psicólogas.
Descriptores: Adaptación psicológica; Salud laboral; Salud mental.

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INTRODUCTION

With the psychiatric reform, there was the implementation of new therapeutic approaches, focusing on the psychosocial dimension of suffering and human subjectivity in the country[1]. In this model the basis of psychiatric treatment has to be preferably carried out in the Centers for Psychosocial Care (CAPS), which calls for the rehabilitation and social reintegration of people with mental disorders[1,2].

This change of paradigm experienced in public mental health in Brazil has not affected only people who needed assistance, the professionals of these services also needed to reframe their roles[3]. From this angle, the psychologists had to change their focus of attention, practice and understanding of what mental illness is and how one can deal with it[4]. These changes may be triggering feelings of helplessness and overload, because of the new way of working and the recurring criticisms of the role of psychologists in the health services[5].

The work, in turn, can generate as much illness as health[1,6-9]. To the worker's health, the work can trigger psychological distress and physical discomfort and offers a vision directed to the subjective structuring of workers, so that the conditions and how the work is organized influences the experienced psychological and physical distress[10].

Health professionals are generally affected by the work. Working conditions are often poor due to the low budget allocated to health, low wages, the overload due to low recruitment; besides, they are in daily contact with the pain and suffering[10,11].

Among the elements that appear as a source of illness, work overload is one of the troublemakers in the professionals' health[1]. Besides being a stressor, it is a predictor for emotional exhaution[12], being associated with higher levels of professional exhaustion[13] and can be an indicator of service quality[14]. Moreover, it can be related to the excess demand of work and emotional exhaustion facing the wear loads generated by the work in mental health[9].

Psychologists are a risk public for overload in view of the great demand for care and the high emotional burden that is required when dealing with the human pain and suffering[15,16]. As sickening generators to psychologists, in addition to the overload, the reduced physical structure of the service, lack of organization and poor working conditions, lack of profession recognition by the managers and other professionals and lack of union within the team[11,15]. In addition to this, there is the emotional unpreparedness to deal with situations that pervade the daily life of service and the high psychological demands in the care tasks they perform to the others.

Work on mental health can be one of the predictors of illness. Dealing with the suffering and loss that accompany mental illness, lack of resoluteness in front of the disorders, lack of understanding of the proposal of a mental health service and the lack of support from family to the treatment, are examples of sickness predictors[8,17].

A study[8] points that working on mental health is an experience that brings both joys and sorrows. Among the interviewees, conflicting feelings stood out. The same professional reported being satisfied, but at the same time frustrated, to be in the profession, but with losses in his personal life. These situations show that the mental health work is not perfect, and needs good condition and a more careful look at the health of workers, CAPS can be a source of satisfaction and also cause damage to health.

Thinking of ways to mitigate the impacts of work, coping strategies are alternatives that have gained increasing importance and credibility in managing exhaustive situations, in order to enable a better quality of life in and out of work[16,18].

Coping can be understood as cognitive and behavioral efforts that are developed to respond to external or internal demands evaluated as excessive for the internal resources of the individual[19,20]. When the subject assesses a situation as exhaustive or harmful, he can develop coping strategies in order to achieve better response to a particular situation and not be so affected by it.

Coping can be divided into two types, strategies focused on the problem and those

centered on emotion[21]. The first ones attempt to change the existing problem, ending the source of suffering and the second change individual's emotional state when it is not possible to change the circumstances.

Several factors may influence the choice of coping strategies, such as cognitive assessment of the situation, especially its characteristic and controllability, that is, how much the person believes he can or is able to alter and control that problem, if it is subject to change or not; social resources, that is, how much the person has the ability to seek help and external mechanisms to feel better and the individual resources of the subject, being related to levels of optimism, neuroticism and extroversion or introversion[20].

Thinking about these factors that can influence the choice of strategies, a research carried out with mental health professionals[17] found a negative correlation between working time and the use of positive reappraisal strategy (focused on emotion), showing that with time the subjects tend to perform less effort to reframe events, which also affects the search for change. This may bring questions about the continuation of negative impacts and maybe the lack of elements that mitigate anxieties permeating the work.

Another research[16] carried out with psychologists found that the higher the excess of work, the greater the use of strategies focused on emotion. On the other hand, the higher the autonomy at work, the greater the use of strategies focused on the problem. It shows how much autonomy can empower the individual so that he searches for problem solving mechanisms at work.

The use of strategies focused only on emotion, although relieving tension, do not cause the resolution of the problem and may be a cause of decreased self-worth and fulfillment at work, as well as increase professional stress and dissatisfaction[16,22]. This shows that in some cases, there are strategies that will be more functional and more adaptive than others and that with the combined use of more than one strategy, the subject will have more resources to address and mitigate the impacts of the work.

Therefore, considering the need for studies that evaluate health promotion mechanism to psychologists, its high vulnerability to illness due to work and its importance in mental health teams, this study aims to identify workload and coping practices adopted by psychologists of a non-governmental CAPS in the interior of Minas Gerais.

METHOD

This is a cross-sectional study of qualitative and understanding character, developed in a non-governmental CAPS of a medium-sized city in Minas Gerais. The city has only one non-governmental CAPS, with the others being municipal institutions. It is configured as a CAPS II, with a multidisciplinary team of 25 professionals, among them psychologists, nurses, nursing technicians, psychiatrists, social worker, pharmacist, pharmacy assistant, art therapist, occupational therapist, administrative assistant, kitchen assistant, staff of general services, as well as interns and volunteers.

Participated in the survey only psychologists who received the letter "E" followed by a number, for their protection. All of them had a formal job with CAPS and one also exercised administrative functions in the institution. Professionals who were on vacation, license or removal of their activities for any reason during data collection were excluded from the sample.

The instrument used for data collection was a script with semi-structured questions, prepared for this study, which included questions about general information of the participants, such as gender, age, level of education and training time, occupation exercised, the type of activity developed, perception of assignments, aspects related to overload, health and coping.

The interviews were conducted at the place of the participants' work, in scheduled date and time with every professional, occurring during the first half of 2017. They were carried out individually, lasting an average of 23 minutes. All interviews were transcribed in full using the Express Scribe Transcription Software program and

underwent some changes to grammatical errors correction, not changing the original meaning of the phrases or words.

For the analysis, one opted for the content analysis, with an emphasis on thematic categorial analysis[23] and thematic categories defined *a posteriori*. For content analysis text is seen as a means of the subject expression, therefore, this form of analysis is characterized as a systematic set of techniques in order to analyze the content of a document, investigating senses and providing meanings to a communication[23].

The thematic categorial analysis works with the development of themes, organizing the contents of a text into categories in a way that they are able to cover the targeted analytical objective and what was provided in the content of the speech[23]. According to Turato[23], content analysis must contain the following steps:

> *- Initial Preparation of material: transcripts of taped interviews and the interviewer's field notes to computer files; editing process;*
> *- Pre-analysis: fluctuating readings, search for the unsaid among the words;*
> *- Categorization and sub-categorization: highlighting of topics by relevance and/or by repetition and possible groupings, transforming raw data into organized/perfected ones; presentation and discussion of results at events;*
> *- External validation: supervision with the supervisor of the research, discussion with their peers in research groups, presentation and discussion of results at events;*
> *- Presentation of results: in an illustrative way and illustrative citations of the speeches, preparing for debate/inference/interpretation of this material.*

Data were interpreted according to Health Psychology, an area that aims to work mainly the inter-relationship among behavior, health and disease, as well as the psychic functioning involved in this process[24]. The project was approved by the Ethics and Research Committee of the Federal University of Triângulo Mineiro under CAAE record: 57562516.8.0000.5154, meeting the recommendations set out in Resolution 466/12.

RESULTS

The study included eight psychologists of CAPS II listed for the study. The average age of the participants was 44.13 years, ranging from 30 to 62 years. The complementary team training also varied, with post-graduate courses in different areas, such as three in mental health, two in schizoanalysis and schizodrama and one with master's degree in philosophy.

The link with the institution passed over a formal contract system, by two psychologists, and the others, a courtesy of other institutions, linked to the city Hall. The workload varied between 20 and 40 regimen and only two professionals mentioned do not have another employment besides CAPS. The others said they work in private offices or were on duty of a house home linked to CAPS.

Regarding the time of service in CAPS, it was noticed a low turnover and replacement of employees, with a range of 2 and 26 years of work, taking into account that a professional reported to have left the service and returned to work on that CAPS after some time.

To better understand the aspects that run through the health-work relationship and the protective strategies of coping, this research was divided into two axes; the first, "health-work-disease relationship" and the second, "coping strategies". Both of them will be explained according to their respective thematic categorial analysis.

Axis 1 - Health-work-disease Relationship
Work as an overload source

It was observed the presence of overload in the professional everyday life. This overload was assigned by them because of the great demand for care and the unpredictability of everyday life, which generate the breaking of a pre-established routine. The burden was felt mainly as mental exhaustion, due to the emotional involvement they spend at work.

[...] it is a work that somehow generates a great mental wear for the professional.... you hear several stories, then you experience several dramas, moments, difficulties of others [...] (E. 3).

[...] You have noticed that there is overload, right? We're always running .... Here, the environment, we have a plan, but we are under pressure from the demands of everyday life. (E. 4)

The emotional stress is perceived as inherent to work in CAPS. In addition to bringing this reflection, they also indicate that the professional needs to take a careful look at his health.

[...] it is a clinic where you get involved much, emotionally as well, not only as a pure and simple intervention [...] it is a clinic that asks you a bit more, because you need to work with affection as well (E. 6).

Work as a health source

The work was perceived as a source of accomplishment, which contributes to the professionals' health and satisfaction. Autonomy appeared at all times as a positive point. Professionals perceived autonomy in their freedom to adjust their schedules and workshops according to their personal demands and propose and implement new activities.

Another point perceived positively was the relationship with the team. Professionals perceived to have a good relationship in the team, given that they respect each other's work, have freedom of action and can rely on the team's support to cover the absence of colleagues.

[...] it is a very open clinic, even if there is no time to go through a technical collective we have the freedom and autonomy to develop any kind of activity, this makes the work enjoyable. (E. 5)

[...] I met a team that today are my personal friends, that made all the difference in my way of living. (E. 2).

[...] an unforeseen happens, one thing that you sometimes cannot leave behind, you call "you may be covering me? You may be doing so and such? "It is thus placed at a time and is already accepted .... for example, this week I had to travel to fix a problem and then there was someone to cover me, then I go, I travel quiet, because I know I am covered .... these developments and this facility on dialogue, communication within the work, I think that's very important, I think when it does not happen, that's hard, it is much more complicated. (E. 6).

When asked about the interference of work on health, not all psychologists said the interference to be only negative. In a report, the professional places the CAPS as a local of positive gains, with enriching experiences, as how the work can potentiate sensitivity with herself and with each other.

Some reports have shown a sensitivity in the whole team to understand people's needs and tailor their actions to this demand. These strategies can also function as a way to improve the service provided, which passes directly through the sense of satisfaction, generating pleasure, meaning and sense of function to work. Monitor the improvement of users and realize that the work is a potentiator of quality of life for them passes through the utility concept in providing the service, generating satisfaction:

[...] I gained health, I gained patience, I gained another listening [...] (E. 7)

[...] I feel very good offering these types of work, I feel very good when I see the results, it personally helps me a lot, because we learn a lot through each other's experience, so I think it's a factor that promotes good health for me. (E. 1)

It has a great potential our work, it has a very great result that we see on what we do, including the rehabilitation of people arriving sometimes at a very weak level and leave here well, being able to return with their lives out there ,with their activities out there [...] (E. 3)

Other gains perceived by the professionals did not refer to work on a CAPS in a general way, but in the service specifically evaluated. The service was perceived as one that respects its employees and the management was indicated as a promoter of workers' personal and professional development. It was nominated very positively by the interviewees:

[...] I was working in a clinic that gave me this opportunity, I could do other work schedules .... finishing the course, a vacancy arose in the area of psychology and I had this opportunity and the house ended up hiring me as a psychologist [...] (E. 3)

Axis 2 - Coping strategies

At different times during the interviews psychologists recognized the importance of taking care of their mental health and maintain coping strategies as a way to manage the demands of work in CAPS:

[...] every psychology professional is obliged to take care of his emotion .... but if he does not care, then falls ill (E. 2)

To be in a structure like this you need a good recreational facilities for everything. (E. 4)

[...] I was recognizing fatigue in the body and then I managed to slightly decrease the workload (E. 7)

The reported strategies focused on the problem was the existence of weekly clinical meetings with all the technical team of the CAPS and meeting of the psychology sector. This was a strategy reported by seven interviewees. The cohesive team work in planning weekly activities and the division of spaces, that is, a collective construction of the

service space was also indicated, appearing in the speech of five interviewees:

[...] we have here at home too our clinic meeting.... with the technical team in the schedule of 12 hours, we sit down to talk about the issues of CAPS, patients, we try to resolve among us, along with CAPS coordination, with clinical direction, the internal problems, seeking solutions .... situations that happen in the clinic that can be resolved at the time of assembly or we schedule it to be able to provide answers and solutions next week [...] (E. 3)

Here we plan everything according to what is most practical. There are workshops, therapy groups, all based on a schedule, with a plan. (E. 4)

Two psychologists brought the possibility of exchanges and work scheduling and attendance according to personal demands, team support for shift changes according to the need and help in caring for difficult cases, as other strategies that helped manage problems, contributing for satisfaction and well-being. Another coping strategy focused on the issue was the possibility of linking their training/expertise and the work they do. Another reported strategy, however, used less frequently (only one professional), was to seek for supervision of care out of service:

[...] I try to make the time so we did not bring a burden, you know, that it flows well .... I think one thing we need within our clinical work in CAPS is to realize what the group demands you most and how you are after completing a group, so you know what you can do after.... I know and I think it is necessary to not have this burden and as we have this freedom here to schedule our work according to room usage possibilities and everything, so it's, for me it's quiet, I can do this (E. 6)

[...] I think because we have a more cohesive team, which has a certain contact on a daily basis, it is different from other places, so I think this issue of strengthening the team helps a lot, you know who you will working with to meet a more difficult case, which is not a burden only to you [...] (E. 6)

[...] finding what I wanted to do and what kind of intervention that I would use and would have to do with my training and when I could join the question of art with the clinic issue,, for me it ,then, an amazing finding [...] (E. 6)

The adoption of these strategies was associated with freedom they find in the current service in which they are and the professionals themselves have indicated doubts that would be possible in other CAPS. A psychologist pointed out on previous experiences in another CAPS, related to painful and experiences, different from the positive experiences of the current service.

This situation was faced with a request for transfer and removal of employment.

The strategies focused on emotion most used by respondents involved the search for social support, such as support from family and friends, physical activity, trips and tours. There was also speeches that referred to individual aspects, such as optimism, detachment, search of detachment between the self and the suffering of others and looking for ways to rest for a greater willingness to work:

[...] you have to be able to separate it so you do not catch it for you [...] (E. 3)

I think we learn to separate painful experiences, learning to put limits between you and the other, which is not always easy. (E. 4)

Regarding social support, meetings with family and friends were the strategies reported by six professionals as the most used. It was also reported the use of religion and individual psychotherapy:

[...] I usually stay with family or travel, go to the farm, it depends a lot, but always in family. (E. 4)

[...] am spiritualist, so I have my religious life that I go on Saturday .... I also invite friends home, family [...] (E. 8)

Another coping strategy focused on emotions identified in psychologists corresponded to performing leisure activities. The reported activities encompassed physical exercise (gym, functional training, running and pilates), tours and travel, seek entertainment activities, such as watching soap operas and movies at home, listening to music and going to the movies and cooking. Some of these activities have been described as made with the family, especially by the interviewees who are mothers:

[...] a lot of music at home, sometimes a movie, sometimes go out to eat, I like to cook, at least once a week usually on Sundays I cook [...] (E. 7)

[...] we try to keep other things in life, right, recreation, physical activity, so it goes .... go out, go to the movies, playing ball .... watch a movie together, play cards, right all those children games .... go on walks, right, swimming [...] (E. 8)

DISCUSSION

A number of aspects of the work can be a source of illness to the worker, especially the environment and the factors around him[1,25]. These days It is hard to find a guy who does not show any sign of overload due to his work.

Even in healthy conditions, some factor ends up presenting itself out of place, causing some degree of wear. Such an example concerns the interviewed professionals, that even bringing evidence of high satisfaction and a positive work environment, are not immune to mishaps of work that can generate pain.

Effects of care production are not always satisfactory. The psychologists of a CAPS are very required in their actions and emotions. Dealing with the unpredictability of everyday life in a mental health service, daily handling human suffering and the lack of resoluteness against the mental disorder, makes them to experience more intensely some affections[15,16].

The psychologists showed their perception of how much they are involved and how their performance can affect their mental health. This is a very positive factor because it is the first step they can understand they also need care. In cases of burnout syndrome, for example, the subject realizes that something is not right, but cannot recognize how sick he is and must face the situation, which ultimately trigger physical manifestations and he is not able to relate it to the wear resulting from the work[26]. Therefore, it is necessary that the professionals are encouraged to find and/or develop care mechanisms about their health.

Despite the factors listed to illness, the work has also appeared as a source of health. Working in mental health can be very rewarding and aggrandizing when there are conditions exist providing this experience, such as a cohesive and strengthened team, autonomy and freedom to work[6,7], the perception of meaning in the function developed[8], recognition by the management[7] and the notion of care that the professional should have with his health. The interviewees perceived their work as a function that requires an unconditional donation and a live performance, since a mechanical action would not produce the effect expected. Thus, it is very positive that the interviews clearly define the importance that their own affection is worked.

The points that make working as a health factor were identified in the interviews, which are one of the points that may explain the low turnover found in this CAPS. It means that there are elements in it that support the team. It will be important to highlight the autonomy and unity of psychologists at various times, which affects the way they stand before the service, as it promotes safety, comfort and understanding. Feeling good at work, besides strengthening the health of the individual, gives independence to look for ways to enhance and improve their quality of life, as well as their colleagues[7].

Positive interferences of the work continues when CAPS is placed as a place of enriching experiences, such as the ability to observe the improvement of a user, seeing thus the wealth and value of their work; personal growth, seen as a maturing of listening and sensitivity to each other, in addition to professional growth, achieved with the support and encouragement of the training management.

The perception of meaning and see results at work is one of the factors that generate satisfaction and health to profissionals[8] and the investment provided by the managers to the team makes the work a source of intellectual and practical enrichment and demonstrates the recognition and appreciation in the ability of the professional[7], which also runs through this perception of meaning.

Despite the existing satisfaction toward the user's improvement, not always the results and progress of the patient is satisfactory and the daily management of mental distress can make these professionals closely affect, causing illness. In this sense, they legitimize the importance of taking care of their own health, being able to keep coping strategies in their routine. The knowledge and skills acquired in psychology contribute to a broader view of the health-disease process and for the use and success of coping strategies.

The work of psychologists demand they have theoretical and practical knowledge to identify causes of illness and health in the lives of patients and have a wide repertoire to help the subjects in this process. This, however, is not a guarantee that they can also

identify these same factors in their lives. However, one still raises the hypothesis that this is a most favored population in terms of information and skills to recognize the importance of caring for the physical and psychic health[27].

It is important to reflect and question the possible influences of a non-governmental CAPS in promoting worker's health. As it is non-governmental, CAPS where professionals work is under restrictions on their management, having more freedom and autonomy to make decisions about its operation, such as the conduct of activities and management of employees. This reflects in the freedom given to its employees for the planning of their service. This is one of the most important aspects when considering work satisfaction[6,7], being a protective factor against overloading.

The higher satisfaction, the lower the overload impacts[6]. A survey with clinical psychologists indicated performing activities that are satisfactory by themselves, that is, like the work one practices[27] as coping strategy and illness prevention.

Specifically in the interviews, coping strategies were identified focused on the problem and others focused on emotions. The choice of the best coping strategy depends on the assessment that the subject itself does of the situation. In situations in which the resolution of the problem is possible, the coping that proves more effective to maintain the well-being is the one oriented to the problem. In situations where change cannot take place and the individual should continue interacting with the problem, coping focused on emotion is more effective[19].

The problem-focused coping cross both strategies that will cause environmental effects and others that will cause more impact on the individual[28] and denotes an approach to the stressor in order to solve or manage the existing problem[29]. The psychologists reported significant problem-solving strategies and planning, such as participation in weekly clinical meetings with all the technical staff and other with the psychology team, cohesive multidisciplinary work and previous planning activities. These are positive ways of coping, based on a detailed and critical analysis of the situation, in which the team, jointly, choose to be aware of the problems, seeking mechanisms to reduce them[22].

In addition to the meetings held in the workplace, one interviewee reported the demand for supervision beyond her workplace, which shows a concrete attitude to handle the situation, characterizing the coping focused on problem. Thus, it can be shown that the coping focused on the problem does not require it to be something done strictly within the workplace, but rather something that can be settled out, but will cause changes in it[21].

Weekly meetings were already part of the CAPS routine where the professional worked and is another strategy focused on the problem, used to discuss and solve situations relevant to the progress of the institution. However, psychologists have not shown they realized the impact of that meeting in the same way they noticed the presence of the general staff meeting. One reason that may have prompted professionals to not give so much importance to this coping strategy may be precisely the naturalization of this practice, by taking it as integrated into the routine. However, this does not take away the positive value of coping with this burden in this strategy.

It is not always possible to change the concrete situations and this is the time when the coping strategies focused on emotions has its most visible positive impact. The strategies focused on emotion correspond to everything that makes the professional feel good, but does not cause real change in the work[21]. They include the extraction of positive aspects of negative events, optimism, positive comparisons, denial mechanisms, detachment and avoidance of the situation, among others[27]. They relate largely to individual aspects of the subject, which correspond to how he feels in the situation and how he places himself in front of it. When assessing the strategies used by professionals, it was noted the use of many positive strategies to address problems such as increasing leisure

activities, searching for social support and self-care.

Regarding social support, different from what some studies on mental health[8,14] bring, the respondents did not attribute to employment the potential impacts on family and social life. However, the search for support networks, such as family, friends and other interpersonal relationships are very important coping strategies and emerge as a protective factor for indicators of stress and burnout[17,18], helping the psychologists in relieving stress and, thus, in coping difficulties.

The physical activity was present in the speech of many interviewees. Among the eight participants, five reported exercising. Studies report that physical exercises act as protective factors for quality of life and this well-being that will interfere in all aspects of life, being it personal or in work[30].

In turn, the leisure and social support strategies mentioned were not spoken by the majority of the interviewees as surveyed activities they played in order to face and/or feel good on labor demands. Only two respondents put the need for leisure as a strategy to manage the tensions experienced in everyday life. One hypothesis is that these practices have evolved gradually, as new habits. This may have led to not realize the role of addressing these habits, even making use of these strategies to keep ahead quality of life before the demands of work.

There was the report of just one strategy that can take positive or negative character, according to the context. One of the interviewees reported having moved away from past employment by realizing that it harmed her. The detachment, which was the strategy adopted by this professional, may not generate effective change in the cause of suffering, only a distance of the circumstances[22]. Despite this distance cause some relief and also be able to provide a higher power, in case the transfer had not happened and the interviewee would go back to the old job, the causes of disease would remain. In addition, just moving away from the problems can create a potentially damaging abandonment cycle.

CONCLUSION

In general, the participants were found to have many health promotion mechanisms focused on emotion, reporting various leisure activities and a great social support, as well as problem-solving strategies and planning with schedule changes and reorganization of the activities involved. However, despite making use of both types, they realize more easily coping focused on the problem as they name the strategies in that category and relate them to the coping with work demands. The strategies focused on emotion, however, are used, but not perceived related to work.

As the survey was carried out in only one service, data are not amenable to generalization, which, on the other hand, promotes a more complete view of the work of this CAPS in particular. Another limitation refers to the interviews being conducted within the workplace, which could have limited the free expression of the interviewees and not have been made a triangulation of information, that is, comparisons between law and ordinances of the functioning of a CAPS and the work reported by the respondents.

From the results, it is clear the need for further research, as it is a very broad topic and the number of work done on the health of the CAPS psychologists is reduced. In majority, studies focus on psychologists operating in hospitals, besides the development of interventions in these locations, so that the coping can be incorporated into the routine of the workers. It also highlights the need for comparative studies between governmental and non-governmental services.

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