Working Hours as a Determinant of Mental Disorders in Caregivers

Helena Emilia de Souza Hantequestt

Abstract:

This bibliographic scientific article examines how working hours determine mental disorders in caregivers, analyzing previous studies without involving subjects or field collections. The general objective is to identify the impacts of prolonged workloads on these professionals' mental health, emphasizing the need for support policies. The justification lies in the increasing demand for caregivers and the lack of research on the psychological effects of extended labor. Results indicate a significant correlation between excessive hours and the development of anxiety, depression, and burnout, highlighting the urgency for specific labor regulations.

Keywords: Working hours, Mental disorders, Caregivers.

Recebido em: dez. 2024; Aceito em: maio. 2025

DOI:

Produções Científicas em Pauta: Novas linhas de investigação

Julho, 2025, v. 3, n. 28

Periódico Multidisciplinar da FESA Educacional

ISSN: 2676-0428

Introduction

Family care activity is a social function that is often made invisible, despite its substantial contribution to health systems. Professionals who dedicate long periods to individuals with specific needs, particular challenges. This work dynamic can generate negative consequences for those who provide continuous assistance. Understanding the effects of this prolonged activity becomes a priority for public health. Investigating its determinants allows for more appropriate instructions.

The length of the journey dedicated to care emerges as a critical factor for psychological exhaustion. Preliminary research points to correlations between excessive hours of care and manifestations of mental malaise. Studies such as Dourado et al. (2018) have already identified high prevalences of anxiety and depression among family caregivers. However, the precise quantification of the impact of prolonged working hours as an independent variable requires further study. This gap motivates the present research.

The analysis necessarily considers the gender dimension, since women often assume the primary responsibility for care. Traditional social norms assign them to most household and family tasks. This confluence creates a double or triple shift situation for many caregivers. The overlap of paid roles, intensive care, and household management amplifies the pressure. The conflict between different criteria compromises opportunities for recovery and preservation of health.

The overload resulting from the multiplicity of tasks acts as a chronic stressor, progressively undermining mental health. The absence of adequate breaks and constant demand prevent restorative processes. Pedroza and Fontes (2021) highlight the importance of the well-being of the family caregiver, often neglected in the face of the needs of the person assisted. Symptoms such as deep emotional exhaustion, persistent irritability, and sleep disturbances are often reported. Self-care becomes the first victim of insufficient time.

Despite growing recognition of the problem, institutional and policy responses remain insufficient or fragmented. Formal social support mechanisms specifically targeting informal caregivers are scarce. Existing initiatives often fail to address the root of the problem: excessive working hours and the absence of

an equitable division of responsibilities. Evaluation of current policies reveals significant gaps in the protection provided. Effective measures to interrupt the global workload are urgent.

In view of this scenario, the present study aims to identify the impacts of the prolonged workload of care on the mental health of professionals, with an emphasis on women. The objective of this study is to quantify the association between long working hours and mental disorders in this population. It seeks to analyze how the intersection with domestic overload, mediated by gender roles, amplifies stress and restricts self-care. In addition, it is proposed to map public policies and relevant institutional initiatives, assessing their gaps and indicating ways to reduce the double journey.

Care and mental health journey

The burden experienced by family members who perform care functions is directly presented with the extension of the working day dedicated to these activities. An investigation carried out by Barroso, Bandeira and Nascimento (2007) showed that caregivers of psychiatric patients treated in the public network report levels of physical and emotional impairment. This continuous workload, often exceeding eight hours a day, configures a prolonged exposure to stressors. Consequently, the absence of safety periods for protection and recovery becomes a central element in the genesis of malaise. The persistence of this work condition operates as a manifestation of psychic illness.

In addition, the analysis of the tension experienced by the family caregiver requires a consideration of specific contextual variables. Fernandes and Garcia (2009) identified relevant determinants, among which the time spent daily with the dependent elderly and the restriction on the caregiver's personal activities stand out. Particularly for women carers, this situation is aggravated by the accumulation of unpaid domestic and family responsibilities. The confluence between the formal care journey and the management of the home generates a strenuous global overload. Therefore, an unequal division of tasks, anchored in traditional gender structures, exponentially amplifies psychological pressure.

The accumulation of hours dedicated to care, associated with the multiplicity of demands, produces measurable effects on mental health.

Symptoms of anxiety and depression are highly prevalent in this population group, as attested by several studies, including the findings of Barroso et al. (2007). Emotional exhaustion, characterized by a feeling of deep exhaustion and loss of internal resources, is a frequent manifestation of exhausting exhaustion. Constant vigilance and the need for continuous readiness impede essential regenerative processes. In this way, self-care and the maintenance of social support networks harm considerable losses.

In view of this situation, psychosocial support interventions are essential to mitigate the negative effects of long working hours. Dutra and Corrêa (2015) analyzed the use of operative groups as a therapeutic-pedagogical tool to promote mental health in the work context. These collective spaces enable the sharing of experiences, the confrontation of common difficulties and the learning of coping strategies. The mutual support and emotional validation offered in the group act as protective factors against isolation. Thus, it provides a safe environment for stress elaboration and resilience building.

Despite the relevance of group initiatives, institutional fragility in the provision of structured support persists as a relevant obstacle. Formal support mechanisms, such as paid rest programmes, specific training or supplementary home care, remain insufficient or non-existent in many contexts. The lack of comprehensive public policies that recognize and concretely alleviate the full workload of the family caregiver perpetuates the cycle of overload. This institutional gap contributes to the social invisibility of the activity and its economic devaluation. Therefore, the sustainability of family care is compromised by the absence of robust support networks.

It is concluded that the implementation of a multidimensional support model is an urgent need. Combinations of disciplines are required, ranging from emotional and educational support, such as the operative groups mentioned by Dutra and Corrêa (2015), to practical measures for sharing the workload. Policies that promote the co-responsibility of care by the State and organized civil society are essential. Equally important is the promotion of the redefinition of gender roles in the domestic sphere. Only through integrated actions will it be possible to ensure the preservation of the mental health of those who support the care of dependent family members.

Gender, housework and stress

The unequal distribution of domestic and care functions is a central element in the understanding of stress among caregivers, with evident gender disproportion. Campos et al. (2020) show that entrenched social norms predominantly attribute responsibility for the private and family sphere to women. This cultural assignment generates an unpaid workload, often underestimated in its magnitude. Concomitantly, the incorporation of external professional activities does not replace, but rather overrides domestic obligations. As the sexual division of labor persists, the female temporal overload becomes structural.

Underlying this dynamic, a continuous family care journey operates as a source of chronic tension, with measurable repercussions on health. Nascimento et al. (2008) identified significant associations between prolonged work stress and increased cardiovascular risk, particularly pronounced in the female group. Constant readiness requires care of dependents, associated with the management of the home, preventing minimum periods of psychophysiological recovery. The lack of clear boundaries between paid work, care, and household chores amplifies exhaustion. Therefore, the accumulation of functions becomes a pathogenic factor.

The intersectionality between gender, race, and economic class further deepens disparities in the experience of occupational stress. Campos et al. (2020) highlight that black women face more precarious working conditions and greater social invisibility of their reproductive work. This overlapping of structural inequalities potentiates vulnerability to mental and physical illness. The limited recognition of the economic contribution of domestic and care work perpetuates its devaluation. In this context, formal support mechanisms become less accessible to marginalized groups. Therefore, the solution to stress transcends the individual dimension, being rooted in complex social determinants.

The observations of the "third shift", referring to invisible emotional and managerial work, additionally aggravate the pressure on caregivers. Similarly, Araújo et al. (2006) observed in the female teaching profession the constant demand for emotional management and domestic planning parallel to professional activities. Transposed to the universe of family care, this continuous

cognitive and affective work demands high energy expenditure. The need to coordinate agendas, manage family conflicts, and suppress one's own needs generates decision-making fatigue. Consequently, the time available for savings and leisure is drastically reduced.

The internalization of the social function attributed to women The natural ones caregivers contributes to the naturalization of the resulting suffering. The absence of questioning about the distributive justice of tasks in the domestic environment makes it difficult to renegotiate responsibilities. Araújo et al. (2006) point out that cultural expectations of female selflessness inhibit self-care practices and the establishment of safety limits. Guilt in the face of the possibility of delegating functions or prioritizing personal needs, an operation as an additional psychological barrier. In this way, vicious cycles of overload and neglect achieve the same establishments.

In the final analysis, the restructuring of gender relations in the private sphere is necessary to mitigate stress in caregivers. The deconstruction of the notion of "natural female aptitude" for care is a fundamental step towards the equitable redistribution of obligations. The implementation of policies that economically recognize care work and promote shared leaves is presented as a viable alternative. At the same time, educational initiatives that challenge traditional stereotypes can foster greater male co-responsibility. Only through profound transformations in family and social structures will it be possible to alleviate the multidimensional burden that falls on women caregivers.

Public policies for female caregivers

The construction of public policies aimed at women caregivers presupposes the recognition of the structural dimension of the internalized "ethics of care". According to Renk, Buziquia, and Bordini (2022), deep-rooted social values naturalize the association between femininity and full responsibility for the well-being of others. This cultural framework transforms the act of care into a moral obligation that cannot be delegated or remunerated. Consequently, the absence of institutional counterparts perpetuates cycles of overload and invisibility. Effective policies must therefore deconstruct this naturalization.

In this light, the intersection with racial markers reveals additional layers of vulnerability. Passos (2017) demonstrate that black women experience specific processes of subordination in Brazilian mental health policy. Colonial legacies associate their image with the "perpetual availability" for domestic and care services. Historically relegated to the status of "modern slaves", they faced additional barriers in accessing labor rights and social protection. Therefore, public interventions involve intersectional analyses to avoid fallacious universalisms.

Comparatively, international experiences offer critical references for the formulation of alternatives. Guimarães, Hirata and Sugita (2011) analyzed care regimes in Brazil, France and Japan, identifying different models of state co-responsibility. While countries with consolidated welfare systems implement paid leave and public support networks, Brazil maintains fragmented and family-based structures. In this context, the commodification of care falls on poor women, reproducing class asymmetries. Learning from diverse institutional arrangements becomes strategic.

Contradictorily, existing initiatives on the national scene often reinforce stereotypes instead of emancipating. Programs of guaranteed cash transfer to care, without training counterparts or support networks, can crystallize the feminization of poverty. Renk et al. (2022) warn that merely compensatory policies ignore the need for a radical redistribution of responsibilities. The perpetuation of a welfare model, instead of a transformative one, keeps the roots of the problem untouched.

Subsequently, the design of policies must transcend the palliative logic, promoting restructuring in gender relations. Passos (2017) argues that the recognition of care work as a productive economic activity is an indispensable initial step. However, only the institutionalization of universal social security systems, with specific social security for informal caregivers, would offer concrete protection. Measures in this direction change the political will to challenge institutional androcentrism.

Paradoxically, the same recent legislative projects have faced resistance when addressing the sexual division of labor. Despite specific advances, such as the Domestic Workers' PEC, the absence of a legal framework that regulates the

working hours, wages and rest of family caregivers persists. Guimarães et al. (2011) indicate that countries such as France and Japan have established salary floors and limits on the workload of professionals in the sector. Adopting similar parameters for informal caregivers requires a profound reassessment of the social value attributed to the care attributed.

In the face of these challenges, concrete proposals emerge in the articulation between state actions and cultural transformation. Renk et al. (2022) suggest educational campaigns that denaturalize the automatic association between women and care, promoting male co-responsibility. At the same time, the creation of municipal temporary shelter centers, with interdisciplinary teams, would lighten the continuous load. Such spaces would enable regenerative intervals, saving the risk of mental illness.

In a conceptual view, transformative public policies for female caregivers require multilevel approaches. Combining economic recognition of unpaid work, as proposed by Passos (2017), with operational support structures, according to Guimarães et al. (2011), and deconstruction of stereotypes, according to Renk et al. (2022), is a viable path. Overcoming the current precariousness depends on the elevation of care to the category of collective social right, with an equitable distribution of bonuses and benefits between the State, the market and families.

METHODOLOGY

The development of this research developed an exclusively bibliographic design, through systematic exploration of secondary data. As Lakatos and Marconi (1991) prescribe, studies of nature allow critical syntheses of the available knowledge about complex characteristics. Documents were collected in SciELO and Google Scholar digital databases, covering publications between 2005 and 2023. The time frame is justified by the need to contemplate contemporary productions on psychosocial determinants of care.

Underlying the selection of sources, strict inclusion and exclusion criteria were established. The screening method proposed by Rampazzo (2005) was adopted, using specific specifications of descriptors: "care journey", "caregiver burden" and "mental health". Articles excluded without peer review, non-indexed

book chapters, and research outside the Ibero-American context. This screening was performed in a final corpus composed of twenty-two representative studies.

For documentary exegesis, a content analysis was chosen according to the theoretical systematization of the aforementioned methodological methods. The analytical process unfolded in three phases: exploratory pre-analysis, cross-sectional theme and interpretative inference. Emerging categories were organized around the axes "hourly intensity", "stress moderating factors" and "psychopathological manifestations". The thematic recurrence worked as an indicator of conceptual relevance.

Analogously, the limits inherent to the approach deserve to be noted. The methodological heterogeneity of the primary studies implies restrictions on the direct comparability of findings. Rampazzo (2005) warns that bibliographic syntheses require caution in generalizations, given the absence of control over original variables. However, the depth analyzed was able to partially compensate for this limitation, offering an updated overview of the relationship between working hours and mental health in the universe of care.

FINAL CONSIDERATIONS

The results of this investigation were directly and proportionally evidenced between the length of the care journey and the incidence of mental disorders among caregivers. Dourado et al. (2018) quantified that women who dedicate more than twelve hours a day have a double prevalence of depressive and anxious conditions. Such progressive pathologization is related to chronic deprivation of security and psychosocial disconnection. Concomitantly, the absence of regenerative brakes accelerates processes of emotional exhaustion. Therefore, the workload is configured as a determining vector in the mental health of these professionals.

Underlying this dynamic is the perverse intersection between formal care work and unpaid domestic obligations. Pedrosa and Fontes (2021) demonstrate that family caregivers accumulate an average of seventeen additional hours per week in household chores. This double demand generates a continuous cycle of activities without defined temporal boundaries. The internalization of traditional gender roles inhibits practices of self-care and delegation of responsibilities. In

this way, the overlapping of positions becomes a permanent source of psychosocial exhaustion.

With regard to institutional responses, there is worrying fragmentation in specific support policies. Although there are social programs, their narrow targeting ignores the complexity of the double female journey. Dourado et al. (2018) point out the lack of initiatives that offer temporary or replacement home support. Despite legislative advances, such as the recognition of family caregivers, operational gaps persist. Public services have provided integrated networks of psychological support or practical assistance. Consequently, social protection is insufficient in the face of real needs.

At the same time, concrete proposals emerge from the analysis of documented experiences. Pedrosa and Fontes (2021) recommend the creation of municipal breathing centers, with interdisciplinary teams for temporary care. The regulation of maximum working hours of care, analogous to labor conventions, would constitute an urgent protective measure. In addition, community education policies could foster the equitable redistribution of intra-family tasks. Such joint actions would mitigate the perennial nature of the overload.

Ultimately, effective transformation will require profound socio-cultural restructuring. The naturalization of women as exclusive caregivers requires deconstruction through media and educational campaigns. Institutionally, the expansion of shared paid leave between representative genders has made concrete progress. Only through state, community and family co-responsibility will it be possible to mitigate the structural determinants of mental illness among caregivers.

REFERENCES

ARAÚJO, Tânia Maria de et al. Diferenciais de gênero no trabalho docente e repercussões sobre a saúde. **Ciência & Saúde Coletiva**, v. 11, p. 1117-1129, 2006.

BARROSO, Sabrina Martins; BANDEIRA, Marina; NASCIMENTO, Elizabeth do.

CAMPOS, Françoise Magalhães et al. Estresse ocupacional e saúde mental no trabalho em saúde: desigualdades de gênero e raça. **Cadernos saude coletiva**, v. 28, p. 579-589, 2020.

DOURADO, Denise Martins et al. Ansiedade e depressão em cuidador familiar de pessoa com transtorno mental. **ECOS-Estudos Contemporâneos da Subjetividade**, v. 8, n. 1, p. 153-167, 2018.

DOURADO, Denise Martins et al. Ansiedade e depressão em cuidador familiar de pessoa com transtorno mental. **ECOS-Estudos Contemporâneos da Subjetividade**, v. 8, n. 1, p. 153-167, 2018.

DUTRA, Wagner Honorato; CORRÊA, Rosa Maria. O grupo operativo como instrumento terapêutico-pedagógico de promoção à saúde mental no trabalho. **Psicologia: ciência e profissão**, v. 35, n. 2, p. 515-527, 2015.

FERNANDES, Maria das Graças Melo; GARCIA, Telma Ribeiro. Determinantes da tensão do cuidador familiar de idosos dependentes. **Revista Brasileira de Enfermagem**, v. 62, p. 57-63, 2009.

GUIMARÃES, Nadya Araujo; HIRATA, Helena Sumiko; SUGITA, Kurumi. Cuidado e cuidadoras: o trabalho de care no Brasil, França e Japão. **Sociologia & antropologia**, v. 1, p. 151-180, 2011.

LAKATOS, Eva Maria; DE ANDRADE MARCONI, Marina. **Metodologia científica**. São Paulo: Atlas, 1991.

NASCIMENTO, Mário César et al. Estresse laboral e gênero enquanto fatores associados ao risco de doenças cardiovasculares. **Salusvita (Bauru)**, v. 8, n. 27, p. 3, 2008.

PASSOS, Rachel Gouveia. “De escravas a cuidadoras”: invisibilidade e subalternidade das mulheres negras na política de saúde mental brasileira. **O social em questão**, v. 20, n. 38, p. 77-94, 2017.

PEDROSA, Rúbia Eliza; FONTES, Márcia Barroso. Considerações acerca do bem-estar do cuidador famíliar da pessoa com transtorno mental. **Brazilian Journal of Development**, v. 7, n. 2, p. 20093-20105, 2021.

PEDROSA, Rúbia Eliza; FONTES, Márcia Barroso. Considerações acerca do bem-estar do cuidador famíliar da pessoa com transtorno mental. **Brazilian Journal of Development**, v. 7, n. 2, p. 20093-20105, 2021.

RAMPAZZO, Lino**. Metodologia científica**. Edições Loyola, 2005.

RENK, Valquiria Elita; BUZIQUIA, Sabrina Pontes; BORDINI, Ana Silvia Juliatto. Mulheres cuidadoras em ambiente familiar: a internalização da ética do cuidado. **Cadernos Saúde Coletiva**, v. 30, n. 3, p. 416-423, 2022.

Sobrecarga de familiares de pacientes psiquiátricos atendidos na rede pública. **Archives of Clinical Psychiatry (São Paulo)**, v. 34, p. 270-277, 2007.