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Nursing care for people with mental disorder in the general hospital: challenges of specialized care

Atención de enfermería para personas con trastorno mental en el hospital general: desafíos de la atención especializada
Assistência de enfermagem a pessoas com transtorno mental no hospital geral: desafios do cuidado especializado

ABSTRACT

Objective: To analyze the perception and challenges conceived by the nursing team, in specialized care for people with mental disorders, in the hospital environment. **Methodology:** This is a descriptive-exploratory field study with a qualitative perspective of data production and analysis. **Results:** Two thematic categories emerged: a) Perception of the nursing team in relation to the person with mental disorder in the hospital environment b) Nursing challenges to assist the person with mental disorder. The study unveils the challenges that nursing professionals encounter to assist patients with mental disorders in the general hospital, even though they understand that these people are susceptible to aggression, they recognize that through practices based on the humanized approach, it is possible to promote relationships of trust and respect to the subjectivity of each individual, resulting in the promotion of autonomy of the individuals involved in the care process. **Conclusion:** From these reflections, it is possible to observe the importance of establishing a bond capable of stimulating trust between nursing professionals and patients, providing the expansion of psychosocial practices.

DESCRIPTORS: Nursing Assistance; Psychiatric Nursing; Mental Health; General Hospital.

RESUMEN

Objetivo: Analizar la percepción y los desafíos concebidos por el equipo de enfermería, en atención especializada para personas con trastornos mentales, en el entorno hospitalario. **Metodología:** Estudio de campo descriptivo-exploratorio con una perspectiva cualitativa de producción y análisis de datos. **Resultados:** Surgieron dos categorías temáticas: a) Percepción del equipo de enfermería en relación con la persona con trastorno mental en el entorno hospitalario b) Desafíos de enfermería para ayudar a la persona con trastorno mental. El estudio revela los desafíos que enfrentan los profesionales de enfermería para ayudar a los pacientes con trastornos mentales en el hospital general, aunque entienden que estas personas son susceptibles a la agresión, reconocen que a través de prácticas basadas en el enfoque humanizado, es posible promover relaciones de confianza y respeto a la subjetividad de cada individuo, lo que resulta en la promoción de la autonomía de los individuos involucrados en el proceso de atención. **Conclusión:** A partir de estas reflexiones, es posible observar la importancia de establecer un vínculo capaz de estimular la confianza entre los profesionales de enfermería y los pacientes, proporcionando la expansión de las prácticas psicosociales.

DESCRIPTORES: Asistencia de Enfermería; Enfermería Psiquiátrica; Salud Mental; Hospital General.

RESUMO

Objetivo: Analisar a percepção e os desafios concebidos pela equipe de enfermagem, no atendimento especializado a pessoa com transtorno mental, no âmbito hospitalar. **Metodologia:** Estudo de campo do tipo descritivo-exploratório com abordagem da perspectiva qualitativa de produção e análise de dados. **Resultados:** Emergiram duas categorias temáticas: a) Percepção da equipe de enfermagem em relação à pessoa com transtorno mental no âmbito hospitalar b) Desafios da enfermagem para assistir a pessoa com transtorno mental. O estudo desvela os desafios que os profissionais de enfermagem encontram para assistir os pacientes com transtornos mentais no hospital geral, ainda que compreendam que essas pessoas são passíveis de agressão, reconhecem que através das práticas alicerçadas na abordagem humanizada, é possível promover relações de confiança e respeito à subjetividade de cada indivíduo, resultando na promoção de autonomia dos indivíduos envolvidos no processo de cuidado. **Conclusão:** A partir destas reflexões, observa-se a importância do estabelecimento de vínculo capaz de estimular a confiança entre os profissionais de enfermagem e pacientes, proporcionando a ampliação das práticas psicosociais.

DESCRIPTORIOS: Assistência de Enfermagem; Enfermagem Psiquiátrica; Saúde Mental; Hospital Geral.

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INTRODUCTION

In Brazil, concurrently with the Sanitary Reform movement in which struggles were instituted to guarantee the population's rights to health, the Psychiatric Reform (RP) movement that sought to humanize the care of people with mental disorders was strengthened, proposing the admission of long stay as a last therapeutic resource, in which all extra-hospital alternatives were insufficient. The guarantee of the rights of people with mental disorders was legally sanctioned by Law No. 10,216, on April 6, 2001, causing reflections that reflected changes in different regions of the country, after the publication of strong criticisms of the asylum model⁽¹⁾.

To ensure continuity of care in society for people with mental disorders, the Ministry of Health Ordinance No. 3,088 / 11 established the Psychosocial Care Network (RAPS), which guides

the functioning of networked psychosocial care, determining mental health care in the following devices: Primary Health Care, Specialized Psychosocial Care, Urgent and Emergency Care, Temporary Residence Care, Hospital Care, as well as strategies for deinstitutionalization and psychosocial rehabilitation⁽²⁾.

In the context of psychiatric care and mental health care in general hospitals, the PR movement has expanded the emphasis on the possibility of treatment for physical and psychic needs in the same space as other patients assisted by the same team through the creation of psychiatric units (UP), these beds being directed to the care of people with mental disorders⁽³⁾.

In this perspective, the integration process between psychiatry and other specialties in these spaces has been occurring in a continuous and complex way, albeit in a timid and incipient way, when compared to what happens with other

clinics in this context of the hospital, having to overcome many resistances and transposition of care models, especially that proposed by medicine, which almost always results in treatment centered on somatic therapies, therefore, restricting its scope of possibilities⁽⁴⁾.

It is true that the PR has already managed to inspire several and important transformations in the practices and daily life of psychiatric nursing, which has contributed to improving the quality of patient care through the use of skills, such as: welcoming, empathy and active listening, among others examined by and in the provision of nursing care. In view of this new phase of restructuring care, the actors involved are invited to think about their new roles in relation to the care of people with mental disorders, leading to the dedication to the development of proposals for practices based on technical-scientific, ethical and humanized knowledge⁽⁵⁻⁶⁾.

Nursing professionals who work in direct assistance and with constant and intense contact with patients with mental disorders, tend, through the experience of these experiences, to accumulate sensory knowledge. In this scenario, current discussions are of paramount importance for building the strengthening of the role of the nursing team, which started to perform activities from a new perspective, with attention to the subjectivity of each subject in their social environment, which involves family members and the multi-disciplinary team⁽⁷⁻⁸⁾.

This study is justified because it is relevant in the field of mental health care. Research that unveils debates about the qualification of nursing professionals in the area, because, in a way, it makes a valuable resonance through access to the narratives of professionals involved with the care of people with mental disorders in the general hospital, exposing the difficulties with the which are eventually involved in care relationships.

In this sense, the study will contribute to overcoming difficulties experienced by health teams in the face of the perception of the weaknesses found in the studied scenario, aiming at actions that can contemplate the assistance to patients with mental disorders in the general hospital.

The objective of this study was to analyze the perception and challenges conceived by the nursing team in specialized care for people with mental disorders, in the hospital environment.

METHODOLOGY

Descriptive-exploratory field study with a qualitative perspective of production and data analysis. Qualitative research methodologies can be understood as those capable of incorporating the question of meaning and intentionality as inherent to acts, human relationships and social structures as significant human constructions⁽⁹⁾.

The field stage was conducted in the months of April and May 2018, with an open interview with 11 professionals from

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the nursing team who work at the hospital in a city in Minas Gerais, whose registered name with the SUS is Psychiatry and, traditionally, the hospital is characterized by attending psychiatric patients. The care provided by the hospital is divided into wards, with most of the beds being public (SUS) and a small part being private beds. The distribution of the beds follows the following criteria: infirmary for chronic patients, general practitioner, psychiatric patients, and chemical dependency infirmary. The hospital has a total of approximately 268 beds.

The testimonies were recorded on electronic media by the researchers themselves, at a time previously scheduled outside working hours, in an environment reserved for privacy to be maintained (office), establishing an empathic relationship between the researcher and participants, lasting approximately 30 minutes, guided by a semi-structured script with questions that tended to answer the research objective.

The risks for the research were minimal, the interviewees were guaranteed to remove their interview from the survey at any time, without causing any embarrassment, injury, or damage. As inclusion criteria, nursing technicians and nurses who worked at the institution for more than 3 months were excluded and those who were on vacation or on leave for some reason were excluded. A pseudonym was indicated by the letter "E" for nurses and "T" for nursing technicians and in the alphanumeric sequence in which the interviews took place (E1, E2 and / or T1, T2 ...), so on to identify the participant. They only answered the questions after clarifying the objectives of the study, understanding, and signing the Free and Informed Consent Term. Data collection did not imply changes in the employees' work routine at the Institution.

The data were analyzed using Bardin's⁽¹⁰⁾ categorization technique, composed of three major stages: pre-analysis; organization phase, where there was a fluctuating reading and elaboration of indicators that supported the interpreta-

tion; exploration of the material, the registration units (identified in the previous step) were organized with a view to categorization; and treatment of results that included inference and interpretation.

Subsequently, the interviews were transcribed in full and made available to the participants for reading and authorization, so that they had the free will to omit some information or add something that could contribute to the proposed study.

The research project was analyzed by the Ethics Committee of the Faculty of Medical Sciences and Health of Juiz de Fora - MG SUPREMA and was approved as approved according to Opinion number 2.570.658, as recommended by Resolution No. 466/2012, of the National Council of Health, which regulates research with human beings.

RESULTS

Eleven nursing professionals participated in this research, six technicians and five nurses. With training time from six months to 23 years for nurses, and in relation to nursing technicians, from three to 20 years. Regarding professional nurses, all had a Specialization Course in different areas, but none had a Specialization in Psychiatric Nursing and Mental Health.

Through the analysis of the material, it was possible to identify the following categories related to the experiences of the nursing team in caring for patients with mental disorders in the hospital environment:

Perception of the nursing team in relation to people with mental disorders in the hospital environment

The following excerpts reveal initiatives that enhance the practices of valuing autonomy and self-care of people with mental disorders:

[...] some are aggressive, others are understanding, have difficulty performing their own daily tasks, sometimes they arrive flustered, then normalize, it depends on each picture [...] (T,6)

Patients become aggressive with words, physical strength, do not attack, but do not allow him to come close, or even talk to him, but many patients are cooperative [...] (T,4)

[...] some patients are aggressive others are totally dependent on nursing, they cannot do their activities alone, but the mentally ill patient himself is a calm patient, does not work, affectionate in his daily life is a quiet patient [...] (E,3)

Today, due to the fact that I work a lot with these patients, I can already have a different look in relation to them, sometimes he is not so aggressive, he is just more confused, so every moment with the patient, I have to be differentiated in relation to him [...] (E,5)

Perception regarding care

The patient with some type of mental disorder finds it difficult to know the importance of brushing teeth, eating, it is a care that nursing has that is closest to the patient, looking if he is eating, sleeping, if he is agitated or if you are presenting anything else [...] (E,1)

The first care has to be the welcoming, it is necessary to approach in a humanized way, see what his needs are, how that patient is at that moment, for people to try to work in a welcoming, humanized way, and see him as unique and not like one more at the institution [...] (E,3)

We go on helping and showing how to carry out the main tasks [...] it is especially important to encourage them to do it alone, if they eat slowly, we will go slowly so that they have freedom. In fact, yesterday there was an overly aggressive patient, I took a walk with him, because the patient is not alone in the

ward, he does not have to experience a little leisure [...] (T,6)

Nursing challenges to assist people with mental disorders

The following excerpts demonstrate that nursing encounters difficulties in mental health care, due to characteristics present in some disorders, such as: change in behavior, aggressiveness, and irritability.

The most difficult is the first contact with the patient, as it is necessary to make him have confidence in who is dealing with him, that is, the team. This is not always an easy role, they are people outside their coexistence, so there is a process of gaining their trust [...] (E,4)

The first contact with the patient is a challenge, as we can offer a certain comfort and security that the family member cannot identify, because we end up approaching the patient with a mental disorder [...] (E,2)

There is a greater concern and difficulty with patients with mental disorders, as in many cases it is aggressive, and for that it is necessary to medicate it, making it more peaceful. A lot of patients arrive in crisis, with schizophrenia, bipolar affective disorder, there are several patients who arrive with some disorder, they are patients who come here for us decompensated [...] (E,5)

When patients arrive agitated it is a challenge, but conversation is one of the best options [...] (T,5)

DISCUSSION

The professionals of the nursing team perceive the person with mental disorders as a person liable to aggression, expectations that lead us to believe that the Brazilian asylums of the 20th century

not only disqualified socially under the inscription of madness, people who went through them, but also built experiences that, today, still negatively influence the ways in which the bodies of the cared subjects relate to their demands in the spaces of the new psychiatric services substituting the asylum, and produce in the agents who care for expectations, sometimes disconnected from a new one. reality, as identified by the illustrative excerpts from the testimonies of the nursing professionals participating in the study on screen⁽¹¹⁾.

It is as if the deinstitutionalization inspired by (RPB), in the middle of the eighties, had happened exclusively by the departure of people from the old spaces of restraint and torture, not producing the desired social changes that would alter the way of seeing and relating to people. people with mental disorders, thus revealing the maintenance of the social institutionalization of madness, which insists on regulating and disciplining these bodies, but in a silenced and hyperspecialized way, as can be seen in the reports of the nursing professionals participating in the study regarding the functioning in the interaction with the person with mental disorders during care relationships in psychiatric bed wards in a general hospital⁽⁸⁻¹²⁾.

However, these same professionals who presented, by means of illustrative excerpts from the interviews in the previous categories, stereotyped expectations regarding the possibilities provided for in the interaction with the person with mental disorders in the care relationship, also recognize that, through practices based on the humanized approach, it is possible to promote relationships of trust and respect for the subjectivity of each individual, resulting in the promotion of autonomy of the individuals involved in the care process⁽¹²⁾.

In this sense, it is important for the professional to understand that, in addition to discharge from the psychiatric institution, the concept of deinstitutionalization includes the abandonment of

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proposals from traditional psychiatry, and imposes the incorporation of concepts of community and socializing actions in the professionals' care practice, which they should assist people with mental disorders and their families, outside the logic of isolation and oppression, aiming to reduce the stigma related to assistance. Thus, deinstitutionalization and the rescue of citizenship, through practices and knowledge, have as their main focus the perception of the individual in his uniqueness⁽¹¹⁻¹²⁾.

Nursing professionals, through the reports, express that they recognize the specificities of assistance to patients with mental disorders, when they have a sensitive eye to the demands of each person, observing if they are eating, sleep patterns, accompanying and assisting in daily life activities. And in addition to the clinical view, it is possible to identify nursing care guided by biopsychosocial practices, when they refer to the importance of welcoming, humanizing care and the possibility of producing client autonomy through a relationship of respect for the subjectivities of these people who demand care in the hospital environment. These aspects are fundamental for PR, because it provides reflections on the commitment to recognize the other as a unique subject, in their social environment, through the resignification of mental health care, outside of stigmatizing labels⁽¹³⁾.

Thus, the embracement, considered as a care technology for humanization of assistance, was built and inserted in the professional, user and society relationship, which favored the construction of relationships of trust and commitment between the multiprofessional health team and users, providing the these individuals the enhancement of active participation in their health care context. From relationships based on mutual respect, in which the construction of each individual's autonomy becomes more subtle, through shared and agreed responsibility between the subjects involved in therapeutic care⁽¹⁴⁾.

It is clear from the professionals' statements that the bond promoted by the nursing team to patients with mental disorders favors comprehensive health care. The importance of listening to others in their needs and of being heard through dialogue is revealed. The bond is based on a work tool that establishes exchanges of knowledge between the technical and the popular, the scientific and the empirical, the objective and the subjective, which promotes the construction of therapeutic actions established based on the characteristics of each collective and of each individual⁽¹⁵⁾.

It should be noted that these actions are extremely important to the integral health of the subjects who were deprived of their dignity, as well as their human rights, due to the subjugation of the asylum treatment model in asylums, which generated the segregation of the disease and social invisibility.

When the reformulation of mental health care is established from the RP, nursing professionals start to act in the autonomous exercise of the profession and are responsible for assistance through democratic relationships. In this perspective, in addition to the monitoring of the diagnosis, identification of signs and symptoms, hygiene care and medication administration, these professionals expand their activities through therapeutic proposals based on the psychosocial care model, emphasizing the inclusive care of human life, so that it occurs expanding the focus of care in its biopsychosocial aspects⁽¹⁶⁾.

Based on these circumstances, it is pertinent to emphasize that professionals who assist in mental health are daily developing strategies for psychosocial rehabilitation and rescue of autonomy, as, as they work with the gaze turned to the subject in all its complexity and become familiar with the suffering and weaknesses of the human being, put into practice strategies for psychosocial rehabilitation.

The relationship of trust with the patient with a mental disorder is a complex process in which the person-centered approach is a way of caring that transcends

the traditional paradigm of psychiatry and is realized through the therapeutic relationship and helps the patient to better express their feelings. Thus, it is possible to perceive between the lines of the statements the stigmatization of mental illness, causing the nursing team in this study to suffer from the reductionist attributions of their knowledge⁽⁷⁻¹⁷⁾.

When expressing that nursing in the establishment of care ends up approaching these clients, it is important to realize that proximity should be something natural, outside of stereotyped visions, so that the availability of the nursing team, in paying attention to the particularities that involve the specialized assistance and knowing how to listen, establish respectful relationships with responses to adapt to psychosocial care in the hospital environment, which should not be seen by these people as a space for repression, but as freedom and inclusion of their demands⁽⁷⁻¹⁸⁾.

It is worth mentioning that ethics is a fundamental factor for the professional who attends or welcomes these people, since, in most cases, they are restless and insecure, many even aggressive, in addition to being, in some cases, incapable. to answer for their actions, becoming, often vulnerable and / or disoriented. From the participants' statements, it was possible to identify the difficulty in dealing with patients who present themselves in crisis and, consequently, agitated due to their condition at some moments⁽¹⁸⁾.

Under this conception, drug therapy is seen as a care that brings tranquility to the assisted. It is necessary to discuss that the medicalization of symptoms in psychiatric conditions has been little questioned globally, resulting in a disorderly increase in chemical containment as a care resource, and it presents itself as a practice that generates a retrogression of the psychosocial care paradigm when not necessary, and is taken as usual⁽¹⁹⁻²⁰⁾.

Still in this perspective, in contrast to the medicalization of mental illness, it was reported that conversation is still understood as the best therapeutic option

for nursing care. We infer that dialogue is always a facilitator between the person receiving care and the nursing team, being the most effective form of communication between individuals. When this happens through mutual respect, it presents progress and success in the contact between both⁽²⁰⁻²¹⁾.

However, it is necessary to compress that when nursing professionals, as fundamental components of the multidisciplinary team, assist the demand for mental health care without technical scientific knowledge, they tend to reproduce reductionist practices that are against the psychosocial care paradigm. Therefore, there is a need for training and continuous search for professional qualification in line with what is contemplated by the PR, so that the expansion of humanized care actually occurs, beyond the discourse of what should be the ideal⁽²⁰⁾.

CONCLUSION

The changes proposed by the RPB brought nursing professionals a new phase, in which they are not limited to the practice of administering medicines, hygiene and food, on the contrary, they act as mediators between the individual and their family. The collaborators of the present research recognize that mental health care involves factors that affect quality of life, among which we can mention food, education, housing, leisure, and family life. They report that these people need special attention and care by the team that assists them.

Were observed in the performance of this study, the need for investment in relation to training to improve nursing care for people with mental disorders in the general hospital, to ensure a better quality of life. Among these, it is emphasized the need for nurses to update themselves to expand their skills, adapting to new treatment modalities.

From the above, we understand that the Psychiatric Reform brought improvements in care for patients with mental disorders, moving from individual care

with a focus on the disease, to care that considers the subject's uniqueness and non-isolation, having in the hospitalization space at the general hospital, which occupies a place as a RAPS device, possibilities to develop affective, family and social relationships.

Even noting that in practice there is a lack of specialization in mental health, we find that daily work provides knowledge among professionals. It is then perceived, at each moment, the possibility of reconstructing new ways of caring, enabling the patient who, de-

mands mental health care, to be recognized in its particularities, respecting the right to exercise citizenship. This view makes all the difference for the patient and expands the paradigm of psychosocial care in care devices substituting the asylum. ■

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