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## ORIGINAL ARTICLE

### CARE NURSING TEAM IN PATIENTS FAMILY OF PERCEPTION PSYCHIATRIC CUIDADO DA EQUIPE DE ENFERMAGEM NA PERCEÇÃO DE FAMILIARES DE PACIENTES PSIQUIÁTRICOS CUIDADOS DEL EQUIPO DE ENFERMERÍA EN LA PERCEPCIÓN DE FAMILIARES DE PACIENTES PSIQUIÁTRICOS

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#### ABSTRACT

**Objective:** To understand how the psychiatric patients' family perceives the care provided by the nursing staff. **Method:** exploratory and descriptive study with qualitative approach. The data was produced with ten family members, men and women, who accompanied the care provided to the patient hospitalized in a psychiatric unit, through open interviews, recorded on a digital device. The information emerged were subjected to thematic content analysis. The research project was approved by the Ethics Committee in Research, Protocol 07112712.6.0000.5346. **RESULTS:** After the analysis, two categories emerged << *Unveiled care by the family* >>, << *Experiencing weaknesses: the careless* >>. **Conclusion:** the care is related to everyday rules and routines of patient care and although is expressed in humanized actions, it has weaknesses. It is relevant to understand the needs and family expectations, with regard to the professional work of nurses in mental health, to define responsibilities and strategies to be incorporated. **Descriptors:** Nursing; Nursing Staff; Nursing Care; Family; Mental Health.

#### RESUMO

**Objetivo:** compreender como o familiar percebe o cuidado prestado pela equipe de enfermagem ao paciente psiquiátrico. **Método:** estudo exploratório e descritivo, de abordagem qualitativa. Os dados foram produzidos com dez familiares, homens e mulheres que acompanhavam o atendimento prestado ao paciente internado em uma Unidade Psiquiátrica, por meio de entrevista aberta, gravada em um dispositivo digital. As informações emergidas foram submetidas a análise de conteúdo temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 07112712.6.0000.5346. **Resultados:** após análise, emergiram duas categorias << *Cuidado desvelado pela família* >> e << *Vivenciando fragilidades: o descuidado* >>. **Conclusão:** o cuidado está atrelado às normas e rotinas do cotidiano de cuidado do paciente e, embora se expresse em ações humanizadas, apresenta fragilidades. A compreensão das necessidades e expectativas de familiares, no que se refere à atuação profissional do enfermeiro em saúde mental, torna-se relevante para a definição das responsabilidades e estratégias a serem incorporadas. **Descritores:** Enfermagem; Equipe de Enfermagem; Cuidados de Enfermagem; Família; Saúde Mental.

#### RESUMEN

**Objetivo:** comprender como los familiares ven el cuidado prestado por el equipo de enfermería al paciente psiquiátrico. **Método:** estudio tipo exploratorio y descriptivo de enfoque cualitativo. Los datos fueron producidos con diez familiares, hombres y mujeres, que acompañaban el atendimento prestado al paciente internado en una Unidad Psiquiátrica, por medio de entrevista abierta, grabada en un dispositivo digital. Las informaciones que surgieron fueron sometidas a análisis de contenido temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 07112712.6.0000.5346. **Resultados:** luego del análisis, surgieron dos categorías << *Cuidado desvelado por la familia* >>, y << *Vivenciando fragilidades: el descuidado* >>. **Conclusión:** el cuidado está ligado a las normas y rutinas del cotidiano de cuidado del paciente y, a pesar de expresarse en acciones humanizadas, presenta fragilidades. La comprensión de las necesidades y expectativas de familiares, en lo que se refiere a la actuación profesional del enfermero en salud mental, se torna relevante para la definición de las responsabilidades y estrategias a ser incorporadas. **Descriptores:** Enfermería; Equipo de Enfermería; Cuidados de Enfermería; Familia; Salud Mental.

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## INTRODUCTION

With the historical development of care practices and new health concepts of modern society, originally practiced at home, the care ceased to be developed only by the family group and started to be included in the public space, transforming care into business.<sup>1</sup> Thus, with emphasis on nursing known as the “art of care”, health professionals appear as those responsible for care provision.

“Caring” is closely linked to the Nursing, profession characterized with “take care well”, focusing on quality of life and well-being of people that need to be cared and their caregivers. The nursing caregiver is a human-professional who has specific training in this area, with technical and scientific knowledge focused on humanization, solidarity and respect for the individual.<sup>2</sup>

In mental health care for a long time, psychiatric patients suffered an exclusive care of logic, where the scientific treatment of madness was through their confinement in psychiatric hospitals.<sup>3</sup> Psychiatric hospitals, hospices or asylums, as they were called, consisted of isolation spaces for individuals with mental disorder that usually distant from the urban centers, and where the care model was centered on the psychiatrist and medicalization, being a promoter environment of exclusion, dependency, of unreason, of unproductive and its institutionalization.<sup>4</sup> This scenario of degrading conditions to which patients were exposed, in which several times did not receive basic care hygiene, food and were excluded from society, would eventually segregate them.

The model of mental health care is undergoing a process of transformation, where its policies are focused on new perspectives related to the humanization of care, the progressive extinction of psychiatric hospitals and the inclusion of the family. This rupture with the traditional model finished in the implementation of the Psychiatric Reform, which is a complex social and political process seeking to redirect mental health care, focusing on the provision of treatment in community-based services, as well as providing the protection and rights of people with mental disorders. It is a movement aiming at social reintegration and rescue of autonomy of people who have some kind of mental disorder. Also aiming at preserve the subjectivity and individuality of these subjects.<sup>5-6</sup>

The Mental Health Policy promotes a movement guided to the expansion of Nursing acting in psychiatry, seeking changes directed

to the qualification of care.<sup>7</sup> With these changes, it is possible to involve the family in the care process, as recommended by the current model of care. However, for a long time, families were forgotten by health services, being a factor reflecting difficulties for its insertion.<sup>6</sup> Thus, it is believed that care, understood not only as a technical-scientific activity but highlighting it as an art of human expression,<sup>8</sup> will have more difficulties to solidify if the perception of the family about care is disregard or unknown.

It is necessary to insert the family in care, as well as to consider the meanings that the family identifies in the processes of care in mental health, which is similar to a gap in the existing knowledge in the literature. It was evident that in studies where participants were family members, intensive care units prevailed as scenarios,<sup>9-10</sup> thus leaving weaknesses to other sectors of hospital care (such as the blood-oncology, medical and surgical clinics, and mental health).<sup>11</sup>

Starting from the evident gap in this literature study, and associating it with the understanding generated by experience and observation that the family is present in the Psychiatry Hospital Unit, and having close proximity to the nursing staff, it is important to participate who is part of the process of care, that is, family members of individuals in the unit.

Based on the above, the following research question emerged: what is the perception of the family about the care provided by the nursing staff to the patient in a Psychiatric Hospital Unit? The **objective** of this study was: to understand how the psychiatric patients' family perceives the care provided by the nursing staff. Therefore, in addition to provide theoretical support on the topic, it is sought to encourage reflection from the nursing staff, being a triggering reading to think about strategies covering the family, considering their insertion in the care of patients hospitalized to psychiatric inpatient units.

## METHOD

This is a qualitative research of exploratory and descriptive type. The qualitative approach was considered the most appropriate for the development of this research because it aims to understand the relationships, representations, beliefs, perceptions, and interpretations that humans make about how they live, what they feel and think.<sup>12</sup> It also allows understanding the assignments of senses and meanings of a group, giving importance to how and why, the

feeling that each one develops in a given situation.<sup>13</sup>

In the study, there were 10 relatives of patients hospitalized in the Psychiatric Inpatient Unit of a teaching hospital, located in a city in the central region of Rio Grande do Sul (RS). Out of these 10 subjects, three were mothers, three spouses, two children, an aunt and a sister, aged 23 and 74 years old. Regarding the number of hospitalization of their family member, there were between two and 40 hospitalizations.

The inclusion criteria for participation in this study were: family members of patients who had accompanied most than one hospitalization of the patient in the unit; family with emotional bond with the patient; family members who visited the patient at least once a week; family with preserved cognitive function to understand the research question. Exclusion criteria was: the family member under 18 years old.

Data were collected through interviews open, free and recorded on a digital device. Data collection occurred during visiting hours, in the period of January and February 2013, in a room provided in the Inpatient Psychiatric service, ensuring the privacy and anonymity of the subjects. For the interview the following question was asked: how do you perceive the care of the nursing team for (family member name)?

When information began to repeat, it was understood that the objective of the study was achieved, and the interviews were stopped considering that there was data saturation.<sup>14</sup>

The statements of the respondents were fully transcribed and submitted to thematic content analysis as operationalized by Minayo.<sup>12</sup> The statements analysis began with the pre-analysis, with the first reading and rereading of the material, in order to have an overview of its contents and start closer to the initial hypotheses and the one emerging. Then, a chromatic coding was performed on each statement, highlighted themes that had representativeness of the statements in full with colors. Then there was the exploration of the material, in which the highlighted topics were organized by approximation in a summary table, allowing the grouping of ideas and the formation of thematic categories. Next, there was the processing and interpretation of results, in which the theoretical and conceptual associations were developed, pointing convergent and divergent points, and explaining possibilities around new theoretical dimensions to be explored.

Because it is a research of human beings, the development of this study followed the principles and guidelines of Resolution Number 196/96 of the National Health Council.<sup>15</sup> The project protocol was submitted to the Ethics Committee in Research, and approved by Opinion Number 07112712.6.0000.5346. The subjects signed the Informed Consent Term (TCLE), and to ensure and preserve the identity of the family members, the statements were identified by the letter 'F', for being the first letter of the word family, followed by the serial number of the interviews (F1, F2, F3, ...).

## RESULTS AND DISCUSSION

From the topics emerged in the analysis of interviews with family members, as a result of the grouping, two categories have emerged: Unveiled care by the family and Experiencing weaknesses: the Careless.

### ◆ Unveiled care by the family

In this category those perceptions of family members about the care provided by the nursing staff were included. The main topic showed the care with hygiene, physical exercises, medication administration, be considerate, affectionate, be patient, keep company and talk. These topics were divided into the following subcategories: care as an institutionalized routine and care as human expression.

### ◆ Care as an institutionalized routine

Statements of the family members indicate that the performance of the nursing staff is linked to the rules and routines of everyday patient care, even focused on the execution of activities. In the perception of family members, care is directed to address the basic needs of patients and grounded in medicalization.

*The procedures of her hospitalization, medicines, all they give [...] if you give attention to a person you look after her, if she is taking medicine. (F2)*

*I think it's good because they are always giving the medicines on time, we are here and came "it's time of his medicine", they have the attention, give water [...]. (F8)*

Medication is happening in society for more than two centuries and in different ways. It is noticed that, as medicine was introduced into society, practices and discourses appropriated the medical rationality, and as a direct consequence of this process there is the trivialization of medicine use, both in Brazil and in other parts of the world.<sup>16</sup>

The medicalization has strong health impact on modern society and the cost of health care. Its growth is related to the greed for profit of some segments, as opposed to

low investment in health promotion, which ends up reinforcing the doctor's role and their mythical image as healer or saving lives.<sup>17</sup> An interesting strategy to be able to change this scenario is the role of nurses in health education, since the patient empowerment on their clinical condition allows reflection and questioning behaviors that do not meet their real needs.

In this study, the educational practice was not observed, and encouraging the use of prescribed medication, as well as for food and hygiene habits highlighted in the family as a form of care. Similar situations are described:

*[...] Give food at time, give the bath, take a tour around, take that little square, give the medicine. (F5)*

*[...] Food is also very good, There are three or four meals per day. That there is already a thing that helps a lot to them, because of the medicines they take. (F8)*

*They are always encouraging the patient to take the medicine [...] they are always seeing how they are to give (information) to the doctor too. (F9)*

The way the family perceives the care of nursing staff is what today we are trying to overcome: a technical vision of care, where these professionals are recognized through simple actions and routines procedures. Although these actions cannot be considered as important to care, what is sought is to overcome the image of "accomplisher" of medical prescription for a contextualized, singular and committed careful logic to the quality and comprehensiveness of care.

The intended careful logic converges to a new era in which humans pass to be valued in their entirety and nursing professionals can observe it as a being inserted in the world. From this perspective, care is beyond the technicality to be done with compassion, concern and care.<sup>18</sup>

#### ♦ Care as human expression.

The second subcategory emerged from the statements of family members who covered topics such as: care demonstrated through attention, patience, affection, company and dialogue.

Caring is an attitude that includes a moment of attention, care and dedication. It represents attitudes of occupation, concern, responsibility and affective involvement with the other.<sup>19</sup> Caring in nursing is seen as looking human beings with interest, speaking honestly and listening with compassion, getting empathy in caregiver-patient-family relationship.<sup>2</sup> For nursing care it is necessary to project in other's place, becoming aware of themselves, so they can feel and see the

needs of others and care as if they were on their shoes.<sup>20</sup>

In addition to meeting the biological requirements already mentioned, such interviewees consider fundamental actions that are expressed in interpersonal context, and meet the psychosocial needs of psychiatric patients.

*They treat very well, they are always kissing, giving warmth. (F3)*

*[...] Attention and affection, which is important to her, I think they are giving enough here. (F8)*

*[...] All are very good, all give attention, both for them and for us too. (F9)*

*They give the medicine, talk too, and all help is very good talking. (F10)*

The Psychosocial Care translates this movement concept of reorientation of mental health practices, looking for a new relationship with the clinic, the subject, the services and the society.<sup>21</sup> It can be understood as the paradigm transforming the Psychiatric Reform, and it refers to the boldness to design a new way of taking care of human suffering, through the creation of social relations of production spaces guided by principles and human values.<sup>22</sup>

Nursing professionals are humanizing their actions, when expressing their humanity, propagating it in a natural way and at the same time, conscious, considering the rational and sensitive components, Care is what the professional add mediated by scientific knowledge, by their sensitivity, intuition, values and moral principles.<sup>8</sup> However, for this to happen, it is necessary that the nursing professional check for incoming stimulus and be sensitive to the environment around them, developing the ability to feel, hear, talk and relate knowledge, being presence and whole in their care actions. Thus, the nurse will be acting reflexively and critically, breaking with the imposed limitations and giving visibility to their skills.

#### ♦ Experiencing weaknesses: the Careless

When talking about their experiences in the psychiatric unit, family members perceive some weaknesses in care. These are expressed from a careless perspective, through actions that undermine or not encompass the multidimensional necessary for the care process.

Careless means having less care, that is, the care in its grace period. The careless are those who cannot be whole in what they do, because they have lost their center assuming too many things, either because they did not put all the effort in what they do.<sup>19</sup> This lack of care is perceived when the family reported



the need for nursing care beyond the biological aspects and to be qualified:

*Care is not that so, go back to see if the patient is well [...] I think this care is missing ... that the professional will know how to act with the patient, how to take care of the patient, not the care if he is eating. To even care about the risk [...]. (F1)*

*[...] It is not only physical care, if she improves, taking medicine in general. (F2)*

In the nurse-patient, nurse-family relationship, it is essential to understand and internalization of intersubjectivity that occurs in the relationship between those who care, who receives and participates in caring. In this scenario, the care is no longer a mere intervention, and becomes a helping relationship, of empathy, in a professional, holistic and humane way.<sup>23-24</sup>

Careless is also evident when the family reveals the need for professionals to be closer to the patients, and that assistance happens considering the singularities.

*I do not know, I think they would have to be extra careful, not because I am her son, but I think her case is more complicated, she needs an extra observation. (F4)*

Psychiatric patients require constant observation due to the instability of their feelings and reactions.<sup>25</sup> The family, during hospitalization feels insecure for not being here full time in the psychiatric unit. Thus, when he realizes the careless of the nursing team, this directly affects the relationship of professional-family trust:

*[...] I do not know if the staff does not take much care of her, they sedated her and left her walking around. She fell and broke a tooth. Even the other time she was hospitalized, and that was it [...]. (F4)*

Caring is not necessarily cure or treat a particular disease, but also providing comfort, support and attempt to reduce the suffering of patients and their families.<sup>13</sup> The family and the nursing staff need to establish a relationship of trust and bonding, since the treatment of psychiatric patients is a long process, which requires the participation of all involved.

The influences of team interaction with the family were viewed in a study that brought results that legitimize the perception that, when family members do not feel welcomed at the hospital or do not have their needs met, the relationship with the team is in another negative aspect in the experience of hospitalization.<sup>26</sup> From this point of view, it is understood that the nursing practice the interaction constitutes a key element of care, because it is through it that a relationship is

established with the subject and his family care, making it possible to understand their needs and assist them.

Other care way was identified by the lack of specialized professionals in the care of psychiatric patients, as well as the lack of development of therapeutic activities, potentially socialized.

*[...] I think there is the need even more professional in the [...] I think that is what is missing, most competent professionals.*

*[...] I think there should be more recreation for them. (F1)*

*[...] What could be different is to take more time on the yard, stay longer in the yard, because they feel too prisoner. (F3)*

The careless actions can also occur when the organization of an institution is not well defined. In these situations, there is functions no definite, bureaucracy and excessive dedication to routines and procedures that lead to a decrease in the nurse's creativity, resulting in the removal of direct care, and assuming the position of manager of nursing care and institutional bureaucratic organization. All this leads to a reduced participation in new therapeutic devices, such as tours, workshops, therapeutic activities, among others.<sup>7</sup>

In the perception of the family, so that care is effective, the nursing team needs to develop leisure activities with their family sick. Family members perceive the need to make their greater participation in treatment. Thus, they consider the inflexibility of time to visit a careless.

*[...] I have a hard type, like the time, I think a very complicated thing, being exactly that time, so I cannot come here every day to see her (patient) because of it. (F4)*

The family has a direct influence on the recovery of patients. However, nursing professionals, influenced by institutional routines, continue restricting the presence of the family outside visiting hours, constituting a significant impediment to the further rehabilitation of patients in family life.

Given the restructuring of the health care model, and the perceived need to integrate care in partnership with families, it is necessary to understand how they are experiencing such a situation and how professionals are collaborating in this family inclusion process. Nursing professionals in their daily work must understand the feeling and the trajectory of the patient and his family, seeking support, welcome and help both to overcome this difficult time, through a safe and comfortable stay in the institution.<sup>13,27</sup>

## CONCLUSION

In the perception of family members who participated in this research, the care provided by the nursing staff, presents impregnated by institutional routine, and is established by means of actions aimed at maintaining hygiene, nutrition, and medication administration. However, we also realize that, in developing routine activities, nursing professionals express their humanity by demonstrating attention, patience, affection and availability to talk to the patient.

From the perspective of the family, care of the nursing team has expressed weaknesses in careless ways: the biological aspects over a multi-dimensional look; the need for professionals to be closer to the patients and that assistance to happen considering its singularities; the lack of skilled professionals in the care of psychiatric patients; the lack of development of therapeutic activities, potentially socialized; and the unity of the rules of inflexibility, as the time to visit.

Given the results, it is essential to highlight as a serious problem the possible invisibility of private actions of the nurse for the family. While care professionals, it is necessary to reflect critically and continuously this important point: Is the nurse given the recognition needs of his own socio-professional core?

It is expected that this study may arouse critical awareness of the professional nurse in their everyday construction of being, knowing and doing, and that this pinch for a way of building their socio-political space in institutions and society. The aim is that this study can contribute as a starting point in the search for improvements in care and nursing care to psychiatric patients, considering the positive and negative aspects raised.

The results of this study, although demonstrating rich experiences of meanings, present as a disadvantage the fact that it was carried out with family members accompanying treatment in a single institution. Thus, considering these peculiarities, further research on the topic addressed are suggested in order to reveal other unidentified aspects.

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