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ORIGINAL ARTICLE

PLEASURE AND SUFFERING IN THE WORK OF MENTAL HEALTH NURSES IN THE CONTEXT OF THE PSYCHIATRIC REFORM

PRAZER E SOFRIMENTO NO TRABALHO DOS ENFERMEIROS DA SAÚDE MENTAL NO CONTEXTO DA REFORMA PSIQUIÁTRICA

EL PLACER Y EL SUFRIMIENTO EN EL TRABAJO DE LAS ENFERMERAS DE SALUD MENTAL EN EL CONTEXTO DE LA REFORMA PSIQUIÁTRICA

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ABSTRACT

Objective: recognizing the factors of pleasure and suffering of nurses working in secondary mental health care services, linked to a university hospital, in the current context of psychiatric reform. **Method:** a qualitative descriptive exploratory study conducted in substitutive mental health services at a university hospital in Porto Alegre/RS/Brazil, through semi-structured interviews with seven mental health nurses. There was conducted Content Analysis of the information. The research project was approved by the Research Ethics Committee, CAAE nº 12331613.5.0000.5327. **Results:** link multidisciplinary approach aimed at users/family as triggers of pleasure. Problems related to the network of psychosocial care and difficulties to change the biomedical paradigm of care are among the triggers of suffering. **Conclusion:** it must be understood as essential the changes of these triggers of suffering into a trigger for transforming creative work. **Descriptors:** Mental Health; Nursing; Work.

RESUMO

Objetivo: conhecer os fatores de prazer e sofrimento dos enfermeiros que trabalham em serviços de atenção secundária de saúde mental, vinculados a um hospital universitário, no atual contexto da reforma psiquiátrica. **Método:** estudo qualitativo descritivo exploratório realizado em serviços substitutivos de saúde mental de um hospital universitário de Porto Alegre/RS/Brasil, por meio de entrevista semiestruturada com sete enfermeiros de saúde mental. Foi realizada Análise de Conteúdo das informações. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 12331613.5.0000.5327. **Resultados:** apontam trabalho multiprofissional direcionado a usuários/família como fatores desencadeantes de prazer. Problemas de articulação com a rede de atenção psicossocial e dificuldades de mudar o paradigma biomédico de cuidado estão entre os fatores desencadeantes de sofrimento. **Conclusão:** deve ser entendida como imprescindível a transformação destes fatores desencadeantes de sofrimento em um gatilho para o trabalho criativo transformador. **Descritores:** Saúde Mental; Enfermagem; Trabalho.

RESUMEN

Objetivo: conocer los factores del placer y el sufrimiento de las enfermeras que trabajan en los servicios de atención secundaria de salud mental, vinculados a un hospital universitario, en el contexto actual de la reforma psiquiátrica. **Método:** un estudio cualitativo descriptivo exploratorio realizado en servicios sustitutivos de salud mental de un hospital universitario de Porto Alegre/RS/Brasil, a través de entrevistas semi-estructuradas con siete enfermeras de salud mental. Se llevó a cabo el Análisis de Contenido de las informaciones. El proyecto de investigación fue aprobado por el Comité de la Ética en la Investigación, CAAE nº 12331613.5.0000.5327. **Resultados:** apuntan trabajo multidisciplinar dirigido a usuarios/familiares como factores desencadenantes de placer. Problemas de las articulaciones con la red de atención psicosocial y las dificultades para cambiar el paradigma biomédico de la atención están entre los factores desencadenantes de sufrimiento. **Conclusión:** a entenderse como esencial la transformación de estos factores desencadenantes de sufrimiento en un detonante para el trabajo creativo transformador. **Descriptor:** Salud Mental; Enfermería; Trabajo.

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INTRODUCTION

The blurring of roles and the nurse identity crisis are present not only in mental health area, but in this space this is evident, which ultimately results in a feeling of nothingness. The nurse notes with indignation, his disability facing his work, but cannot move forward and provide which causes could be affecting this work.¹

In psychiatric inpatient units, the nursing care actions get organized, mostly from a clinical model of health care, having as main feature concern with the biological body. The nursing actions in an inpatient unit focus on the medical actions, depending directly on the diagnosis and medical treatment established by the doctor.²

The work of mental health nursing is linked to a historical factor: the Psychiatric Nursing was born in the asylums. The nineteenth century nursing courses, which aimed at the care of mental patients in asylums, did not even adopt the Nightingale model and were advised by doctors. In Brazil, as in Europe and North America, the training of nurses in psychiatric institutions followed the medicalization process of the asylum, originating models of preparation with specific and different characteristics from those intended for training for general hospitals.³⁻⁴

In the intention of changing the asylum reality, the Brazilian Psychiatric Reform (RPB) arises, which is a movement started in the late 1970s and is the criticism of classical psychiatric paradigm and practices that change this paradigm, taking as reference the model proposed in Italy by Basaglia, that direct health practices for attention in the territory and with the person and his social network as the focus of care.⁵

The work of unlimited possibilities within a substitute service is a pleasant factor that stimulates creativity and opens the possibility of singling care, something that would be inconceivable in a mental hospital. But these endless possibilities remove the nurse's comfortable role of disciplinarian and guide the user in accordance with nosocomial requirements. The nurse, in the impossibility of establishing these favorable conditions, does not benefit the work to master his suffering and turn it into creativity. Creativity gives meaning because it provides, in contrast to suffering, recognition and identity. Suffering acquires a meaning, so definitely pleased at work is a by-product of suffering.⁶

This suffering finally becomes a new resistance factor. There is a long distance between discourse specialized training in

mental health nursing and the nursing work in this area: the nursing work tools are aligned more towards the reaffirmation of the organic conception of the work of the new form of assistance, which no longer recognizes citizens with psychological distress as a mental patient in need of discipline and hygiene imposed by nurses.⁷ Thus, addressing the pleasure and pain of nurses working in secondary mental health care services, this study aims to:

- Recognizing the factors of pleasure and suffering of nurses working in secondary mental health care services, linked to a university hospital, in the current context of psychiatric reform.

METHOD

There was conducted a qualitative descriptive exploratory study. The field selected for the development of the study were the mental health clinics (Anxiety Disorder, Eating Disorder and Addiction), the Children's Mental Health Services (CAPSi); and Adult (CAPS II) linked to a university hospital located in Rio Grande do Sul, Brazil.

Study participants were nurses from the university hospital who work at least 6 months ago in these services; being two nurses of mental health clinics, two nurses and three nurses CAPSi CAPS II, totaling seven nurses.

Information was collected through semi-structured interviews.⁸ The information collection instrument consisted of three guiding questions: a) tell me about your work; b) you identify situations of pleasure at work? c) situations and discomfort?

The interviews were recorded and conducted by the researcher during the period August-October 2013, the individual treatment rooms of these alternative services.

There was carried out the Content Analysis which provides for three phases: pre-analysis (work scheme involving the first contacts with the analysis of documents, the formulation of goals, the definition of procedures to be followed and the formal preparation of the material); exploitation material (compliance with the decisions taken earlier, that is, reading documents, categorization, etc.) and the interpretation of the information (the data are cut, making them significant, seeking to discover what is behind the perceived immediately).⁹

As the research involved conducting interviews, the study was of minimal ethical risk, according to parameters set by the World Health Organization (1993). This study was approved by the Group for Research and

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Postgraduate Studies and Research Ethics Committee, CAAE 12331613.5.0000.5327.

In order to ensure the confidentiality of the participants, they are presented in the text by codes (E1, E2, E3, etc.). To protect the information on other health services or professionals, cited by nurses, they were referred to by letters (x, y, z, etc.). Given the provisions of Resolution 466/12 of the National Health Council.¹⁰

DISCUSSION

Man thinks and prepares what will build; what is not always possible in a production system often depersonalizing. The worker, when it leaves the production process, is not the same as entered. Capitalism causes many torments, which can only be resolved when the union of the working class to create a social barrier able to prevent them from being alienated from their subjectivity. This alienation reduces man to the object condition, merchandise, dismissing the markedly human character originated from work.¹¹

Thus, Work is a social activity, and in organizations of its activities the production of subjectivities.

Work organization has a specific action on human beings whose impact is felt in the psychic apparatus. To understand the relationship between man and work, the psychic load concept is a hypothesis that can be adopted.¹²

Faced with this, performed the analysis of information, considering the subject: pleasure and pain of nurses working in secondary mental health care services, the highlights were three empirical categories: work characteristics, pleasure in work and suffering at work.

♦ Work characteristics

Respondents point out how features of their work: greeting, relationship and bond.

[...] we receive and welcome every day, and have already begun the evaluation there at the door of the reception. So, [seeing] how she is on the street and as she enters; we already have more or less a sense of how it will be tomorrow. E2

When I saw said: "shame on you. The service will do a urine test (ToX), but we always try to be that our relationship is much more than a test. The test is super good for who is well, it's pretty positive for the well. E6

[...] the host that we call is of 8:30 to 9:0, which is the first time that the child is entering the CAPS, we open the doors there 8:30 for the child in. Enter just the child, the family stays at the reception. E4

In mental health care, the ability of interpersonal relationships happens by using a priori light technology, according to the classification, which stands as a communication action production, relationships, ties; since interpersonal relations, compassion, suffering, solidarity, anxiety, among others, affects the mind and the body.¹³

The appreciation of the human being as a whole joins the nursing care, not only to the anatomical body, but his desires and history, reaching the concept, steeped in academic papers, humane and holistic intersubjectivity through which data is transmitted the written language, oral or body.¹⁴

From the concept of extended care in mental health concerns a new understanding of communication as a process, requiring professional flexibility and respect for differences. Respondents bring in their statements that their work is important characteristic the relationship with the user, which implies "being with" and "proximity".

The host relationship and bond are features that require nurses' production and affection meeting, in which the organization of work does not only occur in the activity, but by and produced in the collective relationship.

Another feature issue of nurses' work indicated refers to the indirect nursing care.

Nursing assistance work, as in all units, has the supervision of technicians from nursing, supervision of medication control materials. E1

The nurse has the classic role of the management of nursing staff; saying who makes it's me. I will organize the range of girls, that next day, exchanges, organization of work, which is very quiet. It's not something that demands much puzzle as a scale of hospitalization. E6

Have two technicians, two nursing assistants are actually former regime yet. We're super linked, just that we are not always physically together, is different from a unit [hospital]. Girls have a lot of autonomy, because as I'm not there, sometimes, they have to make a decision and, finally, to take a decision even if I'm not there. E7

The nursing work process has the particularity of the technical separation of work, which involves distinct categories: nurse, nursing aides and technical. The perspective of integral health and comprehensive care, the nurse assumes the role of the nursing team manager, supporting for the auxiliary / technical work with the care of vision beyond the dressing method.

It is understood that the analysis of the nursing work process back to the nursing care

needs as its central object of intervention, performed, especially the assistants and nursing technicians and the management of care and unity as nuclear work nurses.¹⁵

Nursing work occurs in staff: nurses and technicians, in which the technical division of labor introduces fractionation of the same work process and at the same time, introduces the complementarity and interdependence. In this sense, this practice requires a communicative act, seeking consensus to build healthcare projects to user needs.¹⁷

It is to lead individuals to contribute willingly, preferably with the heart, creativity, mind and excellence. So, looking at the leaders not only authority but sensitivity, future vision and sense of direction to see ahead.¹⁶

Nurses bring in the speeches responsibility to care management, leadership and partnership with the nursing staff, directing their practice for an integrated and coordinated action, where communication is a key feature for the organization of work.

● Pleasure in work

Work can be a source of pleasure and satisfaction if man's relationship with the organization of activities is favorable. For the worker to feel that pleasure at work it is necessary that the requirements of the activity correspond to the need of the subject or that he can express his subjectivity, participating in the choice of work rate and modifying his organization in accordance with the will itself.¹²

One of the triggering factors of pleasure at work, in the perception of respondents, is the multidisciplinary work.

[...] one thing I also like to work with other areas, not only nursing and the doctor, that thing right ... And here we have other areas, I find interesting us work so. E4

I could say it's a well-integrated team of discussion. Every Monday we have the "round", we do a seminar, makes a discussion of cases. E7

We work within a multidisciplinary group, working with other professionals, having specific assignments of nurses, [...] the possibility of the nurse be along with other professionals is also interesting, participating in clinical discussions, meetings. E3

In these lines, the integrated work with other professions appears as producer of pleasure to nurses working in substitute mental health services. These reports are discussed in the work in line with the multiprofessionality.

The multiprofessionality is understood as a collective work so that is realized in the exchange and link between multiple activities assists several actors, whose priority technology is the dialogue in which one seeks a symbolic mediation procedure between the various knowledge.¹⁷ Professional has to present their ideas, perceptions, knowledge and practices, and with other colleagues, reflect, discuss and catch the struggles for the construction of a care project.

It should be noted that this is a process marked by distinct analogies, so it is not possible to fall in Manichaeism of understandings, where a professional view of differences to another is interpreted as wanting to do good and their divergent produce evil. It is imperative that the disputes be discussed without praise or disparages any of the professions involved.

This teamwork produced by possible consensus is one of the practical strategies in psychosocial care, which would allow conduct the comprehensive care. Thus, multiprofessionality is a feature that should guide the work in substitutive services, organizing practice in an integrated manner between the various professions exercising care, aiming at a comprehensive care and that allows grasp the whole complex context involved in the health care process; several different looks, people, concepts seeking and creating connections at work.

In the production life of purpose, there are the actions of giving voice to the user as a trigger of pleasure.

Psychiatric Reform makes us discuss more together, this gives you more pleasure. Because in the past we decided much user was what I thought. We think that the user is unable, and he has a lot of ability, just give him the opportunity to speak. You have to give this opportunity. This causes pleasure. E1

[...] it is pleasurable because you feel that you can be together [the user] without thinking that he is sick. It is different from hospitalization. In the hospital, all the time you have to be thinking and worrying about something. E3

[...] whenever you get a user disorganized or with inadequate behavior and you can return this user at the end of the day and well organized, you did it that he showed you what was going on, it is very pleasurable. E2

The pleasure of exercising care in the context of psychiatric reform, signaling the user's autonomy, as something that gratifies and produces satisfaction, highlighting the fact that the return provided by the dialogue

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with the user. The power of decision and the user's choice of capacity are important aspects which influence the satisfaction of the work done, since it allows greater interaction and flexibility in care practice.

In the process of deinstitutionalization, the proposal is to shift our gaze to the existence-suffering in relation to the social body, removing the individual parentheses placed by psychiatry. The purpose of this process is the invention of health and social reproduction of the patient, seeking their independence, the production of meaning and sociability.¹⁸

The concept of existence-suffering, as opposed to disease-healing paradigm, expressed the need to give the subject the scene; while boosting the psychiatric reform in the direction of a paradigmatic revolution, since it questions the face as subject-object relationship and the very disease-healing paradigm. It is this specificity of the subject to be you at the center of the scene, including the "therapeutic", which causes these to give the aesthetic dimension of particular relevance.¹⁹

Autonomy, the voice of the user, produces a dynamic that promotes actions aiming at a joint action being the professional that cares and by producing the reception and understanding of the needs. Therefore, this makes work more rewarding for not considering the subject of care only from the disease, but as promotion of life, health.

The question of the disruption of authority on the user and the ability to hear it brings pleasure to the professionals as they consider that they can create the possibilities of care with creativity and have the perception that the user may be responsible for his choices that is a joint construction process. Show that this is a different factor because it can better meet the demands and real needs of users, which derives in a more coordinated assistance to promote conditions for participation in treatment.

Healthcare practices produced in therapeutic groups and ambience, are also perceived as pleasure.

[...] stay with them in the environment I find very well. I think this gives bond; we have a significant bond with users and nursing. Humanizes seems closer. We sit together, talk, we exchange a lot. E5

[...] in general I find it very pleasurable to do group work. They bring a lot, so we can do multiple links. I like, I like. E6

[...] perform the group, provide to the group or a service that is based on knowledge and see gradual improvement. That's fantastic, is priceless. That to me is

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one of the best things that give me pleasure to perform here in my work. E7

The group therapy is not a new activity in health practices, historically, authors such as Wilfred Bion, Siegfried Heinrich Foulkes, Elwyn James Anthony and Enrique Pichon-Rivière involved in Group activities of experience in psychiatric hospitals, since the second half of XX century.

The relatively new event is presented by the psychiatric reform under construction in the country, which mobilizes many professionals for an investment of several fronts in the work with groups.²⁰

The groups have become a therapeutic space for users, and affirmation of a new work of professionals, only with the increased amount of substitute services - with the gradual closure of beds in psychiatric hospitals - and the creation of welfare policies to mental health aimed at primary and secondary care.

The mental health of the subject is enhanced by the feeling of belonging to a group, even if it has characteristics that promote socialization, integration, and psychological support, exchange of experiences, knowledge exchange and construction of collective projects. Thus, the group work should not be seen only as a way of accounting for the pent-up demand.²¹

The group therapy is considered a major therapeutic resource in these contexts.²² Users identify with the shares of life skills and cross their interpretations and experiences with those reported by other users.

The service users' family also comes as a pleasant factor in the work performed:

You see how much you are important, and how much you have to stop to listen to the family. The families arrive here and ask to talk about what's happening, bring us. This is really cool. E1

[...] What gives me pleasure is to be together with them, be together with users, and their families too. I don't have any problem in talking with the family, sitting, listening, to help clarifying situations, which sometimes are created in family situations. E3

I really like to be near family. I do the [group] multi-family counting on your presence. When filling the room, that satisfies me, because everyone came in the group, then it is because it will serve to them out there. I enjoy working together, but along with the family. E4

In the insane institutions, in which medical knowledge was the domineering and holder then mentally ill, the nurse did not observe the family environment as therapeutic and

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contributed to the removal of individuals from their social and family environment, making it a standard therapy proposal that period. The family was interpreted as a generator of illness, further strengthening the indispensability of institutionalization as a mode of treatment. In hospice, the family relationship with the hospitalization of crazy was connivance, translated in gratitude that these family members felt to being squeezed out of the problem.²³

Respondents show that, currently, the approach of the family is necessary and results in triggering pleasure at work. Family members are essential components for the configuration of life, and the unconditional security of individuals who compose it.

The involvement of family members in attendance, with due attention necessary, in substitutive services of mental health have demonstrated effectiveness in replacing the hospital long periods, as it is a treatment that does not isolate patients from their families and community, helping in the recovery and social reintegration of the individual with mental disorder.²⁴

It is within the family and within the community that its members offer and gain psychological, emotional and above all the necessary basis for their development and growth. The support found in social networks provides the individual sharing the problems and the possibility to express your feelings, showing their socialization and their relationships, accessing social support resources.²⁵

To feel welcomed in their demands and feelings, the relatives of users of substitute services are close to workers and seek to understand and cooperate with the treatment plan of the user. Thus, care becomes an instrument of empowerment, in which family members are alternatives to deal with the psychological suffering of others and his own suffering, whether arising from the living, the lack of information or the need for social support.

♦ Suffering at work

The difficulties of articulation with the network and frustration resulting from the impossibility of developing the work, cause distress, as these barriers for necessary referrals to an improvement in the user treatment cause insecurity and anxiety.

I see how uncomfortable, not as suffering, the difficulty of directing these users to the network is. This insecurity that family members have to the network, it worries me. This is very painful for them; I think it's been for them. E1

[...] sometimes it takes a lot to her leaving the CAPS. And sometimes that also generates anguish, of wanting to be solving everything, and we know it will not solve everything, but we have to send out somehow. She will be in CAPS for a while; it won't be for her whole life. E4

[...] what is most tiring for me here is the tension with the institution. [...] I don't really know what happens, but there is clearly much greater investment in the context of hospitalization than an outpatient or secondary service logic. [...] This inside the hospital of clinics is a paradigm, there is something very easy. You can see by the own psychiatric logic. E6

The outpatient mental health services form an important network in restructured psychiatric care. Such services make up the core guidelines of mental health policy in Brazil, which are identified by the Ministry of Health and conducted by the perspective of the Brazilian psychiatric reform.²⁶

The problem of lack of effective network joint cause significant discontent, considered suffering producer at work. The interviews reveal how there is anxiety in the face of unfulfilled expectations before complicated routes, obstacles to obtain resolution and agility necessary for a smooth progress of the work and therefore the effectiveness of service and user assistance.

These issues have surfaced in the statements of respondents demonstrating the tensions produced in the context of joint service with the health care network, discomfort with uncertainty to users familiar with the network through the trouble of success in referrals. Making the exhausting work is mainly to observe the suffering of those involved. Faced with these difficulties the professional feel helpless, powerless and insecure because it cannot carry out their work satisfactorily, having to postpone the search for solutions, causing insecurity and frustration.

The difficulty in playing quietly and with good results the user assistance causes feelings of worry, since you cannot touch and do not see their demands met, depending on third parties, as reported, causes complications at all levels.

The delay in getting the user exits the substitute service and the will to resolve all aspects are evident also in this research. While claiming to know you cannot solve everything, there is a need to want to solve the problems, feel able to cope with the situations as a way to alleviate the feeling of helplessness.

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A central challenge is the need for integration and effective coordination of the various services and programs with the mental health services. The finding of services is crucial for overcoming political and managing immobility, among others, replacing them with affirmative propositions, and realistic, strategies able to articulate a health care network. This joint has been underlined by the latest recommendations for the sake of better coverage in mental health for users.²⁷

Integrating mental health interventions with all other sectorial programs without uncharacterized them, depends on a clear and affirmed public management, whose warranty is given by the real presence of a nationwide policy.²³

About the absence of full-time staff in the service, reports revealed that there is a difficulty with regard to teamwork.

Nursing is the only specialty that is always here, because the others are divided between inpatient and outpatient clinic, here. We end up experiencing so much day to day one. E2

[...] we don't rely on the doctor. We detect something, conversation, discussing, and then we have to wait for the resident's doctors, come here, because they have the things ... That can't happen. A health service, to me, that's too bad. I don't have to stay by phoning the doctor, that's not my role. E3

[Professionals] comes here once again, do an activity or another, almost as a service provider. Because you come, make a group and get out, you're not on the team. You are experiencing, you're not here. E6

Failure to rely on the professionals in full-time service constitutes a factor of dissatisfaction, the responsibility for any issue or event that also requires the presence of the team, generates impotence and dislike, because the nurse is always present that runs the risk to assume other roles.

The nurse constantly feels pressured; experiencing all the features and service problems because spends most of the time in direct contact with users.

To decentralize responsibilities in a health service and, if so, remove the nurse solitary paper, you need courage to implement creative and inventive practices, able to come across the space of the loss of domains and established references to normalize with sensitivity and new liability care technologies / healing / listening.²⁸

Direct contact, intense and prolonged with users often can be wear reason and the nurse is what most are exposed to this coexistence. So this is a stressful factor, especially when

having to deal with situations that require extreme responsibility, it becomes difficult for nurses to division of roles, thus taking responsibility alone. It is necessary to understand that each profession has a practical discipline of interpretation of health and disease process and a different communication quality with the emotional stories that shape ailments, afflictions or demands on individual users or collective actions and health services.²⁹

Another relevant aspect pointed out in a speech is the interpretation that the absence of effective participation in service by some team members, such as the fact of carrying out isolated activities; they do not establish a link with the service and its users.

The staff did not attend full-time in the service; it shows that the contracts effected between professionals (working in up to four units at the same time) and the institution are poorly designed.

Health professionals cannot be responsible for the institutional mission, much less commit to change movements, as is required in psychosocial care, when contracts of human resources are poorly established.²⁹

Their absence in substitutive services emphasizing hospitalization is linked to difficulty in changing healthcare design that institutions and nursing own, have to face. Confrontation that also generates suffering at work.

I work for a long time, many years ago in psychiatric nursing, so I have to change my conception of nurse care within a hospital unit for this change. So, it's hard, it's not easy. E1

The hospitalization is something brief and here we deal with the guys in real life. So, the institution does not give due attention to this secondary attention, at least not here. E6

The link here is different because on hospitalization, unfortunately, there was a very large number of patients and could not have a next link. I was questioning the coaches about what was going on, about who was freaking out, who was so or roasted to do that management; to put out the fires. But there was no link, I didn't help users. It was centered on illness, physician centered, and biomedical model. E7

The professional nurse must develop care to people with psychiatric disorder supported the principle of integrity, watching the user in all aspects of your life - biopsychosocial and spiritual, not fragmenting care. Also taking humanized care practices, establishing a bond of relationship between staff and users, and encouraging accountability of both the care.³⁰

These precepts of the Psychiatric Reform are present in the interviews and these professionals are constantly in conflict so that these principles are put into practice.

FINAL NOTES

The study revealed important aspects of the job characteristics of nurses working in secondary care mental health, promoting a deeper, from the reflections made on the pleasure and suffering at work in mental health.

Considering the test results, it can be said that the host, the bond and the relationship with family members and produce pleasure in nursing work. Factor that would not be possible without the changes the Psychiatric Reform brought to facilitate the relationship and the relationship with users, increasing satisfaction with the work done.

Suffering of the factors that generate frustration and discomfort in the work; they are related to tensions with the institution that makes it difficult to change the paradigm of care, the absence of some professionals in the service during the hours and the impotence of the articulation difficulties the network of psychosocial care.

It must be understood as essential the change of these triggers of suffering in a trigger for transformer creative work. Workers of substitutive services should be free for creating and proposing new ideas and strategies to improve care, having their subjectivities hampered by institutional conservatism.

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