



ALGORITHM CONSTRUCTION ON PSYCHIC SUFFERING FOR DECISION MAKING OF NURSES OF PRIMARY CARE

CONSTRUÇÃO DE ALGORITMO SOBRE SOFRIMENTO PSÍQUICO PARA TOMADA DE DECISÃO DOS ENFERMEIROS DA ATENÇÃO BÁSICA

CONSTRUCCIÓN DE ALGORITMO SOBRE EL SUFRIMIENTO PSÍQUICO PARA LA TOMADA DE DECISIÓN DE LOS ENFERMEROS DE LA ATENCIÓN BÁSICA

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ABSTRACT

Objective: to build decision-making algorithm to help nurses from primary care to identify people in psychological distress and to intervene. **Method:** the study will be held in two stages: 1st) descriptive exploratory qualitative approach from interviews of 16 nurses working in health care units of a city in northeastern Brazil. For the analysis of the results, thematic analysis of Minayo content will be used; 2nd) Methodological study to be developed in three stages: 1st) integrative literature review to identify decision-making tools in mental health; 2nd) algorithm construction; 3rd) validation of the algorithm by the Delphi method. The project was approved by the Research Ethics Committee, CAEE 42975015.4.0000.5013. **Expected results:** assisting in decision making of nurses facing the person in mental suffering, qualifying nursing care. **Descriptors:** Nursing; Mental Health; Primary Health Care; Decision Making.

RESUMO

Objetivo: construir algoritmo de tomada de decisão para auxiliar o enfermeiro da atenção básica a identificar pessoas em sofrimento psíquico e a intervir. **Método:** será realizada em dois momentos: 1º) descritivo e exploratório, de abordagem qualitativa, a partir de entrevistas com 16 enfermeiros atuantes em unidades de atenção à saúde de um município do nordeste brasileiro. Para a análise dos resultados será utilizada a Análise Temática de Conteúdo de Minayo; 2º) estudo metodológico a ser desenvolvido em três etapas: 1ª) revisão integrativa da literatura para identificar instrumentos de tomada de decisão na saúde mental; 2ª) construção do algoritmo; 3ª) validação do algoritmo pelo Método Delphi. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAEE nº 42975015.4.0000.5013. **Resultados esperados:** auxiliar na tomada de decisão dos enfermeiros perante pessoa em sofrimento psíquico, qualificando a assistência de enfermagem. **Descritores:** Enfermagem; Sofrimento Psíquico; Atenção Básica; Tomada de Decisões.

RESUMEN

Objetivo: construir algoritmo de tomada de decisión para auxiliar al enfermero de atención básica a identificar personas en sufrimiento psíquico y a intervenir. **Método:** será realizada en dos momentos: 1º) descriptivo exploratorio de enfoque cualitativo a partir de entrevistas com 16 enfermeros actuantes en unidades de atención a la salud de un municipio del nordeste brasileño. Para el análisis de los resultados será utilizado el Análisis Temático de Contenido de Minayo; 2º) estudio metodológico a ser desarrollado en tres etapas: 1ª) revisión integradora de la literatura para identificar instrumentos de tomada de decisión en la salud mental; 2ª) construcción del algoritmo; 3ª) validación del algoritmo por el Método Delphi. El proyecto fue aprobado por el Comité de Ética en Investigación, CAEE nº 42975015.4.0000.5013. **Resultados esperados:** auxiliar en la tomada de decisión de los enfermeros frente a la persona en sufrimiento psíquico, cualificando la asistencia de enfermería. **Descriptores:** Enfermería; Sufrimiento Psíquico; Atención Básica; Toma de Decisiones.

INTRODUCTION

The World Health Organization has structured a comprehensive plan of action to be carried out in 2013 to 2020 aimed to strengthen effective leadership in mental health, provide at community level of social services and complete mental health, integrated and responsive, implement promotion and prevention strategies in the field of mental health and strengthen information systems, scientific data and research on mental health.¹

In Brazil, the Ministry of Health offers Primary Care (PC) to develop early prevention and detection actions of people who require a mental health care, having as principle to allow the first access of people to the health system.² Among the PC's actions, there are the detection of complaints related to psychological distress and conducting qualified listening and understanding of the various ways of dealing with the problems identified, offering treatment at the PC or referring people to specialized services.³

The psychological distress expression is a result of the nature of the concrete forms of existence in society. A conflict that is installed at the time of its concreteness, that is, the subjectivity/objectivity relationship leading to a generator impact of mental suffering, because the activity of the human individual exists only in compliance with the society relationships system.⁴

In the Family Health Unit (FHU), the multidisciplinary team aims to disease prevention, health promotion and improve the quality of life of people registered in the service.⁵ To fulfill an important role in the composition of the community network of mental health care, according to Ordinance N° 3088 of 23 December 2011, which in turn, also enters the service of the Basic Health Units (BHU) in psychosocial care network.⁶

The actions in mental health in PC are developed in a geographically known territory, which favors the professionals know the history of life and its ties with the community/territory of residence, as well as other elements of their contexts life.²

For these characteristics, it is common for health professionals to find all the time with people in psychological distress. However, the performance of mental health practice in PC raises many questions, curiosities and fears among health professionals.²

As member of the healthcare team, the nurse need to be aware of fundamentals and guidelines of the National Policy of Primary Care, as one of them is about the resoluteness

of the service, whose purpose is to assume central role to welcome, listen and offer a positive response, able to solve the vast majority of health problems of the population and/or reduce damage and suffering.⁷

Being the nurse responsible for the execution of the PCB, he needs to make important decisions in their behavior. Decision making is the formal responsibility of the professional who uses the personal knowledge that own or perception of the problem, so a conviction and makes a decision, mobilizing necessary resources.⁸ However, when it comes to nurses in decision-making on people in psychological distress, it is considered that there may be difficulties in the operationalization of activities in everyday PC services, since the mental health causes in professional fears worsen the picture of these people, or understand that this field of knowledge is not accessible to them.²

OBJECTIVE

- To build an algorithm to help the decision making of PC nurses to identify and intervene with people in psychological distress.

METHOD

At first, a descriptive and exploratory research with a qualitative approach will be held in eight BHU and eight FHU belonging to the PC network of health of a municipality in Northeast Brazil. Data will be collected from semi-structured interviews with 16 nurses, one BHU nurse and one FHU representatives from each of the eight districts of the Surveillance Health Districts that meet the following inclusion criteria: to act in BHU or FHU, to sign the Consent and Informed Term (TCLE). Exclusion criteria were: being on vacation, away or maternity leave at the time of data collection and other nursing professionals (technicians and assistants).

The data will be transcribed and subsequently analyzed by thematic content analysis technique of Minayo.⁸ With the categorization of the data collected, it will be possible to raise the necessary requirements to build a decision support tool. It will also be used field diary for further information record.

The second stages of the research will follow three stages:

1st stage: Literature review: decision-making of existing instruments will be identified in mental health. This procedure will be performed with access to scientific databases: Latin American and Caribbean

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Health Sciences (Lilacs), Medical Literature Analysis and Retrieval System Online (Medline), Scopus and virtual library Scientific Electronic Library Online (SciELO). Search strategies will be used from terms of the Medical Subject Headings (MeSH) and the Health Sciences Descriptors (DeCS) using the Boolean AND operator, which will result in combinations. The second review will reflect the needs of PC nurses to identify and intervene with people in mental distress. Based on the analysis of the articles, the requirements to make the construction of the decision-making algorithm will be raised.

2nd stage: Construction of the algorithm: will be based on the necessary requirements identified in the interview data, based on the reality of nurses, and data from the literature review.

3rd stage: Algorithm Validation: will be held by experts from the mental health field (judges or experts) through the Delphi method. Each judge responds independently to a question designed to gather opinions, estimates or forecasts about the topic.^{9,10} The steps of this method are: 1) anonymity of the respondents; 2) Response feedback group for revaluation in subsequent questions, the questionnaire are performed until the differences of opinions among experts has been reduced to a satisfactory level.¹¹ In this stage, there are five judges participating who validate the requirements contained in the algorithm, through a questionnaire with open and closed questions related to the study subject. Judges of the selection criteria will be: nurses that work in mental health (care, teaching or research) with a minimum of two years of experience in the area and who agree to participate in the study by signing the consent form.

This study will be conducted in accordance with Resolution N° 466/2012 of the National Health Council, which deals with scientific research involving human beings and was approved with the number of opinion 1,026,839 on 16/04/2015 by the Ethics Committee System of the Federal University of Alagoas (CEP/UFAL).

EXPECTED RESULTS

With this study, it is intended to facilitate the nurses' decisions to people in psychological distress as well as contributing with a focused technological innovation to (re) build mental health care in PC to promote the qualification, strengthening and visibility of nursing performance.

The education and the lack of nurse training are factors that imply difficulty and

lack of a resolute capacity.¹² It is expected to contribute subsidies on psychological distress to help nurses in the performance of their duties since they are great responsibility for identifying and meeting these people seeking the service characterized as a gateway.

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