LOOKS OF NURSING TO SCHIZOPHRENIC PATIENT: IMPLICATIONS FOR HEALTH DISEASE FOR PROCESS CARE

OLHARES DA ENFERMAGEM PARA O PACIENTE ESQUIZOFRENICO: IMPLICAÇÕES DO PROCESSO SAÚDE DOENÇA PARA O CUIDADO

MIRADAS DE ENFERMERÍA PARA EL PACIENTE ESQUIZOFRENICO: IMPLICACIONES DEL PROCESO SALUD ENFERMEDAD PARA LA ATENCIÓN

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ABSTRACT

Objective: to understand the looks undertaken by nursing staff forward the schizophrenic patient. Method: a qualitative, exploratory study, in which the analysis was based on the perspective of the looks that underlie the disease process. We used interviews with technicians and nurses << How is the issue for you to take care of a patient with schizophrenia? >> After approval by the Research Ethics Committee, Opinion No. 0260 \ 2011. Data analysis followed the following steps: 1) pre-analysis, 2) material exploration, and 3) treatment of the results and interpretation. Results: the influence of empirical gaze took care of the production based on common sense. The knowledge about the disease was the mark of the scientific gaze. Conclusion: the lack of autonomy enhances a care and without scientific basis, it is suggested as an alternative to clinical psychiatric nursing, which proposes comprehensive actions that focus on the nurse-patient relationship in the context of the disease process. Descriptors: Mental Health; Nursing Care; Health-Disease Process.

RESUMO

Objetivo: compreender os olhares assumidos pela equipe de enfermagem frente o paciente esquizofrênico. Método: estudo qualitativo, exploratório, em que a análise apoiou-se na perspectiva dos olhares que perpassam o processo saúde-doença. Utilizou-se entrevistas com técnicos de enfermagem e enfermeiros a questão: << Como é para você cuidar de um paciente com esquizofrenia? >> após aprovação pelo Comitê de Ética em Pesquisa, parecer nº 0260/2011. A análise dos dados seguiu os seguintes passos: 1) pré-análise; 2) exploração do material; 3) tratamento dos resultados e interpretação. Resultados: a influência do olhar empírico se deu pela produção de cuidado baseado no senso comum. O conhecimento sobre as doenças foi a marca do olhar científico. Conclusão: a falta de autonomia potencializa um cuidado sem bases científicas e, como alternativa sugere-se a clínica da enfermagem psiquiátrica, que propõe ações integrais que tem como foco a relação enfermeiro-paciente no contexto do processo saúde-doença. Descriptors: Saúde Mental; Cuidado de Enfermagem; Processo Saúde-Doença.

RESUMEN

Objetivo: comprender las miradas de personal de enfermería frente al paciente esquizofrénico. Método: cualitativa, exploratoria, en el que el análisis se basa en la perspectiva de las miradas que subyacen en el proceso de la enfermedad. Realizamos entrevistas a técnicos y enfermeras <- ¿Cómo es para usted tomar el cuidado de un paciente con esquizofrenia? >> Después de la aprobación por el Comité de Ética de la Investigación, Opinión No. 0260 \ 2011. Análisis de los datos siguió los siguientes pasos: 1) exploración de material pre-análisis, 2) y 3) el tratamiento de los resultados y la interpretación. Resultados: la influencia del olhar empírico se hizo cargo de la producción basada en el sentido común. El conocimiento acerca de la enfermedad era la marca de la mirada científica. Conclusión: la falta de autonomía aumenta la atención y sin base científica, se propone como alternativa a la enfermería psiquiátrica clínica, que propone acciones integrales que se centran en la relación enfermera-paciente en el contexto del proceso de la enfermedad. Descriptors: Salud; Cuidados de Enfermería; Proceso Salud-Enfermedad Mental.

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INTRODUCTION

The psychiatric reform in Brazil has brought striking changes in the form of care for patients with mental disorders, and principles as the restructuring of psychiatric care, critical review of the hegemonic role and centralizing the psychiatric hospital and the reaffirmation of civil rights, involving the human rights of users.1

In this context, comprehensive care psychiatric beds in general hospitals began to be used for acute cases, and assistance presents a multidisciplinary approach, occurs for a short period of time, and treatment is directed towards achieving rapid attenuation of symptoms and prompt reintegration social.2

General hospital psychiatric beds much integral care are occupied by patients with a diagnosis of schizophrenia, a disease that affects emotions, thoughts, perceptions and behavior of people, and is currently a major public health problem. 3 Your current prevalence is approximately 1% primarily affecting young adults. The annual incidence ranging from 0.5 to 5 in 10,000 people and most common age of onset of the first outbreak between 15 and 20 years in men and in women 20 to 25.4 However, to ensure effective care to patients with schizophrenia nursing ranks, highlighting the role of therapist5 and when he assumes this role, seeks to consolidate the principles of psychiatric reform and new ways of caring for patients with mental disorders, which has influences in different ways of looking at the disease process.6

Ways of looking at mental illness are influenced by social and cultural constitution considered in different historical moments that define the design of the health-disease process. 7 Take as example the look empirical and its effects today as health care, since this look is to arrest the nature and implementation of this understanding for the human condition, which dates back to observations described by Hippocrates, when considered balance as the conception of man healthy and disease as their balance.7

With the advent of science and technology utilization for grasping the nature and study of diseases, it is established the scientific gaze. As a consequence, there is a revolution in medicine, the discovery of disease etiology brings ways to prevent them and cure them, and there is also the emergence of statistics and epidemiology.7

With the recognition of the right to health and the state intervention for the maintenance of order in society and the welfare of workers ensuring the production, characterized the authoritative look.7

This study considers the influence of the different historical periods on the disease process in order to understand the looks undertaken by nursing staff forward the schizophrenic patient.

METHOD

An exploratory and descriptive study, qualitative approach, because the object of the study addresses the socio-emotional-existential relations that arise between nursing staff and patients, whose interpretation can only be understood and addressed adequately through qualitative dimensions.8

The study was conducted in the psychiatric ward of a university hospital in São Paulo. Data collection was conducted through interviews recorded and transcribed, with the following question: How do you care for a patient with schizophrenia?

Were considered in this research technicians and nurses working in the unit studied in different shifts, totaling fifteen subjects, data collection was terminated when the answers were sufficient to understand the themes.

Data analysis followed the following steps:
1) Pre-analysis
2) Material exploration
3) Treatment of the results and interpretation.9

In this study are assumed looks empirical, scientific and authoritative so that they can achieve the proposed objective, relying on the design of health-disease process, considering the body metaphor to explain society.7

The study complies with all ethical issues involved in research with human subjects under Resolution n. 196/96 of the National Health Council, and approved by the Ethics Committee of the Faculty of Medical Sciences under number 0203.0.146.000-11.

RESULTS

The empirical look about the disease and the social body comes from the moment in which observations and correlations are attributed to the disease process, has the look empirically, which agrees with questions about the causes and transmission of diseases.7 These questions are answered through empirical observations, involving factors such as weather, climate, water
quality, and way of life of people with their appearance.7

Such influence can be observed in this study because there is evidence of an empirical look forward the schizophrenic when considering the statements below:

Care is based on more practical day - to - day than in theory. (E5 - Nurse)

I can tell you what I know of the schizophrenic and the whole process by what I see in practice. (E12-Practical Nursing)

In the statements above, it is observed that the professionals defined the schizophrenic patient attributing characteristics through empirical observation in which health is seen as the balance between body and mind, giving little relevance the causes of diseases and thus built the patient's vision through the daily experience of caring.2

Besides this association pathology, one and a half, the respondents seek the experience of daily care and popular knowledge assigning characteristics for schizophrenia and the schizophrenic. Thus assume the look empirical formerly employed to delimit the disease when they do not have the scientific knowledge, which shows that professionals rely on the design philosophy taken as common sense to guide the care provided.7,10

Common sense appears in all daily experiences, characterized by all intents, thoughts that led men to survive, before the development of science. But common sense and science are directly related; arise from the same need to understand the world. 10-1

However it is important to understand the difference between common sense and science since its inception, science arises from questions of what is reality, and common sense that science contributes to progress to consider the problems that arise in day-to-day.10 Common sense contributes directly to the development and improvement of science, since the actions problematized can become the object of science.11

The seizure of the schizophrenic look at empirical nursing professionals is important because it recognizes that this movement, when done in a critical and reflective, opens the possibility of extending the knowledge about schizophrenia and the various forms of care. That said it is clear the first step in the transformation of daily tasks in science.10-1

It is noteworthy then, that popular knowledge can contribute immensely to the development of science, however it appears that the current trend of professionals is considered as knowledge only that which is scientifically proven which brings literature as concrete. 12

Nursing is a field of knowledge that comes over time building their knowledge and producing historically their practice. It is considered a work and social practice, which does not rule out the scientism of the profession, it has a body of expertise and socially legitimized.11,13

Understand nursing as a social practice means understanding it as a dynamic profession, subject to transformations permanent and continuously incorporating new thoughts on themes, issues and actions, with the ethical principle of maintaining and restoring human dignity.14

The nursing history is marked by the experience, which delimits its inauguration by common sense, since untrained care performed by the next charity or religious conceptions, grounded on the popular knowledge passed from one person to another to watch the patient.15

Florence Nightingale brought the perspective of science in nursing, stating that it was an art that requires training organized, practical and scientific, and the nurse should be a person qualified to serve in medicine, surgery and hygiene. 16

The way nursing was inaugurated influences the current practice of the study subjects, whose principle is to use common sense to base care.10-5

To advance the science of nursing is important that professionals understand the link between science and common sense, under a philosophical perspective, that from this joint can build knowledge, leading to scientific discussion for the reality of care nursing in daily life.11,2

Healthcare professionals to understand the concept of common sense and the way to science as well as what to look empirical and its influence today, can improve care provided to patients with schizophrenia, thereby using expert knowledge for the advancement of nursing science.

When issues arise that cannot be answered by empirical observation is the need to prepare answers through studies and evidence, so this study finds that the understanding of the schizophrenic patient by nursing professionals also pervades the scientific gaze.7

With the scientific gaze to initiate epidemiological and statistical, emerges the importance of the microscope that has allowed the discovery of disease-causing microorganisms, making possible the
knowledge of the natural history of the same and consequently enabled the creation of forms of treatments appropriate to each disease, with the use of drugs and vaccines. Therefore highlights the importance of science to the development of knowledge about the disease process in order to ensure better quality of life for society.7

The scientific view is observed in lines expressing the clinical management of patients with schizophrenia and how science interferes with care, as it appears below:

When you know schizophrenia in practice you see that it actually approaches the theory.

(E7 - Practical Nursing)

We see the need to prepare a health professional, to understand, to understand all this part of the disease, to be able to have a more professional and qualified to help the patient.

(E8 - Practical Nursing)

The scientific view brand searching for knowledge of the conditions in order to find the most appropriate care for each patient, mainly in hospital services, proposition extending beyond the treatment and cure.7

At the moment focuses on the care of someone looking from the perspective of this scientific demand a clinic based on the knowledge about the disease, in this case a psychopathological knowledge, understanding the disease through the scientific bases of medicine.

Schizophrenia is a mental disorder that does not have its etiology and pathophysiology completely defined; there are numerous hypotheses about its cause, the most known and studied to dopamine, which is justified by the symptoms hypofunction of dopaminergic neurons. 17 Studies comparing the effects of amphetamine-like substances with schizophrenia, since this substance acts on dopaminergic terminals increasing dopamine release, and to prevent its inactivation in synaptic cleft by inhibiting the neuronal uptake mechanism exists in the presynaptic membrane, this form exacerbates the activity of dopamine released, which causes symptoms such as: great agitation, auditory hallucinations, and delusions of persecutory type, symptoms that also appear in schizophrenic patients.18 9

It is now believed that schizophrenia is caused by dysfunction of neurons and synapses in activation or deactivation of substances in the brain as a possible treatment by bringing the administration of drugs having therapeutic effects of neuroleptics in neurotransmitters such as dopamine receptor blockers.18 9

By taking the dopamine hypothesis to understand and support the treatment of schizophrenia result for nursing care is based on the biomedical model, as evidenced in the statements below:

It’s hard because you cannot make any interference; you have a doctor over who just wants you to take medicine for it. (E5 - Practical Nursing)

We here in this institution is pruned, just have to follow what the doctor says. (E14 - Practical Nursing)

However, when working from the perspective of the biomedical model, organized the work process by means of medical knowledge, subordinating the knowledge and actions of nursing professionals for medical logic, thus reducing the ability to take care of the team, depleting the possibility of incorporating other knowledge to expand the clinical action, and restricts the search field to the solution of problems.20

In the context of the biomedical model is expected that nurses develop their actions considering the medical authority, without participating in the process of decision making about the care to be performed to patients. It is noteworthy that the training and the historical evolution of nursing may allow practitioners have critically about how to care established from this dimension and makes them bring feelings of frustration, helplessness, demoralization, helplessness, despair, anger, grief and guilt for failing before care provided.21

Healthcare professionals are influenced by the thoughts and define medical explanations for their actions, narrowing the scope of care for control activities and behaviors of supply of medications. In this study the subjects working in a university hospital, in the light of the biomedical model, which may favor the enhancement of the feelings mentioned above, once the treatment is predominantly defined by the physician.

It is also important to note that nursing care in a psychiatric ward in a general hospital suffers influence of rigid hospital structure, since most Brazilian hospitals work based on mechanistic and professional bureaucracy, in which the hierarchical structure within the institution is well marked and should be followed strictly by professionals, it is described that way of working directly reflects the work performed by each professional, and can lead to professional disputes, discouragement and

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discontent of workers, as well as reflecting the care provided.20

This scenario compromises the development of nursing as a science to enhance the discussion of the structure at the expense of clinical psychiatric nursing.

Nursing care in all work processes are mediated by a clinical practice that expresses the apprehension of the phenomena of health and disease, both in the singular and in your community, this clinic carries a polysemy from a perspective that includes interpretation of signs and symptoms of the disease located in the body, and to involve the subject in a relationship with her so sick of their existence and considering taking it as a starting point for their approach.23

The clinical psychiatric nursing deals with people in treatment, individuals with names, with stories of life, with a very unique way of looking at themselves and relate to other people, being necessary to approach them in a way that favors resumed its place as speaking subject, reflective, productive, responsible, able to return to social life. 23 This clinical arises in trying to move the professional nursing position oversees and repressors to the position of therapeutic agent, engaged in reflection, planning and implementation process of the proposed work.23

It is worth noting that the restriction of the scope of care can be enhanced due to the rigid structure of the hospital setting as an aspect of authoritative look, which also provides a job with surveillance features, with an emphasis on medication administration and assistance in health care, which restricts the work of therapeutic agent, as is observed in the statements below:

In practice care is to impose stricter rules on educating the patient, because we are pruned. (E10 · Practical Nursing)

Here we are restricted to give medication, help in the bath. (E8 · Practical Nursing)

The context of limiting the autonomy of nursing in the care of schizophrenic patient reflects the authoritative look, which had its origins in state interventionism from the moment the government began to manage the health of the population, establishing public policies, laws and regulations regulatory bodies.7

Another brand of authoritative look at the disease process, it is the power that health professionals have on the patient, establishing the boundaries of normality and good health, the authorizing prescribing standards, action in accordance to the hierarchical model hospitalar:7, 24 This is due to the fact that increasing the production of life is subject to the production of health through goods and medicines, leading the patient to be subordinated to health professionals, predominantly medical.15

In the mental health field we sought to modify the psychiatric reform authoritative look that prevailed against psychiatric patients, and especially humanize assistance, considering it as a subject able to take responsibility for their own choices, and not just as a carrying a mental disease.23,5

The nursing team studied a moment permeates complex patient care schizophrenic, because faced with the hierarchy and rigid structure found in the hospital, who still works in the light of the biomedical model, which does not justify these professionals care for substantiating through common sense, as part of a professional category with specific training that is from scientific evidence.

Thus, even with empiricism, the influence of medical science and authoritarianism a way for the nursing profession get more autonomy in the context of hospital and qualify schizophrenic patient care can be supported by the foundation of clinical psychiatric nursing.

CONCLUSION

The nursing staff in caring for the patient with schizophrenia showed the influence of the following looks: empirical prominently in the production of care based on common sense, science that seeks knowledge about the diseases, works on the optics of the biomedical model for organizing the process of work and authoritative that identifies the limitation of autonomy articulated rigid hospital structure and refers to an action in line to the hierarchical model, allowing the prescription of rules and boundaries of good health.

The findings indicate that a psychiatric ward the lack of autonomy of the nursing team leverages a care without scientific basis. However, when you turn to look scientific, do the biomedical perspective and hence care is left to do is administer medication, observe behaviors and assist in hygiene. This fact contributes to, but does not justify the lack of participation of the nursing staff in the rehabilitation of schizophrenic patients.

In this scenario, the clinical psychiatric nursing can be a possible alternative to qualify caution as proposed comprehensive actions that focus on the nurse-patient
relationship in the context of the disease process.

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