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DIFFICULTIES OF NURSING TEAM OF A GENERAL HOSPITAL IN THE CARE OF PATIENT WITH MENTAL DISORDER

DIFICULDADES DA EQUIPE DE ENFERMAGEM DE UM HOSPITAL GERAL NO CUIDADO AO PACIENTE COM TRANSTORNO MENTAL

DIFICULTADES DEL EQUIPO DE ENFERMERÍA DE UN HOSPITAL GENERAL EN LA ATENCIÓN AL PACIENTE CON TRASTORNO MENTAL

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ABSTRACT

Objective: to identify the difficulties encountered by the nursing staff of a general hospital in the care of patients with mental disorders. **Method:** a qualitative exploratory study conducted in a general hospital in Curitiba-Paraná/Brazil in 2009, with 27 nurses. The data were collected through semi-structured interview and submitted to Content Analysis. The research had the project approved by the Ethics Committee in Research, CAAE n. 0220.0.208.091-08. **Results:** the subjects indicated that the lack of knowledge in mental health in their formation and inadequate physical structure of the health service are barriers to providing care to patients with mental disorder in the general hospital. **Conclusion:** health institutions should promote continuing education programs in order to improve the theoretical and practical knowledge in mental health and encourage researchers to identify ways of intervention to reduce prejudice and stigma against people with mental disorder. **Descriptors:** Nursing Care; Nursing; Mental Health; Qualitative Research.

RESUMO

Objetivo: identificar as dificuldades encontradas pela equipe de enfermagem de hospital geral no cuidado ao paciente com transtorno mental. **Método:** estudo qualitativo exploratório realizado em um Hospital Geral de Curitiba-Paraná/Brasil em 2009, com 27 profissionais de enfermagem. Os dados foram coletados mediante entrevista com roteiro semiestruturado e submetidos à Análise de Conteúdo. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE n.0220.0.208.091-08. **Resultados:** os sujeitos indicaram que o déficit de conhecimento em saúde mental em sua formação e a estrutura física inadequada do serviço de saúde são barreiras à prestação de cuidados ao pacientes com transtorno mental no hospital geral. **Conclusão:** as instituições de saúde devem promover programas de educação permanente a fim de aprimoramento de conhecimentos teórico-práticos em saúde mental e incentivar pesquisas que identifiquem meios de intervenção para reduzir o preconceito e estigmatização contra as pessoas com transtorno mental. **Descritores:** Cuidados de Enfermagem; Enfermagem; Saúde Mental; Pesquisa Qualitativa.

RESUMEN

Objetivo: identificar las dificultades encontradas por el personal de enfermería de un hospital general en el cuidado de los pacientes con trastornos mentales. **Método:** estudio cualitativo exploratorio, realizado en un hospital general de Curitiba-Paraná/Brasil en 2009, con 27 enfermeras. Los datos fueron recolectados a través de entrevista semi-estructurada y se sometieron a Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE n. 0220.0.208.091-08. **Resultados:** los sujetos indicaron que la falta de conocimientos en materia de salud mental en su formación y estructura física inadecuada de los servicios de salud son barreras a la prestación de atención a los pacientes con trastorno mental en el hospital general. **Conclusión:** las instituciones de salud deben promover programas de educación continua con el fin de mejorar los conocimientos teóricos y prácticos en materia de salud mental y fomentar la investigación para identificar las formas de intervención para reducir los prejuicios y la estigmatización de las personas con trastorno mental. **Descriptor:** Cuidados de Enfermería; Enfermería; Salud Mental; La Investigación Cualitativa.

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INTRODUCTION

The model of mental health care in Brazil until the mid-1990s was almost exclusively focused on molds asylums, characterized by long hospitalizations in psychiatric hospitals and vision exclusionary culturally constructed in the relationship between society and mental disorders patients. However, this model has been overcome by new forms of care and treatment in mental health based on the model proposed by psychosocial Psychiatric Reform.¹⁻²

The Psychiatric Reform promoted multisectorial intense changes, mainly in structural dimensions by creating a network of mental health care consists of many outpatient services, eg, Center for Psychosocial Care (CAPS), therapeutic homes, and outpatient mental health, among others. Yet it is noteworthy that the psychiatric reform was essential to changes in the political-legal, theoretical-conceptual and sociocultural. This entire new context aimed to improve mental health care and ensure the rights of citizenship and social reintegration of people in psychological distress.¹⁻³

With the creation of the network of mental health care, modes of treatment and mental health care are intended for conditions that give people with mental disorder to be treated at all levels of health care: primary care, outpatient, hospital and home care.³ In this context, the general hospital is considered a fundamental element in the articulation of network services for mental health care, especially when it provides care in psychiatric emergencies for the management of patients in crisis or psychic symptoms worsen dramatically. Thus, it is understood that the general hospital is an important tool for the comprehensive care of people with severe mental disorders, for it is a service in which they have greater access to laboratory tests and imaging, and technologies health, which help in the treatment of patients.⁴

A multidisciplinary team of general hospitals, including the nursing, mostly have difficulties in providing quality care to patients with mental disorders. This condition is due, in part, to the lack concepts in the model and the current psychosocial training focused on vision rooted in exclusionary and asylum-hospital model.⁵⁻⁶

Considering the time of transition and restructuring of mental health care in Brazil, it is important to know the reality experienced by nursing staff in general hospital that serves to identify, among other things, the factors that hinder their performance in the care of people with mental disorder.

This study has as guiding question << *What are the difficulties encountered by the nursing staff of an emergency department of a general hospital in the care of patients with mental disorders?* >> To answer this question, we have the following objectives:

- To identify the difficulties encountered by the nursing staff of a general hospital in the care of patients with mental disorders.

METHOD

Article from the dissertation << Nursing care of patients with clinical and psychiatric comorbidity in the emergency department of a general hospital >> presented to the Graduate Program in Nursing (Master), Federal University of Paraná, 2009.

An exploratory qualitative study developed in a General Hospital Emergency Care in Curitiba/Paraná, in the period January-November 2009.

The subjects were nursing professionals who work in this Emergency Department. This team was composed of 67 professionals as Figure 1.

Professional	Work shift			
	Morning	Afternoon	Night	Total
Nurse	02	02	02	06
Nursing technician	06	01	05	12
Nursing Assistant	20	08	21	49
Total	28	11	28	67

Figure 1. Characterization of nurses who work at the study site, according to professional category and shift. Curitiba, PR, Brazil. 2009.

The study subjects were 27 of these professionals: 06 nurses, 12 nursing technicians and 14 nursing assistants.

The inclusion criteria were agreeing to participate in the study, signing the Instrument of Consent and provide direct

nursing care to the patient. The exclusion criteria consisted of refusal to participate, be professional nurses who did not act directly with patient care.

In this research, the number of participants by semistructured interview was established

taking into account the actual data. With this, all respondents were nurses (six) and nursing (seven) and, as a result, the nursing assistants of three shifts until the contents of the interviews, mediated by fluctuating readings performed by the researcher, the proposed objective to satisfy this study.⁷

The question used to interview subjects consisted of the following open question: *What are the difficulties you encounter to develop patient care with a mental disorder?* The interviews were tape recorded and conducted in a private place designated by the head nurse, safeguarding the principles of loyalty and credibility required to meet the scientific rigor and anonymity of participants.

To ensure confidentiality and anonymity subjects are identified by the letter E (Nurse), T (Practical Nursing) and A (Nursing Assistant), followed by an Arabic numeral. The data were subjected to Content Analysis,⁹ using nine phases: pre-analysis, material exploration, processing and interpretation of results. This type of analysis is organized by the categorization process that consists of sorting operation of elements belonging to the same set, by differentiation and regrouping by criteria previously defined. The classes meet in a group of elements under a generic title grouping them according to the themes that is.

In the pre-analysis was performed familiarization with the data collected in the interviews by listening and transcribing the recorded interviews and fluctuating readings. In the operation phase of the material, the transcribed material was extracted topics of interest and relevance to the study. In Step Treatment and Interpretation of Results Obtained, the themes selected are articulated with the theory, suggesting inferences for final interpretation and construction of categories.⁹

The research project was reviewed and approved by the Ethics Committee in Research of the Department of Health Sciences, Federal University of Paraná under the CAAE n. 0220.0.208.091-08, in accordance with Resolution 196/96 of the National Health Council.⁸

RESULTS

• Characterization of study subjects

Of the 27 subjects who participated in the study, five were male and 22 were female. The distribution per shift: 09 are in the morning, 07 in the afternoon and 11 at night. As for the working time on the job it was found that 11 professionals have time ranging

from 06 to 23 years, 14 subjects have around 05 years of work and only 02 subjects have 02 years.

The data analysis enabled the construction of the following thematic categories: Insufficient knowledge in mental health; Prejudices against patients with mental disorders; Lack of physical structure and maintenance of vision asylum.

♦ Insufficient knowledge in mental health

The subjects reported that the difficulties they encounter in the care for people with disorder are due to lack of expertise in the area of mental health. They also recognized that there was a *deficit* in their professional training, when referred to the learning of mental health. Mentioned that the training courses (graduate or intermediate level) disciplines focused on psychiatric nursing and mental health did not address adequately the needs of learning for its practices in the care for people with mental disorders in the general hospital.

I do not know how to develop a psychiatric patient care. [...] Flee totally my area. I have no training. [...] So much that I can barely remember what it was like the discipline of psychiatry (E.4).

[...] Lack knowledge to us, which had to psychiatry is almost nothing in the course and help I almost did not see anything I'm doing and do not have the technical Psychiatry (A.7).

I have enough trouble, because I have no experience. I did travel nursing assistant, did temping and technical [referring to the course of nursing technician] we did not have that mental health discipline. I follow everything [in the sense of caring] help, but training, have no (A.12).

The subjects also expressed that in its training courses, discipline focusing on mental health had limited content and correlated procedures for administering sedatives and physical restraint in bed, with only learned in your training:

[...] What I saw in the technical course was little. See some topics and goes to the stage, but you cannot get a sense of the pathologies of how to treat patients in that case. The only thing you know is you have to medicate and must contain (A.9).

The subjects mentioned that after the training had no training or improvement in mental health and reported that this hampers provide quality care to patients with mental disorders.

[...] All part of psychiatry that I have knowledge is graduation, after that I did not have anything (E.5).

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[...] I've never had an orientation, taking the courses which were five, six years. I've never seen inside the institution is staging this or other previous I worked, prepared to work with psychiatric patients (E.4).

How much it, if we had knowledge about the diseases and the expected reactions, sure that would be very relevant. [...] I got a while in nursing, but at the same time still having no knowledge in this area (E.2).

They explained that they feel unprepared to develop such care. Subjects and E.5 E.6, who are nurses, said they have no knowledge to care for the patient and realize this same condition on your team.

[...] I am unprepared to care for a patient that has a psychiatric disease. [...] We do not give proper care, do not know how to act [...] we are unprepared, both as a nurse I like our team (E.6).

[...] Lack of preparation to handle that patient on a daily basis, understand what is an acute. [...] Of course, we as nurses or the team itself often do not have the professional preparation (E.5).

[...] We sin in this care, could not care for psychiatric patients [...] the right way and it was good for him at that time (T.3).

The subject A.1 is not focused prepared because you do not feel well when performing care to psychiatric patients. The subject A.6 acknowledged their difficulties and prefers not to perform careful and ask colleagues to do so.

[...] We must be prepared to deal with these people, I do not think I'm prepared to deal with psychiatric patients, because they do not feel well (A.1).

I'm not prepared to deal with any psychiatric patient. [...] It is very difficult for me to deal with. Generally, I ask for another go (A.6).

◆ Prejudices against patients with mental disorders

The participants recognize the existence of prejudice against patients with mental disorders, and this ends up causing discrimination and difficulties for the development of nursing care to these patients.

[...] We are a little biased in attendance. When taking a patient suicide attempts, sometimes we tend to martyr him. [...] We say: ah! Attempted suicide, will now suffer. Not that we do bad things to this patient [...]. Care, but not spend a lot of hand on head (A.10).

[...] We even have this kind of prejudice, it is as if he did not like to attend, let us sideways, it is very complicated (T.5).

[...] Of all the psychiatric alcoholics I think the worst patient for nursing treat. It gives

a feeling worse than the [patient] psychiatric. I think that nursing meets the alcoholics and discrimination too big and not seeing him as a patient. I have a mixture of pity, pity, disgust and a feeling that I had to deal with it differently. I look at first treat it well, but I have to make a great effort and then I start to treat you badly (A.7).

We kind of make the stereotype of the patient. [...] When this type of patient we will already through with hatred: so many people in need of truth and hence this wanting "to get crazy" here, end the call all (T.5).

◆ Lack of physical structure

The subjects cited a lack of physical structure of the Emergency Department as difficulty faced in the development of nursing care to patients with mental disorders. Also mentioned about the difficulties that occur due to lack of proper equipment for restrictive procedures that are eventually applied to agitated or aggressive patients:

We have no structure. [...] Nursing here in PA cannot afford to stay directly with patients in clinics when staying in watching [...]. How to care for a patient in these conditions? Without a physical structure, a team that has no direct contact every day (E.3).

Here in PA is unable to meet this patient. [...] You do not have enough to contain it contained and leave the right way. We improvised and what happens is that the patient gets most of the time under the effect of drugs (A.8).

Here in the emergency department should have materials to contain it better and not hurt him. Materials that are more efficient, not only the use of the bandage (T.6).

◆ Maintenance of vision asylum

The subjects expressed the general hospital is not the appropriate place to receive patients with mental disorders. This behavior towards people with mental disorders reaffirmed the vision of social exclusion. A.6 The guy did a critique of deinstitutionalization and reinforces the idea that there is local general hospital for patients with mental disorders:

We still have the vision of institutionalized psychiatric patients. It is the patient who should be in a psychiatric hospital. [...] When he seeks a hospital "normal" people do not have this preparation for the care of that patient. [...] And the first thing you say here is not a psychiatric hospital! (E.5).

[...] These are extinguished psychiatric hospitals. I think they need a specific treatment [...] clinical and psychiatric [...] did not have to take everything out of the psychiatric hospital and play all within the clinical (A.6).

DISCUSSION

The difficulties and shortcomings cited in the reports of the subjects, when their training mainly in mental health are related to the historical moment of restructuring the teaching of mental health as well as the whole area of mental health. With the process of psychiatric reform, deinstitutionalization and the creation of extra-hospital network of mental health care, they feel the need for professional nursing distance themselves their vision and practice of asylum model.²⁻³

Since the 1970s, the nursing curricula include courses that give highlights to behavioral aspects, human relations and communication therapy. Studies have shown progress in teaching mental health nursing trained professionals with a vision based on the psychosocial model. In undergraduate courses are replaced by objective educate nurses able to learn to use and integrate knowledge in general nursing and mental health conditions that give them to provide care to patients who need emotional support and / or addressing symptoms of mental disorders, although this does not reflect the practice of nurses study subjects.¹⁰

Training of mid-level professionals, nursing auxiliaries and technicians, it is expected that the teaching contemplate the new vision and practices aimed at inclusion of these professionals in alternative services. However, there are difficulties to achieve these goals, since much of the mid-level professionals have gaps in their training in the mental health field as explained by participants' speech A.7, A.9 and A.12. Thus, they end up acquiring concepts and forms of care in their place of work, which does not always occur in a correct and appropriate.¹¹

Training for mid-level professionals, due to low workload aimed at mental health disciplines causes they do not have access to theoretical and practical concepts, which makes teaching fragmented and focused technical procedures. With this, you lose the opportunity to open space and discussion and reflection about the important content for a practical and modern suitable for nursing, for example, the themes: interpersonal relationships and communication.¹¹⁻¹²

References on the subject of the lack of preparation to develop nursing care in relation to psychic needs of the patient with clinical and psychiatric comorbidity are understandable. Since the formation of the majority of nursing professionals had focus on actions developed patient in psychiatric institutions, it hampers the vision of

extramural care, which is one reason that professionals do not feel prepared to care for this clientele.²

The transition moment is in the model of mental health care and public policies are appropriate to support the vision of the Psychiatric Reform. With this, the healthcare professions seeking improvement in instrumental knowledge to educate and train professionals about the current reformulations in mental health.^{2-3,10}

However, the lack of preparation that cannot be justification for that care does not occur since this feeling is present even in the daily professional of some specialized mental health. These difficulties are inherent in the new scenario, the subjectivity of experience working with madness and resistance to change. Thus, care issues geared to meet the needs of the human being in psychological distress in the general hospital to be built require spaces for reflection, education and training for professionals.¹⁻²

All patients have the right to receive care that meets their health needs and should be treated with humanity and respect that they are guaranteed by law in our country. However, there are difficulties in effecting these assumptions when it comes to patients with symptoms of psychological distress due to the prejudice that arises from the stigmatization of 'madness' as quoted by subject A.10, A.7 and T.5.¹³⁻¹⁴

The Act represents 10.216/2001¹⁵ Brazilian legislation aimed at protecting the rights of the person in mental distress and aims to make use of special measures to protect the rights of these citizens, ensuring their social inclusion and avoiding discriminatory attitudes. On the other hand, no such law has the means to reach and intervene in stigmatization. That's because the stigma is a characteristic of the human being - it is invasive, subtle and difficult to combat - as it relates to cognitive and behavioral components, resulting from preconceived ideas and fear of the unknown, and may also be strengthened by cultural factors and value judgment.¹³⁻⁴

The stigmatization of people with mental disorder, when consented by nursing professionals, can cause negative attitudes and interfere with care. Eg, prejudice voiced by the idea that the person is an alcoholic for life option, stereotyping, discriminatory actions, differing opinions of nurses on the care needs of the patient, as well as the unwillingness to approach it and carry out a survey of its problems, which leads to poor quality of treatment and care provided. The

de-stigmatization may result in marginalization and exclusion of the patient care process, neglect of care, and barriers to communication, by imposing scheme of values and influence of unconscious mechanisms that interfere with the interaction and communication environment.^{6,13}

The subjects A.10, A.7 and T.5, to cite that there is tendency to martyr the patient to stop treating him badly and leaving it aside, demonstrated the influence of prejudice concerning the patient with mental care developed nursing him. From this perspective, when there is prejudice in the care of a person or a group because of the stigmatization present in the attitudes of the professional, he should be the target of specific actions to raise awareness in order to decrease or extinction of this behavior. Among them introduce measures to raise awareness of staff regarding the care of patients with mental disorders, providing theoretical knowledge and support professional practice, establish and support the accountability of nursing professionals on the care provided.¹³

The environment in which care occurs must represent a therapeutic space, quality and the patient feels accepted, and these factors are important for humanization. Thus, it is justified concern of subjects relating to quality of care to the suitability of the environment. They demonstrated that they are aware that the way to take care of patients with mental disorders has been inadequate and precarious. When the environment presents difficulties to provide care, there may be negative interferences that inhibit recognize the subjectivity of the patient.¹⁶

The work of the nursing staff in emergency services and emergency occurs in a complex environment due to technological and scientific development. However, the physical structure and adequacy of material and human resources do not follow this evolution leading, and difficulties in the work of the nursing staff, feelings of helplessness, frustration and distress, as demonstrated in the speech of the subject E.3.^{4,16}

This scenario is present in most services Emergency and Emergency Care around the country. It is believed that the public policies that are emerging in recent years have established strategies for changes in the physical environment and fitness. Thus, the desired adjustments in the physical structure of the emergency services and emergency may take some time. However, already notice some changes as a result of the National

Humanization Policy, which seeks to guide and organize the emergency services to serve the population.¹⁷

To understand the placement of the subjects about keeping the patient with mental institutions, we have to think about important issues: the first refers to the history of the hospital, the madness and the emergence of psychiatric institutions. Then, we can mention the concepts of segregation that still remain in the society, as well as the novelty of the structure of the alternative services recommended by the Psychiatric Reform.² Thus, one realizes that there is resistance from nurses to accept and adhere to the new context of mental health care, especially with the advent of psychiatric reform, with the reduction of beds in psychiatric hospitals and in compliance with the substitute network, having on the inclusion of the patient in society.

CONCLUSION

Public policies in the area of mental health are improved, so that gradually the psychiatric beds are reduced, expanded and strengthened the network substitutionary psychiatric hospital, including general hospital.

Therefore, such policies must prioritize the creation and maintenance of training programs for human resources in order to develop quality actions in mental health with the prerogatives of the psychosocial model.

The continuing education programs are valid alternatives in search of theoretical and practical knowledge to the nursing staff in order to provide quality care and therefore job satisfaction. It is necessary that professionals require the institution in which they work to support professional development and improvement in the specific area of expertise. Therefore, teachers, researchers and professionals with knowledge in the field of mental health have a responsibility to stimulate reflection of nursing practice changes that provide care to patients with clinical and psychiatric comorbidity.

One must also combat any act of stigmatization, prejudice or discrimination against patients with mental disorders. Promote and encourage research to identify ways to intervene to reduce a lasting forms of stigmatization and discrimination of people with mental health institutions, know yourself and understand that the communication environment must avoid imposing values, explore and to clarify the mechanisms

unconscious or partially conscious, which can negatively influence the attitudes and understanding of nursing or patient in the instant communication environment of care.

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