THE SENSE OF NURSING CARE DURING PSYCHIATRIC INTERVENTION

ABSTRACT

Objective: to identify the meaning attributed to the main nursing care provided during psychiatric hospitalization, according to the opinion of patients and nursing professionals. Method: this is a field, exploratory-descriptive study with a quantitative approach. There were 27 patients, six nurses and ten nursing technicians interviewed from a projective technique with 13 nursing care pictures. The data were analyzed by the Content Analysis Technique in the Thematic Analysis modality. Results: the listening/presence are signs of reception and support. However, professionals are not always available to listen to patients. Patients believe that spiritual support favors their recovery and professionals forbid religious manifestations. Mechanical restraint is considered aggressive rather than therapeutic. On duty, notes and meetings guide nursing activities and communication among the multidisciplinary team. Conclusion: professionals and patients recognize the importance of nursing care, highlighting those who prioritize the humanization of care.

Descriptors: Nursing Care; Psychiatric Department Hospital; Psychiatric Nursing.

RESUMO

Objetivo: identificar o sentido atribuído aos principais cuidados de enfermagem, prestados durante internação psiquiátrica, segundo opinião de pacientes e profissionais da enfermagem. Método: estudo de campo, exploratório-descritivo, de abordagem quantitativa. Foram entrevistados 27 pacientes, seis enfermeiros e dez técnicos de enfermagem, a partir de técnica projeitiva com 13 fotos de cuidados de enfermagem. Os dados foram analisados pela Técnica de Análise de conteúdo na modalidade Análise temática. Resultados: a escuta/presença são sinais de acolhimento e apoio, contudo nem sempre os profissionais estão disponíveis para escutar os pacientes. Os pacientes acreditam que o suporte espiritual favorece sua recuperação e os profissionais proibem manifestações religiosas. A contenção mecânica é considerada agressiva e não terapêutica. Passagem de plantão, anotações e reuniões direcionam as atividades da enfermagem e a comunicação entre a equipe multidisciplinar. Conclusão: os profissionais e os pacientes reconhecem a importância dos cuidados de enfermagem com destaque para aqueles que priorizam a humanização da assistência. Descriptores: Cuidados de Enfermagem; Unidade Hospitalar de Psiquiatria; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: identificar el sentido atribuido a los principales cuidados de enfermería, prestados durante internación psiquiátrica, según opinión de pacientes y profesionales de la enfermería. Método: estudio de campo, exploratorio-descriptivo, de enfoque cuantitativo. Fueron entrevistados 27 pacientes, seis enfermeros y diez técnicos de enfermería a partir de técnica proyectiva con 13 fotos de cuidados de enfermería. Los datos fueron analizados por la Técnica de Análisis de contenido en la modalidad Análisis temática. Resultados: la escucha/presencia son señales de acogimiento y apoyo, sin embargo, no siempre los profesionales están disponibles para escuchar a los pacientes. Los pacientes creen que el soporte espiritual favorece su recuperación y los profesionales prohíben manifestaciones religiosas. La contención mecánica es considerada agresiva y no terapéutica. Pasaje de guardia, anotaciones y reuniones dirigen las actividades de la enfermería y la comunicación entre el equipo multidisciplinar. Conclusión: los profesionales y los pacientes reconocen la importancia de los cuidados de enfermería con destaque para aquellos que priorizan la humanización de la asistencia. Descriptores: Atención De Enfermería; Servicio De Psiquiatría En Hospital; Enfermería Psiquiátrica.
INTRODUCTION

As a practice without the appropriation of knowledge, nursing care has always been present throughout the history of humanity. Professional Nursing was born in the 19th century in the Crimean War when Florence Nightingale realized the need for a more dignified and humane care, backed by better-prepared nurses. Professional nursing, with its solid knowledge-based practice, arose from the need to alleviate the suffering of the human being. Therefore, it is a profession that carries the concepts of humanization in its very essence. 1-3

Florence was responsible for the creation of the first training school for nurses in 1860 in London. In Brazil, the history of nursing professionalization is intimately linked to care in psychiatry, since the first school for this professional category was instituted in 1890 as an attempt to fill the precarious care of the mentally ill of Hospice Pedro II, the first Brazilian psychiatric hospital. 4-5

The theories of Peplau (human-patient-nurse relationships), Maslow (basic human needs) and Horta (systematization of nursing care), coupled with the introduction of drug therapies and other somatic and psychological therapeutic procedures, to Freud’s contributions and its followers, to the movement of valorization of the human being in the work, in the school and in the health, as well as the beginning of the movements of prevention in the world medicine and valorization of the teamwork (beginning of the division of tasks in the health area) in the twentieth century, contributed to nursing assuming its professional identity, redefining its functions and the role of nurses in psychiatric services.

Thus, the nurses realized that their role could go beyond the function of surveillance and technical care, being able to also exercise the function of therapists, in all their acts of care. They began to defend the humanization of care and the person who needs it, prioritizing the patients, their feelings and interpersonal relationships at all levels of care. Nursing needed to deepen the theoretical knowledge about its activities, because being an active part of this process, it was inserted in the psychiatric knowledge field of the care plan. 5-9

Considering the change that the nursing role has undergone over the years and its importance in the context of assistance in psychiatry, it is fundamental that nurses understand the meaning of their care to the person with mental disorder and other mental health activities, positioning and contributing effectively as a member of the therapeutic team, improving their professional practice.

Based on what the scientific literature proposes and provides on this topic, a question was raised about what would be the meaning of the nursing care provided during psychiatric hospitalization, in the view of who offers and who receives such care. Therefore, this study aims to:

- Identify the meaning attributed to the main nursing care provided during psychiatric hospitalization, according to the opinion of patients and nursing professionals.

METHOD

This is a field, exploratory-descriptive study, conducted in a psychiatric ward of a general state public hospital, in the interior of the state of São Paulo (SP), Brazil. The ward has 18 beds and meets an annual demand of about 300 patients.

The sample consisted of all 27 patients with mental disorders hospitalized, with scheduled discharge from August to October 2011, as well as the six nurses and ten nursing assistants who worked there during the period of data collection and who accepted to participate in the study. Thus, exclusion criteria were: 1) for patients: under 18 years old; Mental retardation; Impossibility of verbal communication and refusals; 2) for professionals: refusals.

The researchers elaborated an instrument called “Ordering of photos about the different contexts of nursing care”, composed of 13 photos referring to different situations of nursing care: 1) administration of medication; 2) annotation; 3) bath; 4) team development (training); 5) social skills development (stimulus interaction); 6) mechanical containment; 7) support groups; 8) monitoring vital signs; 9) listening carefully; 10) shift on duty; 11) presence/being together; 12) multidisciplinary team meeting and 13) spiritual support.

One of the resources for the interviews is the indirect approach from photos. Through the projective technique, the studied phenomenon can be portrayed in a more reliable way, because in the indirect stimulus the subjects’ unconscious motivations, beliefs, feelings, and perceptions are projected.10-11

Projective techniques allow the creation of a transitional field12 favoring the contribution of the subject in a more free, spontaneous and personal way, since as the focus of the interaction is designed for the visual stimulus (in this case, for the photos), the subject has
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At the time of data collection, 84 patients were hospitalized, 57 of them were excluded: 12 (21.1%) refused to participate; 10 (17.5%) had difficulty of verbal communication; 15 (26.3%) were under 18 years old (8 - 16 years old); three (5.3%) had a diagnosis of mental retardation; 15 (26.3%) were discharged from hospital without prior planning; one was transferred to another hospital because of the aggressiveness, and one was a readmission.

Of the 27 patients who participated in the study, 66.7% were female with mean age of 41.9 years old (range of 25-51 years old); 44% finished high school; 33% are single, 44.4% are married, 14.8% are separated/divorced, and 7.4% are widowers. Most (55.6%) were Catholic, 25.9% evangelicals, 14.8% spiritists and 3.7% without religion; 77% are adept at religious practice.

The psychiatric diagnoses of the study participants were: schizophrenia (44.4%); Personality disorder with emotional instability: borderline (18.5%); Bipolar affective disorder (11.1%); Depressive disorder (11.1%); Histronic personality disorder (11.1%) and schizoaffective disorder (3.7%). Thirty-seven percent were diagnosed less than five years ago, and 44% had never been admitted to a psychiatric ward.

Thematic analysis

Based on the results when ordering the figures and the speeches of the subjects, two categories were identified: 1) direct care and 2) indirect care. The subjects are presented at the end of their speech with the letter corresponding to their identification (patient “P,” “N” nurse and “A” nursing assistant) followed by the number received in the interviews.

Direct Care

For four nursing assistants (40%) and six patients (22%), listening carefully is the most important care. They recognize it in the presence and in the hearing the sense of reception, security, and support at the time of the worsening of psychiatric symptoms. However, patients do not always feel the professionals available to listen.

The presence is the most important because the patient is symptomatic. It is important to have someone to show that this is a phase. (A6)

[Listening] is what everyone needs. It is important; I missed someone talking to me, instead of sitting there in the health unit. (P3)

Only one nurse identifies the presence/being together as the most important nursing care. He recognizes the...
importance of welcoming and respecting the patient’s silence. It also recognizes that the attentive listening of the professional is a process that takes place from the conquest of trust, meeting the ideas of a patient.

The presence is the most important because sometimes the patient is not willing to say. Something is always divided even if nothing is said. Being on the side means that you are interested. Once you have achieved being together, the patient begins to say something. Then we have to listen to everything he says, regardless of whether it is important for you to write down or not. (N2)

We with psychiatric problems do not trust professionals right away. We need some time to create the link. (P20)

Two professionals (12.5%) recognize the importance of listening for identifying patient needs and for directing care. [From listening carefully we can identify which patients need special attention at that time. (N5)

Listening attentively is important because it is from there that you will take what the patient is feeling, his fears. You will know how to help the patient. (A1)

For ten patients (37%), the most important care during hospitalization is spiritual support. They explain the importance in their recovery and how they perceive the positioning of professionals in the face of this need.

Having faith gives me inner strength so I can react to illness. Nursing cannot talk [about spirituality], they do not accept. (P16)

The psychiatrist says that prayer improves because it takes the focus away from the disease, you distract from something else. It is his clinical explanation. I think the two [faith and psychiatry] should walk side by side and not be enemies. (P22)

For nursing professionals, spiritual support represents a challenge in psychiatric hospitalization due to lack of preparation to address this aspect, confusion with psychiatric symptoms and conflict with their beliefs. According to 4 nursing assistants (40%) and a nurse, spiritual support is the least important care.

Spiritual support is not done. We are not prepared for it. Also, we bring our dogmas; I think this makes it difficult. (N2)

When is a delusion and when can you give a [spiritual] support? Mrs. L. entered the bathroom to sanctify the bathroom. You see it is a delusion. Mrs. G. is evangelical; she needs to read the Bible. This is not a delusion; it is keeping what she practices out there. The team has to be prepared to distinguish what is delirium and what is routine. (N5)

It is part of the rules that they cannot have Bible, these things. You cut: “Do you want to pray? You pray to yourself.” I am for it. (A5)

An evangelical man has interned. I went to take a bath in him, he got annoyed and started to ask God. I said the following: “When you want to pray, pray low because the doctor will think you are bad, the nurse will not like it.” The only thing he was clinging to at that moment was his prayer. I did not dare tell him not to pray anymore. It is very aggressive; it is taken very abruptly. (A9)

Six patients (20%) perceive the prohibition of using religious objects as aggressive and disrespectful.

Yesterday we were reading the Bible and a [nursing professional] forbade it. He could not have said that. She intimidated. (P4)

Yesterday, I discovered that here you could not have a Bible. Look here! [Patient shows her hidden bible] Why cannot I read the bible? Why do they take it when I need it most? (P13)

Two nursing assistants (20%) consider medication administration the most important care. They attribute medication to patient improvement at the time of the psychiatric outbreak and believe it to be an endorsement of other care activities. Three patients (11%) agree with the professionals but reported the delay in correct medication and dosage, as well as the annoyance of the side effects.

First, the medication comes because, without it, you cannot do anything else. At the time of crisis, the most important are medication. (A6)

Without the medication, the patient does not react. First, they take us to try: they give medicine until they get it right. (P3)

It is important, but I will not put there first. I Do not! I am not silly! It makes me high a lot; It leave us kind of beast. (P15)
Although medication is an essential procedure in psychiatric hospitalization, two nurses (33.3%) believe that it can be avoided through dialogue.

Most here, if you can talk and leave the patient more relaxed, they do not need to take the medication. (N3)

Supervision of medication administration was highlighted by a nurse. One patient reported his concern about its correct administration.

I monitor [the administration] to avoid mistakes. We know the severity. I follow up because the patient’s improvement is here. (N5)

As far as possible, [the medication] should be administered with the minimum of time error because it would be okay to end the effect of one drug until the effect of the other drug begins. (P13)

No nursing professional has indicated vital signs checking as the most important care. Only one nursing assistant and one nurse were shown to be aware of the interference of psychiatric medications in vital signs.

It is important to check vital signs because it is common to identify changes. If the patient is tachycardic or arrhythmic, I send him to the doctor. He is tachycardic, is not it the medication? (A6)

Monitoring vital signs is important because of the drugs patients take. (E5)

One patient highlighted the vital signs check as the most important care. For patients, checking vital signs is a precaution for organic changes.

Sometimes the psychiatric patient is hyper-nervous, his pressure increases and he is at risk of having a stroke. It is necessary to have control. (P13)

It is very important because they [professionals] have the patient’s lives on their hands. (P16)

Mechanical restraint was mentioned as the least important nursing care by three nurses (50%), 15 patients (55.6%) and one assistant (10%). Professionals identify it as an aggressive procedure that should be used as a last resource.

It is the last resource because most of the time it is not therapeutic. (N1)

It has to happen after the dialogue. You talked, the patient accepts no limits, he is endangering his life and other people, then you have to tie him and medicate for his protection. (A8)

Four patients (15%) see the mechanical restraint as punishment, aggression, and revenge of the professional.

It is such a sad punishment! It is very aggressive! (P9)

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It is awful! I felt like Jesus Christ on the cross. (P18)

It is a form of aggression and inhibition. You do not need this whole tiding thing. I am terrified of being tied! You feel different, rubbish, a bug. (P20)

I think it is bad when the professional is angry: “Now I am going to take revenge! Now I will contain you!” (P24)

Five professionals (31%) put themselves in the patients’ shoes when talking about mechanical restraint, revealing that in practice it occurs more frequently and lasts longer than necessary. Professionals and patients report that the correct technique is not always used.

We did not want to be tied up, right? Stay in bed three, four hours with arms and legs straight. It must be horrible. [In practice] it ends up being used more [than necessary]. It is more used than dialogue. (A8)

They have patients who get tied up a whole shift; I do not think it is necessary. (A9)

You have the right way to do it. You have to do the right knots because then they make that force and do not harm. Here he does not wear protection; he has a lot of patience with the injured armpits because of it. (A6)

A nursing assistant commented that mechanical restraint affects the patient emotionally, emphasizing the importance of it being accompanied by medication.

I get on the residents’ foot: You have to medicate! When the patient is aggressive, if he does not medicate, there is no point in containing him. You will be much more aggressive emotionally. It has to happen together, the medication and the containment. (A8)

Five patients (18%) said they feel anxious and afraid to see other patients being restrained. They report that nursing professionals do not reassure them when these episodes occur.

I was afraid the woman [patient in outbreak] would advance on me. I went to the bed. They only sent them out under the bed [she was not reassured about the outbreak and the procedures performed]. (P1)

These days a boy broke the bed. There were about six people trying to contain the situation and they could not. I got scared. I did not sleep right, nor did the medication I was taking resolved. No one talked to me; sometimes they could have explained to us why that happened. If I had explained, it would have helped calm me down. (P7)

I feel anxious at times because you have to tie up someone who is more agitated. (P13)

A nurse and an assistant reported the difficulty with the older professionals who
have the containment as one of the first options.

I try to put things softer. I think the contention is the last thing and they [older professionals] do not: “Oh, let’s contain! Let’s stop!” Not so, let’s talk. It is cultural; it is complicated by that. (N6)

Some employees have no need. They could circumvent the situation in another way, but they think the restraint is the best at that moment because the patient is giving a lot of work. (A9)

Although nursing professionals did not choose the development of social skills as one of the most important care actions during hospitalization, four (25%) recognize their importance in strengthening the professional-patient relationship, in improving patient evolution, and helping in returning to society.

We can work out the patients’ answers about how we can be together if we can stop and do, if we have patience. We put ourselves on an equal footing because we also put ourselves doing it. They feel that we are close. It does not have a hierarchy relationship. (N2)

It encourages the patient to create things and to discover that he can do a lot of things that he did not think were. (N3)

Patients agree with nursing professionals about the discovery of skills from social skills development activities and believe that they can help with the preparation of discharge, but 6 of them (22%) perceive that the proposed activities do not agree with their needs.

I found it interesting because I had never done it, I did not think I had the ability to do it. It was very good! (P2)

It is more important when we are going to go high because it decreases our anxiety, it prepares us to leave. (P9)

It does not matter to me. Just do silly things. Painting, these things, I have no interest. I find these things too silly for me. (P14)

Two professionals (12%) recognize the support groups as space for the exchange of experiences, support, exchange of information and interaction.

Ah, one passes experience for the other! Sometimes one is better, the other is worse, and I think they talking to one another gives strength to the other. Nothing better than a person who is going through the same as you. (A1)

They are important because of the information that we can get through, get into these groups. It is important because of the interaction of the patients with the team and among the patients themselves. (N6)

♦ Indirect Care

Among the indirect care, the most important care by three nurses (50%) was the shift the duty. They value it because they believe that it directs care and approach with each patient.

You have to know what happened to the patient before you arrived. Depending on what happened, the way you approach it will be different. (N3)

The shift on duty gives a view of unity. It is the first tip. (N5)

The professionals and the patients believe that the shift in the care guarantees continuity of care. Even with shift shifts, communication between teams can prevent intercurrences.

The shift on duty has to be well spent because sometimes something happens in the morning and if it is not well spent in the afternoon, it can happen worse. (A1)

It is of great importance because they forget to give you important information about the patient there, maybe tomorrow her picture will be much worse. (P13)

Although the nursing record was not indicated by any subject as the most important care, it was recognized its role in the legalization of care, as a parameter to evaluate the evolution of the patient and to be a vehicle of communication between all the multidisciplinary team, through which the nursing position. For patients, it represents a great responsibility and helps in the intervention of other professionals.

Annotation is a defense of the people. (A3)

It gives a parameter for the doctor to know how is the evolution of the patients. We are on bedside our annotation needs to be valued! (N5)

It is a fatal hour of the nursing professional because a wrong letter from him is a misnomer in our lives. It is a responsibility. (P3)

Twenty percent of nursing assistants do not value the notes.

I think it has to be more word of mouth. If you put everything on paper, there is a paper for it! (A6)

It makes no sense for you to be observing all day and not jotting down what you saw. I see a lot of annotation like this: patient in the room. In the living room doing what? It is very vague; it is even strange to read, it seems that the person wrote down by noting. (A9)

Dois enfermeiros (33,3%) e 3 auxiliares (30%) acreditam que o desenvolvimento da equipe (capacitação) seja o mais importante. Para eles, a capacitação é um meio de discutir o que pode ser melhorado no cuidado.
Two nurses (33.3%) and three auxiliaries (30%) believe that the development of the team (training) is the most important. For them, empowerment is a way of discussing what can be improved in care.

[Empowerment] stimulates, especially after some time you’re in here. It is chaos: Oh, come back a little! You are leaving something aside. It is the basis of everything. (A9)

Team development permeates all other [care actions]. Once the team has established care, it can stop, reflect, and see if it can go back and do something [different]. (E2)

For two patients (7.4%), team qualification is the most important care, as it reflects the attitudes present in care.

The more they study, the more they learn. It reflects on us. (P19)

The study [training] of the team I noticed by the way they talk, explain things. They are aware of what they are talking about. (P2)

The multidisciplinary meetings were highlighted as the main care for two patients (7.4%). The communication between the team can be facilitated by the occurrence of these meetings, in which there is room for dialogue and sharing of ideas, aiming at a greater goal that is the recovery of patients. For patients, multidisciplinary meetings are important because of the decisions they make and the feedback they get.

The team is placed in the same situation, in the same improvement, considering the single goal of improvement of the patient. (N2)

It is between them, but it interferes with me. (P12)

Besides to contributing to the research, the reports presented led nursing professionals to reflect on their professional practice and patients about the care received.

**DISCUSSION**

The reports of patients with mental disorders hospitalized in a general hospital psychiatric unit and their nursing professionals from the 13 photos related to the care actions performed by psychiatric nursing revealed two thematic categories: direct and indirect care.

It is assumed that the use of the projective technique through the 13 photos favored obtaining the best reports since the interpretation of the lived reality is influenced by the excess of sensoriality of the mind (memory, fear, anxiety, among others). When there is exacerbation of sensoriality, reality cannot be seen in the way it is, in its deepest sense, being restricted to superficiality, to pre-established patterns, without being open to the new or to what still may arise.15

The major challenge for the understanding of reality in its deepest sense is the mental transformation with overcoming the excess of sensoriality when the subject’s perception of a certain reality is enlarged, and its meaning can be apprehended in a deep and genuine way. 15

Among direct care, the administration of medication, valued by nurses as well as by the assistants and patients stands out. The professionals see it as one of the bases of nursing care since it favors the recovery of the patient, favoring even that other care actions are performed. The patients admit their importance to attenuation of the symptoms but remember the difficulties arising from the side effects. A Brazilian study shows that drug administration is the most important care for psychiatric patients.16

A study of 15 patients with mental disorders from a mental health outpatient clinic in Rio Grande do Sul showed that patients consider psychiatric drugs as essential, attributing to them an improvement in psychiatric symptoms. They continue to use medication despite the unpleasant side effects.17

Nurses in this study reported that in some situations medication could be avoided through dialogue, reflecting the culture of humanization present in current mental health services. In this sense, listening attentively and the presence/being together were valued by both patients and professionals. They attach to these actions the sense of acceptance, security, and support.

Similarly, the study carried out in Rio Grande do Sul revealed that people with mental disorders perceive listening as part of their care, and can alleviate feelings of anxiety and anxiety.17

Although the 27 hospitalized patients value the therapeutic aspect of listening, they report that nursing professionals are not always available. This problem is not confined to nursing. The psychiatrist Birman14 says that clinicians first prescribe psychiatric drugs as essential, attributing to them an improvement in psychiatric symptoms. They continue to use medication despite the unpleasant side effects.17

The fact that verification of vital signs was not valued by the nursing team of this study also awakens the attention. A review article in the literature makes it clear that second generation antipsychotics are commonly accompanied by the following cardiovascular effects: arrhythmia; Orthostatic hypotension;
hypertension; Myocarditis and tachycardia. The importance of periodic monitoring of blood pressure, heart rate and respiratory rate, as well as the presence of edema in the upper and lower limbs, should be highlighted.19

Only a nurse and an assistant recognize that psychiatric medications interfere with vital signs, showing the unpreparedness to work in a specialty that requires specific expertise.

Although a third of nursing professionals argue for the importance of staff development (training) so that care can be improved, lack of appreciation of vital signs monitoring suggests that skills are not being performed in this ward or are Superficial, since the verification of the vital signs is a primordial knowledge to aid psychiatric patients.

Spiritual support was the most controversial care, and the reports evidenced different opinions. Patients believe that spiritual support is important for their recovery, understanding this support as permitting activities related to customs and personal beliefs. Although some nursing professionals see this action as meeting the needs of the patient, they do not feel prepared to allow this matter to be introduced into the ward, even though their actions may simply allow the person to read his or her Bible, Receive the visit of a priest/pastor or some representative of their religion. Professionals have reported difficulty in distinguishing what is part of the patient’s spirituality and what are mystical delusions.

Different opinions were also found in a study of 45 psychiatrists in Canada. While 91% think it is important to offer spiritual support to the psychiatric patient, 80% fear that spiritual beliefs may aggravate the mental disorder.20

A qualitative study with 36 people with schizophrenia and 36 relatives revealed that some patients, due to religious radicalism, failed to make the recommended and necessary medical treatments, believing in promises of miracle cures.21

A UK survey investigated the perception of 4054 nurses on spiritual support. It was found that although 83% of the subjects consider the fundamental spiritual support in nursing care, 79.3% believe that nurses are not prepared during their training to address this issue.22

The lack of preparation of the professionals can be understood from the scarcity of the subject in the didactic materials. Among 543 nursing books analyzed in a survey, 76% did not mention the approach to spirituality in nursing care.23

The prohibition of religious objects during psychiatric hospitalization is viewed by those with mental disorders as an aggressive attitude. Given the need for many psychiatric patients to receive spiritual support during hospitalization, it is believed that this approach should be preceded by balancing the following bioethical principles: autonomy (patient’s right to decide what is best for oneself), beneficence of the benefits that religious practice can bring to the patient) and not maleficence (in view of the identification of risk of aggravation of psychotic symptoms due to the spiritual approach, it is advisable to postpone spiritual support).24

Although they admit that at times religious practice may aggravate the psychotic symptoms of psychiatric patients, the authors emphasize the importance of resuming the patient’s autonomy (right of the decision) when his mental state is stabilized.24 In the study with Canadian psychiatrists, it is emphasized that Spirituality can have positive or negative effects, showing the need to assess each case individually.20 Given the above, it can be thought that the prohibition of religious objects in the psychiatric ward hurts patients’ autonomy and beneficence as they do not respect their decisions, the needs of each patient and the benefits that this practice can bring to them.

Regarding mechanical containment, nursing professionals and patients do not consider it care. Patients perceive it as punishment, aggression, and revenge. An integrative review of the scientific literature, based on 12 qualitative studies, found that there were few positive experiences with mechanical restraint, and different psychological impacts were identified in the patients: anguish; embarrassment; demoralization; humiliation; fear and anger.25

The literature review also identified that mechanical restraint revives patients’ past traumatic experiences as sexual abuse as a child, rape, and captivity at war.

A recent study of 39 nurses from three psychiatric units in Australia found that although professionals do not feel comfortable with mechanical restraint and believe it will sacrifice the therapeutic relationship, they do not agree that this practice is eliminated from care. They fear that with their elimination, professionals may be beaten and give up their profession.26

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Although nursing professionals in this study believe that restraint should be used as a last resort, they admit it to occur more frequently and longer than necessary and that often the correct technique is not used. This was certainly reflected in the report of patient dissatisfaction, revealing that in the present psychiatric ward the mechanical containment is not therapeutic. The inadvertent use of restraint hurts the mental disorder patient's right to "be treated in a therapeutic environment by the least invasive means."27 The author emphasizes the need for training of the nursing team so that restraint can be used only when necessary and not as a way of inhibiting patients' behavior.25

One of the complaints of a nurse relates to the difficulty of limiting the use of restraints since the oldest nursing assistants have it as the first intervention in the episodes of aggression because of the cultural heritage of the old psychiatric institutions. Differently, the study with Australian nurses showed that the presence of more experienced professionals favors the reduction of the use of mechanical restraints.26

In the Australian study, it was suggested that the provision of a quiet environment free of excessive noises and turmoil favors the reduction of the need for restraints, since patients are removed from the factors that stimulate the exacerbation of aggressiveness.26 This refers to the statements of some patients who report feeling anxious when they see other patients being restrained and who do not receive emotional support during these episodes. Failure to approach the other patients during the restraints culminates in a vicious cycle, and these patients may also become aggressive due to environmental stimuli and present a need for containment. Thus, care must be given not only to the patient being restrained but to all who witness the situation.

The development of social skills is considered important to strengthen the professional-patient bond, the discovery of capacity and preparation for the return to society. A study conducted with ten mental disorder patients from a Psychosocial Care Center in the interior of São Paulo revealed that they feel satisfied with the proposed recreation activities since they feel pleasure and tranquility.28

Some people with mental disorders in the present study complain that social skills stimulation activities do not appeal to them. This suggests that the proposed activities are standardized or interesting only from the proposer, not respecting the individual needs of the patients. It should be considered that patients hospitalized in general hospital psychiatric ward are usually patients in the first outbreak, with many of their social skills preserved. Offering a painting activity to a person who can perform more complex activities in their social environment (study, work) can make the person feel inferior or infantilized.

Among the indirect care, the most important are nursing care, indicated as the most important nursing care by half the nurses. Both nursing professionals and patients believe that it guarantees continuity of care and indicates the approach that will be required for each patient. The opinion of the subjects agrees with the position of the Federal Nursing Council on the subject, which clarifies that the shift in care is paramount for the organization of care and its continuity, guaranteeing the quality of care.29

Nursing notes and multidisciplinary meetings are valued by professionals and patients for facilitating communication among the multidisciplinary team. In this sense, the role of nurses and assistants who obtain information from the patient and pass it on to the team stands out. The Federal Nursing Council emphasizes that nursing notes assist in planning care and ensure its continuity, as well as being a legal endorsement for professionals.30

Knowledge of the meaning of nursing care for patients and professionals can improve care based on the reflection of their practices.

Limitations of the study: sample with reduced number of subjects in a single psychiatric ward.

CONCLUSION

Both professionals and patients value listening and presence as a sign of reception, security, and support. They also value the strengthening of the bond and the recovery of psychiatric symptoms from activities aimed at the development of social skills. However, a divergence has been identified between what is said and what happens in practice, since patients admit that nursing professionals are not always available to listen to them.

Spiritual support is the care that most divides opinions. While patients advocate it because they believe it favors their recovery, nursing professionals prohibit any manifestation because of the lack of preparation to distinguish the patients' spiritual needs from mystical delusions and conflict with their beliefs.
The valorization of the humanization of care was present in the reports of the professionals that indicate that in some situations it is possible to avoid the medication intervention, based on the dialogue with the patient.

Both professionals and patients allege that mechanical restraint is an aggressive and non-therapeutic way of controlling the behavior of patients in the outbreak.

Indirect care such as day care, nursing records, and meetings were recognized for their role in directing nursing activities, ensuring continuity, communication between the multidisciplinary team and quality of care.

REFERENCES


The sense of nursing care during psychiatric...
Oliveira RM de, Siqueira Junior AC, Furegato ARF.

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