

INTEGRATIVE LITERATURE REVIEW ARTICLE

NURSE'S PERFORMANCE IN CARING FOR USERS WITH PSYCHIC SUFFERING ATUAÇÃO DO ENFERMEIRO NO ATENDIMENTO AOS USUÁRIOS COM SOFRIMENTO PSÍQUICO RENDIMIENTO DEL ENFERMERO EN EL CUIDADO DE USUARIOS CON SUFRIMIENTO PSÍQUICO

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ABSTRACT

Objective: to analyze the scientific evidence regarding the nurse's role in the care of users with psychological distress. **Method:** this is a bibliographic study, integrative literature review, in the LILACS and BDEF databases and in the SciELO Virtual Library. Complete Brazilian scientific articles, published in Portuguese, published between 2000 and 2017 were selected. The results were analyzed descriptively. **Results:** nine articles were chosen to study, which dealt with the role of nurses in the care of users in psychological distress, the majority (n = 4), are exploratory and descriptive research. In addition, 2006 was the year with the highest number of publications (n = 3). Two categories were listed for discussion: "Teaching Psychiatric Nursing undergraduate Nursing" and "Nursing Assistance to the Mentally Ill". **Conclusion:** there was a need to review the process of training of nurses in order to enable them to assist the person in psychological distress according to what is proposed by the Psychiatric Reform. **Descriptors:** Nurses; Nursing Care; Mental Health; Mentally Disabled Persons; Psychiatry; Health Human Resource Training.

RESUMO

Objetivo: analisar as evidências científicas quanto à atuação do enfermeiro no atendimento aos usuários com sofrimento psíquico. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa da literatura, nas bases de dados LILACS e BDEF e na Biblioteca Virtual SciELO. Selecionaram-se artigos científicos brasileiros completos, em português, publicados entre 2000 e 2017. Analisaram-se os resultados de forma descritiva. **Resultados:** escolheram-se nove artigos para estudo, que trataram da atuação do enfermeiro no atendimento a usuários em sofrimento psíquico, sendo a maioria (n=4), são pesquisas exploratórias e descritivas. Acrescenta-se que o ano de 2006 foi o que obteve o maior número de publicações (n=3). Elencaram-se duas categorias para discussão: "O ensino da disciplina Enfermagem Psiquiátrica na graduação em Enfermagem" e "Assistência do enfermeiro ao doente mental". **Conclusão:** percebeu-se a necessidade de rever o processo de formação do enfermeiro de forma a capacitá-lo para a assistência à pessoa em sofrimento psíquico de acordo com o que é proposto pela Reforma Psiquiátrica. **Descritores:** Enfermeiro; Cuidados de Enfermagem; Saúde Mental; Pessoas com Deficiência Mental; Psiquiatria; Formação Profissional em Saúde.

RESUMEN

Objetivo: analizar la evidencia científica sobre el papel del enfermero en ayudar a los usuarios con trastornos psíquicos. **Método:** este es un estudio bibliográfico, revisión integradora de literatura, en las bases de datos LILACS y BDEF y en la Biblioteca Virtual SciELO. Seleccionamos artículos científicos brasileños completos, publicados en portugués, publicados entre 2000 y 2017. Los resultados se analizaron descriptivamente. **Resultados:** se eligieron nueve artículos para estudiar, que trataron sobre el papel de las enfermeras en el cuidado de los usuarios con trastornos psicológicos, la mayoría (n = 4), son investigaciones exploratorias y descriptivas. Además, 2006 fue el año con el mayor número de publicaciones (n = 3). Se enumeraron dos categorías para el debate: "Enseñanza de la asignatura Enfermería Psiquiátrica en la graduación de Enfermería" y "Asistencia de Enfermería a los enfermos mentales". **Conclusión:** era necesario revisar el proceso de capacitación de los enfermeros para permitirles ayudar a la persona en sufrimiento psíquico de acuerdo con lo que propone la Reforma Psiquiátrica. **Descritores:** Enfermeras y Enfermeros; Atención de Enfermería; Salud Mental; Personas con Discapacidad Mental; Psiquiatria; Capacitación de Recursos Humanos en Salud.

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INTRODUCTION

It is known that the constitution of knowledge about the predominant madness in the classical period, which considered the perspective of contradiction to reason, subjugated the madman to social confinement. It is noted that the first hospices had asylum characteristics, that is, spaces of shelter, imprisonment and isolation that escaped the social order and, only in the nineteenth century, there is a scientific perception of mental illness, and then the medicalization of madness.¹

Mental illness is defined as unreason, attributing a sense of alienated subject, which influenced the denial of his human condition and the isolation of the person in psychological distress, determining the asylum model, which was widely observed in mental health care practices.²

It is pointed out that the beginning of the Psychiatric Reform process in Brazil is contemporary with the outbreak of the “health movement” in the 1970s, in favor of changing care and management models in health practices, defense of collective health, equity in supply of services and protagonism of workers and users of health services in the processes of management and production of care technologies.

It is added that, although contemporary of the Health Reform, the Brazilian Psychiatric Reform process has a history of its own and inscribed in an international context of change by overcoming asylum violence. It was founded at the end of the 1970s on the crisis of the care model centered on the psychiatric hospital, on the one hand, and on the outbreak, on the other, of the efforts of social movements for the rights of psychiatric patients, the process of the Brazilian Psychiatric Reform, which is bigger than the sanction of new laws and norms and bigger than the set of changes in government policies and health services.³

It is observed that the Psychiatric Reform is a complex political and social process, composed of actors, institutions and forces of different origins, and that affects different territories, federal, state and municipal governments, universities, the health services market, professional councils, associations of people with mental disorders and their families, social movements and the territories of the social imagination and public opinion. It is understood, understood as a set of transformations of practices, knowledge, cultural and social values, which is in the daily life of institutions, services and interpersonal relationships that the process of Psychiatric Reform advances, marked by impasses, tensions, conflicts and challenges.³

It is clear that mental illness remains obscure to the present day in medicine, that is, there is no cause that really explains this stigmatizing illness; However, the psychic illness is easily perceived, because, in general, they are presented by individuals who get sick behaviors outside those normally accepted by society. Thus, it has not been understood by the community as a disease of well-known cause, its definition by the cultural determination and values, and not only by biological factors, there is the paradigm of social exclusion that comes down to isolation of the patients who not accepted within the usual standards.⁴

It is considered the trajectory of changes in mental health care, guided by the Psychiatric Reform, experiencing a reorganization of services, establishing a substitute health network that proposes changes in the care provided to people in psychological distress to promote reintegration through the integrated functioning of various services at levels of attention and complexity allocated in the health system, with professionals qualified adequately to the new perspectives of Mental Health.⁵⁻⁶

This transition from the hospital-centric to the psychosocial paradigm is made possible by the construction of care and reception spaces, which take place through a dynamic process, comprising political, legal and normative guidelines, in a sequence of steps, such as the reduction of admissions to psychiatric hospitals for the provision of community services; dehospitalization; after the preparation of inpatients for long periods, the implementation of the Therapeutic Residential Service (TRS) and the Psychosocial Care Center; the expansion of psychiatric outpatient care; the creation of psychiatric beds in general hospitals and, finally, the creation and maintenance of a service network to treat these patients.⁷

Historically, the role of the psychiatric nurse has been defined as a surveillance and repression agent. Therefore, it is proposed to expand the skills to make changes in the scenarios of personal and social life, and Nursing seeks new references and also finds difficulties and challenges in recognizing its role in mental health care.⁸⁻⁹

It highlights the need for nurses to reflect on their practice and broaden their professional vision, transforming the daily activities of the asylum and clinical model to limit themselves to procedures such as medications, baths and dressings, seeking greater approximation and interaction with the subjects they care for.¹⁰

In this context, the importance of nurses within the multidisciplinary team in Mental Health is justified, where, today, it is necessary for nurses to have a therapeutic agent posture. Thus, it is

understood that the study assumes great relevance in the sense of improving and adapting nursing care to the mentally ill.

OBJECTIVE

- To analyze the scientific evidence regarding the nurse's role in assisting users with psychological distress.

METHOD

This is a bibliographic study, integrative literature review type. Six steps followed for this integrative review: elaboration of the guiding question; literature search; categorization of studies; evaluation of included studies; interpretation of results and presentation of integrative review.¹¹

The following databases were used: Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and Scientific Electronic Library Online Virtual Library (SciELO). The search was conducted between March and April 2017, using the following keywords: nurse, nursing care and mental health, using the Boolean operator and. These descriptors were initially consulted in the Health Health

Descriptors (DeCS) of the Virtual Health Library (VHL).

There are the following inclusion criteria used for this integrative review: complete scientific articles, available electronically in Portuguese, made in Brazil and answering the research question, published between 2000 and 2017. Articles were excluded from the research articles that were repeated and inconsistent with the theme in question.

Forty-five articles related to the topic were found. The abstracts and titles were read and analyzed after the publication of the publications, according to the inclusion and exclusion criteria established, selecting nine articles that met the established criteria and that made important contributions to the development of the study. The selected studies were fully recovered and analyzed in depth.

It represents the methodological treatment containing the simplified process of identification, filtering, eligibility and inclusion of articles, with their respective numbers, in figure 1.

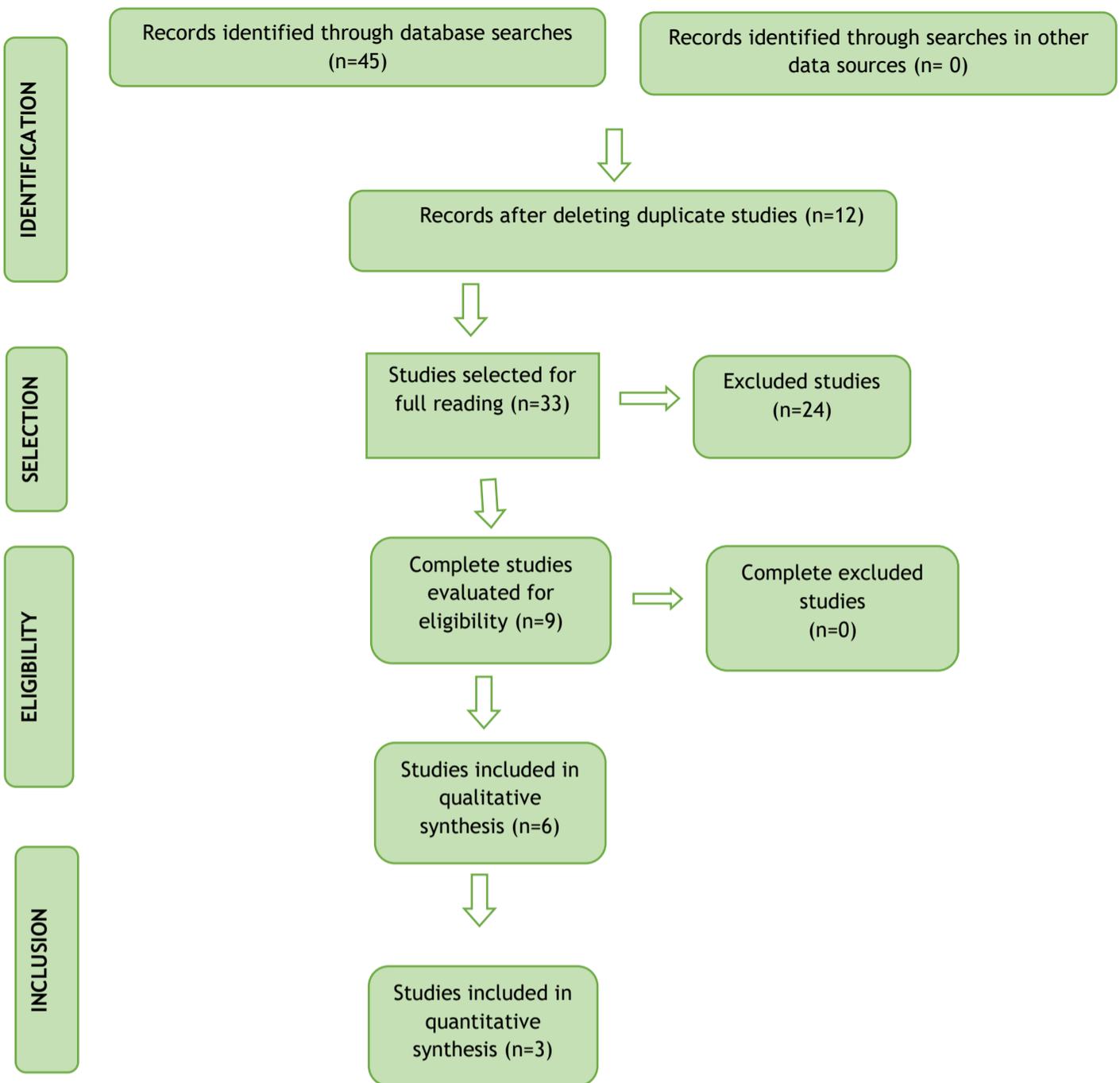


Figure 2. Flowchart of study selection according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Teresina (PI), Brazil, 2017.

RESULTS

Forty-five studies, related to the theme, were found through electronic search performed according to the descriptors. Of this total, 24 studies were excluded for not meeting the inclusion criteria and 12 for repetition. The sample of this study was configured after reading in full, with a total of nine articles. The studies were identified in chronological order, from E1 to E9, and Figure 2 summarizes the contents of these publications according to the year, article title, authors and journal title.

N. of the study	Year	Title of the article	Authors	Journal
E1	2013	Understanding the Nursing Staff in Schizophrenic Patient Care.	Lima, Garcia, Toledo. ⁶	RENE Journal
E2	2010	Social representation of nursing care in mental health: a qualitative study.	Macedo, Silveira, Eulálio, Fraga, Braga. ¹²	Online Brazilian Journal of Nursing
E3	2010	Mental health services and their relationship with nurse education.	Soares, Silveira, Reinaldo. ¹³	RENE Journal
E4	2009	Conceptions produced by Nursing agents about mental health work with psychotic subjects in a psychosocial care center.	Kirschbaum. ⁸	Latin American Journal of Nursing
E5	2009	Physical containment in a psychiatric hospital and nursing practice.	Paes, Borba, Brusamarello, Guimarães, Maftum. ¹⁴	UERJ Journal of Nursing
E6	2006	Nursing care in new mental health services.	Cavalcante, Guedes, Moreira, Guedes, Araújo. ¹⁵	Online Brazilian Journal of Nursing
E7	2006	Nursing transpersonal care at home for mentally ill patients and their families.	Fonseca, Lacerda, Maftum. ¹⁶	Cogitare Nursing
E8	2006	The nurse in the new mental health care devices.	Monteiro. ¹⁷	Anna Nery School
E9	2000	The nursing work process in a psychiatric inpatient unit.	Francischetti; Kirschbaum. ⁹	Mineira Journal of Nursing

Key: E - Study.

Figure 2. Distribution of selected articles by year, article title, authors and journal title. Teresina (PI), Brazil, 2017.

It was observed that the selected articles were published between 2000 and 2017, and one was published in 2000 (E9); three in 2006 (E6, E7, E8); two in 2009 (E4, E5); two in 2010 (E2, E3) and one in 2013 (E1).

The data show that there is little research on the subject, which contributes to nursing care for the mentally ill outside the context proposed by the Psychiatric Reform.

Regarding the methodology used for the production of these articles, four exploratory and descriptive researches with qualitative approach (E1, E4, E5, E9); two experience reports (E6, E8); two case studies (E7, E3) and one qualitative study (E2). Therefore, the selected articles were organized according to the title, type of methodology, objective and conclusion of the publications, according to Figure 3.

N of the study	Title	Methodology	Objective	Conclusion
E1	Understanding the Nursing Staff in Schizophrenic Patient Care.	Exploratory and descriptive study.	Understand the perception of the nursing team in the care of schizophrenic patients.	Professionals cannot organize their perceptions about the relationship with the patient due to the lack of theoretical support and method to establish it; is limited to a common sense interpretation.
E2	Social representation of nursing care in mental health: a qualitative study.	Qualitative study.	To understand the social representations of Mental Health Nursing Care elaborated by graduates of undergraduate nursing courses in Campina Grande, PB.	Nursing care in mental health is represented in the humanization of mental health care. This representation enables the change in the perception of the graduates from the theoretical-practical experiences.
E3	Mental health services and their relationship with nurse education.	Exploratory Approach Case Study.	To analyze the outpatient mental health services used as a field of practice for nursing students from the perspective of nurse education.	The internship fields used incite a formation focused on the contemplation of the principles of Psychiatric Reform.
E4	Conceptions produced by Nursing agents about mental health work with psychotic subjects in a psychosocial care center.	Exploratory and descriptive study with a qualitative approach.	To analyze the nursing workers' conceptions about the purpose, object and work tools used to develop care in a Psychosocial Care Center-III in Brazil.	Diversity in the way of conceiving the purposes and characteristics of the object linked to the knowledge that underlies the formation of each conception.
E5	Physical containment in a psychiatric hospital	Descriptive research through qualitative	Investigate how physical restraint occurs for the patient in a psychiatric	Nurses understand the technique of physical restraint as a therapeutic

	and nursing approach. practice.	hospital.	procedure in view of the risk of aggression. Communication and interpersonal relationships can help resolve the situation and prevent physical restraint.
E6	Nursing care in new health services.	Experience report.	To describe the activities developed by a group of Nursing students during practical teaching-learning with patients with mental illness in the therapeutic phase.
E7	Nursing transpersonal care at home to mentally ill patients and their families.	Case study.	Submit a proposal for transpersonal nursing care to mentally ill patients and their families.
E8	The nurse in the new mental health care devices.	Experience report.	Describe the difficulties of adaptation in fulfilling the new role of nurse in Psychiatric Day Hospital.
E9	The nursing work process in a psychiatric inpatient unit.	Qualitative, exploratory study.	To examine the characteristics that nursing work assumes in a psychiatric inpatient unit in a changing institution.

Source: Direct research (2017).

Figure 3. Characterization of the articles according to the article title, methodology type, objective and conclusions. Teresina, Piauí, Brazil, 2017.

DISCUSSION

Two analytical categories were constructed based on the objectives and conclusions of the selected articles: “Teaching Psychiatric Nursing undergraduate Nursing and “Nursing Assistance to the Mentally Ill”.

◆ The teaching of Psychiatric Nursing in undergraduate Nursing

It is known that educational institutions have been reformulating their curricula, seeking to contemplate Mental Health from a holistic perspective, based on the assumptions of the Psychiatric Reform and the National Mental Health Policy, which include social reintegration, dialogue, listening, reception, bond formation and interdisciplinarity.¹²

It is observed that the Mental Health services used as a field of practice assume an

unquestionable relevance in the education of nurses, since they allow students to ratify, counter and/or complement the theoretical foundations learned. It is conditioned, through various characteristics intrinsic to each Mental Health institution, the students' insertion profile, as well as the internalization of conceptions about care that, to a greater or lesser extent, will perpetuate in future academic and extra-academic experiences.¹³

It is noticed that Mental Health Nursing care is being contemplated by Higher Education Institutions, but at the same time, it is represented by the existence of a mismatch between theory and practice, evidenced during the curricular stages, which provide greater deepening in the area when added to extracurricular stages.¹²

In this context, there is a need for theory to be linked to practice, subsidizing, since the Psychosocial Care Network is wide in fields where nurses can act, primary health care, specialized psychosocial care, emergency care, transient residential care, hospital care and strategies for deinstitutionalization and psychosocial rehabilitation.

In a previous study, discourses of students from the last period of Nursing were analyzed, showing that nursing care is based on the principles of Psychiatric Reform, which include social inclusion, professional commitment, responsibility, dialogue and listening. This study also mentions humanization as a Mental Health Nursing care, thus inferring that the academic education of nurses seeks to implement comprehensive care for patients with mental disorders.¹²

Nursing, with the new proposals, goes from a punitive surveillance and control assistance to a work characterized by stimulating citizenship, building the autonomy of the patient, awareness and self-knowledge and reintegration of the individual into society.¹⁵ It is stated that nurses should be prepared to act in new models, focusing on extra-hospital services and psychosocial rehabilitation, from traditional to psychosocial, from technicians to meeting user needs, assuming new tasks such as: greater involvement with family members, adapting to changes arising from the current Mental Health policy in force in the country.¹⁷

However, it is observed that, in the practice of Mental Health Nursing, many nurses were unable to structure their work in the new services due to the coexistence with the limitations imposed by a training that moves between the biological-technical model and the search for a humanistic formation. Therefore, it is necessary to reverse the current situation of teaching and practice in the area of Mental Health.

For several reasons, a dichotomy is explained between the knowledge reproduced in schools and that practiced in the care of the mentally ill, which results in the formation of uncritical professionals who are politically inactive and disconnected from the new proposal of the Psychiatric Reform.

It is verified that it is necessary that Nursing students have the opportunity to practice the curricular practice also in substitutive services, subsidized by the teacher's posture, which seeks a critical-reflexive teaching directed to the ideals of the Psychiatric Reform.¹⁷

◆ Nurse's care for the mentally ill

It is known that nursing care for clients with mental disorders in Brazil has, over the years, been developing and seeking to meet the proposals arising from the Psychiatric Reform,

which requires, from health professionals, a practice contrary to that initiated with psychiatry characterized by isolation and punitive treatment for the physical and chemical containment of these clients.

It was focused, by assisting in the asylum model, in Psychiatric Nursing, the subject's disease, its signs and symptoms. Assistance, however, focuses on the new model proposed by the Psychiatric Reform for social reintegration, the development of subject autonomy, coexistence and communication with others, group participation and the development of pragmatism.¹⁷

Studies show that, during their training, nurses were directed to develop clear, predictable and defined technical actions. It is stated that in Mental Health, care is not based on objective or predictable interventions, since the relationship with the patient is dynamic and continuous. Professional assistance, initiative, creativity and different ways of assisting are required for this assistance. Thus, nursing care is constituted at the moment of interaction, aiming at generating growth, autonomy and development of those who are cared for, in order to improve the quality of life of this subject through the affective and social bond with the guarantee of the space of difference and acceptance.

Care is required in Mental Health, the nursing professional, differentiated view and allowing them to glimpse the human being in its entirety, contemplating its biological, psychosocial and spiritual dimensions. This becomes essential to perform qualified care, and Nursing is the professionalization of human capacity to perform care to other people, which requires, from the profession, the constant pursuit of knowledge, skills and attitude for the development of skills that are expected of them. Thus, their actions should be focused on the patient's needs in order to enable them to reach their best condition of well-being.¹⁴

All studies included in this review, highlight the way in which nurses develop mental health care, the action based on the nurse-patient therapeutic relationship.

It is observed that the nurse's functions are focused on promoting mental health, preventing mental illness, helping the patient to cope with the pressures of mental illness, and the ability to assist the patient, family and community by helping them to find the true meaning of mental illness. For nurses to perform their functions, perception and observation, to formulate valid interpretations, to delineate field of action with decision making, to plan assistance, to evaluate the conduct and the development of the process. These actions are part of the Nursing process and

should direct the interpersonal and therapeutic relationship.

It is essential that nurses are open to various possibilities, participate in discussions about the process of Psychiatric Reform, learn to dialogue with various discourses about madness, learn to think, know how to live with the objective and the subjective, with reason and passion, trying to multiply the questions and dislodge the comfortable limits of the unique truths already produced, and above all, critical and inventive to work with the person in mental distress.

Nursing professionals should, first of all, be seduced by their work to deconstruct representations about the client with psychic suffering, especially from the psychiatric paradigm, which has notions of danger and disability as defining axes of the ideas of madness and madness. It is necessary to have a definite project and, at the same time, to allow experimentation through the daily and permanent exercise of critical and self-critical reflection.¹⁸⁻²⁰

CONCLUSION

It is concluded that the scientific publications related to the nurse's performance in the care of users with psychological distress highlight the need to review the process of training of nurses, in order to enable them to assist the person in psychological distress, according to that is proposed by the Psychiatric Reform, and not by a formation that transits between the biological-technicist model.

It is understood that nurses should place the psychiatric patient as the center of their professional attention, considering the collective context, requiring the need to review concepts, methods and ways to deal with psychic suffering, making them agents of change for new habits and attitudes within this new context of action.

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