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NURSING CARE IMPLEMENTED IN PSYCHIATRIC HOSPITALIZATIONS

CUIDADO DE ENFERMAGEM IMPLEMENTADO EM INTERNAÇÕES PSIQUIÁTRICAS

CUIDADO DE ENFERMERÍA EN LA PRÁCTICA EN LAS HOSPITALIZACIONES PSIQUIÁTRICAS

Renata Marques de Oliveira[1], Antonio Carlos Siqueira Júnior[2], Antonia Regina Ferreira Furegato[3]

ABSTRACT

***Objective*:** identifying the nursing care during psychiatric hospitalization, from the perspective of those who care and those who are cared. ***Method*:** exploratory descriptive research, conducted in psychiatric ward of a public state hospital. Sixteen nursing professionals and twenty-seven patients were interviewed by means of specific questionnaires. Exclusion criteria: patients (children and adolescents, diagnosis of mental retardation, people unable to communicate and refusals), nursing staff (refusals and temporary professionals). This study received approval from the Institutional Review Board at Famema (Protocol Nº 500/11). Data were submitted to descriptive analysis. ***Results*:** the general difficulties in the nursing care are lack of professional preparation, centering the care on biomedical model, risk of suicide, mania phase of bipolar disorder, children hospitalization and risk of violence. Patients are more satisfied with the received care than the professionals. The perception of technical competence, followed by lovely attitudes, affection, tranquility and patience to listen to are associated with higher patient satisfaction. ***Conclusion*:** difficulties and limitations are recognized by nursing professionals and patients. ***Descriptors*:** psychiatry; nursing care; psychiatric department hospital; psychiatric nursing.

RESUMO

***Objetivo*:** identificar o cuidado de enfermagem da perspectiva de quem cuida e de quem é cuidado durante a internação psiquiátrica. ***Método*:** estudo exploratório descritivo, realizado na enfermaria psiquiátrica de hospital público estadual do interior paulista. Foram entrevistados 16 profissionais de enfermagem e 27 pacientes, por meio de questionários. Atenderam aos critérios de exclusão os pacientes (crianças e adolescentes, diagnóstico de retardo mental, pessoas impossibilitadas de se comunicarem e recusas), a equipe de enfermagem (recusas e profissionais temporários). Os dados foram submetidos à análise descritiva, após ter a aprovação do projeto de pesquisa pelo Comitê de Ética da Faculdade de Medicina de Marília (Famema), sob protocolo nº 500/11. ***Resultados*:** as dificuldades gerais no cuidado de enfermagem são falta de preparo dos profissionais, centralização de cuidado no modelo biomédico, risco de suicídio, fase maníaca do transtorno bipolar, internação de crianças e risco de violência. Os pacientes estão mais satisfeitos com o cuidado recebido do que os profissionais. A percepção da competência técnica, acompanhada de atitudes de carinho, afeto, tranquilidade e paciência para a escuta estão associadas à maior satisfação dos pacientes. ***Conclusão*:** dificuldades e limitações são reconhecidas pelos profissionais de enfermagem e pelos pacientes. ***Descritores*:** psiquiatria; cuidados de enfermagem; unidade hospitalar de psiquiatria; enfermagem psiquiátrica.

RESUMEN

***Objetivo*:** identificar el cuidado de la enfermería durante la hospitalización psiquiátrica, ante de la perspectiva de quien cuida y es cuidado. ***Método*:** estudio exploratorio descriptivo, realizado en la enfermería psiquiátrica de un hospital público del estado. Fueron entrevistados 16 profesionales de la enfermería y 27 pacientes, por medio de cuestionarios específicos. Criterios de exclusión: pacientes (niños y adolescentes, personas diagnosticadas con retraso mental, personas incapaces de comunicarse y negativas), equipo de enfermería (negativas y trabajadores temporales). Los datos fueron sometidos al análisis descriptivo. Este estudio fue aprobado por el Comité de Ética de la Facultad de Medicina de Marília (Famema), (Protocolo nº 500/11). ***Resultados*:** las dificultades generales en el cuidado de enfermería son la falta del preparo de los profesionales, centralización del cuidado en el modelo biomédico, riesgo de suicidios, la fase maníaca del trastorno bipolar, la hospitalización del niños y el riesgo de la violencia. Los pacientes son más satisfechos con la atención recibida de los profesionales. La percepción de la competencia técnica, acompañada de las actitudes de cariño, afecto, tranquilidad y paciencia para la escucha son asociados a la mayor satisfacción de los pacientes. ***Conclusión*:** dificultades e limitaciones son reconocidas por los profesionales de enfermería e los pacientes. ***Descriptores*:** psiquiatría; atención de enfermería; servicio de psiquiatría en hospital; enfermería psiquiátrica.

[1]Nurse. Student of the Psychiatric Nursing Program of the Nursing School of Ribeirão Preto (EERP / USP), Master level. Scholarship student of the National Council of Scientific and Technological Development (CNPq). Ribeirão Preto (SP), Brazil. E-mail: renatamarques@ymail.com; [2]Ph.D. in Psychiatric Nursing from the School of Nursing of Ribeirão Preto (EERP/USP). Lecturer of the Faculty of Medicine of Marilia (Famema). Marilia (SP), Brazil. E-mail: acsj@famema.br; [3]Senior Assistant Professor of the Department of Psychiatric Nursing and Human Sciences of the School of Nursing of Ribeirão Preto (EERP/USP). Ribeirão Preto (SP), Brazil. E-mail: furegato@eerp.usp.br

INTRODUCTION

From the transformation of conceptions of care arising from preventive medicine, questions of international and Brazilian psychiatric reform and health, and the mentally ill has received humane care with different options for their recovery and social reintegration. One of the current proposals for assistance to this population, indicated only when the extra-hospital resources are not sufficient, is a psychiatric hospitalization in general hospitals, part of tertiary mental health care that occurs in moments of intense suffering for the control of acute psychiatric symptoms (flare) to return the individual to society in a short period of time.[1-3]

In order to ensure the humane care and care within 24 hours daily, the participation of nurses in psychiatric hospitalizations in general hospitals is crucial, because from the intensive contact which maintains with the patients can help them to find a new meaning to the suffering and resources to deal with the experienced reality, and facilitate the process of social reintegration and greater patient participation in planning his therapeutic plan.[4,5]

However, it is recognized that there may be some limitations in care provided to psychiatric patients in an outbreak such as discomfort and emotional distress, because the main instrument of care is the proper professional. In addition to theoretical knowledge, scientific and technical nurses need to know their own feelings, limitations, control their emotions, reviewing many of their values and be open to engaging with patients and their stories filled with pain.[5-9]

Considering the importance of nursing care implemented in psychiatric hospitalization units, this study aims to answer the question: 1) How do nurses and patients perceive the care implemented during hospitalization?

OBJECTIVE

- Identify the nursing care from the perspective of caregivers and those who are cared during psychiatric hospitalization.

METHODOLOGY

Exploratory descriptive study, to describe, explains, reflects and understand different facets of the studied problem. It was held in the psychiatric unit of a state public hospital, in the countryside of São Paulo, a reference in secondary and tertiary levels to 62 municipalities, members of the XIV Regional Department of Health.

The psychiatric ward has the operational capacity for 18 beds with an average of occupancy of 15 patients per day, average hospital stay of 14 days and range of replacement beds about three days. Receive minors and adults with mental disorders in the acute phase, preferably in the first outbreak. Patients with chemical dependency are not interned without psychiatrical comorbidities.

The sample was composed of nurses and aides / nursing technicians, the three shifts, working in the psychiatric ward and patients with hospital discharge planning, admitted in a period of three months. For this reason, were considered exclusion criteria for patients: 1) children / adolescents (under 18 years old), 2) diagnosis of mental retardation, 3) people unable to communicate and 4) denial, and exclusion criteria for nursing staff: 1) refusals and 2) temporary professional.

To collect the data, were used three instruments:

- ICUID-Psiq-1, comprising: a) identification data (code, initials, sex, age, education and economic status - CCEB), 2) information professionals (occupational category, time since graduation, working time, previous work in psychiatry) and 3) identification of the roadmap for nursing care consisting of 25 semi-structured questions.

- ICUID-Psiq-2, comprising: a) identification data (code, initials, sex, age, education, marital status, children, living arrangement, current job and economic classification - CCEB), 2) clinical information (psychiatric diagnosis main time of diagnosis, comorbidities, number of previous psychiatric hospitalizations), and 3) identification of the roadmap for nursing care consisting of 18 semi-structured questions.

- The Criterion of Economic Classification Brazil - CCEB-201110 is an instrument designed by the Brazilian Association of Research Companies (ABEP) in order to classify the financial situation of the individuals, resulting in eight economic classes: A1, A2, B1, B2, C1, C2, D and E. This assessment was incorporated into the instruments ICUID-PSIQ - 1 and 2.

This study had a research project approved by the Ethics Committee in Research of the Faculty of Medicine of Marilia - Famema (Protocol 500/2011) and the subjects were informed and had to sign two copies of the

Term of Consent.

Data were obtained in the workplace (for the professionals) and of the hospitalization (for the patients). The interviews were recorded and the data were tabulated in Excel and submitted to descriptive analysis followed by discussion.

RESULTS

It presents the characterization of the study subjects and the main findings relating to the views of patients and professionals regarding the implementation of nursing care in a psychiatric inpatient unit.

• Characterization of the subjects

The professional staff in the psychiatric unit during the period of data collection was composed of 20 professional nurses, six nurses and 14 assistants / technicians, four aides / nursing technicians refused to participate to the study.

The conduct of interviews with 16 nurse practitioners had an average duration of 75.2 minutes. Age professionals (25-51 years old) with a mean of 35.7 years old, although had an average of 9.8 years of graduation (2-23 years), 87.5% work in the psychiatric unit for less than two years, being that for 62.5% this is the first work experience in psychiatry.

Table 1. Characterization of the nursing staff of a psychiatric ward. Marília (SP), 2011.

Variables		Nurses (n= 6)		Aides/ Nurse Technicians (n= 10)		Total (n= 16)	
		n	%	n	%	n	%
Gender	Female	4	66,7	7	70	11	68,8
	Male	2	33,3	3	30	5	31,3
Age	20 - 29	2	33,3	2	20	4	25
	30 - 39	3	50	4	40	7	43,8
	40 - 49	1	16,7	3	30	4	25
	50 and more	—	—	1	10	1	6,3
Scholarity *	Medium C*	—	—	9	90	9	56,3
	Superior I*	—	—	1	10	1	6,3
	Post Graduated	6	100	—	—	—	—
Area Post Graduation **	Mental Health	1	16,7	—	—	1	6,3
	Another area	3	50	—	—	3	18,8
	SM/another**	2	33,3	—	—	2	12,5
Economic status	A1	1	16,7	—	—	1	6,3
	A2	3	50	—	—	3	18,8
	B1	2	33,3	4	40	6	37,5
	B2	—	—	4	40	4	25
	C1	—	—	2	20	2	12,5
Religion	Catholic	3	50	8	80	11	68,8
	Evangelic	1	16,7	2	20	3	18,8
	Another	1	16,7	—	—	1	6,3
	Without religion	1	16,7	—	—	1	6,3
Religious practice	Yes	4	66,7	7	70	11	68,8
	No	1	16,7	3	30	4	25
	It is not aplicated	1	16,7	—	—	1	6,3
Time of graduation	It is aplicated						
	1 - 5 anos	3	50	1	10	4	25
	6 - 10 anos	3	50	4	40	7	43,8
	11 - 15 anos	—	—	1	10	1	6,3
	16 - 20 anos	—	—	3	30	3	18,8
	21 anos ou +	—	—	1	10	1	6,3
Time of work in the institution	1 - 5 years	6	100	8	80	14	87,5
	16 years or more	—	—	2	20	2	12,5
Time of work at the psychiatric ward	Until 2 years	6	100	8	80	14	87,5
	6 - 10 years	—	—	1	10	1	6,3
	16 years or more	—	—	1	10	1	6,3
Previous work in psychiatry	Yes	—	—	6	60	6	37,5
	No	6	100	4	40	10	62,5

* Education: Middle C (Average full), I Superior (Superior incomplete) **Area post graduation : SM / other (mental health and other)

Of the 84 patients hospitalized during this period, 57 were excluded: 12 (21.1%) refused to participate in the study, 10 (17.5%) did not participate due to difficulties in communication, lack of criticism, hostility, dissociative table; 15 (26.3%) were younger than 18 years old, three had a diagnosis of mental retardation, beyond other four children under 18 years old already excluded, 15 (26.3%) left the hospital without previous planning; one was transferred to a psychiatric hospital because of aggression and rehospitalization. Therefore, given the inclusion criteria, the sample consisted of 27

patients (32%).

The average of permanence in the hospital of patients participating in the study was of 17.8 days (3-51 days) and the duration of the interview was of 52.7 minutes. The sample was broad in relation to the different age groups (21-65 years old, middle of 41.9 years old), and 51.9% of the people did not work; education (incomplete elementary to post graduate school); economic classification: Class B1 to D. Among the psychiatric diagnoses, there are highlights for schizophrenia (44.4%) and personality disorder with emotional instability - borderline (18.5%). Although the average time of diagnosis is 12.5 years (2 months - 38 years), the average stay in the psychiatric unit is 1.4 (0 - 15 internations), therefore 44% were hospitalized in the psychiatric unit for the first time.

Table 2. Characterization of patients admitted in a psychiatric unit. Marília (SP), 2011.

Variables		Patients (n= 27)		Variables		Patients (n= 27)	
		n	%			n	%
Gender	Female	18	66,7	Economic status****	B1	5	18,5
	Male	9	33,3		B2	5	18,5
Age	20 – 29	3	11,1		C1	11	40,7
	30 – 39	10	37		C2	3	11,1
	40 – 49	5	18,5		D	3	11,1
	50 and more	9	33,3	Diagnostic	F20****	12	44,4
Scholarity*	Fund. I*	6	22,2		F25****	1	3,7
	Fund. C*	5	18,5		F31****	3	11,1
	Medium I*	2	7,4		F33****	3	11,1
	Medium C*	12	44,4		F60.3****	5	18,5
	Superior I*	1	3,7		F60.4****	3	11,1
	PG*	1	3,7	Time of diagnostic (in years)	Até 1	5	18,5
Marital status	Single	9	33,3		2 – 5	5	18,5
	Married	12	44,4		6 – 10	4	14,8
	Divorced	4	14,8		11 – 15	4	14,8
	Widower	2	7,4		16 – 20	4	14,8
Children	Yes	18	66,7		21 – 29	2	7,4
	No	9	33,3		30 ou +	3	11,1
Living arrengement **	Lives alone	4	14,8	Comorbidities*****	Cardio*****	5	18,5
	SCO**	10	37		Endocrine	5	18,5
	CC**	3	11,1		Genitu*****	1	3,7
	CCO**	10	37		Respir*****	1	3,7
Religion	Catholic	15	55,6		No	17	63
	Evangelic	7	25,9	Internations in this service	0	12	44,4
	Spiritist	4	14,8		1 – 2	11	40,7
	Without religion	1	3,7		3 – 4	3	11,1
Religious practice	Yes	18	66,7		10 or more	1	3,7
	No	8	29,6		0	17	63
	NA***	1	3,7	Internations in a psychiatrical hospital	1 – 3	3	11,1
Actual work	Autonomous	2	7,4		4 – 6	5	18,5
	Employed	8	29,6		7 – 10	1	3,7
	Pensionist	3	11,1		11 or more	1	3,7
	No	14	51,9				

* Education: Fund I. (Fundamental incomplete), Fund C. (Complete primary), Medium I (Incomplete high school), Middle C. (Complete Medium), Superior I. (Superior incomplete), PG (postgraduate).** Home Arrangement: SCO (Without partner, with others), CC (With partner only), CCO (with partner and others). *** NA (Not Applicable). Diagnosis ****: F20 (schizophrenia), F25 (schizoaffective disorder), F31 (bipolar disorder), F33 (recurrent depressive disorder), F60.3 (personality disorder with instability emotional / borderline), F60.4 (disorder histrionic personality). Comorbidities *****: Cardio (cardiovascular), Genitu (genitourinary), Resp (respiration).

● Nursing care

The presentation of the main findings on nursing care in psychiatric hospitalization was divided into three categories: 1) General aspects of nursing care, 2) Identification of the difficulties and limitations, and 3) Identification of satisfactions.

● General aspects of nursing care

When making comparisons of the views of nurses, aides / nursing technicians and patients about some aspects of nursing care in psychiatric hospitalization, some differences are evident, especially in relation to waiting for a different care and perception of changes occurred at care along the internation.

Table 3. Comparison of the views of nurses, aides / nursing technicians and patients on the care given / received in psychiatric hospitalization. Marília (SP), 2011.

Variables		Nurses (n= 6)		Aides/ Nursing technicians (n=10)		Patients (n= 27)	
		n	%	n	%	n	%
Would you like that the care of nursing of this ward should be different?	Yes	3	50	4	40	5	18,5
	No	3	50	6	60	22	81,5
The care in nursing changed along the internation?	Yes	6	100	9	90	15	55,6
	No	—	—	1	10	12	44,4
The nurse staff finds difficulties in patients care?	Yes	5	83,3	5	50	14	52
	No	1	16,7	5	50	13	48
Is there any difference in the care of nursing to psychiatrical and non—psychiatrical patients?	Yes	6	100	10	100	24	89
	No	—	—	—	—	3	11
Is there any difference in the care of the clinical ward and psychiatrical?	Sim	6	100	10	100	15	55,5
	No	—	—	—	—	4	14,8
	NA*					8	29,3
Is there any difference in the care at a psychiatrical hospital and at this ward?	Yes	—	—	5	100	9	33,3
	No	—	—	1	10	1	3,7
	NA*	6	100	4	40	17	63

*NA: Does not apply.

There is a difference in nursing care considered most important in psychiatric hospitalization. For patients, the administration of medication (48%) and dialogue (26%) are both mentioned as the most important care; for nurses is the dialogue (83%) and observation (33%) for assistants / nurse technicians is the dialogue (50%) and hygiene care (30%).

Among the nursing staff, there is a consensus that there is a difference between theory and practice in nursing care to the psychiatric patient and that technically did not finish their training technically prepared to work in psychiatry, 66.7% of nurses and 70% of assistants / technicians nurses feel now technically prepared to work in psychiatry. As to the emotional prepare to deal with psychiatric patients, 100% of the nurses and 90% of assistants / technicians believe they are prepared.

- **Identification of the difficulties and limitations**

When comparing the views of the nurses, aides / nursing technicians and patients about the characteristics of hospitalized patients who pose difficulties / limitations for nursing care, there is the risk of suicide, hospitalization of children and manic patients.

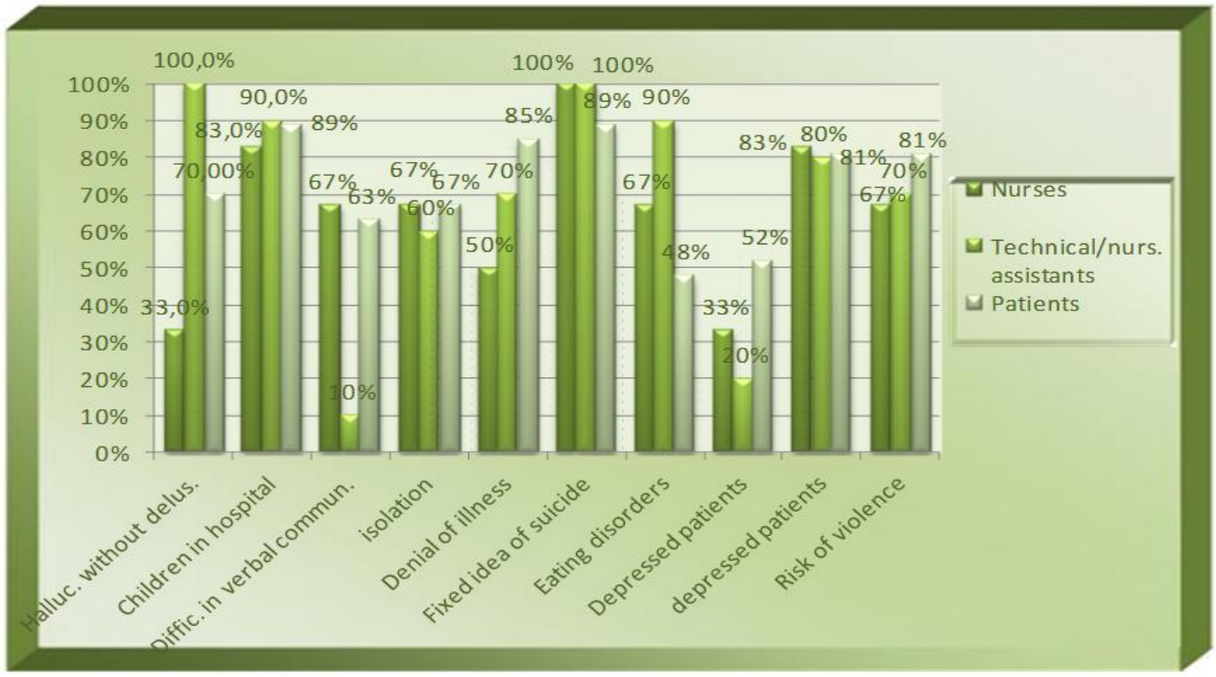

Figure 1. Comparison of the views of nurses, aides / nursing technicians and patients about the difficulties of nursing care in psychiatric internment. Marília (SP), 2011.

• Identification of the satisfactions

The perception of the difficulties mentioned above can be a reflection of some professional features not valued, but present in the attitudes of nursing staff. For the nursing staff, the professional characteristics less valued are apprehension of the patients (18.8%) and difficulty in expressing what he thinks for the team (18.8%). The characteristics are less valued by patients: lack of education / failure (33.3%), patient-professional detachment (11.1%) and lack of patience with the elderly and children (11.1%).

Patient responses (0-10) to the satisfaction of the nursing care delivered / received in the hospital have an average of 8.8. Despite the high satisfaction level, the patients showed greater variability of responses (0-10), with standard deviation (SD) of 2.3. As it is known, the calculation of the medium value suffers influence of the extreme values, and in these cases the median value shows more reliable to the proposal to be evaluated. If the patients satisfaction is calculated using the median, the satisfaction of the interviewed patients is 10.

For nurses, the average satisfaction was 8.3 (7.10, SD = 1.0) and for aides / nursing technicians was 7.9 (6.10, SD = 1.4). As the averaging of nurses and auxiliary / technician is not influenced by extreme values, the median value was similar.

The choice of the characteristics of nurses most valued that contribute to satisfaction in relation to the provided / received care appears to be similar among nurses, aides / nursing technicians and patients. Among the study subjects (n = 43), the most valued features are: dealing with so caring / affective (51.2%) and tranquility / patience to listen (34.8%).

Table 4. Characteristics of nursing professionals most in demand, according to the perception of nurses, aides / nursing technicians and patients. Marília (SP), 2011.

Variables	Nurses (n= 6)		Aides/ Nurse Technicians (n= 10)		Patients (n= 27)		Total (n= 43)	
	n	%	n	%	n	%	n	%
Attention	—	—	—	—	10	37	10	23,3
Good humor	—	—	2	20	5	18,5	7	16,3
Care/affection	2	33,3	4	40	16	59,3	22	51,2
Dedication	2	33,3	1	10	2	7,4	5	11,6
Proximity	1	16,7	4	40	1	3,7	6	14
Tranquility/ patience	6	100	2	20	7	25,9	15	34,8

DISCUSSION

The satisfaction of working in the psychiatric unit can be seen by comparing the current and initial choice of psychiatry as a desktop. Of the 16 nurses, 14 (87.5%) had no psychiatry as their initial choice of work. However, when investigating the current choice of psychiatry as a practice area, eight consider psychiatry as an actual option of work and would not like to change the sector,

five consider psychiatry as a current option of work, but if they had opportunity they would change the sector and only three are currently working in psychiatry for lack of choice.

Nursing care in psychiatric hospitalization is characterized by a specialized care requiring the professionals to adequately prepare to meet the needs of the patients.[11-3]

Although care in psychiatry has its own characteristics and demands, is recognized in the scientific literature a theoretical limitation of ownership of these professionals in a special way with respect to the transformations of concepts and practices of care for patients with mental disorders in recent years.[14]

The lack of ownership of knowledge was evident in this study because all professionals surveyed believe there is difference between theory and practice in nursing care in psychiatry and believe do not have completed their professional training technically prepared to work in these services.

The lack of appropriate knowledge and practical experience with this population contribute to resistance to psychiatry as an option for work. [15] This information confirms the results obtained in this study because the majority of nurses had not the initial choice of psychiatry as work.

The care most valued by patients in psychiatric hospitalization is the administration of medication, getting the dialogue in the background.

The centralization of care in the biomedical model is reflected in the change of nursing care throughout the hospital. Care in psychiatric hospitalization has different goals. Initially, we work in order to stabilize the patient's condition, remove it from the outbreak, ensuring their safety. During this period, the patient should be prepared to return to society, to guarantee continuity of care and assistance in interpersonal relationships. Although almost all professionals understand changes in nursing care throughout the hospital, most patients do not realize.

The differences between the opinions of nurse professionals and patients show that professionals, despite the lack of preparation to work in psychiatry, have an idea about some aspects that should be present in the care, but the contradictory opinions of patients shows that the discourse of professionals is too theoretical.

Nurses have better understanding about the difficulties in the care assistants and nursing technicians. Auxiliaries and nursing technicians also realize the difficulties, but perhaps by the proximity of patients find resources to overcome them.

One of the major difficulties identified in psychiatric hospitalization is a risk of suicide. Although it seems strange the possibility of suicide in the context of hospitalization, attempts and completion are frequent, especially in women, being most frequently hanging, using pieces of clothing, plastic bags, linens and electric cables.[16-7]

The risk of suicide in psychiatric hospitalization represents a burden and a challenge for the nursing staff. For staying 24-hours of the day in the ward, it is due to the nurse identify ideation, attempts and prevent its consummation.[12,17]

The patient's hospitalization in bipolar manic phase is particularly delicate, because, in general, they have no insight into the disorder, resisting the hospital, as well as creating conflicts between members of the staff. [16]

The perception that the depressed patient is easier to handle can lead to the false belief that he needs not care. However, it takes special attention to suicide risk, since most of these attempts and consummations occur in these patients.[16]

Although the psychiatric hospitalization of children / adolescents in adult ward is prohibited, with few exceptions, almost a third of the 18 patients who did not meet the inclusion criteria of this study were younger than 16 years old (8-16 years old).

The risk of violence in psychiatric hospitalization was more marked for patients than the assistants / technicians and nurses. The assistants / technicians perceive more difficulty in the risk of violence; because are they who are in direct contact with the patients.

Although are frequent hostile behaviors in psychiatric hospitalization, research shows that the majority is limited to verbal assaults. The perceived risk of violence as a difficulty may be associated with the perception of the challenge in dealing with hallucinations and delusions of the patients. The attitude of health professionals before this behavior is fundamental to prevent the consummation of aggression.[14,16,19,20]

The consequences of these aggressions suffered by the nursing professionals, added to other sensitive situations encountered in

psychiatric hospitalization as suicide risk, hospitalization of children, patients with mania, among others, influencing professionals' satisfaction with the provided care. Facing these difficulties influences the satisfaction with the care provided / received; aides / nursing technicians are less satisfied than the nurses due to direct contact with patients and the consequent difficulties of this coexistence.

Despite all the limitations and difficulties experienced, it is observed that patients are more satisfied with received nursing care than to the health professionals who offer it. Most patients would not want the nursing care to be different.

Patient satisfaction may be associated with the perception that professional attitudes most observed and valued competence accompanied by expressions of love / affection, tranquility and patience to listen to are also the features most valued by professionals and recognized in their way of caring.

CONCLUSION

The investigation of nursing care in psychiatric hospitalization enabled to view certain difficulties and limitations such as a lack of professional preparation, with centralization of care in the biomedical model, and some patient characteristics as risk of suicide, manic phase of bipolar disorder , hospitalization of children and risk of violence.

Although the difficulties and limitations are recognized by both nursing professionals and patients alike, the satisfaction with care is higher in patients than in professionals that offer, and technical competence, accompanied by attitudes of love, affection, tranquility and patience to listen to people with recognized mental illness.

It is concluded that nursing care in psychiatric hospitalization is characterized by a specialized care, which requires to the professionals better prepare to deal with experienced situations.

Study limitations: Although data collection was conducted in a period of three months, the number of patients excluded was elevated.

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Corresponding Address

Renata Marques de Oliveira
Rua Mato Grosso, 285
CEP: 17509-090 — Marília (SP), Brazil