



PSYCHIC SUFFERING OF NURSES ASSISTANCES IN A GENERAL HOSPITAL: CHALLENGES AND POSSIBILITIES

SOFRIMENTO PSÍQUICO DO ENFERMEIRO ASSISTENCIAL EM HOSPITAL GERAL: DESAFIOS E POSSIBILIDADES

SUFRIMIENTO PSÍQUICO DE ENFERMERAS ASISTENCIALES EN HOSPITAL GENERAL: DESAFÍOS Y POSIBILIDADES

Mauricélia da Silveira Lima¹, Rita Maria Viana Rêgo², Lúcia de Fátima Rocha Bezerra Maia³, Larissa Sousa Sampaio Nogueira⁴, Ângela Maria Alves e Souza⁵

ABSTRACT

Objectives: describing the situations experienced by nurses in general hospitals before generating conditions of psychic suffering and meeting the coping strategies. **Method:** a descriptive study with a qualitative approach conducted in a University Hospital in Ceará, Northeastern Brazil. 40 nurses who answered the open questions of a form participated. In the analysis, it was adopted the Content Analysis. This study was a research project approved by the Research Ethics Committee, Protocol 095.09.11. **Results:** After the analysis process five categories emerged. **Conclusion:** various factors contribute to the generation of suffering by clinical nurses, but stand death and finitude, inadequate human and material resources, inefficient interpersonal relations and customer service in psychological distress. It have emerged as potential attention devices the use of the principle of completeness, actions based on humanistic molds, use of communication techniques and therapeutic relationship, nursing consultant and teamwork. **Descriptors:** Nursing Care; Hospital Care; Psychic Suffering.

RESUMO

Objetivos: descrever as situações vivenciadas por enfermeiros em hospital geral diante de condições geradoras de sofrimento psíquico e conhecer as estratégias de enfrentamento. **Método:** estudo descritivo com abordagem qualitativa, realizado em um Hospital Universitário no Ceará/CE, Nordeste do Brasil. Participaram 40 enfermeiros que responderam as questões abertas de um formulário. Na análise, adotou-se a Análise de Conteúdo. O estudo teve o projeto de pesquisa aprovado no Comitê de Ética em Pesquisa, Protocolo 095.09.11. **Resultados:** após o processo de análise emergiram cinco categorias. **Conclusão:** diversos fatores contribuem para a geração de sofrimento ao enfermeiro clínico, mas sobressaem morte e finitude, inadequação de recursos humanos e materiais, relações interpessoais ineficientes e assistência ao cliente em sofrimento psíquico. Surgiram como potenciais dispositivos de atenção o uso do princípio da integralidade, ações pautadas nos moldes humanísticos, uso de técnicas de comunicação e relacionamento terapêutico, consultoria em enfermagem e trabalho em equipe. **Descritores:** Cuidados de Enfermagem; Assistência Hospitalar; Sofrimento Psíquico.

RESUMEN

Objetivos: describir las situaciones vividas por las enfermeras en los hospitales generales antes de generar las condiciones de sufrimiento psíquico y conocer las estrategias de afrontamiento. **Método:** un estudio descriptivo con enfoque cualitativo realizado en un hospital universitario en Ceará, Noreste de Brasil. Participaron 40 enfermeras (os) que respondieron a las preguntas abiertas de un formulario. En el análisis, adoptó se el análisis de contenido. Este estudio fue un proyecto de investigación aprobado por el Comité Ético de Investigación, Protocolo 095.09.11. **Resultados:** Después de que el proceso de análisis surgieron cinco categorías. **Conclusión:** hay varios factores que contribuyen a la generación del sufrimiento las enfermeras clínicas, pero sobresalen la muerte y la finitud, los recursos humanos y materiales inadecuados, las relaciones interpersonales ineficientes y el servicio al cliente en la angustia psicológica. Surgieron como dispositivos potenciales de atención el uso del principio de la integridad, las acciones basadas en moldes humanistas, el uso de técnicas de comunicación y relación terapéutica, consejos sobre el cuidado y el trabajo en equipo. **Descriptores:** Cuidados de Enfermería; Atención Hospitalaria; Sufrimiento Psíquico.

¹Nurse, Multidisciplinary Residency in Mental Health, Master in Public Health, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. Email: mauricelia_lima@yahoo.com.br; ²Nurse, PhD in Nursing, Federal University of Sergipe/UFC. São Cristóvão (SE), Brazil. Email: ritamvrego@gmail.com; ³Social Assistance, Master in Management, PhD Student of collective health, teacher and preceptress of Integrated Multidisciplinary Residency in Hospital Health Care University Hospitals of UFC, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. Email: luciarochamaia@yahoo.com.br; ⁴Nurse, Multidisciplinary Residency in Mental Health. Federal University of Ceará/UFC. Fortaleza (CE), Brasil. Email: nurselarissa@yahoo.com.br; ⁵Nurse, PhD in Nursing, Federal University of Ceará/UFC. Fortaleza (CE), Brazil. Email: amasplus@yahoo.com.br

INTRODUCTION

The nurse's mission is the art of caring for her performance in the attention to the subject in all its dimensions and the development of promotion, prevention, protection, rehabilitation and recovery activities. With the dynamics of the processes implemented in practice, the general hospital appears as a specific environment for assistance. In it provides attention to specialties, being able to share and care processes at all stages of life, degrees and criticality.

The development of actions for nursing care incorporates increasingly specialized technologies that enable the extension of assistance. This, in turn, may raise the fragmentation bias, at the time when the demands and needs of people beyond those understood as the object of care given unit.¹

Impotence and limitations of the care team in dealing with stressful situations in the workplace can lead to restriction in full to the client and family approach, as well as being harmful to the provider of care. For the understanding of factors that trigger pain, evidences the occurrence of failures in the intermediation between the expectations of the employee and the reality imposed by the organization of work, promoting the understanding and the search for strategies for prevention and mitigation of its effects.²

The nurse uses certain strategies aiming to minimize factors that promote psychological distress in hospital. Thus, establishing harmonious interaction between the physical and mental well-being, to then find conditions to care for another, quality, and most assuredly deal with the daily suffering in nursing care.

This study is guided by the following questions << *What are the situations those cause mental suffering to clinical nurses in a general hospital* >> << *What strategies are used to cope with these situations?* >>

Interest in the subject has arisen with the implementation of mental health in residence at the institution and practice of nurses in training, through participation and performance in inpatient units, when confronted in the hospital with possible situations that cause mental suffering to the customer, family and care team; another reason came from the role as resident in addressing mental health and prescription of treatment in people with mental suffering by the staff nurse.

Facing various circumstances observed, expressed the need to investigate situations in nursing care at the clinic, regarding the management of the emotional aspects of people admitted as knowledge and action strategies used by nurses. Thus, this study appears as a potential for dialogue with other knowledge and care practices of nurses in the complex network of hospital care, caring for people in psychological distress. It aims, therefore, a reflective practice as the intersubjective aspects in order to offer expanding the purview of nursing care.

OBJECTIVES

- Describing situations experienced by nurses in general hospitals facing generating conditions of psychological distress.
- Learning to cope for strategies for these nurses.

METHOD

This is a descriptive study of qualitative approach conducted in a university hospital in the State of Ceará. As research subjects counted on 40 active hospital nurses in the clinical area of various specialties (Pediatrics, Intensive Care Unit, Surgery, Dermatology, Rheumatology, Cardiology, Nephrology, Psychiatry, Endocrinology, Transplant, Oncology, Gastrology, Recovery Unit post Anesthetic). The criterion for selection of interviewees was the availability of nurses to participate in research in all inpatient and outpatient environments, seeking to cover all nursing specialties.

The data production occurred from October 2011 to January 2012, and started with the delivery of an individual form, containing open questions, the resident nurse author mental health nurses working at 40 in the clinical area on an outpatient basis and hospitalization. Upon delivery, were clarified aspects related to research and previously scheduled to return the formulary.

The formulary had mentioned the following questions: 1) Comment on your work routine. 2) What are the situations in their nursing practice that you find most difficult to deal with? 3) How do you handle with these situations?

For data analysis, we used the technique of Content Analysis of Bardin, which is configured as a set of analytical techniques designed to gain inference of knowledge related messages.³

The organization of the analysis, according to the assumptions of Bardin, gave up three

poles: (1) pre-analysis (organizational phase, corresponding to the period of intuitions, which aimed to operationalize and systematize the initial ideas , leading to the analysis plan, (2) exploration of the material and (3) treatment of the results and interpretation (enabling categorization-differentiation and reunification; inference of categories found as well as analysis of the themes that emerged in the same)³.

Thus, the results were presented with reference to the following categories: Psychological distress before the clinical worsening and finitude: challenges for nursing care; psychological distress: situations and limitations of nursing care, institutional infrastructure and interpersonal relationships: obstacles in attention care; Strategies for assistance in situations that cause mental suffering; Interlocution of knowledge in nursing: potential and possibilities.

As recommended, it was preserved the identity of the subjects, and to this end, to them gave the letter (E) then the corresponding entry number in the search. Also in relation to ethical issues, this research was convergent with Resolution 196/96, concerning research with human beings. Therefore been respected ethical and scientific principles. ⁴ Also as required, the research project was submitted to the Research Ethics Committee, which was approved under protocol n. 095.09.11 of the University Hospital in study.

RESULTS AND DISCUSSION

♦ Characterization of the study subjects

Of the 40 nurses who participated in the study, 35 (87.5%) were female, aged between 25 and 63 and 1-31 years of training. Of these, 20 (50%) work in medical clinics (specialty of Dermatology, Rheumatology, Cardiology, Nephrology, Psychiatry, Endocrinology and Gastrology), 6 (15%) in outpatient service 5 (12.5%) in surgical clinics, 5 (12.5%) in the pediatric unit and 4 (10%) in units of the critical care patient. Training time varied from 2 to 38 years. Thus, it could be allowing the observation the phenomenon since the beginning of the academic training and over time experience.

Based on themes identified in this study developed the following analysis:

● **Category 1: Psychological distress before the clinical worsening and finitude: challenges for nursing care**

The proximity, uncertainty or risk dealing with the possible circumstances to result in

death care practice are potential situations of concern for nurses suffering, as observed among eight participating nurses:

[...] Situations involving risk of life care patients (E16, E24, E36, E40).
[...] Worsening of the patient's condition (E5, E27, E38, E39).

When dealing with the unpredictable, where you can not specify which events not feel prepared to deal with them, as finitude, anxiety and feelings of helplessness before the situation arise.

This stems from the way the death is imposed upon the conscience, whose production causes suffering, due to the vulnerability and helplessness experiments, considered the experiences of human beings who experience the precariousness of the human condition, but have difficulty dealing with death.⁵

Thus, in situations where the imminent event of death is potentially likely, as highlighted below, the feelings of nurses to deal with the suffering of others, trigger difficulties in coping:

Death. We watched with grave and imminent life risk patients, many are unaware of the prognosis and is very difficult to deal with the suffering of the patient, including family (E4, E18, E26).
Dealing with children's death of (E9, E21, E33).

As noted in the descriptions of the six that nurses face the possibility of loss, there is the generation of potential harm to the professional, resulting in pain and vulnerability situations when dealing with their suffering and the other.

This constant struggle between situations that involve life and at the same time, the possibility of death, survival takes complex. It becomes therefore necessary that nurses understand death as a stage of life to be reckoned with, ⁶ and her grief may be experienced as a necessary loss and death of people to their care response. ⁷

The continued discussion of death and dying in everyday professional, favors a process of demystification, providing nurses with the planning of comfort, fostering understanding of the meanings and experiences, seeking to take advantage of their daily lives intensely and with love.⁸

In search of understanding of death, the nurse seeks this knowledge in addition to biological considerations of death, with major themes of sociology, anthropology, philosophy, psychology appropriation, and the

pursuit of self-knowledge and a continuous work in the emotional sphere.⁹⁻¹⁰

Through the understanding and meanings of death and dying, the nurse can purchase conditions to experience these processes favorably. To this end prevails putting yourself in another's place in facing critical situations.

• **Category 2: Psychological distress: situations and limitations of nursing care**

In contemplating the change of psychopathology and mental processes, nurses reported difficulties in coping in the following situations:

Complications in psychiatric patients [...] (E8, E27, E34).

Emotional and psychological imbalance (E2, E31).

Patient decompensated mentally (E3, E22).

Depending evidenced, it is still incipient in academic preparation as to emotional and psychopathological aspects of customers. This is one aspect to be considered, especially for generating constraints on nursing practice in all aspects of performance, and, particularly, insecurity in dealing with this aspect.¹¹

Living with a mental illness issue in nurses' feelings of distress and difficulties in the face of emerging psychological aspects as descriptions:

When not having the expertise or training to deal with these patients, I feel difficulties facing complications, or even in daily behaviors (E8, E19).

I get emotionally distraught [...] Decompensate (E10, E23, E36).

It is necessary, therefore, to adopt strategies to observe any adverse situations arising from this interaction. However, for the use of strategies in the suffering of the other management, nurses must develop skills based lifelong learning, in order to get more power to better perform its functions, fits him to perceive the needs of the patient and, above all, work focusing on the care, valuing the uniqueness and all dimensions of the subjects, regardless of the performance that carries the line.¹²

Given the limitations in the care of people with mental illness, nurses reported constraints to watch integrally with consequent suffering for those who care and those who are cared for, as nurses mention two:

[...] I try not to involve myself in the same problem, not to suffer (E14).

Sometimes I have difficulty understanding what is happening to that person can suffer and it [...] (E35).

Thus non-involvement with the suffering of others emerges as coping mechanism of the situation, because in dealing with the pain and suffering gives room for the opening of a narcissistic wound, positioning itself in the face of incomplete, unfinished, and the horror.¹³

Other feelings can come to the nurse with the suffering of the client, among them, perceptions of distress, physical and mental wear and from them, as defensive escape strategies, denial and trivialization may be present, interfering in the care process and the well-being of nurses.¹⁴

Then comes the search for self-knowledge as a capability to realize the exercise as a person, sharing and experiencing emotions and situations where life, pain, suffering and death are intertwined.¹⁵ Thus, it will allow coping and management of the experienced situation; regarding the management of psychological distress situations involving customers for favoring the promotion of effective mental health and quality of the nurse and the person being maintained.

As potential in addressing the psychological distress of nurses, highlights the importance of building management policies that have the prospect also the well-being of workers. The thinking collectively work organization, which promotes the work process is a source and locus of pleasure, not pain.¹⁴

The use of strategies in nursing practice to deal with psychological distress, focusing on the person and their subjectivity in understanding the problem, supporting the use of coping strategies by providing emotional support to the client/family/staff, encourages autonomy and independence, and to promote quality care, based on humanistic manner.¹⁶

• **Category 3: Institutional Infrastructure and interpersonal relationships: barriers in healthcare attention**

In many situations, care to develop the technology becomes an indispensable coupled to provide quality service. Therefore, the absence of these inputs can generate situations of powerlessness and limitations to the team in continuity of care, as reported below:

[...] Lack of material support to assist the patient's quality (E5).

[...] Poor equipment of infrastructure/health (E12).

Lack of supplies/equipment in the care of emergencies (cardiac arrest, seizure, etc...) (E11).

To consider the quality management of materials inputs, one must take into account several factors, including the efficient use of resources, cost/benefit, the presence of bureaucratic procedures that often do not lead to rational decisions and policies institutional. In the presence of these factors, prevents to quality care, with consequent suffering to the nursing team.¹⁷

The quantity and quality of human resources are directly related to the degree and needed assistance. When the staff is insufficient, committed to service and brings suffering to the care team, as shown by the responses of two nurses:

At the time of serious complications in patients without a complete and ready team to intercede (E6).

Staff shortages (E12).

As noted, the small number of nurses and the multidisciplinary team in services has become a concern in hospitals. This situation seriously undermines the quality of care, and result in legal issues and occupational health.¹⁸ are therefore indispensable actions to change this reality and permit adequate staff sizing for integral development assistance to hospitalized patients.

Undeniably, the adequacy of human resources provides the clinical nurse subsidies in the dialogue of knowledge, minimizing limiting situations in care; it consequently enhances the exposure of more team activities and highlights the need for interdisciplinary work.

Depending described by two nurses, interpersonal relationships interfere with the work and can induce psychological distress:

Some professionals in the unit are difficult to handle [...] (E10).

Delegate a team and impose some situations (E14).

For establishing appropriate interpersonal relationships in health work, it is important to pay attention to the inherent needs of each and the development of self, resulting in understanding yourself facing situations in interaction with others.¹⁹

The assertion of interpersonal and group relations, quality of the work process, it is also necessary that all involved seek recognition, complexity and procedural character, systemic and evolutionary relationships of these, practicing dialogue, exploring difficulties and expectations, focusing the particularities and generalities.²⁰

• Category 4: Strategies for assistance in generating situations of psychological distress

Before the development of stressful daily activities, potentiating psychological distress situations nurses may adopt, use media that allow more focused attention to subjectivity and individuality of the subject, as stated in the responses of two participants:

[...] Respect behaviors above all, without judging them (E4).

[...] Always observe the client as a whole and treat it like I wanted to be treated (E14).

According to the study, the therapeutic relationship is the essential condition for handling situations permeated psychological distress to the patient's understanding and establish a connection, device to provide new and more positive experiences in living with others, opening up the interaction and engagement relationship with each other.²¹

In this context, the use of communication techniques and therapeutic relationship results in actions that favor the look the person's subjectivity and empowerment in expressing feelings, as highlighted below in the statements of nurses:

[...] I leave the client to express their emotions, problems and doubts (E15; E32).

I seek to provide time for a friendly conversation, a touch or gesture of attention (E16; E37; E40).

Furthermore hear reflexively as therapeutic communication technique provides customer care, encouraging the expression of feelings. Therefore demonstrates that it is accepted and respected as a human being, besides highlighting the nurse perceptions of the client.²²

Another strategy is to request aid multidisciplinary team, thus ensuring magnified through potential situations of psychological distress, as five nurses mention attention:

[...] I seek the help from residents and other professionals (E1, E19, E33).

When I feel difficulties [...] I try to look for the multi team: psychologist, social worker (E28, E33).

For proper and optimal functioning in inpatient units in general hospitals, it is necessary for the interaction work of several professional knowledge, objects of attention and several practices. We seek to integrate, respect, refinement and improvement in interdisciplinary care. Thus, it favors more

welcoming and possibilities of coping strategies on psychological suffering environment.²³

Undeniably, teamwork provides greater cohesion, integration and effective interpersonal relationships with a view to acceptance, reciprocity and interaction, both among professionals and with the client, the subject of their own care, providing interdisciplinary approach.²⁴

The performance of nursing in partnership with the multidisciplinary team is taken by reflective practice in relation to intersubjective aspects in order to provide expansion and enhancement of the field of action, the full attention to the subject.

• **Category 5: Interlocution of knowledge in nursing: potentialities and possibilities**

According to Article 11 of the Law of Professional Practice of the Federal Council of Nursing,²⁵ consulting and opinion on matters of nursing is a prerogative of the nurse.

Thus, the consulting psychiatric nursing is presented as an institutional device to facilitate partnerships in meeting these demands of the nursing care of the hospitalized patient, and act on the mental health of nurses.¹

With the dynamics and criticality of the processes causing suffering experienced in consulting practice emerges as necessary and configures itself with the presence of a specialist unit or general service. Satisfies the request of a professional from another specialty, becoming an interprofessional and interdisciplinary activity.²⁶

The advice comes as nursing strategy in sharing attention with another nurse, generating participation in diverse scenarios of the nurse, as shown in the following responses:

[...] Always ask for help from a nurse colleague (E3; E18; E20; E35).
In situations that do not know what the best course in nursing, ask for aid of a nurse colleague (E25).

When it refers to psychic suffering, the mental health care by psychiatric nurses act in the identification and understanding of situations that cause mental suffering as well as boosts strength and ability to cope with the situation.

FINAL REMARKS

Based on the descriptions of nurses working in general hospitals in the clinical area, it was

noticed that different situations are a potential source of psychological distress. Among these include inadequate infrastructure regarding the human resources and technological inputs, management of psychological aspects of clients, families and staff; inefficient interpersonal relationships and coping to death and finitude process. These factors interfere and undermine care and, above all, directly influencing the quality of care and mental health of nursing.

It is suggested that knowledge of these circumstances motivate strategies by the hospitals, in confronting this reality, as well as encouraging the personal and professional training, favoring actions focused on minimizing these effects and the proper management of emerging situations.

As noted, potential care devices have been used by nurses and emerge as investment opportunities. Among these, as the use of communication and therapeutic relationship, self-knowledge and advice in coping with nursing quality factors causing mental suffering to the nurse.

It is recommended that studies on trigger factors of pain to the nursing work are carried out in other scenarios, based on different methodologies for understanding the phenomenon.

Thus, this study appears as a possibility for dialogue with other knowledge and care practices of nurses in the complex network of hospital care, care for people in physical and psychological suffering and needs for specialized clinical care before hospitalization in emergent situations, involving patient, family and healthcare team.

REFERENCES

1. Thomas J, Santos LBM, Wetzel C, Barbisan RBK. Implantação da consultoria de enfermagem psiquiátrica em um hospital geral. Rev HCPA [Internet]. 2007 [cited 2012 May 10];27(2):32-4. Available from: <http://seer.ufrgs.br/hcpa/article/view/2033>.

2. Mendes AM. Psicodinâmica do trabalho: teoria, método e pesquisas. São Paulo: Casa do Psicólogo; 2007.

3. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2002.

4. Brasil. Normas para pesquisas envolvendo seres humanos (Res. CNAS nº. 196/96). Série Cadernos Técnicos. 2 ed. Brasília: Ministério da Saúde; 2005.

5. Rosa AF, Lunardi VL, Barlem ED, Lunardi Filho WD. Percepções das enfermeiras frente aos sentimentos de quem vivencia o processo

de morrer e morte. Rev Cien Cuid Saude, Maringá (PR) [Internet]. 2006 May/Aug [cited 2012 May 10];5(2):204-11. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/5076>

6. Abrantes MJG, Figueiredo FJG, Sousa ATO, Gomes IP, Reis PLD, Gonçalves LAD. O significado da morte de pacientes para profissionais de enfermagem. J Nurs UFPE on line [Internet]. 2011 Jan/Feb [cited 2012 May 10];5(1):37-44. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/1181/pdf_274.

7. Costa JC, Lima RAG. Luto da equipe: revelações dos profissionais de enfermagem sobre o cuidado à criança/adolescente no processo de morte e morrer. Rev Latino-am Enferm [Internet]. 2005 Mar/Apr [cited 2012 May 10];13(2):151-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692005000200004.

8. Oliveira SG, Quintana AM, Bertolino KCO. Reflexões acerca da morte: um desafio para a enfermagem. Rev Bras Enferm Enferm [Internet]. 2010 Nov/Dec [cited 2012 May 10];63(6):1077-80. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000600033

9. Oliveira WIA, Amorim RC. A morte e o morrer no processo de formação do enfermeiro. Rev Gaúcha Enferm [Internet]. 2008 June [cited 2012 May 10];29(2):191-8. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5580>

10. Costa AB, Mazzaia MC. Importância do preparo do enfermeiro no processo de morte e morrer. Rev Bras Ciênc Saúde [Internet]. 2008 Jan/Mar [cited 2012 May 10];23(8):54-8. Available from: http://seer.uscs.edu.br/index.php/revista_ciencias_saude/article/viewFile/964/786

11. Rodrigues RM, Schneider JF. A enfermagem na assistência ao indivíduo em sofrimento psíquico. Rev Latino-am Enferm [Internet]. 1999 July [cited 2012 May 10];7(3):33-40. Available from: <http://www.revistas.usp.br/rlae/article/viewFile/1377/1407>.

12. Girade MG, Cruz EMNT, Stefanelli MC. Educação continuada em enfermagem psiquiátrica: reflexão sobre conceitos. Rev Esc Enferm USP [Internet]. 2006 Mar [cited 2012 May 10];40(1):105-10. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342006000100015

13. Avellar LZ, Iglesias A, Valverde PF. Sofrimento psíquico em trabalhadores de enfermagem de uma unidade de oncologia. Rev Psico Est [Internet]. 2007 Sept/Dec [cited 2012 May 10];12(3):475-81. Available from: <http://www.scielo.br/pdf/pe/v12n3/v12n3a04.pdf>.

14. Pagliari J, Collet N, Oliveira BRG, Viera CS. Sofrimento psíquico da equipe de enfermagem na assistência à criança hospitalizada. Rev Eletr de Enferm [Internet]. 2008 [cited 2012 May 10];10(1): 63-76. Available from: <http://bvsmms.saude.gov.br/bvs/publicacoes/57cbe/resumos/773.htm>.

15. Gonzales RMB, Beck CLC, Denerdim ML. Cenários de cuidados: aplicação de teorias de Enfermagem. Santa Maria: Pallotti; 1999.

16. Silva NG, Oliveira AGB. Interconsulta psiquiátrica e unidades de internação psiquiátrica no Brasil: uma pesquisa bibliográfica. Rev Mund Saúde [Internet]. 2010 [cited 2012 May 10];34(2):244-51. Available from: http://www.saocamilosp.br/pdf/mundo_saude/75/244a251.pdf.

17. Paulus Júnior A. Gerenciamento de recursos materiais em unidades de saúde. Rev Esp Saúde [Internet]. 2005 Dec [cited 2012 May 10];7(1):30-45. Available from: <http://www.ccs.uel.br/espacoparasaude/v7n1/Gerenciamento.pdf>.

18. Nicola AL, Anselmi ML. Dimensionamento de pessoal de enfermagem em um hospital universitário. Rev Bras Enferm [Internet]. 2005 Mar/Apr [cited 2012 May 10];58(2):186-90. Available from: http://www.scielo.br/scielo.php?pid=S0104-11692003000600019&script=sci_abstract&tlng=pt.

19. Almeida VCF, Lopes MVO, Damasceno MMC. Teoria das Relações Interpessoais de Peplau: análise fundamentada em Barnum. Rev Esc Enferm USP [Internet]. 2005 [cited 2012 May 10];39(2):202-10. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342005000200011

20. Urbanetto JS, Capella BB. Processo de trabalho em Enfermagem: gerenciamento das relações interpessoais. Rev Bras Enferm [Internet]. 2004 July-Aug 2010 [cited 2012 May 10];57(4): 447-52. Available from: <http://www.scielo.br/pdf/reben/v57n4/v57n4a12.pdf>

21. Chaves ECL, Furegato ARF, Scatena MCM, Carvalho EC. Uma interação enfermeiro-cliente aplicando princípios do relacionamento não diretivo. Rev Ciên Cuid Saúde [Internet]. 2008 Apr/June [cited 2012

May 10];7(2):248-55. Available from:
http://www.scielo.br/scielo.php?pid=S0080-62341998000200002&script=sci_arttext

22. Oliveira PS, Nóbrega MML, Silva AT, Filha MOF. Comunicação terapêutica em enfermagem revelada nos depoimentos de pacientes internados em centro de terapia intensiva. *Rev Eletr Enferm* [Internet]. 2005 [cited 2012 May 10];7(1):54-63. Available from:

http://www.fen.ufg.br/revista/revista7_1/original_05.htm

23. Machado AL, Colvero LA. Unidades de internação psiquiátrica em hospital geral: espaços de cuidados e a atuação da equipe de enfermagem. *Rev Latino-am Enferm* [Internet]. 2003 Sept/Oct 2010 [cited 2012 May 10];11(5):672-7. Available from:
http://www.scielo.br/scielo.php?pid=S0104-11692003000500016&script=sci_abstract&tlng=pt

24. Vilela SC, Scatena MCM. A enfermagem e o cuidar na área de saúde mental. *Rev Bras Enferm* [Internet]. 2004 Nov/Dec 2010 [cited 2012 May 10];57(6): 738-41. Available from:
<http://www.scielo.br/pdf/reben/v57n6/a22.pdf>.

25. Brasil. Lei 7.498, de 25 de junho de 1986. Dispõe sobre a Regulamentação do Exercício da Enfermagem e dá outras providências [Internet]. Brasília: Ministério da Saúde; 1986 [cited 2012 May 10]. Available from:
<http://www2.camara.gov.br/internet/legislacao/login.htm>.

26. Thomas J, Santos LBM, Wetzel C, Barbisan RGK. Implantação da consultoria de enfermagem psiquiátrica em um hospital geral. *Rev HCPA* [Internet]. 2007 [cited 2012 May 10];27(2):32-4. Available from:
<http://seer.ufrgs.br/hcpa/article/view/2033>

Submission: 2013/08/16

Accepted: 2013/12/30

Publishing: 2014/02/01

Corresponding Address

Mauricélia da Silveira Lima
Rua Frei Odilon, 624 / Ap. 11 / Bl E08 / QD 1
Bairro Álvaro Weyne
CEP: 60336-190 — Fortaleza (CE), Brazil