ABSTRACT

Objectives: identifying the needs raised by the staff of psychiatric nursing in inpatient units, in the conviviality of madness. Method: a descriptive, exploratory, social study with a qualitative approach. The subjects were 26 nursing technicians and five nurses. The data production used as techniques the participant observation and semi-structured interviews recorded in MP3 with seven guiding questions. The research project was approved by the Research Ethics Committee, n. 067. Results: the nursing staff presented difficulties in dealing with aggressive, depressed, the anxious ones and excessive talkative; drug users and hypersexualized. From the professionals’ discourse, it is necessary for the development of a qualified care: professional training, institutional support and effort of the multidisciplinary team, working conditions, psychological support and motivation. Conclusion: the subjects showed possible ways to nursing develop skilled care. Descriptors: Psychiatric Nursing; Worker; Mental Health.

RESUMO

Objetivos: identificar as necessidades evocadas pela equipe de enfermagem psiquiátrica nas unidades de internação, no convívio da loucura. Método: estudo descritivo, exploratório, social, com abordagem qualitativa. Os sujeitos foram 26 técnicos de enfermagem e cinco enfermeiros. A produção de dados utilizou como técnicas a observação participante e a entrevista semiestruturada gravada em MP3 com sete questões norteadoras. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, n. 067. Resultados: a equipe de enfermagem apresentou dificuldades em lidar com agressivos; os deprimidos; os ansiosos e logorreicos; os usuários de drogas e os hipersexualizados. A partir do discurso dos profissionais, é necessário para o desenvolvimento de uma assistência qualificada: capacitação profissional; apoio institucional e atuação da equipe multiprofissional; condições de trabalho; apoio psicológico e motivação. Conclusão: os sujeitos mostraram caminhos possíveis para a enfermagem desenvolver a assistência qualificada. Descriptores: Enfermagem Psiquiátrica; Trabalhador; Saúde Mental.

RESUMEN

Objetivos: identificar las necesidades planteadas por el personal de enfermería psiquiátrica en las unidades de hospitalización, en la convivencia de la locura. Método: es un estudio descriptivo, exploratorio, social, con un enfoque cualitativo. Los sujetos fueron 26 técnicos de enfermería y cinco enfermeras. La producción de los datos utilizó como técnicas las observaciones participantes y entrevistas semi-estructuradas, grabadas en MP3 con siete preguntas orientadoras. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, n. 067. Resultados: el personal de enfermería presentó dificultades para lidiar con agresivos; los depresivos; los ansiosos y logorreicos; consumidores de drogas y hipersexualizados. Desde el discurso de los profesionales, es necesario para el desarrollo de una asistencia calificada: formación profesional; apoyo institucional y la actuación del equipo multidisciplinario; condiciones de trabajo; apoyo psicológico y motivación. Conclusión: los sujetos mostraron posibles caminos para la enfermería desarrollar la asistencia calificada. Descriptores: Enfermería Psiquiátrica; Trabajadores; La Salud Mental.
INTRODUCTION

The nature of work in mental health requires that nursing recognizes itself as a specialty, and it requires courage and humility to identify and address the feelings arising in the course of their practice. It is necessary to understand the impact of our practice and in our psyche this assistance in a vicious circle: what we feel in practice affects the quality of activities.

To be a living human being, the madness inhabits us all. The unreasonable thoughts exist in the mind of every individual; just have different intensity and duration. For example, depressive feelings are experienced by almost everyone, which changes the state of the depressive disorder is the intensity (depth dimension) and duration (time dimension). There is no novelty in the quality of the experience. So live with the madness produces profound and unconscious movements of identification and denial, and mobilizes intense and permanent psychic energy to produce approximation or distance of that so-called crazy.

Some people know the madness in their body, mind, others through close contact with family, friends and still others by the daily contact in your professional life. Regardless of the form of contact with the madness is necessary to prevent the expression of any form of violence, fear, discomfort, disgust, authoritarianism and compassion.

The study subjects when talking about the difficulties and needs presented in association with madness, will produce a single knowledge, subjective, which differentiates them from the others. And when they share this knowledge, unconsciously expect that understanding is achieved. Aim recognizing the other’s gaze on the work, confirming the importance of the unique experiences of the subject.

The practice of psychiatric nursing proves strong and mixed feelings: compassion and love, guilt, disgust, anger, pleasure and pain, joy and sadness and resentment of users to cause such feelings. Therefore, belong to the nursing staff in mental health requires skills and attitude to the establishment of a therapeutic relationship. It involves attentive listening, qualified to give voice to the fate of individuals, acceptance and understanding of speech, gestures and behaviors, sensitivity to perceive beyond the world of words.

The psychiatric care when user requires a “remarkable investment of subjectivity of the person who cares and hosts”. Continuous contact with the emotional side of the customer without moments of pause hinders the development of the experience. This continuous contact occurs in psychiatry because the nursing staff is the workforce with higher workload.

The work of staying put for the nursing staff is a few issues related to daily lives of people in crisis. Someone gets naked, trying to convince a few to put clothes, and other support also take clothes, one is extremely happy and another miserable bothering the other one wants to watch the newspaper, want to see another novel, sparking a heated discussion. These questions test the availability of staff to establish a helping relationship and use creative ways to meet the demands of the subject. Primarily in the inpatient unit, psychiatric nursing is facing the difficulties of the area that requires high levels of “improvisation, organization aggravated by the lack of adequate conditions for everyday work.”

It is common for nurses who work in psychiatric hospitals, feel outraged with the expectation that other professionals have regarding team roles, in which nursing is always responsible for the user. In the opinion of other professionals just nursing has the responsibility to ensure the well-being of the user, for example, is that she must depart the fights and prevent the escape of the infirmary.

The present moment the work of mental health nursing is characterized by the passage of a health care practice in the hospital setting, which sought through incipient practices and medicalization changing behavior of users for a clinic focused on the demand of the subjects, their differential aspects and individual, surpassing only the disciplinary point of view.

The new requirements proposed by the Psychiatric Reform with a clinical nursing open to the contingencies of the subjects, with the change in asylum practice, left the nursing team in a deadlock situation. This experience sparked a crisis in nursing to threaten the stability of those who were in the hospital context.

The Movement of the Psychiatric Reform has in auxiliary nursing staff, great allies and those who make obstacles. “If we were not able to care for who is on the front board, the operator of the process, the fairest, the most appropriate theoretical elaboration, if it exists, is doomed to failure.”

Fabri JMG, Loyola CMD.
OBJECTIVES

- Identifying the needs raised by the staff of psychiatric nursing in inpatient units, in the conviviality of madness.
- Describing, through the view of the subject, the difficulties in assisting users in the psychiatric inpatient units.
- Analyzing the difficulties and needs presented in the practice of psychiatric nursing in inpatient units.

METHOD

Article drawn from the dissertation << Labor pain: pleasure and psychological distress in Psychiatric Nursing >> submitted to the Postgraduate Program in Nursing, School of Nursing Anna Nery, Federal University of Rio de Janeiro/UFRJ. Rio de Janeiro/RJ, Brazil, 2012.

This is a descriptive, exploratory, social study with a qualitative approach. The study subjects were nursing assistants, nursing auxiliaries and nurses crowded in the inpatient unit of a pole of psychiatric hospitalization in the municipality of Rio de Janeiro, belonging to the municipal health system, a specialized Hospital in psychiatry.

The number of subjects comprised 26 nursing technicians and five nurses. The inclusion criterion covers nursing professionals crowded into the hospital sector for at least a year. From this period, professionals can discuss with riches details of the proposed questions. In order to preserve anonymity, the subjects chose codenames. We used the abbreviation enf. for nurses, and tec abbreviation for nursing technicians.

The production data of this study used two techniques:

- Participant observation, consisting of: 1) identification data (initial informant, age, educational level and marital status); 2) professional category; 3) type of employment; 4) workload; 5) professional experience (time working in nursing time working in psychiatry, while working on the drive, tour of duty, other compensable occupation); 6) internship in psychiatry (local stage, workload, activities undertaken, professional accompanying the stage); 7) why chose to work in psychiatry; 8) prepared to work in psychiatry; 9) participation in training and refresher courses.

The semi-structured interview, recorded in MP3 with seven guiding questions: 1) is there any situation you do not want to meet him or causes discomfort?; 2) is there any situation that you find it easier to answer or gives you pleasure?; 3) is there some situation that you have more difficulty meeting it or challenge?; 4) what is good for you at work?; 5) which is bad for you at work?; 6) how do you deal with the patient: disorganized thinking; delirium, hallucinations, hypersexuality or hostile ones?; 7) and how could be a better care?

The production period for three months occurred on different days and times according to the availability of the participants and the interviewer. The research project was submitted to the Ethics Committee in Research of the Municipal Health Department of the Municipality of Rio de Janeiro, as provided in Resolution n. 196/96 of the National Health Council, under number 067.

RESULTS

The nursing staff has difficulties dealing with certain behaviors or clinical manifestations of psychiatric users. More specifically means conviviality, day by day with these people. Among them we highlight in order according to the frequency in the speech: aggressive, depressed, anxious and over talkative; drug users and hypersexualized. From the professional discourse, it is necessary for the development of quality care: professional training, institutional support and multidisciplinary effort, working conditions, psychological support and motivation.

DISCUSSION

- I cannot deal with:
- The aggressive

Agitated, aggressive users, who require physical restraint, provide a distressing situation for the professional. It is necessary to use physical force against the user in order to preserve their physical integrity and the other around 10/26 technicians and 01/04 nurses indicated this.

I think the aggressive, extremely aggressive, sometimes we will talk, and they do not accept the approach is already screaming just wanting to beat, I think the aggressive, and it’s the worst. (Téc. Nivea)

Aggressive when she does not meet the medications, you call the colleague to help make the injectable and she accepts. You will have to contain. (Téc. Nalda)

Feeling that I say defense, there is that thing of anger, even momentarily, then you see that part of his frame. (Téc. Bruna)

The consequences of the aggression by nursing professionals directly influence the professional satisfaction with the care provided.
The silence really bothers them is the word that is not heard, but it exists. He does not use the word, but he speaks through their behaviors, gestures, and glances. He talks about what I cannot learn all the time he is present, speaking inaudible words. The depressive behavior bothers 05/26 technicians and 01/04 nurses.

[...] I cannot evaluate a patient to be in a depressive condition that he does not speak. To me [...] the most difficult behavior is this quietly, we consider nice is what inspires me the most attention right now. (Enf. Maria Joaquina)

Harder to deal with is one that is not manifest, it is very comfortable to be silent, you do not know what can happen [...] that silence is really a time you have to get a start because it can be passive, with an endless form or may have an unexpected reaction. (Téc. João)

The silence in psychiatry refers to the unpredictable risk, fear of aggression. It is equal to the silence in the medical clinic; if the user is still something will happen.

The Eager and the excessive talkative

These require a lot of attention from nursing, insist to get what they want, expect nothing, do not respect the limits imposed by the team. It's exhausting to nursing, dealing with people without limits. They require greater internal availability, a longer close contact and readiness to rethink new ways of caring.

The excessive talkative one is what annoys you more, all the time repeating the same thing that goes bothering you[...] 're all the time on top, very defendant, must be explained repeatedly. It bothers you more; I'm seeing here already bothered, leave the batteries need to renew. I think that's what bothers the patient. (Enf. Fluminense)

They do not wait when you say I’m busy. Violent went into crisis, you call the doctor and ties, at least while you're tied up there, when you're asleep, is not bothering you, now not anxious, he goes, he goes back, he will, he comes back, he will, he back. I think that anxiety is the worse deal for you, because they accept no idea. (Téc. Paíxão)

The excessive talkative one is described as one who calls for more attention, repeatedly exposes their needs causing a nuisance in nursing. In this case, 04/26 technicians and 01/04 nurses presented this topic.

One of the possibilities is that the time of permanence of the working hours of nursing time is limitless, with total exposure to users, opposing the visit of other professionals (physician, psychologist, social worker). So, as it is a time without limits, the speech is full of limits.

Drug users

The nursing staff cannot handle, feels unprepared theoretical and practical sense. The curriculum did not address efficiently addiction and no professional training in the institution. Among the 26 technicians, 04 specifically mentioning the difficulty of caring for drug users, mainly because there is a separate room and there was no preparation of the multidisciplinary team and 01/04 nurses reported a lack of technical knowledge to deal with these patients, the one who led to the expulsion of assistance.

Drug addicts, that moment of psychosis when comes very intoxicated, I think too complicated because you within psychiatry, you work with people with mental disorders mental disorders. When you have a clientele that will present a mental disorder by a misuse of a drug, especially illicit drugs, I think that gives me some discomfort. I distance myself up for not knowing and am embracing this type of assistance. (Enf. Beija-Flor)

The difficulty in watching the drug user is related to the lack of technical knowledge, which led to the remoteness of the assistance. In fact, what they have learned through years of experience in psychiatry is not meant to apply to this clientele, requiring them some training, vocational training they never had.

The chemically dependent patient is totally harden because he's abstinent, wants to leave, and wants to escape. So he does everything, mugs, does everything for power's out there. (Téc. Jesus)

Hypersexuality

It expresses the difficulty of caring for the opposite sex, especially in the direct care of the body, as in time of personal hygiene. This issue was mentioned only by two mid-level subjects, but the discussion is important qualitatively.

I think that hypersexuality is more difficult. Or separating, or until the patient unfortunately leave this box we know you have to medicate. (Téc. Carolina)

The exacerbated libido is more difficult, because you do not have a control type. Here is a patient especially if you're used to descend, stay with others and make herself the whole thing, you have to brake, there has to be trapped inside the ward is not going down there and it is a disgrace. Run the risk of contracting a disease. (Téc. Bahia)

One of the difficulties is the charge of the institution of the family and the constant monitoring of these patients in order to
prevent pregnancy or sexually transmitted disease (STD). This proposition, sexuality is a sensitive issue, which should not be discussed by the conservative or liberal bias view, but should be permeated by a single, individual care on a case.

The mental hospital there is an absolute lack of discussion on the subject, is not the subject of supervisory meetings and, when possible, is repressed manifestations of sexuality.

♦ What nursing needs?

In this topic is covered, from the professional discourse, which is necessary to develop a skilled nursing care.

♦ Professional training/ Knowledge

In relation to aspects necessary for a better care, 02/04 nurses and 09/26 technicians indicate the importance of investing in permanent education through trainings and courses.

Many have a very good clinical background, know verify signals, and do medication, check blood pressure, make a clinical assessment, psychiatric evaluation but they sin too; because it has a weak base on training. Training in psychiatry, it leaves much to be desired in the area of nursing technicians and in the area of higher education. (Enf. Fluminense)

Take a course, lecture, is not coming here as if it were fall "parachute" here, would that really be working. But there really was a specific training geared toward the professional who is entering, so he can learn to deal. What you learn in everyday life, already with that routine, that comes from years with older professionals, which is not quite right sometimes. (Téc. Dama da noite)

Many people in nursing never dealt with psychiatry. Then they come here and strange, thinking that comes here is equal to the clinical hospital and is not equal. So has many assistants who lose patience, discriminate against patients and we see this in everyday life. Should have more courses. (Téc. Bahia)

Out of the 30 respondents, 11 report about the need for training sessions, lectures or courses. However when questioned on how to motivate people to participate, cannot answer, do not see outputs, repeat the same strategies that were used with them, and did not join themselves. It is interesting that they want more of what went wrong. It is like cannot do anything else would be a nurse out of therapeutic possibilities. We need to take steps not to repeat the same mistakes.

The suffering increases because workers are gradually losing hope that the condition is now given to them, can improve tomorrow. He also says that among the common people, the relationship to work will dissociate gradually the promise of happiness and safety.9

♦ Institutional support and multidisciplinary effort

The nursing staff questions the fact of being alone in performing care melee. Them, 04/26 technicians and 03/04 nurses allege discomfort with the lack of support and coordination of the multidisciplinary team.

[…]you do not have a backup, because nobody here gives you support, or mayor or anyone here, headship. (Téc. Paixão)

At the time no one answers for nursing, each supervisor makes his way (Enf. Margarida)

The report of the subjects highlight the lack of coordination of nursing, miss a “defense attorney” to mediate conflicts with other professionals and take their cause the direction of the unit.

Center the figure of the engineer as a “savior” or responsible for the poor progress of nursing work and the working conditions. Do not perceive themselves as agents of change, committed to transformation due to each one.

It is not enough just to be here at 07 a’clock give medication, not only is the drug part. But we need to OT (occupational therapist) to act on it no matter how small the time, the psychologist trying to understand everything that’s going on in his little head and the doctor observe their behavior much, staying in the infirmary, a multidisciplinary team working. (Téc. Fluminense)

In relation to challenging situations 03/04 nurses argue that they face challenges in everyday care, among them we highlight the integration between the multidisciplinary team unity and extra-hospital network for the development of the treatment plan.

An important aspect of mental health care is teamwork, executed in a practice filled with decentralization of powers and functions, enhancement of knowledge with multiple looks and guarantees a clear and responsible discussion. The professional practice, psychiatry, must overcome technical specialties, “including saying that the specificity in psychiatry is not having specificity”.10,150 It is vital a basic understanding of the whole to give that a therapeutic intervention.

♦ Working conditions

Another fact that deserves attention, mentioned by 08/26 nursing technicians and 03/04 is the lack of nurses working conditions, whether by the material and human resources deficit or the physical structure of the institution. In some times when it is required,
the output of a nursing technician, the sector remains only a professional nursing for 25 users, which triggers a state of tension in them, a sense of insecurity.

In the case of nurses, the ratio is approximately 25 users per nurse. There is also the difficulty of organizing the tour with the lack of personal hygiene and other items needed for workshops materials. Some professionals acquire with their own resources necessary materials.

I think ridiculous closed bleak. It's bad for them and for me too because I do not like being locked up, and I thought well that space has to be good for both, both for patients and for servers that are here all day with them. (Téc. Mangueria)

The quantitative professionals I think poor, we always stay in tension. (Téc. Dama da noite)

A lower workload, the COREN has no timetable for differentiation of clinical psychiatry in general part, because you work in psychiatry in the fully charged environment. So, I think the workload should be smaller, less fully. Because we give equal 40hs worldwide. (Téc. Jesus)

One study identified psychological distress in nurses, the potentiation of exposure to psychic load and not by living with the psychiatric patient, but by working conditions that these workers are included nursing.\(^{11}\)

Psychological support, motivation

For the points needed for a better, 02/04 care nurses describe the importance of mental health care workers.

We miss the professional be careful at every moment we’re watching, on rare occasions, we are care. These are people who should undergo the same psychological care, we’re not 100% right all the time and we know that at some moments in life we need to be careful. (Enf. Beija-Flor)

Investment is needed in class, be motivating people. It is necessary to invest in mental health professional, nurse, nursing in general. (Enf. Maria Joaquina)

The madness affects those who live with it by putting us in touch with our “wounded piece”.\(^{2,29}\) It imposes the need for professionals stand ready to reorganize and psychically, giving rise to intense and contradictory feelings: love and hate, compassion and jealousy, pain and pleasure.

CONCLUSION

We have to consider what little instrumental training that professionals have to manage situations of daily work as they still scarce experience and practices in psychiatry to the appropriate caregiver attention is not given. This point is crucial, requiring a confrontation with the “madness” without many intermediations.\(^{7}\)

Nursing activities are performed in daily life without the concept of psychosocial rehabilitation. Don’t care aims at user autonomy, is a repetition of acts without senses, is the do, without reflective practice.

There is an explicit difficulty in caring for drug users; the relationship causes uneasiness, a related link to unrecognized discomfort and difficulty to manage the situations of abstinence. Also show possible ways to develop a skilled nursing care: invest in continuing education through training and refresher courses; institutional support and teamwork; hiring human resources and procurement of hygiene materials and the development of workshops, career support aiming to mental health care. However, do not believe in professional adhesion to put the proposals into practice.

Professional, technicians and nurses, voiced an increased responsibility in their work process. However, the requirement that it be able to resolve complex situations is not accompanied by the theorists, financial or emotional resources. Expectations are increasing in relation to the employee, is a one-way street.

The difficulty in caring for drug users is a common problem in psychiatry. The quantity of users has increased and become frequent hospitalizations. However, there was no preparation of caregivers, they use the knowledge gained through the media and professional experience and own particular vision, often prejudiced to watch this clientele. We need to hear these caregivers understand the difficulties and challenges faced in everyday life and from this, proposing discussions in pursuit of professional development.

Given the results you need to create a space of discourse for these workers direct their complaints and pain, where suffering can be worked from the perspective of a good working condition.

The assumptions of the psychiatric reform will only be achieved when a reflective practice, where we can ask ourselves about our relationship to health, with craziness, with our work, with our knowledge and practices.\(^{12}\)

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