Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

ROLES, CONFLICTS AND REWARDS OF SPECIALIST NURSES IN PSYCHIATRIC AND MENTAL HEALTH NURSING: A PROSPECTIVE STUDY

PAPÉIS, CONFLITOS E GRATIFICAÇÕES DE ENFERMEIROS ESPECIALISTAS EM ENFERMAGEM PSIQUIÁTRICA E SAÚDE MENTAL: ESTUDO PROSPECTIVO.

PAPELES, CONFLICTOS Y GRATIFICACIONES DE ENFERMEROS ESPECIALISTAS EM ENFERMERÍA PSIQUIÁTRICA Y SALUD MENTAL: ESTUDIO PROSPECTIVO

Raphael Valentino Marques de Lima[1], Luiz Jorge Pedrão[2], Moacyr Lobo Costa Junior[3]

ABSTRACT

Objective*:** to verify the roles, conflicts and rewards of specialist nurses in psychiatric and mental health nursing. ***Method*:** qualitative study, in which 31 nurses who graduated from a specialization course responded to a semi-structured questionnaire. Content analysis was applied for presenting the results. The research proposal was approved by the Research Ethics Committee, CAAE 0053.0.004.000-06. ***Results*:** the nurses participating in the study work in the field in which they specialized and engage in administrative, direct care and specific roles. They have conflicts related to lack of professional recognition, poor working conditions and relationship difficulties with their team; and rewards, such as professional and personal recognition and in terms of qualification. ***Conclusion*:** The nurses exercise their role as specialists; they have conflicts involving recognition and structural aspects of the health service; and rewards linked to factors of personal nature and professional qualification. ***Descriptors: Psychiatric Nursing; Mental Health; Role Playing.

RESUMO

Objetivo*:** verificar os papéis, conflitos e gratificações do enfermeiro especialista em enfermagem psiquiátrica e saúde mental. ***Método*:** estudo qualitativo, em que 31 enfermeiros egressos de um curso de especialização responderam a um questionário semiestruturado, sendo aplicada a análise de conteúdo para apresentação dos resultados. Este estudo foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0053.0.004.000-06. ***Resultados*:** os enfermeiros pesquisados trabalham na área em que se especializaram e desenvolvem papéis administrativos, de cuidados diretos e específicos; possuem conflitos relativos à falta de reconhecimento profissional, às más condições de trabalho e dificuldades de relacionamento com sua equipe; e a gratificações, como o reconhecimento profissional, pessoal e de sua qualificação. ***Conclusão*:** pode-se considerar que os enfermeiros exercem seu papel de especialista; possuem conflitos voltados a aspectos de reconhecimento e estruturais do serviço; e a gratificações ligadas a fatores de ordem pessoal e qualificação profissional. ***Descritores: Enfermagem Psiquiátrica; Saúde Mental; Desempenho de Papéis.

RESUMEN

Objetivo: verificar los papeles, conflictos y gratificaciones del enfermero especialista en enfermería psiquiátrica y salud mental. ***Método***: estudio cualitativo, en el que 31 enfermeros egresados de un curso de especialización respondieron un cuestionario semiestructurado, aplicándose análisis de contenido para presentación de los resultados. Este estudio fue aprobado por el Comité de Ética en Investigación, CAAE 0053.0.004.000-06. ***Resultados***: los enfermeros investigados trabajan en el área en la que se especializaron y asumen roles administrativos, de cuidados directos y específicos; manifiestan conflictos relativos a la falta de reconocimiento profesional, malas condiciones laborales y dificultades relacionales con su equipo; así como gratificaciones, como reconocimiento profesional, personal y de su calificación. ***Conclusión***: corresponde considerar que los enfermeros ejercen su papel de especialista; tienen conflictos relativos a aspectos de reconocimiento e infraestructurales del servicio; y gratificaciones vinculadas a factores de orden personal y calificación profesional. ***Descriptores***: Enfermería Psiquiátrica; Salud Mental; Desempeño de Papel.

[1]Nurse, Master of Psychiatric and Mental Health Nursing, Campinas City Hall. Campinas – São Paulo, Brazil. Email: limarvm@usp.br; [2]Nurse, Ph.D. Professor, GraduateProgram in Psychiatric Nursing, Department of Psychiatric Nursing and Human Sciences, University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto – São Paulo, Brazil. Email: lujope@eerp.usp.br; [3]Undergraduate Degree in Statistics and Sanitarist, Research Collaborator, Center of Legal Medicine (CEMEL), Department of Pathology and Legal Medicine, School of Medicine of Ribeirão Preto, University of São Paulo (USP). Ribeirão Preto – São Paulo, Brazil. Email: mlobojr@eerp.usp.br

INTRODUCTION

The training of a specialist nurse in the field of psychiatric and mental health nursing requires changes in the theoretical-conceptual and technical-care fields, where people diagnosed with a mental disorder should be viewed in their singularity and plurality, as people who deserve to be embraced by professionals, family members and the community. It is understood that this training is inserted within a complex teaching process, which entails being flexible and attentive to new trends in the healthcare field, thereby promoting dialogue in knowledge production.[1,2]

The role of the psychiatric nurse is to be a therapeutic agent and his/her actions are based on the relationship established with the person diagnosed with a mental disorder, who participates and understands it as a therapeutic relationship. This model has been advocated in the teaching of psychiatric nursing, but nurses practicing the profession have experienced difficulties playing this role, pointing out that the therapeutic relationship has either been delegated to others on the nursing team, or is not being performed by nurses. These psychiatric nurse practitioners end up in other roles, such as administrative ones, which generates dissatisfaction, in terms of carrying out professional duties in services that replace traditional psychiatric hospitals, as proposed by the Psychiatric Reform.[3,4]

The roles played by nurses who perform their professional activities in so-called open psychiatric care services can sometimes be subdivided as: administrative; direct care; specific care, in addition to participating in mental health research, being recognized therefore as an active part in the management process, not disconnecting themselves from providing care, and acting in the process involving the thinking and doing of health care.[5-7]

The disparities between what is taught in universities, what is carried out in practice in mental health services and mental health policies in effect in the country result in the training of uncritical, non-reflective professionals who view practice as carried out primarily in the hospital environment, geared toward medical treatment, rooted in the "therapy" of segregation and social exclusion.[8-10]

Nurses with specialist degrees do not feel valued, claiming there is no improvement in wages or other benefits, and also that their degree tends to be ignored, criticized or minimized by their close colleagues. Some are even unaware that the nurse has this training. On the other hand, recognition, responsibility and autonomy are highlighted by nurses as factors that provide a certain sense of satisfaction.[11]

Nurses should exercise their professional duties linked to programs built within this transformation process, which involves creating new spaces for psychiatric and mental health nursing care, insofar as receiving people diagnosed with mental disorders outside the formerly restricted environment of large psychiatric hospitals. Currently, these people are entitled to individual care, group care, care in small therapy units run by professionals with undergraduate or technical degrees, home visits, family care, community activities focused on the integration of the person in question into the family, community and society.[12]

The psychiatric and mental health nursing care administered to people diagnosed with a mental disorder is highly complex regardless of the provider of this care. Therefore, these nurses require specific training, which can be obtained in specialization courses that normally seek to train such professionals in the general clinical aspects of this field and all issues related to rehabilitation, mainly linked to the concepts of the psychiatric reform. Thus, it is particularly important to examine the roles, conflicts and rewards of specialist nurses in psychiatric and mental health nursing in the performance of their professional duties, which is the objective of this study, so as to provide elements for the development of programs and the planning of courses, whether classroom-based or distance learning, in addition to those that combine both types of education.

METHOD

This paper was based on the dissertation << *Papéis, conflitos e gratificações de enfermeiros especialistas em enfermagem psiquiátrica e saúde mental: estudo prospectivo* >>, submitted in the Graduate Program in Psychiatric Nursing, of the University of São Paulo at Ribeirão Preto College of Nursing.

A qualitative study was developed, and its results are presented through content groupings comprised of roles, conflicts and rewards, considering that this is an important means of analysis in nursing research.[13-4] The subjects in this study were specialist nurses in psychiatric and mental health nursing who had completed the Specialization Course in

Psychiatric and Mental Health Nursing provided by the Department of Psychiatric Nursing and Human Sciences, of the University of São Paulo at Ribeirão Preto College of Nursing (DEPCH-EERP-USP) in the last five years of its regular operation, that is, from 2002 to 2006.

This specialization course began in 1978 and was called Specialization Course in Psychiatric Nursing, and continued being offered until 1992. In 1998, it was reinstituted under the name Specialization Course in Psychiatric and Mental Health Nursing, accredited by the administration of graduate studies. In 2007, it was once again discontinued. And then in 2009, it was reopened, linked to the Department of Culture and Extension of the University of São Paulo, in compliance with its rules for the planning and offering of specialization courses. Under its new structure, it offers an opportunity to non-nursing professionals who have an affinity for the area of psychiatry or mental health. In 2010, it was necessary to interrupt the program to evaluate the reformulation of its overall proposal.

The nurses included in this study were students of the Specialization Course in Psychiatric and Mental Health Nursing in the five years prior to its being opened up to non-nursing professionals. First, a search was performed in the archives of the Specialization Course in Psychiatric and Mental Health Nursing at the Office of DEPCH-EERP-USP to collect the names of all the nurses who had taken the above-mentioned course in the years established for conducting the research. In this search, 83 nurses were found and, of these, 81 had completed the course in question; afterwards, these nurses were tracked through social networks on the Internet and through the DATASUS website, more specifically in the National Register of Health Establishments.

Of the total number of subjects eligible for inclusion, 53 were located and, of these, contact was made with 31 nurses who responded and agreed to participate. They were sent the data collection material, via mail or Internet, with instructions to return it. The package included a Free and Informed Consent Form and the data collection form, divided into two parts. The first part addressed general characteristics, such as: sex, age, graduate program (Master's or Ph.D.), time since they graduated in years, time of practice as a nurse in years, year they completed the specialization course in psychiatric and mental health nursing and if their current area of work is related to psychiatric and/or mental health nursing. The second part included three questions, which were:

1) As a nurse specialist in psychiatric and mental health nursing, what roles do you perform?

2) What conflicts do you experience in the work you do as a nurse specialist in psychiatric and mental health nursing?

3) What rewards do you receive in the work you do as a nurse specialist in psychiatric and mental health nursing?

Through an exhaustive reading, the responses from the questionnaires were summarized and the cores of meaning intrinsic to the responses given by the subjects were identified in order to define and group them in the most adequate form for the analysis process.[13]

The research project to develop this study was examined and approved by the Human Research Ethics Committee of Hospital das Clínicas of the School of Medicine of Ribeirão Preto, University of São Paulo HCFMRP-USP – Process HCRP 3871/2006, CAAE 0053.0.004.000-06.

RESULTS

Of the 31 specialist nurses in psychiatric and mental health nursing who agreed to participate in the study and returned the questionnaires along with the signed Free and Informed Consent Form, a comprehensive analysis was performed on 28 questionnaires, since the other three were not fully completed, in which case it was only possible to use their personal information, which was the only part filled in. Table 1 presents the personal information of the subjects.

Table 1. General characteristics of the specialist nurses in psychiatric and mental health nursing who participated in the study (n=31). Ribeirão Preto – São Paulo 2012.

Nurse	Age	Time since graduation (years)	Time of practice as a nurse (years)	Does the person work in the area of psychiatric and/or mental health nursing?	Graduate Studies	
					Degree	
					Master's	PhD
1	28	3	1	Yes	Yes	**No**
2	34	11	11	Yes	No	**No**
3	28	5	4	No	No	**No**
4	28	3	2	No	No	**No**
5	32	3	3	Yes	No	**No**
6	32	3	2	No	No	**No**
7	26	2	1	Yes	Yes	**No**
8	24	3	3	No	No	**No**
9	36	4	2	Yes	No	**No**
10	53	4	2	Yes	No	**No**
11	24	2	2	No	No	**No**
12	40	3	<1	No	No	**No**
13	33	8	8	Yes	No	**No**
14	29	3	3	Yes	No	**No**
15	27	3	3	Yes	No	**No**
16	33	7	7	Yes	Yes	**No**
17	30	7	7	No	No	**No**
18	35	10	10	No	No	**No**
19	33	11	11	Yes	No	**No**
20	31	8	8	Yes	No	**No**
21	36	13	13	Yes	No	**No**
22	30	9	9	Yes	Yes	**Yes**
23	39	8	8	Yes	Yes	**Yes**
24	32	10	10	Yes	No	**Yes**
25	47	16	16	Yes	No	**No**
26	57	10	10	Yes	No	**No**
27	28	7	6	Yes	Yes	**Yes**
28	32	7	7	Yes	No	**No**
29	34	11	11	No	No	**No**
30	37	14	14	Yes	No	**No**
31	**38**	**10**	**10**	**Yes**	**No**	**No**

Among the nurses who participated, there was a prevalence of women, and most carried out their professional activities in the field of psychiatric and mental health nursing.

As shown in Table 1, the professional duties of nine of the nurses in this study are not directly related to the field of psychiatric or mental health nursing. In light of this, it was considered interesting to present the results for the roles, conflicts and rewards of the nurses surveyed separately, forming, therefore, three groups in regard to the roles, conflicts and rewards of the nurses who participated. Each one of these had two subgroups: one composed of nurses who perform their duties in the area of psychiatric or mental health nursing, and the other composed of nurses who do not.

Even taking into account the qualitative research, the results are presented in table form, since it was considered that it would provide a better visualization, using the descriptive form, extracted from the summaries of the questionnaire responses for the three groups. It was also decided to indicate the number of nurses who responded in each group, bearing in mind that each nurse may have his or her response slotted into more than one group.

The first group corresponds to the roles of the nurses who participated in this study, presented in Tables 2 and 3, as follows.

Table 2. Activities related to the roles of specialist nurses in psychiatric and mental health nursing who work in these areas (n=22). Ribeirão Preto – São Paulo, 2012.

Roles	Related activities	Nurse/ Responses
Administrative	Coordination of the services, organization of the care service, meetings, continuing education, participation in management councils, participation in health councils at various levels, organization of events, preparation of manuals.	9
Direct care	Work together with patients and family members, provision of care (bathing, medication and guidelines), qualified listening, psychological support to patients, crisis control, follow-up of family members, follow-up of patients, patient care.	14
Specific care	Preparation of the nursing process, planning of monthly and daily shifts of employees, team leadership, coordination/supervision/guidance of the nursing staff, nursing consultation, post-consultation, application of mental state examinations, screening, reception, home visits, prevention in the community, counter-reference, therapeutic listening, customer and family advocacy, medication control, development of activity routines, clinical evaluation, referral to other specialties, development of individual therapeutic plans for patients, member of the multidisciplinary team, reference professional, development and participation in focus groups and workshops, matrix-based support, individual care.	14
Teaching	Teaching in professional training courses for nursing technicians and aides, supervising professor for graduate students, teaching, research and extension.	5

Table 3. Activities related to the roles of specialist nurses in psychiatric and mental health nursing who do not work in these areas (n=6). Ribeirão Preto – São Paulo, 2012.

Roles	Related activities	Nurse/ Responses
Administrative	Continuing education, guidance given to nursing technicians and aides, training and instruction on containment procedures, guidance given to employee group facilitators, management of the service.	4
Direct care	Screening of patients, care related to the safety of patients in health services, care of patients until reference service is provided for.	3
Specific care	Referral to mental health reference services, mediation and care in relation to the patient's family, leadership of the nursing team and organization of the Nursing Care System for patients with mental disorders.	2

The second group corresponds to the conflicts of the nurses who participated in this study, presented in Tables 4 and 5, as follows.

Table 4. Activities related to the conflicts of specialist nurses in psychiatric and mental health nursing who work in these areas (n=22). Ribeirão Preto – São Paulo, 2012.

Conflicts	Related activities	Nurse/ Responses
Lack of professional recognition	Lack of recognition as a specialist nurse, no differentiation between general and specialist nurses, lack of credibility in decisions, lack of credibility in the care given by specialist nurses, lack of financial recognition, lack of autonomy as a nurse.	9
Work conditions	Lack of material resources and adequate physical space, lack of human resources, work overload of the qualified professional, overall lack of qualification of professionals who make up the team, lack of opportunities for staff training, lack of tact on the part of both the medical team and nursing team, high turnover of professionals in the service, difficulty combining management and care, difficulty combining practice and theory.	13
Relationship problems with the team	Medical professionals who cannot work as a team, lack of cooperation between nurses, disregard by the team for decisions that were made, conflicts over management positions.	6
No conflicts	There haven't been any conflicts in the work up until the present.	2

Table 5. Activities related to the conflicts of specialist nurses in psychiatric and mental health nursing who do not work in these areas (n=6). Ribeirão Preto – São Paulo, 2012.

Conflicts	Related activities	Nurse/ Responses
Lack of professional recognition	Lack of space or voice on the team, inability to be recognized by the work team, different perspective from direct management.	1
Work conditions	Lack of skilled human resources in the different care services for patients with mental disorders, lack of psychiatrists for medical care of patients, lack of beds, unskilled workers.	6
Relationship problems with the team	Competitiveness among nurses, difficulties in dealing with managers, conflicts with staff due to lack of skills.	2

The third group corresponds to the rewards of the nurses who participated in this study, presented in Tables 6 and 7, as follows.

Table 6. Activities related to the rewards of specialist nurses in psychiatric and mental health nursing who work in these areas (n=22). Ribeirão Preto – São Paulo, 2012.

Rewards	Related activities	Nurse/ Responses
Professional recognition	Gratitude from patients for services provided, improvement in patients, recognition from the multidisciplinary team for the nurse's work, recognition from patients, job promotion, expanded labor market for qualified professionals, positive response from students to what is taught.	12
Personal recognition	Personal satisfaction, being recognized as a psychiatric nurse, rewards from colleagues, difference in personnel management, pleasure in working, discovery of nurse's capabilities, good performance in nurse's role, passion for nursing work.	11
Qualification	Application of knowledge, security in providing care, attitude, ethics, interest in seeking further training, satisfaction in being able to put into practice what was learned, different outlook on mental health care, qualifications to work in services outside the normal scope of hospitals.	8
None	No reward received.	1

Table 7. Activities related to the rewards of specialist nurses in psychiatric and mental health nursing who do not work in these areas (n=6). Ribeirão Preto – São Paulo, 2012.

Rewards	Related activities	Nurse/ Responses
Professional recognition	Full oversight of patients, improvement in patients, signs of improvement, patients' trust in the professional, being recognized as a psychiatric nurse.	5
Personal recognition	Recognition by patients of the care given by the professional, praise from users.	2
Relationship with patients	Reward in handling patients.	1

DISCUSSION

The general characteristics of the specialist nurses who participated in this study show that most of them are in an extremely productive phase, performing their professional duties in the area in which they are specialized, with an average time exercising their profession that represents an accumulation of a certain degree of professional experience. Some have even made further strides in relation to professional training, in that they went beyond the specialization course and took graduate Master's and Ph.D. programs, which may set these professionals apart in their careers, generating possibilities to achieve prominence in the job market, where such skills are required.

In regard to the subjects' roles, the **Administrative** function illustrates one of the main activities of nurses in all their work fields. However, in this case, besides the official responsibility, some activities performed went beyond the duties involving management of services and constituted management support functions.[5,6,15]

In relation to **Direct care**, the grouping of responses shows that it focuses on nursing care in general, basic health care provided by nurses to patients, or their family members[16,17], without being related to the field of psychiatric and mental health nursing.

The grouping in regard to roles concerning **Specific care** showed activities involving the particular attributes of specialist nurses in psychiatric and mental health nursing, where, in order to perform them, specific knowledge in these areas, with the appropriate articulations, was needed.[1] With respect to the **Teaching** grouping, the activities were related to teaching in professional training courses, supervision in undergraduate courses and research, without being directly related to the areas in question, but leading to the conclusion that the specialization made it possible to carry out these activities.

Administrative/bureaucratic roles, to a certain degree, impart a better social status to nurses, since there is a connotation that nurses who only perform administrative, bureaucratic and organizational roles are shielded from some roles that are equally important or complex, such as direct care, but which do not receive the same social recognition.[18] This was not the case with the roles described by the specialist nurses, since they assign equal importance to these roles, leading to the conclusion that their specialization exerts a certain influence on this.

The content obtained on the individual perception of each nurse in relation to their role is in line with that recommended by the Ministry of Health for psychosocial rehabilitation in relation to people with diagnoses of mental disorders[12]. This reinforces the hypothesis that the Specialization Course in Psychiatric and Mental Health Nursing does actually exert a certain influence on psychiatric and mental health nursing care, since, undoubtedly, it highly encouraged the nursing students to focus their attention on adapting the care in this particular field, including developing and participating in focus groups and workshops.

It can be deduced then that the knowledge acquired by these specialists in the specialization course makes it possible to carry out the aforementioned group activities and workshops, understood, in the milieu of psychiatric care and mental health, as particularly important therapeutic activities.[1,4,6]

Thus, the roles focusing on direct and specific care are connected, indicating possibilities that can be carried out appropriately. Therefore, it can be assumed that specialist nurses, inserted into interdisciplinary teams of mental health care services, participate in the activities defined by this team, get involved with and lead the care and follow-up process of people diagnosed with mental disorders and guide the nursing staff, complying with the specific characteristics of the profession. They are engaged in an innovative work, integrated into the interdisciplinary team, like any other professional, in order to improve the care given.[7,19]

It is important to note that the content related to the activities of roles led to the formation of similar groupings for specialist nurses in psychiatric and mental health nursing who work or do not work in the field of psychiatric and/or mental health nursing, but with differences in terms of breadth and depth, favorable to those who work in these areas.

In regard to the conflicts presented by the nurses studied, in the group entitled **Lack of professional recognition**, the responses pointed to situations such as lack of recognition of their degree and differences in relation to non-specialized professionals, appreciation for their work and credibility in the care they provide. It might be thought that this lack of recognition is strongly tied to the issue of financial compensation and non-recognition of the work carried out by nurse specialists in psychiatric and mental health nursing, as an intrinsic activity of the specialized knowledge, which undeniably leads to conflict, but in the case of lack of autonomy, one would expect the opposite, i.e., the autonomy, possibly existing due to the knowledge obtained in the specialization course, would create situations that reduce the conflicting sensations.

In the **Work conditions** group, the responses are related to the different types of resources that are lacking, in terms of materials and adequate physical space, as well as lack of human resources and work overload, including unhealthy work conditions due to pressures. In the group called **Relationship problems with the team,** the responses were related to the tensions involved in the relationships among professionals working in the same environment, with the potential to undermine work partnerships, leading to the conclusion that this has a negative influence on the quality of care.

Surprisingly, there was a group in the summaries called **No conflicts**, with replies from two nurses who work in psychiatric and/or mental health nursing, representing important content in terms of showing that these aspects are possible in a job, indicating that some conflict may exist, and most certainly does exist, but it is not significant within the overall context of performing professional activities. It is hard to imagine a work environment that does not have any type of misunderstandings that can lead to conflict, and this is healthy in a way because it always leads to reflections linked to maturity and growth.

On the one hand, these statements could be interpreted as a negligent attitude toward events in the workplace, but on the other it could be understood that these nurses do not consider certain routine events that occur in the workplace as conflicts, but rather as opposing interests, different feelings, general misunderstandings, worked out spontaneously, which would justify the assertion that there were no conflicts.

It can be noted that, just like the roles group, the groups formed on the basis of content from responses related to the conflicts of specialist nurses, both those who work in the field of psychiatric and/or mental health nursing, and those who do not, are similar. Therefore, it is worth considering that conflicts may be an issue that can be worked out with nurses regardless of the area of work or specialty.

It is well-known that there are physical and structural problems in Brazilian health services, particularly in mental health care services, as well as an insufficient number of professionals and especially a lack of qualified professionals. However, the problems concerning work conditions, which were indicated by the nurses studied as major conflicts, can undoubtedly be discussed and resolved in the political realm.[20]

These aspects also lead to the conclusion that the lack of qualification of professionals in these services generally undermines comprehensive and quality care for people diagnosed with a mental disorder or those in a state of psychic suffering.[21]

In terms of the rewards presented by the nurses studied, the content resulted in one grouping called **Professional recognition**, which focuses on appreciation for the nurses, achievements and professional dignity, confirmed by users of the health services, teammates, promotions and positive feedback from students, for teaching, which is indeed different in that it is given by specialist nurses. It can be noted that these statements are contrary to the ones before in relation to conflicts, but this was to be expected, since they are part of the work context.

In the grouping **Personal recognition,** it is important to highlight, among others, recognition for the specialization, pleasure of working and passion for what you do, which is extremely important for a professional in the performance of their duties. In regard to **Qualification**, another grouping extracted from the rewards content, it shows that nurses feel rewarded as seen by their interest in seeking further professional training, and based on what they have learned, having a different perspective on mental health care.

Just as there were similarities in the roles and conflicts for specialist nurses in psychiatric and mental health nursing, who either work or do not work in the field of psychiatric and/or mental health nursing, the same occurred with rewards, but as in the case of roles, with differences in breadth and depth, also favorable to those who work in these areas.

These responses may reflect some degree of idealism, since it can be understood that some subjects responded enthusiastically to the rewards they receive at work, but it must be remembered that one nurse who works in the area of psychiatric and/or mental health nursing reported experiencing **No Rewards** in her work.

FINAL REMARKS

It is important to take into account certain limitations of this study. No relationships were made between the roles, conflicts and rewards of the nurses who participated and the content developed in the Specialization Course in Psychiatric and Mental Health Nursing from which these nurses graduated. Likewise, no operational definitions of roles, conflicts and rewards were made for the purpose of analysis, even using a qualitative methodology. The nurses included in the study were from only one specialization course, despite being considered a traditional and highly significant course which was recognized throughout Brazil at the time it was offered. These limitations can be addressed, in due course, in other studies.

From the results obtained, it can be considered that the specialist nurses in psychiatric and mental health nursing who participated in the study generally put into practice the knowledge acquired in their specialization, which can make these nurses a reference in their workplaces.

Concerning their roles, the nurses are not restricted to bureaucratic and administrative roles, although these do represent part of their activities; they act as direct care agents, truly promoting direct patient care; the nurses studied are aware of their duties and competences, which demonstrates a quality of capability, maturity and assurance in their activities in the workplace, and enables care to be given based on specific expertise; they are particularly geared toward the principles of psychosocial rehabilitation, interpersonal relationships and reception of people diagnosed with mental disorders and their families, regardless of the focus of activity of the institutions in which they work.

In regard to their conflicts, the lack of adequate work conditions is reflected primarily in unskilled human resources and lack of professional training; lack of professional recognition, where there is often a lack of appreciation for the steps taken by the nurses, or even lack of carrying out care plans; relationship problems with the team, whether multi-professional or nursing. These conflicts, from the perspective of the psychiatric nurses, undermine the care given to people diagnosed with a mental disorder, both in specialized psychiatry and mental health services, as well as outpatient, clinical or emergency services.

As far as their rewards, professional/personal recognition is highlighted, but not primarily financial recognition, which is particularly relevant, since it focuses the attention of these professionals on the objective of the care being provided; recognition of their work as a specialist nurse, recognition from the nursing staff and multidisciplinary team they work with, as well as recognition from users of the services; qualification, but giving secondary importance to financial compensation, even after the completion of their graduate studies, which could have been a way of adding monetary worth to the curriculum of these professionals.

Lastly, it is important to bear in mind that even issues of secondary importance, such as financial compensation, should not be neglected, since nursing is still a highly

underpaid profession in relation to its great value in healthcare and the overall responsibility it entails, regardless of the area of care, and despite the recognized growth in professional needs and responsibilities.

REFERENCES

1. Lucchese R, Barros S. A constituição de competências na formação e na prática do enfermeiro em saúde mental. Rev. Esc. Enferm. USP. 2009; 43(1):152-160.

2. Soares MH, Bueno SMV. Cenário do ensino do enfermeiro psiquiátrico. Cienc. cuid. saúde. [Internet] 2012 [cited 25 Nov 13];11(suppl):160-7. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/17071

3. Damásio VF, Melo VC, Esteves KB. Atribuições do enfermeiro nos serviços de saúde mental no contexto da reforma psiquiátrica. J Nurs **UFPE on line** [Internet]. 2008 [cited 2013 Nov 10]; 2(4):425-33. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/329

4. Dias CB, Aranha Silva AL. O perfil e a ação profissional da(o) enfermeira(o) no Centro de Atenção Psicossocial. Rev Esc Enferm USP. 2010; 44(2):469-75.

5. Lima RVM, Pedrão LJ, Miasso AI, Costa Junior ML. Papéis, conflitos e gratificações de enfermeiros especialistas em enfermagem psiquiátrica e saúde mental. Rev. eletrônica enferm [Internet]. 2012 [cited 2013 Jan 10];14(1):59-67. Available from: http://www.fen.ufg.br/revista/v14/n1/v14n1a07.htm

6. Lima RVM, Pedrão LJ, Gonçalves JG, Luis MAV. Papéis, conflitos e gratificações do enfermeiro de serviços abertos de assistência psiquiátrica. Rev eletrônica enferm [Internet]. 2010 [cited 2010 July 10]; 12(2): 348-53. Available from: http://www.fen.ufg.br/revista/v12/n2/v12n2a19.htm.

7. Diaz Heredia LP, Marziale MHP. El papel de los profesionales en centros de atención en drogas en ambulatorios de la ciudad de Bogotá, Colombia. Rev. latinoam. enferm. 2010; 18 (spec): 573-81.

8. Amarante P, coordenador. Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil. 2nd ed. Rio de Janeiro: Fiocruz; 2003. 132p.

9. Peres MAA, Barreira IA. Uma nova enfermagem psiquiátrica na universidade do Brasil nos anos 60 do século XX. Esc. Anna Nery Rev. Enferm. 2008; 12(1):108-14.

10. Fernandes JD, Sadigursky D, Silva RMO, Amorim AB, Teixeira GAS, Araujo MCF. Ensino da enfermagem psiquiátrica/saúde mental: sua interface com a Reforma Psiquiátrica e diretrizes curriculares nacionais. Rev Esc Enferm USP. 2009; 43(4):962-8.

11. Castro AS, Furegato ARF. Conhecimento e atividade da enfermagem no cuidado do esquizofrênico. Rev. eletrônica enferm [Internet]. 2008 [cited 2011 may]; 10(4): 957-65. Available from: http://www.fen.ufg.br/revista/v10/n4/v10n4a08.htm.

12. Brasil. Ministério da Saúde [Internet]. Portaria nº. 336 de 19 de fevereiro de 2002. Estabelece as modalidades de serviços nos Centros de Atenção Psicossocial (CAPS) definidas por ordem crescente de porte/complexidade e abrangência populacional. 2002 [cited 2013 Feb 20]. Available from: http://portal.saude.gov.br/portal/arquivos/pdf/Portaria%20GM%20336-2002.pdf

13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12th ed. São Paulo: Hucitec; 2010. 407p.

14. Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs [Internet]. 2008 [cited 2011 June 10];62(1):107-15. Available from: http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2007.04569.x/full

15. Oliveira AGB, ALESSI NP. O trabalho de enfermagem em saúde mental: contradições e potencialidades atuais. Rev latinoam enferm. 2003; 11(3): 333-340.

16. Araújo GA, Soares MJGO, Henriques MERM. Qualidade de vida: percepção de enfermeiros numa abordagem qualitativa. Rev eletrônica enferm [Internet]. 2009 [cited 2013 Feb 20];11(3):635-41. Available from: http://www.fen.ufg.br/revista/v11/n3/v11n3a22.htm.

17. Rosenstock KIV, Neves MJ. Papel do enfermeiro da atenção básica de saúde na abordagem ao dependente de drogas em João Pessoa, PB. Rev Bras Enfermagem. 2010; 63(4):581-6.

18. Souza DRP, Souza MBB. Interdisciplinaridade: identificando concepções e limites para a sua prática em um serviço de saúde. Rev eletrônica enferm [Internet]. 2009 [cited 2013 Feb 20];11(1):117-23. Available from: http://www.fen.ufg.br/revista/v11/n1/v11n1a15.htm.

19. Silveira MR, ALVES M. O enfermeiro na equipe de saúde mental - o caso dos CERSAMS de Belo Horizonte, Rev. latinoam. enferm. 2003; 11(5): 645-51.

20. Santos NR. A Reforma Sanitária e o Sistema Único de Saúde: tendências e desafios

após 20 anos. Saúde em Debate [Internet]. 2009[cited 2013 Feb 20];33(81):13-26. Available from: http://docvirt.com/docreader.net/docreader.aspx?bib=SaudeDebate&PagFis=7610

21. Aranha Silva AL, Fonseca RMGS. Processo de trabalho em saúde mental e o campo psicossocial. Rev latinoam enferm. 2005; 13(3): 441-9.

Submission: 2013/11/19
Accepted: 2014/04/11
Publishing: 2014/08/01

Corresponding Address

Luiz Jorge Pedrão
Departamento de Enfermagem Psiquiátrica e Ciências Humanas
Escola de Enfermagem de Ribeirão Preto – Universidade de São Paulo
Avenida dos Bandeirantes, 3900 / Campus Universitário
Vila Monte Alegre
CEP 13040-902 — Ribeirão Preto (SP), Brazil