Nursing workers' perception of psychiatric care in a general hospital

A percepção dos trabalhadores de enfermagem sobre o atendimento psiquiátrico em um hospital geral

Percepciones de los trabajadores de enfermería sobre la atención psiquiátrica en un hospital general

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RESUMO

Objetivo: Analisar a produção do cuidado de enfermagem às pessoas em sofrimento psíquico atendidas em um hospital geral na perspectiva da corresponsabilidade e integralidade. **Método:** Foi realizado estudo qualitativo, exploratório, por meio da análise documental, observação participante e entrevista semiestruturada com 12 técnicos de enfermagem e 15 enfermeiros do Hospital Municipal de Serrinha-Bahia/Brasil. Os dados foram analisados a partir análise de conteúdo. **Resultados:** O atendimento psiquiátrico no hospital geral é visto pela maioria da equipe como porta de entrada para o primeiro atendimento, porém demonstram sentir receio, insegurança e despreparo para lidar com estes pacientes, sinalizando a necessidade de educação permanente para elaboração e integração de novos saberes. **Considerações finais**: Para efetivação do novo modelo de assistência à saúde mental, faz-se necessário a promoção de reflexão direcionada a desconstrução de preconceitos e estigmas previamente estabelecidos. Nesse sentido, torna-se imprescindível a compreensão das novas práticas para o enfrentamento do processo de transição de paradigma, que demanda dos profissionais, a disponibilidade para rever suas próprias percepções e práticas diante dos desafios advindos do processo de aproximação da pessoa em sofrimento psíquico no serviço de saúde.
Descritores: Saúde mental; Hospital Geral; Cuidado de enfermagem.

ABSTRACT

Objective: To analyze the production of nursing care for people in psychological distress treated in a general hospital from the perspective of co-responsibility and comprehensiveness. **Method:** A qualitative, exploratory study was carried out using document analysis, participant observation and semi-structured interviews with 12 nursing technicians and 15 nurses from the Municipal Hospital of Serrinha-Bahia/Brazil. The data was analyzed using content analysis. **Results:** Psychiatric care in the general hospital is seen by most of the team as the gateway to first aid, but they feel afraid, insecure and unprepared to deal with these patients, signaling the need for ongoing education to develop and integrate new knowledge.**Final considerations**: In order to implement the new mental health care model, it is necessary to promote reflection aimed at deconstructing previously established prejudices and stigmas. In this sense, it is essential to understand the new practices in order to cope with the process of paradigm transition, which requires professionals to be willing to review their own perceptions and practices in the face of the challenges arising from the process of approaching people in psychological distress in the health service.
Descriptors: Mental health; Hospitals, general; Nursing care.

RESUMEN

Objetivo: analizar la producción de cuidados de enfermería a personas en situación de malestar psíquico atendidas en un hospital general desde la perspectiva de la corresponsabilidad y la integralidad. **Método:** Se realizó un estudio cualitativo y exploratorio mediante análisis de documentos, observación participante y entrevistas semiestructuradas con 12 técnicos de enfermería y 15 enfermeros del Hospital Municipal de Serrinha-Bahia/Brasil. Los datos se analizaron mediante análisis de contenido. **Resultados:** La atención psiquiátrica en el hospital general es vista por la mayoría del equipo como la puerta de entrada a los primeros auxilios, pero se sienten temerosos, inseguros y poco preparados para tratar con estos pacientes, lo que señala la necesidad de una formación continua para desarrollar e integrar nuevos conocimientos. **Consideraciones finales**: Para implementar el nuevo modelo de atención en salud mental es necesario promover una reflexión orientada a deconstruir prejuicios y estigmas previamente establecidos. En este sentido, es esencial comprender las nuevas prácticas para hacer frente al cambio de paradigma, lo que requiere que los profesionales estén dispuestos a revisar sus propias percepciones y prácticas frente a los desafíos derivados del proceso de acercamiento a las personas que sufren enfermedades mentales en el servicio de salud.
Descriptores: Salud mental; Hospitales generales; Atención de enfermeira.

ORIGINAL

Introduction

The Brazilian Psychiatric Reform is still in permanent construction of new spaces for shared intervention of health services, emphasizing the need for insertion of the user in the social context, which provides the practice of reform. It is a political and social process that presents a high level of complexity, seeking to reverse the history of inconsistent practices established in Brazilian public health, which value the hospital-centered model.[1,2]

The National Mental Health Policy of April 6, 2001 proposed the creation of extra-hospital services, which aimed at the socialization of the individual. The creation of substitute services, such as the Psychosocial Care Center (CAPS), Day Hospital (HD), Therapeutic Residency Services (SRT), inclusion in primary care services and also in urgent and emergency services has a complementary character in care. However, despite the creation of care networks, there is a need to train professionals to act more effectively in the promotion of practices that encompass biological, psychosocial and cultural aspects.[3-6]

The expansion of mental health care services has strengthened the individual's socialization process, in this context, the general hospital plays a significant role in the composition of the care network. However, it is necessary that the teams are willing to attend to them free of prejudice and resistance, with technical and scientific commitment, so that the team does not stop only at the apparent somatic and symptomatic complaints, but also values the sadness and anguish brought by the individual, aiming at establishing and strengthening the interpersonal relationship.[7,8]

Considering the role of the general hospital in the reformulation of Mental Health policies in the process of articulation between the specialized health services of the Psychosocial Care Network, the question arises: what is the Perception of Nursing Workers about Psychiatric care in a General Hospital? To answer this question, the objective was to analyze the production of care from the perspective of comprehensiveness and co-responsibility of nursing workers in psychiatric care in a general hospital.

Method

This is an excerpt from the dissertation entitled "Nursing and mental health: co-responsibility and comprehensiveness of care for people in psychological distress in a general hospital". This is a qualitative, exploratory study written according to the 32 items of the Consolidated Criteria for Reporting Qualitative Research (COREQ) tool to qualify the writing of qualitative studies. The study was carried out at the Municipal Hospital of Serrinha- Bahia/Brazil, a unit composed of the clinical ward, urgency and emergency sector, Intensive Care Unit (ICU) and mental health beds that were implemented in May 2020, deactivated during the pandemic period and reactivated in January 2022, with its gateway being the urgency and emergency sector.

A total of 15 nursing technicians and 12 nurses working in the urgency and emergency sectors and clinical ward of the municipal hospital participated in the study. The following inclusion criteria were established: being part of the professional staff with more than 06 months of experience and the exclusion

criteria were: being on vacation, premium leave, maternity leave or other type of leave during the research.

Semi-structured interviews, document collection and participatory observation were used for data collection. The interview was conducted on days when the professionals were on duty, at a time of lower demand in the unit, which did not lead to impairing work activities. All interviews took place in person on the hospital premises, in a reserved place, and were audio, recorded and saved on a laptop. To assist in the transcription of the audios, the transkiptor software was used.

Documentary analysis of the medical records of the care provided in the period from February 1 to April 30 in the urgency and emergency sectors and clinical ward was carried out and the information was complemented through participant observation recorded in the field diary, data collection took place from March to May 2022.

The participants were registered by code names, using TEC for nursing technicians and NFE for nurses, followed by the interview order number. The collected data were analyzed according to the Content Analysis Technique, which allowed the identification of the units of records, units of contexts, construction of the thematic axes and categorization for inference and interpretation of the data [9].

For follow-up, each text was processed to build the corpus of the research to be processed by the Iramuteq software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires), a tool that assists in the processing of qualitative research data. The corpus was submitted to lexical analysis explored by the similarity analysis method, which allows the researcher to identify the occurrence and connections between the words and the word cloud, which works with graphic representation as a function of the frequency of words that appear in the interview [10,11].

The triangulation of techniques was carried out as a methodological strategy that made it possible, through the combination of different data collection and analysis techniques, the consolidation and consequent conclusions, favoring validation, effectiveness and significant decision-making, based on the principle that each technique alone does not have minimum elements to answer the questions investigated [12].

The data were analyzed through the articulation of different theoretical approaches, emphasizing the author Michel Foucault through the works: "The History of Madness", "The Birth of the Clinic" and the "Microphysics of Power".[13-15]

The project was approved by the Research Ethics Committee of the State University of Feira de Santana (UEFS), under the Certificate of Presentation for Ethical Appraisal (CAAE) 55566721.6.0000.0053, opinion number: 5,283,400, in accordance with Resolutions No. 466/2012; No. 510/2016; No. 580/2018, and Circular Letter No. 039/2011/CONEP/CNS/GB/MS, which provides for compliance with secrecy and confidentiality, respecting autonomy.[16-18]

Results and Discussions

All the professionals participating in the research reported having provided care to patients in psychological distress at the general hospital, most

of them work both in the ward and in the urgency and emergency sector, there was a predominance of women of the participants, aged between 24 years and 54 years, the time of work in the service ranged from 6 months to 18 years, with professional experience between 1 and 11 years. No professional has a specialty in mental health and little practical experience.

In this research, nursing workers reveal their perception of psychiatric care in a general hospital, highlighting the facilities, difficulties and challenges. The results are related to the trajectory of mental health policy, so it is important to briefly contextualize the role of hospital institutions in psychiatric care.

For long periods, hospital institutions were characterized by the asylum model, with a culturally exclusionary view, instituting places of imprisonment, marked by the logic of hospitalization in general hospitals [17].

However, this model has been questioned for new practices of comprehensive and co-responsible care in mental health based on the proposal of the Psychiatric Reform, supported by health care networks, with the general hospital being one of the components of the Psychosocial Care Network, a fundamental element in the articulation of services, as it has easy access to various emergency services [19].

However, the various ways of looking at madness throughout the historical evolution of mental health are still present in the relationships, with excluding characteristics, which delimit the spaces and care conducts in substitutive services. Despite the understanding that the nursing team's view is not uniform, the statements below present the perception of the interviewees regarding the care provided to people in psychological distress in the general hospital.

> *I think it's a risk, in my opinion, and I believe that there should be a place just for psychiatric patients [...] these are people that we can't trust [...]. (TEC.2)*

> *[...] There should be a specific sector for this care, depending on how the patient arrives, it puts the team at risk, a team that does not have the specific preparation [...]. (ENF.3)*

In view of the above statements, we reiterate the importance of acknowledging the historical facts that mark the complexity of the ways of seeing madness, which permeate to the present day in health services, sustaining an exclusionary view, configuring difficulties for access to health services.

Access to mental health care in the general hospital aims to guarantee the rights to health defined in Law No. 8,080, which highlights in its article 2, paragraph 1, health as a fundamental right of the human being, where the state must provide favorable conditions for full development, ensuring universal access in an equal way to health services, aiming at the promotion, protection and recovery of health, from the perspective of universality and comprehensiveness of care[3].

However, even in the face of public policies aimed at guaranteeing the rights to health, people in psychological distress are still faced with a society that, in a contradictory way, also reproduced in the professionals' statements, consolidates the stigma, showing that despite many advances in the Psychiatric Reform, there are still many challenges imposed by deinstitutionalization.

Among the challenges, we highlight the maintenance of the ideological policy of psychiatric hospitals, maintenance of the characterization of the image of the "madman" that results from prejudice, as well as the fragility in

professional training that implies the qualification of the team. From this perspective, although the general hospital is a device with great potential to expand the reorientation of mental health care, there are still barriers in access to care and rights to health [20,21].

However, despite the maintenance of stigma, some statements evidenced the recognition of the importance of the general hospital as a gateway and opportunity for social inclusion:

> *I see it as a gateway. Sometimes the patient is suffering on the street, he is brought here, we have the possibility of giving that first reception [...] and trying to refer him to a specialized place. (TEC.01)*

> *It's positive and it's hard. Positive in the sense that you are giving the patient well-being. Because he is in contact with other people [...]. (TEC.05)*

Despite the vision of network articulation presented in the statement of TEC.01, when referring to the service as a place of first reception and subsequent referral, we highlight the permanence of aspects that are configured as fragmented care practices that involve characteristics such as medicalization, stigma, unwelcoming, professional qualification and institutionalization.

In this context, the professionals present the main difficulties for the care of individuals in psychological distress in the general hospital:

> *There is difficulty because there is a lack of qualified professionals. In terms of safety, they are afraid of the patient freaking out, they don't touch [...] (TEC.06)*

> *[...] There is no reception, many times the patient arrives in an outbreak, he (doctor) does not know how to make a prescription and people do not have a differentiated look [...]. (ENF.06)*

Stigmas, stereotypes and prejudices prevail in the medicalization and isolation of the subject, enhancing the maintenance of institutional reason, evidencing the need to articulate new theories and practices to instrumentalize the transformation of care production [4].

At the time, the resistance to the hospitalization of people in psychological distress in the sector is observed in the clinical ward, which is justified by the lack of adequate physical structure. Although the ENF.01 mentions that the treatment offered is humane, the statements reveal the maintenance of exclusion practices due to stigma, denoting the idea of the impossibility of these patients living with others characterized as "normal" because they do not present psychological distress.

> *Down here (infirmary) I don't think I should. [...] We've had a patient, right here, freak out and the medication itself doesn't work [...] We are so worried about the structure, which we don't have [...]. (TEC.15)*

> *[...] There were no mental health beds in the hospital [...] psychiatric patients stayed together [...] we tried to separate him from other normal patients, so to speak. But the treatment is very humane. (ENF.01)*

The actions of the teams are subsidized and established according to their characteristics of value, ethics, customs and norms[8]. Thus, the characterization by a sign that defines a linguistic term, an image, a gesture, a physical symptom, which often infers the characterization of the individual and limits him to the

diagnosis, is highlighted. In this sense, it highlights the importance of the individual being considered in his individuality and unpredictability, which differentiates him from probabilistic thinking [15].

In parallel to this perspective, in practice, the delimitation of the patient in psychic suffering to the "outbreak" was evidenced, the need for restraint and strong dependence on the medical professional by the nursing team, reinforced in the following statement:

> *[...] Dealing with a patient in a psychiatric crisis is a complex condition, it turns out that we act by mechanical force [...] I still miss the medical professional in the area. (ENF.05)*

By thinking about madness as a real problem, hierarchical models of work processes centered on the physician and control are evidenced, reinforcing the historical composition of this process. Different from considering, that the place is not only given to the historical process of care, but also to the subjectivities supported by discourses and knowledge, which is modified through time, social relations and the devices of power over the body [14,15].

Even in the face of some advances achieved by the Psychiatric Reform, there is a need for new forms of care, including principles of comprehensiveness with patients, family members and professionals, evidenced by the structural and human weaknesses found in the unit:

> *[...] There are sedations that do not immediately sedate the patient. The patient gets out of bed, runs around the hospital [...] uncomfortable both for the family member who accompanies him and for us professionals [...]. (TEC.07)*

> *[...] It does not have a specific support to be able to restrain the patient to make an application of medication. Then, sometimes, he even ends up wanting to attack us because he's out there [...]. (TEC.08)*

The maintenance of the stigmatization of "madness", which is linked to cognitive and behavioral components, being related and being able to be potentiated in the cultural factors and value judgments that are established in society, disfavoring dialogue, acceptance and respect for the singularities of psychic suffering that cause the fragility of integration and articulation of the network service [21,22].

The inclusion of patients in psychological distress in the general hospital represents the deinstitutionalization movement that has as its principle the breaking of the asylum model, the integration of the patient with society, expansion of accessibility to immediate conducts and reception by a multidisciplinary team[23]. However, the statements of the interviewees still highlight the maintenance of fear, the lack of logistics in the service as one of the challenges in psychiatric care:

> *A challenge [...] is in the moment when the patient arrives at the outbreak. Because it has to be (take) force, there are family members who don't accept it [...]. (TEC.04)*

> *Challenge to overcome fear. I think everyone has [...]. (TEC.14)*

> *[...] I think it's the issue of logistics [...] patients enter through their own emergency room [...] maybe if there was a gateway to psychiatric beds [...]. (ENF.02)*

The statements show resistance of the professionals in the performance of the care, caused by fear, inability to manage possible conflicts with family members/companions and the lack of a specialized team for support, in order to ensure greater safety in the performance of this care.

It can be seen that the conceptions and practices in mental health are the result of the organizational historical context of the health system in the country. Thus, the professionals' voices configure the maintenance of remnants of the stigma that generate conceptions that reduce the individual to the diagnosis and fragment the concept of integral health and co-responsibility for care.

In view of some weaknesses presented by the nursing team, when asked if there are facilities within the service to provide this care, the vast majority highlight the collaboration of the team, management, availability of medications and mental health beds:

> *[...] we are a team, we help each other, if I'm having difficulty I go to my coordinator to talk, or I go to my colleague [...]. (TEC.10)*

> *Not easy, in most cases what I see is more difficulty, which I saw until the implementation of the ward (mental health beds). (ENF.01)*

> *[...] a management that is also committed to making things happen [...]. (ENF.02)*

The discourse presented by interviewee ENF.01 denotes a contradiction, as it refers to mental health beds as a real facility within the general hospital, evidencing the expectation placed on the reformulation of the service's internal care policies.

The specialized mental health service within the general hospital emerges as a component of the psychiatric reform, with the objective of establishing a place for the care of people in psychological distress, a space for specific care when there is a need for hospitalization, which should not be seen as a space for maintaining social exclusion, but rather a tool for shared accountability in an attempt to increase the problem-solving and quality of care [24].

However, some interviewees identify mental health beds as a possibility to maintain a restricted and isolated place, which demonstrates a divergent perception of the process of reorientation of the mental health care model, since it presupposes cultural and subjective transformations.

> *It shouldn't be so close to the other patients (the mental health beds). (TEC.11)*

> *[...] Maybe if there was a direct gateway to psychiatric beds, a psychiatric emergency, there will be nursing specialized in this area [...] Appropriate security to make a restraint and know how to talk [...]. (ENF.02)*

As identified in the reports, the deinstitutionalization process presents barriers that hinder the process of integration and articulation of the mental health care network, presenting conceptions that diverge from the mental health policy. The inclusion of mental health beds in the general hospital implies a reduction in the length of hospital stay and expands the integration of health

devices in order to strengthen the mechanisms of social inclusion and comprehensive production of care[25].

In this process, the creation of a space becomes significant to treat the subject according to his/her emergency needs, however, the interaction with other patients should be part of the strategies to control prejudice, as well as demystify the social representations that the image of "madness" brings to the care activities developed in the general hospital. Thus, the importance of creating new technologies and approaches in the work environment is highlighted, in order to strengthen the process of conceptual transitions to innovative practices and dialogues [24].

From the perspective of new practices and dialogues, the importance of continuing education in mental health is highlighted, when the nursing team was asked about the occurrence in the unit, most reported that it was not, according to the statements below:

> *I never had permanent education (in mental health) [...]. (TEC.01)*
>
> *Mental health, specifically no, but the coordinators have implemented permanent education so that we can address various topics [...] including mental health. But we say very little to be honest. [...] It's not something that professionals look for a lot. (ENF.02)*

Figure 1, elaborated from the Iramuteq software, based on the data collected in the interview with the nursing team, visually shows a group of words with different sizes, with the central words: psychiatric patient and professional, are the ones that had the highest occurrence in the text and the others, around, referring to those with less frequency, Consistent with content analysis [9].

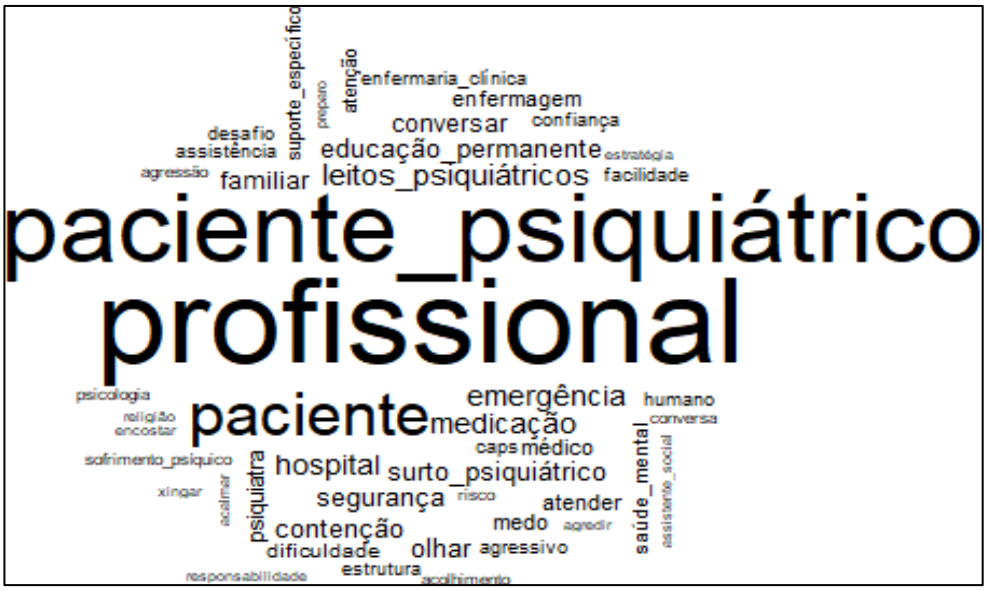

Figure 1 - Word Cloud created by the Iramuteq software.

In the data presented, the word Paciente_psiquiátrico had an occurrence of 295, obtaining a higher frequency, justified by the fact that it is the central object of the interviews. Other words that can be highlighted with greater occurrence are: professional: 369, patient: 165, leitos_psiquiátricos: 59, medication: 55, emergency: 52, safety: 48, continuing education: 46, which are

related to the statements made by the nursing team in relation to the perception of psychiatric care in the general hospital.

The word cloud reinforces the perception of nursing workers about psychiatric care in a general hospital, highlighting the individual as a psychiatric patient, which often excludes him from the possibility of care in other services of the network other than with a professional specialized in mental health, the constant association with medicalization, containment, psychotic episode, aggressiveness, structural and professional difficulties for care, as well as the lack of permanent education in the service. On the other hand, the terms psychiatric beds, psychologists, humanized care, listening and welcoming appear as some facilitating points for mental health care in the general hospital.

Figure 2 of the similarity tree, elaborated from the Iramuteq software based on the data collected in the interview with the nursing team, points out the connection between the words present in the textual corpus.

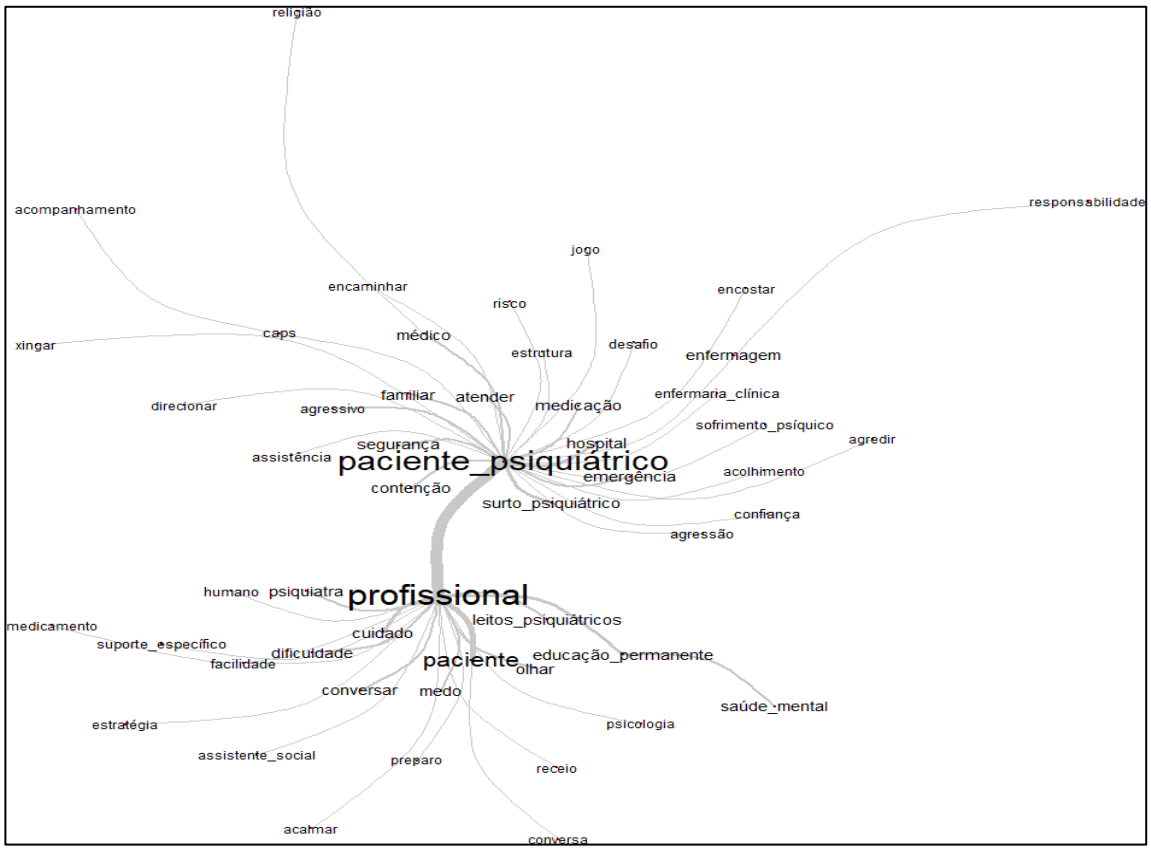

Figure 2 - Similitude tree elaborated by the Iramuteq software.

It is observed that the central words are psychiatric patient and professional. The connection between the words "psychiatric" patient and acceptance and trust refers to the team's perception of the importance of comprehensiveness and co-responsibility of care for people in psychological distress in the general hospital, as well as the emphasis on the lack of reception by many professionals. Thus, the connection with psychotic episodes, restraint, aggression, security, medication is linked to the maintenance of the characterization of the image of the "madman" that results in prejudice and the prevalence of medicalization in the care of the individual.

The connection between the word professional and psychiatrist, psychiatric beds, specific support, psychologist is related to the perception that patients in psychological distress should be assisted by a team specialized in mental health. Despite the difficulties presented, some strategies for mental health care are highlighted, represented by the words: human, talk, care, which are linked to the word professional, revealing the sensitivity of professionals to the needs of individuals.

Final Considerations

Regarding the perception of the nursing team in the care of people in psychological distress in the general hospital, most of them perceived it as a possibility of access, however, they present resistance that is justified by the lack of a specialized team, insecurity, fear, prejudice, inadequate structure, lack of safety in the service and lack of permanent education regarding psychiatric emergencies. Therefore, there was a need to work on themes related to mental health, in order to better qualify the team.

It was also found, in some moments, that the difficulty of the nursing team regarding the care of patients in psychological distress was linked to the number of care demands that arrive at the service, which could be avoided if there was a reorganization of the flow and resizing the team.

Thus, although some professionals highlight the collaboration of the team, availability of medication and management support as facilitating points in the care of psychiatric patients, the findings reiterate the need for continuing education that will propose reflection in the service, in order to sensitize the team to the importance of the psychosocial model, in order to overcome the challenges arising from the process of approaching the person in psychological distress in the health service.

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