




NURSING CARE FOR PSYCHIATRIC PATIENTS AND OTHER SPECIALTIES PATIENTS: NURSING PERCEPTION

CUIDADOS DE ENFERMAGEM AO PACIENTE PSIQUIÁTRICO E AO PACIENTE DE OUTRAS ESPECIALIDADES:
PERCEÇÃO DA ENFERMAGEM

CUIDADOS DE ENFERMERÍA DEL PACIENTE PSIQUIÁTRICO Y DEL PACIENTE DE OTRAS
ESPECIALIDADES: PERCEPCIÓN DE ENFERMERÍA

 Renata Marques de Oliveira ¹
 Antonio Carlos Siqueira Junior ²
 Antonia Regina Ferreira Furegato ¹

¹ Universidade de São Paulo - USP, Escola de Enfermagem de Ribeirão Preto. Ribeirão Preto, SP - Brazil.

² Faculdade de Medicina de Marília - FAMEMA. Marília, SP - Brazil.

Corresponding author: Renata Marques de Oliveira
E-mail: renata_marques@outlook.com

Author's Contributions:

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ABSTRACT

Objective: exploratory study aiming to identify the perception of nurses and Nursing assistants who work in the Psychiatric Unit of General Hospital (UPHG), on the Nursing care in this service, compared with Nursing care to patients admitted to other clinical wards. **Methods:** six nurses and 10 Nursing assistants from a UPHG in the interior of São Paulo participated. The interviews were focused on possible differences in psychiatric and non-psychiatric patient care, and the emotional preparation of the Nursing professional for care. The thematic analysis of the content of the answers was held. **Results:** the participants (68% women) agreed that there are differences in Nursing care for UPHG patients and patients from other specialties. They stated that Nursing care in clinical wards does not evaluate mental state, it is more technical and mechanical, favoring distancing. In UPHGs, contact is closer but stressful, with negligence on physical examination. **Conclusion:** Professionals felt emotionally overwhelmed in caring for psychiatric patients.

Keywords: Nursing Care; Psychiatric Department, Hospital; Mental Health; Psychiatric Nursing.

RESUMO

Objetivo: estudo exploratório visando identificar a percepção de enfermeiros e auxiliares de Enfermagem que atuam em Unidade Psiquiátrica de Hospital Geral (UPHG), a respeito do cuidado de Enfermagem nesse serviço, em comparação aos cuidados de Enfermagem aos pacientes internados em outras enfermarias clínicas. **Métodos:** participaram seis enfermeiros e 10 auxiliares de Enfermagem de uma UPHG do interior paulista. As entrevistas focalizaram possíveis diferenças no cuidado ao paciente psiquiátrico e não psiquiátrico, bem como o preparo emocional do profissional de Enfermagem para o cuidado. Análise temática do conteúdo das respostas. **Resultados:** os sujeitos (68% mulheres) concordaram que existem diferenças no cuidado de Enfermagem aos pacientes da UPHG e aos pacientes de outras especialidades. Afirmaram que o cuidado de Enfermagem nas enfermarias clínicas não avalia o estado mental, é mais técnico e mecânico, favorecendo o distanciamento. Nas UPHGs, o contato é mais próximo, porém estressante, com negligência ao exame físico. **Conclusão:** os profissionais sentiam-se sobrecarregados emocionalmente no cuidado aos pacientes psiquiátricos.

Palavras-chave: Cuidados de Enfermagem; Unidade Hospitalar de Psiquiatria; Saúde Mental; Enfermagem Psiquiátrica.

RESUMEN

Objetivo: estudio exploratorio descriptivo con miras a identificar la percepción del personal de enfermería de la unidad psiquiátrica de un Hospital General (UPHG) acerca de la atención de Enfermería en dicho servicio comparada con la atención de pacientes internados en otras enfermerías clínicas. **Método:** participaron 6 enfermeros

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y 10 auxiliares de enfermería de un UPHG del interior del estado de São Paulo. Las entrevistas enfocaron posibles diferencias entre la atención del paciente psiquiátrico y no psiquiátrico así como en la preparación emocional de los profesionales para realizar sus tareas. Análisis temático de contenido de las respuestas. **Resultados:** los sujetos (68% mujeres) admitieron que hay diferencias entre la atención de pacientes de las UPHG y los de otras enfermerías. Afirmaron que en las enfermerías clínicas no se evalúa el estado mental de los pacientes, que los cuidados son más técnicos, mecánicos y, por ello, más distantes. En las UPHG el contacto es más cercano, produce más estrés, y se le da menos importancia al examen físico. **Conclusión:** los profesionales se sentían sobrecargados en la atención de pacientes psiquiátricos.

Palabras clave: Atención de Enfermería; Servicio de Psiquiatría en Hospital; Salud Mental; Enfermería Psiquiátrica.

INTRODUCTION

Although the mental health policy encourages the treatment of people with mental disorders in outpatient services, in some cases hospitalization is essential. In this context, Nursing is essential for the management of the psychic crisis (mental state assessment, medication administration, planning and establishment of care actions that meet the needs of each patient), helping them in contact with reality, coping with suffering and preparing for hospital discharge.^{1,2}

To provide care at the time of the psychic crisis in a different way of the classical psychiatry proposal, the implementation of psychiatric units in general hospitals (UPHG) has been encouraged, which aim to treat acute symptoms of people with mental disorders, with a brief return to their social environment.

Due to the low remuneration of Nursing professionals, many of them work in more than one service, including other clinics and specialties, which raised the question: Do the Nursing professionals perceive differences in the care offered to patients admitted to a psychiatric unit than to hospitalization in other clinical units?

This study aimed to identify the perception of nurses and Nursing assistants on the Nursing care of UPHG, compared to Nursing care to patients admitted to other clinical wards.

LITERATURE REVIEW

The first UPHG opened in 1728 in London, but only in the twentieth century, this type of service began to work with the integration between the medical and psychiatric clinic and brief hospitalizations with therapeutic planning. This new UPHG model began in the United States in 1902 with the inauguration of the Albany Medical Center. The first Brazilian UPHGs date from 1954 and it was located at the Hospital

das Clínicas of the University of Bahia and the Hospital dos Comercários of São Paulo.³

UPHGs seem to work more in theory than in practice. For example, from the late 1980s until now, there have been no significant changes in the number of psychiatric beds in Brazilian general hospitals (2190 in 1987, 2568 in 2010 and 3910 in 2012).³⁻⁵ This increase is not enough for the size of the Brazilian population, the prevalence of mental disorders and the progressive extinction of beds in psychiatric hospitals.

The difficulty of inserting psychiatric beds in general hospitals is because of the stigma of society regarding mental disorders, the organization of health services worldwide and the limited funding. In Brazil, for example, the investment in general hospitals has been invested (the only service that welcomes both psychiatric and other specialty patients in the same physical structure).³ The paradigm shift involves not only rethinking health and mental disorder, but also the training of health professionals and the reorganization of the entire care network.

Ordinance 148/20126 establishes that the minimum multidisciplinary team of the Reference Hospital Service to care for people with mental suffering or disorder and with health needs from the use of crack, alcohol and other drugs is established according to the number of beds. For example, for the care of 11 to 20 beds, a minimum of four Nursing technicians, one nurse, two higher-level mental health professionals, and one psychiatrist are required per shift.⁶ Although psychiatric care requires specific knowledge to provide quality care, the Ordinance does not provide that nurses are specialists in mental health.

The World Health Organization admits that there are many untrained nurses working in mental health services.⁷

The performance of generalist nurses without specific knowledge of psychiatry favors the fragmentation of care and the devaluation of the nurse's role as an incentive and promoter of therapeutic relationships.

Thus, the concepts "psychiatric treatment" and "psychiatric care" are worth differentiating since they are related to the way nurses are positioned before care. The principle of "Psychiatric treatment" is the biomedical model. When adopted by Nursing, it limits its role, as it emphasizes the technical actions, placing the patient as a mere recipient of care. The "psychiatric care" allows the expansion of the role of Nursing, since it does not disregard the importance of biological and technical actions (diagnosis, medicines, among others), but its focus is on interpersonal relationships, welcoming and encouraging active participation for the patient in their own care. Thus, the biomedical model should not be the sole determinant of Nursing actions but should be part of the Singular Therapeutic Project.²

There is a concern to know the perception of Nursing professionals about the care implemented in psychiatric wards in international studies since working in this service is associated with symptoms of burnout and worse quality of life.¹⁰⁻¹² Few Brazilian studies have shown this same concern.^{13,14}

METHODOLOGY

This is a descriptive and exploratory study of a qualitative approach.

This study was performed in a psychiatric unit of a public general hospital (UPHG) in the interior of *São Paulo*. This service offered 18 beds for hospitalization of patients with mental disorders in the acute phase, with an average monthly movement of 25 patients. The average length of stay was 16 days. The service operated with a multidisciplinary team consisting of a social worker, Nursing assistants, nurses, doctors, a nutritionist, a psychologist, and an occupational therapist. Although some mid-level Nursing professionals had completed the technical course, all of them were hired as assistants.

The team that worked at UPHG was invited to participate in the study to understand the perception of Nursing professionals about the implemented care. To be invited, the professional should work at UPHG for at least three months.

During the study period, 20 Nursing professionals worked at UPHG. Four assistants refused to participate, and the sample consisted of 16 participants (six nurses and 10 Nursing assistants).

The study was approved by the *Comitê de Ética em Pesquisa* (Famema, 500/11). The participants signed two copies of the *Termo de Consentimento Livre e Esclarecido*.

This study is part of a project that investigates different aspects related to Nursing care in psychiatric hospitalization, highlighting in this text the qualitative investigation based on two guiding questions:

- what differences do you perceive in Nursing care in psychiatric patients and non-psychiatric patients?;
- how do you feel emotionally to care for psychiatric patients?

All 16 Nursing professionals were interviewed individually in a ward office. They were advised not to talk to each other about the questions asked before the data collection ended not influencing the answers of the next interviewees. The complete interviews lasted an average of 75.2 minutes.

The reports were recorded and transcribed in full. The content was analyzed following the referential of thematic analysis, highlighting the nuclei of meaning. The speeches of the nurses are identified by the letter "N" and the speeches of the assistants are identified by the letter "A".

RESULTS AND DISCUSSION

Eleven Nursing professionals (68.8%) were women, with a mean age of 35.7 years old (25 to 51 years old). They had completed their vocational training 9.8 years ago on average (two to 23 years ago). Most (62.5%) had not worked in psychiatry before.

THEMATIC ANALYSIS

Two thematic categories were identified:

- care differences for psychiatric and clinical patients;
- mental health of Nursing professionals who work with psychiatric patients.

CATEGORY 1: CARE DIFFERENCES FOR PSYCHIATRIC AND CLINICAL PATIENTS

The 16 participants believed that Nursing care at the UPHG was different from the care provided in the other wards. For four professionals, care in clinical wards was procedural, as it basically followed the routine of technical care (feeding, bathing, dressing, medication).

With the clinical patient, everything is mechanical. You bathed, give medication, make a bandage, change the access (A2).

Caring for a clinical patient is automatic. Is the patient in pain? Do you give medicine? The dressing is not good? Do you change it? It's a robotic thing (A8).

Three Nursing professionals mentioned that working with psychiatric patients required the use of interpersonal skills such as listening, welcoming and the development of a professional-patient bond, while in the clinic, they often did not know the name of the patients, referring to them by the bed number. Thus, for them, the routine of technical care of clinical wards favored the professional-patient distance, while in UPHG, the approach is held.

[In the clinical ward] you only provide the necessary care. Sometimes you don't even know the patient's name, you call him by the bed number and then don't even remember the patient's face (A8).

With the psychiatric patient, you have that direct contact of talking, of seeing the patient as a whole. The clinical patient is more the medication, he stays more lying in the room (A11).

There [clinical ward], we can't find time to listen to the patient. It is not because he has had surgery that the problem is only physical. Sometimes he wants to talk, he is distressed, afraid of surgery. The work dynamics, bathing, dressing do not allow you to have this conversation with the patient. Here is the opposite. Sometimes you need to bathe, make a bandage, help to eat, but most of the time is dialogue. This is the great difference between these two wings (A12).

An ethnographic study of 33 Belgian nurses working in psychiatric units revealed that they chose Psychiatric Nursing because of the opportunity to treat patients with more respect, not found in clinical services. They define General Nursing as inhuman because it reduces patients to the medical diagnosis and technical procedures that need to be performed quickly, due to the number of beds, without time to listen to the impressions and experiences of those who receive these actions. To define Psychiatric Nursing, they used the words autonomy, empathy, humanization, and respect.⁹

Therefore, reflecting on the perception of Nursing professionals in the use of light technologies (embracement, bond development and autonomy of individuals) in mental health care is important, considered essential and guiding technologies of care.¹⁵ The use of these technologies favors the promotion of mental health and may contribute to overcoming the psychic crisis.

If subjectivity were valued in the training of Nursing professionals and not only the development of technical and procedural skills, there would be no distinction between the care provided in mental health services and clinical services.

A study of 192 psychiatrist nurses in Australia identified that they opted for psychiatry because they believe in the importance of "subject-centered care", valuing closer contact and developing a therapeutic relationship. In their opinion, the care of psychiatric and clinical nurses differed because in clinical wards interpersonal relationships were considered "waste of time".¹⁶

Five professionals commented that due to changes in the mental state of the patients, there was no way to predict the care that would be performed at each shift in the UPHG. They observed the importance of adapting Nursing actions to patients' needs.

There is a tension of what to say, what to answer to the patient. When we open the door, we see what our day will be like. It's that tension! (A1).

Care is being performed according to their needs. It is different from one shift to another. It's never the same

routine, it always surprises us. You see the same patients, but each day you see the patient differently (N15).

The aforementioned statements reveal that the professionals of the psychiatric unit were sensitive to the patients' needs, justifying the absence of a fixed care routine. This suggests that this team offered person-centered Nursing care, in contrast with the biomedical model that basically aims to control the disease and its symptoms, which has been discussed in the scientific literature.^{15,17}

For six professionals, the psychiatric Nursing care was different due to the patients' demands. Longer hospitalization, slow adjustment of medications, denial of mental disorder, changes in thinking and behavior required patience and closeness are some examples.

The length of stay is longer, it takes time for the patient to be stable because medication adjustment has to be done with caution. The psychiatric patient demands more time (N5).

The clinical patient accepts the [diagnosis], the psychiatric not so much (N9).

The clinical [patient] is usually lying on a bed with a serum. You know his mind is quiet. The psychiatric patient has sudden behavioral changes. You need to pay attention all the time. The time to see results is long, but it is satisfactory (A11).

The professionals' reports about the specificities of Nursing care for patients with mental disorders reveal the importance of nurses having mental health training to guide their actions and their team actions. Thus, the insertion of psychiatric units in general hospitals should not only be seen as additional beds, as it requires trained professionals. The World Health Organization admits that there are many untrained nurses working in mental health services.⁷

Three professionals mentioned neglect of physical examination in the psychiatric ward.

I think it is dangerous for the hospital to take responsibility for the patient and not describe how he arrived. Let's suppose the patient arrives with lower limb cyanosis, we do not describe it and then the relative comes to say that this cyanosis is due to physical restraint. Physical restraints interfere with the biological, the perfusion, the pulse, all these things need to be evaluated to avoid ethical and legal repercussions (N6).

I make everyone's physical assessment on admission. Most professionals don't. It is important because in the psychiatric patient has whole physiology working. It is a human being like any other. We had three patients with bronchospasm, one died (N16).

In the opinion of a nurse, there was no reason to fragment the care into physical and psychological. Both clinical and psychiatric patients need them. Considering care from this perspective is consistent with the comprehensive care, advocated by the *Sistema Único de Saúde*.¹⁵

In Psychiatry, we deal with the emotional, which can have biological responses. When we work with the non-psychiatric patient, there are biological de-compensations with psychic repercussions. This exchange must exist (N6).

When the public health data on physical comorbidities and mortality in psychiatric patients is observed, the inconsistency of this neglect on physical examination in the UPHG is noticeable. From a consultation conducted in the Australian government database of 292,585 psychiatric patients who attended mental health services between 1983 and 2007, 77.7% of deaths were attributed to physical conditions.¹⁸

It is believed that psychiatric hospitalization is a time that allows the assessment of the physical health of patients with mental disorders. However, there is evidence that psychiatric nurses neglect physical assessment.¹⁹ Australian research with several health professionals (n = 50) showed that they do not believe that physical health is a priority in the care of psychiatric patients and addressing these aspects are not their role.²⁰

Two professionals recalled that there are psychiatric patients admitted to the clinical wards.

In the clinical ward, there are many hidden [psychiatric patients] (N15).

It is important to do a psychiatric assessment in other sectors. Sometimes we stop caring for a patient who is depressed, he takes controlled medicine at home, but he is here to have knee surgery. Everyone focuses on the knee and forgets the other parts (N16).

When the mental status evaluation is not included in the clinical wards, the patient is no longer treated for all his needs. Thus, the physical conditions interfere with mental state:

- depressive symptoms in patients with cerebral vascular disease, nutritional deficiencies or in use of antihypertensive and antineoplastic drugs;

- anxiety in those patients with hyperthyroidism, mitral valve prolapse, pheochromocytomas;
- psychotic symptoms in those patients presenting with alterations in the neurological system (neoplasms, epilepsy, Huntington's disease), metabolic (hypoxia, hypoglycemia) and endocrine disorders (hyper or hypothyroidism, hypoadrenocorticism), autoimmune diseases (lupus erythematosus) and hydroelectrolytic imbalances;
- manic symptoms in response to corticosteroid use.^{3,21}

A study with 93 patients hospitalized in the clinical and surgical wards of a general hospital in *São Paulo* found that 38.7% were using psychotropic drugs.²² In this context, the high prevalence of common mental disorders in the Brazilian population is highlighted, increasing the likelihood the Nursing professionals find patients with emotional demands in clinical wards.²³

CATEGORY 2: EMOTIONAL PREPARATION OF NURSING PROFESSIONALS WORKING WITH PSYCHIATRIC PATIENTS

Eight professionals agreed that working in psychiatry needs mental effort, while in the clinic there is more physical effort. One of the assistants working with psychiatric patients for two decades felt the need to work in other sectors due to mental fatigue.

When I'm at the clinic, I rest my head. When I am in psychiatry, I rest my body (A3).

I get tired more here [UPHG], my mind gets tired. Physical tiredness is easy to recover; mental tiredness takes longer (N5).

The psychiatric patient demands a lot from you! Do you know when you feel like you're at the end of the line that you have to stop because it starts to hurt you instead of doing well? I am entering this phase (A8).

Three professionals said that when they are not emotionally well, the care offered is impaired.

We work in a heavy environment; you end up affecting the patient. This cannot happen because they are weakened. How will you take care of patients if you are not well? (A1).

When you have a problem out there, it's hard to separate it. I start to avoid the patients. I like to be dedicated; when I can't, I get frustrated (A8).

When you get nervous, you end up not giving proper care here (A12).

As identified in the reports, there is evidence in the scientific literature that care for people with mental disorders, both in the hospital and in community services, generates an emotional burden on Nursing professionals.^{24,25} A study with Nursing professionals of a Community care service to users of alcohol and other drugs revealed that 75% feel overwhelmed, with mental exhaustion like verbal aggression and fear of physical aggression as the main factors of psychic overload.²⁵

One nurse said that the emotional of Nursing professionals should not be disregarded. Two assistants highlighted the need for psychological counseling for those working with psychiatric patients.

I know I respond emotionally to what patients have. I do not ignore my emotional responses because this is what changes me as a person (N6).

Sometimes when I leave, it seems to have worked in the fields. It stresses a lot. I had to give [psychological] attention to the professionals. We had to be well paid to work in one [service] and not get tired so much. It bothers me to see a professional becoming a patient (A10).

To work in psychiatry, you have to be aware that the patient is ill, you know? You cannot be stressed. Who works in Psychiatry needs a psychological follow-up, receive care as well. The professional who works in psychiatry is overloading ... It is not easy (A11).

Ten professionals highlighted that they have to separate their personal and professional lives. They said the emotional preparation to work in psychiatry was conquered over time.

If you are not emotionally prepared, you cannot stay in psychiatry. Psychiatry pushes a lot from you. Sometimes you come to work and get a quiet unit, but sometimes you get a unit where the patient tried to kill himself. And now? Are you ready to work? Are you prepared to see the patient kill himself and return to work the other day? Over time you will be more prepared, but in the beginning, it was difficult (A11).

Do you know something that I find strange? I am not like I am here at my house. In my house I am a little rude, severe. Sometimes I think: 'Damn life! Why am I not at home the way I am at the hospital? Am I a professional at the hospital and here at home I am a normal person?'

'At the hospital I am a professional because they need me (A14).

The necessary emotional preparation highlighted in the participants' speech shows the importance of the nurses being trained to work in the mental health area. Brazilian studies have identified less work overload and job satisfaction in Nursing professionals exposed to continuing education in the service or continuing education in postgraduate programs in the area.^{26,27}

This study was worried about understanding the human side of Nursing professionals working in the UPHG, that is, their emotional preparation for this function. The participants' reports corroborated this concern.

Unlike other specialties, the main instrument of psychiatric Nursing care is the professional who uses elements of his personality to establish the therapeutic relationship with the patient. This relationship requires emotional commitment. Therefore, besides the self-knowledge, the nurse must have technical and scientific training, be able to express feelings and control them when necessary.²⁸⁻³⁰ Study with 13 nurses from psychiatric inpatient services in Australia revealed that although they value their professional performance, they admit to feeling stressed as a result of their work.³¹

Some professionals said that when they are not emotionally well, care is impaired because they feel far from their patients. In this sense, the distancing of patients is a way for nurses to protect themselves from contact with situations that could increase their distress.²⁸⁻³⁰

Some professionals pointed out that some psychological counseling would be important for those working in psychiatry to promote their mental health.

The perception of the interviewees on the need for psychological support for Nursing professionals working in mental health services is an aspect that requires the attention of health institutions managers, influencing the promotion of better quality care. However, given the financial limitations of public institutions, alternatives such as conversation circles, Mindfulness sessions and group therapy may be suggested for these managers.

It is expected that this study contributes to Nursing professionals working in mental health and psychiatry. In future studies, investigating the opinion of Nursing professionals working in clinical wards on the care of psychiatric patients hospitalized in these sectors, and the strategies to meet the demands and the overload of these services will be held.

CONCLUSION

Nursing professionals working in psychiatric units noticed clear differences in the care implemented for psychiatric and

non-psychiatric patients. For them, the care for clinical patients with different physical diseases follows routines of technical procedures, distancing the professional and the patient. In psychiatry, they feel closer to patients. Physical examination is neglected in the psychiatric ward and the mental state examination is not performed in clinical wards, revealing the fragmentation of both physical and mental care.

The results allowed inferring that the Nursing work in the psychiatric unit generated more psychic exhaustion than that performed in the medical clinic.

Some study limitations were that it does not allow generalization of results because it was performed in a single general hospital. Four (20%) participants were lost due to refusals, although the entire Nursing staff was invited to participate.

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