

PERCEPTION OF THE NURSING TEAM AND THE SYSTEMATIZATION OF NURSING CARE IN A PSYCHIATRIC EMERGENCY SERVICE

PERCEPÇÃO DA EQUIPE DE ENFERMAGEM QUANTO À SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM EM UM SERVIÇO DE EMERGÊNCIA PSIQUIÁTRICA

PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA SOBRE LA SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA EN UN SERVICIO DE URGENCIAS PSIQUIÁTRICAS

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Submitted on: 2015/10/29

Approved on: 2016/06/29

ABSTRACT

This is a qualitative study in which interviews and focus group were used, aiming to identify, among the nursing team of a psychiatric emergency service, their perception of the "Systematization of Nursing Assistance" (SNA) of that unit. Participants were 15 nursing professionals, among them nurses, assistants and technicians. Transcription and thematic analysis were performed immediately after the interviews and focus groups. The results were grouped into three categories: "SNA contributions to the work of nursing team", "Challenges to the use of the SNA" and "Proposals for improvements to the SNA". There was the need for broad and participatory discussions integrating the psychiatric emergency unit nursing team in order to improve nursing care to clients.

Keywords: Nursing Process; Patient Care; Psychiatric Nursing; Emergency Services, Psychiatric.

RESUMO

Estudo qualitativo que utilizou entrevistas e grupo focal objetivando identificar, entre a equipe de enfermagem de um serviço de emergência psiquiátrica, sua percepção a respeito da "Sistematização da Assistência de Enfermagem" (SAE) nessa unidade. Participaram 15 profissionais de enfermagem, entre eles enfermeiros, auxiliares e técnicos. Foram realizadas transcrição e análise temática imediatamente após a realização das entrevistas e grupo focal. Os resultados foram agrupados em três categorias: "contribuições da SAE para o trabalho da equipe de enfermagem", "desafios para o uso da SAE" e "propostas de melhorias para a SAE". Verificou-se a necessidade de discussões amplas e participativas integrando a equipe de enfermagem de unidades de emergência psiquiátrica, a fim de aperfeiçoar a assistência de enfermagem aos clientes.

Palavras-chave: Processos de Enfermagem; Assistência ao Paciente; Enfermagem Psiquiátrica; Serviços de Emergência Psiquiátrica.

RESUMEN

Estudio cualitativo mediante entrevistas y grupos de enfoque con el objetivo de identificar la percepción del personal de enfermería de un servicio de urgencias psiquiátricas sobre la "sistematización de la atención de enfermería" (SAE). Participaron 15 profesionales de enfermería, entre ellos enfermeros, auxiliares y técnicos. Inmediatamente después de las entrevistas y del grupo focal se realizaron la transcripción y el análisis temático. Los resultados se agruparon en tres categorías: "Contribuciones de la SAE a las tareas del personal de enfermería", "Desafíos para el uso de la SAE" y "Propuestas de mejoras para la SAE". Se precisaron discusiones amplias y participativas para integrar al personal de enfermería de unidades de urgencias psiquiátricas con miras a mejorar la atención de enfermería a los clientes.

Palabras clave: Procesos de Enfermería; Atención al Paciente; Enfermería Psiquiátrica; Servicios de Urgencia Psiquiátrica.

How to cite this article:

Marcos ACA, Oliveira JL, Souza J. Perception of a nursing team and the systematization of nursing care in a psychiatric emergency service. REME - Rev Min Enferm. 2016; [cited ____ _]; 20: e961. Available from: _____ DOI: 10.5935/1415-2762.20160031

INTRODUCTION

The psychiatric emergency can be conceptualized as a situation of clinical nature in which there is alteration of mental status, resulting in current and significant risk to the patient or others, requiring immediate therapeutic intervention.

It includes conditions such as risk or attempted suicide or homicide; abuse of adolescents, children, women and the elderly; abuse of psychoactive substances; risk of serious social or moral exposure; personal negligence and self-care disability.¹

In Brazil, assistance to psychiatric emergencies has undergone several transformations due to the new model of mental health care, established by the movement called Psychiatric Reform, which began in 1980. From that movement, Law 10216/2001 was instituted,² providing for the rights of psychiatric patients and advocating the expansion of community-based mental health, that is, non hospitalar. Thus, there was the improvement of existing specialized outpatient care, as well as the creation of new community services, such as the Psychosocial Care Centers (NAPS, in Portuguese), which evolved to the Psychosocial Care Centers (CAPS, in Portuguese).³

Some of the particularities of the psychiatric emergency units (EU) in the current context are: there was an increase in the number of cases of first psychotic episode that needs intensive psychiatric and clinical evaluation for establishing the diagnosis, as well as the number of psychoses related to alcohol and drug abuse involving overdoses; violence; adolescents at risk, hospitalized by court order, causing anxiety, fear and difficulty to accept the problem to their families and persons close to them.

Thus, the planning of care in this unit has to be dynamic and flexible to meet all of these characteristics.

The Brazilian Federal Council of Nursing (COFEN, in Portuguese), in its Resolution N. 358/2009, describes that the systematization of nursing assistance (SNA) organizes professional work and is a methodological tool that guides nursing care, officializing organizing and systematizing the records of nursing practice.⁴

This resolution determines the achievement of the nursing process, that is, all the steps, from planning to the reviews and records.⁴ Noteworthy it does not assign individual guidelines for the different specialties, while the institution adapts them according to their needs.

In the case of the Psychiatric Emergency Service of a General Hospital (PESGH), its basic feature is to receive patients in psychotic break, alcohol withdrawal syndrome and multiple psychoactive substances. The function of this service is to control psychotic crisis, stabilize the client who uses the service both clinical and psychiatric service and then direct them to other services of the Unified Health System (UHS). The user staying in the EU may vary from a few hours to about a week and may be extended according to the demand of mental

health service of the Regional Health Department XIII (DRS XIII). Thus, the turnover is also very frequent.^{5,6}

Given the above, the following guiding question for this research is proposed: "What is the perception of the nursing team about the SNA in a psychiatric emergency service?"; with the objective to analyze the perception of the nursing team about the SNA in a psychiatric emergency service of a general hospital.

METHOD

TYPE OF STUDY

This is a cross-sectional qualitative study, descriptive and exploratory.

LOCATION OF STUDY

The study was conducted in a psychiatric emergency service of a countryside city of São Paulo. Such a unit has eight beds for observation and hospitalization and a nursing team composed of four nurses (including nurses from another sector, sporadically), 11 nursing assistants and three nursing technicians, spread over shifts.

STUDY PARTICIPANTS

Study participants were three nurses, nine assistants and three nursing technicians of the psychiatric emergency service, totaling 15 participants. Being on vacation or sick leave during the data collection period was used as exclusion criteria.

ETHICAL ASPECTS

The project was submitted and approved by the Ethics Committee (protocol CAAE n. 31278914. 9.0000.5393) and all ethical aspects on research involving human subjects under Resolution 466/2012 of the National Health Council of the Ministry of Health were followed.⁷

DATA COLLECTION

Data were collected from semi-structured interviews and focus group using a previously prepared script containing questions about the perception of the nursing team regarding the SNA and its challenges.

The interviews were conducted by a graduate student nurse in the unit in a private place for about 40 minutes.

After the interviews, data were organized and submitted to a preliminary analysis and these results were subsidies for the realization of the focus group. All respondents were invit-

ed to participate in the focus group; however, only six showed up: two nurses, two nursing technicians and two nursing assistants. The group was led by a graduate student nurse specialist in Psychiatric Nursing and an observer recorded these observations in field notes.

DATA ANALYSIS

Data were transcribed immediately after the interviews and the focus group, and the transcripts were submitted to thematic analysis.⁸ The first phase of this analysis consisted of successive reading of the transcripts, in order to identify the core of sense considering then the frequency of these units of meaning. After this step, the different codes of meaning were grouped according to the similarity between them, resulting into three categories that are displayed in the following item.

RESULTS

The analysis of all the results obtained from the interviews and focus group culminated in the following categories: "SNA contributions to the work of the nursing team", "challenges to the use of the SNA" and "proposals for improvements to the SNA".

SNA CONTRIBUTIONS TO THE WORK OF THE NURSING TEAM

In this category there is information related to the improvements that the use of the SNA provides for the psychiatric emergency unit team and its usefulness in the team supervision and enhancement of the nursing work.

The nursing team reported that the SNA improves data collection, promotes more interaction between the patient, family and professionals, and promotes the organization of the service in general, qualifying patient care, as noted in the following speeches:

Collecting accurate data [...] it is better for us to get a sense of the patient (Interviewee 9).

[...] it speeds up the process with regard to care, it guides the team [...] the team gets to know the diagnosis, the specific patient care (Interviewee 4).

[It helps to] interact with the patient, understand him/her, talk, try to keep him/her quiet in here (Interviewee 1).

[...] we did not use to have much interaction that we have today with the patient. Today you interact more with them (Interviewee 5).

[It contributes to] direct assist the patient, [...] and improves as a whole (Interviewee 12).

SNA was also described as a factor that helps the nursing leadership to oversee the team:

[...] very important for the leadership [...] To get a better evaluation of their performance as employees and on the patient-employee relationship (Interviewee 5).

Participants stressed that such systematization contributes to the recognition and appreciation of the nursing work:

The importance is the direction, the focus of the nurse [...]. Because we are showing our work, our responsibility, our knowledge (Interviewee 15).

Participants state that the SNA generates recognition and appreciation of the nursing work (Observer's description from the focus group).

CHALLENGES TO THE USE OF THE SNA

In this category there is information related to the lack of adherence to the use of the SNA, its possible causes and some inadequacies of the current instruments used to the SNA in the psychiatric emergency unit.

The participants noted that some nursing assistants and nursing technicians did not adhere fully to the use of the SNA, due to the resistance of some persons to changes, lack of guidance, interest or charging responsibility by the unit nurses:

Some problems are addressed by the participants, as the self-indulgence or resistance to adhere to changes, the headship passivity and generation shock of older employees and the use of new technologies (Observer's description from the focus group).

Some participants reported that the lack of charging responsibility by the nursing favors the non-adherence of technicians in checking and monitoring the content of the SNA requirements (Observer's description from the focus group).

They state that the nursing team did not understand how to apply the SNA for lack of interest and/or guidance, for example, the night team has no guidance (Observer's description from the focus group).

Some inadequacies related to the instruments used in the unit for the SNA were identified, as repetitive informa-

tion and lack of some contents specific for the psychiatric emergency:

Right. We realize that some things are not necessary and the absence of some things that should be there (Interviewee 13).

[...] There is a lot of repetition [...]. So you end up leaving gaps, empty spaces, when you could consider important aspects while asking for things that have nothing to do with the patient (Interviewee 10).

I think it should be more practical. There is a lot of things, including medical terms, that I think are not nursing competence [...]. I think it should be simpler (Interviewee 17).

There are aspects showing our work in Psychiatry, but there are aspects that have nothing to do with our work (Interviewee 15).

On the other hand, some professionals mentioned that the adequacy of these instruments occurs progressively along the SNA implementation process.

[The instruments should] always be renewed. [...] Because new diseases are always happening [for example]. Many young people use drug very early, but these information we don't have [how to register in the instruments] (Interviewee 16).

Prescriptions are appropriate, they are being gradually fixed [emphasized]. And my overview of this process is the gradual improvement (Interviewee 12).

PROPOSALS FOR IMPROVEMENTS TO THE SNA

In this category there are suggestions made by the participants as improvements to the SNA.

Participants proposed data computerization, simpler instruments with clear and objective information, team training for the use of the SNA from small groups and appropriateness of content according to the specifics of psychiatric nursing care in the emergency unit:

At the close of focus group, participants mentioned that the implementation of electronic medical records and electronic SNA, which are in progress, will certainly favor the resolution of many problems. They suggest: simpler, clear and objective instruments, the inclusion of specific nursing diagnoses of psychiatric emergency, more

training applied in each sector, considering their specific characteristics and a space in the nursing prescription tool for checking the items that require constant attention by the team of different shifts (Observer's description from the focus group).

DISCUSSION

According to the results, the participants mentioned several contributions of the SNA for nursing work in the psychiatric emergency unit, such as improvement of the service organization and qualification of care. These results corroborate previous studies that describe the SNA as an instrument that contributes and assures nursing quality care from relevant tools that make it possible.⁹ It is noteworthy that such an instrument is of paramount importance when considering the complexity of such units, and the nurse plays an essential role as an intermediary in the implementation of the SNA, involving all team in the same goal of assistance and registration of nursing actions,⁹ because, as mentioned by the participants, this process contributes to the recognition and appreciation of the nursing work.

In Brazil, the proposed reduction of hospitalization beds and establishment of community services for the care of psychiatric patients recommended by the Psychiatric Reform has resulted in changes in the profile of care to be offered in the different services of the mental health system. These changes are also reflected in the need for adjustments in nursing records both in outpatient care services and in the hospitalization.

This need was also reported in other countries, such as Switzerland and Spain, which had similar proposals.^{10,11}

In Switzerland, in a study developed in a psychiatric admission unit, one of the reasons for non-recognition of the nursing service in the past was the disorganization of records, that is, a mixture of medical and nursing technical terms without methodology. With the development of standardized terminologies for nursing records, descriptions of their actions were more reliable, thus improving nursing assistance and their records also in the psychiatric units.¹⁰

Also, in a study on nursing interventions in psychiatric patients developed in Spain, the systematization of care is seen as a key element to the success of care, especially in the production of care plans in the interdisciplinary team and in the various mental health services, considering that Spain had a context of reforms in mental health policy.¹¹

As for challenges to the use of the SNA, participants of this study mentioned that some professionals are resistant to change, that there is absence of guidance and interest, and there is little demanding by the headship. Also, they mentioned some inadequacies in the instruments used for the SNA.

Previous studies also reveal some similar challenges in other units, such as the prioritization of nursing actions of best quality by professionals who, for lack of time to fill-in nursing records, end up weakening such records due to improper use of the SNA. It is also noteworthy that the care nurse spends most of time in assistance, and when it is time to fill-in the records of their nursing actions some information is forgotten or lost.¹²

Another challenge cited is the lack of team training, which has also been described in previous studies as a factor that limits the deployment of the SNA in hospitals, generating lack of interest and lack of adherence of the nursing team regarding the SNA,⁹ which was also identified in this research.

As for the improvements proposed by the participants of this study, some reports in the literature reference electronic records as a proposed improvement to the implementation of the SNA, supporting the ideas of participants.⁹

An example of this improvement is seen in the work carried out with the support of the Brazilian Nursing Association (ABEN, in Portuguese), which resulted in a software based on the nursing process and basic human needs, using the language of diagnoses, interventions and outcomes, triad of a success SNA.^{13,14}

Another proposal emphasized in a study is delegating more care nursing actions of nurses for their team, which would provide more time for completion of the nursing process and, consequently, a more appropriate SNA, by the nurses.¹² Therefore, there is also the need for increased human resources, better management of the nursing team's actions and financial resources to enhance projects related to the SNA. It may be noted that, as the participants of this study pointed out, it is of paramount importance to the successful implementation of nursing assistance that nurses assume their team leader role, being able to make changes to the success of the SNA implementation in their health service.

FINAL REMARKS

The perception of the team participating in the present study shows that the SNA contributes to the improvement of work, organizes the records of nursing actions, values and directs the work of the team and promotes more interaction between the team, the patient and family members.

However, adherence to its use is not consolidated. Some challenges were reported for this implementation, as well as some inadequacies of the SNA instrument.

These challenges are very similar to other units, as showed in the discussion. Nevertheless, considering the context of reformulation of mental health care, adjustments related to changes in the customer profile are necessary, as well as nurs-

ing care adjustments to psychiatric patients offered in this unit. Such a process will certainly be more successful if it receives broad and participatory discussions integrating as much as possible the nursing team of the psychiatric emergency units.

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