

THE MORE VALUE AND FREQUENT NURSING CARE DURING PSYCHIATRIC HOSPITALIZATION

CUIDADOS DE ENFERMAGEM MAIS VALORIZADOS E FREQUENTES DURANTE INTERNAÇÃO PSIQUIÁTRICA

LOS CUIDADOS EN LA ENFERMERÍA MÁS VALORADOS O FRECUENTES DURANTE LA INTERNACIÓN PSIQUIÁTRICA

Renata Marques de Oliveira¹, Antonio Carlos Siqueira Júnior², Antonia Regina Ferreira Furegato³

RESUMO

Objetivo: identificar os cuidados de enfermagem que são mais valorizados e aqueles que ocorrem com maior frequência durante a internação psiquiátrica, segundo a opinião de portadores de transtornos mentais, enfermeiros e técnicos de enfermagem. **Métodos:** estudo transversal. Participaram 27 pacientes, 6 enfermeiros e 10 técnicos enfermagem de unidade de internação psiquiátrica. Realizadas entrevistas a partir de 13 fotos de cuidados de enfermagem. Elas eram embaralhadas e entregues aos participantes para que as ordenassem segundo importância e ocorrência. Análise descritiva. **Resultados:** os participantes discordaram sobre os cuidados mais importantes: enfermeiros (50%: “passagem plantão”), técnicos (40%: “ouvir atentamente”), (37%: “apoio espiritual”). Embora o apoio espiritual tenha sido a intervenção mais valorizada pelos pacientes, foi a menos frequente na opinião dos três grupos (76,7%). **Conclusão:** o cuidado de enfermagem ocorria de modo generalista com ênfase em cuidados técnicos básicos. É preciso considerar a opinião dos usuários, pois o cuidado que eles mais valorizavam era o menos implementado.

Descritores: Cuidados de enfermagem; Unidade hospitalar de psiquiatria; Enfermagem psiquiátrica.

¹Escola de Enfermagem de Ribeirão Preto. Ribeirão Preto, SP, Brasil.

²Faculdade de Medicina de Marília. Marília, SP, Brasil.

³Escola de Enfermagem de Ribeirão Preto. Ribeirão Preto, SP, Brasil.

ABSTRACT

Aim: To identify the more value and frequent nursing care in the assistance to the psychiatric patients, hospitalized in general hospital, according to the perception of mental disorder subject and nursing. **Method:** Cross-sectional study with 27 patients (≥ 18 years), 6 nurses and 10 nurse assistants of psychiatric unity from general hospital. The nursing cares more value and frequents was investigated from 13 pictures, scrambled, the persons ordered the pictures according to their relevancy and occurrence. Descriptive analysis. **Results:** The participants disagreed about the most important nursing care: nurses (50%:“shift report”), nurse assistant (40%:“listen to the patients”), patients (37%:“spiritual support”). Although the spiritual support was the most valued in the patients’ opinion, was the less frequent in the opinion of the three groups (76.7%). **Conclusion:** the nursing care occurred with an emphasis on basic technical care. It is important to consider users’ opinion because the care they most valued was the less implemented.

Descriptors: Nursing care; Psychiatric unit; Psychiatric nursing.

RESUMEN

Objetivo: Identificar los cuidados de enfermería más valorados y frecuentes en la asistencia a pacientes psiquiátricos, hospitalizados en hospital general, según la percepción de los portadores de trastorno mental y profesionales. **Método:** Estudio descriptivo con 27 pacientes, 6 enfermeros y 10 auxiliares de enfermería de unidad psiquiátrica. Los cuidados más valorados y frecuentes fueron investigados a partir de 13 fotografías (los sujetos ordenaban según su importancia y ocurrencia). Análisis descriptiva. **Resultados:** Para 50% de los enfermeros, el cuidado más importante es el pasaje de turno; para 40% de los auxiliares de enfermería es oír al paciente y para 37% de los pacientes es el soporte espiritual. Aunque el apoyo espiritual fue la intervención más valorada por los pacientes, fue la menos frecuente. **Conclusión:** El cuidado de enfermería ocurría de modo generalista con énfasis en cuidados técnicos. Es necesario considerar la opinión de los usuarios, pues el cuidado que ellos más valoraban era el menos implementado.

Descriptores: Atención de enfermeira; Servicio de psiquiatría en Hospital; Enfermería psiquiátrica.

INTRODUCTION

The importance given to the nursing care intervention by the people experiencing it varies according to the cultural context where it happens as

evidenced by the history of the psychiatric care which has been going through several discussions, reflections and conceptual and practical changes through the years.

Until the 15th century, the “mentally ill” were subject to magical-religious

interventions. It was believed that the modifications to their behaviour were divine retribution or demonic possession. It was after Pinel that it was understood these people were ill. That understanding allowed for the creation of “hospitals” which protected society through moral treatment thus giving rise to modern psychiatry. Treatment consisted of isolation, repression, restraint and techniques, including some aggressive ones, for the maintenance of life in its biological aspects and the prevention of aggressive behaviour present in some of these illnesses.¹

Eventually, the hospitals were transformed and ended up becoming the great asylums. The situation drastically changed with the evolution of the understanding of medication, psychoanalysis and behavioural psychology. About halfway through the 20th century, that culminated in a widespread criticism of asylums by the anti-psychiatry, the preventive psychiatry and by proposals to reverse the situation. Governmental and non-governmental organizations reacted and nowadays, in Brazil, there is a reform of psychiatry in course alongside a health care reform

which is a broader movement that proposes a more humane approach in the care and a new arrangement of its consequences.²

Psychiatric nursing, through its assistentialist practice, contributed for a change in care in which the person is seen in a complete way and is the protagonist and not a spectator of the whole process.²⁻³ In the context of psychiatric hospitalization, nurse professionals are essential to the elaboration of a treatment plan in line with the patient's needs and the concept of humane care which favours closeness and better results.⁴⁻⁶

With the concern of providing quality care, following the guidelines of the Brazilian Reform of Psychiatry Law (10.216/2001), nowadays the treatment of people with mental disorders in the health system is encouraged, focusing primarily in out-of-hospital services, with hospitalization considered only as a last resort. However, studies show high levels of psychiatric rehospitallisation.⁷⁻⁸ Although there has been many advances in the past decades, the biomedical model is still predominant in many psychiatric services, which influences the actions of nurse professionals and of other mental health professionals.

Since nurse professionals are the ones closest to patients during hospitalization, investigating how these professionals are currently performing their activities in the care of people with mental disorders may provide important information regarding advances in psychiatric care. Are the advances theoretical or do they actually happen in practice? Obtaining this information may help with the reflection on the psychiatric care and may contribute to the improvement of the assistance, favouring the full recover of the people with mental disorders.

Hypothesis: the care during psychiatric hospitalization is carried out by nurse professionals in a generalist way focusing on basic nursing care.

The objective of this study was to identify the most valued and the most frequent nursing care interventions during psychiatric hospitalization according to the opinion of people with mental disorders, nurses and nurse technicians.

METHODS

This is a cross-sectional study carried out from August to October 2011 in a

psychiatric unit of a public general hospital (UPHG) in the Brazilian state of São Paulo. This psychiatric unit has 18 beds for the hospitalization of people experiencing psychotic episodes with an 89% average percentage of occupation.

The sample included 27 patients and 17 nurse professionals (six nurses and 10 nursing technicians). Inclusion criteria for patients: hospitalized between August and October 2011. Exclusion criteria for patients: intellectual disability; minor; speech impairment; refusal. Inclusion criteria for professionals: working as a nurse or nursing technician from August through October 2011. Exclusion criteria for professionals: nurses or technicians from different units temporarily working in the UPGH; refusals.

The tool "Ordering of Pictures of different Nursing Care Interventions" (OFCE) was developed specially for this study. Due to it being a projective tool to obtain indirect information (through pictures, that is) for descriptive purposes (frequency of occurrence) with no intention of measurement, there was no need to validate it. The OFCE consists of 13 pictures showing different interventions carried out during nursing care. In order to

define which interventions would be included, Law no. 7498/1986, which regulates the nurse profession in Brazil, and Resolution no. 427/2012 of Brazil's National Council of Nursing (Cofen) were consulted.

The objective of nursing is to care for the basic human needs, going beyond routine actions in order to expand its actuation to include therapeutic and humanist actions. Wanda Aguiar Horta penned the first Brazilian proposal regarding the nurse process based in the theory of basic human needs.⁹

In order to include in the OFCE pictures that showed the nursing care offered to patients seen holistically, it was defined that the choice would be made

considering the classification of basic human needs by João Mohana: 1. psychobiological, 2. psychosocial, and 3. psychospiritual.⁹

Even though the theory of basic human needs was first penned by Maslow, the decision to use the classification by João Mohana is justified because it is considered more comprehensive. Four psychobiological, four psychosocial and one psych spiritual need as defined by Mohana were intentionally chosen. To which one it was assigned one nursing intervention according to the Nursing Interventions Classification (NIC) elaborated by researches from the University of Iowa¹⁰ (Figure 1).

João Mohana's Theory		Nursing interventions according to the NIC
Psychobiological needs	Body care	Bathing
	Bodily integrity	Mechanical restraint
	Regulation	Monitoring of vital signs
	Therapeutic	Medication administration
Psychosocial needs	Attention	Listening carefully
	Participation/gregarious	Support group

	Recreation	Development of social skills
	Safety	Presence/togetherness
Psych spiritual needs	Religious needs	Spiritual support (spiritual approach)

Figure 1 – Psychobiological, psychosocial and psych spiritual needs according to João Mohana's classification and nursing interventions.

After defining the nine nursing care actions related to basic human needs, the NIC¹⁰ was consulted for the selection of interventions routinely performed by nurse professionals without direct contact with patients. Four were chosen: 1) assessment, 2) team development (professional qualification), 3) shift change e 4) multidisciplinary team meeting. The pictures of the OFCE were selected on the internet and were printed in 10 x 8 cm print which contained the web addresses from where they were taken. All pictures were individually laminated in clear plastic.

Individual interviews were carried out by a single researcher in a doctor's office at the UPHG. After clarification regarding the research purpose and the signing of an informed consent form, the 13 pictures were shuffled and given to participants who were instructed to arrange

them on the desk according to the order of importance each nursing care had in their opinion.

Then, the pictures were shuffled again and the participants were asked to order them this time according to the order of occurrence, that is, they were to indicate which occurred more often during hospitalization. The order of importance and of occurrence indicated by the participant were both registered. During these procedures, the participants were asked to report their experience with each nursing care intervention presented. Such reports were recorded (the content of these recordings is not the object of analysis of this study).

Besides analyzing the 13 nursing interventions individually, the NIC¹⁰ classification of direct and indirect care was also used. The interventions were classified as follows: direct care: bathing,

mechanical restraint, monitoring of vital signs, medication administration, listening carefully, support groups, development of social skills, presence (togetherness), and spiritual support; and indirect: assessment, team development (professional qualification), shift change and multidisciplinary team meeting.

The information regarding the ordering of the 13 pictures was converted in an Excel table and then transferred to Stata (version 10.10). Descriptive statistics tools were used (mean, minimal value, maximum value, absolute frequency and relative frequency).

This study followed all the formal requirements established by the national and international regulatory standards regarding human subject researches.

RESULTS

The interviews with the nurse professionals lasted an average of 75.2 minutes and the ones carried out with the patients lasted an average of 52.7 minutes. Four of the 14 nurse technicians working in the UPHG during the time data was collected did not agree to participate in the study. All the nurses consented (n=6). For

that reason, the sample of professionals consisted of 16 people (10 nurse technicians and six nurses). Most professionals were women (68.8%) and the average age among them was 35.7 years (25 to 51 years old). For all nurses and 40% of the technicians this was their first experience working in psychiatry.

Of the 84 people with mental disorders who were hospitalized in the UPHG during the period, 57 (69.7%) did not partake in the study. The reason behind exclusion was: refusal (21.1%); speech impairment (17.5%); minor (26.3%); intellectual disability (5.3%); discharge from hospital without prior arrangements; and rehospitalization (1.8%). Most of the 27 patients who did take part in the study were women (66.7%). About half (48%) were between 20 and 39 years of age. Schizophrenia was the most common diagnosis (44.4%).

The order of the 13 pictures shows that nurses, nurse technicians and patients disagree regarding the importance of the nursing care interventions during hospitalization in the UPHG. Half the nurses elected the “shift change” as the most important, 40% of the nurse technicians chose “listening carefully” and

37% of the patients stated that the most important was “spiritual support”. Half the nurses and most of the patients declared “mechanical restraint” to be the less

important intervention during hospitalization. Amongst the technicians, only 10% share this opinion (Table 10).

Table 1 – Importance of nursing interventions according to the opinion of nurses, nurse technicians and patients.

Nursing interventions	Nurses (n= 6)	Nurse technicians (n= 10)	Patients (n= 27)
More important	%	%	%
Medication administration	-	20.0	11.1
Mechanical restraint	-	-	3.7
Team development (professional qualification)	33.3	30.0	7.4
Shift change	50.0	-	7.4
Listening carefully	-	40.0	22.2
Presence/togetherness	16.7	-	-
Multidisciplinary team meeting	-	-	7.4
Spiritual support	-	10.0	37.0
Monitoring of vital signs	-	-	3.7
Less important			
Assessment	-	10.0	3.7
Bathing	33.3	10.0	-
Mechanical restraint	50.0	10.0	55.6
Team development (professional qualification)	-	10.0	-
Development of social skills	-	-	14.8
Support group	-	-	11.1
Shift change	-	-	3.7
Multidisciplinary team meeting	-	20.0	7.4
Spiritual support	16.7	40.0	3.7

Nurses and nurse technicians were consistent in their choice of the most important and most frequent interventions. Half the nurses and technicians stated that the most frequent care performed by them in the UPHG was “shift change” and

“listening carefully”, respectively. Observing the patients choice, it is noted that the care they considered as the most important (spiritual support) was the less frequent during psychiatric hospitalization according to almost 90% of them. Most

patients (70%) stated that medication administration and monitoring of vital

signs were the most frequent interventions (Table 2).

Table 2 – Frequency of nursing interventions according to the opinion of nurses, nurse technicians and patients.

Nursing interventions	Nurses (n= 6)	Nurse technicians (n= 10)	Patients (n= 27)
More frequent			
Medication administration	-	10.0	37.0
Assessment	-	10.0	7.4
Team development (professional qualification)	-	-	7.4
Support group	-	-	3.7
Listening carefully	33.3	50.0	3.7
Shift change	50.0	30.0	3.7
Presence/togetherness	16.7	-	3.7
Monitoring of vital signs	-	-	33.3
Less frequent			
Mechanical restraint	16.7	10.0	7.4
Team development (professional qualification)	16.7	-	3.7
Support group	16.7	-	-
Multidisciplinary team meeting	16.7	20.0	-
Support group	33.3	70.0	88.9

After classifying the nursing interventions in direct and indirect, it is noted that nurse technicians and patients share the same opinion: 70% technicians and 77.8% of patients agreed that direct care interventions are more important during hospitalization at the UPHG. On the other hand, 83.3% of nurses consider indirect care interventions as the most important.

For nurse technicians and patients, direct care interventions, besides being the most important are also the most frequent (60% and 81.5% respectively). The information provided by nurses regarding the interventions they considered more important and the ones that were more frequent in their practice was different. While 83.3% considered indirect care interventions as the most important, 50%

stated that they performed direct care interventions more often. Regarding basic human needs, amongst the participants who considered direct care more important, 47.6% of patients chose the intervention which met psych spiritual needs and 57.1% of nurse technicians the one that met psychosocial needs. The only nurse who considered direct care as more important chose the option which met the needs.

DISCUSSION

It was noted during the investigation that patients and nurse professionals had different opinions regarding which care they considered the most important during the hospitalization in the UPHG. From the 13 nursing care interventions presented to participants, the spiritual care was the most valued by the patients.

A research carried out in which 543 books on nursing were consulted found out that 32% stressed the importance of assessing the patient's spiritual needs, but very few suggested how such assessment could be done. The authors came to the conclusion that the scarcity of the topic of

spirituality in textbooks indicates that this aspect of care is less valued than other nursing interventions.¹¹

Indeed, the devaluation of spiritual support in comparison to other care interventions was observed in this study. Most professionals did not consider it important. Due to it not being consolidated in the scientific literature and textbooks, it is hard for nurse professionals to understand how to offer spiritual support respecting each patient's individual needs without going beyond their own abilities, technical and professional capabilities.

A study carried out with 139 schizophrenics showed that spiritual well-being is linked to a better quality of life.¹² It is important that the professionals assess each patient's spiritual/religious needs and only encourage it if there is an understanding that the individual will benefit from it. It is understood that offering spiritual support is not the same as the professional acting in a religious way but identifying and respecting what is important for the patient at the moment. The professional should listen and talk about it, allowing patients to talk about their beliefs in a way they do not deny the

opportunity to speak of what is important to them.

However, it is acknowledged that the nurse professional approaches the patients' spiritual needs depends on the knowledge they have of the subject, of themselves and how comfortable they are with the topic.¹³ If what the patient needs is beyond their professional capabilities, the nurse professional may arrange a religious visit or take other measure necessary to comfort the patient at the moment.

Although spiritual support was the intervention most valued by patients, it was the less frequent in the opinion of all three groups (nurses, nurse technicians and patients). Since spiritual support was not regularly offered, patients might have singled out this intervention as the most important because they were not sure what it was about. They might have mistaken spiritual support for attention, acceptance and emotional support.

The discrepancy between what is valued by patients and what happens during care leads to questioning the intervention the nurse technicians chose as the most important: "listening carefully" to what the person has to say. If what patients want when referring to spiritual support is

more attention that indicates that "listening carefully" is not being adequately performed as a therapeutic tool during hospitalization.

Although the nurse technicians insist that "listening carefully" is the intervention they carry out more often, the patients' testimonies, as the protagonists of the care, are the most reliable source to identify what goes on at the UPHG. And through the interviews with the patients it was confirmed that the nursing care during psychiatric hospitalization is provided in a generalist way focusing on basic nursing care as evidenced by the statements of two thirds of the patients who declared medication administration and monitoring of vital signs were the most frequent interventions. An Israeli study conducted with 100 nurse professionals of a psychiatric hospital showed they positively assess the use of psychotropic drugs even though their knowledge on the subject is considered moderate.¹⁴

The nurses have a different opinion from those expressed by the nurse technicians and patients. For them, indirect care is more important, especially the shift change. That was anticipated since these professionals are more involved with

routine bureaucratic work. A study carried out with 13 nurses who worked in different areas of a Brazilian general hospital showed they distance themselves from direct caring to patients due to administrative demands, and therefore delegate to other professionals, especially technicians, care interventions they should be doing themselves. It stands out the need to coordinate direct care interventions and administrative actions in order not to deprive the patients from receiving quality nursing assistance.¹⁵

Regarding the less valued intervention, there was consensus amongst nurses and patients. Most elected mechanical restrains, possibly due to the violence inherent to this type of intervention. A qualitative research carried out with 39 Australian psychiatric nurses showed that although they recognize the importance of mechanical restraint to protect the patient and other people during certain psychotic episodes, they are not comfortable doing it.¹⁶

Although a significant share of nurses and patients considered mechanical restraint as the less important intervention, only one nurse technician shared that opinion. It is believed that technicians have

a different opinion regarding restraint because they work directly with patients and are thus the primary target of any of their eventual assaults.

Results from this study offer important data for nurses to reflect on their professional practice. Even though it was carried out in a specific hospital, every professional may apply this reflection to their own care practice: is the care I provide the one the patient needs? It is believed that the divergence between what the patient values and what actually happens may negatively impact the satisfaction regarding the psychiatric hospitalization and nursing care. The intention is to investigate in follow up studies not only which interventions are more valued and more frequent but also their importance for nurse professionals and patients. Although this study investigates an important subject for psychiatric nurse care by using an indirect method for data collection with a projective resource (pictures), it is acknowledged the restricted number of participants is a limitation.

CONCLUSION

The nursing care at the UPHG happened in a generalist way as medication administration and monitoring of vital signs were the most frequent interventions carried out according to patients. The intervention more valued by the patients was the less frequent which indicates their opinion is not considered by the nursing team of the UPHG during care planning. Nurses, nurse technicians and patients had different opinions regarding which interventions are more important during psychiatric hospitalisation. The nurses chose the “bureaucratic actions” as the most valued intervention, for the nurse technicians it was “listening carefully”, while the patients preferred “spiritual support”.

Conflicts of interest: there are no conflicts of interest to report.

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