THE PERCEPTION OF NURSING ON ACADEMIC MADNESS

A PERCEPÇÃO DO ACADÊMICO DE ENFERMAGEM SOBRE A LOUCURA

LA PERCEPCIÓN DE ENFERMERÍA EN LA LOCURA ACADÉMICO

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ABSTRACT

Objective: To understand how the nursing student perceives mental disorders (TM), how this constitution happened and how graduation affects this process. **Methods:** Field research with quali-quantitative, descriptive and cross-cutting approach with 20 undergraduate students in Nursing, 10 who did not go to mental health discipline (sample A) and 10 who attended (sample B. **Results:** Over images and feelings, the sample The notices TM carrier like a different person, that arouses fear, pity and compassion that show common sense experiences as opposed to scientific knowledge. Sample B showed the importance of therapeutic care conducive to the practice of nurses in mental health. The two samples associated building the perception of madness through education and observation. **Conclusion:** Learning in mental health enables the scholar to provide a humanized, scientific and technical care befitting the role of the nurse.
Keywords: Nursing, Mental Health, Nursing Students.

RESUMO

Objetivo: Compreender como o acadêmico de enfermagem percebe os transtornos mentais (TM), de que forma se deu esta constituição e se a graduação repercute neste processo. **Métodos:** Pesquisa de campo com abordagem qualiquantitativa, descritiva e transversal com 20 alunos de graduação em Enfermagem, sendo 10 que não cursaram a disciplina saúde mental (amostra A) e 10 que cursaram (amostra B). **Resultados:** Sobre imagens e sentimentos, a amostra A percebe o portador de TM como uma pessoa diferente, que desperta medo, dó e compaixão o que denotam vivências do senso comum em oposição ao conhecimento científico. A amostra B evidenciou a importância dos cuidados terapêuticos condizentes à prática do enfermeiro em saúde mental. As duas amostras associaram a construção da percepção sobre a loucura através da educação e observação. **Conclusão:** O aprendizado em saúde mental capacita o acadêmico para prestar um cuidado humanizado, científico e técnico condizentes ao papel do enfermeiro.
Palavras-Chave: Enfermagem, Saúde Mental, Estudantes de Enfermagem.

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RESUMEN

Objetivo: Comprender cómo el estudiante de enfermería percibe trastornos mentales (TM), cómo ocurrió esta constitución y la graduación afecta a este proceso. **Métodos:** La investigación de campo con enfoque cuali-cuantitativo, descriptivo y transversal con 20 estudiantes de licenciatura en enfermería, 10 que no fue a la disciplina mental de la salud (muestra A) y 10 asistentes (la muestra B. **Resultados:** Más de imágenes y sentimientos, la muestra El portador avisos TM como una persona diferente, que despierta el temor, la piedad y la compasión que muestran las experiencias de sentido común en oposición al conocimiento científico. Muestra B mostró la importancia de la atención terapéutica propicio para la práctica de enfermería en salud mental. El . dos muestras asociada la construcción de la percepción de la locura a través de la educación y la observación **Conclusión:** El aprendizaje en salud mental permite al estudioso para proporcionar una atención humanizada, científica y técnica acorde con el papel de la enfermera.
Palabras clave: Ancianos, Salud Mental, Enfermería Estudiantes.

INTRODUCTION

Globally, according to the World Health Organization (WHO), nursing represents the most prevalent group of work on the sector of mental health. The average rate of nursing professionals that act in the area is larger than all the other groups of human resources combined, among them psychiatrists, psychologists and social workers. Against this reality is possible to understand that today nursing is integral and essential in promoting mental population health, ensuring human rights and quality care for all, as responsible for a team, the nurse should be able to act effectively in assistance of people with mental disorder and training future nurses.[1, 2]

Historically, psychiatric nurse came up with the asylum, not to make sure a quality care as WHO advocates, but to supervise, control and punish, considering the mentally ill as an alienated, insane, dangerous, incapable and unimputable, putting into practice precepts of classical psychiatry and predisposition from that time.[3]

The madness and the madman coexist with the history of mankind, but the condition of madness as a disease was born with Pinel and psychiatry from the XVIII century, providing the organization of hospices, treatment methods and supportive care[4].

In Brazil, this assistance has as its starting point the Hospício de Pedro II, opened in 1852 at Rio de Janeiro. The administration was conducted by religious and assisted by lay people denominated nurses. More forward, State and Clergy suffer an alliance break, resulting in the departure of the nuns from the hospice and enabling doctors to act more, generating a crisis of lack of manpower. In order to form new workers and supply this demand, the government creates the first school of Brazilian nursing through decree 791 of 09/27/1980, the Escola Profissional de Enfermeiros e Enfermeiras.[5]

Nursing care teaching was directed to maintain local order, basically focused on hygiene, nutrition and medication management. The nurse was characterized as an intermediary agent between the guard and the doctor, with performance marked by lack of technical skills. The professionalizing education, taught at first my psychiatrists, followed the knowledge of common sense, valuing European asylum model with emphasis on containment and surveillance.[5]

The nursing wasn't alone, because it is subordinated to the medical management, that dictated the orders and represented authority figures to be respected, with that the nursing workers features as supporting actors in the process, the executors of disciplinary order.[6]

In the XX century, Sigmund Freud with the advent of psychoanalysis, revolutionizes psychiatry from the understanding of the human mind and conception of the subject, allowing a new theoretical and practical approach to mental illness. Other advances in treatment arise, such as the discovery of psychotropic drugs. As long as the asylum model was already suffering criticism for several years, only after World War II begins to be transformed through reform movements, seeking a scientific and political rearrangement. In Brazil, the changes begin in mid-1970 following the resto of the world.[7]

Since then the Psychiatric Reform Movement was consolidated in the country, prioritizing the humanized, preventive and multidisciplinary care, reflecting at the practice and education of nurses. Of the creation of the first school to nursing education as it is today, several changes occurred in the world, requiring decades to madness start to be demystified.[8]

The nurse's role in caring for people with mental disorders has become therapeutic, integrating other knowledge to form a broader understanding of human suffering.[9]

The new nursing leaves the asylum model behind and starts to provide more qualified and expanded assistance. Its practice is developed with the use of specific skills, scientific nature and enhancement of interpersonal and ethical relations, considering that always will have to stimulate what is healthy in the patient's personality and accepting ill aspects of each that is about their care.[10]

In this context, it is clear that the academic nursing, throughout his formation, will know the evolution of Brazilian public policies and a number of changes of concepts in the mental health area, enabling other ways to understand the health-disease process. It is believed that these fundamentals enable a greater understanding of mental disorders, contributing to fear and prejudice are clarified, re-meaning madness.[11]

Therefore, the higher education is highlighted as a crucial tool for the transformation of work processes. The student should be conducted to raise awareness of the principles proposed by the Psychiatric Reform, providing conditions to understand the important role of nurses in mental health and collective promotion and awaken interest in the development of scientific, humanistic and technical skills that instrumentalizes for professional practice.[7]

Thus, this study aimed to understand how nursing student perceives mental disorders, how occurred this constitution and if nursing education on mental health affects this process.

METHODS

Study descriptive, cross-sectional, qualitative quantitative, run in a prestigious college of nursing in the city of Curitiba – PR. The participants were 10 nursing students who have obtained formal education in mental health and 10 who haven't had yet. The data collection was carried out in October 2015.

The application of the questionnaire took place in the classroom, at random, lasting about fifteen minutes. As data collection instrument was applied a questionnaire with open and closed questions.

The criteria adopted included being over 18 years; be in position to be interviewed; agree to participate in the study at all stages and sign the Term of Free and Informed Consent, respecting the provisions of the ethical norms regarding the resolution 466/2012 of the National Health Council.

For the first sample (A) was considered an inclusion criterion to be a freshman, someone who just joined graduation, and who hasn't acquired specific knowledge in formal mental health. On the second sample (B), scholars who have had courses and internships that allow learning about mental health nursing.

There was no interference in the answers by the researcher. To ensure the anonymity of those involved, the scholars of the first sample (newly entered) were identified with the letter "A" and the second sample (senior students), the letter "B". Each letter was followed by sequential Arabic numerals according to the number of participants.

The questionnaires were developed in two stages as described below: regarding the variable of academic profile, age, gender, experience in health area and/or mental health and if they are interested in working as a nurse in mental health. This stage was performed in both samples. The subjective questions were adapted on three guiding questions of a study contemplated by Cavalheri et al.[11]. There were five questions, but the latter was applied only to the students of the second sample (B) by engaging life experiences not yet experienced by the first participants.

Are the questions: "Mental patient, when you come in contact with these words, what images come to mind?"; "What are your feelings towards mental illness?"; "How it was being built throughout your life this perception that you have of the mental patient?"; "Do you consider important that nurses have knowledge about mental health?"; "After having completed the mental health discipline, there was a change on your perception and attitudes towards the mentally ill?".

The objective data were presented by basic statistics, with absolute numbers (n) and relative (%). The subjective data were refined by Bardin theory, performing pre-analysis, material exploration, treatment of data, inference and interpretation improved in order to allow

the categorization of subjects and transcription of reports as recorded by the participants.[12]

This study was submitted to the Ethics Committee on Human Research of the University Center Campos de Andrade – Uniandrade, being approved as a consolidated report explaining n. 1.284.736 in October 2015.

academic and sample B by scholars of the same educational institution that already had the disciplines that make up subfields of mental health (applied psychology, family and community health, mental health and internships in primary and secondary care) (Table 1).

Table 1: Variables of the academic profile of samples A and B, Curitiba, 2015.

RESULTS

The variables of the samples A and B are arranged in parallel columns, the sample A represented by the newly entered

Variables	Sample A		Sample B	
	n	%	n	%
Age group				
18-24	**07**	**70**	02	20
25-31	01	10	01	10
32-38	02	20	**04**	**40**
39-45	00	00	03	30
Gender				
Female	**10**	**100**	**07**	**70**
Male	00	00	03	30
Work or has worked in the health area				
Yes	**06**	**60**	**07**	**70**
No	04	40	03	30
Profession that acts and/or acted in health area				
Nursing assistant	02	20	01	10
Nursing technician	**04**	**40**	**06**	**60**
Act or acted in mental health area				
Yes	01	10	00	00
No	**09**	**90**	**10**	**100**
Place that act and/or acted in mental health				
Psychiatric hospital	**01**	**10**	00	00
Interest in working as a nurse in mental health				
Yes	00	00	02	20
No	03	30	**04**	**40**
Maybe	**07**	**70**	**04**	**40**
Place of general interest				
Emergency Unit (UPA)	**03**	**30**	04	40

Basic Health Unit (UBS)	00	00	**06**	**60**
Mobile Emergency Service (SAMU)	**03**	**30**	02	20
Psychosocial Care Center (CAPS)	01	10	05	50
Others	**03**	**30**	00	00

The sample A reveals the age range of respondents between 18 and 38 years, with an average of 24 years, all female. Much has experience in health care as a nursing assistant and technician, but only 01 have experience with mentally ill since worked in a psychiatric hospital. Most said that might raise the interest in working in the mental health area and among these, none registered a specific service.

As for the services they intend to act as nurses, they pointed Emergency Unit, Mobile Emergency Service and Psychosocial Care Center and 01 specified obstetric clinic. Among these, 01 participant that pointed Emergency Unit said that doesn't intend to act on mental health.

As for the sample B, the age range variates between 21 and 41 years, with an average of 33 years, most females. Most works in health care as an auxiliary and nursing technician, with no experience with patients with mental disorder.

Of the students, 40% reported no interest in acting as a nurse in mental health (N=4), 40% reported that may work (N=4) and 20% reported interest (N=2). With respect to location, 05 said they intend to work in Psychosocial Care Center and 01 registered psychiatric clinic.

Most revealed no desire to work in the mental health in the particular field, but following marked interest in Emergency Unit, Basic Health Care, Mobile Emergency Service and Psychosocial Care Center. For scholars of sample A, when they were asked about the images that come to mind about mental illness, it was found that most of them considered the bearer of mental disorder as a different person, as shown below:

[...] People afraid that can't channel their emotions (A2)
[...] Sad people (A3)
[...] They have a different behavior (A4)
[...] Different behaviors, can act like a child (A5)
[...] Debilitated person (A6)

The sample B, in different person category, there was a reworking on perception based on speeches of scholars last year's graduation portray a new view of the mentally ill.

[...] People with a disorder mild or severe (B1)
[...] People with disorders to be treated (B2)

About the students feelings towards mental illness, according to the answers of the group A, identified association of mental disorder with people who cause fear and also sadness, pity and compassion. In the category people who arouse fear, the subjects revealed:

[...] Apprehension (A1)
[...] Fear, afraid of what they can do in their moments of madness (A3)
[...] Concern about where and what time that this person goes into crisis (A7)

In another order of feelings, some subjects expressed:

[...] Pity, a bit of sadness (A1)
[...] Compassion (A6)
[...] Compassion, sadness and pity (A8)

Most of the subjects of the sample A reported that the perception of the mentally ill in fact was built through observation of people and family education. About the construction of fear, a participant described:

[...] Always taught me to fear madness, Family didn't see the mentally ill with good eyes (A3)

Among the reports, one of the students stood out by presenting a speech befitting the correct therapeutic role of nurses who work in mental health:

[...] I feel like to help and provide a better life (A5)

The same student responded that her perception of the theme was built on education:

[...] Since an early age I learned to treat people with disorder as normal (A5)

Although, the academics of the sample B, about the feelings, identifies one student reporting anger and in some persisted the association of mental illness with pity.

[...] Perception, attention and care (B3)
[...] Humane treatment (B4)
[...] Deserves attention and care (B5)

About the construction of perception, the sample B reported mostly family education and observing people, as the sample A, as well as society as a whole. The participants reported that changed the way of perceive madness and now see it as a disease that needs care.

[...] In the past they were excluded and people kept their distance. Now people in need of attention, care and a different look (B1)
[...] I had a different view, as many. Now I think different and put myself available to listen, care and notice symptoms (B3).
[...] I remember when I was a child a schizophrenic man wandering down the street, my mother used him to put fear so I wasn't going to stay on the streets. These feelings accompany us into adulthood. However, entering in the area of health, having conversations with mentally ill and the theory at the academy helped to lose that fear. (B10)

According to the appreciation of the nurses on mental health knowledge, the majority of both groups responded positively.

[...] Yes, because this way the professional can have a more qualified preparation to deal with situations that may arise in day-to-day, with calm (A9)
[...] Yes, to serve him better (A5)

[...] Of course. The nurse must know a health and a diseased mind, as it may haven't been diagnosed yet and should be able to recognize and refer to a doctor and treatment (A3)

Mentioned students of sample B:

[...] Yes, if you have no knowledge there will be no understanding of the disease (B1)
[...] Yes, because as nurses we have to have a vision as a whole (B2)
[...]Nursing is an indispensable part in the mental health care service, as the nurse is responsible for the team, he must be able to ensure effective quality of care to patients with mental disorders (B10)

The students of sample B were asked if there was a change in perception and attitudes towards the mentally ill after they attended mental health discipline.

[...] To provide a more human look (B1)

[...] Yes. We learned to don't judge certain people and observing them as a patient, not as a character deviation (B3)

[...] Look at the patient as a whole (B7)
[...] I learned that today nursing works as a therapeutic agents, it shouldn't have posture of punishment, repression, control. But moments of interaction between professional and patient (B10)

DISCUSSION

Profile of the academic and professional interest

The prevalence of females among the participants of both samples as well as the ages of the two groups matches the general profile of academic nursing students in Brazil. Moreover, the fact that many students already work in the health area as nursing assistants and technicians is another recurring factor.

Note that the predominance of the answer "maybe" in the sample A on interest in working in the mental health area, may be related to the absence of formal knowledge and experience of care for patients with mental disorders, but also indicates that there is an opening on the part of students to learn about mental health.

Although they presented doubt, when asked about the interest in acting as general nurses, they pointed services that meet psychiatric patients (Emergency Unit, Mobile Emergency Service and Psychosocial Care Center), which shows the lack of understanding of the psychosocial care network, explained by

the fact that they are at the beginning of graduate and have no knowledge in public health.

The fact the students have answered that they don't pretend to work in mental health, but have signaled interest in Emergency Unit, allows us to understand that most want to work as a nurse providing care to people with mental disorders, although they are not aware of it.

The Psychosocial Care Network, according to decree 3.088/2011 is composed of several outpatient services of reference and all levels of complexity for reception and treatment of users with mental disorders, especially the Psychosocial Care Center that are articulated as Basic Health Care, Emergency Unit and Mobile Emergency Service.[13]

As for the B sample, most said that doesn't have any desire to work, in the future, on mental health area, but noted below several services of Psychosocial Care Network, especially Basic Health Care. The same is a fundamental part of Psychosocial Care Network and gateway to health services, receiving the population that seeks to solve their physical

complaints, social and also psychological.[14]

So, students of both samples A and B, demonstrated motivation to work in the mental health network, although persists in some students the difficulty of understanding the functioning of Psychosocial Care Network even after they have attended specific courses in mental health and have done internships in basic attention and emergency.

Images about mental disease

In a similar study about the perception of students entering at the nursing college in São Paulo on mental illness, also found that being different was the aspect that appeared prominently among speeches. This perception (different) is through common sense, since society itself stigmatizes madness and separates of the large group of "normal".[11]

Although data collection was individual, the answers were similar, reflecting the foundations of social structure. People's perceptions are formed throughout life through experiences lived and transmitted by family, teachers, health professionals, among other significant agents in the formation of concepts, and guide them in everyday situations.

Regarding to redesigning the perception of the sample B, it is believed that the change of discourse is related to the academic field. That way, people are able to modify perceptions of the world around them; the mental health education provides the student an expansion of specific knowledge that leads to having foundation to develop their practice properly.[15]

Feelings towards mental illness and construction of perception

In Brazilian society it is common that at some point we face the expression of fear related to mental illness because of the psychiatry history process, and the nursing student is part of this scenario.

The idea of working with the mentally ill can be scary to both the academic and the own health professionals, reflecting the common thought. The image of someone aggressive, devoid of critical sense, limits, ethical and moral standards still pursue the carriers of mental disorders.

The culture is made up in laws, beliefs, habits and customs, thereby the health-disease is influenced by this context.[15]

The fear of the mentally ill should be theme of debate in college, in order to redefine the judgment of risk and danger generalizing all people with mental disorders, paying no attention to diagnosis and clinical condition actually presented. The student is also an educator and opinion leader and has the responsibility to transform society. Although not act directly in the area, they have the opportunity to provide a break of paradigms, spreading the humanization and ensuring respect for all health care spheres.[15]

Discourses on pity and compassion, also denote common sense experiences as opposed to scientific thinking necessary to properly nursing care.[11] From the speeches of the students were identified that most of the group of final year showed feelings about the role of the nurse in mental health, as a therapeutic agent, which allows us to understand that formal education helped in the process.

Importance of knowledge about mental health

With the results it is understood that the students, both those who have acquired the specific formal education in mental health as those who recently joined the graduation, consider that the competence of the nurse is required for an excellent care.

Through the speech of the participants, it was understood that the discipline has expanded the understanding of the subject, providing patience, attention, comprehension, humanization and decreased prejudice. The impact in the way of thinking about health-disease process of the future nurses is the result of joint knowledge in college. It is in the higher education that nursing care is transmitted. [16]

In this way, learning is able to determine the way the student understand and relate to the patients, however, these same authors state that only the undergraduate teaching is not sufficient. [11]

It is therefore, recommended to the educational institution that uses the results of this study to benefits in teaching and trainees who intend to work in the health care network, to undertake specialization

in mental health in order to continue their studies.

CONCLUSION

Considering the results of the research, note that among the newly entered students in the nursing course, there is the crazy stereotypical perception as historical context. During the course this concept begins to be modified and with that the process of acceptance and understanding of the academic on the health-disease issue, enabling demystify many erroneous beliefs involving mad/crazy question. Knowledge enables them to provide a humanized, scientific and technical care befitting the role of nurses in order to ensure citizenship to people mentally ill.

To transform the reality is necessary to leave the psychiatric exclusive territory and build on the society conditions for it, as a constant is our lives, participate in the solution. Only academic teaching will not be able to transform the perception made in relation to madness, on the other hand the concept to base this

teaching will be decisive about the way to perceive and relate to it.

The feelings of fear, pity and compassion to the mentally ill should be the subject of debate in the classroom, in order to redefine the understanding of risk and danger generalizing all people with mental disorders, not considering the diagnosis and clinical condition in fact presented. Both professionals and future nurses are key players in this process, as they are educators and opinion leaders and have the responsibility to transform society. Although not act directly in the area of mental health, they have the opportunity to provide the break of paradigms, spreading the humanization and ensuring respect for all health care spheres. Stands out as the present study limits its cross-cutting nature and with a reduced number of participants.

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