ISSN: 2318-8413 DOI: 10.18554/refacs.v4i2.1643

REFACS
Revista Família, Ciclos de Vida e Saúde no Contexto Social

Perception of own competence to caring on mental disorder' patient: the social representations of nurses

Percepção da própria competência para assistir pacientes com transtorno mental: as representações sociais de enfermeiros

Percepción de la propria competencia para asistir pacientes com trastorno mental: las representaciones sociales de enfermeros

Received: 29/10/2015
Approved: 05/04/2016
Published: 01/05/2016

Bruno Vilas Boas Dias [1]
Evandro Franciscato Trivelato [2]
Melissa Ramos Faccio [3]

The aim this study was to analyze the social representations of nurses, the own competence to caring on mental disorder' patient. The research is qualitative, descriptive and exploratory on the theory of social representations, following the guidelines of the collective subject discourse. The sample consisted of 30 nurses from a general public hospital in São Paulo state, SP, Brazil. The central ideas related to nurses who consider themselves prepared were: "Work Experience", "Knowledge", "Experience", "Training" and "Identification with the area." Nurses who do not consider themselves prepared are represented by the central ideas: "Lack of knowledge", "Lack of training", "Lack of structure", "Insecurity", "Hospital is not reference" and "Difficulty in dealing with the patient". The majority of nurses believes that the lack of infrastructure and professional experience have contributed to not consider themselves to attend to the patient.
Descriptors: Mental disorders; Mental health; Mental health assistance.

O objetivo deste estudo foi analisar as representações sociais dos enfermeiros, acerca da competência para realizar assistência à pacientes com transtorno mental. Pesquisa qualitativa, descritiva e exploratória com base na Teoria de Representações Sociais, seguindo as diretrizes do Discurso do Sujeito Coletivo. A amostra foi composta por 30 enfermeiros de um hospital geral público do interior do estado de São Paulo. As ideias centrais relacionadas aos enfermeiros que se consideram preparados foram: "Experiência Profissional", "Conhecimento", "Experiência", "Treinamento" e "Identificação com a área". Os enfermeiros que não se consideram preparados estão representados pelas ideias centrais: "Falta de conhecimento", "Falta de treinamento", "Falta de estrutura", "Insegurança", "Hospital não é referência" e "Dificuldade em lidar com o paciente". A maioria dos enfermeiros entende que a falta de estrutura e experiência profissional têm contribuído para que não se considerem preparados para atender ao paciente.
Descritores: Transtornos mentais; Saúde mental; Assistência à saúde mental.

El objetivo de este estudio fue analizar las representaciones sociales de los enfermeros, a cerca de la competencia para cuidar de pacientes con trastorno mental. La investigación es cualitativa, descriptiva y exploratoria basada en la teoría de las representaciones sociales, siguiendo las directrices del discurso del sujeto colectivo. La muestra estuvo constituida por 30 enfermeros de un hospital público general en el estado de São Paulo, SP, Brasil. Las ideas centrales relacionadas con las enfermeras que se consideran preparados fueron: "Experiencia laboral", "Conocimiento", "Experiencia", "Formación" y "Identificación con el área". Los enfermeros que no se consideran preparados están representados por las ideas centrales: "Falta de conocimiento", "Falta de formación", "Falta de estructura", "Inseguridad", "Hospital no es de referencia" y "Dificultad en el trato con el paciente. La mayoría cree que la falta de infraestructura y de experiencia profesional, han contribuido a que no se consideren preparados para asistir al paciente.
Descriptores: Trastornos mentales; Salud mental; Atención a la salud mental.

[1] Nurse. Specialist in Cardiovascular Nursing. Master Student in Health Sciences at the Medicine Faculty at Jundiaí. SP, Brazil. Profesor at the Graduation Nursing Course at the Universitary Center Padre Anchieta and at the Faculty at Campo Limpo Paulista, SP, Brazil. bruno.dias@anchieta.br. Brazil.
[2] Nurse graduate at the Universitary Center Padre Anchieta, SP, Brazil. e_f_trivelato@hotmail.com. Brazil.
[3] Nurse graduate at the Universitary Center Padre Anchieta, SP, Brazil. melissa.ramos.faccio@gmail.com. Brazil.

INTRODUCTION

Public psychiatric care in the nineteenth century was practiced in secular form, with asylum character imposed by the Catholic Church. At this time the mentally ill were considered a violent public threat, and a disturbing element in society. Pressured by people they were sent to nursing homes, thus consolidating psychiatric hospitals[1].

In 1978 Brazil was marked by the Mental Health Workers Movement (MTSM). A plural movement made up of members of health workers movements, relatives of patients, union members, and health professionals and by patients who had a long history of hospitalization[2].

It is through this movement that violence began to be denounced, the mercantilization of madness and the hegemony of private networks that occurred within the asylums and psychiatric hospitals, then building a collective criticism of the hospital-centered model[3].

From the year 1989, social movements arising in the then draft of the law deputy Paulo Delgado, stimulated approvals of laws across the country that provided for the removal of psychiatric beds for an integrated mental health care network. Since then, mental health care has begun to focus on quality in the broad structure, with the introduction of daily services and the first standards of supervision of psychiatric hospitals[4].

After 12 years of debate, in 2001 the Law 10,216 was sanctioned in Brazil, strengthening and promoting changes in the way to patients in mental units were treated[5]. The Ministry of Health started to allocate funds for the reorientation and implementation of care to new forms of surveillance, management and reduction of psychiatric beds. And on the other hand building a network of mental health care consists of the Psychosocial Care Centers, therapeutic homes and programs "Back home" among others[6].

The patients treated in the mental health care network are supported in general hospitals when they have psychiatric emergencies or clinical problems that cannot be solved in Psychiatric Care Centers[7]. Thus, the nursing staff members have received in general hospitals patients with mental disorders, which did not happen when most of these were in psychiatric hospitals. Thus, the nurse must prepare to evaluate and implement nursing interventions for patients with mental disorders who need care in general hospitals[8].

However, historically the education of nurses is general and does not include specific actions of the daily practice of psychiatric nursing. The reality that has in everyday practice is actions focused on comprehensive care, common to any nursing diagnosis disregarding the responsibility of a specific care to disease[9].

The question that guided the research was: Do nurses consider themselves prepared from a technical and scientific point of view to treat patients with mental disorders, admitted in public general hospital? The objective of this study was to analyze through social representations of nurses, the competence to carry out assistance to patients with mental disorders in a general hospital.

METHOD

The study followed a qualitative approach that was exploratory in nature. The sample consisted of 30 nurses from a public hospital in a city in the state of São Paulo, chosen at random by scale work, provided the supervision of nursing, who work directly in patient care, regardless of sector.

The study was approved by the institution and follows all recommendations of Resolution of Brazil - MS / CNS 466/12. Data collection occurred after the approval of the Ethics Committee of the University Padre Anchieta in Jundiaí, SP, Brazil, registered under No. 1.184.265. The interviews were scheduled in advance and performed in the workplace of nurses. The answers were transcribed on paper.

Professionals responded to two semi-structured questionnaires prepared by the researchers; one referring to

sociodemographic and containing seven questions, and one with a guiding question: "Do you consider yourself prepared from the technical and scientific point of view to treat a patient with mental illness? Why?". The choice of the Collective Subject Discourse (DSC) constituted the method chosen for the construction of meanings, allowing the examination of the phenomenon under study[10].

DSC is in the meeting, in one speech synthesis, a number of individual responses issued in answering the same question survey, by social subject institutionally equivalent or part of the same organizational culture.

In accordance with the DSC, three methodological approaches or guidelines were adopted in this study: Expressions Key (ECH), Ideas Central (IC) and the Collective Subject Discourse (CSD). For the processing and analysis of data, the order described below[10] was obeyed strictly. Step 1: before the copy of the data, the answers were read several times to be able to obtain a panoramic view and a better understanding of the texts. Then, we proceeded to the literal copy, or copied the answers of participants to the Discourse Analysis Instrument 1 (IAD1)

In the 2nd stage an exhaustive reading of all the transcribed material was performed. In the 3rd stage all the answers were analyzed to identify the ECHS that were given italics. Once in possession of the ECHS and after reading each one, we identified the IC of each subject of the study, making sure that it represented the description of ECHS and not its interpretation. This same procedure was conducted with the other answers until the end. In Step 4 was prepared the analysis instrument's Speech 2 (IAD2) containing, separately, each central idea with their respective similar or complementary ECHS. In Step 5 the theme of each of the interview questions was extracted, grouping them in their respective ICs, as well as the participants, establishing the absolute and relative frequencies of ideas, organizing them into a table.

At this point, the DSCs were constructed separately from each IC to its respective ECHs[11].

RESULTS

Among the 30 (100%) participants, 25 (83%) are female and 5 (17%) male. 6 (20%) were between the age of 21 and 28 years, 18 (60%) between 29 and 36 years and 6 (20%) more than 36 years. All have treated patients with mental disorders. The lines of work of the participants were ready adult help 25 (83%) and five medical clinic (17%). 18 (60%) have a degree of more than five years. 8 (32%) have participated in courses on mental health and 22 (68%) have not. There are 24 (80%) nurses with Bachelor's degrees in different areas.

For the central ideas nurses show that the experience, knowledge, training and identification with the area are based on preparing both scientifically and from a technical point of view to treat the mental patient (Table 1).

Table 1. Identification and frequency of the central ideas of nurses in relation to the perception of their own preparation to attend to patients with mental disorders. São Paulo, 2015.

IC	Participants	Frequency
Professional experience	1, 2, 3, 4, 8, 29, 30	7
Knowledge	6, 7, 28	3
Training	4, 5	2
Identification area	9	1

Most nurses do not consider themselves prepared to serve patients with mental disorders and the central ideas show the most frequent causes are a lack of knowledge, training, structure, insecurity, the fact that the hospital is not a leader treating patients with mental disorders and difficulty in dealing with the patient (Table 2). Given the fact that the lack of preparation presented in greater proportion is then focused on the sequence DSC and its central ideas in specific.

Table 2. Identification and frequency of the central ideas of nurses in relation to the perception of unprepared own to treat patients with mental disorders. São Paulo, 2015.

IC	Participants	Frequency
Lack of knowledge	10,11,12,13,14,15,16,21,25	9
Lack of training	17, 18, 19, 20, 21, 26	6
Lack of structure	21, 22, 23, 27	4
Insecurity	24	1
Hospital is no reference	19	1
Difficulty in dealing with the patient	20	1

In the following paragraphs we present the central ideas that link the unprepared in mental health care in order of frequency and their respective speeches of the Collective Subject.

- Lack of knowledge

"I've never worked with mentally ill, lack much knowledge to know how to deal with psychiatric patients. I have no preparation, you must first thoroughly enjoy and also study and devote. They were short-time courses, do not know to relate the disease with drug therapy, I believe that for the care of a mentally ill patient is required whole preparation, nowadays colleges prepare very little professional to care for the mentally ill. The institutions should train more professionals for their better care. Training only graduation is not specific and targeted for this type of patient, with different characteristics."

- Lack of training

"The hospital has a large demand causing great turmoil when you have mentally ill patient, professional self most of the time I'm not prepared to take care of this patient. Do not consider myself prepared for the service, lack of training, we have great contact and little training, if we had more training all staff would do a great service. I think you need more preparation team (doctors, nurses, aux.) And that there is need for specific training in health, which in my case is not the focus of my work."

- Lack of structure

"The institution is also not prepared because often psychiatric patients are hospitalized for evaluation latter may take up to two days, many residents know not to prescribe certain medications when patients come into psychotic break. Thus hindering the handling and recovery of these patients, the lack of structure of the institution. We have to be prepared and adequate space."

- Insecurity

"I feel insecure to meet patient with mental illness because of the aggressiveness of the same, since we receive patients in the acute phase. The stress generated in patient care is great, since often the performance of physical and chemical restraint is necessary."

- Hospital is no reference

"The hospital does not end up being a reference and causes difficulty for service."

- Difficulty in dealing with the patient

"There is focus of my work and so I may have even more difficulty in dealing with this type of patient, because there is so much interest in specializing in mental health."

DISCUSSION

The lack of, insufficiency, and/or absence of training courses focused on the development of skills necessary for the full performance of the responsibilities in the company are identified as reasons for difficulty in the care provided by nurses for patients with mental disorders who increasingly seek treatment general hospitals[12]. This is because patients with mental disorders before admitted to psychiatric hospitals currently receiving treatment in the basic network, but are often treated in general hospitals in psychiatric emergency moments or clinical problems.

The perception of nurses concerning the need for expertise to treat cases of mental disorders is therefore a result of increasing contact with psychiatric patients. It is known that mental illness is not seen in a restricted field, that is, it is present in the postpartum, in children, adolescents, adults and the elderly. Often, for fear of liability for nursing treatment and its consequences, nurses choose to defer to the doctor to make decisions[13].

Despite the lack of knowledge and training, professional experience is something important in productive systems and sometimes required to get a job. Many companies use this criterion to minimize spending on training new employees. Professionals directly related to operating activities in the working environment in different production processes such as goods and services consider it important to have experienced people around, that are, consider that the experience of the team members is important or very important[14].

The reduced number of professionals, delays in processing, the lack of communication between areas, the lack of infrastructure and appropriate equipment are complaints increasingly prevalent in professionals who are concerned with the outcome of their work[15].

The nurse seeks to prepare for the job market and needs structure, as cited above, so he/she can develop his/her activities, not being exclusively in the administration and bureaucratic services. When the team finds it difficult to assess and diagnose patients for treatment because there is an increase in demand that interferes with the work of everyone[15].

The quality of care in traditional psychiatric hospitals was the target of much criticism arising from organized civil society and health professionals, and the history of psychiatric nursing exists within that context[12]. The story brings traces of inhumane treatment guided by ignorance surrounding disease and the mentally ill, which results in prejudice outweighing knowledge. Having knowledge based on personal experience makes the human professional within the meaning of humanization of care and helps to reduce stigma.

Additional training should be valued by professionals and offered systematically in institutions and should involve all professionals and sectors, when the training is general in nature[2,16].

With psychiatric reform in Brazil, the new care model for the mentally ill, called the Psychosocial Care Model, recommends that psychiatric hospitalization, when required, be carried out within the general hospital[16].

To ensure the quality of care it is important that the multidisciplinary team has knowledge of mental illness, medications, and communication techniques, among other others[16].

Insecurity on the part of nurses and the hospital not being a leader in the field is essential to the immediate preparation of nurses to attend to patients with mental disorders in order to prevent further damage to the individual's health, or to eliminate possible risks to the life of the professional or a third party. Moreover, it is important for nurses to know what a new psychosocial care model would propose; it is the reality that will always be present.

The nurse can also raise discussion to contribute to reducing the number and time of admissions, through evaluations and interventions in conjunction with the multidisciplinary team and contribute to the treatment of acute mental disorders effectively and resolute[17].

To work in health care, you must have human competence and know how to deal with different profiles of people. It is important to deal with each of these characteristics, as each person has their reasons to act in a certain way. In this case it is important to maintain a firm stance and speak confidently and in detail about the picture of a patient and medical demands to solve it[18].

The nurse practice should always be guided by ethical, legal and scientific principles

focused on improving individual health and maintenance, family and community[16].

In this sense, the mental illness is inserted, fitting to the nurse to identify the patient's needs and treat it, free from any form of stigma or preconception[16].

For the mentally ill psychiatric reform secured a new phase and the nurse a need to adapt and prepare for the assistance and understanding of the importance of this new care model.

CONCLUSION

Nurses who hold security to meet the patients with mental disorders are anchored in the experiences and prior knowledge and update the industry offers. Already the majority believes that the "lack of structure", "experience", "lack of knowledge" and "difficulty in dealing with patients" among other IC, have contributed to that do not consider themselves to meet the patient.

It is noticed that the institution has demand while not reference, as quoted by nurses, but has not invested in continuing education to qualify comprehensively professionals in all sectors, to the care of patients with mental disorders. And these, in turn, are realizing the difficulty.

REFERENCES

1. Fortes HM. Tratamento compulsório e internações psiquiátricas. Rev Bras Saúde Mater Infant. 2010; 10(supl2):S321-S30.

2. Villela SC, Scatena MCM. A enfermagem e o cuidar na área de saúde mental. Rev Bras Enferm. 2004; 57(6):738-41.

3. Ministério da Saúde (Br). Reforma psiquiátrica e política de saúde mental no Brasil: Conferência Regional de Reforma dos Serviços de Saúde Mental: 15 anos depois de Caracas. Brasília (DF): Ministério da Saúde; 2005.

4. Oliveira FB, Fortunato ML. Saúde mental: reconstruindo saberes em enfermagem. Rev Bras Enferm. 2003; 56(1):67-70.

5. Zambenedetti G, Silva RAN. A noção de rede nas reformas sanitária e psiquiátrica no Brasil. Psicol Rev. 2008; 14(1):131-50.

6. Ministério da Saúde (Br), Portal da Saúde. Rede de atenção psicossocial [Internet]. Brasília (DF): Ministério da Saúde; 2012 [cited in 15 nov 2015]. Available in: http://dab.saude.gov.br/portaldab/smp_ras.php?conteudo=rede_psicossocial.

7. Delgado PGG, Gomes MPC, Coutinho ESF. Novos rumos nas políticas públicas de saúde mental no Brasil. Cad Saúde Pública. 2001; 17(3):452-3.

8. Campos CJG, Teixeira MB. O atendimento do doente mental em pronto-socorro geral: sentimentos e ações dos membros da equipe de enfermagem. Rev Esc Enferm USP. 2001; 35(2):141-9.

9. Kondo EH, Vilella JC, Borba LO, Paes MR, Maftum MA. A nursing team's approach to users of a mental health emergency room. Rev Esc Enferm USP. 2011; 45(2):489-95.

10. Lefèvre F, Lefèvre AMC, Teixeira JJV, (orgs). O Discurso do sujeito coletivo. São Paulo: EDUCS; 2000.

11. Triviños ANS. Introdução à pesquisa em ciências sociais. São Paulo: Atlas; 1992.

12. Souza MGG, Cruz EMTN, Stefanelli MC. Educação continuada e enfermeiros de um hospital psiquiátrico. Rev Enferm UERJ. 2007; 15(2):190-6.

13. Takahashi AA, Barros ALBL, Michel JLM, Souza MF. Dificuldades e facilidades apontadas por enfermeiras de um hospital de ensino na execução do processo de enfermagem. Acta Paul Enferm. 2008; 21(1):32-8.

14. Baratieri T, Mandu ENT, Marcon SS. Longitudinality in nurses' work: a report of professional experiences. Rev Esc Enferm USP. 2012; 46(5):1259-66.

15. Pedrosa ICF, Corrêa ACP, Mandú ENT. Influências da infraestrutura de centros de saúde nas práticas profissionais: percepções de enfermeiros. Ciênc Cuid Saúde. 2011; 10(1):58-65.

16. Stefanelli MC, Fukuda IMK, Arantes EC. Enfermagem psiquiátrica em suas dimensões assistenciais. São Paulo: Manole; 2008.

17. Silva CH. Crise na saúde mental: visão da equipe multiprofissional. [Monografia]. Lajeado: Biblioteca Digital da UNIVATES; 2014 [cited in 23 nov 2015]. Available in: https://www.univates.br/bdu/bitstream/10737/353/1/CAROLINESILVA.pdf.

18. Sousa FSP, Silva CAF, Oliveira EN. Serviço de emergência psiquiátrica em hospital geral: estudo retrospectivo. Rev Esc Enferm USP. 2010; 44(3):796-802.

CONTRIBUTIONS

Evandro Trivelato and Melissa Ramos Faccio participated in the research design, data collection, discussion and drafting of the article. **Bruno Vilas Boas Days** is responsible for the design of the research, the discussion of the results and the critical review of the article

How to cite this article (Vancouver):

Dias BVB, Trivelato E, Faccio MR. Perception of own competence to caring on mental disorder' patient: the social representations of nurses. REFACS [Online]. 2016 [cited in: *(insert day, month and year of access)*]; 4(2). Available in: *(access link)*. DOI: 10.18554/refacs.v4i2.1643.

How to cite this article (ABNT):

DIAS, B. V. B.; TRIVELATO, E.; FACCIO, M. R. Perception of own competence to caring on mental disorder' patient: the social representations of nurses. **REFACS**, Uberaba, MG, v. 4, n. 2, p. 128-34, 2016. Available in: *(access link).* DOI: 10.18554/refacs.v4i2.1643. Access in: *(insert day, month and year of access)*.

How to cite this article (APA):

Dias, B. V. B., Trivelato, E. & Faccio, M. R. (2016) Perception of own competence to caring on mental disorder' patient: the social representations of nurses*. REFACS*, 4(2), 128-34. Recovered in: *(day)*, *(month)*, *(year)* from *(access link)*. DOI: 10.18554/refacs.v4i2.1643.