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Artigo Original

O CUIDADO À PESSOA MENTALMENTE ADOECIDA E INTERNADA: VIVÊNCIAS E PERCEPÇÕES DA EQUIPE MULTIPROFISSIONAL

CARING FOR THE MENTALLY ILL AND HOSPITALIZED PERSON: MULTIPROFESSIONAL TEAM'S EXPERIENCES AND PERCEPTIONS

EL CUIDADO DE LA PERSONA MENTALMENTE ENFERMA Y HOSPITALIZADA: EXPERIENCIAS Y PERCEPCIONES DEL EQUIPO MULTIPROFESIONAL

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RESUMO

Objetivo: Compreender as vivências e percepções da equipe multidisciplinar de um hospital psiquiátrico, ao cuidar de pessoas mentalmente adoecidas. **Método:** Estudo descritivo-exploratório, de abordagem qualitativa, com a participação de 12 profissionais da equipe multiprofissional de um hospital psiquiátrico. O roteiro de coleta de dados, semiestruturado, foi respondido em dois meses. Os relatos foram analisados, por meio da análise de conteúdo. **Resultados:** Dos relatos emergiram três categorias: Enfrentando desafios ao atuar em um hospital psiquiátrico; Consolidando sentimentos e habilidades a partir do cuidado; Ressignificando o cuidado em um hospital psiquiátrico, por meio das quais se evidenciou que, apesar de inúmeras dificuldades vivenciadas, esse cuidado tem produzido nos profissionais sentimentos de gratidão e satisfação, sobrepondo-se, por vezes, aos desafios experienciados. Novos significados que os fazem dispor de suas habilidades profissionais e pessoais, para qualificar e otimizar a assistência, contribuem para a humanização da assistência. **Conclusão:** Ressaltam-se dificuldades estruturais, como fontes adicionais de financiamento, para o suprimento de recursos humanos e materiais, com vistas a minimizar o excesso de carga de atividades, valorização do trabalho realizado e reconhecimento dos profissionais.
Palavras-chave: Hospitais Psiquiátricos; Empatia; Pessoal de Saúde; Equipe de Assistência ao Paciente.

ABSTRACT

Objective: To understand the experiences and perceptions of the multidisciplinary team of a psychiatric hospital that provides care for mentally ill individuals. **Method:** A descriptive-exploratory, qualitative study carried out with 12 professionals of a multi-professional team of a psychiatric hospital. Semi-structured interviews were conducted in two months. Data analysis was performed using content analysis. **Results:** From the reports, three categories came up: Facing challenges while working in a psychiatric hospital, consolidating feelings and skills from providing care and, Giving a new meaning to the care provided in a psychiatric hospital. Even facing many difficulties, the professionals experienced feelings of gratitude and satisfaction, sometimes overcoming the challenges. Also, these new meanings improve professional skills to qualify and optimize care, and their human dimensions, contributing to the humanization of care. **Conclusion:** There is an urgent need for other sources of financing for the supply of human and material resources, to minimize the work overload, value the professionals, and the work they perform.
Keywords: Hospitals; Psychiatrics; Empathy; Health Personnel; Patient Care Team.

RESUMEN

Objetivo: comprender las experiencias y percepciones del equipo multidisciplinario de un hospital psiquiátrico que atiende a personas con enfermedades mentales. **Método:** Estudio descriptivo-exploratorio, con enfoque cualitativo, realizado con 12 profesionales del equipo multidisciplinario de un hospital psiquiátrico. Los guiones de la entrevista semiestructurada fueron respondidos en dos meses. El análisis de datos se realizó a través del análisis de contenido. **Resultados:** Del análisis de los relatos surgieron tres categorías: enfrentar desafíos cuando se trabaja en un hospital psiquiátrico; Consolidando sentimientos y habilidades en función de la atención realizada y, redefiniendo la atención que realizan en el hospital psiquiátrico, a través de la cual se demostró que a pesar de las numerosas dificultades experimentadas, esta atención ha producido sentimientos de gratitud y satisfacción en los profesionales, anteponiendose, a veces, a los desafíos experimentados, además de encender nuevos significados que los hacen tener, no solo sus habilidades profesionales para calificar y optimizar la atención, sino también sus dimensiones humanas, lo que ha contribuido a la humanización de la atención. **Conclusión:** Se enfatiza la necesidad de otras fuentes de financiamiento, para el suministro de recursos humanos y materiales, a fin de minimizar la sobrecarga de actividades, la valorización del trabajo realizado y el reconocimiento de los profesionales.
Descriptores: Hospitales Psiquiátricos; Empatía; Personal de Salud; Grupo de Atención al Paciente.

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INTRODUCTION

The human being is endowed with complex subjectivity and singularity, expressed along with historicity, a familiar bosom to which one belongs as in manner, values and culturally constructed beliefs, rights and responsibilities before the world and the people around him and innumerable roles that it assumes as parents, children, professionals, among others. Self-image, self-realization, freedom, feelings, health and the ability to transcend the moment lived also influence human living and, when one of these dimensions is weakened, making it impossible for people to enjoy full well-being, suffering arises[1].

Faced with suffering or mental disorder, the person will need specific care that, in the Brazilian law are regulated in Ordinance no. 3,588, of December 21st, 2017, in a Psychosocial Care Network - RAPS. Through this, the person, mentally ill, should receive comprehensive, effective, and integrated care of the health care services. In this aspect, services of community-level and territorial basis are emphasized, which allow the person's social inclusion, to promote their autonomy and citizenship, as well as their participation and social control of the care offered[2].

Only when extra-hospital resources are not sufficient to meet the health needs of the person with mental suffering, the person should be hospitalized, in a general or a psychiatric hospital. Considering that such hospitalizations are not allowed in institutions similar to nursing homes, the person must return to community mental health services as soon as possible[3]. It is notable that, currently, psychiatric hospitals do not represent the first option for this type of treatment, but it is verified that they are still frequently accessed by the psychosocial care network, especially for those who need to strengthen follow-up for a short period[4].

To fully meet the needs of the mentally ill person in a condition of hospitalization, psychiatric hospitals must have a multidisciplinary technical team composed of nurses and other nursing professionals, doctor, social worker, psychologist, pharmacist, nutritionist, physical educator, occupational therapist, leisure therapist, activity performed by a pedagogue in the hospital, among others that become necessary. In this way, it can guarantee the quality of the service and provide comprehensive and multi-professional care[2-3].

At the time of hospitalization, the person is weakened, sometimes with confused thinking, with difficulties in self-care or under the effect medication, and will need the care from a multidisciplinary team capable of organizing care and meeting the patient's particular and complex demands, which are determined by several factors and, especially, facing the signs and symptoms expressed[5]. Professionals working in a psychiatric hospital understand the need to be available, offer qualified listening, embrace and like what they do for the effectiveness of care, but that teamwork is impaired in the face of the difficulty that some professionals have in adapting the new guidelines of mental health care, based on the current psychosocial care policy[6-7].

The literature shows that these professionals face difficulties when performing care in the psychiatric hospital setting[5,6,7]. Problems related to the lack of financial resources from public agencies, lack of professionals from the area, reduced number of professionals in the active teams and the high rate of rehospitalizations[6], which can cause a lack of motivation, overload to the team and, compromise the quality of care.

There is also a discussion that professionals have not been prepared to respond in this context of care, so, they learn from their daily practice, and suffer prejudice because the socially constructed stigma about caring for the mentally ill people and are more exposed to the physical and emotional stress provoked by the work environment[5].

Considering that knowing these aspects, in the perception of the professionals themselves, can provide support for the implementation of actions that will strengthen the acknowledged potentialities and minimize the weaknesses of care, and enable the development of personal/professional skills, the question is: how has the multidisciplinary team experienced and perceived care for hospitalized psychiatric patients?

Given the above, this study aimed to understand the experiences and perceptions of the multidisciplinary team of a psychiatric hospital, when caring for mentally ill individuals.

METHODS

This is a descriptive, exploratory study conducted in a philanthropic psychiatric hospital in the Northwest region of the State of Paraná, involving professionals of technical and higher

level who compose the multi-professional health team of the hospital.

In March 2018, the hospital's Board of Directors provided a printed list of all the professionals of the institution to the researchers, who remained in the hospital for one day for institutional observation and approach to the professionals, with clarification regarding the research and invitation to participate. From this procedure, all professionals who worked in the psychiatric hospital were formally invited by the researchers to participate in the research.

Professionals who worked in the four work shifts (morning, evening, night one and night two) for at least six months were included, because this length of time was considered as adequate for the professional to describe their perceptions and experiences with the hospitalized patient. Professionals who were away from work during the data collection period - vacation, health leave, maternity leave, special leave, or other types of legal leave, were excluded. Of the 20 professionals listed by the hospital administration, one did not meet the inclusion criteria and seven refused to participate in the study, which resulted in 12 participants.

The collection instrument was a semi-structured and self-applied questionnaire, composed of sociodemographic and professional characterization questions, aimed at tracing the participants' profile, and the guiding/open questions related to the work process and professional experiences and perceptions. It should be highlighted that when addressing the other professionals who comprised the multidisciplinary team and who were not in the nursing category, the term "care" was appropriate and replaced by "treatment", including for the leisure therapist/pedagogue.

Data collection took place from April to May 2018, under the supervision of a nursing professor who worked at the institution and who was trained for the task. After the initial approach to all professionals who worked in the hospital, data collection procedures were explained to those who agreed to participate in the research, clarifying possible doubts concerning the participation.

The script, supplemented with an explanatory message and two copies of the informed consent form (ICF), was handed out to professionals in their workplace, in separate envelopes and answered in writing, in a private room, after the signing of the ICF. After these procedures, the individual envelopes were sealed by the professional and collected by the supervisor professor.

The use of the self-applied and anonymous questionnaire allowed the participants to freely describe their experiences and perceptions about the theme addressed, without making them feel inhibited because of the fear of suffering retaliation and/or being interrupted when participating in the research, since the study addressed issues related to the professionals' work environment. The mean time for answers was approximately 30 minutes, established by the time between entering and leaving the private room used by the respondents.

The characterization data of the professionals were inputted in a spreadsheet in the Microsoft Office Excel 10.0 Software, analyzed descriptively. The data were fully transcribed, typed in a text document using the Microsoft Office Word 10.0 Software, analyzed upon the content analysis technique, which comprises of a set of communications analysis techniques that uses systematic procedures and the description of the content of the messages, being directed by the following steps: 1) pre-analysis; 2) exploration of the material; and 3) inference and interpretation[8].

In the *pre-analysis* stage, the exhaustive reading of the reports of the study participants was performed, to get acquainted with the text and enable immersion in its content, allowing greater apprehension of the full material. In a second moment, in the *exploration stage of the material,* the raw data were encoded, transforming the reports into significant information. At this stage, the data were analyzed, and the resulting information was associated, originating the recording unit. Then, the process was accomplished, through thematic analysis, which generated the meaning of the main idea, where its appearance and repetition were considered. And as these units were gathered by the similarity of their meanings, the categories came up. Finally, in a third moment, in the *inference and interpretation stage, based on* the discourses, the inference variables were used for the interpretations[8].

Because it is a study conducted with human beings, ethical precepts were followed. The project was approved by the Ethics and Research Committee with Human Beings under opinion no. 2,569,659/2018 and Certificate of Presentation for Ethical Appreciation (CAAE) no.

84063918.0.0000.0104. To preserve the confidentiality regarding the information provided and anonymity whenever the results are disclosed, the participants were named with the letter P (professionals), followed by the Arabic numeral in the sequence in which the scripts were answered.

RESULTS AND DISCUSSION

The study included 12 professionals: two nurses, four nursing technicians, a psychiatrist, a psychologist, a leisure pedagogue/therapist, a social worker, a nutritionist, and a pharmacist. Of these, ten were female, the age ranged from 22 to 63 years with a mean of 35 years. The professional income ranged from one and a half minimum wages to 10 minimum wages and a half in the data collection period. The time of professional training was on average 15 years and the time of professional experience in the psychiatric hospital varied from one to 27 years.

From the content analysis of the reports, the following categories emerged: Facing challenges while working in a psychiatric hospital, consolidating feelings and skills from providing care and, Giving a new meaning to the care provided in a psychiatric hospital.

Facing challenges while working in a psychiatric hospital

Working in psychiatric hospitals can generate moments of tension, overload, and stress. Some participants reported that the shortage of employees, the excess of bureaucratic activities and the risks of verbal and physical violence are conditioning factors of the feelings mentioned above, considering that, generally, people hospitalized in these institutions are aggravated by their disease.

For P2, the work routine in a psychiatric hospital has demanded specific technical and emotional skills on the part of professionals who sometimes observe high demand for their tasks as a challenge to be overcome.

"It is a routine that requires a lot from the professional, especially nursing, because in addition to the care performed with hospitalized patients [...] there are the complications, whether clinical or psychiatric, as in cases of referring the patient to the observation room, giving medication and restraining in bed, when necessary. Also hospitalizing the patient, that is, admitting new clients, interviewing their families, on top of the bureaucratic activities, such as accessing the system (Bed Referral Center), writing in patients' medical records, making the employees schedule, that is, it requires a lot of attention, dedication and patience to deal with this whole situation" (P2).

The excess of tasks for the time they have, especially concerning bureaucratic and administrative activities, can distance professionals from contact with patients, make them feel pressured and, consequently anxious[9].

Amid a busy daily routine, it emerged as a challenge for some professionals to relate, therapeutically, to patients admitted because of substance dependence.

"[...] substance-dependents are more challenging because they are fully oriented and deceitful, causing conflicts to the environment and patients with disorders" (P11).

"When dealing with patients with a disorder, I do not see any struggle I am very happy and fulfilled in my profession. Now when it comes to patients with substance dependence and awareness and do not want treatment, these yes, I feel unable and with many difficulties, because they are manipulative and nothing we do is good enough, they just complain, it has not been easy" (P10).

"[...] nowadays it is very difficult to deal with patients, especially substance-dependents, who want to have their rules in the institution, this is threatening, because we are at their will, they are the majority into the hospital, this causes discomfort, fear, insecurity, sleepless nights and the desire to give up on the profession. Sad, but true" (P2).

The reports of the professionals revealed that they are constantly afraid of being violently assaulted by individuals hospitalized for substance dependence. In this aspect, it was evidenced that the participants feel insecure, frightened, undervalued, and little supported in the face of the challenges experienced, especially when the assistance is aimed at the substance-dependent. It cannot be denied that exposure to violence in the work environment can bring significant damage to the daily performance of health professionals, compromising their perception of their satisfaction and appreciation of their work, as well as professional distancing from the therapeutic relationship. Thus, they can struggle and develop psychic disorders, making it necessary to implement actions that suppress violent acts and minimize the wear and tear suffered by team members[10-11].

Many patients hospitalized due to substance dependence have been assessed by the police and are compulsorily hospitalized, via court orders, due to previous involvement with crime and risky behavior for society and themselves, reflecting the fear reported by the participants. In this aspect, the specific care aimed at this public is not yet fully consolidated, involving prejudice and stigma, but one cannot lose sight of the need to develop strategies aimed at the reintegration of these individuals into society[12], because the repressive logic emphasizes the drug, resulting in low resolution in the care of the person in need.

"Back in undergraduate school, I always liked and saw myself working in the mental health/psychiatry area, nowadays, I am working in the area for 1 year and 4 months, I have another perspective, it is a very exhausting and stressful work, not to mention professional devaluation, and the risks involved, such as verbal and physical violence" (P2).

"It is a pleasure to take care of mentally ill patients, but the substance-dependents and who do not want treatment, these are difficult, because we are being broadly verbally attacked and nothing is being done" (P10).

"I don't have much patience to deal with a substance-dependent patient. To work under pressure, without any support" (P11).

Given these statements, an important discussion is brought up in the approach to patients admitted for substance dependence, pointing to stigma, when the multidisciplinary team provides care when they mention the difference between substance dependence and other mental diseases. Authors[13-14] consider stigma as an expression of violence, where professionals are inserted in power relations. Therefore, it is considered that, as part of this system of power and hierarchies, which segregates differences, such professionals do not identify stigma as an expression of violence or perceive it as a contributor to the worsening of mental disorders [14].

This praxis allows the possibility of a moral idea of care, which is based on tacit judgment defining who deserves it or not. Such situations sometimes correspond to clinical practices offered compulsorily, involving neglect, inability to listening or even negligence, being strongly related to drug prohibition and demonization, constituted as a social factor, generating the stigma that the substance- dependent is violating the standards of society. The association that involves illegality with the use of these substances, causes these users to be criminals and, therefore, not having health problems[12].

The lack of experience and training to work in the psychiatric setting also represented a challenge evidenced in the analysis and mentioned by some of the professionals who responded.

"Lack of experience in the medical-clinic part" (P2).

"One of my weaknesses is on patient care is their resistance to treatment. In this way, I feel a failure to know how to deal" (P7).

Psychiatric patient care should be based on knowledge of current policies and legislation, in this context and on a scientific basis, to offer adequate and quality care. A study conducted in a general hospital in a municipality of Piauí, Brazil, shows that most nurses do not feel qualified to work in this context. Therefore, the search for knowledge through the education fields represents a feasible way for doubts to be clarified about the care of the mentally ill patient and the protocols to be established and used[15].

It is emphasized the availability of training activities and a more humanized point of view with the multidisciplinary team, as a mechanism to reduce the challenges, because once managers become aware of the weaknesses and potentialities of their team, they can implement actions that provide the training of these professionals. Thus, even in the face of the particularities experienced, they can be involved in the care process, improve their practice, and make it more resolutive.

The professionals also pointed out that, despite being fulfilled with the work they do and recognizing their importance, the lack of material and human resources has been a challenge in their daily practice. Insufficient remuneration and lack of safety in risky situations, due to the teams' shortage during the shifts, do not meet the needs.

"They are very well assisted, under the care of the entire multidisciplinary team, despite the difficulties that the health unit itself faces, due to its philanthropic system" (P3).

"They are not easy (working days), sometimes there is a lack of resources, but rewarding, because I understand patients and family members' needs" (P12).

"I feel good doing my job, but I have some concern about the lack of safety, especially for those who work at night. Since our security guard only stays until midnight and when he leaves, the

rest of the night we are alone, that is, one nurse and one technician to take care of 48 patients [...]. Not to mention the low pay we earn working here [...]" (P9).

The interviewed professionals work in a philanthropic hospital, kept by a religious institution. Philanthropic hospitals have a certain financial and management weakness, which puts their existence at risk, as well as the support they represent within the Unified Health System, since they provide specialized services and are sometimes the only providers when it comes to municipalities in the interior of the States, so they have recognized and essential importance for the mental health care scenario[16]. However, the shortage of personnel and employees, in inadequate proportions to meet the number of hospitalized patients, in turn, can increase the stress of workers reducing their ability to meet the needs of all patients under their care[17]. With this, hospitalized people can have their condition worsened, and express themselves, through aggressiveness to the multidisciplinary team and other patients [18].

It is emphasized that the management of staff within hospital institutions characterizes a great challenge, however, one cannot lose sight of the importance of management based on the humanization precepts, appreciating the professional and recognizing its human dimensions[19].

Given the above, it is verified that the challenges presented so far corroborate the findings of a recent study that show that occupational stress may be related to organizational issues of the institution when they present the deteriorating working conditions, non-appreciation of professionals, dissatisfaction and a lack of motivation for work, staff shortage and low salaries[20].

In this respect, it is essential to review the sources of financing, check the use of resources and consider hiring new employees, aiming to minimize the work overload. And, above all, to prize in the involvement of the team in the care process and training for the practice to value and motivate the professionals involved.

The process of mental health training, whether academic training or even training and improvement strategies in services, implemented in the type of permanent education, is pointed out as a driving force for overcoming listed challenges, including teamwork and its better performance and articulation in the psychosocial scenario. It is recognized the need for greater efforts to encourage qualification in mental health, aimed at professionals, as a strategy for strengthening public policies and interventions in this field, consolidating, above all, innovative practices of continuing education among services.

Consolidating feelings and skills from providing care

Caring for patients hospitalized in a psychiatric institution can give rise to many feelings, perceptions and behaviors in the professionals who assist them. It was evidenced that frustration and the feeling of weaknesses stand out in this scenario, mainly due to the lack of problem-solving ability of the implemented actions and the flaws in the management of cases within the care network.

"[...] there are those patients who, after leaving hospitalization, return to the problem that caused them to be hospitalized, such as drug-dependent patients and more severe disorders. There is a lack of continuity of treatment at home, monitoring by family health strategy teams, this link between such institutions is missing, which leaves a feeling of frustration in us professionals" (P2).

"I feel fulfilled when I see progressive improvement of the patient. When I do not, I feel helpless [...]" (P11).

Readmission in psychiatric hospitals has been frequent and recurrent, especially due to the lack of continuity of care and communication/integration between the psychosocial care network health strategies. This generates an excessive demand and overcrowded psychiatric hospitals, which reveals the need for greater articulation between the actions developed by Primary Care with those of other health strategies in the network, especially with hospital institutions[6].

Concerning the feeling of failure by professionals, the literature points out that developing therapeutic skills, giving the necessary importance to teamwork and overcoming the prejudices that encompass the psychosocial context, can help them overcome the difficulties experienced in their daily work practice[5].

In this aspect, despite the challenges and frustrations faced, positive feelings emerged from the care offered to the mentally ill institutionalized individual. Meeting these

people's needs and contributing in some way to their treatment fulfilled professionals.

"I feel happy and fulfilled being able to help them, because I know I did something good and I go home with a clean conscious to know that I made someone happy. I do everything I can for them because I love what I do, and I also love working with patients" (P1).

"I feel good. I believe that I am adding something to their lives, even when changes do not happen" (P4).

"It is rewarding, because they are people who need love, attention, in addition to clinical and psychiatric care for the maintenance of their condition. We often realize that caring for them has contributed a lot to the improvement of their condition" (P6).

The relationships between patients and multi-professional staff enabled by positive interaction, between both, at the personal level, and of the team with the work environment, cause satisfaction at work[18]. Therefore, health professionals must meet the needs of mentally ill people and their expressions of evolution, in response to the current clinical condition. This openness to the expressions of the other creates moments of real support and makes people feel better[22].

Also, in this context, the professionals' statements revealed that they feel rewarded when witnessing the patient's progress. With the feeling of mission completed, they have realized the possibility of the patient taking control of his life's direction and the families are satisfied with the care offered.

"[...] it is stressful, exhausting, professional devaluation is there every day, but when the goal is achieved and the patient's improvement is evident, it is worth it at the end" (P2).

"It is gratifying to see the evolution of the treatment offered, especially in the patient's discharge. Family satisfaction for the professional is very rewarding" (P5).

"To see the patient's progress is wonderful, to observe how he arrived and to see him coming out well and willing to take care of his mental health is very honorable to me" (P7).

Nevertheless, communication elements were valued by the participants to create an environment that favors the dialogue where the patient can express their anxieties and expectations and, the professional can be attentive to their real needs and intervene in a more resolutive way.

"[...] to listen to what the patient has to say. Often, due to the stress that the disease generates in the family, they are not patient in listening to them and here we can let them talk, express themselves" (P6).

"[...] I feel more open and humanized to deal with the mentally ill patient, so I try very hard to talk and make the patient trust me, so that they can be more open for treatment" (P7).

The communication processes that occur effectively between health professionals and mentally ill institutionalized patients allow the patient to perceive the team's concern with their well-being, feel safer and engage more enthusiastically in their care plan[22]. Therefore, patients start to give importance to teams that communicate with excellence and have listening and care management skills, especially those that allow patients to put into words their feelings[18].

Empathy, patience, serenity, and emotional stability also represented indispensable skills in dealing with institutionalized psychiatric patients, according to the following reports:

"I am attentive, I know how to listen to them, to understand their problem" (P11).

"I can open up and talk a lot, exchange roles and I also find it easy to make jokes with them, thus making the work more enjoyable" (P1).

"At first, I was too afraid to deal with these patients because I didn't know how to approach them. Not anymore, I learned to deal with them how to get their attention, how to set limits so that they have respect for the team and other patients, and to have that trust we need to be flexible, understand their condition, have empathy [...]" (P2).

"In my view it is about the patience and serenity in which this profession demands a lot" (P3).

"Care for mentally ill patients in this institution is a work that requires a lot of dedication and patience on the part of employees, because it often requires care such as bathing, feeding in the mouth until this patient is in psychiatric conditions can perform personal care alone" (P6).

Behaviors and attitudes such as being reliable and patient, as well as flexible, agile and careful are crucial for professionals who work in the mental health setting, especially concerning the creation of bonds with patients[5]. The care performed in a humanized way demonstrated the respect and concern that professionals have with

the human dimensions and in offering quality care.

To put oneself in the position of the other and seeking to understand it at the moment lived brings out the feeling of compassion among professionals, which can contribute to the accomplishment of human care. Such attitudes can also favor therapeutic relationships, even in conflicting situations, which require a mature and confident posture in the face of a stressful event[19].

Given the above, overcoming the frustrations and challenges experienced in the daily care of psychiatric patients, through positive attitudes, can strengthen therapeutic relationships. Therefore, the improvement of feelings and the development of skills are revealed as key elements to perform care in this context.

Giving a new meaning to the care provided in a psychiatric hospital

When asked what it means to care for mentally ill patients hospitalized in a psychiatric hospital, the participants expressed their various perceptions when attending this group, speaking about the meanings that emerge from their daily practice.

For some professionals to perform this care, it was to help the patient to seek motivation for the necessary transformations, to rethink the meaning of life and to take back their role within the family and in society.

"It means making them happy, comfortable and willing to change their lives. Many lose their spirit, the desire to live for one reason or another, and I as a professional being able to help, guide this person to think or act differently, return to the bosom of his family, because many lose contact and we can strengthen these bonds" (P1).

"It means making all the difference at that moment when they are totally abandoned by the family, society, whether by their current situation or from any other situation" (P4).

In this respect, a recent study conducted in Norway shows that receiving mental health care can help people feel better and strengthen their self-esteem day after day, making them feel important to others. Also, it gets their attention to their own needs, making them aware of the importance of fighting for the recovery of their health[22].

For P12, helping the mentally ill person consists of giving the best of themselves to benefit the other, using not only their technical skills, but human dimensions to perform care.

"Professionally it means seeking the best way to perform my work, promoting the improvement of each patient. I still believe in love for others" (P12).

People in acute phases of mental illness have specific care needs that change constantly, depending on the moment experienced. This context requires specific knowledge, sensitivity, varied skills and commitment from professionals that go beyond standardized guidelines, since each individual experiences diseases of the mind in a unique way[22]. Therefore, the work process should not be based only on protocols, norms and routines, for the performance of care, but, above all, to provide care that considers respect for the other and human dignity[19].

The participants also expressed that providing care in this context, makes them feel fulfilled in the face of the improvement in the patients' health and in contributing in some way. Nevertheless, they revealed that working in this area enables them to learn daily, since they share the impact that mental illness brings to the individual and his family's life, leading them to evolve as a human being.

"For me it means a lot, because to see the patient leaving the hospital thanking me and saying that my help was great for his treatment, saying that it was very good to be with us sharing a little of his life story, telling us that he will follow the treatment correctly is very rewarding" (P7).

"It means constant learning mainly in the personal field, despite the difficulties, rules and patterns imposed, I feel fulfilled before the help I offer them" (P8).

It was confirmed that the meanings from the experiences of caring in the hospital context have brought benefits to the professional and the people who receive the care. Besides, it was observed that workers have used professional and personal skills, enabling humanized care, and qualifying the care provided.

FINAL CONSIDERATIONS

The analysis of the reports allowed to understand how the professionals of the multidisciplinary team perceive and experience the care of the mentally ill individual, identifying that their professional practices are still based on unsafety and exposure to risky situations,

impacting, in a certain way, a stigma to the substance-dependent patient, and distancing him from other mental disorders. Considering the importance of these results, Thinking on health education training offered to professionals in psychiatric hospitals and how it is understood by them are suggested.

Nevertheless, it is evident the lack of experience of professionals with psychiatric patients, low salary, work overload, due to the shortage of professionals in shifts. Given these facts, it is appropriate to rethink the need for other sources of financing for the supply of human and material resources intending to minimize the excess load of activities to be performed, and value the work performed by professionals. Despite several challenges reported, it is understood that the care provided, and care perceived and experienced in the psychiatric hospital has brought up feelings of gratitude and satisfaction in professionals, sometimes overcoming the challenges experienced. This context has also enabled the team to look at the impact of the disease on the individual and family's life and, provided important personal growth.

As a study limitation, the conduction in a single psychiatric hospital of a philanthropic system, and the region of the State of Paraná, with unique characteristics are highlighted. However, it shares characteristics comparable to other studies and allowed giving voice to professionals in the context they experience and that may be alike to that of other professionals of mental health teams.

REFERENCES

1- Brasil. Ministério da Saúde. Saúde mental. Brasília: Ministério da Saúde, 2013. (Cadernos de Atenção Básica, nº 34).

2- Brasil. Ministério da Saúde. Portaria nº 3.588, de 21 de dezembro de 2017. Altera as Portarias nº 3 e nº 6 de dispor sobre a rede de atenção psicossocial, e dá outras providências. Diário Oficial da União 2017. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt3588_22_12_2017.html

3- Brasil. Ministério da Saúde. Lei nº 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da União 2001. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm.

4- Lara APM, Volpe FM. Evolução do perfil das internações psiquiátricas pelo Sistema Único de Saúde em Minas Gerais, Brasil, 2001-2013. Ciênc Saúde Coletiva 2019;24(2):659-68. DOI: 10.1590/141381232018242. 146520171

5- Brolese DF, Lessa G, Santos JLG, Mendes JS, Cunha KS, Rodrigues J. Resilience of the health team in caring for people with mental disorders in a psychiatric hospital. Rev Esc Enferm USP 2017;51:1-8. DOI: 10.1590/s1980-220x2016026003230

6- Pessoa Júnior JM, Santos RCA, Clementino FS, Oliveira KKD, Miranda FAN. Mental health policy in the context of psychiatric hospitals: Challenges and perspectives. Esc Anna Nery 2016;20(1):83-9. DOI: 10.5935/1414-8145.20160012

7- Alves SR, Santos RP, Oliveira RG, Yamaguchi MU. Serviços de saúde mental: percepção da enfermagem em relação à sobrecarga e condições de trabalho. J Res Fundam Care Online 2018;10(1):25-9. DOI: 10.9789/2175-5361.2018.v10i1.25-29

8- Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.

9- Lean M, Leavey G, Killaspy H, Green N, Harrison I, Cook S, et al. Barriers to the sustainability of an intervention designed to improve patient engagement within NHS mental health rehabilitation units: A qualitative study nested within a randomised controlled trial. BMC Psychiatry 2015;15(209):1–10. DOI: 10.1186/s12888-015-0592-9

10- Vieira GLC. Agressão física contra técnicos de enfermagem em hospitais psiquiátricos. Rev Bras Saude Ocup. 2017;42:1-9. DOI: 10.1590/2317-6369000004216

11- Wei CY, Chiou YW, Chien LY, Huang N. Workplace violence against nurses – prevalence and association with hospital organizational characteristics and health-promotion efforts: Cross-sectional study. Int J Nurs Stud. 2016;56:63-70. DOI: 10.1016/j.ijnurstu.2015.12.012

12- Nunes JT, Sousa JERB, Neves NVP. Nursing care to users of psychoactive drugs in psychic suffering: Experience report. Rev Enferm UFPI 2017 [citado em 30 fev 2018]; 6(2):74-7. Disponível em: http://www.ojs.ufpi.br/index.php/reufpi/article/view/5627/pdf.

13- Moraes L, Santos E, Reis H, Silva M, Vianna P, Kurimoto T. A loucura e a sua verdade em questão: Discursos de profssionais de enfermagem da

atenção hospitalar. Revista Portuguesa de Enfermagem de Saúde Mental 2018;19:27-36. DOI: 10.19131/rpesm.0199

14- Melo JRF, Maciel SC. Representação social do usuário de drogas na perspectiva de dependentes químicos. Psicol: ciênc prof 2016;36(1):76-87. DOI: 10.1590/1982-3703000882014

15- Fernandes MA, Pereira RMF, Leal MSM, Sales JMF, Silva JS. Nursing care to psychiatric patients in a general hospital emergency. Rev Enferm UFPI 2016;5(2):41-5. DOI: 10.26694/reufpi.v5i2.5241

16- Torneiro VV, Fonseca SE, Souza AA. Structural debt analysis: A study of financing and investment policies in brazilian philanthropic hospitals. Braz. J. of Bus. 2019 [citado em 29 jul 2020]; 1(3):1670-83. Disponível em: https://www.brazilianjournals.com/index.php/BJB/article/view/4752/4382

17- Barnicot K, Summerhayes BI, Plummer E, Hart A, Barker C, Priebes S. Staff and patient experiences of decision-making about continuous observation in psychiatric hospitals. Soc Psychiatry Psychiatr Epidemiol. 2017;52(4):473–83. DOI: 10.1007/s00127-017-1338-4

18- Mistry H, Levack WMM, Johnson S. Enabling people, not completing tasks: Patient perspectives on relationships and staff morale in mental health wards in England. BMC Psychiatry 2015;15:307. DOI: 10.1186/s12888-015-0690-8

19- Adorno AMNG, Martins CA, Mattos DV, Tyrrell MAR, Almeida CCOF. Hospital management as a care tool. Rev Enferm UFPE 2017;11(8):3143-50. DOI: 10.5205/reuol.11064-98681-4-ED.1108201720

20- Rocha FLR, Gaioli CCLO, Camelo SHH, Mininel VA, Vegro TC. Organizational culture of a psychiatric hospital and resilience of nursing workers. Rev Bras Enferm 2016;9(5):817-24. DOI: 10.1590/0034-7167.2016690501

21- Sebergsen K, Norberg A, Talseth AG. Confirming mental health care in acute psychiatric wards, as narrated by persons experiencing psychotic illness: An interview study. BMC Nurs. 2016;15:3. DOI: 10.1186/s12912-016-0126-x

22- Pessoa Júnior JM, Santos RCA, Clementino FS, Nascimento EGC, Miranda FAN. Mental health education and professional practice in the psychiatric hospital. Texto Contexto Enferm. 2016;25(3):1-7. 10.1590/0104-07072016003020015

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Nota: This work is part of an End of Course Monograph.