

MENTAL HEALTH IN A GENERAL HOSPITAL: PERCEPTION OF THE NURSING TEAM

Saúde mental em hospital geral: percepção da equipe de enfermagem

Salud mental en un hospital general: percepción del equipo de enfermería

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ABSTRACT

Objective: to know the perception of nursing professionals about mental health care in the general hospital. **Method:** quantitative, cross-sectional survey, developed in inpatient units of a general hospital in Curitiba, Paraná, Brazil, in 2016. Participated 177 nursing professionals. Data were collected using a structured instrument with 15 statements on a Likert scale and analyzed using descriptive statistics. **Results:** the participants agreed on the existence of patients with mental or behavioral disorders in the general hospital, affirming that despite caring for these patients, they need more knowledge and skill in mental health. They considered the implantation of psychiatric units in the general hospital and the consultation of nurses specialized in mental health to be important to support patient care. **Conclusion:** there is a need for qualification of nursing professionals in mental health care. The mental health nursing consultation can help improve this care.

DESCRIPTORS: Psychiatric nursing; Nursing care; Mental health; Hospitals, general.

RESUMO

Objetivo: conhecer a percepção dos profissionais de enfermagem sobre os cuidados de saúde mental no hospital geral. **Método:** estudo quantitativo, transversal do tipo *survey*, desenvolvido em unidades de internação de hospital geral de Curitiba, Paraná, em 2016. Participaram 177 profissionais de enfermagem. Os dados foram coletados por meio de um instrumento estruturado com 15 afirmativas em uma escala de *Likert* e analisados por estatística descritiva. **Resultados:** os participantes concordaram sobre a existência de pacientes com transtornos mentais ou comportamentais no hospital geral, afirmaram que apesar de cuidar desses pacientes necessitam de maior conhecimento e habilidade em saúde mental. Consideraram importante a implantação das unidades psiquiátricas no hospital geral e a consultoria de enfermeiros especialistas em saúde mental, para apoio no atendimento aos pacientes. **Conclusão:** há necessidade de

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qualificação dos profissionais de enfermagem aos cuidados em saúde mental. A consultoria de enfermagem em saúde mental pode auxiliar na melhoria desses cuidados.

DESCRITORES: Enfermagem psiquiátrica; Cuidados de enfermagem; Saúde mental; Hospitais gerais.

RESUMEN

Objetivo: conocer la percepción de los profesionales de enfermería sobre la atención de la salud mental en el hospital general. **Método:** estudio cuantitativo, transversal, de tipo encuesta, desarrollada en unidades de hospitalización de un hospital general en Curitiba, Paraná, Brasil, en 2016. Participaron 177 profesionales de enfermería. Los datos fueron recolectados usando un instrumento estructurado con 15 declaraciones en una escala Likert y analizados usando estadísticas descriptivas. **Resultados:** los participantes acordaron la existencia de pacientes con trastornos mentales o conductuales en el hospital general, afirmando que a pesar de cuidar a estos pacientes, necesitan un mayor conocimiento y habilidad en salud mental. Consideraron que la implantación de unidades psiquiátricas en el hospital general y la consulta de enfermeras especializadas en salud mental son importantes para apoyar la atención al paciente. **Conclusión:** es necesario calificar los profesionales de enfermería en la atención de la salud mental. La consultoría de enfermería de salud mental puede ayudar a mejorar esta atención.

DESCRIPTORES: Enfermería psiquiátrica; Atención de enfermería; Salud mental; Hospitales generales.

INTRODUCTION

Mental health is an integral part of the health and well-being of individuals and must be addressed by comprehensive strategies of promotion, prevention, treatment, and recovery at all levels of health care. Data from the World Health Organization show that the rates of mental disorders or substance use disorders have increased exponentially worldwide, predicting that 450 million people suffer from one of these types of disorders.

It is estimated that 25% of the population will experience a mental disorder at some point in their lives.¹

In view of this, there is a need for emergency actions to improve mental health care through the adaptation of services and the qualification of health professionals mediated by comprehensive public policies.¹

In Brazil, such policies have been implemented based on Law 10.216/2001, which reformulated psychiatric care and the way to understand the mental health/illness process. Since then, the general hospital ceased to be conceived as an exclusive space for the care of physical aspects and began, theoretically, to also contemplate the psychological and emotional aspects of patients, since it was integrated into the Rede de Atenção Psicossocial (RAPS). In general, the RAPS has sought to guarantee access to and quality of services, through comprehensive care for people with mental or behavioral disorders, multidisciplinary care in an interdisciplinary logic based on the psychosocial model.²

To this end, the general hospital has played a strategic role in the articulation between the specialized health services of the RAPS. In order to strengthen this new panorama of

mental health in general hospitals, the Ministry of Health has implemented, over the last decade, the policy of incentive and support for the implementation of psychiatric beds in general hospitals.³

However, studies have shown the existence of difficulty and a certain resistance of health professionals from general hospitals in adapting to this new possibility. In relation to nursing professionals, research indicates some barriers faced by the category to assist patients with mental or behavioral disorders in general hospitals, the main ones being the lack of knowledge and ability to care for the mentally ill.³⁻⁷

This is because the general hospital, historically, has been constituted as a space destined to provide care in basic medical specialties and medium and high complexity, with work processes increasingly based on hard technology (organizational rules, use of machine-like technological equipment) or soft hard technology (structured knowledge). This characteristic has strengthened the dominance and hypervalorization of hard technology and the emphasis on biological aspects to the detriment of interpersonal relationships and communication as a therapeutic means, which are soft technologies and indispensable for holistic care that contemplate body and mind.^{2,8}

National and international studies reaffirm the need to qualify generalist nurses to adequately care for patients with mental disorders. To this end, the authors suggested the performance of specialist nurses through psychiatric nursing inter-consultation in the general hospital. This strategy would help overcome the knowledge deficit of generalist nurses, assisting them in conducting the care process in mental health.^{7,9-10}

Psychiatric nursing consultation, is defined as the provision of mental health nursing care in general hospital units. Generalist nurses or specialists from other areas working in sectors such as emergency, medical or surgical clinic, or obstetrics, ask the psychiatric nurse for consulting services to develop a care plan for patients with clinical-psychiatric comorbidity. The interconsultant nurse does not assume direct patient care, but guides and supports the nursing team of that unit in the specific care of the psychosocial care needs of the client.^{7,9-11}

In Brazil, some general hospitals have the psychiatric nursing interconsultation service, however, this strategy is timid in relation to the reality of other countries, which have proven to have good results, both in patient care and in the work process of the nursing team.^{7,9-11}

Considering the increased prevalence of mental or behavioral disorders in the world population, the transition in the psychosocial care model in Brazil, and the need for qualification of general hospital nursing professionals to meet these demands, we question what is the perception of general hospital nursing professionals about mental health care? To answer this question, the following objective was established: to know the perception of nursing professionals about mental health care in the general hospital.

METHOD

This is a quantitative, cross-sectional survey research, developed from August to November 2016, in 20 inpatient services, corresponding to eight units of clinical and surgical specialties of a large general hospital in the city of Curitiba-PR. The selected sample was obtained through finite sample calculation, considering a confidence level of 90% and sampling error of 5%, from a universe of 500 workers. The participants were recruited in the workplace during the usual working day in all shifts. The researchers presented the study proposal and the data collection instrument, and invited them to participate voluntarily. The participants were selected by convenience. Fifty-nine nurses, 52 nursing technicians and 66 nursing assistants participated.

The inclusion criteria were: being a nursing professional working in direct patient care, not being on vacation or on sick leave. The exclusion criteria were: nursing professionals working in administrative areas or who did not perform direct patient care.

Data collection was done by means of a structured instrument, divided in two parts: a) characterization of the participants and b) questionnaire with 14 statements with a series of five propositions of answers to measure the degree of agreement, according to Likert's scale and a question to score from 0 to 10 about the importance of a psychiatric unit in the general hospital. The questions were divided into three main axes, namely: patient, nursing staff, and mental health in the general hospital.

The data were stored and analyzed by the Software Statistical Package for the Social Sciences SPSS® 17.0, which allowed the analysis by descriptive statistical methods. The results are presented by measures of central tendency for numerical variables and frequencies for categorical variables. Complementing the analysis of the results, the Ranking Médio do item (RMi) was calculated in order to verify the agreement or disagreement of the objective questions evaluated from the score assigned to the answers, Chart 1. Thus, values below three were considered as disagree, above three as agree, and three as neutral.¹²

Chart 1 - Formula for the calculations of the study - Average item ranking. Florianópolis, SC, Brazil, 2015

$$RMi = \frac{\sum(fr.ve)}{NTi}$$

Source: Hermida et al. (2015)¹²

fr = Frequency of responses

ve = Likert scale value

NTi = Total number of responses of the same item

The project was approved by the Research Ethics Committee of the Hospital of Health Clinics of the Federal University of Paraná (UFPR) on September 10, 2016, under Certificate of Submission for Ethical Appreciation (CAAE) No. 58824416.3.0000.0096, Opinion No. 1,733.05, being in compliance with Resolution No. 466/2012 of the National Health Council (CNS).

RESULTS

Table 1 shows the distribution of participants according to professional category and care unit. The data collection instrument was answered by 49 (27.7%) morning shift workers; 57 (32.2%) afternoon shift workers; 24 (13.6%) day shift workers (12 hour shift) and 47 (26.6%) night shift workers. The mean time working in the nursing profession of the participants was 16.11 years (standard deviation 8.558), ranging from one to 40 years of work.

Table 1 - Distribution of participants, according to care unit and professional category. Curitiba, PR, Brazil, 2016

CARE UNIT	PROFESSIONAL CATEGORY						TOTAL	
	Nurses		Nursing technicians		Nursing assistants			
Surgical	6	3,4%	5	2,8%	11	6,2%	22	12,4%
Cardiovascular	8	4,5%	5	2,8%	6	3,4%	19	10,7%
Medical Clinic	7	4,0%	12	6,8%	28	15,8%	47	26,6%
Maternity	6	3,4%	4	2,3%	9	5,1%	19	10,7%
Neurology	2	1,1%	1	6%	1	6%	4	2,3%
Nephrology/Urology	6	3,4%	2	1,1%	5	2,8%	13	7,3%
Oncology/Hematology	13	7,3%	3	1,7%	2	1,1%	18	10,2%
Urgency/Emergency	11	6,2%	20	11,3%	4	2,3%	35	19,8%
TOTAL	59	33,3%	52	29,4%	66	37,3%	177	100%

Next, the results will be presented from the second part of the data collection instrument, containing 14 objective questions, with a series of five propositions of answers, according to the Likert scale: (1)strongly disagree, (2)disagree, (3)no opinion, (4)agree, (5)strongly agree.

Table 2 provides the distribution of respondents to the questions belonging to Axis 1, which deals with perceptions about the presence of patients with mental and/or behavioral disorders admitted to the care units of the general hospital. All questions presented Ranking Médio do item (RMI) with values higher than three, indicating the participants' agreement with the statements.

Table 2 - Distribution of nursing professionals to the questions of Axis 1 - Patient. Curitiba, PR, Brazil, 2016

In my care unit, I notice the existence of patients with	1	2	3	4	5	RMI†
Mental/behavioral disorders	4 2,3%	11 6,2%	8 44,5%	91 51,4%	63 35,5%	4,11
Agitated and/or aggressive mental disorders	9 5,1%	22 12,4%	12 6,8%	81 45,8%	53 29,9%	3,83
Disorders due to the use of psychoactive substances (alcohol and other drugs)	24 13,6%	18 20,2%	13 7,3%	66 37,3%	58 31,6%	3,68
Anxiety disorders	9 5,1%	7 4,0%	8 4,5%	92 52%	61 34,5%	4,06
Depressive Disorders	6 3,4%	4 2,3%	7 4,0%	97 54,8%	63 35,6%	4,16
Suicidal behavior	16 9,0%	25 14,1%	37 20,9%	65 36,7%	34 19,2%	3,42
Physical containment needs	28 15,8%	37 20,9%	25 14,1%	66 37,3%	21 11,9%	3,08

†Average item ranking

The results regarding the questions belonging to Axis 2 - Perception about the nursing team are presented in Table 3. Noteworthy is the self-assessment, in which the respondents agreed that they have the ability to care for patients with mental disorders (RMI=3.15). However, the question answered exclusively by nurses, which dealt with the evaluation about the aptitude of mid-level professionals to the specific care of patients with mental/behavioral disorders, three (5.18%) totally disagreed and 52.5% disagreed, (RMI=2.64), which infers the disagreement of the statement. There was agreement to the other questions, as they presented MRs with values greater than three.

Table 3 - Distribution of nursing professionals to the questions of Axis 2 - Nursing team. Curitiba, PR, Brazil, 2016

In assisting patients with a mental or behavioral disorder, I consider	1	2	3	4	5	RMI†
Able to perform nursing care	11 6,2%	52 29,4%	26 14,7	75 42,4%	13 7,3%	3,15
The nurse supervising me is able to plan patient-specific nursing care‡	6 5,1%	21 17,8%	33 28%	47 39,8%	11 9,3%	3,30
The mid-level professionals on my team are fit for care§.	3 5,1%	31 52,5%	12 20,4%	10 16,9%	3 5,1%	2,64
Nurses have difficulties guiding how to care for patients with mental/behavioral disorders	4 2,3%	17 9,6%	15 8,5%	96 54,2%	45 25,4%	3,91

†Average item ranking

‡Specific question for nursing technicians and auxiliaries n=118

§Specific question for nurses n=59

The Perception about mental health nursing in general hospital is described in Table 4. Participants were in agreement about the relevance of having knowledge and skill in mental health for patient care in general hospital. However, they disagreed with the statement about knowledge of the role of psychiatric nursing interconsultation in the general hospital. By RMI, the results showed complete agreement regarding the statement of the relevance of the presence/role of the mental health nurse in the general hospital.

Table 4 - Distribution of nursing professionals to the questions of Axis 3 - Mental health in the General Hospital. Curitiba, PR, Brazil, 2016

Questions	1	2	3	4	5	RMI†
It is relevant that the professional has the knowledge and skills to care for patients with mental or behavioral disorders	3 2,3%	5 2,8%	10 5,6%	96 54,2%	63 35,1%	4,19
I know the role of the psychiatric nursing inter-consultation service in the general hospital	35 19,8%	69 39%	39 22%	24 13,6%	10 5,6%	2,46
It is relevant to have specialist mental health nurses in the general hospital	1 0,6%	5 2,8%	13 7,3%	65 36,7%	93 52,3%	4,48
How important do you think it is to have a psychiatric unit in this hospital? (0-10)	Mean 8.24 (standard deviation 2.82)					

†Average item ranking

DISCUSSION

By agreeing with the statements about the presence of patients in their daily care, Table 2, the participants corroborate the global and local epidemiological data related to the prevalence of patients with mental and behavioral disorders and their relevant growth worldwide.

In Brazil, when associating mental disorders with sociodemographic factors and other comorbidities, prevalence can vary between 20% and 56%, with women and workers being the most affected.¹³

It is estimated that 30 to 50% of patients admitted to general hospitals for clinical treatment have psychiatric comorbidities. This profile is worrisome, since studies in the area of mental health have shown emerging clinical-psychiatric comorbidities that are increasingly prevalent in the populations.¹⁴ It is also known that clinical diseases increase the probability of mental illness, and mental disorders can lead to chronified clinical worsening.¹⁴⁻¹⁵

Among the 179 patients with clinical morbidities admitted to a general hospital, a study found that 40.2% had depressive disorders, 26.2% alcohol and other psychoactive substance use disorders, 11.2% bipolar affective disorder, 11.2% anxiety disorders, 7.8% schizophrenia, and 3.4% other disorders.¹⁵

Table 2 further revealed the RMI above four for the statements of the presence of patients with depressive and anxiety disorders. Relevant numbers of patients with these disorders have been identified in other similar studies.¹⁵⁻¹⁶ Depressive and anxiety disorders are common disorders in the general population, with a higher prevalence in women, almost double when compared to men. These rates are inverse when related to substance use disorders, which are more frequent in men.¹⁵

A frequent concern of nursing professionals when facing mental disorders is related to the aggressiveness eventually observed in these cases. Although, in the view of nurses, aggressive behavior is linked to mental disorders, this risk is low when compared to the numbers regarding violence perpetrated by non-psychiatric patients or their companions in health services.¹⁷ However, the possibility of aggressive episodes should not be denied or neglected. Therefore, studies have described the existence of difficulty in managing patients with violent behavior in the crisis period, and the interference

of this situation in care due to fear, insecurity and anxiety of professionals.^{7,9-10,14,17}

In care practice, there is a strong association between aggressiveness and the use of physical restraint. However, this practice requires criteria and should be the last alternative when facing mental confusion, psychomotor agitation or risk of falling out of bed, extraction of probes and catheters.¹⁸

Another factor analyzed regarding the participants' perception was related to patients with suicidal behavior. This topic is relevant due to the high incidence of suicide attempts and the effectiveness in general hospitals in Brazil. The literature describes that there are two environments with a higher frequency of suicides, firstly the individual's home (51%) and secondly hospitals (26%) when these individuals are hospitalized. Some elements present in the routine of general hospitals can contribute to a higher risk of suicide attempts, among them: the environmental structure, characterized by unprotected windows on high floors; bathrooms with locks and conditions to be locked in the hospital; easy access to medications and sharp objects; lack of preparation or little attention from the health team; long hospitalization period; prolonged waiting for test results; besides the chronified or incapacitating conditions generated by clinical diseases.¹⁹

The findings contained in Table 3 show that the participants refer to their aptitude for nursing care to patients with clinical-psychiatric comorbidities in the general hospital. Their perceptions about such care infer and direct to the desire to want to provide competent care.

However, it is important to remember that nursing care is commonly characterized by techniques or procedures that professionals perform in their daily care. Nursing is an area of health science profiled by its practical aspect, but it portrays the impossibility of the professional to provide care without embracing the multiple dimensions of the being cared for.⁶ In this way, mental health care seeks to distance itself from technicism and to value the technologies of relationships, which include the right to access, welcoming, formation and strengthening of therapeutic bonds, and estimating the subjectivity and individuality of the being cared for.^{8,20}

The results presented in Table 3, in which the respondents agree about their ability to care for patients with mental disorders, contradict other similar studies that demonstrated

the fragility of nursing care in mental health in the general hospital. Some barriers and difficulties are presented, among them: lack of knowledge regarding the approach and care, lack of planning for care, restricted or inadequate physical space, insecurity and fear presented by the professional, stereotyped and stigmatized view of the patient.^{3-7,9-10}

Understanding the relationship between care provided by health professionals in general hospitals and the specific needs of patients with clinical-psychiatric comorbidities must be considered for the structuring of institutional policies. A critical look at the training and qualification of these professionals should be valued, thus enabling reflection to implement resolute strategies seeking to break with traditional and segmental practices, valuing comprehensive care in the psychosocial context.

Coinciding with the results described in Table 4, about the need for competence for patient care, a study reports that for mental health care, the nursing team needs to be able to feel, perceive, value, know, know how to communicate, and interact, which is knowledge that goes beyond norms, routines, and procedural techniques.²⁰

Although the participants did not know the role of the psychiatric nursing interconsultation in the general hospital, they evaluated as relevant the role of specialist nurses in mental health in this health service.

The specificity of the interconsultation is insufficiently addressed in the training, which leads to ignorance and/or lack of understanding by the professionals, even though this activity has been developed for some time in Brazilian institutions, and highlighted in the medical and nursing areas in other countries. This practice has brought positive and relevant results in hospital nursing care.^{9-11,14,21} The participants' lack of knowledge about inter-consultation does not refute the need for specialized professionals who can contribute to the planning and implementation of specific mental health care.

The participation of the team in the evaluation made by the nursing consultation constitutes an interdisciplinary work that results in effective and qualified answers. For this, the training of the entire team is indispensable, since the professionals who will provide direct care to the patient are the ones from the care units, because the nurse consultant does not assume direct care to the patient.

Therefore, it can be seen that the constant work in permanent education to update the professionals, allows reflection about the importance of the development of mental health in the general hospital, instrumentalizing the professionals to choose the best care modalities according to the reality of each service/institution.²⁻³

CONCLUSIONS

There is a need for effective strategies that qualify and create skills for general hospital nursing professionals to care for patients with mental or behavioral disorders.

The consulting of nurses specialized in mental health in general hospitals can greatly help to improve care, providing a more comprehensive view of patients with clinical-psychiatric comorbidities.

This study contributes to identifying the need for systematized training for nursing professionals in general hospitals, and shows that psychiatric consulting is a tool that can help the nursing team in planning and implementing care provided to patients, regardless of their comorbidities.

The limitation of this study was the restriction of the sample to inpatient units of a single institution. Thus, it was possible to portray only the local reality, not being possible to cover a sample with greater representativeness of the universe, to make comparisons and generalizations. As a potentiality, it presents itself as base material for other studies, due to the scarcity of this theme in the national literature.

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