

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

REVIEW

DOI: 10.9789/2175-5361.rpcfo.v15.12655

## WORK PROCESS OF CAREGIVERS IN RESIDENTIAL THERAPEUTIC SERVICES: SCOPE REVIEW

*O trabalho de cuidadores em serviços residenciais terapêuticos: revisão de escopo**El trabajo de los cuidadores en los servicios residenciales terapéuticos: revisión del alcance***Carolina Jéssica Salado<sup>1</sup>** **Márcia Aparecida Ferreira de Oliveira<sup>2</sup>** **Marilia Mastrocolla de Almeida Cardoso<sup>3</sup>** **Júlia Carolina de Mattos Cerioni Silva<sup>4</sup>** **Caroline Ballan<sup>5</sup>** 

### ABSTRACT

**Objectives:** to map national and international productions, related to the work process of caregivers in Therapeutic Residential Services. **Method:** scoping review conducted in selected databases and Google Academic search engine, from August to September 2019. **Results:** 452 references were identified in the PUBMED and LILACS/BVS databases and 8,910 references in Google Scholar. After inclusion and exclusion criteria, 10 articles composed the study. Based on the Health Work Process Theory, three categories were defined for analysis of the sample found. **Conclusion:** it was identified that the team of caregivers focus their action on the object of work, predominantly referred to as the people living in the house, using tools, still little developed, for the purpose of expanding autonomy and conflict management in the challenge of social and community (re)insertion.

**DESCRIPTORS:** Caregivers; Mental health services; Deinstitutionalization; Workflow; Housing.

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Received: 30/03/2023; Accepted: 25/07/2023; Published online: 30/11/2023

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**How cited:** Salado CJ, Oliveira MAF, Cardoso MMA, Silva JCMC, Ballan C. Work process of caregivers in residential therapeutic services: scope review. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];15:e12655. Available from:

<https://doi.org/10.9789/2175-5361.rpcfo.v15.12655>



## RESUMO

**Objetivos:** mapear produções nacionais e internacionais, relacionadas ao processo de trabalho de cuidadores em Serviços Residenciais Terapêuticos. **Método:** revisão de escopo realizada em bases de dados selecionadas e no buscador Google Acadêmico, de agosto a setembro de 2019. **Resultados:** foram identificadas 452 referências nas bases PUBMED e LILACS/BVS e 8.910 referências no Google Acadêmico. Após critérios de inclusão e exclusão, 10 artigos compuseram o estudo. Com base na Teoria de Processo de Trabalho em Saúde, três categorias foram definidas para análise da amostra encontrada. **Conclusão:** identificou-se que a equipe de cuidadores concentra sua ação sobre o objeto de trabalho, referido predominantemente como as pessoas moradoras da casa, utilizando instrumentos, ainda pouco elaborados, para a finalidade de ampliar autonomia e a gestão de conflitos no desafio da (re)inserção social e comunitária.

**DESCRITORES:** Cuidadores; Serviços de saúde mental; Desinstitucionalização; Fluxo de trabalho; Habitação.

## RESUMEN

**Objetivos:** mapear producciones nacionales e internacionales, relacionadas con el proceso de trabajo de cuidadores en Servicios Residenciales Terapéuticos. **Método:** revisión de alcance realizada en bases de datos seleccionadas y en el motor de búsqueda Google Scholar, de agosto a septiembre de 2019. **Resultados:** se identificaron 452 referencias en las bases de datos PUBMED y LILACS/BVS y 8.910 referencias en Google Académico. Después de los criterios de inclusión y exclusión, 10 artículos compusieron el estudio. Con base en la Teoría del Proceso de Trabajo en Salud, se definieron tres categorías para análisis de la muestra encontrada. **Conclusión:** se identificó que el equipo de cuidadores centra su acción en el objeto de trabajo, predominantemente referido a las personas que viven en la casa, utilizando instrumentos, aún poco desarrollados, con el propósito de ampliar la autonomía y la gestión de conflictos en el desafío de la (re)inserción social y comunitaria.

**DESCRIPTORES:** Cuidadores; Servicios de salud mental; Desinstitucionalización; Flujo de trabajo; Vivienda.

## INTRODUCTION

The restructuring of the psychiatric model focuses on the territorial, community and network model of health care, through public policies that regulate services and practices that affect the social determinants of mental health, expanding access and the quality of psychosocial actions from the perspective of human rights.<sup>1</sup>

The community-based, intersectoral Psychosocial Care Networks (RAPS) aim at the socioeconomic and cultural (re)insertion of people with mental health problems, in the structuring of care practices in freedom in the SUS;<sup>2</sup> guided by Deinstitutionalization and Psychosocial Rehabilitation,<sup>3</sup> where Therapeutic Residential Services (SRT) deal with the habitat/living axis as a right of people living in psychiatric hospitals.

There are different experiences regarding the functioning and organization of these SRT models, both in Brazil and in other countries, varying in the composition of the institutional body, number of residents and organization of care demands. One of these experiences is the Canadian one, which, from the 1960s, begins its deinstitutionalization process, mobilized by the rehabilitation of skills valorization, this country proposed the creation of different housing modalities, structured for different degrees of autonomy: small pavilions, host family, transition house, supervised apartments, satellite apartments, and finally autonomous housing.<sup>4</sup>

Since the 2000s, Canada, as well as Brazil,<sup>5</sup> has seen a movement towards access to housing as a social and fundamental right, pointing to the need for convergence of monitoring and variable support, at the individual level, with intersectoral actions aimed at access to community housing, guaranteed at the structural level of governments.<sup>4</sup>

Access to housing (with individual and community support) is understood as the exercise of citizenship. The difficulties and needs of health services and the population in relation to housing require a variety of service modalities, expanding the possibilities of the living/housing aspect and improving public policies.<sup>3,5</sup>

Considering the change in the paradigm of Mental Health care in Brazil, multiprofessional teams are necessary, with professionals from different areas involved in Network work, among them a unique group of new workers: caregivers.<sup>6</sup>

The Brazilian Classification of Occupations - CBO, under code 5162, defines caregiver as someone who "takes care of the objectives established by specialized institutions or those directly responsible, ensuring the well-being, health, food, personal hygiene, education, culture, recreation and leisure of the person assisted".<sup>7</sup>

Considering the SRT, the caregiver is a fundamental part of the work process, with an important impact on the execution of the proposals of these services,<sup>8</sup> their performance in daily care is an operative factor for biopsychosocial care and the realization of the right to health for a population that, due to the barriers imposed by institutionalization, has its autonomy limited in physical, psychological and social aspects.

Reflections on the difficulties in the expansion of TRS point to political, management and specialized knowledge barriers on the part of the teams to support the monitoring of the residents,<sup>9</sup> which points out that it is essential to expand scientific evidence that guides work processes and permanent education policies in this field.

A study conducted with caregivers identified that they operate from a lay knowledge, guiding their practice by feelings, common sense and life experience, without counting on theoretical knowledge.<sup>10</sup> Although they have technical training, considering the intensity of

the daily care to which they are directed, these professionals have the difficult task, sometimes parental, of working with the objective of protecting the people they care for from asylums psychiatric practices, instituted for centuries, rooted in the common sense still hegemonic in society about the mad and madness.<sup>11</sup>

Considering the importance of SRTs in psychiatric reform in Brazil, especially with regard to the deinstitutionalization process, expressed in the closure of about 80,000 psychiatric beds,<sup>12</sup> providing freedom for people with long hospitalizations for life, caregivers play a fundamental role in this service. This scoping review aimed to map national and international productions related to the work process of caregivers in Therapeutic Residential Services.

## METHOD

The Scoping Review was chosen to map the relevant literature on the topic of interest,<sup>13</sup> making it possible to synthesize and summarize knowledge on the subject, with methodological rigor proposed by the JBI approach.<sup>14-15</sup>

The PCC (Population, Concept and Context) strategy was used as a reference to answer the review question: "What has been produced about the work of caregivers in Therapeutic Residential Services?".

The population refers to caregivers, i.e., professionals who work with biopsychosocial care with people who have low or no autonomy in physical, psychological and/or social aspects. As a concept, studies that addressed work in the area of mental health or mental disability were considered. The context was restricted to therapeutic residences in Brazil, which refer to houses inserted in the community for housing former residents of psychiatric hospitals or similar services in other countries of the world.

The databases chosen for the research were PUBMED, LILACS/BVS and Google Scholar, the first being chosen for being an important international database and the second for being a reference in the national and Latin American literature. Google Scholar was chosen to expand the search for national articles.

The descriptors used in the search strategy were selected from the bases: Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). The following descriptors were considered: Caregiver/ Caregivers/ Health Personnel/ M01.085/ M01.526.485.200/ N02.360.200; Work/Health Workforce/ Health Occupations Manpower/ Health Manpower/ Fuerza Laboral en Salud/ N02.350/ N04.452.525.500/ N05.300.420.400/ SH1.030.020.020/ SP1.011.117.133/ VS3.004; Therapeutic Residential Service/ Mental Health Services/ Servicios de Salud Mental/ Residential Facilities/ Assisted Living Facilities/ Assisted Living Facility/ Group Home/ Halfway Houses/ Community Mental Health Services/ F04.408/ N02.421.461/ SP2.031.267/ N02. In some of the search strategies, we chose to use the word deinstitutionalization/ deinstitutionalization in order to expand the possibility of search related to the contexts of SRT.

Based on the combination of descriptors, seven search strategies were elaborated, employed in the databases between August and September 2019. Studies published between the years 2000 and 2019 were selected, with the year 2000 being used as a reference by the approval of Ordinance No. 106/GM/MS that creates the Therapeutic

Residential Services and the year 2019 being the one in force in the research.<sup>16</sup> In order to obtain scientifically more robust evidence, case studies, review studies, dissertations, theses or theoretical articles were not included. It was also decided not to include gray literature, due to the large volume of publications found in the databases. Scientific articles published with a qualitative, quantitative and mixed approach, published in English, Spanish or Portuguese, were included.

After the search in the databases, a first selection of studies was carried out by reading the titles and abstracts. The next phase involved reading all the selected articles in full. Both stages were developed by two independent reviewers (CJSS and JCMCS). In case of disagreement, the doubts were taken to a third reviewer (MAFO).

An instrument for data extraction was developed by the reviewers and a pilot test was carried out, with the following data: author/year, country, methodology, method, types of studies, objectives of the studies, population, concept and context.

Data related to caregivers' work were categorized as: object, instrument, purpose, problems and/or facilitators.

The object refers to what workers focus their strength, attention and action on; it is important to emphasize that the object of work is not a natural object that exists by itself, but is cut out by a look, which contains a transformation project, with a purpose. The purpose therefore includes an intentionality in its essence, which is in turn directed by a perspective, an objective, a project.<sup>17</sup> The object and the purpose are associated and will be executed by a given agent, on a given object, by means of an instrument. The instrument of work is a complex of things that workers insert between themselves and the object of work and serves to direct their action.<sup>18</sup>

In this research, the agent of action refers to caregivers and the objects to everything on which they must act so that the SRT fulfills its function, as a community mental health service, with the function of contributing to deinstitutionalization, from the perspective of Psychosocial Rehabilitation.

The categories Object, Instrument and Purpose refer to the Health Work Process Theory of Mendes and Gonçalves, and the categories Facilitator or Problematic were proposed in order to identify potentialities or challenges regarding the work of caregivers and, consequently, in the quality of care provided to the residents analyzed with the theoretical perspective of Psychosocial Rehabilitation.<sup>17</sup>

## RESULTS

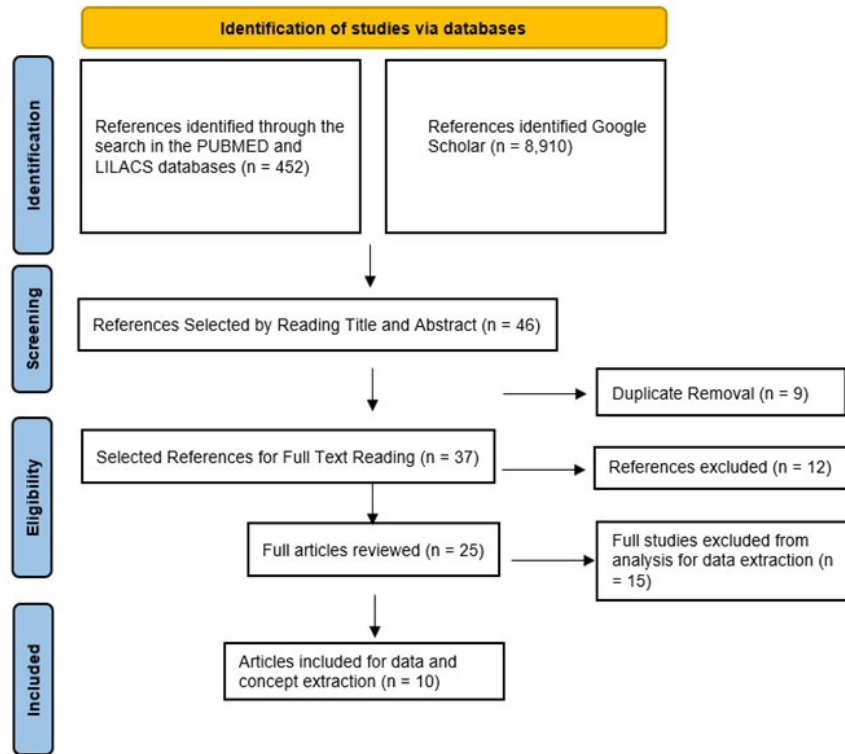
We identified 452 records in the PUBMED and LILACS/BVS databases and 8,910 in Google Scholar. After reading titles and abstracts, considering the inclusion criteria and the removal of duplicate articles, the number of studies searched and included was 37.

Of the 37 references, 12 were initially excluded without full reading, because they were not scientific articles, or because of the absence of full text, and 25 articles were read in full according to the Prisma flowchart shown in Figure 1.

### Characterization of the studies

The countries that made up the 10 articles selected for data extraction regarding the work of caregivers in this research were: 60% national (Brazil)<sup>19-24</sup> and 40% international (Ireland, Italy,

**Figure 1** - Flowchart of the review process adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).<sup>14</sup> São Paulo, SP, Brazil, 2022.



**Source:** Research authors

China and Belgium).<sup>25-28</sup> Regarding the years of publication, the two oldest articles, 2004<sup>28</sup> and 2008,<sup>27</sup> refer to international productions, respectively Belgium<sup>28</sup> and China.<sup>27</sup> Then, the year 2009 has two of the articles found, one from Italy<sup>26</sup> and the other from Brazil.<sup>21</sup> An article from 2013 refers to Ireland<sup>25</sup>. The predominance of national articles starts from 2011, with two articles from this year,<sup>23-24</sup> one from 2018<sup>20</sup> and two from 2019.<sup>19,22</sup>

Regarding the method, 60% used mixed methods with predominance of semi-structured interviews, associated with direct and systematic observation, field diaries, intervention and control groups, postal questionnaires, among others;<sup>21-27</sup> 40% used a single method, with semi-structured interview, questionnaire and application of tests.<sup>19-20,26,28</sup>

Regarding the objective of the studies, it is identified that in the national articles the interest in knowing, analyzing and bringing reflections on the work of caregivers in relation to their weaknesses, potentialities, realities and difficulties predominates.<sup>19-24</sup> In the international articles, in two of them the objective of the studies refers to issues related to emotional exhaustion, burnout of caregivers<sup>26,28</sup> and in two others they refer to training for work qualification.<sup>25,27</sup>

Chart 1 characterizes the studies included according to the description of the authors, country, method, collection technique and objective.

Characterization of the work of caregivers in SRTs:

The characterization of the work developed by caregivers was categorized as object, instruments and purposes. They will be presented in Figure 2.

People living in the SRT, their families and the community were identified as the object of work. In the results the object was referred to, from the field of relationships or subjectivities: fights and delusions, crisis, conflict situations, resocialization, preferences and desires of residents, work, among others. In the field of concrete-material/corporal the object was described as: domestic activities, personal hygiene, medication, health procedures, food, cigarettes, money, etc.

The work instruments were defined as material (concrete resources) or immaterial (intellectual and emotional practices).<sup>29</sup> Elements such as money, food, health care, outings and leisure, among others, were characterized in this study as material instruments; and the bond, creativity, trust, respectful relationship, proximity, teamwork, empathy, affection, social networks, among others, as immaterial instruments.

The working people who performed the function of SRT caregivers were identified as instruments of the process, that is, agents of the process capable of articulating situations and strategies used for the transformation of an object, with a certain purpose. Categorized as a work instrument, caregivers are subjects of action, insofar as they participate directly in the work process.<sup>17</sup>

**Chart 1** - Characterization of included studies according to country of origin, methodology, data collection technique and objective. São Paulo, SP, Brazil, 2022.

Authors	Country	Method	Collection technique	Goal
Silva et al., 201919	Brazil	Qualitative, Descriptive-Exploratory	Semi-structured interview	Identify weaknesses and potentialities experienced by caregivers.
Lima e Miranda, 201820	Brazil	Qualitative, descriptive and exploratory.	Semi-structured interview/ Interpretative Phenomenological Analysis (IPA)	Present a reflection on the work of health caregivers inserted in Therapeutic Residences (RTs).
Ribeiro Neto e Avellar, 200921	Brazil	Qualitative	Semi-structured interview/ Participant observation/ Thematic analysis	Experience the reality of the work of caregivers of a therapeutic residence (SRT), aiming to know this category and contribute to discussions about the Psychiatric Reform and the deinstitutionalization of madness.
Sande e Christovam, 201922	Brazil	Qualitative with ethnographic approach.	Semi-structured interview/ direct and systematic observation	To know how the process of care by the professional caregiver in Therapeutic Residential Service in the municipality of Salvador-BA takes place.
Silveira e Santos Junior, 201123	Brazil	Qualitative	Semi-structured interview, field diary and systematic observation	To know the difficulties faced by professionals in the care practice outlined from this service and to identify the perspectives they point out to the residents.
Sprioli e Costa, 201124	Brazil	Qualitative	Participant observation/ in-depth interviews/ Ethnographic, with the theoretical support of Interpretive Anthropology.	The aim of this study was to analyze the work of caregivers of psychiatric patients in two types of therapeutic residential services
Phadraig, Guerin e Nunn, 201325	Ireland	Mixed - Quanti and Quali, randomized controlled trial	Postal questionnaires, intervention group and control group	To evaluate the impact of a multi-level oral health education program on the care team of people with intellectual disabilities
Pedrini et al., 200926	Italy	Quanti and Qualitative / Convenience sample		
		Questionnaire		This study assessed the levels and risk factors of burnout in a sample of mental health professionals employed in non-hospital psychiatric residential facilities in northern Italy.
Wong e Wong, 200827	China	Quanti and Qualitative	Pre-test and post-test comparison group. Participants in an experimental group of a six-session training program. 34-item scale was designed and used to measure the effectiveness of staff training.	The aim of this study was to examine the effectiveness of staff training in enhancing the attitudes, knowledge and skills of residential staff to help residents with ID to exercise autonomy.
Van Humbeeck, Van Audenhove e Declercq, 200428	Belgium	Quantitative	Test application	To examine the relationship between Expressed Emotion (EE) and professionals' experience of burnout, as well as feelings of well-being and job satisfaction.

**Source:** Research authors





of instruments for purposes involving greater complexity was observed, especially for those referring to collective and social aspects; for the management of crises and conflicts, and for the work guidelines related to Psychosocial Rehabilitation.

When the community is the object of the work, there is some difficulty in finding instruments. Despite the absence of instruments for this field of work of caregivers, this aspect is understood as facilitating because it highlights the constant need for investment in the transformation of society's paradigm about madness and its relationship with it, as well as the social place of the person with mental health problems.

Activities of Daily Living (ADL) and household activities, personal experiences of caregivers and communication between the team, are categorized as working tools in this study. Household chores are identified as problematic when they take up too much of the caregiver's working time, to the detriment of actions aimed at psychosocial rehabilitation. The use of a system of privileges and infantilization of residents as an instrument to deal with conflicts and everyday situations are identified as a problem in the development of caregivers' work. The exercise of tolerance, respect for differences and institutional supervisions appear as instruments that facilitate the work.

The psychiatric phenomenon, the symptom, the disease or the disability, appear as the object of work, being identified as problems considering the minimization of the residents' potential in relation to psychiatric issues. Crises, fights and conflict situations generate fears, anxieties and concerns in caregivers, showing the lack of prior knowledge to manage these situations. It is also identified that dealing with moments of crisis makes caregivers feel prepared for the role, being understood and categorized at the same time as a facilitator and problematic in the work.

In crisis situations, the CAPS was identified as a working tool; the action of helping people living in the SRT to reconcile the care offered with their desires and needs; empirical experiences; the caregivers' own abilities and intuition.<sup>28</sup>

The aspect of psychological distress of caregivers is identified as a problematic, these, by the dynamics of work, suffer from a wide range of behaviors and attitudes of residents, inherited from long hospitalizations in asylums, such as positive symptoms, physical and verbal aggression. These situations can be very serious, difficult to resolve and long-lasting, generate disappointment, dissatisfaction, frustration and even experience burnout.<sup>28</sup>

In contrast, motivation is identified as an instrument and facilitator of the work of caregivers, but it is important to reflect on the contextual aspects and great subjectivity involved when addressing motivation in work contexts. It is possible to perceive that the instruments are often chosen from their own personal values and experiences, the caregiver team resorts to their own values and behavior patterns in the daily issues of people living in the SRT.<sup>27</sup>

Caregivers report not having specific training for the job and in the data collected this issue does not present consensus, appearing sometimes as something important or not. Caregivers do not see training as important, valuing empirical learning to manage situations. They considered that they had no preparation

for this work, but despite this they feel prepared for the service. On the other hand, they report benefiting from the support of more experienced colleagues, often configured as informal conversations at work or outside it.<sup>20</sup>

Data collected from the survey results show that, when technical knowledge is not adequate to the work, actions potentially aimed at self-knowledge, subjectivation, rehabilitation of residents, can slip into assistance.<sup>24</sup> There are also statements that care conceived as teamwork, in order to be carried out, depends on personal attributes, which is revealed in the link between trust and the establishment of the bond necessary for care, as well as in the prioritization of personal qualities and direct relationships, over relationships mediated by work and technical competence. Regarding this aspect, in several elements brought, work is associated with altruistic aspects of the caregiver, such as, for example, the approximation of work "to care, affection and patience".<sup>24</sup>

The importance of attention to the non-reproduction of manicomial instruments at work in the SRT is pointed out. It was identified in the analyzed bibliography that the monitoring of actions, team planning, coordinated by specialists, promotes the guidelines of this work. It is understood that the resource of the SRT coordinator is support and support for the team of caregivers, helping them to create work tools that favor the care offered to people living in SRTs. Teamwork in health care networks, as it is recognized as a procedural strategy and action, is necessary for the effectiveness of SRT work.

A study on the subject emphasized capacity building and training as facilitating elements in strengthening the work of caregivers, "identifying positive changes in team performance after the team received training that used various instructional techniques"<sup>27</sup>. Investing in permanent education in the SUS, also for this segment of workers, is a powerful resource for strengthening and aligning the work of SRT caregivers.

## CONCLUSION

This scoping review shows that the category of caregivers of therapeutic residential services has weaknesses in the instruments of the work process, and these are related to the weakness in technical training. The greater the complexity of the needs of the people living in the SRTs, the greater the difficulty of management and responses, pointing out that through professional qualification it is possible to improve the quality of care, positively impact the mental health of caregivers, improve the institutional climate and the relationship between caregivers and those living in therapeutic residences.

The management of work processes is of fundamental importance for the quality of health services, from the point of view of the SRT, considering the challenges, complexities and specificities involved in this service, deepening this reflection is essential.

The understanding of housing as a right and determinant of people's mental health invites the expansion of services such as SRT, recognized as a strategy of the Psychosocial Care Network in SUS committed to Deinstitutionalization and Psychosocial Rehabilitation, where qualifying the experience of Brazil with more studies on the subject, can contribute to the debate in the world.

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