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COMPLEXITY OF MANAGING THERAPEUTIC RESIDENTIAL SERVICES FROM THE PERSPECTIVE OF SUPERVISING NURSES

Complexidade na gestão dos serviços residenciais terapêuticos na percepção de enfermeiros supervisores

Complejidad de la gestión de los servicios residenciales terapéuticos según la percepción de enfermeiros supervisores

John Victor dos Santos Silva[1] ⓘD

RESUMO

OBJETIVOS: revelar a complexidade na gestão dos Serviços Residenciais Terapêuticos na percepção de enfermeiros. **Método:** pesquisa qualitativa, realizada com seis enfermeiros supervisores de Serviços Residenciais Terapêuticos de São Paulo. A coleta aconteceu entre janeiro e julho de 2024, por meio de entrevista semiestruturada, gravadas, transcritas e analisadas à luz do referencial da complexidade de Edgar Morin. **Resultados:** os temas identificados foram: 1) Complexidade da organização do trabalho, 2) Complexidade da atuação dos trabalhadores e 3) Complexidade no suporte oferecido pela rede de saúde mental. Esses temas revelam que o funcionamento dos serviços é comprometido por estruturas precárias, pela escassez ou ausência de formação adequada dos trabalhadores e pela falta de apoio essenciais por parte dos serviços estratégicos da rede. **Considerações Finais:** a pesquisa evidenciou desafios significativos na organização desses serviços, que podem impactar negativamente na autonomia e independência dos moradores, comprometendo o processo de reabilitação psicossocial e o exercício da cidadania.

DESCRITORES: Serviços de saúde mental; Serviços comunitários de saúde mental; Saúde mental; Gestão em saúde; Enfermeiras e enfermeiros.

[1] Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto, São Paulo, São Paulo, Brasil.

CORRESPONDING AUTHOR: John Victor dos Santos Silva
Email: profjohnsilva@gmail.com

ABSTRACT

OBJECTIVE: to reveal the complexity of managing Therapeutic Residential Services from the perspective of nurses. **Method:** qualitative research conducted with six nurse managers of Therapeutic Residential Services in São Paulo. Data collection took place from January to July 2024 through semi-structured interviews, which were recorded, transcribed, and analyzed in light of Edgar Morin's complexity framework. **Results:** the identified themes were: 1) Complexity of organization, 2) Complexity of workers' roles, and 3) Complexity of support from the mental health network. These themes reveal that the functioning of the services is compromised by precarious structures, a lack or absence of adequate worker training, and insufficient essential support from strategic network services. **Final Considerations:** the research highlighted significant challenges in organizing these services, which may negatively impact residents' autonomy and independence, compromising the process of psychosocial rehabilitation and the exercise of citizenship.

DESCRIPTORS: Mental health services; Community mental health services; Mental health; Health management; Nurses.

RESUMEN

OBJETIVO: revelar la complejidad de la gestión de los Servicios Residenciales Terapéuticos según la percepción de enfermeros. **Método:** investigación cualitativa realizada con seis enfermeros gestores de Servicios Residenciales Terapéuticos en São Paulo. La recolección de datos se llevó a cabo entre enero y julio de 2024 mediante entrevistas semiestructuradas, que fueron grabadas, transcritas y analizadas a la luz del marco de la complejidad de Edgar Morin. **Resultados:** los temas identificados fueron: 1) Complejidad de la organización, 2) Complejidad en el rol de los trabajadores y 3) Complejidad en el apoyo de la red de salud mental. Estos temas revelan que el funcionamiento de los servicios se ve comprometido por estructuras precarias, la escasez o ausencia de formación adecuada para los trabajadores y la falta de apoyo esencial por parte de los servicios estratégicos de la red. **Consideraciones Finales:** la investigación evidenció desafíos significativos en la organización de estos servicios, que pueden afectar negativamente la autonomía e independencia de los residentes, comprometiendo el proceso de rehabilitación psicosocial y el ejercicio de la ciudadanía.

DESCRIPTORES: Servicios de salud mental; Servicios comunitarios de salud mental; Salud mental; Gestión en salud; Enfermeras y enfermeiros.

INTRODUCTION

Therapeutic Residential Services (SRTs) are part of the Psychosocial Care Network (RAPS) for people with severe and persistent mental disorders who have experienced long periods of psychiatric hospitalization and have weakened or non-existent family ties and social support networks. These services function as homes for these people to live in freedom, exercising their citizenship, with access to health, education, security, income, work, social relations, culture and leisure.[1]

The SRTs in the RAPS are deinstitutionalization strategies established by the National Mental Health Policy (PNSM). This strategy aims to replace the asylum and exclusionary model, marked by stigma and rights violations, represented by psychiatric hospitals, with an open and community-based model that favors social inclusion, the promotion of citizenship and access to treatment in freedom, through a multi-professional approach that promotes psychosocial rehabilitation.[1,2]

The SRT strategy, which strengthens the community-based treatment model and encourages care in freedom through living in society, is promoted in the PNSM based on Law No. 10.216, known as the psychiatric reform law, which protects the rights of people with mental disorders and redirects the mental health care model in Brazil, marking the paradigm shift from the psychiatric and asylum model to the psychosocial care model.[3]

This law is a response to the mobilization of the Antimanicomial Struggle Movement (MLA) and the Brazilian psychiatric reform process, which began in the 1970s, with the participation of mental health workers, family members, users and social representations, in defense of the right of people with mental disorders to have their human dignity respected, in the face of the violations that took place in psychiatric hospitals.[4,2]

The events of this process have given a new meaning to the lives of people with mental disorders. However, it is essential that these advances are continually sustained, reinforced and defended, in order to avoid setbacks in the significant and important achievements that have put Brazil in the spotlight, among the countries with solid and successful proposals in mental health care over the years.[5]

In this way, all the scenarios and actors involved in this process need to be committed to defending the psychosocial care model and strengthening deinstitutionalization strategies, providing care in the community, in freedom in the family environment and bringing autonomy, independence and the exercise of citizenship in social spaces.[4]

Considering that SRTs are strategic health services - but that they are homes for people with mental disorders whose family and social ties are absent, broken or significantly compromised, often due to psychiatric hospitalization - it is essential to have a team of workers to keep these residences running and ensure that their residents can fully experience the process of psychosocial rehabilitation and the promotion of social reintegration.[6]

Recognizing that among the workers who work in SRTs, professionals are assigned to the management of these residences, ensuring their organization, functioning and guaranteeing mental health care in a free and community-based environment, with the active participation of the user in the psychosocial rehabilitation process, this research aims to reveal the complexity of the management of therapeutic residential services carried out by supervising nurses.

METHOD

Qualitative research that used the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide for methodological rigor and Edigar Morin's Complexity theoretical framework for its analysis. The complexity framework - "Complex Thinking" (CP), as Edgar Morin refers to the proposed theoretical model - reveals that human and social phenomena are multifactorial and multidimensional, with various parts that communicate and interact with each other in complementary and antagonistic ways to form the whole. This theoretical model disregards the linearity of the cause-effect system and points to a scientific vision in which products and producers are directly involved in the organization of the phenomenon, circulating and sharing all knowledge.[7,8]

The setting for the study was the city of São Paulo. Data collection took place between January and July 2024. Six nurse managers from SRTs in different areas of the city took part. The inclusion criterion was being a nurse and manager of the SRTs and the exclusion criterion was being away from their housing supervision activities, either due to medical leave or another type of leave. The nurses were selected intentionally by active search on the LinkedIn® platform, in which the researcher sent a request through the platform informing and inviting them to take part in the research.

The data was produced through semi-structured interviews containing questions about life history, training and the process of working in SRTs. The interviews were conducted via the WhatsApp® application, lasting an average of 20 minutes, in which the researcher sent the questions and asked the interviewee to respond via recorded audio, which was then transcribed in full. Each interviewee was given the code "Supervisor", listing the interviews from 1 to 6.

The data produced was processed using the three-step content analysis technique9: 1) pre-analysis, with an extensive reading of all the material to survey the first ones; 2) exploration of the material, with the contents being grouped, through the units of the speeches, according to the impressions revealed and the first sub-themes being planned; and 3) treatment of the results and interpretation, with the three central themes of the research being defined, based on the verification and validation of the sub-themes found, and their results discussed in the light of Edgar Morin's theoretical framework of complexity and the scientific literature produced on the subject.[9]

The research followed all the ethical precepts set out in Resolution 466/2012 and 510/2026 of the National Health Council (CNS), and was approved by the Research Ethics Committee of the Ribeirão Preto Nursing School of the University of São Paulo (EERP-USP), under CAAE no. 74738823.8.0000.5393 and opinion no. 6.666.831.

RESULTS

Of the services that were the setting for this study, four were type I SRTs and two were type II. Of the supervisors interviewed, all were women aged between 32 and 41. They had been working in the service for over a year and specialized in mental health. They had all worked as nurses in a Psychosocial Care Centre (CAPS), which is a strategic and specialized mental health care service in the public network.

Based on the analysis of the interviews, the following themes were identified: 1) Complexity of work organization, 2) Complexity of workers' performance, and 3) Complexity of the support offered by the mental health network. The themes and sub-themes identified are described later in this section.

I) Complexity of work organization

The first theme that emerged from the interviews with the supervising nurses refers to the complexity of the organization of the work carried out at the SRTs. The supervisors reveal that their duties are related to: managing and supervising the work team, which involves offering training and capacity building; organizing and operating the demands of the

housing, ensuring the proper structure, proper functioning and maintenance of the spaces; monitoring and evaluating the residents' legal, social assistance and health processes; providing for the residents' personal and collective needs; integrating and liaising with the other points of the mental health network in order to develop the residents' psychosocial rehabilitation process; among other responsibilities. Although they are nurses, their duties are predominantly administrative and operational.

I'm a trained nurse, but my work is totally administrative and managerial. So... It's comprehensive care in various ways, in the process of their treatment, re-socialization, rehabilitation, but most of it is administrative. Keeping the home fully functioning. That's my role." (Supervisor 1)

What I have to do is ensure that the home really works. So we look after the needs of each resident here [...] more than a nurse, because it's supervising everyone's work and training everyone to work, to help the residents with their activities of daily living. (Supervisor 6))

The nurses report that supervision is exhausting, as any and all demands related to the home fall under their responsibilities. This puts them in a position of constant availability to meet the needs that arise at all times and resolve both daily and emergency issues for the residents. Although the work is rewarding, fatigue and exhaustion are always present.

[...] It's very tiring, isn't it? We have to be accessible and available all the time, practically twenty-four hours a day, because there's always a demand and it's all our responsibility. We have to take care of it, because we work practically alone in coordinating the residence." (Supervisor 4)

It's gratifying to see the progress of each one of them, but the work is exhausting. I always feel tired. It's our responsibility to deal with all the problems in the house. Even though we work as a team, and they even have a certain amount of autonomy to deal with some issues, it's up to the supervisors to manage all the demands, independently. (Supervisor 3)

2) Complexity of workers' work

The second theme identified in the interviewees' statements concerns the complexity of the work carried out by SRT professionals. In addition to the supervisors, the SRTs have a team of health care workers and nursing technicians. The interviewees pointed out that it was more difficult to supervise the caregivers. Most of these professionals have never worked with this public or in mental health services, they don't have specific training for

the area, they see the work as temporary and understand their duties only as "carrying out domestic activities".

Most of them come to work here without ever having been to a CAPS [Psychosocial Care Center], for example. They don't know the profile, they don't know the demands. This hampers the work a little, but we train them so that they have a bit of knowledge about what needs to be done with the residents. Sometimes they don't even stay long. They realize it's not something they want for themselves and look for other opportunities. (Supervisor 5)

The hardest part is getting them to understand that the job is not to look after the house: cleaning, cooking, tidying. The main job is to facilitate the residents' psychosocial rehabilitation process, to accompany them in their treatment at the CAPS [Psychosocial Care Center], to accompany them in their activities of daily living. It's not about doing for the resident or babysitting. It's actually to facilitate their psychosocial development. (Supervisor 2)

Another issue raised concerns nursing practices in the residences. Although they are nurses, the supervisors play a managerial role, not a care role. They point out that the supervision of nursing activities should be carried out by nurses from the CAPS or the Basic Health Unit (UBS). However, they face difficulties in coordinating the training of SRT nursing technicians.

It was supposed to be done with the RT [Technical Responsible] nurse from CAPS [Psychosocial Care Center] who accompanies the residents here, but I see a lot of resistance, a lot of difficulty. She says 'you're a nurse too', but my job, my function here is to look after the residents and the house, not to do the nursing processes. (Supervisor 6)

In theory, the nurse from the UBS [Basic Health Unit] should monitor the nursing work here at the home. The nursing technicians should be guided and trained by them. Because I'm not a nurse in the house, I'm a supervisor, it's an administrative job. (Supervisor 3)

In the interviews, the supervisors expressed concern about accompanying the residents in their psychosocial rehabilitation process, strengthening their citizenship and reintegrating them into society. They note that the lack of recognition of the important and crucial role that workers play in the psychosocial development of residents jeopardizes the strengthening of territorial care and freedom, perpetuating thoughts of asylum and isolation.

They have little understanding of the psychiatric reform movement, of care in the territory, of rehabilitative practices,

of psychosocial care. It's a weakness that I believe is not just here. It happens in other services too. (Supervisor 1)

The carers want to do everything in the house. Doing activities outside seems to be very difficult for them. They express fear that they won't know how to deal with any situation that arises. This is still a manicomial way of thinking. That the person is dangerous, that they'll be trouble, that they'll start a crisis anywhere at any time. It can't be like that! That's why I've been working with them on these issues. (Supervisor 2)

3) Complexity of the support offered by the mental health network

The third theme revealed concerns the complexity of the support offered by the mental health network to residents. The interviewees mentioned the existence of a certain barrier between the SRTs and the CAPS. Although the treatment of users should be monitored in a shared way, the supervisors point out that this responsibility is often transferred to the SRTs, which end up without the necessary support from the CAPS, especially in crises, when they need assertive management.

It's very difficult to get them to come here when they need to. They should provide support, but sometimes we're on our own. (Supervisor 1)

There are days when it's more difficult, when we need the [CAPS] team to come to the house, especially when it's a situation that needs managing, like a crisis, because the [SRT] team isn't prepared for that. But they [the CAPS] tell us to call the SAMU [Mobile Emergency Service], but I know that they could be helping us with these situations, because they can handle it. The [SRT] staff are scared, they don't know how to deal with it, and also that they might do something wrong and harm the resident. (Supervisor 5)

The interviewees also report that the support offered by other parts of the network, such as the UBS, is equally weak. They mention that some residents have limitations or are restricted to their homes due to health conditions that make it difficult for them to leave the house. In these situations, the support of the UBS, through home visits, would be essential for care, but is often insufficient, which makes the job harder.

We know that it's better for the whole process of psychosocial rehabilitation for the resident to go to the service, to go to the UBS, but we have residents with severe social phobia and others who are

deeply depressed, and just by leaving the house they become desperate [...] sometimes we manage to take them to the bakery, to the square, but not always. [...] If we had

this help closer to the UBS, it would make it even easier to look after the residents. (Supervisor 3)

The UBS was supposed to come [a professional nurse or doctor] to the house once a month, but sometimes there's no way, we have to take the resident there. I feel that the team there lacks a more collaborative approach (Supervisor 2)

DISCUSSION

The complexity of a phenomenon, from the perspective of PC, is related to the order, disorder and organization it presents, as a socially alive event in constant movement, in its multidimensionality and multifactoriality, represented by different parts of a whole[7]. In hologramatic logic, one of the principles of PC, you can see the whole in each of its parts, because they are both products and producers of this phenomenon. Thus, knowing the work process of supervisors in managing SRTs (a part) is, for complex thinking, knowing the SRTs (the whole).[8]

In a historical-political and socio-cultural context, nurses work both in the care of people with mental disorders or in psychological distress and in the strategic management of different mental health services. This professional plays a crucial role in strengthening territorial and community care, promoting freedom and the defense of citizenship rights, guaranteeing access to health with appropriate treatment by a multi-professional team and access to education, culture, work and leisure.[10]

With regard to mental health services, such as SRTs, nurses are supported by the Federal Nursing Council (COFEN), through Resolution No. 678/2021, which determines the work of nursing professionals in mental health, and in the PNSM itself, as a professional qualified to manage the work of the teams and in the care and monitoring of residents. However, COFEN recommends training in mental health at postgraduate level, in recognition of the need for important knowledge and tools to work in the management of these services.[11]

In SRTs, nurses' work is strictly managerial, with no care functions. A critical point is that academic training in nursing rarely prepares professionals for this type of work, leading nurses to seek lato sensu specializations to fill this gap. Mental health residency programs are considered the "gold standard" for training professionals, as they offer practical experience and expose residents to a wide range of services in the mental health network. However, there is a shortage of sufficient places to meet demand.[12]

Exhaustion is evident in the work of SRT nurse managers. The work they do is strategic and demands total dedication

from the housing supervisor in their professional work. This exhaustion is due to the supervisors' responsibilities in meeting the expectations of the psychiatric reform process, but it is also due to dealing with poorly qualified professionals and the difficulty of finding support from network professionals who could be allies in caring for the residents.[13]

The PC reveals, through the principle of autonomy-dependence, that these nurse supervisors have total autonomy in managing the services, in looking for ways to qualify for the job, but it will be linked to the dependence of responding to expectations in the deinstitutionalization movement and in the anti-asylum struggle.[8]

Most of the professionals in the SRT teams are Health Care Workers. These professionals are responsible for accompanying residents in their Activities of Daily Living (ADLs), with the aim of promoting psychosocial rehabilitation. A survey carried out in Rio de Janeiro with these workers revealed perceptions similar to those of this study. Most caregivers reported that they had never worked with people with mental disorders, that they do not receive training to work in SRTs, and that they do not see themselves working in these services in the long term. These are issues that have a direct impact on the work of SRT managers, as they demand greater supervision of the professionals' activities.[14]

For PC, all the elements interact with the phenomenon and are responsible for producing it, but depending on how these relationships are established, there can be positive or negative responses[7]. This is related to the principle of the retroactive circuit. It shows that all the elements will respond to the stimuli presented by the phenomenon, but the response will depend on how the parts are arranged within the whole[8]. In SRTs, a lack of affinity with the work can be a factor in choosing not to stay in the services, which has a long-term impact on the process of caring for residents and weakens the prospect of deinstitutionalization and psychosocial rehabilitation.

The RAPS must work together in the process of deinstitutionalization and psychosocial rehabilitation of SRT residents. Each service has different objectives and purposes, not all of them are specialized in mental health, but they are expected to contribute to caring for the residents. The lack of support and coordination between the points of care for residents is not just an issue in this study. Other studies have also found it difficult to get support from other parts of the network. These difficulties in coordinating care create the impression in society that there are structural weaknesses in the care model, making it insufficient.[2,15]

This difficulty in linking the services of the RAPS is, from the point of view of PC, due to the systemic (or organizational)

principle inherent in the constitution of the phenomenon, which has independent parts as a whole, i.e. the elements are in the RAPS, but have an independent structure, organization and functioning, in a logic beyond the RAPS - they are within a hierarchy of health care levels (primary, secondary, tertiary), having their own care characteristics. They don't just exist because of the RAPS, but must be part of it, promoting mental health care.[7]

The study's limitations refer to its local scope and not representing other regions, and the difficulty of finding nurses who are SRT supervisors. Given the scarcity of studies in this area, it is suggested that studies be carried out in order to expand the body of knowledge to transform the practices that underpin work and care in SRTs.

FINAL CONSIDERATIONS

This study presented the perspective of nurse supervisors in the management of SRTs, pointing out that there are complexities in the work process, related to the organization and operation of housing, monitoring residents and workers, which makes the work quite exhausting; it also revealed the difficulty in aligning workers' expectations, commitment and understanding of mental health care, which directly impacts on the residents' psychosocial rehabilitation process. The supervisors also found it difficult to get support from other services in the mental health network to share responsibility for the residents' clinical and mental health issues.

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