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PERCEPTION OF PATIENTS WITH MENTAL DISORDERS REGARDING NURSING ATTITUDES DURING CLINICAL HOSPITALIZATIONS

Percepção dos pacientes com transtorno mental sobre as atitudes da enfermagem durante internações clínicas

Percepción de pacientes con trastorno mental sobre las actitudes de enfermería durante las hospitalizaciones clínicas

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RESUMO

Objetivo: analisar as atitudes presentes no cuidado de enfermagem às pessoas com transtornos mentais durante internações clínicas. **Métodos:** pesquisa qualitativa, exploratória e descritiva, realizada em unidades de internação clínica de um hospital de grande porte, com 13 participantes internados por doenças clínicas e com diagnóstico psiquiátrico. O recrutamento ocorreu via análise de prontuário eletrônico e formulário de transferência de cuidado entre turnos. A coleta ocorreu de 12/05 a 06/06/2022, com entrevistas semiestruturadas. Aplicou-se análise de conteúdo nas etapas de Segmentação, Qualificação e Individuação. **Resultados:** identificaram-se atitudes afetivas no cuidado, expressas por carinho, humanização e atenção; atitudes psicoterapêuticas, com respeito, escuta e aceitação; e atitudes reabilitatórias voltadas à alta hospitalar. Também emergiram condutas que fragmentam o cuidado e a ausência de mobilização para continuidade do tratamento na atenção psicossocial. **Considerações finais:** as percepções revelaram uma dicotomia entre estigma, fragmentação e ausência de continuidade, e potencialidades como acolhimento, compreensão e respeito.

DESCRITORES: Saúde mental; Unidades de internação; Cuidados de enfermagem; Enfermagem.

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ABSTRACT

Objective: to analyze the attitudes present in nursing care for people with mental disorders during clinical hospitalizations. **Methods:** qualitative, exploratory, and descriptive research, conducted in clinical hospitalization units of a large hospital, with 13 participants hospitalized for clinical conditions and with psychiatric diagnoses. Recruitment occurred via analysis of electronic medical records and shift care transfer forms. Data collection took place from 05/12 to 06/06/2022, using semi-structured interviews. Content analysis was applied in the stages of Segmentation, Qualification, and Individuation. **Results:** affective attitudes in care were identified, expressed through affection, humanization, and attention; psychotherapeutic attitudes, with respect, listening, and acceptance; and rehabilitative attitudes aimed at hospital discharge. Practices that fragment care and the absence of mobilization for continuity of treatment in psychosocial care also emerged. **Final considerations:** perceptions revealed a dichotomy between stigma, fragmentation, and lack of continuity, and potentialities such as welcoming, understanding, and respect.

DESCRIPTORS: Mental health; Inpatient care units; Nursing care; Nursing.

RESUMEN

Objetivo: analizar las actitudes presentes en el cuidado de enfermería a personas con trastornos mentales durante hospitalizaciones clínicas. **Métodos:** investigación cualitativa, exploratoria y descriptiva, realizada en unidades de internación clínica de un hospital de gran porte, con 13 participantes hospitalizados por enfermedades clínicas y con diagnóstico psiquiátrico. El reclutamiento se realizó mediante análisis de prontuarios electrónicos y formularios de transferencia de cuidados entre turnos. La recolección de datos se realizó del 12/05 al 06/06/2022, mediante entrevistas semiestructuradas. Se aplicó el análisis de contenido en las etapas de Segmentación, Calificación e Individuación. **Resultados:** se identificaron actitudes afectivas en el cuidado, expresadas mediante cariño, humanización y atención; actitudes psicoterapéuticas, con respeto, escucha y aceptación; y actitudes rehabilitadoras orientadas al alta hospitalaria. También surgieron conductas que fragmentan el cuidado y la ausencia de movilización para la continuidad del tratamiento en la atención psicosocial. **Consideraciones finales:** las percepciones revelaron una dicotomía entre estigma, fragmentación y ausencia de continuidad, y potencialidades como acogida, comprensión y respeto.

DESCRIPTORES: Salud mental; Unidades de internación; Cuidados de enfermería; Enfermería.

INTRODUCTION

Care for people with mental disorders has changed in line with the country's historical and social context. The Psychiatric Reform (PR), which began in Brazil in the 1980s, proposed that care for this population should take place in out-of-hospital spaces, indicating long-term hospitalization as the last therapeutic resource. In this context, the individual would be understood as a whole person.[1,2]

This is a model of care focused on deinstitutionalization through the closure of asylums and hospices and the opening up of a substitute network made up of psychosocial care centers (CAPS), therapeutic residential services (SRT), foster care units, multi-professional teams and others. With this change, the incorporation of psychosocial care services into the territory brought people with mental disorders to the general hospital.[1]

Health care based on the psychosocial model goes beyond the technical and scientific question, the focus on pathology and medicalization, and seeks the emancipation of the subject through the recovery of their personal and social value, with the resignification of suffering and improvements in the quality of life for the reconstruction of their identity and social insertion.[3]

PR has inspired important transformations in nursing practices and daily life, enabling the development of skills that have contributed to the quality of patient care, such as welcoming, empathy and active listening. Nursing care provided during clinical admissions must therefore be organized through a sensitive approach to people diagnosed with psychiatric disorders, in which bonding relationships foster dialogue, availability and acceptability in caring for unique people.[4-6]

However, there are still obstacles to the implementation of this new way of caring in the daily life of general hospitals and in the nursing team's way of caring, resulting from a number of factors, such as emotional unpreparedness and lack of knowledge in psychiatry. These facts have an impact on the attitudes of the nursing team, often maintaining stigmatizing behaviours, which can have a negative influence on the progress of treatment.[5,6]

Given this context, this study aims to analyze the attitudes present in nursing care for people with mental disorders during clinical admissions. It is hoped that access to care narratives, from the patients' perspective, can provide moments for discussion and reflection on the subject, with a view to adapting care for this clientele during their stay in a general hospital.

METHOD

This is qualitative research, a technique that allows access to patients' subjective experiences with which they can shape their narratives of illness. It also favors in-depth study, based on a small number of cases and close observation of the context and social actors.[7] It was carried out between May and June 2022, in the clinical inpatient units of a large general hospital in southern Brazil.

Participants were selected on the basis of convenience, with subjects identified through a search of medical records, and the sample was defined according to data saturation. Inclusion criteria included being over 18 years old, having a diagnosis of psychiatric pathology associated with their clinical condition, with adequate communication skills and a length of stay of more than five days, allowing for greater contact with nursing care. Patients with changes in their clinical condition that prevented them from taking part in the interview were excluded.

The interviews were conducted by the authors using a semi-structured instrument during working hours. The questions focused on the overall nursing care received during their hospitalization, mental health care and the differences perceived in the way they were cared for. The information was recorded and later transcribed by the authors.

To analyze the content produced in the interviews, the content analysis technique was adopted, combining the stages of the empirical documentation: segmentation of the empirical documentation, qualification of all the segments identified and identification of the relationships between the attributes attributed to the various segments.[7]

In segmentation, some markers were drawn with the intention of dividing and/or highlighting fragments of that sequential description of transcribed speeches, identifying sets of similarities between the speeches and comparing them with the remaining empirical material in search of connections. Qualification involved detailing and deepening the analysis of the segmented material.

Finally, in individuation, the connections were analyzed with a greater focus on these interconnections, whether due to research interest, the occurrence of some unexpected speech or a suggestion made during the interactions. In this way, the qualifications were grouped by means of points that connect or deviations that distinguish them.

The statements were grouped into a segment called Care, which was analyzed as Affective Solidarity Attitude, Psychotherapeutic Attitude and Rehabilitative Attitude.[8]

The report of this research was based on the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ), Portuguese version.[9]

The research was approved by the Ethics Committee under CAAE number 56129322700005327. The interviews took place after signing the Free and Informed Consent Form. In the presentation and discussion of the data, as a means of ensuring the anonymity of the interviewees, they were identified by alphanumeric codes, the letter E (Interviewee) followed by the order number of the interview.

RESULTS

Thirteen patients with a diagnosis of mental disorder who were hospitalized for treatment of some clinical condition took part. The sample was characterized by being mostly female, with an average age of 44.5 years, service providers, and with incomplete primary education.

As for the clinical diseases present, most of the participants had lung diseases, followed by heart and gastrointestinal diseases. With regard to mental disorders, eight of the participants had a diagnosis of substance use disorder (SUD) such as illicit drugs, alcohol and medication abuse.

The length of stay ranged from 5 days to 15 days in the inpatient units where they were interviewed, but it should be noted that the patients had already spent some time in other sectors, predominantly in the Emergency Department. The speeches are presented below, according to attitudes.

Nursing care as an affective attitude

The speeches we collected reveal the perception of affective attitudes. Attitudes in which someone, in possession of their time, there in front of the sick person receiving care, looked, listened, related to the other, beyond carrying out a prescribed procedure, establishing an attitude of affection and, as a result, evoked feelings such as rescuing humanity, affection and dignity.

> *It makes me feel like a human being, [...] they listen, they have patience, it's not that rushed thing." (E5)*

> *This is a human issue that makes me forget for a moment, not that I'm in hospital, but it's good to exchange ideas [...] we can talk [...] about things, about people, because we get very fragile. (E11)*

Because they pay attention to us. I have no complaints because they're always helpful. Needed? They're right there. I think the person is treated as we treat them, right? I treat them well.(E9)

In the speeches, affection, humanization and attention are important affective attitudes perceived by patients. In addition to medication and procedures, conversation, listening, attention and patience were present in the care of people with mental disorders admitted to clinical units. Affectionate gestures of attention, such as lending a comb, offering a mirror and proposing self-care are significant attitudes in care, which promote well-being and recognition in the person.

On the other hand, infantilizing behaviours were identified, such as the use of diminutives during approaches.

[...] Some even say "it's time for a bath. Let's take a bath to get clean!". They even lend me a comb to comb my hair. (E7)

Care as an affective attitude stands out when we listen, give attention, treat with respect and affection, making the person feel responsible and participative in their care. Treatment becomes more effective, with repercussions in terms of comprehensiveness and quality of care, by seeing the person for who they are, a social subject under construction.

Nursing care as a psychotherapeutic attitude

The patients' narratives pointed to care based on respect, understanding, acceptance, emotional involvement and, above all, listening.

They're there all the time, even yesterday I had anxiety attacks [...] I was feeling really bad, and she managed to calm me down, just by talking, reminding me of other things, telling me a bit about her [...]. Sometimes, there's nothing else to do, so they go over there: 'Are you OK? Do you need anything? Do you want to talk? Do you want to sit here? Do you want me to stay for a while? (E1)

They understand me, they talk to me all the time, they ask how I am, because they know about the diagnosis, about psychiatry [...]. The nurse asked me how my head was feeling and I looked at her and she said: 'How are you feeling? Do you want to talk to me? [...] she came over and asked if I wanted to talk [...] I talked to her for a little while. I was relieved." (E3)

They talk to me. The way they calm me down is by talking to me [...] they talk about anything to distract my mind. This helps to distract my mind and relieve some of the stress I'm feeling at the moment, which is making me want to scream. (E4)

Individuals identify the professionals' concern for their health and perceive dialog as a form of care.

You see that the person is worried about you [...] but you see that the person is there, they're having a relationship. They're invading a little bit of your life for your own good, to see if you're okay [...]. Because attention for a person is very important [...] this is part of attention for me. (E8)

However, there is still fragmentation of care when some interviewees mentioned that no one from the nursing team or the clinical doctor addressed their mental health needs, as seen in the speech below.

[on the nursing approach to mental health] "No! They call the psychiatrist. [...] I don't know, I don't know if it's not different, if that's not really how it works, you know? If it's only the psychiatrist who can talk about it, I don't know what kind of orientation, training, if they can talk or not, because sometimes, if they talk, it can get in the way or not". (E12)

Nursing care as a rehabilitative attitude

On this topic, the participants highlighted care actions related to the hospital discharge process.

The social services even got me a basic food basket to take home when I'm discharged, because I was living off donations, but then, when I leave here, I have to have something to eat, I probably won't be able to work for 2-3 weeks. (E5)

They advised me: 'Oh, go out [...], go home now, calm down, you already have your little cell phone, go home [...]'. My mind changed, I became calmer. I started to think, people went there, talked a bit. It's one thing if you're in the middle of a beggar and another thing if you're in the middle of people who are more than you. (E8)

Advice just to take it and go, stop smoking, do what's best for me [...] the kind of conversation that a friend would have, friendly advice, not advice to impose. (E9)

Although there are actions for rehabilitation, such as counseling and assistance from social services, there were no rehabilitation procedures with a view to discharge planning that takes into account the continuity of treatment at other points in the network.

The interviewees said they had no guidance on how to continue their treatment in the mental health area, where they could seek help or any kind of referral to the health care points in their territory.

DISCUSSION

This study identified the attitudes of nursing professionals towards patients diagnosed with mental disorders during clinical hospitalization. The discussion will be presented according to the categories listed throughout the study.

The affective solidarity attitude takes into account the different experiences of the individual, rescuing their dignity, observing the hierarchy and being aware of the individual's lack of power in relation to it.[8] Care, as a human value, is essential to nature and the sustainability of society, with each cared-for individual being a subjective being, endowed with bodily and spiritual needs, whether in health, illness or death.[10]

Thus, care is a dimension belonging to human relationships, with the body as matter and spirit, in the face of health and illness, and the certainty of death, with life as a journey, and healing happens when a human balance is created. Nursing cares for others, in a relationship permeated by attitudes and actions, within a hospital context of illness and suffering of body and soul.[10]

More than their condition of illness, the person under the care of a health professional is made up of affectivity and suffering. As such, they require sensitive care, with acceptance, understanding and guidance to cope with their limitations.[11]

Moments of infantilization were identified. It is understood that infantilizing behaviours, such as the use of diminutives in the professional's speech, disallow the independence of care that the patient is capable of, generating a reverse effect of dependence.[5]

Autonomy in the treatment and management of the life of an adult hospitalized with a psychiatric condition must be encouraged. However, infantilizing conduct on the part of the caregiver towards the person being cared for can generate a reverse effect of dependency. In the context of madness, the language used can silence and disqualify the individual in their actions and conceptions, and technical knowledge tends to override the voice of the sick subject.[12,13] Infantilized terms can lead to the annulment of the adult being, to the extent that, like the child, they cannot decide, their opinion becomes secondary and their autonomy is taken away.

The psychotherapeutic attitude involves listening, understanding and accepting the individual in relation to their experiences and discourses, and there can be an emotional relationship with limits.[8] The action of dialoguing appeared to be an important therapeutic attitude. Dialogue is perceived as an indicator of quality care, both by the family and the psychiatric inpatient. By letting off steam and sharing experiences, anxieties and doubts, listening serves as a fundamental strategy in the management of psychiatric patients, with the perception of being welcomed and consequent improvement in their general condition.[14]

Relational competence becomes complementary to technical competence, as the expansion of spaces for dialogue and openness to reflection on experiences and practices encourages the collective construction of knowledge and alleviates suffering.[11] In this sense, therapeutic listening is seen as paramount when it comes to comprehensive care, in which listening to and understanding the whole person favors mental health promotion and recovery, improving the patient's self-perception in relation to the social environment in which they live, as well as serving as a measure to reduce anxiety and depression.[15]

The rehabilitative attitude aims to recover rights in society, recover external and affective relationships and regain social power.[8] In order to achieve adequate social rehabilitation, multi-professional therapeutic action, including the family and social and occupational activities, is part of the psychosocial interventions for people with psychic suffering, because above the condition of psychiatric pathology and the vulnerability established by it, individuals show feelings, emotions and projects to make dreams come true, expressions of happiness and joy and, to this end, require multi-professional action with a view to resuming their daily social life.[16]

Caring, considering listening to the individual being cared for and getting to know their projects for happiness, involves the action of the encounter between the subjectivities of two people, the professional and the patient. The therapeutic interaction includes, in addition to the use of technologies, the use of other non-technical knowledge, listening and welcoming, in order to reconstruct care, not for the disease, but for the person, with a view to rehabilitating them to pursue and achieve their life projects.[17]

There is a need to approach the discharge process with a view to continuity of care. The interviewees did not mention having any guidance on how to continue with their treatment, where they could seek help or any kind of referral to the health care points present in their territory. Empirically, it can be seen that the absence of this guidance causes an interruption in care and reinforces attitudes of fragmentation, which are so criticized by the new psychosocial practices in mental health. Thinking about care requires broadening our attitudes beyond clinical action, with more participatory care processes, integrating people, health teams, services and various sectors of society.

FINAL CONSIDERATIONS

The study revealed that nursing care is perceived as positive actions in health, permeated by affective solidarity, psychotherapeutic and rehabilitative attitudes, evidenced by affection, listening, respect, the search for rehabilitation and the humanization of care.

The results of the research contributed to the understanding that by establishing dialogue, listening and welcoming, professionals can identify patients' needs and difficulties in order to develop participatory actions that are co-responsible for care, both during hospitalization and in preparation for discharge.

The limitation of this study was the restriction of the sample to the inpatient units of a single institution, representing only the local reality. It also failed to address social determinants and the family, suggesting studies that provide new knowledge on the subject

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