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RESEARCH

Enfermagem e cuidado de si no mundo do cuidado em psiquiatria

Nursing and self-care in the world of psychiatric care

Enfermería y autocuidado en el mundo de lo cuidado en psiquiatria

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ABSTRACT

Objective: Understanding self-care among nursing professionals in mental health. **Method:** qualitative study conducted in a psychiatric unit of a teaching hospital in Rio Grande do Sul, Brazil. Merleau-Ponty's phenomenology of perception was used as a philosophical theoretical framework and Paul Ricoeur's hermeneutic phenomenology was used as a methodological framework. The research was conducted with 10 nursing professionals in mental health, out of a total population of 15 professionals, by means of open interview, within the period from September to December 2010. **Results:** through the metaphor of discourses, the theme emerged: the world of psychiatry. **Conclusion:** care in the world of psychiatry is unveiled as a stage of intense interpersonal exchanges, matches and mismatches with the other involved in care. This space of objective and subjective relationships and events interferes with care for the other and each nursing professional's self-care. **Descriptors:** Nursing, Nursing team, Nursing care, Qualitative research.

RESUMO

Objetivo: Compreender o cuidado de si dos profissionais de enfermagem em saúde mental. **Método:** estudo qualitativo realizado em unidade psiquiátrica de um hospital escola no Rio Grande do Sul. Utilizou-se a fenomenologia da percepção de Merleau-Ponty como referencial teórico filosófico e a fenomenologia hermenêutica de Paul Ricoeur como referencial metodológico. A pesquisa foi desenvolvida com 10 profissionais de enfermagem em saúde mental, de uma população total de 15 profissionais, por meio de entrevista aberta, no período de setembro a dezembro de 2010. **Resultados:** da metáfora dos discursos emergiu o tema: o mundo da psiquiatria. **Conclusão:** o cuidado no mundo da psiquiatria desvela-se como palco de intensas trocas interpessoais, encontros e desencontros com o outro envolvido no cuidado. Esse espaço de relações e acontecimentos objetivos e subjetivos interfere no cuidado do outro e no cuidado de si de cada profissional de enfermagem. **Descritores:** Enfermagem, Equipe de enfermagem, Cuidados de enfermagem, Pesquisa qualitativa.

RESUMEN

Objetivo: Comprender el autocuidado de los profesionales de enfermería en salud mental. **Método:** estudio cualitativo realizado en una unidad psiquiátrica de un hospital de enseñanza en Rio Grande do Sul, Brasil. La fenomenología de la percepción de Merleau-Ponty se utilizó como marco teórico filosófico y la fenomenología hermenéutica de Paul Ricoeur se utilizó como marco metodológico. La investigación se realizó con 10 profesionales de enfermería en salud mental, de una población total de 15 profesionales, por medio de entrevista abierta, en el período de septiembre a diciembre de 2010. **Resultados:** a través de la metáfora de los discursos, el tema surgió: el mundo de la psiquiatria. **Conclusión:** la atención en el mundo de la psiquiatria se dio a conocer como un escenario de intensos intercambios interpersonales, encuentros y desencontros con el otro involucrado en la atención. Este espacio de relaciones y acontecimientos objetivos y subjetivos interfiere con la atención al otro y el autocuidado de cada profesional de enfermería. **Descriptor:** Enfermería, Equipo de enfermería, Cuidado de enfermería, Investigación cualitativa.

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INTRODUCTION

Nursing care has been constructed throughout history as an action that essentially converges to caring for the other. However, with the expansion of discussions on humanized health care at all of its complexity levels, interpersonal relationships are unveiled as a major factor for the success of nursing care. It is agreed that nursing is the art and science of caring for people.¹ To make this feasible, an interaction process between those who care for and those who are cared for is needed; it is a must that there is an exchange of information and feelings between these people, a fact that, sometimes, does not happen in the world of care.¹ It is understood that to care for the other one has to be aware that it is crucial to take care of her/himself.²

Self-care emerges as an action that is closely related to caring for the other and to the scenario where this act takes place. Thus, the events experienced in the world of nursing care interfere with the effectuation of self-care.³

Lack of self-care in nursing happens because this professional is involved in caring for the other in a way unfit for her/himself, as if it was possible to provide care neutrally. Such an event results in situations of suffering and no verbalization of what is actually felt. The difficulty of nursing professionals to look at themselves when facing the task of providing a care that escapes from the cold, mechanical, and traditional health model stands out.^{2,4,5}

By means of these considerations about self-care and the experience in the world of nursing care in mental health, we sought to appreciate the encounter between researcher and research subjects as a way of unveiling the phenomenon related to self-care in the world of nursing care in mental health. Qualitative research was used as theoretical framework and phenomenology of perception^{6,7} and hermeneutic phenomenology^{8,10} were used to understand self-care among nursing professionals in mental health and its interrelation to the world of mental health care. The question that guided this study was: "How is it to take care for themselves among nursing professionals in mental health?". The aim was understanding self-care among these professionals.

METHOD

This study has a qualitative approach, in the light of phenomenology of perception^{6,7} and hermeneutic phenomenology^{8,10} conducted in a psychiatric unit of a teaching hospital in Rio Grande do Sul, Brazil. To do this, phenomenological interview was used, recorded, with 10 nursing professionals in mental health out of a total population of 15 nursing professionals, within the period from September to December 2010. The number of respondents was defined by invariance in the content of their discourses.¹¹

In a phenomenological interview, the researcher tries to avoid inducing answers or restricting the subject's speech, just using an only open guiding question.¹² After the interviews, personal notes and impressions were prepared, which were recorded and, subsequently, transcribed. Thus, every interview had the following question: "How do you take care of yourself, as a nursing professional in mental health?"

For understanding and interpreting nursing professionals' discourses, the hermeneutic method^{8,10} was used, which consists in interpreting the oral and written discourses, in search of the metaphor of a written work and its appropriation.¹⁰ In the hermeneutic work we seek to elucidate the symbolic behavior of human beings, looking for the content hidden in the apparent meaning of oral discourse, turned into text. We refer to what is obscure and unconscious in this human being, to help he/him to rediscover her/his own consciousness.¹³ The metaphor relates the explicit and implicit meaning of discourse, in search of a new interpretation. This is an extension of the meaning of words, because we have more ideas than words to express them, for this reason, there is a need to expand the meaning of those that are available to go beyond their common use.⁸ Appropriation represents the moment where reader's subjectivity interacts with the written discourse, allowing her/him to understand her/himself before the work.⁸ In appropriation, the researcher needs to use a theoretical and philosophical framework⁹ that, in this research, was phenomenology of perception^{6,7}, which emphasizes the human being as a subject's body, having habits, whose existentiality is materialized in the encounter between subjects.

Through each nursing professional's perception the metaphor emerged, which revealed how it is for him/her take care of him/herself, under four themes: Perception of oneself as an existential body in the world (existentiality as a sleeping phenomenal body; existentiality as a subject of ambiguity); Situations experienced in the encounter with the other; World of psychiatry; and Possibilities of self-care. This article addresses the theme World of psychiatry, which contributes to understanding self-care among nursing professionals in mental health and its relation to the world of nursing care in mental health.

The study observed the principles of Resolution 196/96, from the Brazilian National Health Council (CNS), which provides for the ethics in research involving human beings.¹⁴ The nursing professionals were informed about the right to participate or not in research and the possibility to withdraw at any phase of it, and signing of the free and informed consent term was requested. This study was approved by the institution's Ethics Committee on Research Involving Human Beings, under the Protocol 0.274.0.243.000-10, on 10/19/2010. For ethical reasons, professionals were identified by the letter "R" followed by sequential numbering of interviews (R1, R2, R3...).

RESULTS E DISCUSSION

The world of a psychiatric unit is revealed as a place of ambiguous relationships. The labor world perception has emerged in order to address it as a house where many people

live together, often having different objectives. The relationship between professionals and patients is perceived as something difficult, dangerous, but, above all, pleasurable and satisfying from the viewpoint of the wish to work in this service.¹⁵

We notice the concern of practitioners when faced with the other's need to be hospitalized. The unit, in spite of its restructuring to provide care according to the Psychiatric Reform's precepts, still shows to be a place of segregation, incarceration, isolation, depersonalization of patients during hospitalization¹⁶:

Something that makes me very sad is keeping patients as in jail. I think this is the most horrible thing that can happen. Once, a patient told me something that I always remind, because I have a little notebook where I record some things. And she told me that they took everything from her and now the unit is taking her vanity away, because she does not have even a mirror to look at herself. And this hurts a lot. (R5)

Besides, there also emerges the experience in psychiatry as generating apprehension, suffering, stress, tension, lack of confidence.

*We get stressed and do not relieve the energy we feel. (R6)
There was an episode of aggression with a very little female patient, at the time to bath her in the bathroom she attacked me. The patient was able to hold me by the hair and press me against the wall. I could get out of that situation. But, then, I would need to throw the patient down and that could cause her an injury. So, I was stuck there. My colleagues had gone walking along with the other patients. There was a patient in the bathroom who tried to help me, but she had no strength. Then, I started to panic, until the cleaning employee saw it and came into the bathroom to help me. (R7)*

There also emerges the experience in psychiatry as motivation for self-reflection, learning, and maturing¹⁷:

Throughout my career here, I have learned a lot, wow! I was more anxious, somewhat immature [...] Everything I know I learned in here! [...] I would like to say that psychiatry has provided me with a strong worldview. We have the opportunity to interact with all kinds of personality, ranging from illness to the most balanced, and it made me mature and grow. (R9)

The discourses show that the world of a psychiatric unit is a stage of intense exchanges with the other. This has special significance for professionals. Thus, self-care is perceived as a complex relationship between caring for the other and concern about oneself. Self-care is unveiled as a project to be conquered in daily life of the labor world with improved relationships with the other (colleagues, patients, and family members).

There also emerges the need for an adjustment of physical conditions in the unit, for better patient care and so that the nursing professionals feel happier when providing the other with care. The psychiatric unit is perceived as a suffering body. Professionals show up as open to the changes that have taken place in the world of a psychiatric unit, but, at the same time, they are afraid of the consequences of these changes.¹⁵

The professionals are in conflict, because, at the same time we are seeking a new way to care for in psychiatry, they are faced with the prejudice and myth, still very strong in society, regarding mental illness, the individual undergoing severe psychological distress, and the professionals working in mental health.

I learned that there was much myth out there [society], we actually know that it is not like what people say out there. So, we demystify many things. Then, there is the conflict of going out there and people expressing another view of psychiatry. And even regarding us:

“Ah! you work there, aaah, you do this and that [...]”. So, we try to show that this is a job as dignified as any else. Does this bother you? And it bothers me more when those people have a good educational level, when they are lay people. I even try to advise them to see that these diseases are present in most families and even in ourselves. Because we are not perfect. Okay, we are not as troubled as them, but everyone has some kind of disturbance. Everyone has some falls, feels down, anxiety, sadness, aggressiveness. (R9)

Self-care is perceived by nursing professionals as closely related to multiple internal, subjective, factors, but also connected to the outside world through professional interaction.⁶ A self-care depending, once again, on the other is unveiled.⁷

It is also unveiled that the motivations for professionals to become caregivers in mental health are factors that do not belong to the purely objective world, going through personal and family experiences permeated with feelings and fears that go beyond the subject's understanding itself. It is noticed that being a nursing professional in a psychiatric unit is felt by them as a distressing activity that shakes their emotions. Although professionals have expressed that they did not choose the psychiatric unit to stay there, their presence is motivated by wish and satisfaction. And, also, as a experience involving much learning and human growth¹⁷:

I have always been interested in this area, I always wanted psychiatry. Why? I cannot tell you! [...] There are people who cannot work here. And I have seen many who come here and cannot stay, because things of ill patients [symptoms, diseases, suffering] matched things familiar to them and that shocked the person, who could not deal with that [something lived, experience with patients]. (R3)

I am not here by chance. I could have asked to go elsewhere. (R5)

At the time I knew that I would come to psychiatry, at that moment I had a fright, because the idea we have from outside of psychiatry is terrible, scary. But gradually I changed shift and this was good, because, then, you have all help needed. And I have also been studying, I tried to prepare for the job, I strived to know what is schizophrenia, bipolarity, who was aggressive. And, then, I started feeling quieter. (R7)

In this world of the psychiatric unit, self-care emerges not as a full happiness, but as a pleasurable intentionality that settles in meeting with the other one likes. The discourses show that professionals are attracted by the possibility of transforming the other and this need to see her/him in a better health status seems to be the biggest motivator for nursing care in mental health. However, what unfolds is that, wishing to see the other transformed, the subject of care her/himself is transformed and she/he produces motivation to resume her/his own self-care.

Self-care was expressed by mental health professionals in the form of intentionality. By means of phenomenology of perception⁶, it is possible to observe that, in each movement of the subject's body, there is an intention that may be understood by the intersubjective relationship between human beings.

We notice that self-care is not an individual or isolated action, because it depends on multiple factors where the other of relationships plays a key role in this process. Thus, the meeting between nursing professionals is crucial so that they can practice their self-care. This emerges as intentionality manifested in professionals' language, gestures.

Self-care lies veiled in body movements that denote the difficulty of expressing the subjectivity of one's own. Through the professionals' body movement, we notice a self-care

that reveals the lack of care for oneself and it is related to problems in relationships with the other.¹⁸ The body only arises as a movement because there is an *appeal* to it, coming from the world, and it is responded by the body as movement, where space comes out. This movement expresses that the body inhabits a familiar world, being oriented and walking on it with a consciousness that is not strictly cognitive. This is an intentional movement. Body motility is born in its movement and meaningful situation, the world space as space, as a horizon of meanings.⁶

As for the understanding on how is it a nursing professional in mental health to take care of her/himself, we sought the metaphor, which revealed new possibilities of interconnecting reality as a network of meanings.¹⁰ Thus, the discourses of nursing professionals revealed, first, self-perception as a phenomenal body, i.e. the subject of self-care. They see that the human being manifests her/himself as a being in the world with the other in the world of the psychiatric unit.⁶

The world of professional care, scenario of this research, was chosen by all participants as the location where the interviews took place. This choice was not by chance, because the unit was mentioned as the stage of happy and conflicting relationships that confirmed the space of caring for the other in mental health as a result of the encounter between *I* and the *other* in care (nursing professional, patient, patient's family members). This daily encounter in the world of care in psychiatry establishes the institutional body as a living body that is influential in the relationships and interactions between the subjects of care. According to phenomenology^{6,7}, this relationship between people and things is due to the fact that we are invariably one to each other reciprocally and our prospects as people touch and influence each other, because we coexist through the same world.

By appropriating^{8,10} the world of the work resulting from discourses, it is unveiled that the nursing professional in mental health is, above all, a human being incarnated in the world. A worldly subject, having aspirations, weaknesses, and desires, as any other body, thus stripped of its stereotype of caregiver in mental health. She/he is sensitive, talkative, able to open a shareable horizon of her/his thinking and makes it through words; she/he is sexed, desiring, perceives and is perceived, as she/he gestures; she/he searches for her/his space in a construction of her/his own, she/he is recognized as presence and brings a culture; she/he is historical, because she/he has a past and a future with aspirations and will.^{6,7}

The professional seeks to broaden her/his experience in the world, but she/he is stuck to the habit of daily life. She/he relates to the other and notices a possibility of personal and professional growth to care for by means of her/his world-life. She/he feels fragile as for the world of a psychiatric unit, because in her/his relationship and interaction with the other she/he is traversed, on the one hand, by conflicts generated by stress, tension, lack of confidence, and fear; she/he is permeated by satisfaction, learning, and maturing.

The world of nursing for the nursing professional has an inexhaustible wealth, and this professional brings along the body power to explore it through her/his senses and expresses it by words. She/he can try to cheat and use masks, but there is an infinite horizon of sensitive spectra that look forward to be explored by her/him. It is unveiled that

there is a need to investigate the perception of oneself, because it is necessary to admit that perception does not bring along a definite sign of truth; only perception can unveil her/his limitations, which are momentary, and, thus, broaden her/his horizon of experience.⁶

The space is revealed in the nursing professional's discourse as the environment to care for the other. Initially, the space raises concern and anxiety, but she/he gradually gets close to the other (colleagues and patients). I recognize this space as an opportunity for both personal and professional learning, because this is the environment where the other becomes presence and exists to me, this is where actions become feasible to be undertaken.⁶

The work unveils the rescue of a phenomenal subject, from the moment when self-care is provided, which is the reflection on one's own body as the body of desire and intentionality, who can understand her/his relationship and dependency on the other and, by means of it, she/he can become true as a subject in the world.^{6,7} At the time when professionals know themselves better, as well as their limitations and difficulties, they can provide better self-care, something which also reflects on better care for the other.

Self-care happens in the meeting between bodies themselves or the phenomenal body. When the professional allows her/himself to take care of her/himself, she/he becomes subject of her/his world, a subject of perception.⁷ Thus, self-care emerges as immersed in a network of matches and mismatches with the other (colleagues, patients, family members, and oneself). However, subjects with ambiguous relationships are unveiled: now they involve joy, discoveries, and personal growth, then they involve tension and suffering.

The fact that nursing professionals do not talk to each other about their distresses and dissatisfactions is unveiled. There is not a relationship of affections and emotions. They are people who use spoken speech, but seldom speaking speech.^{6,7}

The nursing professionals in mental health who participated in this research experience the world of nursing as a habitual body⁷ of daily, mechanical, movements, of standards and rules; the daily practice of nursing is ruled by doing without feeling one's own feelings and not saying what one thinks, feels, and expect from others and from her/himself. For these professionals, self-care aims at a construction that protects them from daily suffering related to the patient's pain and the difficulties for interacting with others.

Thus, there emerges the importance of dialogue between all those involved in care (patient, professional, or family member), so that they can express what they feel (without becoming a habit) and providing care thinking through the other.

Self-care happens as the subject appreciates her/himself and gets into the world of care as a body of its own that relates to others in a dialogical way, appreciating her/his own feelings, ideas, and allows growing at each meeting. This has been revealed as a "phenomenological space", the place of encounter between "I" and the "other", i.e. "us".⁷

Nursing professionals, by resuming their histories, show that *a past is not past*. A past and a future come up when I stretch myself towards them.⁶ The histories of nursing professionals bring their experiences from the past to the present, revealing that each one's

self-care depends on the way how she/he relates to the other and her/himself in the daily life of the world of nursing. This confirms her/his existence in the intersubjectivity with the other in the professional relational space, because, by means of the sensitive, it is possible to ground the history and justify her/his presence in this world.^{6,7}

So, self-care among nursing professionals in mental health will depend on the way how each one throws her/himself towards the meeting and allows showing her/himself authentically, openly, and critically. It is in the world of perception that all attitudes, meanings, and thoughts take place and this is where the existence of these professionals is manifested.^{6,7} This world embraces all perceptions, not only of nursing professionals in mental health, but of all human beings. It is in the revelation of her/his own existence that the professional can find the unique ways to show up and interact with the care for the other and self-care.

CONCLUSION

The metaphor resulting from discourses has unveiled self-care in many ways, but it unveils the relationships and interactions with the other as a key point to its understanding. It shows that self-care or lack of self-care occurs at the match or mismatch with others in the world of care. It reveals that the nursing professional does not provide care alone, she/he depends on the other in the relationship, highlighting body appreciation as the unit of relationships between subjects and as a vehicle for expressing feelings. They show up as a habitual body, but also allowed themselves to show their private world that was away from themselves.

Thus, the transformative nature of the encounter between people was unveiled, in the sense that professionals see themselves ambiguously connected to each other, either by the pleasant nature of relationships or by the distressing and painful nature of being with the other. By entering the world of care, we notice people in superficial relationships and dominated by spoken speeches, at the same time one can understand that they are people whose intent is the pathway of intersubjective exchanges and speaking speeches, more likely to construct rather harmonious and rich relationships from the human standpoint. It was manifested this way, in the said and unsaid elements of speeches, what the professionals understand about the very action of self-care. It was also revealed that the inpatient psychiatric unit is a space of relationships and objective and subjective events that interferes with each nursing professional's self-care.

The world of the inpatient psychiatric unit was referred to as a space where professionals spend most of their lives, where they go through great sadness, but also joys. We observe the carceral nature of its functions as a factor of suffering and they refer to the conditions of the building's physical structure as a factor that complicates care and self-care. The unit showed up as a space where the encounter with the other takes place, with people involved in care (professional, patient, family member). Thus, we are invited to

think of this world as a set of factors that can be motivating or demotivating to provide the other with care or for self-care.

At the same time, the professionals notice themselves as driven by routine and by the service standards, without space for exchanges and sharing of feelings and suffering related to what is experienced in the world of the unity. Thus, the need for improvements in this world is stressed, such as: structure, standards, routines, and, especially, in caring for themselves and caring for the other.

The professionals of the nursing team, in turn, are inserted in this world of care and they are traversed by the standards and routines of care that have been inherited from the traditional model, and, at the same time, the subjective issues of each subject are regarded as secondary to the objective issues of job demands. In addition, each professional brings along her/his education, where the subjective and affective issues of each one are not properly appreciated. This difficulty among nursing professionals to look at themselves as bodies, which are human and professional at the same time, is not a reality just in psychiatry, but it represents the inheritance of a paradigm of science that appreciates the body as an object of manipulation and it is closely related to the mechanistic physiology.

This study opens the possibility of thinking through the care for the other closely related to self-care and the perception of a nursing professional as a subject having needs and human values that have to be encouraged and taken as part of her/his world. She/he is the subject instead of object in the relationship, she/he thinks, feels, and lives the world of care for the other in an intensive, distressing, and pleasurable way. This world needs, first of all, to have space to talk and listen to the other, a world that is changed and reconstructed all the time, at every encounter; and it can, thus, be included in the relational space with the other (patient, family member, and professional), a truly human space for self-care.

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