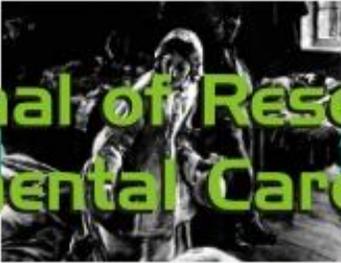


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RESEARCH

A clínica de enfermagem psiquiátrica e suas novas tecnologias de cuidado

The psychiatric nursing clinic and its new care technologies

La clínica de enfermería psiquiátrica y sus nuevas tecnologías de cuidado

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ABSTRACT

Objectives: to present the technologies that make up the psychiatric nursing clinic, describe what they think the nurses about psychiatric nursing clinical technologies and examine the possibility of adherence of assistive technologies in practice. **Method:** the study is of a qualitative nature. The production has been through note free and open interviews. The themes from the analytical process guided discussions and reflective. **Result:** the data showed: that nurses agree with the proposed technologies and believe that they will assist in the care of nurses, and that there is a gap between the ability to act on the focus of the technologies in a real situation. **Conclusion:** the study that there is a contradiction between what the nurses take as speech and the fact that they perform in practice. **Descriptors:** Clinic, Psychiatric nursing, Technologies, Care.

RESUMO

Objetivos: apresentar as tecnologias que compõem a clínica de enfermagem psiquiátrica, descrever o que pensam as enfermeiras sobre as tecnologias da clínica de enfermagem psiquiátrica e analisar a possibilidade de aderência das tecnologias na prática assistencial. **Método:** O estudo é de natureza qualitativa. A produção de dados foi por meio de observação livre e entrevistas abertas. Os temas oriundos das discussões nortearam o processo analítico e reflexivo. **Resultado:** Os dados demonstraram: que as enfermeiras concordam com as tecnologias proposta e acreditam que elas auxiliarão na ação de cuidado das enfermeiras, e que há uma lacuna entre a capacidade de agir sobre o enfoque das tecnologias em uma situação real. **Conclusão:** com o estudo que há uma contradição entre o que as enfermeiras adotam como discurso e o que fato elas realizam na prática assistencial. **Descritores:** Clínica, Enfermagem psiquiátrica, Tecnologias, Cuidado.

RESUMEN

Objetivos: presentar las tecnologías que componen la clínica de enfermería psiquiátrica, describir lo que piensan a las enfermeras acerca de tecnologías clínicas de enfermería psiquiátrica y examinar la posibilidad de la adhesión de las tecnologías de asistencia en la práctica. **Método:** el estudio es de carácter cualitativo. La producción ha sido a través de entrevistas libres y abiertas de nota. Los temas de las discusiones del proceso analítico guiado y reflexivo. **Resultado:** Los datos mostraron: que enfermeras de acuerdo con las tecnologías propuestas y creo que ellos le ayudarán en el cuidado de enfermería, y que existe una brecha entre la capacidad para actuar en el foco de las tecnologías en una situación real. **Conclusión:** el estudio que hay una contradicción entre lo que las enfermeras toman como discurso y el hecho de que se realizan en la práctica. **Descriptor:** Clínica, Enfermería psiquiátrica, Tecnologías, Cuidado.

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INTRODUCTION

Nursing is a practice historically structured, there are along the history of humankind, but consists of different ways to handle that, in turn, are determined by the social relations of each historical moment. Currently, the work of nursing is a member of the collective work in health, is specialized, divided and between technical and ancillary tiered nurses according to the complexity of design and implementation.¹

You can see a contradiction in coexistence among different intervention models, ethical nursing practice, and mental health services in the last decade in the context of the Brazilian psychiatric reform. In this sense, the practices targeted by the model asylum live side by side with practices where the nurse is the therapeutic agent, concerned with the promotion of quality of life and with the Constitution of subjects responsible for their choices.²

These new requirements imposed by the psychiatric reform took the nurse without knowing what to do. The change created the expectation of transformation without a more specific targeting for your practice, until then asylum. This experience has installed a crisis in psychiatric nursing because it threatened the stability of it was inside the hospital.

By introducing the nurse at work with other professionals and the proposed participation in treatment, awakens insecurity and defenses when confronted in practice.

It is still today that the nurse who works in a psychiatric hospital, resent expectation of other professionals in relation to nursing and to roles of the team in general, whose perception done so that nursing is responsible for the patient; the doctor owns the sick and the other with some specific responsibility.

Cardoso³ reveals that in his work on the CAPS as a nurse summoned by the team to provide care that approached the classic assistant model, the team proposed for the nurse was a Nursing care based on a traditional nursing practice, characterized by ensuring hygiene, self-care, and medication.

In the existing databases there, is a gap in the knowledge when it comes to clinic of psychiatric nursing and psychiatric nursing technologies? During the search in databases we found 456 nursing productions on these technologies no reported care technologies for psychiatric nursing and mental health, the vast majority referred to Hospice care technologies and specialties such as pediatric nursing and intensive care unit.

The nurse's clinic psychiatrist is a new proposal for a working model of nurse psychiatrist who was to welcome with guarantees: guarantee of food, clothing, and a bed to

sleep, medication, some privacy and shall consider the premise sick and your relations mesh.

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Thus, the clinic of psychiatric nursing, take biological elements, subjective process social health and disease. This implies extending the working technologies: modify listening, stay with the patient, therapeutic intervention, decentralizing the almost exclusive use of medicines or instrumental techniques merging in the clinic. The practice of psychiatric nursing uses theoretical fundament and listen technologies qualified, post-demand care, readiness to take care in the reconstruction of subjectivity.

Readiness to handle^{5, 6} is the availability that the nurse has to be next to the patient, making the path with him, knowing him, and creating a living space.

*Listen qualified*⁶ is a wire coming out of the suspect and goes to the place to witness the talks. That is, the nurse must have an enchantment by the patient's narrative, which has nothing to do with having causal or have nexus, truths, and lies.

*Watch pós-demanda*⁶ means that we need to accept by the patient, that we should not impose our will and our action. In the practice of Nursing, greater quality nursing care is that it should anticipate the demand. In psychiatric nursing, the prescription reversed. The watch can only exist post-demand, respecting the wishes and the needs of the client, stimulating it to the autonomy of caution.

These technologies "treatable," i.e. what you can handle, it is not marked on the specificity of the disease, and the person who is sick. Are technologies base on the uniqueness of the relationship person to person? Is seeking to bring the subject. In this clinic, there is the "frenzy" by machines. Putting them sharply into question, we undertook our energies in critical care and creative in that great sophistication lies in the human person, what we can do for and with her. ⁶

In this regard is that we propose as object of study the clinic of psychiatric nurse and its new technologies of care. To guide the development of research, we set some goals to achieve by the end of the study: to present the technologies that make up the practice of psychiatric nursing for nurses, describe what they think the nurses about psychiatric nursing clinical technologies and examine the possibility of adherence of assistive technologies in practice.

METHOD

This work will have a qualitative approach. The qualitative methodology incorporating the question of meaning and intentionality as inherent in acts, social structures, and relations, taken as human constructions. ⁷

The choice of this methodological approach departed from the need to obtain elements that provide a better understanding of the healthcare practice of nurse psychiatrist and so support the object of study.

The qualitative approach is justified to the extent that works the universe of meanings, values, attitudes, relationships that cannot operationalized deepening the meaning of actions and human relations.⁷

Qualitative studies meet situations where simple observations indicate operation of complex structures and organizations.

The study has as subjects of research 08 (eight) nurses who pursue their activities in psychiatric institution under hospitalization.

The survey was conducted in a psychiatric hospital accredited by SUS (unified Health System), which today lies under municipal intervention, with 357 beds. Located in the city of Paracambi/RJ. Was sent an application for authorization to carry out institutional research getting in response, authorized request. The survey answered the advocated as the terms of resolution No. 196, of 10 October 1996 of the National Health Council. The project was approved by the ethics and Research Committee of EEAN/UFRJ under the paragraph of Protocol No 26/May 28, 2008 8:00 pm.

The production data were collected in four steps, namely: First step: In this step, we use a strategy of free observation data collection.

The note is one in which the researcher remains oblivious to the group or situation you want to study, observing spontaneously facts which there occur¹⁵.

With free observation had as objective to meet the care/action developed by the nurses in their practice of daily care. Only by knowing how the same care is that we could present a new proposal for care. The observation record was accomplished through a pre-built form.

In the second step: was held a discussion on care technologies to the subjects of research in order to arouse a reflection of health care practice.

The presentation was recorded on magnetic tape, and turned into data for research. The transcripts of the tapes were made by researchers.

On third step: In this step, we use again the data collection technique free observation.

The healthcare practice of nurses was observed again, in order to understand how the nurses, after discussion and knowledge of technologies, developed their actions carefully. We wanted to assess whether there have been changes in this care every day.

In the fourth step: use open interview. In the interview, we have established a reciprocal atmosphere between who asks and who responds. During the performance, the interviewer talked about the theme based on the information he had and that deep down, were the real reason for the interview. To the extent that there was a climate of encouragement and acceptance between both parties involved, the information flowed.

We discuss in the interview questions as understanding and possibility of reproduction technologies, which the nurse experience in the application and membership opportunities.

The data collected in the survey were analyzed by the method of analysis of thematic content.

According to Bardin⁸ content analysis is a set of techniques to obtain communication analysis, systematic procedures of description of the content of the messages, indicators

(quantitative or not) that allow the inference of knowledge of production/reception conditions (inferred) of the messages.

RESULTS AND DISCUSSION

We can see through the testimonials of the nurses in the study, that the same agreed and accepted care technologies and think the same will help much to nurses' care action shrinks. However, the data collected during observation of the assistant practice demonstrate a gap between the ability to act efficiently in a real situation based on knowledge of technologies. There is a contradiction between what the nurses adopt as speech and what you actually do in practice.

During the presentation of the technologies of care for nurses in the study, we found that the same, in its entirety, agreed with all technologies and point qualified post-demand care to listen, readiness to take care as viable technologies to be adopted in the assistance of nurses practice psychiatrists. The nurses discussed the applicability of theoretical concepts in the actions of care, associating it to factors that interfered directly in their practice.

The technologies of care in psychiatric nursing and mental health: a first approximation

We realize that the nurses even agreeing with the technologies of care, considering their importance to the construction of the clinic of psychiatric nursing and believing in the possibility of the same practice for the development of quality care, present somewhat questionable justifications to the applicability of some theoretical concepts.

In the presentation of technologies, the goal was to elucidate the meaning of each technology to the nurses of the study from the perspective of that between the presentation and the next note of his practice, the same could put them into practice. However to follow the nurses in practice, we see that they have not made use of technologies such as guiding instruments of his practice of care, and still maintained a speech in which claim that practice the same, what turned out to be contradictory.

In the presentation of technology *post demand*, we find that the nurses agreed with the technology and its meaning, evaluating your practice is possible in the clinic of psychiatric nursing.

Agree with the concept post demand, and think is very important.

(Nurse, 11/3/2008-Interview)

Agree with the post and think demand can be practiced.

(Nurse b., 9/8/2008-presentation of the theoretical model).

The nurses discussed their importance and their applicability in daily life of care, in an attempt to explain his ability to practice.

There is no way to impose a careful; you have to go to it, so that it is well accepted by that individual. Try together with the important patient.

(Nurse, 11/3/2008-presentation of the theoretical model).

When we discussed about the theoretical concept post demand, we want to talk about a watch that is only possible with the patient, answering to a dynamic of its own. We believe that for effective psychiatric nursing care the nurse need to make demands, have creativity, and funds to meet these demands, which will depend on the form of relationship established between nurse and patient. ⁶

Post technology demand is a concept with own criteria, different from other areas of nursing, neither better nor worse, just different. This concept serves us as we interact with patients and we got through a relationship, which is not a day or a shift, know what your needs are.

In this case, we agree with Loyola and Rock⁴ by saying "the care of psychiatric nursing can only be built *later*, from the demand and the meaning that each subject gives." ^{4:9}

For this, it needs the involvement of nursing staff and the possibility of working together. In this sense also involves the hospital environment, including the strict institutional rules, because we cannot disregard that they influence the quality of care.

The routine psychiatric nursing care conforms to the will of the patient and the nurse. Therefore, we can say that the routine of nurse psychiatrist is established by the patient.

In the presentation of technology careful *listen qualified*, there was acceptance on the part of the nurses who also have expressed that it is possible to practice it in daily life assistance. Expressed their importance in the care of psychiatric nursing, as showed in the lines:

Agree, of course, with the concept that a listener is the main part. You have time to listen to their complaints, because the nurse is here for that. In fact, in addition to care, we are here for the people are here to give attention to them, the patient is the main part in here, and not the nurse is the patient.

(Nurse b., 9/8/2008-presentation of the theoretical model).

Think it is possible to practice it. In fact, we already do that, just did not know that name had.

(Nurse, 11/3/2008-Interview)

The psychiatric nursing care is guided by the understanding that the nurse is a therapeutic agent and the base of this therapy is the therapeutic relationship. ⁹

From this, we can say that the care at the clinic of psychiatric nursing can only be implemented if the actions are focused on care nurse-patient relationship.

We note that the nurses in their entirety considered the theoretical concept *listen qualified* as being the most important. To the nurses their importance is in the benefits that the practice of theoretical concept brings to patients.

For Loyola and Rock⁴ qualify the bug that nurses have about what the patient says about you and about what anybody else says about him. Some approximations with the theories of psychoanalysis come pointing out that this may be provocative statement, not only perform the work, understand and take care of nursing workers.

For the nurses, qualified is associated directly with psychiatric nursing care quality.

Feel that when people hear a little and them ..., our as modifies the day of that patient, as has resulted in the clinical condition of the patient. Listening to is the most important part of the care.

(Nurse, 8/20/2008-presentation of the theoretical model).

Despite the nurses' speech by qualifying the technology that we were quick and superficial content conversations with patients. There was no in 40 hours of participant observation any time the nurse stopped to hear from qualified patient narrative form. The few words exchanged were in the range of an activity, during the course of the nurse within the institution or during an activity on duty, as suggested by the example:

Meanwhile there was in some patients and nursing station nurse who talked to the same while filled in the map of medications.

(Nurse D., 11/4/2009-free one Observation).

Walking to the Pavilion with a patient, nurse c. to, talk with the same, for a few minutes, and ask the patient.

(Nurse, 8/27/2008 - Note 2 free).

We realize that the theoretical concept as fact is not listening. In practice not witnessed any nurse, offering listens for a patient, if available. In addition, even more, what you showed were the nurses having patient information through the nursing assistants or by doctors. Often the information was transmitted to you over the phone.

Phone rings and nurse. Pick up, talk for a few minutes with a nurse's aide. The same States that a patient will get out on leave, nurse. Guides to bring the file to the doctor patient license, stamp informs you that the doctor is in the room.

(Nurse, 11/10/2008 - Note 2 free).

The good care proposes, make speeches. However, do not deny the sensitivity, creativity, emotions, and solidarity. ⁶

This new setting marked by ethical principle of the nursing of psychosocial rehabilitation and new technologies of care no longer admits more the practice of disregard and carelessness evidenced in psychiatric hospitals.

We realize clearly in depositions that some activities carried out by nurses you occupy in a way that there is no time to listen. This attitude leads us to reflect and question there is a time for the medication, there is time for book orders and occurrences, there is time for activities of management and leadership, but there is no time to listen qualified despite statements about its importance to patients' recovery.

To introduce the technology of Watch called *readiness to care* for the nurses of the study, it was possible to notice that the same strangeness of the name demonstrated, claiming that did not know the term "readiness to take care." However, they said that even unaware of the origin of the term, since they were the same.

Like the other concepts have experienced is more to discuss, now that concept came to think. Like this... I never had reasoned from the angle of traversing the same spaces, was never a thought that entered neatly that way, although I know that I was never so clear in the form of concept of mental health.

(Nurse, and 6/19/2008-Interview).

Readiness to take care ... had never heard of this term, so that way you are telling. The more thinking that is what we do all the time.

(Nurse, 8/20/2008-presentation of the theoretical model).

In the discussion about the possibility of practicing theoretical concept all, the nurses agreed that it can be practiced at the clinic of psychiatric nursing, and even made considerations underscoring its therapeutic action in healthcare practice.

Agree, it is important to have readiness to handle. Because if you are following a path, follow a path with the patient has to be ready to help, take care get it. Get better for him. This is our care.

(Nurse f., 6/23/2008-Interview)

When we think of health care nurses in practice, we see that the speech reflects his practice. This "readiness to take care" that the nurses have addressed as very important in the care of psychiatric nursing, does not exist. What we were nurses' actions as: ask patient to wait for the moment they were addressed; say to patients who at that time could not serve you, ask the patient to leave the room, without asking what the same among other actions where the unavailability of nurses was explicit.

... A patient at the nursing station and ask to speak with the nurse d., the same answer that at the moment could not talk to him, says that afternoon chat with him.

(Nurse D., 11/13/2008 - Note 2 free).

... Enters a patient in the room by calling the nurse. At the same time nurse, a. stands up and removes the supervision room. (Nurse, 11/10/2008 - Note 2 free).

We perceive through the daily practices of the nurses in the study a series of misunderstandings, of contradictory positions, of inconsistencies between what is said and between the Act of caring, of the human being.

The nurses with such attitude showed that they do not have availability to patients, which ultimately hinder the practice of psychiatric nursing.

In the work of nurses, there is a lack of bond that allows, "Understanding" what the sick are, and the disease. The tasks become entities themselves and enough themselves. There are no interactions between living the person in need of care, what is she, in their different status and social roles, and what she has. This very quickly makes working routine, robot, without tangible interest.¹⁰

The nurse needs to show available for an approach with the patient. Listening, the host, the standby is only possible through effective and affective therapeutic relationship so that the patient can establish a trust relationship, and from there, they undertake with the nurse.⁶

Based on analysis of the discussion of theoretical concepts: post-demand care and listen qualified us can say that there is no compromise between the nurse and the patient, because there is no therapeutic relationship.

The nurses in the study stated that already practicing the technologies, but we found that they did not know the real meaning.

Work from the perspective of the clinic expanded and their technologies requires knowledge of the movement of the psychiatric reform, because the movement includes, in addition to the rescue of the subject, its individuality and its complexity, also a more specific struggle for the conquest of the citizenship of the subjects with mental disorders.

According to the testimony of nurses, we can say that they accept and agree that the technologies introduced may assist in the work of psychiatrist nurse. On the other hand, that is not what we showed in the healthcare practice.

We note that even if the practice of the nurses in the study does not reflect his speech (innovative and grounded in care practices prosthesis), they can have understanding of their role and of the need for change, for a practice more effective care and affective.

Practicing the technologies of care in psychiatric nursing

In the discussion about the practice of theoretical concept *post-demand care*, nurses, for the most part, they claimed to practice the theoretical concept.

In the examples cited, not showed the presence of the theoretical concept post demand. What we were we can care appoint as "demand" because the nurse decide what is best for the patient to do, and when you do. We can cite that example was observed:

We were in the Pavilion, in the nursing station, when a patient arrives, by calling the nurse d. to go shopping. Nurse d. answers that can only go in December, because it has little time made purchase.

(Nurse D., 11/3/2008 - Note 2 free).

In this example is clear that nurses decide by patients. The fact that you carried out shopping recently, should not influence the decision to leave again with the patient for

making new purchases. Thinking of psychosocial rehabilitation work, we should target the social reintegration of patients and work autonomy. When the nurse decides by the patient, we realize that is not socially, reinserting not working their autonomy.

A limitation that nurses boarded experience needs to be breached, modified. We believe that the transformer agent of this reality needs to be its own nurses. While the same have their practice guided by on-call time and based on management activities, we believe that this reality will remain the same.

In the reality of psychiatric care, institutional resources are few, and the technology of the equipment has contributed little to the assistance. There is, still, devices that can cure the abandonment, mitigate the loneliness or relieve the distress. Existing resources are the drugs and the technicians. We realize that the treatment is not vertical, the patient needs to participate in choices and if correspond responsibility for them, sometimes more, sometimes less, depending on your time. ⁶

To discuss the theoretical concept *listen qualified*, we find that most nurses practice the theoretical concept in their daily lives, and still put that to take care of mental health is necessary to practice the concept.

For sure, practice listening, caring qualified mental health without having listened. (Nurse, and 6/19/2008-presentation of the theoretical model).

In this discussion, the nurses again cited the intervening factor lack of chronological time, as being the factor that interferes directly in the practice of theoretical concept. Because according to the nurses, "lack of time" makes it impossible to exercise a qualified, having to listen often prioritize a group of patients for such a practice. We realize that fact bothers testimonials by the nurses.

Was also cited as a factor intervening in the practice of theoretical concept listen qualified, the large number of patients, the nurses are responsible for the assistance. The testimony showed that nurses in the institution are responsible for the assistance of pavilions with 60 to 70 patients.

Wanted to discuss this concept. To listen qualified, is an item that can develop better. I, every week, at least try to stop close to the patients, no matter what is running here at work get in the way, I try to sit with them and hear.

(Nurse, 8/20/2008-presentation of the theoretical model).

If a large number of patients, maybe will not be able to put into practice "listen" (emphasizing) with all of them. Can have a listen and try to make her qualified whenever possible.

(Nurse d., 11/4/2008-presentation of the theoretical model).

To Taylor¹¹ the main tool of nurse psychiatrist is using herself in interpersonal relationship.

Starting from this quote question: A nurse will sacrifice herself to look after 70 patients? We believe to be impossible. This reality is faced by a large number of psychiatric hospitals still exist.

Some authors argue that this fact reflects directly on nursing care, contributing the detachment of nurses care practice, because of this dedication to the activities of management and leadership.

Nurses' statements about the concept of *readiness to handle*, we found that the same claim "readiness to take care," but report justifications claiming that practice the theoretical concept "whenever possible." Again, the intervening factor "lack of chronological time" emerged as the factor responsible for the impossibility of the nurses was "ready to handle."

Practice, for sure. Be ready to hear, be close to the patient, be listening to his story, and be building something with him. Even with so many things in the institution that interfere negatively, as the lack of time, the bureaucratic issues, taking most of our time, understand.

However, within the possible practice.

(Nurse, and 6/19/2008-presentation of the theoretical model).

We realize in testimonials that nurses do not have time to be "ready to handle," with that are unavailable to patients. We realize again the actions of management and leadership overlapping the care directly to patients

Speaking of the nurses to practice the technologies "whenever possible" can be regarded as a somewhat fragile justification to keep, and somehow unacceptable. We question the "wherever possible," that moment is this? It exists. Moreover, if this is not possible, the patient is waiting for this moment. The demands of the patient as the distress, the need to be heard, the delusions, and hallucinations may not wait for "whenever possible" can be met.

For Oliveira⁶ be in psychiatric nursing is to be involved. Means to believe in the promise of a future, signaling something beyond the immediately present.

The competence and the personal initiative of the nurse determine the interpretation of the role of nursing and the success of its implementation. The importance of this factor should not be ignored; if there is clinical competence and professional initiative, performance of nurse psychiatrist is significantly limited.⁶ Nursing care in mental health should be interpersonal, sensitive, creative, technological, as well as shared appreciation of¹² person.

Was found in the testimonials of the nurses that they claim to practice the theoretical concepts presented, however, in practice these outreach nurses were not evidenced. We can say that there is a contradiction between the speech of the nurse's study and careful actions.

CONCLUSION

On the practice of psychiatric nursing, we find that the nurses of the study understand the theoretical concepts presented, agreed with them, and assessed their practice possible and necessary for the construction of the clinic of psychiatric nursing, and still believe that the theoretical model needs to be taught during the program in nursing. However, when you look at your healthcare practice was not evidenced the application of any theoretical concept presented.

Despite numerous statements agreeing with technology "post care demand," we did not realize in practice nurses' assistance of the study the development of such technology. We find that the nurses "extinguish a fire," that is, the nurses solve problems that are brought to their attention, much of the time by nursing assistants and also by doctors. Not the time to raise and wait for the patients' needs arise. The caution predates the demand while respecting the needs of shift and realized through activities geared almost exclusively to physical care, administration of medications, monitoring, and observation of the behavior of patients in order to subsidize the medical interventions.

The issue of lack of time, placed by nurses, left a question: how long does a nurse needs to take care of a patient. We realize that a shift of 12:00, is not enough, a shift of 12:00 are also not enough, twenty hours a week, it's not enough. From this we realize that the nurses' study clinic is guided by on-call time (time) and at this time of the night shift "lack time for care and for patients."

We realize that in the daily care of the nurses, for example, the passage on duty, there is passage of routines and do not care.

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