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Oliveira, Lucidio Clebeson de; Silva, Richardson Augusto Rosendo da; Medeiros, Maria Neucivânia de; Queiroz, Johny Carlos de; Guimarães, Jacileide

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RESEARCH

Cuidar humanizado: descobrindo as possibilidades na prática da enfermagem em saúde mental

Humanized care: discovering the possibilities in the practice of nursing in mental health

Cuidado humanizado: descubriendo las posibilidades en la práctica de la enfermería en salud mental

Lucidio Clebeson de Oliveira ¹, Richardson Augusto Rosendo da Silva ², Maria Neucivânia de Medeiros ³, Johny Carlos de Queiroz ⁴, Jacileide Guimarães ⁵

ABSTRACT

Objective: To identify the humanized care as an instrument of reorganization of the mental health nursing practice. **Method:** exploratory research, qualitative character, developed with nurses of a mental health hospital of Mossoró-RN. As data collection instrument a semi-structured interview script was used. The data collection was held in the institution and applied to thematic analysis of content proposed by Minayo. **Results:** respondents understand that humanization means caring for people, collectively, with responsibility, commitment and ethics, helping them overcome their limitations. They are based on the concept of the Psychiatric Reform as a movement, which brought significant gains for the new focus of mental health, in which the philosophy of humanization can contribute to an effective and precedent nursing care. **Conclusion:** To be open to criticism and being able to do teamwork with balance and compromise with the redefinition of policies of assistance to the person with mental disorder. **Descriptors:** Nursing, Psychiatric reform, Mental health, Humanized care.

RESUMO

Objetivo: Identificar o cuidado humanizado como instrumento da reorganização da prática de enfermagem em saúde mental. **Método:** pesquisa exploratória, de caráter qualitativo, desenvolvida com os enfermeiros de um hospital de saúde mental de Mossoró-RN. Utilizou-se como instrumento de coleta de dados um roteiro de entrevista semiestruturado, a coleta foi realizada na própria instituição e aplicou-se a análise temática de conteúdo proposta por Minayo. **Resultados:** os entrevistados entendem que a humanização significa cuidar das pessoas, coletivamente, com responsabilidade, compromisso e ética, ajudando-as a vencer suas limitações. Fundamentam-se na concepção da Reforma Psiquiátrica enquanto movimento, o qual trouxe ganhos significativos para o novo enfoque da saúde mental, em que a filosofia da humanização pode contribuir para uma assistência de enfermagem eficaz e resolutiva. **Conclusão:** é estar aberto às críticas e poder fazer o trabalho em equipe com equilíbrio e comprometer-se com a redefinição das políticas de assistência à pessoa com transtorno mental. **Descritores:** Enfermagem, Reforma psiquiátrica, Saúde mental, Cuidado humanizado.

RESUMEN

Objetivo: Identificar el cuidado humanizado como instrumento de la reorganización de la práctica de enfermería en salud mental. **Método:** investigación exploratoria, de carácter cualitativo, desarrollada con los enfermeros de un hospital de salud mental de Mossoró-RN. Se utilizó como instrumento de recolección de datos una guía de entrevista semi-estructurada, la recolección fue realizada en la propia institución y se aplicó el análisis temático de contenido propuesto por Minayo. **Resultados:** los entrevistados entienden que la humanización significa cuidar de las personas, colectivamente, con responsabilidad, compromiso y ética, ayudándolas a vencer sus limitaciones. Se fundamentan en la concepción de la Reforma Psiquiátrica mientras movimiento, lo cual trajo ganancias significativas para el nuevo enfoque de la salud mental, en que la filosofía de la humanización puede contribuir para una asistencia de enfermería eficaz y resolutiva. **Conclusión:** es estar abierto a las críticas y poder hacer el trabajo en equipo con equilibrio y comprometerse con la redefinición de las políticas de asistencia a la persona con trastorno mental. **Descriptor:** Enfermería, Reforma psiquiátrica, Salud mental, Cuidado humanizado.

¹Nurse, specialist in em Activation of Processes of Change in Higher Education of Health Professionals by the National School of Public Health Sérgio Arouca (ENSP/FIOCRUZ). Master degree in Nursing by the Post-graduation Program in Nursing of the Federal University of Rio Grande do Norte - UFRN, professor of the State University of Rio Grande do Norte - UERN. ²Nurse. PhD in Health Science. Adjunct Professor III of Nursing Graduation Course and the Postgraduate Program (Master and PhD) from the Federal University of Rio Grande do Norte/UFRN and the Postgraduate Program in Health and Society (Master) at the University of State of Rio Grande do Norte/UERN. Member of the Research Group Practices Relief and Epidemiology in Health and Nursing/PAESE/UFRN. Natal/RN, Brazil. E-mail: rirosendo@yahoo.com.br. ³Nurse, specialization in Mental and Psychiatric Health, and Urgency and Emergency Specialization, both by the Nursing and Medicine College Nova Esperança - FACENE. ⁴Nurse, specialist in Obstetric Nursing by the Nursing College of the State University of Rio Grande do Norte (2003) and em Activation of Processes of Change in Higher Education of Health Professionals (2007) by ENSP/FIOCRUZ/MS. Master degree in Nursing by the Post-graduation Program of the Nursing Department of UFRN. Professor at UERN. ⁵Nurse, specialization in Nursing Psychiatric and Mental Health of the Nursing School of Ribeirão Preto from São Paulo University - EERP/USP (1998), Master degree in Psychiatric Nursing and Mental Health by EERP/USP (2001), PhD in Psychiatric Nursing and Mental Health by EERP/USP (2006). Professor of the Nursing School of UFRN.

INTRODUCTION

The humanization of health care is a current and growing demand in the Brazilian context emerging from reality in which health services users complain of mistreatment and lack of adequate care to human needs.¹

The National Policy of Humanization (NPH) established in 2003 by the Ministry of Health (MH) claims that the humanization consists in valorization of the different subjects involved in the production process of health: users, employees and managers.²

The reception, as one of the guidelines of the NPH, is understood and characterized as a way to operate the health working process in order to serve all who seek these services, listening to their requests and assuming a posture capable of welcoming, listening and agreeing on appropriate answers to the users.³

Since the dawn of psychiatric nursing, the treatment model used with users in distress was held in shelter institutions, where the deal was based on the subjection of the patients with confinement, there are numerous reports of mistreatment and inhuman customer service. The practices developed by healthcare professionals and nursing were then on continued vigilance toward the subject in distress. Healthcare was focused on disease, in symptomatology and medicalization towards the traditional hospital-centric model, based on the biologicist model.⁴

In this shelter context, the family is put out of the treatment, in the context of the psychiatric reform the family is understood as the fundamental subject recovery scenario in mental distress. That is because the family is the connection of this individual with his community and, even if it is ill, it should be received, treated and cared for within the services as the protagonist of treatment.⁵

The Psychiatric Reform expanded the vision with regard to the provision of care to users in distress advocating patient's autonomy, social reintegration, in coexistence with the family and the community. In this sense, promoting empowerment of health professionals and nurses to assist that user, in open structure, where the conditions to live free is given, having their rights respected in society.⁴

It was a complex movement to fight for changes in the focus given to the treatment of users in distress, that emerged in Brazil during the redemocratization of the country in the late 1970, grounded in criticisms of psychiatric and medical behavior to the denial of civil rights of people with mental disorder and psychiatric hospitals practices.⁶

It is in this sense that the Brazilian psychiatric reform advances and recedes as a movement that seeks to broaden the horizons that take care of people with mental disorders. If before these people were simplified by a reductionist psychiatry, today we seek to approach new trends that strengthen the bond, the expectations and desires of someone who is not unable, much less should be devoid of care, attention and solidarity. It is not an easy task, because having the freedom as a premise of care and disease to re-

signify to see the subject without the collective interest, negotiation, disputes and frequent clashes.⁶

New approaches constitute an attempt to understand mental illness differently, with emphasis on the sick person, in his way of life, in reality in which he is inserted, and not the disease itself, unlike the constant practice in recent centuries.⁹

The discussion on the topic of humanization in any specialty of health care, even with the specificities that characterise the ways in which the dehumanization is expressed, should consider social reality as a whole and its multiple relationships for that assistance can be fully carried out.⁸ But, above all, as a result of the estrangement of man before his world, therefore to be understood in conjunction with the evolution of social relations, considering the conception of all social classes, of culture and of the modern State.⁹

In this sense, the proposal is of an understanding of humanization as a concept imbued with experiences, starting from the concrete existence considering the human in its diversity and in the changes that is experiencing in the collective experiences.

In this way, the work aims to analyze the perceptions of nurses on humanized care in daily nursing care in a hospital unit for mental health, identifying the skills and abilities of nurses showing concern about the humanized care in customer service for an inpatient mental health unit.

METHOD

The survey was exploratory type, with a qualitative approach. According to¹⁰, the qualitative approach favors the significant seizure of reality investigated. In turn, the exploratory research is constituted in the way the researcher goes into the field of study, theoretical or empirical.

The above mentioned authors argue that the phenomenon investigated is lack of qualitative data to support the subjective and significant arguments of reality captured.¹⁰

The research was conducted at the Municipal Mental health Hospital of São Camilo of Lélis, in the municipality of Mossoró/RN. The option for that Hospital was because it was the only one in the County and region that provides assistance to the carrier of mental disorder, in character of hospitalization. The population was constituted by all nurses who work at the Municipal Mental Health Hospital of São Camilo of Lélis and that at the time of collection of data they dealt with assistance to the user.

Thus, five nurses participated in the research, which constituted in the research sample. All the nurses act over six months at that place and signed an informed consent Form (ICT).

The procedure used for the collection of data was the accomplishment of recorded interview with the five nurses who at the time served in the hospitalization unit of the Municipal Mental Health Hospital of São Camilo de Lélis.

At the time of the interviews, which were held in the work environment of the nurses, randomly observations were performed from something that could contribute to the best interpretation of the topic.

According to¹⁰, the researcher who works their data from the perspective of content analysis must understand that behind the apparent speech, usually symbolic and multifaceted, it is hiding a sense that it might be unravelling. Thus, the interpretation of messages must be done from the appearances and the evidence that they bring subliminally.

That is because the speeches have double sense whose profound meaning can only arise after a careful or intuitive observation. In this sense, the steps followed for the analysis were: reading and transcription of recorded material; extraction of evidence of the content of the speeches of nurses; organization and systematization of evidence in the form of content categories; analysis of central categories extracted from the evidence of the speeches.

This study has been particularly concerned by the ethical principles of research involving human beings, therefore it has been developed respecting the ethical aspects established by Resolution 196/96 of the National Council of Health¹¹, also involving elements about scientific production contained in Resolution 311/2007 of the Federal Council of Nursing¹². For both, it was a condition for participation signing an informed consent term.

RESULTS E DISCUSSION

The purpose was to insert into the research a humanized care as an instrument of reorganization of hospital nursing practice. Therefore, we designed this part of the study in three items as: profile of the members of the research, the everyday work of nursing in mental health and the possibilities in implementing humanized care in mental health.

Profile of the members of the research

Before addressing about the everyday humanized care to users of the practice of nursing in mental health is important to say who are the social actors who spoke about this care.

Considering the object of research that gave rise to this work, the subjects that have integrated it are at the same time actors and subjects of this object. That is because by the time that nurses are nursing care (social actors) are also investigated in the quality of their practice, being therefore receivers of issues and influences the conditions of their work.

Five nurses were interviewed from the total of 8, that at the time of data collection were practicing nursing care in the scenario investigated. We clarify that to ensure the anonymity of the nurses when referring to something mentioned by them, we will use a code consisting of a letter "N" (which means nurse) and an index in the form of a numeral representing the number of nurses who responded to the interviews. Thus, the codes will be: N1; N2; N3; N4; N5.

The age range in which are included the interviewees is between 26 and 58 years old, being that there is a greater concentration in the range between 30 and 40 years old. The majority are female (04), confirming the female hegemony which marked and marks the history of the nursing workforce, in Brazil and in the world.

It is important to mention that everyone is of direct assistance to the client and only one of them do not have post-graduate degree. However, the four who have made specialization was not in areas of mental health.

Considering the length of service of the respondents, it deserves to be referred that during training or during everyday practice all they have experienced in some way, at least as a historical process, the construction of the humanization of assistance policy.

Nurses' understanding about the humanized care in mental health

As advertised in the introduction of this study, one of the objectives is the analysis of the nurses' perception about the humanized care, dispensed to the client with mental disorder, hospitalized in a mental health hospital. It is necessary, therefore, to rescue the meaning of this type of care, here understood as a way of expressing relationships with the other in order to achieve a full life, not restricting only in survival activities.

An expression of affection and interest is a human characteristic, as well as communication through verbal language.¹

We believe that the practice of humanization of assistance requires, at least, the availability of professionals to interact with the patient.

In order to better understand the object under investigation, we asked the nurses about the daily activities and we received the following responses:

The role of nursing is working on the basic needs of the patient, establishing a therapeutic relationship, listening as a working tool. Supervise nursing staff; working together with the family and the community to intervene in the major problems of the patient. (N1)

Supervision of nursing assistants and technicians with mental patient assistance, aimed at a better quality service, seeking to humanize creatively, all as best we can offer with a multidisciplinary team. (N2)

To perform daily reading of the occurrences in the book. To identify the needs and priorities of the nursing service. To visit the wards, observing the patient and identifying their needs; developing care plan; participating in the collective therapies with other professionals, operating groups, occupational therapy; hold meetings for staff and patients; developing interdisciplinary therapeutic projects team with patients. (N4)

The answers showed that there is an intense routine at work in which nurses are called to develop activities that are not part of their technical responsibility, leaving them overworked.

Discovering the possibilities in implementing humanized care in mental health

One of the nurses' responses were evident possibilities of humanized care consolidation when N1 claims that the objective of his work is to meet the basic needs of the patient, establishing a therapeutic relationship, listening as a working tool. In turn, N2 reaffirms that the nursing procedure must be inserted in a perspective of developing a *better quality service, seeking to humanize creatively*.

There was recognition that a person suffering from mental illness or their family will look for the hospital and a health professional with the desire to relieve his symptoms and get rid of his pain. He wants to be careful with care and attention.

The person brings his symptoms, his socioeconomic circumstances, his forms of expression, his existential experiences that make him a singular being. Thus humanized care is essential for successful treatment, but it needs to be adopted by all professionals in the team.

At a time when the nurses recommend the *Elaboration of a single therapeutic project for each user according to his pathology*, they are demonstrating their commitment and interest in establishing services in practice, advocated by the Psychiatric Reform and mentioned by the deliberations of the third National Conference on Mental Health. It is clear his commitment to the practice of humanized nursing and therapeutic relationships and affective acceptance as instruments for achieving this humanization.

In fact, this commitment is very clear in their recommendation that greater involvement of nurses and health care team as a whole with the family, including, at his work with the patient, giving him more attention.

Considering the central object of our work is the prospect of a nursing care in mental health with humanization, a concern pervading the speech of this part of the chapter: How is it possible a practice of humanized nursing with so many tasks the nurse has everyday? This concern arises for having several statements with reference to the bureaucratization of work, such as supervision of nursing assistants and technicians, planning, administration, supervision of nursing care, as well as handle other demands from other sectors, what makes him a polyvalent professional nurse.

The humanized work requires listening, reception, give attention, actually, connecting with enchantment and passion. This requires time, too. Among the answers, there was no mention of the problem of time. Let's see what N5 has stated: *I often say that we, nurses, are firemen and little remains of space for our patients! But, I try to overcome the chaos of my day to day*.

The possibilities, then, would be subjective and epistemological conditions of understanding the practice of providing an assist understanding the patient, as a human being and citizen, to reintegrate him into society, as N1 says. *That means, thus bringing feelings, matching will, understand that self-esteem needs to be present; it is something*

contagious; It is essential in the relationship between human beings. The service requires this practice (N2).

We cannot, then, let consider that the subjectivity here asserted does not mean that we mobilize the skills and abilities necessary to perform the humanization, because the family and the user of our services expect our initiative to put into practice the philosophy of humanization speech, listening, working collectively, providing care from a project quality and individualized care, performing, with ethical commitment and technical competence, all activities of socialization and raising the self-esteem of the people related.

CONCLUSION

Through the proposal of this work, it was possible to understand the possibilities of insertion of the humanized care in the practice of nursing in mental health, including unravel how nurses express the conditions of an environment favorable to such care and their own possibilities, in terms of skills and abilities to confront the reality.

With the deliberations of the third National Conference on Mental Health, the guarantee of access focuses on philosophy of humanization of the treatment, so that the hospitalization is the last resource, from an eminently practical institutionalized in mental health for a decentralized practice.

As a result, the practice of nursing leaves a practice of hospital care aimed at containment of the behavior of the “mentally ill” to incorporate new and unknown principles.

In the perception of nurses, it was evident that humanizing mental health means welcome, hear and give positive responses to individual and collective needs of people cared. It means to take care of people with responsibility, commitment and ethics, helping them overcome their limitations.

They recognize that there are many challenges to be faced at work in nursing to deal with humanized care in mental health.

These challenges arise from problems in their practice, ranging from the weaknesses in the skills and abilities of nurses to deal with the new approach of mental health assistance to the lack of material resources and the superposition of activities arising from the demands of services.

Thus, from the results obtained it is possible to affirm that this research brings significant contributions to mental health and the humanization as a tool of advancement in nursing care.

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Contact of the corresponding author:
Lucidio Clebeson de Oliveira
Rua: Senador Joaquim Inácio, Centro, Nº 240, Antônio Martins,
CEP: 59870-000. E-mail: Lucidioclebeson@hotmail.com
Telefone: (84) 96232943.