



Perceptions on psychiatric nursing care at a general hospital inpatient unit

Renata Marques de Oliveira^{1*}, Antonio Carlos Siqueira Júnior² and Antonia Regina Ferreira Furegato¹

¹Escola de Enfermagem de Ribeirão Preto, Av. Bandeirantes, 3900, 14040-902, Ribeirão Preto, São Paulo, Brazil. ²Faculdade de Medicina de Marília, Marília, São Paulo, Brazil. *Author for correspondence. E-mail: renatamarques@ymail.com

ABSTRACT. The objective was to investigate the perception of nurses, nursing assistants and patients about nursing care at a general hospital psychiatric unit. Exploratory study with 16/20 nursing professionals and 27/84 patients from the psychiatric inpatient unit of a general hospital. Interviews were based on guiding questions about the nursing care in said unit. Thematic content analysis was adopted. The subjects acknowledge that nursing promotes the recovery of patients, that it is essential during hospitalization, and defend that working in psychiatry requires a taste and profile for it. The patients value warmth, attention, serenity, good mood, patience, concern, presence, promptness, respect and responsibility. The professionals value affection, dedication, effort, patience, security and serenity. Professionals and patients wonder if changes in nursing care during hospitalization stimulate independence/autonomy for discharge or reflect carelessness. In conclusion, nursing care is essential during psychiatric hospitalization, but it requires that professionals like it and have the right profile.

Keywords: nursing care. psychiatric unit. mental health. psychiatric nursing.

Percepção sobre o cuidado de enfermagem psiquiátrica em unidade de internação de hospital geral

RESUMO. Objetivou-se investigar a percepção de enfermeiros, auxiliares de enfermagem e pacientes sobre o trabalho da enfermagem em unidade psiquiátrica de hospital geral. Estudo exploratório com 16/20 profissionais de enfermagem e 27/84 pacientes de enfermagem psiquiátrica de hospital geral. Entrevistas com questões abertas e semiestruturadas sobre o trabalho da enfermagem, nesta unidade. Análise temática de conteúdo. Os sujeitos reconhecem que a enfermagem favorece a recuperação dos pacientes, que seu cuidado é imprescindível na internação e defendem que é preciso gostar e ter perfil para trabalhar em psiquiatria. Pacientes valorizam acolhimento, atenção, calma, carinho, bom humor, paciência, preocupação, presença, prontidão, respeito e responsabilidade. Profissionais valorizam afeto, dedicação, empenho, paciência, segurança e tranquilidade. Alguns profissionais e pacientes questionam se a mudança no cuidado de enfermagem, ao longo da internação, estimula a independência/autonomia para alta hospitalar ou se é reflexo de descuido. Conclui-se que o cuidado de enfermagem é essencial durante a internação psiquiátrica, porém é necessário que os profissionais gostem do que fazem e tenham perfil adequado para essa função.

Palavras-chave: cuidados de enfermagem. unidade hospitalar de psiquiatria. saúde mental. enfermagem psiquiátrica.

Introduction

Nursing represents the largest group of professionals working in mental health worldwide. It is estimated that there are 5.8 psychiatric nurses per 100,000 inhabitants, while there are 1.27 psychiatrists and 0.3 psychologists for the same number of inhabitants (World Health Organization [WHO], 2011). Nursing plays a fundamental role in the mental health area, since well-trained nurses (with both theoretical knowledge and practical experience) can perform assessments, provide assistance as to clinical and psychosocial aspects of individuals, as well as help develop health policies for their country.

In psychiatric hospitalization, the importance of nursing proves even greater because the changes that people with mental disorders present, especially those related to their mental and behavioral functions, require observation and direct care, which is carried out by nursing all 24 hours of the day (Barker, 2008; Townsend, 2014).

General hospital psychiatric units (GHPUs), intended for short stay and communication with other medical specialties, emerged in the early twentieth century. A significant improvement in psychiatric symptoms promoted by electroconvulsive therapy (developed in the 1940s), psychiatric drugs

(1950s) and therapeutic approaches focusing on the psychosocial sphere (groups, psychotherapy, occupational therapy, among others) enabled the treatment of the 'mentally ill' in less excluding services. Moreover, the positive experience of treating World War II soldiers with psychiatric disorders at general military hospitals increased the number of GHPU's (Botega, 2012).

In Brazil, the first GHPU was established in 1954 in Bahia (Botega, 2012). According to Brazilian laws, hospitalization is prescribed when the person with mental disorder cannot recover from the psychiatric outbreak, only with extra-hospital treatment. In such cases, comprehensive care and quick reintegration of the individual into society are the priorities (Brasil, 2001). Ordinance No. 2629/2009 readjusted the funds provided to general hospitals for psychiatric hospitalizations, encouraging the expansion of such services since hospitalization in a general hospital began to be better paid than those in psychiatric hospitals. In addition, there is no legal incentive from the Brazilian Ministry of Health (Ordinance No. 148/2012) for general hospitals organized to take care of psychiatric cases (Brasil, 2009; 2011; 2012).

Currently, it is estimated that GHPU's account for 21% of all beds in the world reserved for psychiatric hospitalizations, while psychiatric hospitals and therapeutic homes account for 62 and 16%, respectively. Most countries (85%) currently count with general hospital psychiatric units, with the world average being 1.4 beds per 100,000 inhabitants (WHO, 2011). In 2012 there were 3,910 psychiatric beds distributed in 646 Brazilian general hospitals (Brasil, 2012). All over the world, between 2005 and 2011, psychiatric hospitals had a decrease of 0.8 beds per 100,000 inhabitants (Brasil, 2011a).

With the reduced number of beds in macro psychiatric hospitals, GHPU's have become an alternative for times when hospitalization is required. Ordinance No. 3088/2011 clarifies that GHPU's are part of the Brazilian Psychosocial Care Network [*Rede de Atenção Psicossocial*] (RAPS); in this way, the team must articulate with the reference extra-hospital service in order to ensure the continuation of care (Brasil, 2011b). The importance of nursing in this process is worth highlight as it ensures the quality and continuation of care through direct actions with the patient, as well as communication between professionals of the health network.

Although the perception about nursing care from a nurse's perspective is addressed in several researches, there are just a few studies approaching this very same perception from the point of view of nurses who work assisting patients who have gone

through psychiatric outbreaks, which requires this field of knowledge to be expanded. Given the above, it is worth hearing the opinion of those who care and those who are cared of about the nursing care provided at general hospital psychiatric units.

This study aims to investigate the perception of nurses, nursing assistants and psychiatric patients about the nursing care in a general hospital psychiatric unit.

Material and methods

Type of study and location

Exploratory study conducted in the psychiatric unit of a state general hospital, in the hinterland of São Paulo, reference to 62 municipalities. The unit has capacity to serve 18 patients with mental disorders for hospitalization after psychiatric outbreak. The average stay in the hospital is 16 days.

Population and sample

The sample was composed of the population of psychiatric patients hospitalized from August to October 2011, and nursing professionals working at said psychiatric unit.

Exclusion criteria for patients: be younger than 18 years old, decline, inability to communicate vocally and diagnosis of mental retardation.

Exclusion criteria for professionals: decline to participate.

During the period of data collection 20 nursing professionals were working at the unit. All of them were invited to participate in the study. Sixteen (80%) agreed to participate (ten nursing assistants and six nurses). Among the 84 hospitalized patients, 27 (32%) integrated the sample. The reasons for the exclusion of 57 patients are shown in Figure 1:

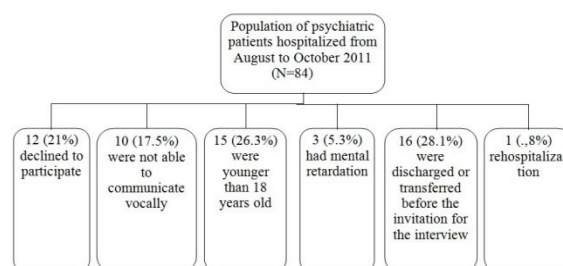


Figure 1. Patients hospitalized in the psychiatric unit during the period of data collection who were excluded from the study.

Source: direct research.

Instruments

Two instruments prepared by the researchers were used for data collection: 1) Identification of Care in Psychiatric hospitalization from the perspective of nursing professionals – ICUID-PSIQ-1, and 2) Identification of Care in Psychiatric

hospitalization from the perspective of hospitalized patients – ICUID-PSIQ-2.

The ICUID-PSIQ-1 consists of personal and professional identification questions (age, time since graduation, previous job in psychiatry), besides 25 open-ended and semi-structured questions addressing the nursing care provided during psychiatric hospitalization, differences between the theory and practice concerning psychiatric nursing, difficulties faced during hospitalization, differences in the care of psychiatric patients and clinical patients, the professional training they had in order to work in psychiatry, and the current perception about changes in care in the course of hospitalization. For this study, four questions were made: 1) What is the importance of nursing care during psychiatric hospitalization? 2) What professional characteristics do you most value in you? 3) What professional characteristics do you least value? 4) Starting from the moment when the patient is admitted to this unit until the moment he/she is about to be discharged, is there any difference in the nursing care provided throughout hospitalization? Explain.

The ICUID-PSIQ-2 is composed of personal and clinical identification questions (sex, age, education, psychiatric diagnosis, time since diagnosis, and previous hospitalizations), besides containing 18 open-ended and semi-structured questions similar to those of the script for professionals, addressing the nursing care received during hospitalization, perception about difficulties, differences in the care of psychiatric patients and clinical patients, and perception about changes in the nursing care throughout hospitalization. This study analyzed the answers to the following questions: 1) What is the importance of nursing care during hospitalization? 2) What characteristics do you most value in the nursing professionals who are taking care of you? 3) What characteristics do you least value? 4) Starting from the moment you were admitted to the unit until the present moment you are about to return to society, was there any difference in the nursing care received throughout hospitalization? Explain.

Data collection and analysis

The interviews were conducted individually in a room at the unit, lasting on average 52.7 minutes for patients and 75.2 minutes for professionals. They were recorded, transcribed and their content subjected to thematic analysis following these steps: skimming, identification of cores of meaning, and definition of categories (Bardin, 2011). The contents were discussed based on the scientific literature on the matter.

Ethical aspects

Research project presented to the clinical director of the hospital so that he allowed its conduction, and to the technical team of the unit to check the possibility of data collection in the service. Submitted and approved by the Ethics and Research Committee of Marília Medical School (Famema) (Protocol 500/11).

Ethical issues referring to participation were explained in detail to the subjects and, after clarification of questions, two copies of an informed consent form were signed; one copy was kept by the researchers, and the other one by the participants.

The technical team of the unit was consulted about the best time for data collection so as to not interfere with the service routine.

To ensure anonymity, the reports of the patients are identified with the letter 'P', those of nursing assistants with the letter 'A', and the reports of nurses were identified with the letter 'N'.

Results

The results are displayed by two topics: A) Sample characterization and B) Analysis of reports.

Sample characterization

The characteristics of the participants are summarized in Table 1:

Table 1. Profile of professionals and patients.

Patients		n (%)
Gender	Female	18 (66.7)
Average age	41.9 years old	
Education	Elementary School	11 (40.7)
	High School	14 (51.9)
	Higher Education	2 (7.4)
Psychiatric diagnosis	Schizophrenia	13 (48.2)
	Mood disorders	6 (22.2)
	Personality disorders	8 (29.6)
Duration of the mental disorder	≤ 5 (years)	10 (37.0)
	> 5 (years)	17 (63.0)
First psychiatric hospitalization	Yes	12 (44.4)
Average duration of current hospitalization	17.8 days (3-51 days)	
Nursing professionals		n (%)
Gender	Female	11 (68.8)
Average age	35.7 years old	
Time since graduation	≤ 10 years	12 (75.0)
	> 10 years	4 (25.0)
First job in psychiatry	Yes	10 (62.5)

Source: direct research.

Analysis of reports

Three categories were identified: 1) The importance of nursing; 2) Characteristics and attitudes of nursing professionals; 3) Changes in the nursing care throughout the psychiatric hospitalization.

1) The importance of nursing

Twenty-one out of 27 patients highlighted the importance of nursing during psychiatric hospitalization. Some words were used to describe the

job of nurses and assistants: attention, warmth, affection, patience, responsibility and zeal.

The nursing team has to be attentive to everything because a silly mistake can cost a life. Nursing care is very important! (P3)

It is important because we come here nervous, shaken, sometimes scatterbrained. They do not leave us without help. (P5)

It is zeal, it is care. (P10)

The responsibility, the loving care they have for us. (P11)

It is important [the nursing care]; they have a lot of patience. (P12)

For three patients nursing care favors a quicker recovery.

They care about us. We get better in a shorter time. (P24)

The nursing team being kind helps the patient to recover more quickly. (P27)

Six professionals mentioned the close contact with the nursing team during hospitalization.

We are closer. Even though they [doctors] are close to the patients, it is the nursing team that ends up being closer to us because they need the nursing team for everything. (A3)

The doctor comes, prescribes and then leaves. We stay with the patient the entire time. We know, or at least we should know, everything that happens. The nursing team does everything, from showers, feeding, talking... Everything they need it is the nursing team that does. (N9)

Ten patients stated that hospitalization would not be possible without the presence of nurses and nursing assistants. They appreciate their presence and continuous care.

The nursing team is more important than the doctors themselves because the nursing team sees everything; they are with us all the time. The doctors come here, examine you and then leave. Hospitalization could never dispense with nursing. (P4)

If there was no nursing team we would not be here. How do you deal with a bunch of crazy people? Without the nursing team there would not be hospitalization. (P14)

The nurses are everything. We interact with them 24/7, right? They are everything to take care of us. The nurses are everything; if it was not for their job we would be nothing. (P26)

For eight professionals nursing care is decisive to a patient's recovery. Furthermore, they emphasized that

the nursing team is the bridge between patients and other professionals of the multidisciplinary team.

We [the nursing team] are the bridge between them [patients] and the doctors. If there was no nursing team here, little could be done. Does somebody need medication? Ask the nursing team. Is somebody's blood sugar is low? Ask the nursing team. They read the notes written by the nursing team; little information would be collected if the nursing team was not providing the care it provides. (N6)

If the nursing team cannot see clearly what is going on – if the patient is making progress or not, if he/she is getting worse – and talk about it to doctors, psychologists, or whoever, the treatment gets harder. (A12)

Nursing is the center. It ends up being a key element for the team. (N13)

2) Characteristics and attitudes of nursing professionals

Four patients appreciate the promptness of nurses and assistants to help them, transmitting security.

Yesterday I grabbed my saline solution bag, got up from the bed and, without realizing, pulled the needle out and started to bleed. I yelled: 'Help me, nurse!' I felt happy when they came. I like when they help me. (P1)

I really liked that one nurse. I was feeling a huge pain in my leg; I asked her for medication and she brought it. I hugged her tight. She was the first one that came to me when I was in pain. That touched me. She helped me when I needed it. (P23)

Twenty-two patients mentioned the characteristics they most value in nursing professionals. They emphasize their warmth, attention, promptness in meeting their needs, serenity, affection, good mood, patience, concern, presence, respect and responsibility.

I liked this nurse that came yesterday. She cares about everyone; she comes here to see me, asks if everything is ok, she calls me 'love'! She calls everybody 'love'; she comes to us and gives us a lot of attention. (P1)

People here are very caring, calm. This helps a lot! We feel more comfortable. They are caring, respects us, speak calmly... They talk to you and pass on their serenity. Whether you like it or not they make you feel stronger. (P6)

The nurses are very funny. This helps because we have a sad side in our lives. This puts us in a good mood. I feel well cared for; I feel like a special human receiving care. They care about me; I feel like I am not a piece of garbage. (P20)

Responsibility. I see that they are real professionals at what they do. They measure our blood pressure, check our vital signs. I see them doing everything right, with no mistakes. (P21)

Among the characteristics that nursing professionals appreciate in themselves, five mentioned patience and serenity to listen. Other characteristics mentioned were affection, effort, dedication and security.

I think I am really calm, a serene person. I have patience, you know? (A3)

I think this is about humanization, about being human, hugging them when they need it. (A4)

The effort, dedication in the job, determination to do it and do it well. It makes a difference because it is an attempt to provide a quality care. I have patience to listen. (N5)

I can transmit security to them. (N13)

Eight patients highlighted that the night shift nursing professionals were different from those working the day shift. They believe that the former are more helpful and caring.

They are lovely; they treat us with kindness. Where do they find time for all of that? The number of employees [the night shift] is the same [compared with the day shift]. They come to see us in our bedroom, hold our hands, hug us, show affection, ask how our day was, and make sure to check on every patient. They are different. (P3)

W., when he comes, he enters all bedrooms to say good night to all the patients. This is caring already. He does not treat you like you have an illness, you know? He treats you as his equal. This is very important. Sometimes you have to attend a medical consultation but you give up because you know you are going to be treated as we are nobody, not as a human being. The day shift team does not do that [does not enter the bedrooms to greet the patients at the beginning of the shift. (P20)

The professionals I like [from the night shift] respect us. We ask for something and they give it kindly; they talk with love and we feel happier. We look forward to their shift so they treat us, so they take care of us. I like J. [night shift nurse], he makes us feel good. The night shift professionals are friendlier, calmer and really nice. (P26)

Four patients suggested that the night shift nursing professionals seem to like what they do and have vocation to work with psychiatric patients. In addition, one patient noted that, since the patients sleep, the time that the professionals spend with patients during the night is shorter, favoring harmony and absence of conflicts. Two assistants agree that for one to work in psychiatry

he/she needs to like what he/she does and have what it takes for the job.

I think that during the night shift they go above and beyond their jobs; they like what they do. (P3)

The night shift is kinder. Why is that? During the day you spend most of your time dealing with them [day shift professionals]. At night they arrive at seven; when it is nine most of us is sleeping already. Our contact with them is shorter, so conflicts end up not happening. (P13)

The difference is in the heart, the inner self. When you love your neighbor, you show it and we feel the love. (P17)

For you to work in psychiatry you have to have the gift of tolerance, the gift of patience, you have to have the gift. If you work in psychiatry because you need to work, you need money, you will not contribute to the patient's improvement; you will not help anybody, not even yourself. (A8)

In the view of one nurse, the night shift is different because at night the flow of professionals and students in the psychiatric unit is lower.

Something I notice is that the day shift has many teachers, residents. This interferes with the care. At night it is just us. What interferes with the care is the work process carried out on each shift. Our process has advantages in this aspect; we do not have residents, we do not have students. We give more attention to the patients. (N15)

Sixteen patients criticized moodiness, lack of politeness, respect and patience on the part of some nurses and nursing assistants. They believe that the workload of the shifts stress the professionals.

Some days the employees are stressed so they take it out on us. I think it is the heavy shifts, the heavy workloads; they cannot handle it. (P3)

Something I do not appreciate? This rude nurse. You talk to her but she pretends you are nobody, like she is different from me. (P4)

Oh, disrespect. The older professionals have less patience; they treat you like: "Do you want it? You do. Do you not want it? You do not want it." (P6)

I see some things that make me mad. They do not bother serving patients well. The patient is here to be treated not devalued. Too many ugly faces, too much unwillingness to work. (P17)

If the professional works all day long, he/she will get stressed and will not give proper attention to the patient. If they are tired the care is impaired. (P22)

There is this rude, bossy employee. (P23)

One of the employees criticized by the patients was a subject of the research. Her speech shows the authoritarianism reported by the patients.

We have to stand like a health professional because we cannot act like one of them, right? [...] We are the boss! [the interviewee tries to fix what she said] No, it is not that we are the boss... If a patient is giving you orders, we have to make him/her stop bossing around because they are not the ones who dictate what is done here, it is us. (A2)

Seven patients perceived the detachment of some nursing professionals. A patient suggested that rude attitudes of a nursing assistant are due to her not having the profile to work in psychiatry.

There is a huge wall separating us [patients] and them [nursing professionals]. (P3)

Too harsh. Sometimes we want to joke but we cannot. They are not flexible, they are tough. I wish they interacted more with us. They are close but distant at the same time. I have a lot to say, but I do not say it [due to the detachment]. (P22)

Maybe she does not like this unit, maybe she has not realized she does not have the profile to work with this kind of patient. Wanting it or not, the psychiatric patient needs a bit more patience. I think that this person needs to be evaluated and transferred to a sector she fits better. That is what I would do if I was managing this sector. The person in charge has not paid attention to that. (P13)

Two patients commented that some nursing professionals proved to be emotionally unstable. For the patients, the professionals should be prepared to assist them when they need it.

When this guy is well he treats the patients well. When he is not well, he does not want to say good morning to the patients. Come on! The patients have nothing to do with his problems. We need them not only when they are fine, we need them 24/7. (P3)

There is this one [nursing assistant], Jesus! She looks like she just ate a lemon. It seems that they are more emotionally troubled than we are. I see it in their way of treating us, talking, it is not normal. There are these nurses who look stressed, overloaded, and mad at life. They must not forget that we are here because we are not right in the head. I think they treat us like we are retarded, but we are smarter than them. (P26)

Two patients commented that they were afraid of the professionals at times, so they kept a distance from them. A nursing assistant acknowledged that some patients were afraid of them.

I go to bed and stay there quiet when I see that things do not look good. (P3)

All of a sudden the patient starts to feel something and gets more comfortable to talk. If there is a barrier you

will not talk. I do not talk at all, I keep it to myself. (P15)

Sometimes patients isolate themselves because they are afraid of us; I noticed that. (A1)

One patient mentioned the lack of ethics of some professionals who do not keep secrecy about what they talk.

There is lack of ethics. Once one of the professionals told what we had talked about to other people. I heard people talking about me. I felt like garbage. Why did he close the door to talk to me? Does he think that just because we are uneducated, old, he can change the story of our lives? I said to him: 'I talked to you; I did not talk to the entire unit. (P1)

3) Changes in the nursing care throughout the psychiatric hospitalization

In the view of 15 out of the 20 nursing professionals, nursing care goes through changes throughout hospitalization, since patients become more independent. Some professionals see the changes as part of the preparation for the patient to be able to return to society, while other professionals see them as neglect.

We gradually adapt to the patients' needs. When we see that they are becoming more independent we start to cut them loose. (A1)

We are more careful in the beginning. When we see that they are getting better... It is not that we abandon them, but we get more distant because we have other patients that need more attention. It is not that we stop caring, but we become less present due to the routine. (A3)

We have to treat patients equally. Often, when the patient is admitted, you are very careful in the beginning but then you start to let them be on their own. From the moment the patient is admitted until discharge you have to treat him/her the same way. First you are really careful with the patient but then, when you know he/she will be discharged, you start to let go of him/her. (A11)

Some care actions end up being a bit neglected a while after the person has been hospitalized; you get kind of careless. (A12)

Fifteen patients noticed changes in the nursing care. They believe that this occurs because new patients who need more attention are hospitalized.

When I got here, they were a bit more careful. Now that I am better they give more attention to the granny [hospitalized patient] because she is restless. In the beginning they were more careful with me because I had attempted suicide. (P2)

On the first day they would not take their eyes off me and today, for example, they barely look at me.

On the first day I felt like I was on a reality show, all cameras on me. It is not that they have abandoned me, but they began to pay more attention to others who need it more. I got more independent. (P13)

Five professionals said that the bond with the patient also changes during hospitalization, being stronger with those patients who are about to be discharged.

They can see they are getting better and this is really important. We create a very strong bond with the patient who is about to be discharged. (A2)

It is complicated at first. They arrive here withdrawn, kind of unruly, without knowing where they are, whom they can trust. With time they manage to interact more. What changes is the bonding. (A4)

At the admission, we try to be all stealthy. We make the first contact, show that we are professionals who are there willing to help, willing to listen, to welcome them, to be receptive, but in a very smooth way. This first moment is the moment of identification, to identify who this patient is, what he/she has and what impact the psychiatric illness is having on his/her life. This relationship gets stronger each day the patient stays here. (E6)

Discussion

In the reports of patients and nursing professionals there is an evident appreciation for the role of nursing during psychiatric hospitalization, showing that the nursing team at the investigated GHPU is prepared to provide the care that is expected from this profession.

The perception of subjects about the role of nursing in psychiatric hospitalization is in line with the provisions of the Code of Ethics for Nursing Professionals, in which it is made explicit that they must exercise their profession so as to promote the full recovery and rehabilitation of the patient's health, ensuring the continuation of nursing care (Conselho Federal de Enfermagem, 2009).

Generally speaking, it is clear that the reports of the patients and professionals converge to a common aspect of nursing care: the humanization of care.

Although humanized care is not exclusive of nursing it is a strong characteristic of this profession, given the close contact of these professionals, which favors the development of a therapeutic interpersonal relationship. Some would say that nursing is the 'human face of psychiatry' as its actions are focused on the development of human bonds. So that this humanized care is effective in times of psychiatric outbreak, it is recommended that nurses seek to understand the experiences lived

by patients so that they feel secure and become active participants in their recovery (Barker, 2008).

The patients and nursing professionals of this study acknowledged that nursing favors the patient's recovery, and that hospitalization would not be possible without the presence of nurses and assistants.

Similarly, a study conducted with American nurses (n = 14) showed that they believe that nursing is essential in care, since patients rely on them, which allows these professionals to be mediators of communication between patients and other members of the multidisciplinary team (Fackler, Chambers, & Bourbonniere, 2015)

The professionals of this study advocated the importance of nursing as a bridge between patients and other professionals of the multidisciplinary team. Comparably, an Australian research involving people with previous history of psychiatric hospitalization and caregivers identified that when patients acknowledge the central role of nursing in the multidisciplinary team they expect nurses to be aware of what is happening with them so that information can be given correctly to other team members. Thus, they value nurses who are willing to listen to and understand them. For nurses, the centrality of nursing in the team is imperative to guarantee the rights of patients (Gunasekara, Pentland, Rodgers, & Patterson, 2014).

Among the characteristics that patients value in nursing professionals, those inherent to closer contact stand out (patient-professional interaction): welcoming; attention; serenity; affection; good mood; patience; concern and respect. The characteristics that professionals most value in their job are affection, dedication, effort, patience, security and serenity. While interviewing 119 psychiatric patients hospitalized in psychiatric units in England, the authors found that interaction with nursing professionals favors the development of security and confidence. A patient being treated with respect helps with their recovery (Stewart et al., 2015).

Among the characteristics that patients did not appreciate in some nursing professionals, disrespect, rudeness, impatience and moodiness stood out. Authoritarianism was identified in the report of the professionals. The patients believe that the professionals are stressed due to the workload of the shifts.

A research conducted with 89 psychiatric nurses from American hospitals revealed high levels of emotional exhaustion among professionals (Madathil, Heck, & Schuldberg, 2014). Similarly, in Brazil it was identified that 25% of professionals (social workers, nursing assistants/technicians,

nurses and psychologists) from a psychiatric hospital feel frustrated with their jobs, and 28.1% overloaded (Alves et al., 2013).

The stress that psychiatric nurses face can compromise their relationship with patients, because they become grumpy and little sensitive. An investigation with 54 nursing professionals from psychiatric inpatient units in the United States identified that they had trouble interacting with patients when exposed to stressful situations (Doas, 2013).

The patients interviewed perceived that there was a barrier between them and some nursing professionals. Although closeness is one of the main characteristics of this profession, one patient said that with some nurses and assistants it is only physical, because they 'are close but distant at the same time'. Before rude attitudes they feel afraid and keep a distance from the professionals. Some professionals realized that there were patients who avoided contact and closeness.

A study conducted with 11 psychiatric patients followed up in mental health services in Norway revealed that they saw mental health professionals as indifferent and hostile. They felt rejected and inferior when professionals got angry with them. As protection mechanisms, they distanced themselves from the professionals, seeking comfort in auditory hallucinations, which certainly would affect their recovery because psychotic symptoms begin to be desired as a means to escape reality (Eriksen, Arman, Davidson, Sundfor, & Karlsson, 2014).

In Jordan, a study involving 130 nurses from a psychiatric hospital showed that those who had been working for less time were those who presented the higher levels of moral suffering (Hamaideh, 2014). These results are consistent with the findings of this study, considering that the nursing professionals have been working for 33.4 months on average at the investigated psychiatric unit. Lack of experience possibly contributes to dehumanizing attitudes as a result of the suffering the professionals go through.

The patients said that many professionals seemed stressed and had dehumanizing attitudes due to the exhausting workload to which they are subject (many have more than one job). Both professionals and patients agreed that working in psychiatry requires a taste and profile for it. This leads to almost a third of the patients perceiving that the night shift nursing professionals were more helpful and affectionate than the day shift ones, as they enjoyed what they did and had vocation to work in psychiatry. In addition to these factors, the professionals commented that the work dynamics of the night shift favored this closer contact because,

unlike what happened during the day, the flow of professionals and students was reduced. At night, only the nursing team and patients stayed in the unit.

Considering that the time that nurses and nursing assistants from the night shift spend with patients is shorter because the patients sleep at night, then how to explain the perception patients had that the night shift workers had more contact with them than with those from the day shift? Although the period of contact is shorter at night, it is understood that the patients valued not the duration of the contact but the quality of it. The nurse can be therapeutic even in brief interactions, since "Sometimes it is the momentary smile or non-judgmental word of kindness that can bring about transformation. Sometimes only moments are needed" (Freeth, 2007, p. 110).

That study with British psychiatric patients revealed that they complained of some nursing professionals that disrespected them, suggesting that these professionals worked in psychiatry only for the money, not because they liked what they did (Doas, 2013). The Australian nurses believed that so there is quality in nursing care in mental health services nursing professionals should enjoy their job and have a genuine interest in helping others. The nurse needs to feel emotionally well to provide a quality care that meets the needs of psychiatric patients (Gunasekara et al., 2014). Iranian nurses mentioned that the feeling of altruism helps in the care of psychiatric patients (Zarea, Nikbakht-Nasrabadi, Abbaszadeh, & Mohammadpour, 2013). The patients of the Australian study value a close contact with professionals, expecting nurses to introduce themselves to them at the beginning of the shift and keep in touch until the end of it (Gunasekara et al., 2014).

The nursing professionals mentioned that the bond with patients grows stronger throughout hospitalization. Indeed, the therapeutic interpersonal relationship is recognized as a process in which nurses offer themselves as a care instrument through positive attitudes, accepting patients as they are and showing interest in understanding them (Barker, 2008). Nevertheless, some professionals and people with mental disorders commented that in the course of hospitalization the contact with patients decreases because the professionals turn their attention to newly admitted patients. This suggests that the professionals do not comply with the final stage of the therapeutic process (for not knowing it or due to difficulty organizing their actions with the emergence of new demands at the unit).

Limitations: study conducted at only one general hospital psychiatric unit.

Conclusion

Both professionals and patients value affectionate attitudes, transmission of security and serenity in nursing care. They understand that, for this, it is necessary that the nursing professional likes it and have a profile to work in psychiatry.

The importance of nursing practice during psychiatric hospitalization is highlighted by people with mental disorders, nurses and assistants. For them, nursing is critical to a patient's recovery due to presence, continuous care and closeness. In addition, the role of nursing is valued as a bridge between patients and other professionals of the multidisciplinary team.

References

- Alves, A. P., Guidetti, G. E. C. B., Diniz, M. A., Rezende, M. P., Ferreira, L. A., & Zuffi, F. B. (2013). Evaluation of job impact on mental health professionals in a psychiatric institution. *Revista Mineira de Enfermagem*, 17(2), 429-433.
- Bardin, L. (2011). *Análise de conteúdo*. São Paulo, SP: Edições 70.
- Barker, P. (2008). *Psychiatric and mental health nursing – the craft of caring*. London, GB: Hodder Arnold.
- Botega, N. J. (2012). *Prática psiquiátrica no hospital geral: interconsulta e emergência*. Porto Alegre, RS: Artmed.
- Brasil. (2001). *Lei n.º 10.216, de 6 de abril de 2001*. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. *Diário Oficial da União*, Brasília, DF, 09 abril 2001. p. 2
- Brasil. (2009). *Portaria 2629, de 28 de outubro de 2009*. Reajusta os valores dos procedimentos para a atenção em saúde mental em Hospitais Gerais e incentiva internações de curta duração. *Diário Oficial da União*, Brasília, DF, 20 out. 2009. Seção 1, p. 123.
- Brasil. (2011b). *Portaria 3088, de 23 de dezembro de 2011*. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*, Brasília, DF, 26 dez. 2011. Seção 1, p. 230.
- Brasil. (2011a). *Saúde mental no SUS: as novas fronteiras da reforma psiquiátrica. Relatório de gestão 2007-2010*. Brasília, DF: Ministério da Saúde.
- Brasil. (2012). *Portaria 148, de 31 de janeiro de 2012*. Define as normas de funcionamento e habitação para atenção a pessoas com sofrimento ou transtorno mental e com necessidades de saúde decorrentes do uso de álcool, crack e outras drogas, do Componente Hospitalar da Rede de Atenção Psicossocial e institui incentivos financeiros de investimento e custeio. *Diário Oficial da União*, Brasília, DF, 1 fev. 2012. Seção 1, p. 33.
- Conselho Federal de Enfermagem. (2009). *Compacto dicionário ilustrado de saúde e principais legislações de enfermagem*. São Caetano do Sul, SP: Yendis Editora.
- Doas, M. D. (2013). What are the potential outcomes of integrating emotionally competent behaviors into the care of psychiatric patients? *Journal of Psychiatric Mental Health Nursing*, 20(5), 405-410.
- Eriksen, K. A., Arman, M., Davidson, L., Sundfor, B., & Karlsson, B. (2014). Challenges in relating to mental health professionals: perspectives of persons with severe mental illness. *International Journal of Mental Health Nursing*, 23(2), 110-117.
- Fackler, C. A., Chambers, A. N., & Bourbonniere, M. (2015). Hospital nurses' lived experience of power. *Journal of Nursing Scholarship*, 47(3), 267-274.
- Freeth, R. (2007). *Humanising Psychiatry and Mental Health Care*. New York, NY: Radcliffe Publishing.
- Gunasekara, I., Pentland, T., Rodgers, T., & Patterson, S. (2014). What makes an excellent mental health nurse? A pragmatic inquiry initiated and conducted by people with lived experience of service use. *International Journal of Mental Health Nursing*, 23(2), 101-109.
- Hamaideh, S. H. (2014). Moral distress and its correlates among mental health nurses in Jordan. *International Journal of Mental Health Nursing*, 23(1), 33-41.
- Madathil, R., Heck, N. C., & Schuldberg, D. (2014). Burnout in psychiatric nursing: examining the interplay of autonomy, leadership style, and depressive symptoms. *Archives of Psychiatric Nursing*, 28(3), 160-166.
- Stewart, D., Burrow, H., Duckworth, A., Dhillon, J., Fife, S., Kelly, S., ... Bowers, L. (2015). Thematic analysis of psychiatric patients' perception of nursing staff. *International Journal of Mental Health Nursing*, 24(1), 82-90.
- Townsend, M.C. (2014). *Enfermagem psiquiátrica: conceitos de cuidados na prática baseada em evidências*. Rio de Janeiro, RJ: Guanabara Koogan.
- World Health Organization [WHO]. (2011). *Mental Health Atlas 2011*. Geneva, CH: WHO.
- Zarea, K., Nikbakht-Nasrabadi, A., Abbaszadeh, A., & Mohammadpour, A. (2013). Psychiatric nursing as 'different' care: experience of Iranian mental health nurses in inpatient psychiatric wards. *Journal of Psychiatric Mental Health Nursing*, 20(2), 124-133.

Received on July 28, 2015.

Accepted on February 24, 2016.

License information: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.