

CONSTRUCTION OF A FRAMEWORK TO THE CARE OF PSYCHIATRIC NURSING¹

Dayane Carla Borille*
 Marcio Roberto Paes**
 Tatiana Brusamarello***
 Verônica de Azevedo Mazza****
 Maria Ribeiro Lacerda*****
 Mariluci Alves Maftum*****

ABSTRACT

The creation of a framework is the understanding and the development of general and abstract concepts interlinked, with their corresponding and with meaningful interrelations for a determined professional practice and that gives theoretical support. In this study, the objective was to build a framework for nursing care in a psychiatric hospital. Practice research developed at a psychiatric institution in Paraná/Brazil. Five nurses, one nursing technicians and 74 nursing assistants participated. The data were collected during 32 meetings by the Problematic Arch Method and organized in thematic categories in accordance with the thematic analysis proposal. The adopted theoretical referential was the Interpersonal Relations Theory and the problematized concepts which comprised the framework were: Nursing, human being, interpersonal relationship, environment, staff and health-disease. It was concluded that the construction of the framework provided moments of reflection care practice in the area of mental health and integration among participants.

Keywords: Psychiatric nursing; Mental health; Concept formation; Interpersonal relationships.

INTRODUCTION

In Brazil, significant transformations have occurred related to the reorganization and redefinition of attention to mental health, driven by the Psychiatric Reform Movement, which had its beginnings in the 1970 backed by psychosocial conception and involves changes in theoretical-conceptual, technical assistance, legal-political and socio-cultural dimensions. Psychosocial conception values respect for citizenship, the emphasis on integral care and teamwork with interdisciplinary characteristic in the care for people with mental disorder in the various therapeutic environments^(1,2).

However, developing a sustained care by new concepts and paradigms of the Psychiatric Reform Movement has proved challenging,

because some problems have been pointed out by mental health professionals, of which can be mentioned: demand on modification of work processes aiming at a therapeutic care, work in multidisciplinary team, make use of communication and interpersonal relationships, abandon psychiatric practices. In this sense, the creation of spaces for discussions, reflections and problems, which contextualize the practices routinely and advocated experienced by the model psychosocial are relevant in order to contribute to the planning of such care⁽¹⁾. Thus, it becomes important that the nursing professionals discuss and reflect on how to effectively is built and constructed, conceptually, their practice and how their vision, ideas and attitudes have influenced institutions, other professionals and the human

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*Nurse. Master in Nursing by Universidade Federal do Paraná – PPGENF-UFPR. Member of Nursing HUman Care Studies, Research and Extension Center - NEPECHE. E-mail: dayaneborille2006@yahoo.com.br

**Nurse, Hospital de Clínicas da UFPR. Doctoral Student in Nursing by PPGENF-UFPR. Member of NEPECHE. – E-mail: marropa@ufpr.com.br

***Nurse. Masters Student in Nursing by PPGENF-UFPR. CAPES's collegier. Member of NEPECHE. E-mail: tatiana_brusamarello@yahoo.com.br

****Nurse. PhD in Nursing. Adjunct Professor, UFPR. Member of Family, Health and Development Study Group – GEFASED. E-mail: mazzas@terra.com.br

*****Nurse. PhD in Nursing. Full Professor, PPGENF-UFPR. Leader of NEPECHE. E-mail: lacerda@mlenio.com.br.

*****Nurse. PhD in Nursing. Coordinator and Full Professor, PPGENF-UFPR. Vice Leader of NEPECHE. E-mail: maftum@ufpr.br

being cared.

Understanding and development of abstract concepts and general linked to their corresponding and with meaningful interrelations to a particular professional practice, and to provide them theory, pointing to the creation of a framework⁽³⁾. Thus, it is through the Nursing care reveals itself as science, art and discipline, as well as in the application of a set of concepts and theories in its practice in teaching, care and research⁽⁴⁾.

The theoretical framework used to support this research was the Theory of Interpersonal Relations⁽⁴⁾, which enshrined the person-to-person relationship on the Nursing profession. Its assumptions are based on theoretical and philosophical models, humanist, existentialist and symbolic interactionism, in which the focus is the interpersonal relationship between nurse and patient. It emphasizes that, in a relationship, one of human beings needs help and the other proposes. It focuses on the relationship of man to be existential, seeking meaning in his life and suffer with it⁽⁴⁻⁶⁾.

In this research, it aimed to build a framework for nursing care in a psychiatric hospital.

METHODOLOGY

Practical research of qualitative approach held in the period of November 2006 to February 2007, in a psychiatric hospital of Paraná. From 123 nursing professionals, have agreed to participate in the study 80 of them (five nurses, a nursing technician and 74 nursing assistants).

In order to achieve the aim of this study, the subjects were divided into 8 groups. Each group participated in four meetings, totaling 32 meetings with two hours on average. In the institution are 4 shifts: 2 diurnal and 2 nocturnal. Due to this, at every turn the meetings were repeated, so that in each meeting was part of workers participating in and the other remained in their specific activities. All the meetings took place according to schedule and previous chronogram in a pre-determined room, by the direction of the hospital.

The obtaining of data occurred with the Arch Method⁽⁷⁾, which has as its starting point the observation of reality in a wide way, attentive, which seeks to identify what needs to be worked, investigated, corrected and improved. From the verified aspects, problems are elected to be studied. For this research, were problematized the concepts chosen by participants: Nursing, human being, interpersonal relationship, environment, staff and health-disease.

For the development of activities, were distributed blank sheets of paper for each participant, asked to reflect about the reality they experience in the daily work in mental health at the institution and to complement the affirmative: *Nursing for me is ..., human being for me is ..., interpersonal relationship for me is ..., environment for me is ..., health and sickness for me is. ..* Each participant made records of their ideas through writing and, as a result, showed the group what was produced. From this activity, each group has drafted and presented the concept built by the members for the other groups. This practice was repeated relating each concept with the careful developed by nursing staff. After each meeting, from the records of the participants, it was done the grouping of central ideas that were discussed and validated with the other groups.

The reports and discussions were recorded on cassette tape and complemented by the observations noted in the field journal of the researcher. To assure the obtaining of data and facilitate analysis of these, the research included a scholarship holder of scientific initiation trained by the researcher.

The data were organized and analyzed on the basis of the proposal of thematic categories⁽⁸⁾, which consists of three phases: data ordering, classification and final analysis. The ordering of the data corresponded to the transcription of the recordings of reports and discussions of the participants, reading and re-reading of this material and the initial organization of the reports. The classification of the data consisted in exhaustive and repeated reading of the information and its provision in categories by themes, according to the pre-established concepts. Then, in the

final analysis, the categories were interpreted and justified with the Theory of Interpersonal Relations⁽⁴⁾.

Ethical aspects were safeguarded through the formal Consent of the Director of the Hospital and the Free and Clarified Consent Term in accordance with Resolution 196/96 of the National Health Council⁽⁹⁾. Each participant signed the Term after having been clarified regarding the purpose and methodology of the research. Similarly, it was guaranteed the respect for the confidentiality and anonymity of subjects and information both about documentary from dates. The project was approved by the Committee of Ethics in Research in the Health Sciences at the Federal University of Paraná (UFPR) under the inscription 2035.0.000.091.0.

RESULTS AND DISCUSSION

From the reflections of the participants about their practice of Nursing and the problem of the concepts inherent in the care culminated the Nursing Concepts, Human being, Interpersonal relationship, Environment, Staff, Health and Disease and Framework for Nursing care, which are presented below:

Nursing

The participants stressed that Nursing is a practice that requires rethinking the human condition. In contact with the patient and in recognition of their suffering, are supported for growth and personal empowerment. They focused on integral care aspects that contemplate the subjectivity and individuality of the patient, in order to provide autonomy. Nursing for them is a profession that works as a team to assist, help and accompany the patient in three levels of health care.

It is art, science and profession based on ethical and legal principles which aims to prevent disease, alleviate the suffering of human beings, rescue their autonomy and to promote social rehabilitation through humanized care. To exercise it is necessary to note, responsibility, observation, love, respect the individuality of the human being and teamwork.

Nursing is an interpersonal process (person-person), because the actions are

planned to meet the human needs. Because the nurse interacts so aware, using the ability of communication which is a fundamental element for the care and for the establishment of ties in order to be established on the nurse-patient therapeutic relationship in which there must be mutual respect and acceptance⁽¹⁰⁻¹³⁾.

"The art of psychiatric nursing is done using conscious of the own person in the practice of the profession", with the use of wide range of knowledge and skills to address diverse situations which imply to use different approaches in the care of each patient⁽⁴⁾. So, the nurse carries on applying nursing his knowledge to solving health problems and combining with the ability to use his own person therapeutically to help humans (patients, families and community)⁽⁵⁾.

Human being

From the concept of Nursing as art, science and human care profession, they built the concept of human being. In the discussions was highlighted the multidimensionality of human beings, surpassing the organicistic and/or biological aspects. They described the human being as unique, with biological, social, psychological, cultural and spiritual characteristics. Is a rational being that has intelligence to make choices and decisions, and this allows the exercise of free will and makes him responsible for his actions. And, yet, an affective human being who is inserted in an environment does not live alone and form networks for his survival.

He is a biological, psychological, social, historical, cultural, spiritual, rational, singular (and unpredictable). Citizen, able to feel, think, act, learn, transform and modify the environment. Has free will, allowing him to make choices for the satisfaction of his needs and desires. His big goal is happiness.

It is noted that the concept of human being built by participants corroborates the theoretical framework of this study in which the human being is able to control his own behavior, to accept the capabilities and limitations of the human condition, but needs a direction and a purpose for living and simply does not exist. Is a being possessing ability to face reality and that allows him to recognize his own participation in a life experience, to

understand correct and validly a situation, recognize his own feelings and face them and when that seem difficult, get professional help⁽⁴⁾.

For the understanding of the human being, the limitations, immediate needs and potential, it is essential to the development of the interpersonal relationship. This relationship person-person allows the understanding of the life experiences of the person with mental disorder, stimulates his participation in decision-making in the therapeutic plan and the recognition of nurse and patient as human beings^(14,15). The health professional must be authentic, honest, empathetic and demonstrate commitment to the reality of the person with mental disorder to help him^(4,10).

Interpersonal relationship

During the discussions, participants set the interpersonal relationship as one that occurs between people to live in society, established by the communication of verbal and/or non-verbal, on which there is exchange of ideas, knowledge, experience and expression of feelings. For the relationship to be effective there is a need to mutually respect the differences among people. For them, respect, listening, communication, acceptance and limits of other people and the differences between humans are necessary features in the development of useful interpersonal relationship.

Interpersonal relationship is the relationship between people, established by the verbal and non-verbal communication in which they share ideas, knowledge, affections, perceptions. It may have good or poor quality. A good relationship is enriching and requires mutual respect, confidence, listening and accept the differences, humility, patience, brotherly feeling. On the other hand, in interpersonal relationship dependency situations can happen, domination, pressure.

The interpersonal relationship between the patient and the professional differs from other interfaces/dialogues for being planned, deliberate consciously by the professional who has goals and purposes defined. As a result of this relationship, the person with mental disorder extends and uses his ability to face

reality and find solutions to his problems, learning to communicate and socialize⁽⁴⁾.

It is believed that the interpersonal relationship lies in the interaction established by mutual perceptions arising from prior experience of those involved. In this sense, one should consider the development of care as active and critical interaction space, in which the patient is the center of the process of care. To do so, it cannot be forget that interpersonal relations occur through communication, "which constitutes an essential tool for the principle of patient autonomy, mutual trust and the exchange of information necessary for the care of the patient and family, in a therapeutic perspective"^(14:325).

Environment

For participants, environment is the space in which happen interactions, which are established and relationships in which the human being lives and communicates, being pleasant or not. This environment may be familiar, from work, school, religious, leisure among others. They focused on the environment as dynamic, which influences and is influenced by the presence of human beings.

It is the historical context, physical, social, psychological, cultural, religious where they live and relates. The environment suffers influence and is influenced by the people and is always in transformation. It can be in the work environment, family, leisure, social.

Environment is the context in which occurs the interpersonal relationship, intrinsic and internal, social, biological, psychological, physical and cultural. The nurse is able to create an environment conducive to reciprocal relationships, through which each one can learn. All health workers must participate in the maintenance and improvement of the environment, being able to create and facilitate identification of conditions for the establishment of the interpersonal relationship in the care⁽⁴⁾.

In the care of the patient, it is necessary to prepare the environment for the establishment of the interpersonal relationship, how to provide maximum privacy, peaceful

surroundings, accommodation of the people so that they can maintain visual contact and enough proximity^(4,10,13). The environment needs to be considered in the physical and psychosocial aspects allowing to enhance personal resources and to facilitate socio-affective support. Through the exercise of citizenship, participation in activities, meetings of coexistence and operating groups, the relationship with team members, the person with mental disorder will be encouraged to take responsibility for his own welfare^(1,6).

The environment can affect the behavior of people who tend to feel safe in context known and insecure in the face of unknown⁽¹⁰⁾. Thus, it is important the role of nursing staff in maintaining a favorable environment enabling the freedom, greeting, respect, encouragement to skills and emerging capabilities to perform effective and quality care to the person with mental disorder and/or family⁽⁵⁾.

Team

At the time it was discussed the concept of Nursing, participants focused on the importance of teamwork. From there, it became essential to discuss this concept. Thus, they voiced the team as a group of people with different backgrounds, roles and functions, that share ideas, have common goal, even if they are not gathered in a same time.

They focused on the importance of each member undertakes their function and/or task to achieve the objectives proposed; each person plays a role and/or function and describes the characteristics of a team, such as responsibility, respect and communication, that influence on the quality of the service provided and in obtaining the objective proposed.

Set of people in that each has a role and develops, functions with common goal. A team must know to share ideas, valuing various types of knowledge, talents, skills and potential of its members. The characteristics of a team are: respect, communication, relationship, responsibility, solidarity and unity.

The nurse should promote the relationship between the components of the nursing staff so they can respect the person with mental disorder as a unique human being. Therefore,

the privilege of an effective interpersonal relationship extends to everyone involved: the person with mental disorder, their families, health professionals, as well as administrative workers, the support and maintenance^(4,16,17).

The mental health team is composed of members of various professions who share the overall goal more important in care, the therapeutic relationship, to help the person to reintegrate into society through psychosocial approaches⁽¹⁶⁾.

Teamwork requires study and constant discussions between the professionals to establish the therapeutic plan for each person with mental disorder, taking into account information and comments from everyone involved. This requires a degree of trust between practitioners, communication skills and interpersonal relationship for effectiveness in the multidisciplinary team work and, consequently, improvement in quality of care developed^(10,16).

Health and disease

The concept of health covered the multidimensionality of human when mentioned biological social, psychological and spiritual aspects that corroborated the concept of human being. However, it is noticed that the concept of health, even after the theorizing, kept the influence of one of the earliest conceptions of health used by the World Health Organization as perfect physical, mental and social well-being. The concept of disease approached the imbalance that causes unpleasant situations.

Health is the well-being resulting from the balance between the physical, mental (psychic) spiritual and social state. To have health, some conditions are required as work, housing, education, food security, sanitation, the right to citizenship and freedom

Disease is imbalance which causes to human discomfort, pain, change in the capacity to act, feel, think and do their plans. It is manifested for signs, symptoms and behaviors.

The concept of health has evolved mainly as a result of reflections and experiences that are appropriate for the society as a whole. It covers issues related to the environment, the degree of cultural development, the possibility

of income and work, to the reduction of violence, among others, surpassing the original concept of health⁽⁶⁾.

Its own understanding of health also has a high degree of subjectivity and historical determination, depending on the moment, the framework and the values that are assigned to the given situation. Thus, the concept of health refers to a permanent construction of each human being and society⁽⁶⁾.

Health is not only something that the person has, but rather something that the person is, according to what is demonstrated by certain behaviors and attitudes. These attitudes refer to the ability to love, to face reality and to discover a purpose or meaning in life. The disease can assist the individual to understand his limitations and human condition, these help the human being to grow and strengthen, thus recognizing its limitations and potentiality⁽⁴⁾.

Conceptualizing health, particularly mental health, is difficult, because in any culture there is a term capable of expressing with accuracy and depth of its meaning. On the concept of mental health, probably there will always be some load of beliefs and values, because their understanding is relative, since it suffers the influence of the concept it has about the man, nature and society⁽⁴⁾.

The mental disease (disorder, disease, disturbances or disorders) is also complex to

conceptualize and define mental health. The mental disorder itself cannot be observed, for the same reasons that result from the difficulty of defining mental health, because both are abstract and subjective. What can be observed are the various manifestations of behaviors that may or may not be classified as aberrant, deviant, disabling, of emergency by its own risk and to others⁽⁴⁾.

The mental disorder is an experience lived by human being and not simply a label or a category. It is the individual who experiences the symptoms of the disorder and sometimes experiences the lack of communication condition, because to share the physical or mental pain to someone else understandably, sometimes becomes difficult. The mental disorder affects every aspect of the person and is reflected in their thoughts, feelings and actions and conviviality in society⁽⁴⁾.

Framework to the care of psychiatric Nursing

The construction of the mental image (Figure 1) was drafted with the participation of all those involved in the study, presented to the group for discussion and evaluation which allowed to highlight issues such as the importance and interrelationship between the concepts and the framework should be seen as integral and connected to the reality of work in which the subjects are inserted.

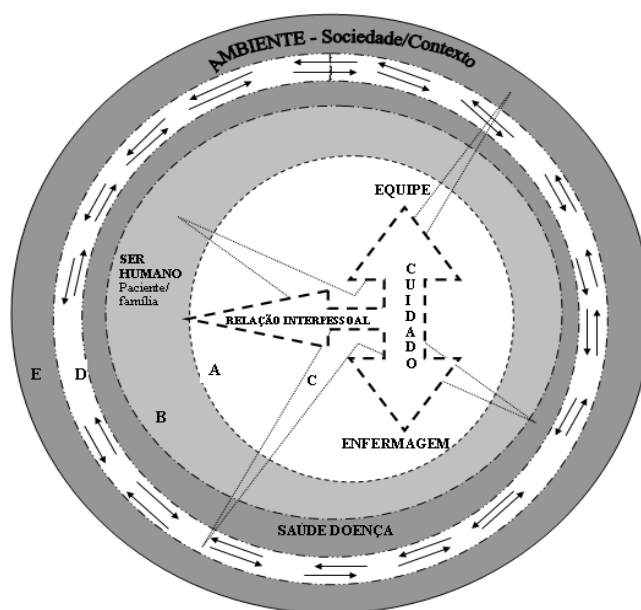


Figure 1. Interconnection of the concepts forming the framework for nursing care in a psychiatric institution. Curitiba, PR, 2008.

Figure 1 demonstrates, through concentric circles, the interrelation of the concepts that compound the framework to the care of Nursing in the Institution, field of this study. The representation starts by the innermost circle (A) with the concepts of Team and Nursing inter-related. The center of the figure points to appreciation of care, that manifests in interpersonal relationship and this is because there is a unity between the team members with the focus of attention for the human being, the patient in the hospital and his family, represented in the second circle (B). The interpersonal relationship and therapeutic interactions between team and subject represented by letter (C) pervade all circles. The circle (D), the health-disease concept is designed in such a way unique to each of the parties involved. The discontinued lines of internal circles indicate the permeability between the concepts and the subject of interactional field. In the blank circle, the arrows in both directions indicate the circularity and dynamism of the relational process that occurs during the development of the care. In the circle (D) is represented the concept of context understanding environment in which happen all interactions between the subjects. These, at the same time that influence, are also influenced the whole

time by the context in which they find themselves.

FINALS CONSIDERATIONS

The process of construction of the framework allowed moments of reflection in the practice of care in the mental health field and integration among the participants. During construction and analysis, it was realized the interrelation between the concepts, which suggests that the framework cannot be fragmented or disconnected from reality so that can contemplate its complexity.

However, this study was limited, due to the end of the allotted time for the realization of this, the impossibility of assessing the influence of the application of the concepts in practice of the subject, last stage of the Arch Method.

This experience shows the need for more research in the area of mental health, both in the new out-patient treatment devices and in psychiatric hospitals, in search of the contribution to the nursing care based on science and multidisciplinary teamwork. It is believed that it is through communication and in person-person interaction that emerge constructs of integral caring and humanized by nursing professionals.

This work points to other research, enabling interventions in the reality of mental health professionals as well as other areas, in order to establish concepts applicable in practice of care. In this way, it is hoped that the practice of nursing in the mental health

field to occur based on constructs leading nursing professionals to develop higher quality care in mental health promotion and prevention of psychic diseases.

CONSTRUÇÃO DE UM MARCO DE REFERÊNCIA PARA O CUIDADO DE ENFERMAGEM PSIQUIÁTRICA

RESUMO

A criação de um marco de referência consiste na compreensão e no desenvolvimento de conceitos abstratos e gerais interligados com seus correspondentes e com inter-relações significativas para uma determinada prática profissional e que a sustente teoricamente. Neste estudo, o objetivo foi construir um marco de referência para o cuidado de enfermagem em um hospital psiquiátrico. Pesquisa prática desenvolvida em uma instituição psiquiátrica no Paraná. Participaram cinco enfermeiros, um técnico de enfermagem e 74 auxiliares de enfermagem. Os dados foram coletados durante 32 encontros, mediante o Método do Arco da Problematização, e organizados em categorias temáticas de acordo com a proposta de análise temática. O referencial teórico adotado foi o da Teoria das Relações Interpessoais e os conceitos problematizados e que compuseram o Marco de Referência foram: Enfermagem, ser humano, relação interpessoal, ambiente, equipe e saúde-doença. Concluiu-se que processo de construção do Marco de Referência propiciou momentos de reflexão da prática do cuidado na área da saúde mental e de integração entre os participantes.

Palavras-chave: Enfermagem psiquiátrica. Saúde mental. Formação de conceito. Relações interpessoais.

CONSTRUCCIÓN DE UN MARCO DE REFERENCIA PARA LA ATENCIÓN DE ENFERMERÍA PSIQUIÁTRICA

RESUMEN

La creación de un marco de referencia consiste en la comprensión y en el desarrollo de conceptos abstractos y generales entrelazados con sus correspondientes y con interrelaciones significativas para una determinada práctica profesional y que la sustente teóricamente. En este estudio, el objetivo fue construir un marco de referencia para la atención de enfermería en un hospital psiquiátrico. Investigación práctica desarrollada en una institución psiquiátrica en Paraná/Brasil. Participaron cinco enfermeros, un técnico de enfermería y 74 auxiliares de enfermería. Los datos fueron recogidos durante 32 encuentros por medio del Método del Arco de la Problematización y organizados en categorías temáticas de acuerdo con la propuesta de análisis temático. El referencial teórico adoptado fue el de la Teoría de las Relaciones Interpersonales y los conceptos problematizados que compusieron el Marco de Referencia fueron: Enfermería, ser humano, relación interpersonal, ambiente, equipo y salud-enfermedad. Se concluyó que el proceso de construcción del Marco de Referencia proporcionó momentos de reflexión en la práctica de atención en el área de la salud mental y de integración entre los participantes.

Palabras clave: Enfermería psiquiátrica. Salud mental. Formación de concepto. Relaciones interpersonales.

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Corresponding author: Mariluci Alves Maftum, Rua João Clemente Tesseroli, 90, CEP: 81.520-190. Bairro Jardim das Américas, Curitiba, Paraná.

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