

# COMMUNICATION BETWEEN NURSING TEAM AND PATIENTS WITH MENTAL DISORDER IN AN EMERGENCY SERVICE<sup>1</sup>

Marcio Roberto Paes\*  
Mariluci Alves Maftum\*\*

---

## ABSTRACT

Communication subsidizes the interaction between nursing staff and patients providing conditions for the development of comprehensive care to people with mental disorder. This study had as objective to capture the perception of the nursing staff about establishing communication with patients who have mental disorders. This is a descriptive, exploratory and a qualitative research conducted in an emergency department of a general hospital in Curitiba / Parana, in the period January-November 2009. Participants were 06 nurses, 07 practical nurses and 14 nursing assistants. For data collection were carried out semi-structured interviews and the data were subjected to thematic content analysis-categorical. After analyzing the data, we identified two categories: Communication as a form of care and the difficulties and barriers of communication between the nursing staff and the patient. It was evident that despite the participants agree that communication is essential for the nursing care of patients with mental disorders; there is a difficulty in making it effective due to lack of competence in communication.

**Keywords:** Communication. Nursing Care. Nursing. Mental Health.

---

## INTRODUCTION

Communication is a process mediated by understanding and sharing of ideas and messages transmitted and received, which influence the behavior of people allowing them to express their peculiarities within an interactional field<sup>(1-2)</sup>. Care is characterized by the gathering of those who need care and caregiver, propitious environment, surrounded by behaviors and attitudes among which are respect, responsibility, interest, security, supply support, confidence, comfort and solidarity. Importantly, these aspects are effective only in an environment interaction and communication as the missing communication and interaction care becomes simple technical procedure<sup>(1)</sup>.

Communication is inherent in human beings and depends on it to survive and perpetuate the species, culture, science and all that has been achieved since the primitive people; part of the history of each person and their relationship with others and with the environment. It is a complex process, which encompasses understanding, sending and receiving messages, that to have an effect immediate, medium and long-term behavior of the people involved in environment interaction<sup>(3)</sup>.

Care within communicational and

interactional surpasses common understanding and health care represented by technical procedures. Before refers to actions of completeness with meanings and meanings related to health promotion, such as a human right, expressed by respect, acceptance, given the individual at the time of social weakness and / or pain, in which the interaction between people become characteristic of this context<sup>(4)</sup>.

Among the health services, the emergencies are those with greater difficulty in establishing an environment interactional this because it has some peculiar characteristics that tend to turn it into a space in which communication is mechanized and impersonal. Among these characteristics may include: lack of privacy, disturbed environment, discomfort, impersonality, long and stressful working hours of the health team, among others<sup>(5-6)</sup>.

To try to change this scenario the National Humanization Policy (PNH) recent calls for health professionals who work in the emergency services have extensive knowledge beyond the technical-scientific to provide quality emergency care to the population. Therefore, the PNH proposes measures with emphasis on humanistic, promoting greater interaction between healthcare professionals and users. This is because this service, as it constitutes the main entrance door of hospitals, covers care to clients with the most

---

\*Nurse of the Clinical Hospital of UFPR. PhD by PPGENF / UFPR. Member of the Center for Studies, Research and Extension in Human Care in Nursing (NEPECHE / UFPR). E-mail: marropa@pop.com.br

\*\*Nurse. Doctor. Coordinator and lecturer of PPGENF / UFPR, Vice-leader NEPECHE. E-mail: maftum@ufpr.br

varied diseases, including psychiatric disorders<sup>(7)</sup>.

In recent years, with the restructuring of mental health care in Brazil, in many locations the emergency rooms of general hospitals have been services that offer care and assistance in cases of psychiatric emergencies<sup>(4)</sup>.

The question that guided this study was: How the nursing staff of an emergency department of a general hospital perceives their communication with a person with mental disorder? Took up a goal: to grasp the perception of the nursing staff of an emergency department of a general hospital about establishing communication with patients with mental disorders.

## METHODOLOGY

Descriptive and exploratory qualitative research conducted in the emergency unit of a general hospital in the city of Curitiba / Paraná, in 2009.

Of the total of 64 professionals that make up the nursing staff in the Unit, participated in this research 06 nurses, 07 practical nurses and 14 nursing assistants, of whom 05 were men and 22 women. Regarding the distribution per shift: nine were morning, afternoon seven and 11 night. Of these, 14 had around five years on the job, 12 ranging between six and 23 years and only two subjects had approximately two years. None of the subjects had experience in mental health service.

Inclusion criteria were agreeing to participate in the study, signing the Instrument of Consent and provide direct nursing care to patients.

Data were collected through semi-structured interviews with open-ended question: how do you perceive your communication with patients with mental disorders? The interviews were tape recorded and conducted in a private place designated by the head nurse.

The project was approved by the Ethics and Research of the Department of Health Sciences, Federal University of Paraná, under no. 0220.0.208.091-08, in accordance with Resolution 196/96 of the National Health Council (CNS)<sup>(8)</sup>. To ensure confidentiality and anonymity subjects were identified in this article with coding: letter E (Nurse), T (Practical

Nursing) and A (Nursing Assistant), followed by an Arabic numeral.

The data were subjected to thematic content analysis-category<sup>(9)</sup>, which suggests the use of pre-analysis, material exploration, processing and interpretation of results. This type of analysis is organized by the categorization process that consists of sorting operation of elements belonging to the same set, by differentiation and regrouping by criteria previously defined. The classes meet in a group of elements under a generic title grouping them according to the themes that is.

## RESULTS AND DISCUSSION

After analyzing the data, we identified two categories: 'Communication as a form of care' and 'The difficulties and barriers of communication between the nursing staff and the patient.'

### Communication as a form of care

The subjects recognized that communication translates into care and mediates the interaction between nursing staff and patients with mental disorders.

Need to talk; to communicate [...] I think the main care is to have the same interaction (E.3).

The way you present yourself, how you speak to the patient, is the patient that will give you the opening to take care of him. Communication is a tool to care (E.4)

Human communication is realized by the perception of the sense organs, under the verbal and non-verbal. The verb refers to written and spoken messages. As the patient receives messages in verbal and non-verbal, expressing attention, respect and empathy, she becomes therapeutic. Thus, through it, it opens the opportunity to carry the patient-provider relationship, expressed by E.3 and E.4 and thus proceed with the proposed actions of care<sup>(6,10)</sup>.

In accordance to what has been referenced by subject and found in other studies<sup>(3-7)</sup>, nursing care is developed by people for people. Thus, communication is essential to the effectiveness of interpersonal relationships and is an important tool for the planning and development of such care.

The subjects also expressed that the dialogue is a form of communication and element that subsidizes the nursing professional to demonstrate empathy for the patient and thereby create spaces for interaction in order to win their trust. Reported that the dialogue can be a mediator for the formation of the bond between professional nursing and patient:

Care is a form of dialogue. I try to deliver a complete form for the person to feel empathy; I try to put myself in his position (T.4).

I think you have to try to conquer the patient arrive and introduce yourself, mention that you are there to take care of him. Try to win his trust (A.13)

[...] Try to talk to him. I start to ask of his life [...] to try to form a bond with him (A.5).

We can this patient understand things if we communicate. I think it is to explain step by step what you are doing [...] sure you will get it to collaborate, when you puncture a vein, a probe passes, if you explain to him. The communication ends up being what is most helpful for you to get the help that patient (E.4)

The expressions of the subjects on the importance of dialogue as a tool for interaction between professional and patient meets findings in literature that communication is essential to the evolution of man, because through it people interact with each other, become aware facts of the past and are able to draw future projections. Thus, communication is a phenomenon integrator complex and human. Due to its complexity and various theoretical approaches, it can be understood as part of the process of care subsidized by understanding messages shared by the people who influence the environment and their behaviors<sup>(1-5)</sup>.

Dialogue is a form of verbal communication that needs to be competent and dedicated to provide the interaction that permeates the actions of nurses considering factors that may be favorable or contrary to effective communication<sup>(3,6)</sup>.

In the following reports, which externalize the subjects, as the bond is signed, the professional nursing becomes a reference for the patient because their dialogue aimed at interaction and represents a form of professional nursing reach patients with mental disorders. In his reports attributed to dialogue a benefit to the

patient, however, was not found in their speeches the assertion that develop this practice. For them, dialogue is a carefully and mentioned the importance of communicating with patients with depression, since these need to be encouraged to talk:

[...] Often the customer identifies with one of the team, and person happens to be a reference to him is someone who stopped and talked to him and he was touched (E.5).

You talk to him {referring to patients with mental disorders}; tries to win his trust and obviously then you have everything with it. You can take a bath, he lets you touch him. We try to talk and when we conquer the trust, they open up more (A.13).

E.5 The subject refers to the ability of communication to arouse feelings and make people feel touched. Some attitudes imbued with feelings enable humanization and effectiveness of nursing care and gentleness, warmth, attention, respect, dedication and commitment, demonstrating the capacity for empathy of professional nursing. Thus, the patient is able to care and feel welcomed in the environment sometimes hostile emergency department of a hospital<sup>(5)</sup>.

A.13 The guy talked about winning the trust of the patient and then develops nursing care needed. This important consideration has also been found in other studies<sup>(3,5,10)</sup>, in which nursing care to occur effectively, it is necessary that the nursing professional win the trust of the patient. When this is confirmed, the patient discusses important facts, 'opens more', as explained by the subject A.13 and thus the nurse with her team can create strategies to achieve the best level of wellness and health for the patient.

The subjects recognized and valued communication as a tool for nursing care, however, stressed that it must be done properly. Pointed out that, depending on the content of utterances and how it is expressed, can be used as a tool to modify the patient's behavior when he has conduct disorder or confusion. For communication to take place effectively, the subjects mentioned some criteria: have patience, possess and transmit calm.

(...) Talk with the patient adequately, because otherwise he will be bored anymore. [...] (T.6)

I think the easiest is to talk, got to talk to the person and be a calm person and transmit calm to him. (...) Have to be more careful with these patients, even in speech. Depending on what we say, they are more or less aggressive (A.1)

You cannot develop care simply coming (...) because it is the communication that will dictate how you will make the care [...]. The technical part is automated, we can and anyone does. (E.4).

Often the conversation with the patient praising him and bringing cheer for him, it often changes the patient's condition, and they are depressed. The person is stimulated and think: "Someone is giving me value." (...) So I try to do it in a slower way, a way to calm the person and feel so you can have confidence in the nursing service (. ..) (T.4).

Communication is a basic tool for the development of care with the aim of providing the best condition of well-being of the patient. For this, the communication needs to be a conscious and planned for producing therapeutic effect, a condition perceived and expressed in the speeches earlier<sup>(11)</sup>.

For nurses and staff to develop competence in communicating therapeutically, there is no need to refer the premises of communication, because it "is the integrating axis between care, teaching and research in nursing." The communication provides favorable conditions for interpersonal relationship and allows the exercise of nursing as a practice of integrated care and humane people<sup>(11:65)</sup>.

The environment has important influence on the quality of communication, given that it can interfere with the perception of the sender and / or receiver. The emergency department is a dynamic environment with heavy workload of the nursing staff and requires the efforts of these professionals to make this environment for communication<sup>(10-11)</sup>.

The statements below refer to give greater attention to what the patient says and interact emphasizing the skills to know I heard it.

[...] But the sensitivity to deal with this patient, the way to talk, to listen to this patient, is very strong (E.4).

Because sometimes the psychiatric patient, when you give a little more attention, even though the service is overloaded, but the mental patient is very poor, he needs your attention (T.6).

Although the subjects they discuss the importance of listening to the patient, it is known that the hegemonic biomedical model there are few spaces for listening to the concerns, tensions and sufferings of individuals. For the interaction become effective, there is need to understand that it is the exchange of experiences and not unidirectional<sup>(4,11)</sup>.

Knowing how to listen and listen reflectively is a required competency within the scope of communication and interaction. Upon hearing the other one apprehends the complexity of human experience, its values, and the intensity of feelings, patterns of their thought processes, and to understand and modify worldviews<sup>(12)</sup>.

In the subjects' T.6 and T.4 for the account of the importance of observing nonverbal communication made by patients, eg, facial expressions, attitudes and reactions.

So always watch his attitude, as it does on the face, the expression and always have a little more patience (T.6).

Attention is caring more intensely. It is a care that in my view is very important to note. Getting more time looking at the patient, seeing what kind of reaction he has (T.4).

The nonverbal communication accompanies the verbal and occurs through the messages expressed by body language with their physiological qualities, physical and gestural eg, gestures, facial expressions, looks and touches, and depending on how they are manifested, can convey comfort and empathy to each other or not. This type of communication is extremely important in nursing practice, since through it one can grasp the patient needs that cannot possibly express in words<sup>(11)</sup>.

The observation is essential for non-verbal communication. Some reactions in the patient can subsidize important data for planning and development of preventive or emergency by the nursing staff<sup>(11)</sup>.

### **The difficulties and barriers of communication between nursing staff and patient**

Some subjects mentioned difficulties in communicating appropriately with patients with clinical and psychiatric comorbidity. Reported they did not know how to use communication in emergencies psychiatric patients with aggressive

and psychomotor agitation or service to potential suicide.

[...] We have a serious problem with this patient is not able to speak with him, not knowing how to say what is expected. This is a problem with all patients, but it is much starker with the psychiatric patient (E.2).

[...] I even get depressed patient, we talk, cherishes, and tries to get him to talk to us. But the aggressive patient, sometimes it does not want to (A.4).

[...] Patient who attempts suicide; I do not quite know how to make first contact with him. If I talk and how I work with this patient, what to comment on, if not to comment on the matter, do not mind that the patient tried to kill himself, do not know. [...] We get a little afraid to get this patient does not know whether to talk about it, talk about it, it should not say anything, and it should be quiet. I do not even really know how to behave accordingly (E.6).

When the subject E.2 and E.6 expressed not know how to communicate properly with patients with mental disorders, showed the existence of the need to acquire competence in communication and employ it as a therapeutic resource. Thus, when the nursing staff uses to communicate inappropriately, it generates noise in the environment interactional producing negative feelings such as fear, doubt, and fear distancing, demonstrated in previous speeches<sup>(6)</sup>.

E.6 The guy said concerns about the approach to nursing care and the suicidal patient. The lack of knowledge and lack of information from health professionals about the risks of self-destructive behaviors end up causing some mismatch between the needs of patients with suicidal behavior and actions that the health care team should take against such a situation<sup>(13)</sup>.

Not knowing how to act before events related to suicide makes nursing professionals fail to identify any behavioral changes, such as social isolation, ideas of self-punishment, verbalizations content pessimistic or withdrawal of life and risk behaviors that can signal a request for help<sup>(13)</sup>.

Nursing care for people with suicidal behavior in emergency service should be focused primarily on the relationship of the members of the team with the patient and his family. For this reason, therapeutic

communication is a key, because by it are listed and considered the feelings and needs of individuals<sup>(14)</sup>.

So communication is a vehicle for sharity and solidarity, empathy and understanding to potential suicide bombers and their families. Furthermore, if used improperly, it can convey the sense of rejection giving non-therapeutic quality action. These measures aim to fill the gap created by mistrust, despair and loss of hope, which would lead him to bring against life itself<sup>(14)</sup>.

A.7 The subject expressed categorically that there is no possibility of having effective communication with patients who have agitation, confusion or delirium. This guy still expressed a feeling of estrangement between him and the patient with a mental disorder.

I do not have reach and all I speak will not serve for nothing, will not be within the world of him, without thinking that it is not within my world is a strange thing. A huge feeling of detachment without understanding. I have impression that everything I do for him or talking will not result in anything. I feel that our dialogue is different planets (A.7).

Another difficulty is externalized by the subjects communicate and interact with the patient who manifested delusions, which represent one of the most apparent symptoms of psychosis that sometimes makes speech and ideas of the patient incomprehensible, as voiced by the subject A.7, to refer the patient with mental disorder is in 'another world'. It is important to make the caveat that only the patients with mental disorders have such symptoms<sup>(15)</sup>. However, this factor cannot be an impediment to communication, interaction and therefore of care to patients.

Patients suffering from certain types mental disorders with psychotic symptoms may demonstrate difficulties in verbalizing have clear ideas and establish relationships. But these symptoms are not continuous and the patient may present intervals appropriateness of behavior, speech and thought. Can still provide insight, whose term in its original form, or translated into Portuguese *insaita* means internal understanding, sudden understanding, sudden apprehension, sudden vision, discernment<sup>(15)</sup>.

The following external speaks about the trend that health professionals have to consider the person with a mental disorder, a being without intelligence or ability to understand.

[...] The tendency is often to underestimate the intelligence that he does not understand anything, he knows nothing and so you sin. In reality, what you have is to look at the patient, talk to him and explain what is expected and try to get patient safety (E.2).

Since the eighteenth century, a time that began the institutionalization of 'madness', people with mental disorders, in addition to receiving the label of "crazy", "sold" or "psychiatric patient" were considered "different beings." The difference was related to unreason, impaired judgment and to express the truth that the madman was subdued, as was explained by the subject E.2. Thus, this design was used by knowledge of psychiatric medicine to justify the practices of confinement and implementation of various disciplinary apparatuses in its treatment of madness, which aimed to bring the madman to his state of rationality<sup>(16)</sup>.

As health professionals still conceive of people with mental disorder as unable to understand and express themselves, devalue

communication, giving the patient the opportunity to demonstrate their cognitive capacity, autonomy and understanding<sup>(4)</sup>.

## FINAL CONSIDERATIONS

Nursing professionals must acquire competence in human communication and therapy, since it is fundamental skill development practices of nursing care in the form of conscious, True, transformer, which humanizes and builds.

Although the subjects in this study consider communication and interaction as an instrument for the nursing care of patients with mental disorders revealed the existence of difficulties in putting it into practice effectively.

Thus, it is suggested that the emergency services and health institutions promote continuing education programs to prepare them for the nursing care of patients with mental disorders. Thus, the thematic interaction and communication should be emphasized because of its complexity and, above all, its importance to the care process.

---

## COMUNICAÇÃO ENTRE EQUIPE DE ENFERMAGEM E PACIENTES COM TRANSTORNO MENTAL EM UM SERVIÇO DE EMERGÊNCIA

### RESUMO

A comunicação subsidia a interação entre a equipe de enfermagem e os pacientes dando condições ao desenvolvimento de cuidados integrais às pessoas com transtorno mental. Neste estudo teve-se como objetivo apreender a percepção da equipe de enfermagem acerca da comunicação que estabelece com o paciente com transtorno mental. Trata-se de uma pesquisa qualitativa, descritiva e exploratória realizada em um serviço de emergência de um hospital geral de Curitiba/Paraná, no período de janeiro a novembro de 2009. Foram participantes 06 enfermeiros, 07 técnicos de enfermagem e 14 auxiliares de enfermagem. Para a coleta dos dados foram realizadas entrevistas semiestruturadas e dados obtidos foram submetidos à Análise de Conteúdo temático-categorial. Após a análise dos dados, identificaram-se duas categorias: A comunicação como forma de cuidado e As dificuldades e barreiras da comunicação entre a equipe de enfermagem e o paciente. Evidenciou-se que, apesar dos participantes considerarem que a comunicação é imprescindível para o cuidado de enfermagem ao paciente com transtorno mental, existem dificuldades em torná-la efetiva devido à falta de competência em comunicação.

**Palavras-chave:** Comunicação. Cuidados de Enfermagem. Enfermagem. Saúde mental.

---

## COMUNICACIÓN ENTRE EL EQUIPO DE ENFERMERÍA Y PACIENTES CON TRANSTORNO MENTAL EN UN SERVICIO DE EMERGENCIA

### RESUMEN

Comunicación subvenciona la interacción entre el personal de enfermería y los pacientes que ofrecen condiciones para el desarrollo de la atención integral a las personas con trastorno mental. Este estudio tuvo como objetivo comprender la percepción del personal de enfermería sobre el establecimiento de la comunicación con los pacientes con trastornos mentales. Se trata de una investigación cualitativa, descriptiva y exploratoria realizada en un servicio de urgencias de un hospital general en Curitiba / Paraná, en el período enero-noviembre de 2009. Los participantes fueron 06 enfermeras, 07 técnicos de enfermería y 14 auxiliares de enfermería. Para

la recolección de los datos se llevaron a cabo entrevistas semi-estructuradas y los datos fueron sometidos a análisis de contenido temático-categorico. Después de analizar los datos, se identificaron dos categorías: Comunicación como una forma de cuidado y las dificultades y las barreras de comunicación entre el personal de enfermería y el paciente. Era evidente que, a pesar de que los participantes están de acuerdo en que la comunicación es esencial para el cuidado de enfermería de los pacientes con trastornos mentales, existe dificultad para hacerlo efectivo debido a la falta de competencia en la comunicación.

**Palabras clave:** Comunicación. Cuidados de Enfermería. Enfermería. Salud Mental.

## REFERENCES

1. Waldow VR. Atualização do cuidado. Aquichan [on-line]. 2008 abr [citado 21 jan 2012]; 8(1):85-96. Disponível em: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/126/252>
2. Pontes AC, Leitão IMTA, Ramos IC. Comunicação terapêutica em enfermagem: instrumento essencial para o cuidado. Rev bras enferm. 2008 mai-jun; 61(3):312-8.
3. Braga EM, Silva MJP. Comunicação competente – visão de enfermeiros especialistas em comunicação. Acta paul enferm. 2007 out-dez; 20(4): 410-4.
4. Paes, MR, Borba LO, Labronici LM, Maftum, MA. Cuidado ao portador de transtorno mental: percepção da equipe de enfermagem de um pronto atendimento. Cienc cuid saúde. 2010 abr-jun; 9(2): 309-316.
5. Baggio MA, Callegaro GD, Erdmann AL. Relações de “não cuidado” de enfermagem em uma emergência: que cuidado é esse? Esc Anna Nery Rev Enferm. 2011 jan-mar; 15(1):116-23
6. Negreiros PL, Fernandes MO, Macedo-Costa KNF, Silva GRF. Comunicação terapêutica entre enfermeiros e pacientes de uma unidade hospitalar. Rev eletrônica enferm [on-line]. 2010 jan [citado 12 jan 2012]; 12(1):120-32. Disponível em: [http://www.fen.ufg.br/fen\\_revista/v12/n1/pdf/v12n1a15.pdf](http://www.fen.ufg.br/fen_revista/v12/n1/pdf/v12n1a15.pdf)
7. Nogueira-Martins MCF, De Marco MA. Humanização e processos comunicacionais: reflexões sobre a relação entre o profissional de saúde e o usuário. BIS, Bol Inst Saúde [on-line]. 2010 abr [citado 23 jan 2012]; 12(1). Disponível em: [http://periodicos.ses.sp.bvs.br/scielo.php?script=sci\\_arttext&pid=S1518-18122010000100009&lng=pt&nrm=iso](http://periodicos.ses.sp.bvs.br/scielo.php?script=sci_arttext&pid=S1518-18122010000100009&lng=pt&nrm=iso)
8. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução 196, de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF); 1996.
9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2010.
10. Barbosa KP, Silva LMS, Fernandes MC, Torres RAM, Souza RS. Processo de trabalho em setor de emergência de hospital de grande porte: a visão dos trabalhadores de enfermagem. Rev Rene. 2009 out-dez; 10(4):70-6.
11. Stefanelli MC. Introdução à comunicação terapêutica. In: Stefanelli MC, Carvalho EC(org). A comunicação nos diferentes contextos da enfermagem. Barueri: Manole; 2005.p.62-72.
12. Camillo SO, Nóbrega MPSS, Théó NC. Percepções de graduandos de enfermagem sobre a importância do ato de ouvir na prática assistencial. Rev esc enferm USP. 2010 mar; 44(1): 99-106.
13. Barbosa FO, Macedo PCM, Silveira RMC. Depressão e o suicídio. Rev SBPH [on-line]. 2011 [citado 18 jan 2012]; 14(1):233-43 . Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1516-08582011000100013&lng=pt&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582011000100013&lng=pt&nrm=iso)
14. Abreu KP, Lima MAD, Kohlrausch E, Soares JF. Comportamento suicida: fatores de risco e intervenções preventivas. Rev eletrônica Enferm. [on-line]. 2010 jan [citado 06 jan 2012]; 12(1):195-200. Disponível em: <http://www.fen.ufg.br/revista/v12/n1/v12n1a24.htm>
15. Sadock BJ, Sadock VA. Compêndio de Psiquiatria. 9.ed. Porto Alegre: Artmed; 2007.
16. Paes MR, Borba LO, Maftum MA. Contenção física de pessoas com transtorno mental: percepções da equipe de enfermagem. Ciênc cuid saúde. 2011 abr-jun; 10(2):240-7.

**Corresponding author:** Marcio Roberto Paes. Rua Brasília Bontorim, n. 575 – Jd Esplanada. CEP: 83402-490. Colombo, Paraná.

**Submitted:** 14/09/2012

**Accepted:** 18/12/2012