

NURSING CARE CENTERS IN PSYCHOSOCIAL CARE

Paula Cristina da Silva Cavalcanti*

Rosane Mara Pontes de Oliveira**

Paulo Vaccari Caccavo***

Isaura Setenta Porto****

ABSTRACT

This study consists of an original research of exploratory orientation and qualitative approach. The study aims to describe how psychiatric nurses at Centers of Psycho-Social Attention (CAPS) take care of the clientele and analyze the actions of these nurses as careful and others as careless. The study subjects were five nurses that work at CAPS of Volta Redonda/Rio de Janeiro. Data collection occurred in different scenarios, using participant observation and open interviews. For data analysis, we used thematic analysis. The data that emerged from behavior, attitudes and subject statements originated two thematic classes with the following subheadings: 1) the care that produces improvement. Subheadings: a) The personality of the nurse, b) Aspects related to knowledge. 2) The care that doesn't produce improvement. Subheadings: a) Scientific knowledge of nursing, b) Professional profile, c) Disqualification and mischaracterization. We concluded that despite the care provision to users of CAPS, the logic of care is still exclusionary and not rehabilitative. Thus, it is necessary that nurses provide care that can enable the users to be responsible for themselves, take them towards autonomy and major power of social contractuality.

Keywords: Nursing. Nursing care. Psychiatric nursing. Mental health. Knowledge.

INTRODUCTION

From the Brazilian psychiatric reform movement, which aims to build a new social status for the mentally ill which guarantees citizenship, respect for their rights and individuality, substitute services emerged in mental health.

The Center for Psychosocial Care (CAPS, in Portuguese) is the largest representative of substitute services in Brazil, which has the function of caring for people with psychological disorders and communicating with the network of community services promoting the reintegration of them in this area.

In this sense, the nurses, who for many years have had their practice oriented by the logic of mental institutions, needed to adapt their practice to the substitute service, being creative, flexible and working as a team, thus breaking the paradigm of exclusion and mental institutions.

The problem of caring for people in a CAPS is also implied in its opposite, carelessness⁽¹⁾.

It may seem obvious that care will result in

improvement, however, in psychiatric nursing and mental health, the care will result in improvement when it contributes to personal recovery, for example, reinserting the patient in day to day, family and social activities, therefore, care must be performed with this intention along with, the employees scientific knowledge and readiness to care⁽¹⁾.

Care needs to be performative, in other words, liberating, and should be seen as an ethical ideal, valorizing the care and humanization in a meaningful relationship with the patient⁽²⁾. Therefore, the nurse needs to distance himself from hospital-centered model, performing actions and developments that go beyond the moment of attention and zeal. In mental health, the improvement should aim citizenship, autonomy, social integration. An action of care per se does not mean the production of improvement production, despite the care having been given and producing some result⁽¹⁾.

The care that produces improvement is one that allows you to boost the capabilities of

* Master in Nursing. Research Core in Hospitalar Nursing (NUPENH). Mestre em Enfermagem. E-mail: paulacristinadasilva@yahoo.com.br

** PhD, Adjunct Professor, Department of Medical-surgical Nursing, Anna Nery Nursing School, UFRJ. Researcher, NUPENH. Rio de Janeiro – RJ, Brasil. E-mail: romapope@gmail.com

*** PhD, Associated Professor, Department of Medical-surgical Nursing, Anna Nery Nursing School, UFRJ. Researcher, NUPENH. Rio de Janeiro – RJ, Brasil. E-mail: paulovaccari@uol.com.br

**** PhD, Adjunct Professor, Department of Medical-surgical Nursing, Anna Nery Nursing School, UFRJ. Researcher, NUPENH. Rio de Janeiro – RJ, Brasil. E-mail: isaura70porto@gmail.com

individuals with psychological disorder, stimulating their economic participation, reducing stigma and prejudice and to promoting equity and social opportunity⁽¹⁾. Whereas lack of care is now understood as carelessness, negligence and lack of duty to care. It approaches issues involving dehumanization linked robotics that derives from the combination of science - technology that sometimes overlaps the affective relationship between nurse and patient⁽³⁾.

This movement transition between the psychiatric hospitals and (CAPS) directly interferes with the action of nursing care, whose ritual is not always favorable to the person with psychological disorder, because it depends on understanding and articulation of nurses and their knowledge^(1,4,5). Depending on the understanding and professionalism this action may be of care or negligence⁽¹⁾.

With the implementation of CAPS, the nurses' activities, which were previously contain, monitor and medicate, have become less strict and are now being guided by the assumptions of the Brazilian psychiatric reform⁽⁶⁾. In the process of transition from mental institutions to CAPS, the changes are not always harmonious.

Considering the implications and the problems of caring in CAPS there are sometimes assistance deviations provided by nurses, for example, care actions established in the mental institution model performed within the CAPS occur when the focus should be a rehabilitative nursing care, therefore, assistance becomes lack of care.

Based on this, the care of nurses in CAPS has become the subject of careful study, and with the goal: to describe how CAPS nurses care for patients with psychological disorder and analyze their care actions in these units.

MATERIALS AND METHODS

This is a qualitative approached study, in a descriptive exploratory manner, conducted in the city of Volta Redonda, RJ, whose mental health substitute network consists of four CAPS including two CAPS II, a children and youth CAPS and an ad CAPS.

The first CAPS II of the city was inaugurated in 1996 to attend to the adult population, the

child CAPS was opened in 1999 and, in 2000, the mental healthcare outpatient was transformed into another CAPS II, also to care for adult population. The CAPS ad for monitoring of drug addicts, in turn, began operations in 2004.

Type II CAPS are services for medium-sized cities, with populations ranging between 70,000 and 200,000 inhabitants, which is open Monday to Friday from 8am to 6pm⁽⁷⁾. The cities CAPS II currently work with 02 nurses, each at different times.

The psychosocial care service that cares for patients with related disorders and psychoactive substance dependence, with the operational capacity to provide care in cities with a population over 70,000, at the time of the search was without nurses⁽⁷⁾.

The subjects included in the study were the nurses who worked in CAPS, corresponding to five professionals. These are identified in this study by pseudonyms⁽¹⁾.

Data collection occurred in two phases: i) From June 18th to July 8th 2009 observations were carried out using the technique of field diary; ii) after prior analysis of the observation findings, a script was prepared for semi-structured interviews that took place between 2nd and 9th of March 2010 and whose produced material was fully transcribed.

For the treatment of the data assumptions of thematic analysis were used in the Minayo technique⁽⁸⁾ that suggests the following steps: processing, classification, categorization of data and analysis of results.

To meet the ethical principles of research, it was requested that the legal responsible of the city hall give written consent to proceed with the study. Upon acquiring this, the project was submitted to the Ethics Committee in Research of the Anna Nery Nursing School of - Hospital Escola São Francisco de Assis, having received approval under protocol # 09/2009.

It should be clarified that after the initial explanations of the study proposal, the participating nurses received a Statement of Informed Consent in which they authorized, in writing, their participation, also being guaranteed their confidentiality, privacy, integrity and welfare in addition to other regulated duties⁽⁹⁾.

RESULTS AND DISCUSSION

Regarding the profile of the subjects interviewed, the majority were female (n=3), aged between 20 and 30 years old, with less than 10 years of graduation (n=4) and postgraduate degrees in several areas, but none in the area of psychiatry or mental health⁽¹⁾.

From the collected data it was possible to discuss how nurses cared for and treated for users with the intention to identify if the assistance unfolded in care or carelessness. Accordingly, the data was grouped, allowing the emergence of two thematic classes with their respective sub-themes: 1) **The care that produces improvement.** Subthemes: a) The personality of the nurse, b) Aspects related to knowledge, 2) **The care that produces no improvement.** Subthemes: a) Scientific knowledge of nursing, b) professional profile, c) Disqualification and mischaracterization.

THE CARE THAT PRODUCES IMPROVEMENT

In the care that produces improvement it is noticed that the improvement differs from the result because it passes from one state to another, and the result may not always bring such transformation, the result is independent of improvement.

The notion of improvement is not a cure, but to adapt productively in society. The data produced evidence that the personality of nurses will influence in the care that produces improvement, by taking into account the principles, values and beliefs.

When practicing nursing care, nurses justify their presence in CAPS, as a fundamental aspect of this profession is to put people in the best of health. When they do not, and neglect the nursing care, to what extent wouldn't their actions is somehow linked to the robotization of health care⁽³⁾.

THE PERSONALITY OF THE NURSE

This subcategory emerged from the understanding that the practice of the theory and the care that produces improvement will depend

on the personal characteristics of the nurse, of the knowledge she has and ability to reflect on herself and her actions.

The nurse will be your best therapeutic tool. For this, he must have specific qualities to care for such as: self-analysis, which is an essential aspect to be able to provide therapeutic nursing care, self-awareness, clarification of values, exploration of feelings, sense of ethics and responsibility⁽¹⁰⁾.

The potentials were described as related to these professional therefore linked to performance, resourcefulness, and involvement of each team member.

Potentials are linked to professionals who must be flexible being important to understand how to care at CAPS, with interaction between the multidisciplinary team and mainly articulating CAPS with reference services and counter - reference. (Interview - Nurse Hopeful)

The characteristics of CAPS nurses are: skills in interpersonal relationships, communicational skills, emotional control, initiative, ability to analyze, plan and organize. (Interview - Nurse Dedicate).

Nurses work inserted in a multidisciplinary team and articulate with other services, with families and community devices, strengthening the mental health service user's support network as anticipated by the psychosocial rehabilitation.

In psychosocial rehabilitation, social reintegration of the user happens in a manner integrated with the cultural scenario and the community in which they live, fulfilling the assumptions guided by the principles of psychiatric reform. Nurses' actions contribute to the independence of the user, which is seen as being enabled to move throughout the territory and expand social and cultural networks.

The professional socially supports the user and his family by creating and maintaining a long-term social support system for, covering at least the basic needs of receiving, and also strives to help users improve their quality of life. This refers to people's perceptions of their position in life within the cultural context and values in which they live and in relation to their goals, expectations and social standards; this includes objective and measurable criteria, such as physiological functioning or maintenance of daily activities as well as subjective components,

commonly referred to as life satisfaction, which reflect the balance between the expectations and achieved goals⁽¹¹⁾.

Nurses should use themselves as a therapeutic tool, preserving the joy, desire, motivation and pleasure to be in CAPS, keeping watch over their own actions, seeking to have a clear speech, free from dubious statements, respecting limitations and, acting on the potential for knowledge and development of actions that bring benefit and are therapeutic.

They must insist and persist in believing, maintaining a questioning attitude, working the principles of the psychiatric reform and psychosocial rehabilitation, seeking strategies outside health facilities, fueling interest and commitment in CAPS and its users.

ASPECTS RELATED TO KNOWLEDGE

Knowledge is the result of popular belief handed down from generation to generation through informal education, based on imitation and on personal experience and scientific knowledge, which is obtained rationally, conducted through procedures, and which aims to explain why and how the phenomenon's happen⁽⁹⁾.

You must have specific knowledge, professionalize and equip to act with assurance. You must be endowed with feelings. (Interview - Nurse Creative).

With the advent of psychiatric reform, nurses reshaped their practices reconfiguring their professional approach to the current political model. It does not abandon knowledge acquired in the past, but it requires creativity to exercise its practice, aiming to disrupt the also current mental institution model.

Nurse asks user's mother if she has heard of the psychiatric reform, she says yes. (Note - Nurse Enforced).

In order to have a questioning approach the nurse needs scientific knowledge without sacrificing the empirical, since in the preparation of her care she works with the values, the culture and the inclusion of the patient as a co-operative in the construction of the treatment plan⁽⁶⁾.

Rehabilitation is to maintain a questioning approach (Interview - Nurse Hope).

The Nurse did individual sessions with a user forwarded by Specialized Women Care Police (DEAM), and then made a report to DEAM and Court stating her impression in the nursing session. Later, she did attendance together with the physician who requested to maintain the nurse's conduct. (Note - Nurse Creative).

The nurses highlighted the importance of specific knowledge in the area of psychiatry as a basis for nursing care.

THE CARE DOES NOT PRODUCE IMPROVEMENT

In care that does not result in improvement nurses do not recognize the scientific knowledge of nursing, do not realize them as forms of care in psychiatry, do not describe them in the specialty of psychiatric nursing and mental health, explain they acquire knowledge partnering, teaming, adapting their knowledge of the profession and its practice.

The most common elements in care that do not result in improvement involve professional knowledge in nursing, mental health and psychosocial rehabilitation which sometimes are shown as deficit or absent.

SCIENTIFIC KNOWLEDGE OF NURSING

Knowledge is a consisting part of the professional profile that underlies the practice of nurses providing subsidies for establishing the modality of care and the type of relationship established with the user and his family.

By joining empirical and scientific knowledge to care, nurses use cultural knowledge and apply ethical judgment which implies confronting values, norms, interests or their principles and that of the patient. Caution, therefore, requires an ethical approach.

Data indicates that for care to result in improvement it is necessary to break ties with the model of mental institution practice perpetuated in psychiatric hospitals.

The asylum practice contradicts the possibilities of assistance focused on principles of the psychiatric reform and psychosocial rehabilitation that are part of ethical humanism, since the guiding principles of a mental institution are to monitor, control and punish⁽¹²⁾.

Hospitals have contributed to depersonalization of the individual through exclusion and violence committed by officials with the consent of the administration⁽¹³⁾.

The care, by being interactive and because of its numerous features, presents varieties in its forms of care. Therefore, such an act represents an attitude of occupation, concern, responsibility and emotional involvement with others. As opposed to carelessness and neglect, caring is an attitude. The fact of providing care does not mean improvement results, even when the action of caring is well intentioned. The professional must be based on scientific knowledge of psychiatric nursing and mental health and the needs said by the subject⁽¹⁴⁾.

PROFESSIONAL PROFILE

The behaviors of caution and care, in general nursing, that influence the patient's improvement or not, depends on the relationship established by the nurse with the patient who can feel cared for or not.

It is understood that some nurse's behaviors may be considered as care that produce no improvement. For example, behavior of indifference on the part of nurses, inhuman attitudes of carelessness, in situations where the patient is addicted and / or in withdraw the user can generate a feeling of helplessness, of loss, of being betrayed, devalued.

While a Nurse leaves the room, user "E" says to other users that the clerk of the kitchen, told her, after she requested some coffee, to go drink coffee in hell. User "E" reports what had happened to the Nurse and says she will bring her own coffee from home. The nurse advises the user to report the information to reception. After reporting, she explains she has to leave to attend to an emergency. (Note - Nurse Enforced).

The nurse affects the lives of others through repression, scrambling or interfering in existing energy; such is called life-repression⁽¹⁵⁾. This action is characterized by insensitivity or indifference, imposing of will, domination and control, its approach is cold and rude. The patient feels that he upsets the nurse therefore avoids calling her, the permanence of this behavior results in discouragement and anxiety.

User "L" is across from the Nurse with hallucinatory symptoms while the Nurse messes with the cell phone. (Note - Nurse Questioned)

It is noted that empathy, intuition, qualified hearing, post-demand care, hope and time which principles of clinical nursing are not applied⁽⁵⁾.

Nursing care ceases to exist, giving way to carelessness. Invariably, this kind of attitude creates a feeling of helplessness, humiliation, devaluation in the patient.

Halldórsdóttir shows that there are five ways of being with others: life-destruct, life - repression, life - neutralization, life - sustaining, and life - giving⁽¹⁵⁾.

In life - repression mode, the nurse demonstrates insensitivity and indifference to the patient, in life -destruct mode, the professional depersonalizes the other through their attitudes, destroying appreciation for life and thus increasing the vulnerability of the patient⁽¹⁵⁾.

This conduct is shaped by the lack of positive approach or care, non involvement of nurses with the patients, in which the nurse prioritizes routines and tasks to be performed. Thus, the patient will feel loneliness by the absence of contact. Therefore, performing the procedure on the patient is different from performing procedures for the patient.

In the care that results in no improvement, there occurs a disqualification of demand and patient gestures, by mocking appreciation of attitudes and the establishment of ambiguous relationships in which nurses consent to violence⁽¹⁾.

During data collection, it was observed that nurses sit on the floor to talk and care, reproducing the Asylum behavior of the patient, eliminating the CAPS environment that build creative and rehabilitative practices that could assist the patient in social life, thus avoiding prejudice and stigma that are reminiscent of Mental Institutions.

The process of psychosocial rehabilitation would then be a major rebuilding process, a full exercise of citizenship and also full contractuality within family relationships, social network, and work with social values⁽¹⁶⁾.

It is understood that the care to be rehabilitator must be guided by the theoretical model of Empathetic Intuit, composed of empathy,

intuition, hope, qualified hearing, post-demand care and time⁽⁵⁾. This conduct performed by psychiatrist nurses is evidence of insensitivity to the suffering of others, which contradicts the construct of empathy

The professional who participates with body but is absent in mind, who is not involved, does not favor improvement. There is chronicity of service and people. I believe it is doing it because you must without purpose or goal. (Interview - Nurse Enforced).

To give hope is when a nurse creates hope when it seems there is no possibility, it is not giving up on trying providing care, it is to have hope that the patient can do better, and it is to believe in the promise of a future, signaling something beyond the immediate present. To hopes is to wait for a small nothing to happen⁽⁵⁾.

Not working with the individual for him to leave him and live a life out there. (Interview - Nurse Questioned).

Stagnate, while others are stagnant. (Interview - Nurse Hopeful)

The concept of time, understood as availability for the subject, is the internal time, time is not the nurses, but the patients, and it is synonymous with results⁽⁵⁾.

The careless actions are those that do not offer healthy reception. (Interview - Nurse Dedicate).

In qualified hearing, the nurse must be amused by the patient's speech, which has nothing to do with whether or not, is, has nexus, truth and lies. She must witness his speech, share the suffering with him, and propose to share with him⁽⁵⁾.

The user "P" has had previous suicide attempts, depression, family problems (physical aggression, drug use) he says he wished to die and that is slowly dying. The Nurse continues filling out the identification form, type of home, school, and work. Patient insists on speaking about his suffering. Patient shows wounds on his leg. After finishing filling out the form, gets up to look at the patients leg, now attentive to the patients speech. (Note - Nurse Hopeful)

Post-demand care refers to one that includes the subject in the decision, puts him in the condition of accomplice, an active subject of care. The clinical care in psychiatric nursing is

post-demand because it respects the wishes and needs of the patient, encouraging them to the autonomy of care⁽⁵⁾.

The Nurse left again to get the rest of the bedding for patient "A" which remains absent from the workshop nevertheless she remains worried about the clothes. (Note - Nurse Enforced).

CAPS is a field of possibilities for nurses and users, a site of creation and interaction, adaptation to differences, sharing of experiences, education and proliferation of knowledge. This health care device encourages the user to exercise autonomy, expression, citizenship, discover skills, development and strengthening of relationships⁽¹⁷⁾.

PROFESSIONAL DISQUALIFICATION AND IN MISCHARACTERIZATION OF SERVICE

In this subcategory, the mistaken guidance of coordination service for nurses is highlighted.

In a kind of reversed mirror, nurses working alone or performing administrative activities alienate themselves from the union, participation and social commitment with one another.

This alienation is a psychosocial condition of loss of individual or common identity from a global situation of lack of autonomy. In this context, it partially closes with the objective dimension of the alienating reality, in which there are no asylums, but in which perseveres the model of asylum care, therefore, it feeds on alienating subjective dimension, represented by the mortification of the "I"; the subjects feelings are deprived of something that is his own. Psychiatry talks about alienation to describe the mental state of the person whose connection with the surrounding world is weakened⁽¹⁸⁾.

Nurses end up living in a world of mirrors, a narcissistic world. A world in which they turn back to themselves and amuse/care for themselves. In doing so, nurses are in conflict with the interests of the profession and society. This primary narcissism arises when the nurse is not able to help the patient and puts him as an object of love, before choosing external objects, as in this case, the person in distress.

Thus, the formal object (social engagement) and material object (care) of nursing are forgotten, set aside, annulled. They do not meet the needs of psychosocial

rehabilitation, much less the profession because nurses do not know what to do, when to do it nor for who to do it⁽¹⁸⁾.

It is clear that health professionals do not understand the work of nurses in CAPS and, in turn, are also unsure of their own role. This compromises the actions of nursing care, which should invest their time in caring for people with psychological disorder and end up performing administrative activities.

All care is determined by the administrator. I don't work as a nurse in CAPS, and the team becomes lost, we don't sit down to talk, plan and distribute activities. (Interview - Nurse Enforced)

Not give due attention, not delay care and intervene when necessary. (Interview - Nurse Hopeful).

The interviewees reported that they do not know what to do in CAPS and end up being used for other activities, highlighting the difficulty in clinical management.

Of the five subjects observed three "transcribed" the patients prescription for the Doctors, spending most of their time doing this activity, attributing this fact to the small number of psychiatrists to a large number of Patients.

Nurse doing medical prescription for the Doctor to sign, he makes thirty prescriptions, talks about his dissatisfaction in performing this activity. (Note - Nurse Questioned)

I also do the transcription of revenue for physicians. (Interview - Nurse Hopeful)

By transcribing recipes, I am not able to attend the workshops. (Interview - Nurse Enforced)

It is understood that the mischaracterization of service and unqualified professionals was the most noticed in the establishment and in the maintenance of practices that resulted in no improvement.

It was noticed that the largest contribution to this practice came from the breakdown, disorganization and fragmentation of care devices, leading to fragmentation of care practice and implying directly carelessness for the patient and their family.

CONCLUSION

Faced with the problem of caring for people in the CAPS as part of their rehabilitation process, it was seen that the focus would be represented by nursing care. Thus, leaning towards *nursing care at the Center for Psychosocial Care* and considering the objective of describing how nurses take care of a patient with psychological disorder in CAPS and analyzing the care actions by these nurses, the idea discussed in this article was developed.

The observation about the relationship between nurses and users in CAPS, where this study was conducted, suggests that instead of contributing to the rehabilitation of the clientele, the behavior of nurses reinforce the ideology of psychiatric hospitals, to the extent that they do not value speech, complaints and listening.

It is understood that the responsibility of nurses to provide nursing care is what helps / enables patients to create resources linked to desire, need and will of the patients (what has been called "empowerment " in the current literature).

The association of the concepts of care, mental health, psychosocial rehabilitation and psychiatric reform is not yet incorporated either in speech or in the practice of caring for nurses in CAPS.

The results showed that the nursing care in CAPS is still fragmented, at times assuming the model of psychiatric hospitals, tutoring, excluding and segregating patients; other times approach the rehabilitative model, enhancing skills in interpersonal relations and communication skills.

The study was integrating and interactive, allowing nurses' the discovery of the knowledge about rehabilitative care.

It is perceived that nurses feel vulnerable not knowing really what their role is; they are in a moment of transition; they are being encouraged to adopt a rehabilitative approach, although still carry within itself the psychiatric hospital model.

This issue becomes a big challenge considering that, beyond the nurses' knowledge to perform care that results in improvements, there are the political, administrative and bureaucratic issues.

It is hoped that the study will stimulate a change in the logic of caring for people in psychological distress, users of CAPS, based on

the theoretical model of empathic intuition⁽⁵⁾, the psychiatric reform and psychosocial rehabilitation. It is believed that in this way it

will be possible to eliminate the actions of carelessness and disseminate careful actions.

O CUIDADO DE ENFERMAGEM NOS CENTROS DE ATENÇÃO PSICOSSOCIAL

RESUMO

O presente estudo consiste de uma pesquisa original de cunho exploratório e abordagem qualitativa, cujos objetivos foram: descrever como os enfermeiros psiquiatras do Centro de Atenção Psicossocial (CAPS) cuidam da clientela e, analisar as ações destes enfermeiros como cuidado ou descuido. Foram sujeitos deste estudo cinco enfermeiros que trabalham nos CAPS de Volta Redonda/RJ. A coleta de dados ocorreu em diferentes cenários, com a utilização da observação participante e da entrevista aberta. Para tratamento dos dados se utilizou a análise temática. Os dados que emergiram do comportamento, das atitudes e das falas dos sujeitos originaram duas classes temáticas com subtemas: 1) O cuidado que produz melhora. Subtemas: a) A personalidade do enfermeiro, b) Aspectos relacionados ao conhecimento; 2) O cuidado que não produz melhora. Subtemas: a) Conhecimento científico da enfermagem, b) Perfil profissional, c) Desqualificação e descaracterização. Conclui-se que, apesar de ofertarem cuidados aos usuários dos CAPS, constata-se que a lógica do cuidado ainda é excludente e não reabilitadora. Assim, é preciso que os enfermeiros ofertem cuidado que possam capacitar os usuários a serem responsáveis por si mesmos, levá-los à autonomia e ao maior poder de contratualidade social.

Palavras-chave: Enfermagem. Cuidados de Enfermagem. Enfermagem Psiquiátrica. Saúde Mental. Conhecimento.

EL CUIDADO DE ENFERMERÍA EN LOS CENTROS DE ATENCIÓN PSICOSOCIAL

RESUMEN

El presente estudio consiste de una investigación original de carácter exploratorio y abordaje cualitativo, cuyos objetivos fueron: describir cómo los enfermeros psiquiatras del Centro de Atención Psicossocial (CAPS) cuidan a la clientela y, analizar las acciones de estos enfermeros como cuidado o descuido. Fueron sujetos de este estudio cinco enfermeros que trabajan en los CAPS de Volta Redonda/RJ. La recolección de datos ocurrió en diferentes escenarios, con la utilización de la observación participante y de la entrevista abierta. Para el tratamiento de los datos se utilizó el análisis temático. Los datos que emergieron del comportamiento, de las actitudes y de los relatos de los sujetos originaron dos clases temáticas con subtemas: 1) El cuidado que produce mejora. Subtemas: a) La personalidad del enfermero, b) Aspectos relacionados al conocimiento; 2) El cuidado que no produce mejora. Subtemas: a) Conocimiento científico de la enfermería, b) Perfil profesional, c) Descualificación y falta de caracterización. Se concluye que, a pesar de ofertar cuidados a los usuarios de los CAPS, se constata que la lógica del cuidado aún es excluyente y no reabilitadora. Así, es necesario que los enfermeros oferten cuidado que puedan capacitar a que los usuarios sean responsables por sí mismos, llevarlos a la autonomía y al mayor poder de contrato social.

Palabras clave: Enfermería. Cuidados de enfermería. Enfermería psiquiátrica. Salud mental. Conocimiento.

REFERENCES

01. Cavalcanti PCS. O cuidado da Enfermeira Psiquiatra nos Centros de Atenção Psicossocial: da institucionalização à reabilitação [dissertação]. Rio de Janeiro: Universidade Federal do Rio de Janeiro, Escola de Enfermagem Anna Nery. Curso de Mestrado em Enfermagem; 2010.
02. Waldow, VR; Borges, RF. Cuidar e humanizar: relações e significados. *Acta Paul. Enferm.* 2011; 24(3):414-418.
03. Louro TQ, Lira RCLM Moura LF. Desumanização e Descuido em Terapia Intensiva sob a Ótica da Enfermagem. *Rev enferm UFPE.* 2011 nov; 5(9):2143-51
04. Moreira, LHO; Felipe ICV; Goldstein, EA; Brito AP; Costa LMG. A inclusão social do doente mental: contribuições para a enfermagem psiquiátrica. *Inclusão Social.* 2008 mar; 3(1):35-42.
05. Alves, M; Oliveira RMP. Enfermagem Psiquiátrica: discursando o ideal e praticando o real. *Esc Anna Nery.* 2010 jan-mar; 14 (1):64-70
06. Castro SA, Furegato ARF. Conhecimento e atividades da enfermagem no cuidado do esquizofrênico. *Rev Eletr Enf.* [on-line]. 2008; 10(4):957-65. Disponível em: <http://www.fen.ufg.br/revista/v10/n4/v10n4a08.htm>.
07. Ministério da Saúde (BR). Legislação em saúde mental: 1990 – 2004. 5ª. ed. Brasília (DF): Ministério da Saúde; 2004. <http://bvsms.saude.gov.br/bvs/legislacao/mental.php>
08. Minayo, MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª. ed. São Paulo: Hucitec-Abrasco; 2010.
09. Ministério da Saúde (BR). Conselho Nacional de Saúde. Comissão Nacional de Ética em pesquisa. Resolução 196/96. Dispõe sobre pesquisa envolvendo seres humanos. Brasília (DF); 1996.
10. Chernicharo, IM; Silva, FD; Ferreira, MA. Humanização no cuidado de enfermagem nas concepções de profissionais de enfermagem. *Esc. Anna Nery.* 2011; 15(4):686-693.

11. Oliveira, AC; Oliveira, NMD; Arantes, PMM; Alencar, MA. Qualidade de vida em idosos que praticam atividade física: uma revisão sistemática. *Rev bras geriatr gerontol*. 2010; 13(2):301-312.
12. Almeida Filho AJ, Moraes AEC, Peres MA. A Atuação do enfermeiro nos centros de atenção psicossocial: implicações históricas da enfermagem psiquiátrica. *Rev Rene*. 2009 abr-jun; 10(2):158-65.
13. Azevedo, DM, Santos, AT. Ações de saúde mental na atenção básica: conhecimento de enfermeiros sobre a reforma psiquiátrica. *R. Pesq: Cuid Fundam [on-line]*. 2012 out-dez; 4(4):3006-14
14. Moraes FRC, Silva CMC, Ribeiro MCM, Pinto NRS, Santos I. Resgatando o cuidado de enfermagem como prática de Manutenção da vida: concepções de collière. *Rev enferm UERJ*. 2011 abr-jun; 19(2):305-10
15. Halldórsdóttir, S. Five basic modes of being with another. In: GAUT, D A; leininger, M.M. (Ed.). *Caring: the compassionate healer*. New York: National League for Nursing; 1991.
16. Dassoler, VA; Palma CMS. Contribuições da Psicanálise para a Clínica Psicossocial. *Revista Mal-estar E Subjetividade* 2011XI933-958. [citado 2013 set 9]. Disponível em: <http://estudioterritoriales.org/articulo.oa?id=27122346002>.
17. Santos EO, Willrich JQ, Meneses BHSR, Franchini B, Antunes B, França SM. Serviços substitutivos na perspectiva da reabilitação psicossocial: um relato de experiência. *Cienc cuid saude*. 2013 jul-set. [citado 2013 set 30]; 11(3):588-592. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/15417/pdf>.
18. Carvalho, V. Por uma epistemologia do cuidado de enfermagem e a formação dos sujeitos do conhecimento na área da enfermagem – do ângulo de uma visão filosófica. *Esc Anna Nery*. 2009 abr-jun; 13(2):406-414.

Corresponding author: Paula Cristina da Silva Cavalcanti. Rua Afonso Cavalcanti, 275. Cidade Nova. CEP 20211-110. Rio de Janeiro, Rio de Janeiro, Brasil.

Submitted: 16/12/2012

Accepted: 21/11/2013