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IMPACT OF STIGMA OF MADNESS ON THE ATTENTION OF NURSING TO PSYCHIATRIC PATIENT IN EMERGENCY SITUATION

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ABSTRACT
This study aimed to analyze the relationship between discrimination and health based on the observation of care provided by nurses to patients in a psychiatric emergency of a general hospital in the city of Rio de Janeiro. It is part of an exploratory research, of field, of qualitative character, of Sociopoetics and Imaginary Creative inspired. The data were produced in the period from May to August, 2011, having as subjects nurses crowded in an emergency scenario in the study. The study results point to an "abandonment" of psychiatric patients by nurses of emergency. We conclude that there is a difference in the care provided by the nurse to the patient psychiatric and non-psychiatric clinic in the same condition, and that this difference is not related to care more or less zeal, and yes, not to take care of the psychiatric patient. Answering to the goal, the attitudes associated with stigma and prejudice impact on nursing practice in order to discredit of being a nurse.

Keywords: Psychiatric Nursing. Social Stigma. Nursing Care.

INTRODUCTION

The organization of mental health services has over the past decades experiencing considerable transformations - the expansion of Psychosocial Care Centers (CAPS) and Therapeutic Residences (RT), the expansion of the actions in primary care, participation in strategies in matricial teams family health, planning of actions to combat the use of crack and other drugs, the inclusion of psychiatric beds in general hospitals, among others. These changes mark a paradigm shift from the model of mental health care in Brazil.

The reduction of psychiatric beds in the direction of health care change, sought to balance the closure of beds with a sufficient supply of substitute services. Are 1.700 beds closed per year[1], thus making health services more permeable psychiatric patient, so that today, in 2013, psychiatric care is no longer confined to psychiatric hospitals.

In general, to talk about the psychiatric patient, we observed that people make associations with stigma, refer to them as to who always behaves extremely disorganized and aggressive, and consider them dirty people. Always expecting something bizarre on their part, there are popular sayings that say crazy is that ripping money as a total paradox of a capitalist society.

For specialists in psychiatry and mental health, it becomes evident that the threshold between "actual madness and sanity" is tenuous; and the perception that the individual who suffers psychologically, sometimes found in mental illness the only way of survival and existence of life. In view of this should not be avoided, nor stigmatized and excluded.

The term stigma was created by the greeks to refer to bodily signs with which he sought to demonstrate something extraordinary or bad about the moral status of those who had. The signs were made with cut or heat in the body, usually from people who were slaves, criminals or traitors. These people were labeled, considered polluted, and should be avoided, especially in public places[2].

We think that changing mental health services should be associated with the

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possibility of dealing with the madness of a less stigmatized. We believe that we can find, while endless ways, essentially all human, in dealing with the madness. The more human, more distant is the stigma. And yet, we can simply change the structure of services without actually turning assistance. Thus, worried if nursing care is changing as the mental health services that have experienced considerable transformations that are breaking the paradigm model psychiatric hospital for models substitute, open and community inclusion in keeping quiet in knowing how nurses have been dealing with mental illness during their care?

This article aims to analyze the relationship between discrimination and health based on the observation of care provided by nurses to patients in a psychiatric emergency general hospital.

METHOD

It is the cutting of the result of a survey conducted under the Professional Master, before the Committee for Ethics and Research of the Municipal Health and Civil Defense of Rio de Janeiro, complying with resolution nº 196/96 (CNS), and approved according to the protocol in nº 10/11 in CAAE nº: 0268.0.314.000-11.

The research is exploratory, field, qualitative, addressed the nursing care of the psychiatric patient in the emergency general. Was defined as a specific objective: identify distinctions in the care given by nurses to psychiatric patients and non-psychiatric, in the same clinical condition, from participant observation. Participant observation is a technique that aims to understand people and their activities in the context of action, which allows an inductive analysis and comprehensive[3].

Shifts during the period from May to August 2011, the emergence of a general hospital in the city of Rio de Janeiro, we observed the nurses act against any clinical situation involving psychiatric patients and then compared the same clinical situation with a patient psychiatric not with the intention of identifying whether there was difference between them. The longer residence time in the field is the best resource to control or deconstruct the effect visit, since the members of the group will get used to the presence of the researcher[4].

We walked the sector seeking emergency psychiatric cases who served for comparison with non-psychiatric cases. And we believe that nurses have felt comfortable in our presence, although we know that the effect of the observer can undoubtedly generate behaviors tested.

In the scenario studied, the organization of emergency is in accordance with the Programme for Reception SUS[5], in general develops a proposed division into at least two axes: the patient's severe, life-threatening, the red axis and the patient apparently non-serious, but it needs or seeks emergency care, the blue axis. Theoretically the scenario of this research is the red axis, but we found it important to an amount of patients who showed no risk of death. It is worth noting that the beds of psychiatric patients, most of the corridors were placed, and not inside the rooms; a sort of attempt to maintain order. Deviate from other psychiatric patients to not disturb the organization of the sector, and this usually represents a location away just viewed and valued by the professional.

The research fully observed eleven nurses from eight clinical cases. However, in this article we describe three cases to understand the whole. The study analysis was made from the understanding of stigma, which emphasizes that the stigmatized individual could easily have been received in the social relation, but it was a trace, a mark which requires the attention and away from the others, destroying the possibility of attention to other attributes[2]. The categories emerged treat passivity, lack of knowledge of oppression and invisibility produced in the care of psychiatric patients in emergency situation.

RESULTS AND DISCUSSION

Case 1

On June 5th, 2011, in the period between 13 and 18 hours, observe the action of two nurses.

The clinical situation that served as support for this observation is that of a patient of 42 years old, contained in the bed with the story of psychomotor agitation. She was with dirty clothing and hypohydrated. The registration on record saying it is a patient coming from a psychiatric hospital for clinical evaluation. Upon careful clinical observation that the nurse was specifically competed one venipuncture for installation of serum therapy prescribed due to hypohydration.

We observed nurses who returned from the cafeteria together at 13h, alternated between bathroom visits and pharmacy, and around 14h resumed care direct nursing care. One of the nurses came into the room where the patient was and asked the nursing staff had some pending in the sector, they spoke of the lack of certain prescribed antibiotics and some patients needing peripheral venous access and sounding tube. The nurse then took the antibiotics whose prescriptions were missing and spoke to other needs of the industry, are heading the pharmacy and back in twenty minutes, delivering drugs to the technicians of the room and out of it.

Meanwhile, the nurse who was in the sector performed the venipuncture technique in three patients other than the actual psychiatric thereafter left the room toward the hallway and identified other patients needing care, conducted an ECG in a woman with pain chest, and two other patients also venipunctures in patients hypohydrated too. The nurse who had returned from the pharmacy computer and went to the hospital conducted the census, then arranged for the transfer of some emergency patients to the clinic, and it had to seek the records, make sure that patients had to be transferred its prescriptions and nursing developments, punching and peripheral venous access two of the patients who were being transferred.

In five hours of observation, there was no approximation of nurses with a psychiatric patient, although she needed a venipuncture. The other non-psychiatric patients underwent venipuncture technique. It is noteworthy that in the period of observation, only one nursing technician spoke to patients, assessing their need for venous access, but without making the puncture. Nurses also advised that the technical care needs of psychiatric patient, not made deliberately choosing to perform other activities in the sector, neglecting the care of this patient in relation to others.

This case points out to an "abandonment" of psychiatric patients by nurses emergency, and it occurred systematically in research. And then we wonder what takes the nurse to act this way? Found in other studies refer to this neglect, nurses say they are not able to meet the psychiatric patient, claim unpreparedness and / or ignorance[6].

We believe that nurses can feel assaulted front of impotence. The fact of not knowing how to deal with mental illness leads to the same distance during nursing. It must be said that even in this study, another phase of the production data, the nurses were able to talk about how uncomfortable it is to receive on your work sector psychiatric patients, without feeling able to care for them.

Note that the nurses had difficulties in dealing with the difference with the "stranger", the singular and subjective. The prejudice of mental illness acts as a kind of collective blindness that leads to not care. We can see the invisible with the inner eye, to see with their ears, with the brain and the soul, we are all blind world saturated with images[7].

Case 2

On May 25th, 2011 at 9am, a nurse watched contention made by the nursing staff during the admission of an adult patient, 36 years of age with a diagnosis of mood disorder. The reason for admission was a picture of exogenous intoxication, and timely care referred to a nasogastric catheterization followed by gastric lavage. Although this was a case of poisoning, the patient did not show decreased level of consciousness and being lucid, remained talking loudly and verbally attacking anyone who came near her.

Soon after watching the containment, the nurse was absent from the room, heading to pharmacy in search of charcoal prescribed for the same patient. A return approximately 15 minutes later, with coal and evaluated in hand is unnecessary since the patient still screaming. He put the coal in the closet and

reinforced the contention made by the nursing staff. Organized the papers of the counter, circulated throughout the emergency, he watched a little TV at 11:20 and announced that he was going to lunch. No other event of exogenous poisoning happened at this duty, although the nurse in the late afternoon has performed catheterization nasoenteral to feed another patient.

The observation of nasogastric catheterization in a similar case involving exogenous intoxication only occurred on June 14, at 10:40 when lodged in a young industry that had been intoxicated at work, and was also lucid. The suspicion was they put in their food pellet, and the nurse promptly performed catheterization and nasogastric delegated to the technical preparation of activated carbon, which administered as the protocol.

It is observed in this case that the nurse makes a separate assessment protocol intoxication, opting not perform catheterization and nasogastric wash the psychiatric patient. It seems that the fact that the patient was screaming, is a symptom that discredits the need for gastric lavage, and propels the nurse to leave the room. The nurse performs the catheterization technique in other patients, and delegates to the technical preparation of activated carbon, different than it did against the psychiatric patient.

We understand what makes different subject is beyond the disorganized behavior or indecisive, the accelerated or slowed thinking, the visual or auditory hallucinations. What makes this guy different is also how those who do not have these changes and realize the face.

In the above case there is no confrontation, or rather, he gives as a defense mechanism - denial, so the nurse even highlights the need for care. As a whole, need to know that the care demanded of a psychiatric patient, was as if they were unable to realize this demand. The distance from nurses was as obvious as not questioned. But we know that psychiatry, madness and destiny of so-called mental issues are now debated by society and no longer issue experts [8], fitting then that group care of psychiatric patients.

Case 3

At 8am on May 28th, 2 nurses talking next to the counter of the sector and decided to start working for healing, prepare the necessary material, asked the maid polishes and covers specific requested robe in the laundry, match up and during the morning, until 11:40, as a kind of joint effort, made twelve curative sector.

While doing the dressings, the patient observed a lady of 62 years old, hospitalized for infected lesion in the lower limb, which needed of daily dressing and intravenous antibiotic treatment, one of the nurses called twice and cried, saying not like that site. The patient had behavior Plaintiffs requested and every moment the presence of the team to talk about his life. Call the nurse and when it approached not formulated a clear abuse, but complained of life itself.

The nurse approached patients and asked them to be patient, stay calm. Even with a trip to the patient to know the reason for his call, his healing was not done. At 12 reported going to the cafeteria for lunch. The case showed that nurses did not identify the need for healing of psychiatric patient, however, held many other dressings in non-psychiatric patients. Perhaps the behavior plaintiffs, calling insistently staff, nurses have withdrawn the patient and the need for the hidden curative or justifying its non-performance on the part of nurses.

The person stigmatic sometimes vacillates between the withdrawal and aggression, running from one to the other, making clear, therefore, a fundamental mode in which the face-to-face may become too violent[2]. One might think that the distance was associated with aggression, however, patients observed in this study showed no violent or aggressive attitude, nurses also did not react with violence explicit, but implicit in the denial of the subject, and this symbolic violence. What to do with someone who cries when receiving care? That presents dirty? That although an open wound in the leg whines continuously for other issues?

The number of nursing professionals involved in care activities or watch the mentally ill, as well as their qualifications, is

directly related to better team performance and the improvement in psychiatric inpatient[9].

So it is worth highlighting the perverse logic in which a large part of the emergency services has been supporting the development of daily work, focusing on the disease - and not the individual and their needs[5]. In everyday observation sector was overcrowded, with the ability to supply exhausted; all stretchers in use, including those who sometimes can make reservation for extremely serious situations. Understandable that the focus of disease and not the individual and their needs, but none of the patients in the clinical cases observed was hospitalized for mental illness, so it would be madness the focus of nursing care, which reinforces and confirms the presence of stigma among nurses.

Before presenting a disease, a disorder, suffering, or any other setting, the psychiatric patient is a fellow in the broadest sense of the term, a human being who has not only a brand, its stigma, but like all qualities and defects, and to be remembered in a reductionist as disoriented, the weird, the boring, or aggressive? Currently, directly related to the panorama of deinstitutionalization, the action of the nurse is committed to the creation of different ways of living and with the rupture of a society based on fear, social exclusion and discrimination[10].

Society establishes the means of categorizing persons and the total of attributes regarded as common and natural for members of each of these categories. The social settings establish the categories of people who are likely to be found in them[2]. For these nurses would not be the place to find emergency psychiatric patients.

A person with a stigma is not considered completely human, do various kinds of discrimination, through which reduce their chances of life. We fail to consider it ordinary creature and total reducing it to a person damaged and diminished. This feature is a stigma, especially when its effect is very large disrepute[2]. We believe, however, that the mental disorder is a form of integration into the world and care for him who suffers psychologically it is not "merely" to seek a deconstruction delusional or hallucinatory symptoms decreased and bizarre behavior, but understand that the suffering psychic is as the lens with which the world is seen.

Not only stigmatized suffers from its brands, said normal also face the causes and effects of stigma. In the context of this research we think that nurses feel constrained by the mental disorder, as well as psychiatric patients against nurses. With regards to professionalism, it is important that the nursing team in general hospitals has competence to develop care that support the physical and psychological needs of patients[11].

We wonder, and nurses if they put forward the subject without focusing on your illness? One way might not be looking primarily symptoms of psychosis or neurosis, but people who exhibit these symptoms. An attribute that stigmatizes one can confirm the normality of others, so he is not, in itself, neither honorable nor dishonorable[2]. If nurses had not focused on the dress screams or dirty intoxicated patient, in the posture of indifference that was hypohydrates in the lamentations he had an injury, ie, if they had focused on the symptoms directly related to the prejudice of mental illness, leading to be boring, talking too much, you do not hear the next, they might have realized the needs of individuals.

The normal develop conceptions that disqualifies the stigmatized, so the area of handling the stigma pertains to public life[2]. Not fit subject only to realize the folly of this study differently. What institutions, health and education, have done to intervene in this reality? Health conditions and disabilities architecture and administrative failure often make nursing practice impossible[12]. Sometimes the stigma is considered a defect, weakness or disadvantage, even with proper care, the patient may still feel the need to be among their own, and not recognize the emergence as an appropriate location. Imagine then, if this scenario does not properly handle?

Nursing is a profession that deals with human beings, interact with it and requires knowledge of their physical, social, psychological and spiritual aspirations[12]. To deal with the human being is necessary that we understand it as a whole, set in a context of

life, with a history, habits and customs. We think that at any moment the situations that happen in the background of this study relate to this whole subject. That deserve careful in its truest sense.

Care requires the ability to listen and dialogue, and availability to perceive the other as a guy with potential, rescuing her autonomy and encouraging him citizenship.[13]. Taking care of psychiatric patients in general hospital emergency that poses a challenge. As nurses discriminate, even if unconsciously the patient psychiatric care provided does not assume its transforming power, not even help the patient in their clinical situations presented, nor in psychic issues embedded in its essence.

Accommodate a person with a mental disorder and meet their physical and mental needs becomes a challenge to nurses, especially those who work in general hospitals[14]. Understanding the disorder can enable nurses to realize the folly of not negatively as the story presented, or as a society stigmatized, and effectively reduce the gap between those who have mental disorders or not.

CONCLUSION

From the clinical cases observed in this emergency, we noticed no difference in the care provided by the nurse to the psychiatric and non-psychiatric patient, in the same clinic condition, and that this difference is not related to care more or less zeal, and yes, not care of psychiatric patients.

Responding to the objective, the attitudes associated with stigma and prejudice impact on nursing practice in order to discredit the "being a nurse". In most cases observed the nurse dodged psychiatric patient care in favor of another activity.

We do not deny how full was the scene of an emergency at all times of observation, and so that the nurses worked. Actually is admirable to note the commitment of nurses to operate in an industry with so many critical nodes. But the fact of not caring for psychiatric patients needs to be explored. Changes in Public Health Policy Mental extend the contact with the stigmatized society. But this contact must be truthful, honest, and empathetic. It is not enough that we make available to the stigmatized, must essentially feel available.

And we cannot demand that nurses abruptly feel available. We need to intervene in the educational process, perhaps in the Continuing Education of health professionals in the municipality and propose future work involving managers, professionals and users. The findings of this research imply new developments, we believe in preparing educational material to help support the activities of existing programs of continuing education in the county, but we also know the limitations imposed by the very history of madness, which will require a long time to be demystified.

IMPACTO DO ESTIGMA DA LOUCURA SOBRE A ATENÇÃO DE ENFERMAGEM AO PACIENTE PSIQUIÁTRICO EM SITUAÇÃO DE EMERGÊNCIA

RESUMO

Este estudo teve como objetivo analisar as relações entre discriminação e saúde com base na observação dos cuidados prestados por enfermeiros ao paciente psiquiátrico em uma emergência de hospital geral do município do Rio de Janeiro. É o recorte de uma pesquisa exploratória, de campo, de caráter qualitativo, com inspiração Sociopoética e do Imaginário Criativo. Os dados foram produzidos no período de maio a agosto de 2011, tendo como sujeitos os enfermeiros lotados na emergência cenário do estudo. Os resultados do estudo apontam para um “abandono” do paciente psiquiátrico por parte dos enfermeiros da emergência. Concluímos que há diferença na assistência prestada pelo enfermeiro ao paciente psiquiátrico e não psiquiátrico, na mesma condição clínica, e que essa diferença não diz respeito a cuidar com maior ou menor zelo, e sim, a não cuidar do paciente psiquiátrico. Respondendo ao objetivo, as atitudes associadas ao estigma e preconceito impactam na prática de enfermagem de forma a descredenciar o ser enfermeiro.

Palavras-chave: Enfermagem Psiquiátrica. Estigma Social. Cuidados de Enfermagem.

IMPACTO DEL ESTIGMA DE LA LOCURA EN LA ATENCIÓN DE ENFERMERÍA AL PACIENTE PSIQUIÁTRICO EN EMERGENCIA

RESUMEN

Este estudio tuvo como objetivo analizar las relaciones entre discriminación y salud con base en la observación de los cuidados prestados por enfermeros al paciente psiquiátrico en urgencias de un hospital general del municipio de Rio de Janeiro. Es parte de una investigación exploratoria, de campo, de carácter cualitativo, con inspiración Socio-poética y del Imaginario Creativo. Los datos fueron producidos en el período de mayo a agosto de 2011, teniendo como sujetos los enfermeros atareados en urgencias, escenario del estudio. Los resultados del estudio señalan un "abandono" del paciente psiquiátrico por los enfermeros de urgencias. Concluimos que hay una diferencia en la atención prestada por el enfermero al paciente psiquiátrico y no psiquiátrico, en la misma condición clínica, y que esta diferencia no está relacionada con la atención con más o menos celo, sino a no cuidar al paciente psiquiátrico. En respuesta al objetivo, las actitudes asociadas al estigma y perjuicio impactan en la práctica de enfermería, descalificando el ser enfermero.

Palabras clave: Enfermería Psiquiátrica. Estigma Social. Cuidados de Enfermería.

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