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Original Article

UNDERSTANDING THE NURSING TEAM IN THE ASSISTANCE TO THE SCHIZOPHRENIC PATIENT

COMPREENDENDO A EQUIPE DE ENFERMAGEM NA ASSISTÊNCIA AO PACIENTE ESQUIZOFRÊNICO

CONOCENDO EL EQUIPO DE ENFERMERÍA EN LA ATENCIÓN AL PACIENTE ESQUIZOFRÉNICO

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The goal is to comprehend the perception of the nursery team during the schizophrenic patient assistance. It's an exploratory and descriptive study, performed in the psychiatric unit of a university hospital. Data collection was realized with fifteen nursing professionals, through semi-structured interviews. Data analysis revealed three categories: the look that highlights the common sense to guide the provided care; the care that recognizes the importance of the nurse and patient relationship, apart from their theoretical assumptions; to feel, where fear and frustration typify the assistance; It was evident that professionals fail to organize their perceptions about the relationship with the patient, due to lack of support and theoretical method to establish it, merely an interpretation based on common sense, which is a stage for the formation of nursing science. Transpose the limit requires preparation for professional practice, and the issues raised encourage further studies to consolidate care.
Descriptors: Nursing; Nursing Care; Mental Health; Schizophrenia.

O objetivo é compreender a percepção da equipe de enfermagem na assistência ao paciente esquizofrênico. Estudo exploratório descritivo, realizado na enfermaria de psiquiatria de um hospital universitário. A coleta de dados foi realizada com quinze profissionais de enfermagem, com entrevista semiestruturada. Da análise dos dados emergiram três categorias: Olhar, que destaca o senso comum para nortear a assistência prestada; Cuidar, que reconhece a importância do relacionamento enfermeiro paciente, porém apartado dos seus pressupostos teóricos; e Sentir, em que o medo e a frustração influenciam a assistência. Evidenciou-se que os profissionais não conseguem organizar suas percepções acerca da relação com o paciente, devido à falta de suporte teórico e método para estabelecê-la, limitam-se a uma interpretação baseada no senso comum, que é uma fase para a constituição da ciência da enfermagem. Transpor o limite requer o preparo profissional para a prática, além das questões levantadas fomentarem novos estudos para consolidação do cuidado.
Descritores: Enfermagem; Cuidados de Enfermagem; Saúde Mental; Esquizofrenia.

El objetivo fue conocer la percepción del equipo de enfermería en la atención al paciente esquizofrénico. Estudio exploratorio y descriptivo, llevado a cabo en unidad psiquiátrica de hospital universitario. La recolección de datos se llevó a cabo con quince enfermeras, con entrevista semiestructurada. Los datos revelaron tres categorías: Mira, destacando el sentido común para guiar la ayuda. Cuidado, que reconoce la importancia de la relación enfermera-paciente, pero aparte de sus supuestos teóricos. Sentir, en que miedo y frustración influyen en la atención. Los profesionales no pueden organizar sus percepciones acerca de la relación con el paciente, hay falta de apoyo y método teórico para establecer, con interpretación basada en el sentido común, etapa para formación de la ciencia de la enfermería. Transponer el límite requiere preparación para el ejercicio profesional, además de las cuestiones planteadas fomentaren más estudios para consolidar la atención.
Descriptores: Enfermería; Equipo de Enfermería; Salud Mental; Esquizofrénia.

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INTRODUCTION

Schizophrenia is a mental disorder that affects people's emotions, thoughts, perceptions and behavior, and nowadays is as a major public health problem[1]. Its current prevalence is about 1%, affecting mainly young adults. The annual incidence varies from 0.5 to 5 in every 10,000 people and the most common age of onset of the first outbreak is between 15 and 20 years of age in men and 20 to 25 in women[2].

In spite of being a disorder of small incidence, the accumulative effect tends to be severe and persistent. The effects are related to issues such as sexuality, organization of resources to manage the daily life and relevant socio-functional harm. The impact on the patient's life can be reduced through a nursing care that prioritizes the constant contact with the patient and his surroundings, favoring possibilities of management which deal with single and collective actions, as well as early diagnosis[3,4].

In this context, nursing has a key role in ensuring the effectiveness of the assistance to the schizophrenic patient, because the nurse as a team manager, takes several roles such as a therapist when using interpersonal communication as a helping tool. This role can be learned or improved by the nurse, using the interpersonal relationship as a tool for the treatment[5].

Nowadays, the nursing care to the schizophrenic patient is through the mental health system, which recommends services that should work in coordination to improve the autonomy and foster the patient's citizenship, and then reduce the rate of psychiatric readmissions[6]. The network is composed by services, policies and strategies, intentions and actions which are fundamental to achieve the principles of the Brazilian psychiatric reformation, and consequently for the conduction of an effective process of deinstitutionalization of the mentally ill person. It is composed by: Psychosocial Care Centers (PCC); mental health in primary care with the Centers of Support for Family Health (CSFH), Therapeutic Residential Services (TRS) and comprehensive care beds in general hospitals[7-8].

In this context, hospital beds of comprehensive care in general hospitals are used for the so-called "outbursts" or "crises" of psychiatric patients. The assistance provides a multidisciplinary approach, occurs for a short period of time and the treatment is directed towards achieving rapid attenuation of the symptoms and prompt reintegration[8]. Therefore, psychiatric hospitalizations start to be a therapeutic clinical instrument, which is indicated in cases when the protection of the life of mentally ill patients or other people is required, and it should be used when there is a breakdown in the monitoring of other equipment of the network. The hospitalization decision must be made judiciously, particularly in necessary cases, in order to try to prevent the individual's and the disease's chronicity[9].

However, over the last twenty years, the field of mental health has undergone a complex process of self-assertion, with the construction of a "know how to do" that can overcome the biomedical model, based on drugs and hospital centered. To make such a proposal possible, one seeks to sustain the health care in community and territorial devices, focused on the people with psychological distress and their families, through a transforming practice which is in constant construction[10].

Consequently, psychiatric nursing also goes through the same transformations, as before the psychiatric reformation, assistance was characterized by activities of observation, surveillance and taking notes of the behavior and speech of the patients, used to subsidize the work of doctors, which through nursing knows the moment of the disease to propose interventions, and currently seeks to affirm the other

ways to take care, with the proposal to transcend the welcoming with guarantees[10,11]. Thus, taking care is characterized by the production of new therapeutic effects supported by the information about the person, which nursing, profession based in the residence and not in the visit, may develop during the care process, a key feature of the nursing clinic[10-11].

However, the professionals who work in the mental health services, particularly those who work in general hospitals, when recognize the process of model renewal of attention, have their practice crossed by the historical experience of nursing towards the mentally ill patient, and by the new political discourse in mental health, sometimes conflicting.

This conflict creates a challenge for nursing professionals regarding the construction of the nursing psychiatric clinic[11], since it is essential to broaden the understanding of the moment that involves the care to the schizophrenic patient, in an attempt to claim attention in line with the principles of the reformation, and the need for the development of actions in territorial networks for a prompt reintegration, factors that affect directly the nursing care developed in the context of a general hospital, which sees the mental illness from the perspective of the medical model, hospital based, with focus on the disease and not on the patient.

Thus, it is extremely important to recognize the factors that nurses consider when developing relevant care today. Thus, this study aims to understand the perception of the nursing staff in the care of the schizophrenic patient in a psychiatric unit of a general hospital.

METHOD

This is an exploratory-descriptive study, with qualitative approach, which addresses socio-emotional-existential relations that arise between the nursing team and the patients, whose interpretations can only be understood and approached adequately through qualitative dimensions[12-14].

The study was conducted in a psychiatric ward of a university hospital in Campinas-SP. Data collection was conducted in the period between July and October 2011, through semi-structured interviews, recorded and transcribed completely, with the following guiding question: What is it like for you to take care of a patient with schizophrenia, in this psychiatric ward?

Nursing technicians and nurses working in the unit studied in different shifts were considered the subjects of this research, totaling 15 people. Data collection was finished when the answers were sufficient for the understanding of the themes[13].

Data analysis was performed using the following steps: pre-analysis of the material collected, when one performed careful reading of the speeches, which allowed the classification and recording of these units of meaning, exploration phase of the material, in which one continued with the coding and the enumeration of the meaning units that were subsequently classified and aggregated into categories[14].

The findings were discussed from common sense and its relationship to the establishment of science and care in their relationship dimension[15-19].

The study complies with all ethical issues involved in research with humans as proposed by the Resolution no. 196/96 of the National Health Council, being approved by the Ethics Committee of the Medical Sciences College, from Universidade Estadual de Campinas, through opinion no. 054/2011.

RESULTS AND DISCUSSION

The units of meaning that emerged after material exploration were looking, Caring and Feeling, which are presented and discussed below.

Looking

Nursing professionals revealed different conceptions about the schizophrenic patient, discussing opinions acquired in practical day to day care, as noted in the statements below: *The schizophrenic patient here is a patient dependent on nursing and medical work* (N5 - Nurse). *I've been 10 years in Psychiatry ... and I think the schizophrenic is the one who needs us the most, as they are always in another world* (N7 – Nursing technician).

It was clear that the professionals when faced with the schizophrenic patient, build a view about the patient, through what philosophy calls common sense, which guides the nursing care of each professional[15].

Common sense is present in all situations of everyday life, and not just in what is not science[15]. Thus, when reporting their opinion about a schizophrenic patient that comes from the experiences experienced with him, it means that the subjects used common sense as well as what they feel, think, observe or have even heard about the disease to build the empirical view of the patient, as exemplified by the lines below: *care is more based on practical day-to-day than in theory* (N5 - Nurse). *I can tell you what I know about the schizophrenia and the whole process from what I see in practice* (N12- Nursing technician).

Health professionals tend to consider as science only what literature claims as a fact, often opposed to common sense, however, the difficulties that arise from everyday practice contribute to the progress of science[15]. Thus, common sense and science are expressions of the same basic need, the need to understand the world, and every action to be taken, if questioned and problematized, could become science[15].

When they answered the questions of this study professionals had the opportunity to conduct a reflection on the act of caring, an important practice, however not often contemplated in everyday care. Reflecting upon practice means thinking about what you do, and favors direct look to see yourself, an exercise that enables confrontation between what we intend to do with what was done. The reflexive action can allow the professional to recognize the contradictions between what is desired and what is actually done in their daily work[16].

Thus, the practice of care performed, when discussed in the interview, favored the construction of the meanings of care by these individuals. It may be noticed that in the findings there is an attempt of the subjects to organize their practice when they use resources of reality to describe it, basing it on common sense, without evidence of nursing scientific basis.

However one highlights the importance of understanding the link between science and common sense, under a philosophical perspective, so that nurses can build new knowledge, bringing science to the reality of care[15].

Another finding pointed to the comparison between schizophrenic patients with patients who have other diseases, making a great difference between them, as it can be seen in the statements below: *The schizophrenic is different from a clinical patient, for example, when you have symptoms* (N13 – Nursing technician*). It's different from the experience with a clinical patient, who comes with a clinical problem and gets better with that clinical problem solved* (N14 – Nursing Technician).

The findings suggest that nursing professionals recognize a difference and describe the peculiarities of schizophrenia in relation to other diseases, which points to a significant issue that mental illness is not considered a disease like others that exist, for not having their characteristics expressed in the body. It is evident that when caring for a schizophrenic patient the nursing staff studied hopes to find physical manifestations of the disease, as the ones found in other diseases, and they are faced with their absence. When they find demonstrations of another order, such as hallucinations and delusions, they recognize the peculiarity of schizophrenia, which interferes directly in the care, making them have difficulties and use common sense to guide care. A possibility to overcome the difficulties is to assume the multiple causes of schizophrenia, and define

a theoretical framework that supports ways of relationship between nurse and patient[4,11].

Given the fact that the schizophrenic patient has hallucinations, the respondents commented on situations experienced and reported how they deal with such a situation, as it can be seen in the statements below: *I was going to talk to the patient, and he said: Are you seeing that person? We even looked back, because for him it was very real* (N8 – Nursing Technician). *Try to discern what is real and what is unreal, always look for the reason of what he is saying* (N9 – Nursing Technician).

In practice, it is observed that nursing professionals often find it difficult to implement the nursing care for schizophrenic patients, because of the characteristics of this disorder, with manifestations such as hallucinations, delusions, self-harm and psychomotor agitation cause anxiety in these professionals, hindering the establishment of interpersonal communication and the implementation of the helping relationship[17].

Recognizing that science is constituted from a problem expressed by common sense, allows the construction of a practice based on everyday care. The exercise between the practice and its theoretical reflection provides a collaborative knowledge that can fill the remaining gaps in nursing knowledge. And this fosters the training of professionals with a more accessible attitude towards the suffering of the patient and directs care[5,18].

Caring

Respondents emphasized that assistance requires personal and emotional involvement with the schizophrenic patient which is inevitable in the process of care, what was evidenced in the statements below: *So although we try not to get involved with the patients, we end up getting involved* (N8 – Nursing Technician). *Psychiatry is an area where if you do not have this relationship with the patient, there is something wrong with you.* "(N6 – Nursing Technician).

The excerpts above show that nursing professionals confirm their proximity to the patient, and then it originates personal involvement, which according to them, is an inevitable consequence of the schizophrenic patient's care.

Nursing for keeping close and having involvement with schizophrenic patients try to understand them. These professionals assume that every behavior has a meaning and therefore can be understood, since the physical, psychological, social and spiritual needs are expressed through words, gestures and attitudes, then they consider that understanding the thoughts, even absurd ones, and attitudes, even when inappropriate, favors the organization of care to these patients, for making sense to them[10]. Therefore the search for meaning becomes a therapeutic attitude.

The therapeutic interpersonal relationship is a form of approach that health professionals can use, including the nursing ones. It can be used for understanding and for rehabilitation of the patient. In order to occur the therapeutic relationship the nursing professionals and the patient should respect each other, accepting differences and putting themselves in each other's position[10,19].

For the development of this relationship one should use the state of empathy or being empathetic, which consists of precisely realizing the internal frame of reference of the other person, together with the meaning and emotional components belonging to it[19].

This way, the therapeutic interpersonal relationship can be a form of approach that when is used by nursing professionals, contributes to the reduction of clinical symptoms of the disease, when it explores, in each case, the meaning of the suffering experienced, resulting in a unique discovery of the real problems experienced by these patients[17-19]. However the findings showed that the nursing professionals interviewed confirm the proximity and involvement with the schizophrenic patient, but without the scientific knowledge of the theoretical assumption of the nurse-patient relationship, and do not show evidence of this involvement in order to enable a therapeutic

relationship, important instrument in the care and rehabilitation of the patient.

Feeling

The category "feeling" refers to a range of feelings that nurses reported when caring for a schizophrenic patient. Most respondents expressed feelings of distrust, fear and insecurity facing the patient, as evidenced in the speech: *I am a little scared of some of them, because they are unpredictable* (N6 – Nursing Technician). *I'm a little unsure, yes, I feel unsafe, I think the right word is this, insecurity, to care for a patient with schizophrenia* (N4 - Practical Nursing).

The fear felt by professionals is directly linked to the stigma of the schizophrenic patient being aggressive and violent, which complicates the assistance and causes suffering to professionals when a patient shows aggressive behavior, which often leads to the removal of these professionals[20]. Given this situation, trying to understand the reasons for the aggressive behavior and empathizing with the suffering are considered important factors in dealing with the patient[20-21].

In this context the nurses interviewed indicated that when they experienced situations of agitation and violence presented by patients, they change the way they dealt with them, with the purpose of protection and keeping away, as noted in the statements below: *Of course you always have to be careful, you never know the reaction, what can happen* (N11 – Nursing Technician). *If he is aggressive, if he is psychotic, we try to be extra careful, if we see that the patient is aggressive, we never go alone* (N10 - Nursing Technician).

It is recognized that many health professionals have had some form of aggression and violence when they had contact with schizophrenic patients, which leads them to defend themselves with control, through physical restraints, sedatives and the patient's isolation, attitudes that go against the ideals of psychiatric reformation[10.21].

In this context many of the nursing staff reported they have already experienced violence and aggression from schizophrenic patients and how they handled the situation after the moment and in the daily care: *Because there are some situations when we experience aggressiveness here, because of this command he's listening to, because he is not acting consciously* (N9 – Nursing Technician). *The patient freaked out, became persecutory with the team, and attacked a member of the team, in that moment it was hard ... so in a way I feel afraid, but someone has to take care* (N3 - Nursing Technician).

Considering that the manifestation of aggressiveness is a symptom, and that a symptom is a need for care, this manifestation will demand from nursing an attitude, an interaction, a care to attend this patient[10,21]. However it became clear that even when nurses understand aggressiveness, the personal representation of these professional influences in their attitude and management, leading them to adopt attitudes of removal and change in the way they care, because their understanding is influenced by feelings built throughout their experience with the schizophrenic patient.

Other feelings towards the patient and his illness were reported in this study, such as sadness and frustration, and are cited below: *I think the feeling is a little of sadness, because it is a chronic degenerative disease, the patient has many social difficulties* (N5 - Nurse). *This situation, of the patient not having improvement, made me very frustrated* (N14 – Nursing Technician).

In the context of this study in which the subjects develop their practice in a hospital environment, in which the medical discourse is dominant as a way of explaining the causes of psychological distress, schizophrenia is classified as a chronic degenerative disorder with no cure discovered, and has treatment only to control symptoms, requiring a long-term monitoring with the main objective to monitor symptoms and prevent relapse, as these contribute to the deterioration of the patient[3]. The treatment also aims at secondary objectives such as suicide prevention, rehabilitation and the reduction of family stress, but the success of the treatment depends on the adhesion, which is often difficult[3].

The fact that the schizophrenic patient presents periods of remission and exacerbation of symptoms, leads him to recurrent hospitalizations in the psychiatric unit, which can result in frustration of the professionals who treat him, once they notice little improvement in the clinical situation and feel limited in the care, because when one sees schizophrenia from the biological perspective, to the nurse who has care supported in the relationship with the patient, there is only approaching with the warranties of food, hygiene and control of medication[1,3,6,10,22].

With the current legislation, psychiatric hospitalization became more careful and for shorter periods, but despite these advances the assistance to the mentally ill patient is still characterized by repeated admissions, featuring a phenomenon called revolving door, in which the mentally ill patient follows a relapsing cycle of admission/discharge/admission. The schizophrenic patient alternates between acute episodes and hospitalization periods of stability when he stays in the community, situation that occurs more often with chronic patients, with greatest impairment and increased length of stay in psychiatric hospitals[6-7].

This phenomenon brings a big problem for the field of mental health, as it involves frequent readmissions and repetitive experiences of incarceration, which can trigger disruptions in the family bonds and in the permanence of these individuals in society, which goes against the principles of the psychiatric reformation[6-7]. What brings harm to the patient's rehabilitation, such as his prompt social reintegration, makes nursing professionals working in the mental health field feel frustrated when caring for a schizophrenic patient, due to the numerous hospitalizations and relapses of the disease[7], as evidenced by this study.

FINAL CONSIDERATIONS

In this study it was possible to understand the perception of nursing professionals in the care to the schizophrenic patient, by dividing the categories: looking, caring and feeling.

In the category "looking", one highlights the empirical view that nursing professionals have about the schizophrenic patient, guiding the assistance they provide through common sense, questioning nursing as a science.

The professionals highlight their personal involvement as a mark of care to the schizophrenic patient, bringing their interaction as a tool without theoretical appropriation of the method of therapeutic interpersonal relationship.

The diversity of feelings was an important point that emerged in the category "feeling", marking the influence of the stigma that this type of patient carries, making professionals feel afraid to take care of him. One also showed that caring for a patient with a chronic disorder, makes nursing professionals feel limited in the assistance, emerging feelings such as frustration and helplessness.

The findings of this study showed that the perception of nursing professionals from the psychiatric ward of this general hospital regarding the schizophrenic patients has a close connection with the way they develop care.

An important point that is evident both in the category caring, as in the category feeling, is that professionals recognize that care can be developed through the establishment of their relationship with the patient. However, the study shows there is a lack of theoretical support on how the relationship between patient and nurse is established, and of a method to establish it. Therefore, they cannot organize their perceptions about the patient, which limits the nursing professional, who on the one hand notices a relationship

and on the other hand tries to explain it from his empirical knowledge about the disease.

This perception is based on common sense, which is a stage for the establishment of the nursing science and overcoming this limit requires the preparation of these professionals for the practice, besides the fact that the issues raised foster new studies to consolidate care.

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