



SELF CARE UNDER THE PERCEPTION OF THE MENTAL HEALTH NURSING PROFESSIONALS

CUIDADO DE SI SOB A PERCEPÇÃO DOS PROFISSIONAIS DE ENFERMAGEM EM SAÚDE MENTAL

CUIDADO DE SÍ BAJO LA PERCEPCIÓN DE PROFESIONALES DE ENFERMERÍA EN SALUD MENTAL

Adão Ademir da Silva¹, Marlene Gomes Terra², Fernanda Franceschi de Freitas³, Gabriela Zenatti Ely⁴, Sadja Cristina Tassinari de Souza Mostardeiro⁵

This qualitative research aimed at understanding the self care of the mental health nursing professionals. Ten nursing professionals of the mental health team of a psychiatric unit of a university hospital in the State of Rio Grande do Sul, Brazil, were interviewed from September to December 2010. The research data were collected through interviews and analyzed based on the referential phenomenology. The research result unveiled these categories: situations experienced in the encounter with the other and the possibilities of self-care in mental health. We conclude that self-care starts from the perception of the intersubjective encounter as a way to build relationships and human interactions which are more sensitive and open to dialogue with one another.

Descriptors: Nursing; Nursing, Team; Nursing Care; Qualitative Research; Mental Health.

Estudo qualitativo objetivou compreender o cuidado de si do profissional de enfermagem em saúde mental. Foram entrevistados 10 profissionais da equipe de enfermagem em saúde mental de uma Unidade de Internação Psiquiátrica de um Hospital de Ensino do Estado do Rio Grande do Sul, entre os meses de setembro a dezembro de 2010. Os dados foram coletados por meio de entrevistas e analisados com base no referencial fenomenológico. Os resultados desvelaram as categorias: situações vividas no encontro com o outro e as possibilidades do cuidado de si em saúde mental. Conclui-se que o cuidado de si acontece a partir da percepção do encontro intersubjetivo como caminho para a construção de relações e interações humanas mais sensíveis e abertas ao diálogo com o outro.

Descritores: Enfermagem; Equipe de Enfermagem; Cuidados de Enfermagem; Pesquisa Qualitativa; Saúde Mental.

Estudio cualitativo que tuvo como objetivo comprender el cuidado de sí del profesional de enfermería en salud mental. Fueron entrevistados diez profesionales del equipo de enfermería en salud mental de una Unidad de Internación Psiquiátrica de un Hospital de Enseñanza del Estado del Rio Grande del Sur, Brasil, entre septiembre y diciembre de 2010. Los datos fueron recolectados por medio de entrevistas y analizados con base en el referencial fenomenológico. Los resultados desvelaron las categorías: situaciones vividas en el encuentro con el otro y las posibilidades del cuidado de sí en salud mental. Se concluye que el cuidado de sí ocurre a partir de la percepción del encuentro intersubjetivo como camino para la construcción de relaciones e interacciones humanas más sensibles y abiertas al diálogo con el otro.

Descriptor: Enfermería; Grupo de Enfermería; Atención de Enfermería; Investigación Cualitativa; Salud Mental.

¹RN, Master in Nursing, Hospital Universitário de Santa Maria. Santa Maria, RS, Brazil. E-mail: adaoademirdasilva@yahoo.com.br

²RN, Doctor in Nursing, Universidade Federal de Santa Maria. Santa Maria, RS, Brazil. E-mail: martesm@hotmail.com.br

³RN, Master in Nursing, Hospital Universitário de Santa Maria. Santa Maria, RS, Brazil. E-mail: fe_franceschi@yahoo.com.br

⁴RN, Masters Student, Programa de Pós-Graduação em Enfermagem, Universidade Federal de Santa Maria. Santa Maria, RS, Brazil. E-mail: gabii_ely@yahoo.com.br

⁵RN, Doctor in Nursing, Universidade Federal de Santa Maria. Santa Maria, RS, Brazil. E-mail: sadjasma@yahoo.com.br

Corresponding author: Marlene Gomes Terra

Avenida Roraima, 1000. Departamento de Enfermagem, Universidade Federal de Santa Maria, RS, Brazil. CEP: 97105-900. E-mail: martesm@hotmail.com.br

INTRODUCTION

Nursing is being built along its history as a profession turned to care. When taking care of the other, the nursing professional faces situations of suffering and pain which reveals the human being taken care of as well as the human being who takes care⁽¹⁾. It is outstanding in this process of care of the other the need of the nursing professional to look at himself and take care of himself, which means to be aware of his own frailties and needs⁽¹⁾. In this study the care of oneself is seen as a complex net of meanings which can be summarized in the subjective and objective search of knowledge of oneself in order to take care of himself⁽²⁾. Along the path of knowledge of oneself, the other has a fundamental role, once he is the main reference and subject of our restlessness and desires. From the interactions with the other the subject discovers himself and builds himself around the world⁽³⁾.

Within the daily activities of the nursing care in a psychiatric unit, the challenges for the self care are related to the conditions of work, to the continuous experience with the manifestations of psychic suffering of the patients, relations with the family member and with the difficulties found in the interpersonal relationship. Added to that, there is the excessive demand of care which requires from the mental health nursing professionals the permanence in a structured environment to privilege the disease⁽¹⁾.

When analyzing the care of oneself related to the care of the other, it is possible to say that searching the comprehension of their needs is a peculiarity of the human beings⁽⁴⁾. As human beings we are always relating with the other, once we are a body of actions, relations and interactions, placing ourselves here and there with the family, friends and nursing professionals. However, the way the relations in the daily life happens will depend on how the care with oneself is performed and the care of the other.

The care with oneself needs to be a part of the daily activities of the nursing professional thus constituting itself as a style of life and care⁽⁵⁾. From a wide and reflexive look of the daily activities of care, one can discern indistinctly that the nursing professionals need to perceive the relation of care of the other with the care of himself and its interactions in the work environment⁽⁶⁾.

It is also understood that the care of oneself is closely related to the way each person perceives himself as a body. In order to search the understanding of the emergent results in this research, the theoretical basis of phenomenology of the perception is used, which sees the subject as a body and mind unit⁽⁷⁾. The care of oneself occurs from the moment in which the subject is involved in the action of taking care and relates himself with the other, valuing the encounter among people⁽⁸⁾. There is a body of desires and relations which is invested in *world body* as being sensitive. It is not a mind and a body; it is a body in itself which is expressed through its gesture and speech, suffers and cries, is desiring and desired and recognizes itself in the encounter with the other^(7,9-10). It is in this encounter with the other that the reflection of his own existence happens, once the other is the world of the relations making possible the perception of the experiences lived and the objective and subjective fields of the encounter in the world^(7,9-10).

Under this theoretical perspective, the matter of the research is: how is it for the mental health nursing professional to take care of himself? And therefore, understand the mental health nursing professional care of himself.

METHOD

This is a research made from a qualitative approach which uses the phenomenology of the perception^(7,9-10) for the comprehension and interpretation of the data and the hermeneutic

phenomenology⁽¹¹⁻¹³⁾ as methodological support. The research was developed in a psychiatric unit of a teaching hospital in the state of Rio Grande do Sul, Brazil. Interviews of the open kind were made individually with 10 nursing professionals who work with mental health (nurses, technicians and nursing assistants), of those, seven were women and three were men, and their ages were between 31 and 60 years. Before the making of the interviews the nursing professionals were intentionally invited to participate in the research, having been informed about the objectives. After their agreement, they were asked to sign the Informed Consent Form. The interviews were recorded under the consent of the subjects.

The period of data collection was from September to December, 2010. The collection of the speeches ceased due to the saturation of the apparent findings in the interviews, resulting from the converging speeches and justified categories, which generated the topics that evidenced the object of the research⁽¹⁴⁾. To guarantee the anonymity of the subjects the section of the speeches were identified by the letter 'N', initial for the word 'nursing' followed by a number (N1, N2, N3...).

The interviews were made in the meeting room, previously booked in the hospitalization unit in order to provide privacy for the nursing professionals. In the interview the following question was asked: how do you take care of yourself, being a mental health nursing professional? There was no time limit once the interviews were related to the perspective of space and time of the subjectivity of each nursing professional to describe their experiences on self care. So, the interview was understood as a meeting in which the subjectivities of the researcher and of the nursing professionals are permeated by sensibility, empathy and intuition^(7,9-10).

The set of interviews was first carefully listened to. Afterwards, all of them were transcript, transforming the oral speech into written speech, in a text form. After the interviews, the first personal impressions were

recorded (actions and expressions of the interviewed subjects), which were then transcript in the field diary, in order to capture the experiences of the health professionals.

The analysis of the speeches of the health professionals was made according to the phenomenology-hermeneutics⁽¹¹⁻¹³⁾ which is composed of three stages: the initial reading, the critical reading and then the appropriation. The written speech has the phrase as the unit of analysis. So, first comes the reading of the phrase followed by the paragraph and after that the text as a whole. The meaning is constituted by units of sentence⁽¹²⁾. Each unit was examined in order to understand what the speech was transmitting, highlighting the ideas that were linked to the theoretical fundament of the phenomenology of the perception, which describes the body as language, expression and gesture⁽⁷⁾.

Afterwards, the metaphor of the written work was searched and the appropriation⁽¹¹⁻¹³⁾. The metaphor of the work consists in the power of rewriting reality, which brings the need of consciousness as to the plurality of the types of speeches and as to specificity of the physiological speech of the phenomenology of the perception⁽⁷⁾. It is thus highlighted that the hermeneutic method does not intend to interpret meanings but to show meanings which need to be understood and interpreted to a theoretical referential.

The metaphor searched for in the hermeneutic work uses the word as a reference unit and consequently, is classified among the figures of speech in only one word, from the set of meanings which are similarly close. As a figure, the metaphor consists in a moving and/or enhancing of the sense of the words and its explanation comes from a theory of the substitution of sense. Transposing the level of the word, the existence of level of differentiated senses is highlighted having the phrase as unit of the speech, which is the

semantic unit; in detriment of the word, which is the semiotic unit⁽¹¹⁻¹³⁾.

The categories produced by the speeches in the research are originated from the junction of the sections of the speeches which are close to each other by the similarity of meanings, in which the units of meaning are searched that in turn will reveal the metaphor of the work⁽¹¹⁻¹³⁾.

So, from the referential of the phenomenology of the perception⁽⁷⁾ it is possible to understand the metaphor present in the speech of the nursing professional which revealed these topics: the possibilities of self care and mental health and the experiences lived in the encounter with the other.

This research was approved by Committee of Ethics in Research in Human Beings of the institution that was the venue of this study under Protocol number: 0.274.0.243.000-10, of 10/19/2010, followed by the principles of Resolution number 196/96, of the Health National Council (HNC), which covers the ethics in research involving human beings⁽¹⁵⁾.

RESULTS

Possibilities of self care in mental health

The experience in a psychiatric unit generate a range of feelings in the nursing professionals, such as sadness, due to the chronic situation of some patients and anguish facing the need of involuntary hospitalization. It still generates physical and mental weariness due to the constant demand of supervision of the patients in almost all their daily activities. Facing this specific demand to the psychiatry, the team work, and the dialog among the nursing professionals emerges as essential for a better quality in the experience of the care of the other and of the self care.

The self care is perceived by mental care nursing professionals as a care which transcends the questions of good health or emotional balance at work. The encounter of these professionals appears as a point of

proximity of what could be called self care. They express that, for self care to occur, it is necessary not only the knowledge of oneself but also of the other in any relationship⁽¹⁾.

As the nursing professional takes care of the other, he shows himself, that is, possibilities are opened in order to establish a relation of experiences both in the care of the other as well as in the self care. These experiences highlight the encounter among people who take care of mental health⁽¹⁶⁾. Such fact is exemplified through the following speeches: *Self care is being able to talk, the difficulties to solve problems of relations at work happen due to the lack of an opening for the dialog (N1). Gossip is harmful for people, it makes the resolutions of interpersonal problems difficult. One cannot keep the sorrows and problems for himself, otherwise we cannot stand it. And this is self care, certainly (N3)!*

The self care appears as an important and necessary care for the nursing professionals who work with mental health in order to improve the knowledge of himself and have human acting⁽⁶⁾, according to the speech: *Along my path here (psychiatry unit) I learned a lot. I was anxious, rather immature. All I know I learned here inside I mean that psychiatry provides me with the great basis for life. We have the opportunity to live with all kinds of personalities from the disease itself to a most well balanced patient and this makes me more mature and grow (N9).*

There is also proximity of the subjective world of each professional, a sample of oneself, present in the manifestation of his own body. This self showing, is unveiled not only in that which effectively is done as self care, but from the speech of carelessness of oneself⁽⁶⁾, as it is revealed: *Sometimes it is complicated, we take so much care of the other and we don't take care of ourselves. I try not to get involved much with the problems of others... and in order to relax I try to go somewhere I like, the family likes, do something the family likes together, together. These are pleasing things which make you feel better (N8).*

The perception of the nurses about their own suffering is referred to the difficulty of living with the rules and routines of the services of psychiatric hospitalization, with the suffering of the other and not having immediate solutions to reduce it⁽¹⁷⁾. Besides that,

the nursing professionals need to rethink their daily care activities, in order to provide a human sense once the world of nursing is permeated by the inflexible standardization which is many times unquestionable⁽¹⁸⁾. This question is approached in the following speech: *something which makes me very sad is this business of keeping the patients jailed. I think that is the most horrible thing that can happen. Once, a patient told me something I kept because I have a little notebook where I register a few things. She told me they took everything away from her and now, in the unit, they are taking away her vanity, because there isn't even a mirror for her to look at herself. And this hurts too much* (N5).

The nursing professionals aim to be careful with their own body. The care of oneself is shown, on one side, as a ready, automatic, and superficial speech which is lost in the habit (spoken speech)^(7,9-10), such as talking about physical activities and more adequate diet. On the other hand, as creative original speeches expressing the real feelings of the subjects (speaking speech)^(7,9-10), unveiling that self care is not a common discussion in their lives: *I don't think I take care of myself, you know! I get so much involved with things, I do so many things at the same time but I don't watch my limits. That's why I don't take care of myself. I don't see my needs, need do stop, to think more about myself, to see my things...like having my hair cut, having my hair dyed, take care of my physical appearance, my self-esteem, all of this I was leaving beside* (N4).

The reflection of the mental health nursing professional on self care unveils its frail and sensitive nature, and shows the importance of the reciprocal listening among the peers, so that the verbalization of subjective contents are part of the relations experienced in the encounter with the other in the world of mental health existential care⁽¹⁹⁾.

Situations experienced in the encounter with the other

The situations which are experienced by the mental health nursing professionals occur in the relations and interactions with the other (patient, employee, family members and friends) in the world of care. The closed psychiatric hospitalization unit

motivates a mix of feelings to take care of the other. However, the listening which is the strategy of the care in mental health to the other (patient), does not lead the professional care to self care. What is observed is the fear of the relation with the other to show himself, to unveil his subjectivity. The other has a subjectivity which observes in his perceptive domain another subjectivity with equal rights, which in the encounter between both, becomes intersubjective experiences⁽⁹⁾. The lack of communication is revealed as a key point to some problems pointed in the speeches related to the difficulty of interpersonal relationship.

The communication among the mental health nursing professionals is partially signified by mistrust and superficiality, which is felt by them as a factor for their carelessness of oneself, facing the feelings generated from the assistance in a psychiatric hospitalization unit. When speaking about the relationships and the other (professional subject), they identify and recognize themselves; which brings the questioning related to what could be done in order to make the relationship true and human: *In order to work well it is important to have harmony and this ends up not depending only on the patients. It depends on the colleague who works with you, you end up having an excited shift. But the colleague is a harmonious person who likes to work, your shift is much better! If you have a heavy environment with people who only fights and gossips, people who puts you down and only bring negative things, you can only have two patients and you end up working more than if you have 15 patients. I have some good partners to work with, and the shift can be excited and you don't get so stressed* (N6).

This speech reveals the real difficulties of the daily activities of mental health care, in which the relation with the other (professional subject) can be a reason for suffering, felt and manifested by his body. The need to rescue relations which are based on the human being is emerged among the mental health nursing professionals and how much the dimension of his own body, by means of expressiveness, keeps a profound unit, despite the plurality of openings and the different perceptions, whose major meaning is *being with the other* in a true

way. This is unveiled as a personal attitude which can strengthen or make the relations among the professional subjects difficult^(7,9-10).

The relation of these professional subjects with the other (among the professional subjects and patients) is founded in the experiences of the daily activities which occur in the language mediated by his own body. The language is understood as expression, body gesture and, although in many moments the relation with the professional subjects with the other is perceived as conflicting, and the personal growth which occurs in the relations among people who live together is unveiled. That is why they fight, learn and modify themselves in this encounter: *Whenever possible we sit and talk. But with some people it is not possible to talk about certain things, because I am afraid not to understand. I, for example, like, oh, I am a person that you come and tell me that something is wrong I will accept it because it is for my own sake* (N1).

The family and the professional world emerge strongly in the speeches. This relation is experienced as a generator of suffering and conflict. It is the dominant pressure of a model of care still centered on the technician practice and on the neutrality of the relations of the professional subjects with the personal questions⁽²⁰⁾. However, in these speeches as well as in other ambiguous situations, the professional subjects reveal the conflicting relation and the perception of his inadequacy of his actions to solve the problem. They express the comprehension that actually their difficulties are in the fact that they do not verbalize their problems and that is why they centralize their actions of care on the objectivity and on the technique. So, in a closed psychiatry hospitalization unit, the manifestation of the subjectivity of the professional subjects with the other is cloistered. Such fact is evident in the speech: *If, at home, things are disorganized I call and say: Come here you, let's get organized! So we've got to talk, at home I can do this, stop and see with the person what is going on. But here it's more difficult! But we have to stop a little and talk. Then, it is better to stop and talk with your colleague. Sometimes one word you say to your colleague solves everything* (N1).

The speeches of the professional subjects reveal the notion of the object body that when placed in this position they become distant from the position of subjects of their own actions and become mobilized by the tradition of work. So, the attempts of separation between their personal life and their professional life are unveiled: *Good, to start with, psychologically, I watch myself a lot in my working environment and out of here I have my normal social life. And I try to have physical activities, bodybuilding, I take care of the body this way and I don't really do anything to take care of my mind. I should take better care of myself, because I have a lot of time for work and very little for myself. Very little time for myself. And I think that many times it is a scape. Ah! I am not gonna be idle, let's work! Then it seems we hide our problems at work* (N9).

The professional subjects go on suffering by the other (professional subject, patient, the patient's family and the professional subject's family members). The emotional involvement is manifested in anguish resulting from the lack of acceptance of the expressions of the relations and interactions with the other as well as their perceptions related to psychiatric hospitalization. The other in the relation is unveiled as indispensable for the recognition of the professional subjects as subjects of the care⁽¹⁾.

The speeches reveal the need of the mental health nursing professionals to be listened to. They don't talk only about a professional listening (psychologist or psychiatrist), but especially of their own colleagues. They point the interpersonal difficulties as the great demotivating subject for the care of oneself: *Regarding the colleagues, we manage to get closer to some more than others, but also I have difficulty to confront some people, to come closer and say: Oh! I didn't like what you have done. Or say: I don't think you should do that* (N10).

In the absence with a relation with the other which allows the professional subject to talk about his own daily difficulties, other manners to deal with the demand of personal suffering emerge. This contributes for the occurrence of self care as an attitude of distance from the relations with the other⁽⁸⁾. Therefore, the self care is manifested as not allowing himself to get involved emotionally: *It is not being so empathetic, once you get*

to feel the pain of the other. I feel, I used to feel like this a lot, you know. Today, I say that I close my eyes for these things...But still is anguishing, but it is lighter (N4).

The speeches above show how the human being, when facing difficulties, tend to search for a solution by being distant. Then, he starts to wear, as described by one of the participants, what could be called a mask of protection. However, this mask tends to become a professional habit and it becomes difficult to reverse an old and complex relationship. This difficulty is revealed by N10: *I don't see the colleagues confronting each other here and this bothers me. I don't know if the people that I have more difficulty with, show me things that are wrong in myself. And I also believe that some people could be better too. What we see here is people saying that Miss so-and-so has always been like that and it is useless to want to change her. Then, we stay in a position, that, it has always been like that....what is the use of confronting?* (N10).

At the same time in which the expression of distance of the other is unveiled, it is also unveiled that although the professional subjects feel protected by their masks, they also feel frustrated and certain that this attitude of escaping from the problems of relationships only solve them momentarily, producing more suffering than confrontations with the conflicting relation.

It is evident that real and daily suffering of the mental health nursing professionals who see themselves so involved with the care of the other that they end up leaving the self care beside. The lack of communication of the professional subjects among themselves shows the frailty of these people and the need of change in the way the interpersonal relations have occurred. The valuing of the listening of a professional colleague seems to be a starting point to build a living space of the care that is more proper to self care.

DISCUSSION

From the speeches of the mental health nursing professionals, the perception of the intersubjective encounter as a way for the construction of relations and human interactions with the other is unveiled^(7,9-10).

The other feels us and we feel him⁽⁷⁾. This way, the speech of the other awakes in us the articulation of the thoughts and our speech does the same. However, we are always interrupted by a look, a gesture, an action that comes into our perceptive domain⁽¹⁰⁾. When we perceive this, we launch ourselves in the direction of the other. It is through the expressiveness of the actions and the gestures that the communication between the professional subjects and other will happen, breaking the silence due to their perceptions⁽⁷⁾. It is possible to observe the importance of the relation and interaction with the other as a factor of help for those who work in mental health and how important it is to have an opening for the exchange of experiences and affectivity.

In the world of the nursing care, the communication among the subjects involved in the care reveals the importance of the help of a colleague to have the reduction of their insecurities and for the growth of the professional subjects who work in mental health, which is perceived as a factor for self care. This interdependence of the relations between the *I* and *the other* and conquest of a self knowledge is highlighted as a basis of a practice of self care^(7,9-10).

The carelessness with his own body is also unveiled, which is submitted to an overload of work, to occupational risks, to physical and mental suffering, visibly taken as object of work⁽²⁰⁾. The existential phenomenology of the perception⁽⁷⁾ invites us to analyze the human beings under another perspective which is away from the cartesian mechanistic vision and releases the subjects from neutrality. This possibility can be a way for reflection of the practice of care of the other. For such, this practice needs the acceptance of the nursing professional as a person with his own desires. However, facing the difficulties found in the daily activities of care of the other, the factor for carelessness of oneself is unveiled as the lack of room and support for the manifestation of his anguishes related to the personal and group difficulties.

In the world of nursing, the professional subjects involved in their daily activities of care are not always available one for the other. There is a perception of the need of the professional subjects to be heard and to be able to speak about their lives and to be respected by the other (professional subjects). However, in the speeches, some forms of the relation with the other are perceived so as to avoid the confrontations of ideas which are generators of suffering.

So, the discovery of oneself in ambiguity and contradictions of the speeches becomes a metaphor in which *I* and *the other* are mixed in their coexistence so as to show *one in the other*^(7,12). It is the perception of the existence of the other incarnated that allows us to be an existent self *I*. We are beings of relations, without the other we don't have the true perception of ourselves and, it is in the other that we build our perceptive marks materialized in the world, which makes us go beyond and invest each time more in our usual domain⁽⁷⁾.

The metaphor⁽¹¹⁻¹³⁾ unveils that each professional subject protects himself in his world, once his body, that perceives and is perceived makes a gesture revealing his existence facing the care in the psychiatric hospitalization unit. It is perceived that the professional subject makes a move getting his past back and projecting a future in a way that he can be perceived as a sensitive body incarnated in the world⁽⁷⁾. So, it is in the world of life that the human being has the possibility to recognize himself and to express himself as intentionality, consciousness and body, that can, in the care of the other, take care of himself.

There is also the difficulty of the nursing professionals to look at themselves and at the other. When this happens, they do it in a strict, demanding, punitive way, which leads to a detachment of themselves. It is unveiled that self care does not only belong to the will of the subject, but it depends on the way the subject is related with the other and how he is transformed in the encounter. So, self care is shown as a

need of the mental health nursing professionals to get involved in the relation with the other in a pleasing way, to be understood and listened to by the other.

Under this perspective, the mental health nursing professional, when taking care of himself, allows himself to reflect upon himself, upon his acts, his attitudes, his feelings, and how this is having a repercussion in his life, in his happiness, joy, satisfaction, and in the relation with the other. Self care is not a phenomenon that needs to be conceptualized as the care or self care, once it depends on each one. Each person, from his subjectivity, will define the meaning of self care.

That is why it cannot be prescribed or thought. But, from self care, situations experienced by each one are unveiled. Self care shows to be intimately linked to the concept of subject body which finds the meaning for his existence in the relation and the interaction with the other in the world⁽⁷⁾, as the phenomenology of the perception shows. When the professional subject allows himself to self care he becomes subject of his world. So, self care appears immerse in a net of ambiguous relations: encounters and disagreements with the other (colleagues, patients, family members), that generate joy, sadness, tension, pleasure and suffering.

In this context, self care is unveiled through what was or not stated in the speeches as an action of building oneself with the other in his interpersonal relations and interactions. For the mental health nursing professional self care is unveiled in being able to count on people, without the need to hold emotions, in being himself without the need to wear masks of protection as a way to avoid suffering; it is being able to say what he is feeling towards the other; not keeping the problems and sorrows for himself; managing to deal with the suffering of the patients without having to protect himself from the relation with the same, keeping himself reflexive, regarding the ethical questions. It is also to understand that the encounter with the other (professional subjects, patients) is susceptible to

generate ambiguous feelings. Furthermore, it is to get involved in more harmonious relations and interactions allowing himself to listen to what the other has to say. It is to cultivate the good relations and look at the other with enchantment, as if it were always the first encounter.

FINAL CONSIDERATIONS

This study is aimed at the comprehension of self care under the perspective of the mental health nursing professional. It was unveiled that the valid possibilities of self care are intimately related to the experience of the care of the other. The nursing professionals, in turn, are inserted in this world of care and are crossed by rules and routines of care that were inherited from the traditional model, and at the same time, the subjective questions of each subject are seen in a secondarily way to the objective questions of the demands of the work. At the same time, each professional brings his formation with himself, in which the subjective and affective questions of each one are not adequately valued.

This difficulty of the nursing professionals in looking at themselves as bodies, who are at the same time human and professional subjects, makes the construction of an experience of care of the other and himself difficult and this experience should be practiced at the same time and interrelated.

The mental health nursing professionals perceive themselves as subjects of needs and of human values who need to be incentivized and assumed as part of their world. The one who is subject of the relation and not object, who thinks, feels and lives the world of care of the other in an intense, afflictive and pleasing way. This world needs, before anything, to have room to speak and to listen to the other, a world that modifies itself and builds itself every moment, at each encounter; and which can so transform the relational domain with the other (patient, family member and professional subject) in a truly human domain of self care.

The lack of effective communication was evident among the people of the care as a factor of great detachment among the professional subjects and generator of conflicts and suffering, once those professional subjects felt the need to talk about their own subjective questions, but they didn't find support or propitious room so that this encounter could happen.

It should be highlighted that this research deals with a specific reality of a group of subjects and aims at a theoretical contribution for the understanding of self care in the area of mental health. Under the methodological perspective we understand the experience of each subject in a singular way, which makes the unveiling of the essence of the phenomenon possible, and thus offer a theoretical support for the self care of the mental health nursing professional.

COLLABORATIONS

Silva AA and Terra MG contributed in the whole process of the elaboration and review of the article. Freitas FF and Ely GZ contributed for the conception, analysis and interpretation of the data. Mostardeiro SCTS contributed for the writing and final approval of the version to the published.

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