

## The care towards individuals in a Psychosocial Intervention Unit: meanings assigned by the nursing team

Cuidado às pessoas internadas em Unidade de Internação Psicossocial: significados atribuídos pela equipe de Enfermagem

Atención a personas en la Unidad de Hospital Admitió Psicossociales: significados atribuidos por el equipo de Enfermería

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### ABSTRACT

**Objective:** The study's purpose has been to gain further understanding about the meanings attributed by the nursing team to the care provided for people hospitalized in a psychosocial hospitalization unit from a public teaching hospital in *Rio Grande do Sul* State, Brazil. **Methods:** It is a qualitative study that was carried out with 15 nursing professionals through a semi-structured interview in September 2015. The Minayo's Operative Proposal was used for data analysis. **Results:** Nursing refers to care as a practice that aims to assist the person in its integrality and seeks to meet their needs. The care is focused on preparing the person for the period after hospital discharge, also on building a network, supporting the family and on the professionals' perspectives. **Conclusion:** The study presents contributions aiming to call the nursing professionals to reflect about their health care practices, which can allow them to perform a comprehensive care for people, and also search for social reintegration.

**Keywords:** Nursing care, mental disorders, mental health.

### RESUMO

**Objetivo:** Compreender os significados atribuídos pela equipe de Enfermagem ao cuidado prestado às pessoas internadas em uma Unidade de Internação Psicossocial de um hospital público de ensino do Rio Grande do Sul, Brasil. **Métodos:** Estudo qualitativo, realizado com 15 profissionais de Enfermagem, por meio da entrevista semiestruturada, no mês de setembro de 2015. Para a análise dos dados, foi utilizada a Proposta Operativa de Minayo. **Resultados:** A Enfermagem refere-se ao cuidado como uma prática que visa assistir a pessoa na sua integralidade e busca atender às suas necessidades. O cuidado está no preparo da pessoa para a pós-alta hospitalar, no enfoque da

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construção de um trabalho em rede, no suporte à família e nas perspectivas dos profissionais. **Conclusão:** O estudo apresenta contribuições para que os profissionais de Enfermagem reflitam sobre suas práticas assistenciais e formas de cuidado, na busca da reinserção social e do cuidado integral às pessoas.

**Descriptors:** Cuidados de Enfermagem, Transtornos Mentais, Saúde Mental.

## RESUMEN

**Objetivo:** Comprender los significados atribuidos por el personal de enfermería para la atención prestada a las personas ingresadas en una unidad de hospitalización psicosocial de un hospital público de enseñanza en Rio Grande do Sul, Brasil. **Métodos:** Un estudio cualitativo con 15 profesionales de enfermería a través de una entrevista semiestructurada en septiembre de 2015. Para el análisis de los datos, se utilizó la propuesta operativa de Minayo. **Resultados:** El cuidado de enfermería se refiere como una práctica que está diseñado para ayudar a la persona como un todo y busca satisfacer sus necesidades. El cuidado es preparar a la persona para después del alta, el foco de la construcción de una red, mantener a la familia y las perspectivas de los profesionales. **Conclusión:** El estudio presenta las contribuciones a los profesionales de enfermería para reflexionar sobre sus prácticas y formas de atención en la búsqueda de la integración social y la atención integral a las personas.

**Descriptor:** Cuidados de Enfermería, Trastornos Mentales, Salud Mental.

## INTRODUCTION

The Law No. 10.216/2001, about the Psychiatric Reform of Brazil, recommends that mental health care must be humanized, ensuring respect for the uniqueness and social reintegration of people. It brings in its Article 2<sup>nd</sup>, the right of the person with mental disorder to have access to the best treatment of the health system and to be informed about his illness and therapy. Furthermore, this treatment should be performed in a therapeutic environment using less invasive techniques.<sup>1</sup>

Given the aforementioned, the nursing practice consists in the management of the care to the people, through an action that combines the art and the technique, in the singular and integral approach. Therefore, nursing care requires knowledge of the other and about competencies as professionals and needs to be linked to their human side.<sup>2</sup> In order to do so, it is necessary to take into account that the act of caring requires interaction between subjects, in other words, who cares for and who is cared for.<sup>3</sup> Nursing care thus proposes the prevention, promotion and preservation of the health of people, helping them in the search for meanings in disease, suffering and pain, as well as in existence.<sup>4</sup>

In the context of psychiatric nursing, changes and evolutions are constant. Currently, nursing has been an influence in the process of social inclusion of people with mental disorders, where it seeks to provide care in order to optimize treatment and contribute to social reintegration and development of the individual's autonomy.<sup>5</sup> This enables improvement in quality of care, then making it possible to understand and respect people's suffering.<sup>6</sup>

In view of the scientific production on the subject, a research was carried out in the *Literatura Latino-Americana*

*e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature on Health Sciences] and Medical Literature Analysis and Retrieval System Online (MEDLINE) databases, in which, there have been highlighted articles about the perception of nurses about care involving aspects such as sexuality, religion and spirituality.<sup>7</sup> Also, from their own training in the care of people with mental disorders in primary care and in a surgical center, as well as the different opinions of nurses and the importance of its performance.<sup>8-9</sup>

The studies pointed to methods and actions as forms of nursing intervention, identifying the benefits and disadvantages of nursing, as well as a succinct approach to the role of nursing. They described systems that were implemented to assist nursing care and collaboration.<sup>10-11</sup> Thus, there is a gap regarding studies that specifically address the meanings attributed by the nursing team to the care provided to people hospitalized in a psychosocial unit.

It is worth emphasizing that care depends on the attitudes and knowledge of mental health professionals. These commit themselves to ensure deinstitutionalization, seek to develop care that seeks to assist the human being without exclusion and intolerance, as praises the Psychiatric Reform. Thus, the nurse is an important agent of change, and this potentiality is directly related to the degree of consciousness of this professional.<sup>12</sup>

Therefore, this study has the following guiding question: what meanings do the nursing team attribute to the care provided to people hospitalized in a psychosocial hospitalization unit of a public teaching hospital? The study's aim is to gain further understanding about the meanings attributed by the nursing team to the care provided for people hospitalized in a psychosocial hospitalization unit from a public teaching hospital.

## METHODS

This study has a qualitative approach. This is used in the study of the relationships, representations, beliefs and interpretations that the human being makes in relation to how he lives, about his productions, about himself, and also how he feels and thinks. This type of approach considers the singularity of the subject, incorporates the question of meaning and intentionality as being fundamental to social relations.<sup>13</sup>

The study was developed with professionals of the nursing team of a psychosocial hospitalization unit of a public teaching hospital from a city localized in *Rio Grande do Sul* State, Brazil. Data collection occurred in September 2015, using the individual semi-structured interview. Participants were selected by the researcher through a manual raffle. The number of participants was 15 professionals, being 09 nurses, out of these, 01 from the Multiprofessional Residency in Health, and 06 nursing technicians, and the closure of the interviews occurred from the saturation of the data, in other words, the repetition of the information.

For data analysis, Minayo's Operational Proposal was used, which is characterized by two levels of interpretation. The first interpretive moment is constituted by the mapping of the field of fundamental determinations, referring to the historical context of the social group in question. The second interpretive moment represents the convergence with the empirical facts; it is the moment in which the participants' reports are the sense, the internal logic, the projections and the interpretations. In order to operationalize this second moment, the ordering and classification of the data takes place, this one, composed of four stages: horizontal reading, which is the first contact of the reader with the obtained data; transversal reading, forming the categories; final analysis, where the data obtained are related and discussed with the theoretical reference; and report, which concludes the presentation of the results of the research.<sup>13</sup>

Participants were identified by the letter N, initial of the word "nursing", followed by an Arabic number (E1, E2, E3...) to ensure anonymity. The ethical principles of human research were respected in accordance with the Resolution No. 466/12 from the National Health Council, in order to protect the rights of the participants.<sup>14</sup> The protocol of the project was approved by the Research Ethics Committee of the institution under No. 1.219.050.

## RESULTS AND DISCUSSION

From the reports of the professionals of the nursing team, it was possible to understand the meanings attributed by them to the care provided to people hospitalized in a psychosocial hospitalization unit of a public teaching hospital. The categories that constituted the study are presented below.

### The integral care for the individual with mental disorder

The professionals of the nursing team pointed to care as a practice developed to meet the needs of each person. This requires professionals, different behaviors, which are performed according to the pathology and depend on the physical and emotional state that the person in the hospital is currently experiencing.

It's about knowing how to lead the treatment of this patient, handling as their needs arise. (N2)

It depends on the need of each one, you will observe, you will see that each one is a request, each one is an issue. (N13)

The professionals point out that each person, during hospitalization, requires care, taking into account the characteristics and particularities of each one. It is a fact that the human being depends, from birth, on health and disease care. Nursing care is part of this process, from the moment we draw the bonds with the people we care until we identify the needs, that is, recognize the relevant factors to develop care.<sup>15</sup> Nursing should develop care as a

social practice, Communicating among the team in order to build therapeutic projects, respecting the specificities of each case.<sup>16</sup>

It is important to mention that nursing diagnoses are found directed to the first levels of needs in detriment to subjective or more complex needs. Nonetheless, in order to take care of the whole, nursing actions also need to cover all levels.<sup>17</sup> In this context, it was noticed the presence of this matter in the nursing professionals' reports, which consider meeting the basic health needs.

From taking care of the biological needs of people who end up failing to take care of themselves, they do not have the self-care of this because so with the altered thinking process, then the basic care, hygiene care, food, basic necessities that come first in of human needs. (N4)

Helping in baths, many arrive with poor hygiene, helping in the bath, helping in brushing teeth, helping in feeding when they have difficulty. (N9)

It is known that care includes assistance to the biological needs of people, which are considered as basic health needs. Among the main ones are the following: vital signs, nutrition and hydration, motility, body care, eliminations, communication and cutaneous-mucosal integrity.<sup>18</sup>

Although basic care practices are important, care is sought to make it more unique and committed to the integral care provided to inpatients.<sup>19</sup> Since integrality seeks to ensure care for the health as the right and duty of citizens, professionals and managers. Additionally, the access to services, participation in public policies and interaction between the hospitalized and the professional, ensures the right to live and to be assisted with respect in health, illness and death.<sup>20</sup>

In this sense, care goes beyond technicality and happens with tenderness, affection and care. For nursing professionals, the care, in a psychosocial hospitalization unit, requires patience and demands of these, attitudes that are in the small gestures. Moreover, it is important that they seek to understand each other and refrain from judgments.

You have to have that patience, you have to understand the other; you have to empathize with the patient, never judge that patient. (N2)

There's no judgment inside, they're the same, and we're the same in here. So the care has to be very qualified for them [...]. They are small things that you do, but that mean a lot to the patient. (N10)

When nursing professionals express their humanity, which propagates naturally and consciously, at the same time that they relate rational and sensitive attitudes, they are humanizing their actions. In care, the professional traces scientific knowledge, sensibility, intuition, moral values

and principles.<sup>19</sup> From this, it is understood the importance of humanized care, which requires actions centered on the subjectivity of the individual, using the sensitivity of the professional from listening and dialogue.

In this perspective, for care to be of quality, it is important that it be free of prejudices and hostile attitudes, considering that mental disorders still have exclusionary and discriminatory characteristics. People with mental disorders do not only fear the clinical manifestations of the disease, but also the possibility of suffering prejudice. Therefore, assistance free of prejudices and value judgments becomes essential.<sup>21</sup>

It is pointed out in the study, the need to offer an aid in the moment of crisis in which the person is, always taking care of subjectivity and attenuating their suffering. They are differentiated care, because it is necessary to receive the hospitalized person, this includes paying attention to it, being available to listen to and guide it, because the dialogue is a very important factor in the act of caring. Also, do your best to make her feel better in the period of hospitalization.

Make yourself available to listen to what the other person is talking about, to give value to feelings, to complaints, and even to analyze what a particular complaint represents, a particular patient's report. (N4)

Our care is different, we are always ready to help, always ready to talk [...]. You take your time to listen to what he has to say, to pay attention to it, to help, to advise. (N7)

It is the subjectivity of the patient and our technical knowledge of his clinic [...]. We have to have a qualified listening; we have to learn listening in mental health. (N10)

It can be said that this care is part of the process of humanization, since the approximation between the hospitalized and the professional, the reception and the dialogue are indispensable points in caring. Furthermore, nursing care is to assist the human being with dedication and care, to speak with sincerity and to listen with compassion, thus allowing empathy in the caregiver-patient-family relationship.<sup>22</sup>

The importance of looking at the person beyond the disease, having an extended view of the life of the illness, covering the social and its life history, was present in the reports of nursing professionals. See it in a different and unique way. The aim of the intended care is the valorization of the human being in its totality and that the nursing professional can observe it as a being inserted in the world.<sup>19</sup>

In addition to the part of the pathology and clinical demands of the patient, it is to pay attention to the mental health [...]. It is you to see the patient beyond that clinical patient and beyond, even that disease that is there in the ICD. Do not see the patient as only sickness, rather see in a singular way. (N1)

It is not only the patient, it is the whole family situation, society. (N6)

You have to study the whole of the patient, not the fragment of the patient [...]. I always think about the families, [...] in that patient's life story. (N10)

In order to provide a quality and humanized care, it is necessary to place more emphasis on the interdisciplinary care, considering all the "fragments" of the person in this process. This includes the social, historical and cultural reality in which it is embedded. In addition, care involves the feeling, which makes us sensitive to what surrounds us, makes us either like or dislike. It is the feeling that unites things.<sup>23</sup>

The reports of the professionals reveal the care that is given to people hospitalized in a psychosocial hospitalization unit. It is pointed out that care taken depends on the need of each person, seeking to meet basic health needs, since people do not have self-care, sometimes due to the fact that they are in a phase of mental confusion.

Seeking to go even further, professionals express the importance of a differentiated care, which requires their patience and affection, dispensing with judgments. This way of caring presents them as caregivers who care about actions based on reason and sensitivity. In this sense, the reports of nursing professionals also expose the need to look at the person beyond the disease, considering it to be inserted in the world and covering the issues involving family and society.

### **Caring for the individual with mental disorder by focusing on their post-hospitalization**

The care provided by nursing professionals in a psychosocial care unit need to include, besides the hospital scope, issues that address the preparation for the post-discharge of the hospitalized person. As a result of this, it is sought to carry out the work in a network so that there is the follow-up of the person after his hospitalization, giving continuity to his treatment and considering issues that involve his daily life.

For the qualification of the service, we have to build a health network [...]. We are building the mental health network, because here is only part of the care, here is the acute picture [...]. So, if we do not have it, it's no use to take care of everything, perfect, the clinical picture here, stabilize it here, if the patient will not have the transfer of care in the other territories, the territory of care is his basic unit, If there is a Basic Health Unit, if you go to Psychosocial Attention Centers [...]. We have to build a quality network by the time he/she gets hospital discharge. (N10)

For this care to occur, it is necessary to articulate the Psychosocial Attention Network. The following points are addressed: primary health care; Specialized psychosocial care, formed by the Psychosocial Care Centers; and hospital

care, counting on specialized infirmaries in General Hospital and Referral Hospital Service.<sup>24</sup>

These health care points are related horizontally in three levels of complexity of the *Sistema Único de Saúde (SUS)* [Unified Health System], the primary (low complexity), the secondary (medium complexity) and the tertiary (high complexity). Health professionals understand networking when people's care involves these three spheres, which allows the transfer of care and continued care.

It is worth noting that networking includes, apart from caring for the hospitalized person, the support of his family and society. Sometimes, a positive result of the treatment of hospitalized persons is not obtained, when they return to their family and social environment, due to the lack of this support. Therefore, it is part of the care carried out by the nursing professional, to help the family and society to understand and live with the person in psychic suffering.

You do not see results out there, because they do not have the family support, they will get home, they will not take medication right and will return. (N6)

One of the goals of hospitalization is to help the family to understand this patient and learn to live with him, with the problems, sequelae he will have [...]. And families have to learn to care, to deal with it. (N13)

The family is the main caregiver of the user, but when there is a lack of knowledge about mental disorders, it can lead to deterioration in their relationship with the family.<sup>25-26</sup> This explains the importance of the family knowing and accepting the limitations and particularities of their family member.

Given the aforesaid, there is a need for a support network designed to support family caregivers, providing clarification and sharing responsibilities.<sup>26</sup> Therefore, nursing professionals are in charge of providing health education to the families of people with mental disorders, so that the Family feel safer and more confident to provide care.

Likewise, nursing professionals expressed in their reports, their perspectives on the lives of these people after the period of hospitalization from the care they were given. The perspectives point to the person having a stable life in relation to his pathology, a happy and healthy life when he returns to society. And in this way, be able to live and coexist in the best possible way with your diagnosis.

That this care, I say from the nursing, that is us, that is being effective, so that the patient can leave here and have a life outside, if not a normal life, but a life that he can live with other people, with family and so on. (N3)

What we always expect is an improvement [...]. That he lead a healthy life, lead a life well, a life like everyone else, despite having to take the medications, having to have greater care. May he live a very peaceful life. (N7)

It is the role of the nurse to carry out health education and to help the person to understand their illness, showing that it is possible to lead a stable life and live well regardless of diagnosis. This process seeks the shared construction of knowledge and appreciation of the person, contributing to the prevention of injuries and health promotion. It is hoped that, through health education, nursing can respect and empower the person's autonomy in order to improve their health conditions.<sup>27</sup>

In addition to the prospect that the hospitalized person can live and live well when returning to society, professionals report their expectations in decreasing readmissions. When care is effective, it increases the chances that the person will be able to perform his treatment and will not need to return to the hospital.

Avoiding new hospitalizations from the care that we do here. (N1)

Decrease this rate of return, which I find quite large here in the unit. (N11)

This reality involves, once again, health education and requires nursing professionals to guide, teach and work the techniques and care that will be needed when the person returns to their home. Thus, it is possible to avoid a person's illness and family stress and, therefore, reducing the number of readmissions.<sup>28</sup> In this way, it is important to plan the discharge of the hospitalized person to ensure continuity of treatment.<sup>29</sup> It is worth mentioning that education in health are educational practices performed by nurses, linked to care actions, and can be developed in any scenario. It is not limited to health promotion and prevention, but is directed towards a process of construction, through the discussion of health problems, motivating people to reflect on social reality and its changes.<sup>30</sup>

Sometimes it is not possible to reduce the number of readmissions, but the professionals give importance to the fact that the hospitalized person feels better and understood in the situation in which he is. This way, you will feel more confident and autonomous to take care of yourself. The nursing professional, as the protagonist of this process, assists the person who is hospitalized to recover their autonomy and capacity for self-care, so that she can put this into practice when she returns to her home.

I hope to make the patient feel better, to be able to feel the reality and to be able to take care of himself, if he helps [...]. Letting the patient have autonomy. Many times they do not have the necessary insight of what he needs, but so that he can have the minimum so that he can understand himself and be able to take care of himself. (N13)

I hope to make that the patient somehow feel safe, feel empowered to self-manage, to get out of that critical situation of him, that whole suffering. And also that the patient can really improve, can rebuild itself, recover from that moment and be able to do its things autonomously. (N14)

There is a clear need to encourage the person's participation in their own treatment, making them co-responsible and identifying the behaviors that help them recover in times of outbreaks and crises. The Psychiatric Reform advocates that care is not only the transference of the mentally disturbed person out of the hospital walls, into the care of other people or given to fate. It is presumed that there is the rescue or establishment of his or her citizenship, respect for its uniqueness and subjectivity, and thus make it the subject of its own treatment, abstaining from the idea of cure as a guiding force in hospitalization.<sup>26</sup>

Nursing professionals pointed out the care that needs to be provided in order to prepare the inmate and his family for post-discharge. This includes network care so that the person is followed up after the period of hospitalization, giving continuity to the treatment, as well as the family, helping them to understand and live with the person with mental disorder.

Also, the professionals' reports showed their perspectives on the lives of these people after the period of hospitalization from the care they were given. It is expected that the person has a stable life in relation to the pathology and that he/she can live and live in the best possible way with the diagnosis, in the same way, that they reduce the hospital readmissions.

## CONCLUSION

While trying to understand the meanings attributed by the nursing team to the care provided to people hospitalized in a psychosocial hospitalization unit of a teaching hospital, it was evidenced through reports from nursing professionals that care must meet the needs of each one. This requires from the professionals different approaches, which, in turn, depend on the physical and emotional state of the hospitalized person. Furthermore, it is important that care be given to basic health needs, which are considered to be biological.

The professionals consider that one must always be attentive to the person, being willing to listen and guide, thus establishing the dialogue. In this context, it is important to look at the person beyond his illness, keeping an extended look at it and its life history.

Networking is considered an important factor in maintaining post-discharge follow-up, as well as for the family, then providing the necessary support. Professionals reveal their perspectives on the lives of these people, expecting them to have a stable, happy and peaceful life, as well as reducing hospital readmissions. They consider the importance of providing care in order to stimulate self-care so that the person feels safe and autonomous.

It is believed that this research will contribute to health services, in particular, for which it was the setting, the psychosocial hospitalization unit. It presents contributions so that nursing professionals, teachers and students reflect on their care practices and forms of care from what was pointed out by the interviewees. Moreover, it may favor the strengthening of the Psychosocial Care Network, focusing on the family and social reintegration of hospitalized people.

It is hoped achieving the improvement of the care that meets the demands of the people hospitalized in a psychosocial hospitalization unit, as well as of the people who are part of their social network, considering their life context. It seeks to strengthen the capacity in nursing practice in the search for social reintegration and integral care of people.

It is suggested the development of extension projects and new research aimed at the care towards people hospitalized in psychosocial hospitalization units under the perception of other subjects, with the purpose of seeking to provide care that meets all the demands of these people, always emphasizing the humanized care. With this, it is sought to contribute to the production of knowledge and provide subsidies so that the professionals, the hospitalized person, their relatives and society in general can understand a little more about the care provided to hospitalized people.

## REFERENCES

1. Brasil. Lei nº 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da União 9 abr 2001 [acesso em 9 jan 2017]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/Leis/LEIS\\_2001/L10216.htm](http://www.planalto.gov.br/ccivil_03/Leis/LEIS_2001/L10216.htm)
2. Schoeller SD, Leopardi MT, Ramos FS. Cuidado: eixo da vida, desafio da Enfermagem. Rev Enferm UFSM [internet] 2011 jan/abr [acesso em 29 jun 2016]; 1(1):88-96. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/2013>. <http://dx.doi.org/10.5902/217976922013>
3. Silva KL, Sena RR, Grillo MJC, Horta NC. Formação do enfermeiro: desafios para a promoção da saúde. Esc Anna Nery [internet] 2010 abr/jun [acesso em 20 jul 2016]; 14(10):368-76. Disponível em: <http://www.scielo.br/pdf/ean/v14n2/21.pdf>
4. Souza ML, Sartori VVB, Padilha MICS, Prado ML. O cuidado em Enfermagem – uma aproximação teórica. Texto Contexto Enferm [internet] 2005 abr/jun [acesso em 18 maio 2016]; 14(2):266-70. Disponível em: <http://www.scielo.br/pdf/tce/v14n2/a15v14n2.pdf>. <http://dx.doi.org/10.1590/S0104-07072005000200015>
5. Weber CAT. Serviços substitutivos em saúde mental: o desafio da inclusão social. Revista Debates em Psiquiatria [internet] 2013 jan/fev [acesso em 16 jan 2016]; 3(1):26-35. Disponível em: [http://www.abp.org.br/download/revista\\_debates\\_jan\\_fev\\_2013.pdf](http://www.abp.org.br/download/revista_debates_jan_fev_2013.pdf)
6. Brusamarello T, Capistrano FC, Oliveira VC, Mercês NNA, Maftum MA. Cuidado a pessoas com transtorno mental e familiares: diagnósticos e intervenções a partir da consulta de Enfermagem. Cogitare Enferm [internet] 2013 abr/jun [acesso em 2 ago 2016]; 18(2):245-52. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/32574>. <http://dx.doi.org/10.5380/ce.v18i2.32574>
7. Ziliotto GC, Marcolan JF. Percepção de trabalhadores de Enfermagem sobre sexualidade de portadores de transtornos mentais. Acta Paul. Enferm [internet] 2013 [acesso em 14 set 2016]; 26(1):86-92. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-21002013000100014](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002013000100014). <http://dx.doi.org/10.1590/S0103-21002013000100014>
8. Waidman MAP, Marcon SS, Pandini A, Bessa JB, Paiano M. Assistência de Enfermagem às pessoas com transtornos mentais e às famílias na Atenção Básica. Acta Paul. Enferm [internet] 2012 [acesso em 26 fev 2016]; 25(3):346-51. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-21002012000300005](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000300005). <http://dx.doi.org/10.1590/S0103-21002012000300005>
9. Lacchini AJB, Noal HC, Padoim SMM, Terra MG. Percepção de uma equipe de Enfermagem Cirúrgica acerca do cuidado aos pacientes com transtorno mental. Rev Gaúcha Enferm [internet] 2009 set [acesso em 5 out 2015]; 30(3):468-75. Disponível em: <http://www.seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/9092/6995>
10. Hallett N, Hewison A. How to address the physical needs of clients in a mental health setting. Nursing Management [Internet] 2012 mar [acesso em 15 dez 2015]; 18(10):30-5. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/22479830>. <http://dx.doi.org/10.7748/nm2012.03.18.10.30.c8960>

11. Costa B, Inoue L, Kohiyama VY, Paiano M, Waidman MAP. Assistência de Enfermagem domiciliar à família e portadores de transtorno mental: relato de experiência. *Cogitare Enferm* [internet] 2010 abr/jun [acesso em 8 jul 2016]; 15(2):354-8. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/17876>. <http://dx.doi.org/10.5380/ce.v15i2.17876>
12. Xavier MS. Internação compulsória e involuntária na compreensão de enfermeiros atuantes em saúde mental. Santa Maria. Dissertação [Mestrado] – Universidade Federal de Santa Maria; 2015. 80p.
13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014.
14. Brasil. Ministério da Saúde. Resolução nº 466, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília: Ministério da Saúde; 2012 [acesso em 10 jan 2017]. Disponível em: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
15. Lima DU, Garcia APRE, Toledo VP. Compreendendo a equipe de Enfermagem na assistência ao paciente esquizofrênico. *Rev Rene* [internet] 2013 [acesso em 12 set 2016]; 14(3):503-11. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/viewFile/831/pdf>
16. Hildebrandt LM, Marcolan JF. Conceptions of nursing staff about psychiatric care in general hospital. *Rev Rene* [internet] 2016 mai/jun [acesso em 28 out 2015]; 17(3):378-85. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/2362>
17. Monteiro PV, Pereira MLD, Monteiro ARM, Silva LF, Guedes MVC, Ferreira FDW. Atenção às necessidades humanas básicas do indivíduo com AIDS. *Cogitare Enferm* [internet] 2014 abr/jun [acesso em 13 jul 2016]; 19(2):299-303. Disponível em: [https://www.researchgate.net/profile/Maria\\_Pereira55/publication/287518722\\_atencao\\_as\\_necessidades\\_humanas\\_basicas\\_do\\_individuo\\_com\\_aids/links/56aad9bf08aeadd1bdcaf926.pdf?origin=publication\\_detail](https://www.researchgate.net/profile/Maria_Pereira55/publication/287518722_atencao_as_necessidades_humanas_basicas_do_individuo_com_aids/links/56aad9bf08aeadd1bdcaf926.pdf?origin=publication_detail)
18. Zimmermann LP, Magnago TSBS, Urbanetto JS, Greco PBT, Viero NC, Vieira TG, et al. Avaliação do grau de dependência de cuidados de Enfermagem dos pacientes internados em pronto-socorro. *R. Enferm. UFSM* [internet] 2011 mai/ago [acesso em 20 ago 2016]; 1(2):153-163. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/2449>. <http://dx.doi.org/10.5902/217976922449>
19. Souto VT, Terra MG, Soccol KLS, Mostardeiro SCTS, Xavier MS, Teixeira JKS. Cuidado da equipe de Enfermagem na percepção de familiares de pacientes psiquiátricos. *Rev Enferm UFPE on line* [internet] 2015 fev; 9(suppl. 2):910-17.
20. Viegas SMF, Penna CMM. O SUS é universal, mas vivemos de cotas. *Ciênc. Saúde Coletiva* [internet] 2013 jan [acesso em 12 nov 2016]; 18(1):181-190. Disponível em: [http://www.scielo.br/scielo.php?pid=S1413-81232013000100019&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S1413-81232013000100019&script=sci_abstract&tlng=pt). <http://dx.doi.org/10.1590/S1413-81232013000100019>
21. Silva CB, Lafaiete RS, Donato M. O consumo de álcool durante o tratamento da tuberculose: percepção dos pacientes. *SMAD, Rev. Eletrônica em Saúde Mental Álcool e Drogas* [internet] 2011 jan/abr [acesso em 9 jan 2017]; 7(1):10-7. Disponível em: <http://www.redalyc.org/pdf/803/80319263003.pdf>
22. Alves EF. O cuidador de Enfermagem e o cuidar em uma Unidade de terapia intensiva. *UNOPAR Cient Ciênc Biol Saúde* [internet] 2013 [acesso em 3 jun 2016]; 15(2):115-22. Disponível em: <http://recil.grupolusofona.pt/bitstream/handle/10437/4371/O%20cuidador%20de%20enfermagem%20e%20o%20cuidar%20em%20uma%20unidade%20de%20terapia%20intensiva.pdf?sequence=1>
23. Carvalho EE, Rocha SS, Silva NF, Silva KP, Carvalho EE, Rodrigues DS. O saber cuidar do ser humano: uma abordagem para o cuidado de Enfermagem na perspectiva de Leonardo Boff. *Rev Enferm UFPE On Line* [internet] 2013 mar; 7(esp):990-4.
24. Brasil. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde; 2011 [acesso em 14 dez 2016]. Disponível em: [http://bvsm.s.saude.gov.br/bvs/saudelegis/gm/2011/prt3088\\_23\\_12\\_2011\\_rep.html](http://bvsm.s.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html)
25. Soccol KLS, Terra MG, Ribeiro DB, Teixeira JKS, Siqueira DF, Mostardeiro SCTS. O cotidiano das relações familiares com indivíduo dependente químico. *Cogitare Enferm* [internet] 2014 jan/mar [acesso em 22 mar 2016]; 19(1):116-22. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/35967>
26. Oliveira LV, Cirilo LS, Costa GMC. O cuidar do portador de transtorno mental: significado para a família. *Revista Baiana de Saúde Pública* [internet] 2013 [acesso em 19 maio 2016]; 37(1):164-178. Disponível em: <http://inseer.ibict.br/rbsp/index.php/rbsp/article/view/364>
27. Silva LD, Beck CLC, Dissen CM, Tavares JP, Budó MLD, Silva HS. O enfermeiro e a educação em saúde: um estudo bibliográfico. *Rev Enferm UFSM* [internet] 2012 mai/ago [acesso em 2 jun 2016]; 2(2):412-419. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/2676>. <http://dx.doi.org/10.5902/217976922676>
28. Delatorre PG, Sá SPC, Valente GSC, Silvino ZR. Planejamento para a alta hospitalar como estratégia de cuidado de Enfermagem: revisão integrativa. *Rev Enferm UFPE On Line* [internet] 2013 dez; 7(esp):7151-9.
29. Ferreira AOP, Santos CRS, Freitas MR. O papel do enfermeiro como educador junto a cuidadores familiares de pessoas com acidente vascular encefálico: suporte após a alta. *Revista Objetiva VIII* [internet] 2013 [acesso em 2 dez 2016]; 8(8):99-114. Disponível em: <http://revistaobjetiva.com/revista/wp-content/uploads/2013/02/o-papel-do-enfermeiro-como-educador-junto-a-cuidadores-familiares-de-pessoas-com-acidente-vascular-encefalico-Suporte-apos-a-alta-B3s-a-alta-Ann-Otilia-Paiva-Ferreira-Carla-Ribeiro-da-Silva-Sant.pdf>
30. Martins AKL, Souza JWR, Vieira AF, Sousa EAT. Prática de educação em saúde na estratégia saúde da família sob a percepção de enfermeiros. *Rev. Saúde. Com* [internet] 2016 [acesso em 2 ago 2016]; 12(1):514-520. Disponível em: <http://www.uesb.br/revista/rsc/ojs/index.php/rsc/article/view/347>

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