

Perceptions of professional nurses about occupational therapy interventions in mental health at a university hospital*

Percepções de profissionais de enfermagem sobre intervenções de Terapia Ocupacional em Saúde Mental em hospital universitário

Percepciones de profesionales de enfermería sobre intervenciones de Terapia Ocupacional en Salud Mental en hospital universitario

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ABSTRACT

Objective: To identify the perceptions of professional nurses on group interventions by occupational therapists in mental health with patients admitted to a university hospital. **Methods:** A qualitative study of the type described. The notes of the coordinators of occupational therapy groups were analyzed in relation to the interviews held with a professional and technical nursing staff that participated in the occupational therapy intervention group for a period of two years. The results were analyzed using the collective subject discourse (DSC) method. **Results:** We identified four central ideas of the DSC: occupational therapy as favoring integrated care, valuing the subject and his experience, the occupational therapy process to help and care for their own team, the occupational therapy group as a space of resonance and facilitation of the management with the patient because of the perception of relational aspects. **Conclusion:** The strategies were perceived, either as promoters of the reorganization of the life situation experienced by the patient on admission, or as learning opportunities and support for nursing staff. **Keywords:** Occupational therapy; Mental health; Nursing team; Hospital care; Inpatients; Hospital, teaching

RESUMO

Objetivo: Conhecer as percepções de profissionais de enfermagem sobre intervenções grupais de Terapia Ocupacional em Saúde Mental realizadas com pacientes internados em um hospital universitário. **Métodos:** Estudo de abordagem qualitativa do tipo descrito. As anotações das coordenadoras dos grupos de Terapia Ocupacional foram analisadas em relação às entrevistas abertas junto a n enfermeiras e n técnicos de enfermagem que participaram das intervenções grupais de Terapia Ocupacional pelo período de dois anos. As respostas foram submetidas à análise do Discurso do Sujeito Coletivo (DSC). **Resultados:** Foram identificadas quatro ideias centrais do DSC: a Terapia Ocupacional como favorecedora do cuidado integrado, valorizando o sujeito e sua experiência; a terapia ocupacional como processo de ajuda e cuidado para a própria equipe; o grupo de Terapia Ocupacional como espaço de ressonância e facilitação no manejo com o paciente em razão da percepção de aspectos relacionais. **Conclusão:** As estratégias foram percebidas, quer como promotoras da reorganização da situação vivida pelo paciente na internação, quer como oportunidades de ensino e apoio para a equipe de enfermagem. **Descritores:** Terapia ocupacional; Saúde mental; Equipes de Enfermagem; Assistência hospitalar; Pacientes internados; Hospitais de ensino

RESUMEN

Objetivo: Conocer las percepciones de profesionales de enfermería sobre intervenciones grupales de Terapia Ocupacional en Salud Mental realizadas con pacientes internados en un hospital universitario. **Métodos:** Estudio de abordaje cualitativo del tipo descrito. Las anotaciones de las coordinadoras de los grupos de Terapia Ocupacional fueron analizadas en relación a las entrevistas abiertas junto a n enfermeras y n técnicos de enfermería que participaron de las intervenciones grupales de Terapia Ocupacional por el período de dos años. Las respuestas fueron sometidas al análisis de Discurso del Sujeto Colectivo (DSC). **Resultados:** Se identificaron cuatro ideas centrales del DSC: la Terapia Ocupacional como favorecedora del cuidado integrado, valorizando al sujeto y su experiencia; la terapia ocupacional como proceso de ayuda y cuidado para el equipo; el grupo de Terapia Ocupacional como espacio de resonancia y facilitación en el manejo del paciente en razón de la percepción de aspectos relacionales. **Conclusión:** Las estrategias fueron percibidas, tanto como promotoras de la reorganización de la situación vivida por el paciente en el internamiento, así como oportunidades de enseñanza y apoyo para el equipo de enfermería. **Descritores:** Terapia ocupacional; Salud mental; Equipo de enfermería; Atención hospitalaria; Pacientes internos; Hospitales escuela

* Study conducted in the nursing wards of the São Paulo Hospital, UNIFESP by professionals from the Psychiatric Interconsultation and Psychosomatic Medicine Divisions of the Psychiatric Department, Federal University of São Paulo - UNIFESP, São Paulo, SP, Brazil.

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INTRODUCTION

Mental health can be approached in many ways in a general hospital and most traditional ones include Psychiatric Interconsultation and Mental Health Liaison⁽¹⁾. These have a complementary nature and promote managing psychiatric and psychosocial cases with interventions and the development of preventive actions⁽¹⁾. Both programs aim to promote the wellbeing of patients during the hospitalization process⁽²⁾. These programs, in addition to qualifying the teams, also promote interventions and diagnoses that evaluate the clinical conditions of patients (diagnosis, prognosis, tolerance to treatment, etc.), life history, and patient personality and active adaptation characteristics, information and satisfaction of family members and the relationship established between the health team and patients. The focus of Mental Health professionals in a general hospital is directed to the patient and also to the promotion of reflective and evaluating actions for the institutional routine and care practice⁽²⁻⁴⁾.

Mental Health care in a general hospital usually encompasses multi-disciplinary actions involving Psychiatry, Psychology, Social Work and, less frequently, Occupational Therapy in Mental Health. Occupational therapy benefits inpatients because it promotes a better hospital atmosphere and makes the hospitalization more bearable for patients in addition to the implementation of specialized interventions in physical, emotional and social recovering and restoration⁽⁵⁻⁶⁾.

The functions developed by occupational therapists in Mental Health teams in general hospitals are described in the Brazilian literature^(5,7-10): patient assessment, assessment of their life history as well as history of the disease and reason for hospitalization; care for the patient's socio-emotional aspects, maladaptation state, potential maladjustment in relation to the disease and hospitalization, and the impact of social relationships; establishment of a treatment plan that includes the patient, the family, and the team, preventing the patient's biopsychosocial condition from worsening; providing conditions so that hospitalization does not severely interrupt the patient's routine; helping the team manage cases.

The author of a review study⁽¹¹⁾ highlights the trend related to the practice of occupational therapists in Interconsultation services in the field of Mental health represented as a procedure to manage stress caused by disease. The author considers this to be a basic function, stressing, however, the importance of implementing a new environmental connection within the hospital, designed to change the patient's passive posture in relation to the team, treatment and the environment into a participative and active posture while experiencing the health-disease continuum as well as therapeutic procedures.

The Psychiatric Interconsultation Service at the São Paulo Hospital, Federal University of São Paulo, began

to include Occupational Therapy procedures in its care practice in June 2002. Hence, it became structured as an Occupational Therapy Center to support the Psychiatric Interconsultation Program and also the Mental Health Liaison programs in this facility.

An assessment of the center's⁽⁸⁾ first year of functioning revealed that the Interconsultation and Liaison programs asked for individual care to inpatients in the following situations: to support care for patients over long periods of hospitalization, to facilitate the clinical management of patients, to enlarge the relational field (patient and family members; patient and team; and patient and patient), to favor improvement and adaptation for patients in relation to procedures required by their treatment and hospitalization. These results were consonant with those described in the literature, which indicate that the main reasons consultations are requested with the Occupational Therapy Service in general hospitals are linked to the intent to encourage patients to perform activities, to fill in idle time, to help patients to adapt to their disease and hospitalization, and also to manage patients' psychosocial aspects⁽¹⁰⁻¹¹⁾. This first assessment of the center showed that Occupational Therapy in Mental Health could play a useful and specific role in handling cases in a general hospital.

After two years of experience (2003 and 2004), individual activities were broadened with the development of occupational therapy group actions in the nursing wards of the hospital, and communication with the nursing teams proved to be essential monitoring as did perceiving the emotional and coping strategies of patients in adapting to the hospitalization. A tacit agreement to gather groups in open areas within nursing wards has developed among the nursing teams, which had already started to collaborate in describing the behavior of patients during hospitalization, before the group was established, and also to collaborate in developing strategies related to the implementation of activities.

This study identified the perceptions of nursing workers (head nurses and their teams of technicians) concerning an occupational therapy group intervention in mental health with inpatients of a university hospital.

METHOD

This study considers the participation and experience of members of the nursing teams to be essential for discursive analysis in which knowledge is subsequent and not prior to one's own experience. The Ethics Research Committee at UNIFESP/São Paulo Hospital approved the project (Protocol No. 1,167/10). The study's participants signed free and informed consent forms at the time the questionnaire was applied, including an explanation concerning clinical data recording and its use for subsequent discourse analysis. Understanding concerning qualitative methodology as a tool to interpret

multiple realities and an instrument to access the subjectivity of the involved subjects can be expressed by the analysis of the investigated themes, producing discourses as a result of the collective experiences⁽¹²⁻¹³⁾.

Therefore, this is descriptive study with a qualitative approach. The descriptive perspective is intended to provide a “dense description”⁽¹⁴⁾, that is, it focuses on a detailed and extensive description of the studied phenomena and relationships.

The occupational therapy groups were held weekly in the nursing wards of the Hematology, Gynecology, Obstetrics, and Female Medical Clinics and were performed jointly with two occupational therapists, who were second-year students in the Specialization Program in Mental Health and one of the three occupational therapists, supervisors and preceptors in this field. The meetings took one and a half hours and were open to all the patients and also to members of the nursing teams, who participated as observers or as mediators of actions and activities promoted in the group by the therapists. These groups intended to gather inpatients from the Hematology, Female and Male Medical Clinical, Gastro surgery, Infectious-Parasitic Diseases in Adults and Gynecology and Obstetrics wards who consented to participate in the activity, which could be held either in a room or in the wards’ common areas. A total of 122 episodic interviews were conducted during two years in the four wards and 96 group sessions were held with 12 nurses and 27 nursing technicians. The episode interview is a method based on the hypothesis that the experiences of an individual acquired in a given domain are stored and can be recalled through narrative knowledge⁽¹⁵⁾. Hence, after the meeting of each group, the occupational therapist and coordinator of the group took notes of the comments of any member of the nursing team who had attended the group during its entire duration. Two open-ended questions were asked in all the episodic interviews: “What do you think this occupational therapy group promotes to the participating patients?” and “What was it like for you to participate in this group?”. The purpose of these questions was to construct a connection between the individual testimonies generated by the questions so that the collective thought was expressed⁽¹²⁻¹³⁾. This collective thought was analyzed using the methodological figures of *key-expressions*, which are continuous or not continuous, segments or excerpts of the testimonies and reveal the testimonies’ essence; *central ideas*, which constitute the description of the meaning of a testimony or a set of testimonies; *core*, which is the evident expression of a given idea; and the *construction of the discourse synthesis*, composed of key expressions that contain the same central idea or core, constituting the Collective Subject Discourse (CSD)⁽¹²⁻¹³⁾.

“The Collective Subject expresses itself through a first-person (collective) narrative. It is a syntax self, which at the same time

synthesizes an individual self in the narrative and also expresses a collective reference as the individual talks by or on behalf of the collective”⁽¹³⁾.

RESULTS

The *core* or *central ideas* of each of the guiding questions were analyzed and composed the corresponding Collective Subject Discourse (CSD).

Discourse category 1: Occupational therapy favors integral care, valuing the individual and his/her experience.

CSD: Central Idea: Observing the patients in the Occupational Therapy groups, more personal characteristics are perceived, aspects that are not evident in the daily routine, while caring for the patient in bed or during medical procedures.

“We did not see patients talking among themselves before the occupational therapy groups, exchanging experiences related to the treatment or disease, even among those staying in the same room. I thought that the less they’d talk about fear of death, of losing their hair, these serious things, the better they’d be and the better they’d cope with it. Because it’s hard. So, within the group, they work on jewelry for themselves and to give presents, they talk about physical appearance, getting manicures... I don’t know: it seems they start taking more care of themselves and get a body again, not only a disease.”

Discursive category 2: Occupational therapy as a helping and care process in relation to the team itself.

CSD: Central Idea: the team of nurses and technicians can also be the focus of an intervention that provides them wellbeing.

“I need to gather a group like this. Can you treat us right after the shift? I used to get home and take care of my things. I’ve always liked to cook, embroider and read. Now, I just want to sleep, I’m not able to stay with my husband and children. They say at home I’ll get sick or crazy if I stay in this job. I guess that if I also had a space where I could do things, not only talk, but do and talk, I’d get home less contaminated. While I was with the group I was thinking: Would I be interested in self-care and in appearance if I were sick like this? I forgot I was working with the patients, got myself into the task, and when I realized, I was enjoying taking care of myself. I want to leave here with the feeling that I cared for myself too.”

Discursive category 3: the occupational therapy group as a space of resonance and exchange of experiences.

CSD: Central Idea: The doing, in a space of containing and support promoted by the group’s occupational therapy procedures, re-signify the relationships among the patients in the nursing ward, between the patients and the teams, and between the patients and their families.

"When I'd listened the complaints of Ms. O, I realized why she wouldn't get many visits. Nobody can stand a so complainer and moody person. I was sorry for the other patients in the room. Now, when the group started the project with the cookbook, she's taught me a lot of things. When her daughter came to visit her, I mentioned the recipes, and both started to talk about the birthday cakes Ms. O used to prepare for all the parties. The conversation even included Ms. V's husband, who was in the same room and worked in a restaurant. I guess that therapies not only maintain but also exercise these positive aspects of life, of one's history, therapies should be prescribed for patients like her. I noticed that when patients exchange experiences that are not only related to treatment, they also construct a larger social and family network and support increases a lot. Many do not receive visits every day but start to be known and listened to due to the histories and things they do together within the groups."

Discursive category 4: Facilitating the management of the patient given a perception of relational aspects

SCD: Main Idea: In addition to a concern with clinical aspects, I started to become concerned with the patients' wellbeing.

"That patient suffered so many amputations that he'll certainly need rehabilitation. I used to think that this kind of care, rehabilitation, should start only after hospital discharge. Now I see that if we do not construct other interests, other experiences, while the patient is still hospitalized, it will be harder for the patient to see himself so different in the outside world. I had difficulty dealing with very demanding patients who complain a lot. We perceive in the group that the patient not only complains, but is able to teach a technique, he listens to me also. Last week, after the group, every time patient C called me, I asked: 'are you in much pain?' Because I realized that he was in a lot of pain within the group but still he was trying to be active. However, as difficult as it is to hear this patient in the hurry of the daily routine, I guess that being supportive can help this patient recover."

DISCUSSION

The absence of an existing model for group actions in occupational therapy signaled the importance of understanding these actions as a privileged *locus* of study and observation. The occupational therapy group interventions were based on the principle that the diversity of resources offered by the different apparatus used in this type of intervention aims to⁽⁵⁻¹¹⁾: reorganize the psyche with the construction of an ordinate axis, to support the situation of rupture caused by the disease and hospitalization; re-signify the private and subjective history experienced by the patient.

The group event strengthens and validates therapeutic interventions through a supply of (concrete and subjective) places that may be used by a patient to express, experience and signify content⁽⁶⁻⁸⁾, transforming the experience of hospitalization into a strategy to promote health. The central element of occupational therapy

group interventions is performing activities in order to facilitate and construct the experience of doing given the dynamics of individual activity in group or group activity⁽⁷⁾ enabling one to broaden care strategies to be used with the clinical patient in a general hospital and also to broaden one's relational skills. In this space, individuals experience the possibility of developing an active posture, exchange of – new and old – experiences constructed in the therapeutic setting.

Hospitalization can cause pain, physical limitations, lower one's organic defenses, restrict the patient to bed, cause sadness, discouragement, apathy, and lack of meaning⁽³⁾. The impact of becoming sick forces one to distance him/herself from life's constructive situations. Hence, the power of exchange within the hospital environment, of embracing experiences to re-edit one's experiences, constitutes an instrument to construct therapeutic interventions.

In this context, the perceptions of the nursing team's members are essential elements of improving care provided by other health professionals, in this particular case, occupational therapists. As essential agents in the process of implementing occupational therapy groups, the nursing teams were partners and collaborators.

One of the issues imposed on the process of educating health professionals is the relationship established between theoretical knowledge and the implementation of this knowledge in an enlarged clinical practice, defined as a place where various actors and practices meet, constructing territories where health is produced and promoted⁽¹⁰⁾. Students in the health field receive information concerning multi-disciplinary practices during their entire undergraduate program but have few opportunities to experience integrated practices that maintain and require specialized actions. The importance of implementing pedagogical programs and policies to value the personal and social perception of teaching and learning processes in nursing has been highlighted in the literature⁽¹⁷⁻¹⁸⁾. The relevance of having an integrated experience in learning processes aiming to produce integrality of care delivered to patients has been emphasized, especially in relation to the education of professionals to work within the Brazilian Unified Health System, which sometimes is based on traditional pedagogical processes⁽¹⁸⁾.

This study enabled the involvement of patients with the nursing teams, which in turn allowed inpatients to recover their histories, contributing to humanized care. The suffering of those who care for them was also stressed by nursing professionals. This issue refers us to the literature that addresses the theme "caring for the caregiver", which indicates the importance of measures aimed to: help workers to deal with the subjective aspects of care practice; develop actions to promote the health of professionals taking into account stressful factors of care activities and favoring the working relationships within the team. Caring for health workers has been considered essential both to prevent occupational

disorders and improve care practice⁽¹⁹⁾.

Hence, the complexity of the care task is addressed when one takes into account that the needs of those providing care (health workers) interact with the needs of those who receive care (patients and family members)⁽²⁰⁾ within the care facility and recognizes the importance of psychosocial interventions in care activities.

Mental Health professionals, with their specific training (qualified listening and the use of therapeutic apparatus), contribute to the teams to deal with psychological aspects present in the routine of the care work, involving the patient, families and the health team. Therefore, the occupational therapy group was a way of developing projects of personal and social perception in nursing, functioning as a teaching and learning instrument.

This study has some limitations: the study was limited to the studied situation and even though the method used permitted an extensive and deep approach of the analyzed context, generalization of its results and conclusions to other contexts is, therefore, not possible. Another aspect is the categories found during the material analysis, which did not exhaust the possibilities of the studied theme. In addition to a dialog established with the literature, specific comparison of this study's results with those of other similar studies was sought. However, studies with the same characteristics were not found, that is, studies addressing the perceptions of nurses and nursing technicians in relation to the work of

occupational therapy groups.

FINAL CONSIDERATIONS

Recording the narratives that resulted from open-ended questions asked immediately after the experience with the Occupational Therapy groups allowed us to identify how nurses and nursing technicians perceive care that include the inpatients' psychosocial aspects. These testimonies also clarified the issue of 'caring for health workers'; it is a need the professionals who participate in the experience have.

As for the methodological trajectory, we verified that the construction of a collective discourse, rather than nullifying one's individuality, produces a collective expression of an experience, of a thought. In contrast with what is observed concerning workers' perceptions in relation to specific nursing tasks and functions with significant differences between the conceptions of nurses and technicians, the open-ended questions in the occupational therapy group elicited an approximation of a non-traditional strategy of care provided to hospitalized clinical patients.

This study points to the importance of conducting research that addresses experiences of multi-disciplinary and inter-disciplinary interventions both in the context of hospital care practice and in the implementation of care projects directed to health workers.

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