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Continuing education in daily new practices in mental health: intervention research

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ABSTRACT

Aim: analyze the process of institutionalization of Permanent Education in Psychiatric Hospital, from the dynamics of the work of the nursing staff in meetings for reflection about work.

Method: Descriptive qualitative nature research, of the intervention type, performed in Niterói-RJ, from October 2012 and April 2013. Techniques of data collection: observation, field diary and discussion's group. Sample: 27 nurses. The data were subjected to thematic content analysis, based on Institutional Analysis. Results: we identified the following categories: (i) Be heard, (ii) The procedural dynamics of health work.

Descriptors: Education, Continuing; Psychiatric Nursing; Working Environment.

SITUATION PROBLEM AND ITS SIGNIFICANCE

The reflection about the exercise of to share experiences and knowledge in cooperative work can contribute to the nursing staff to rethink their practices beyond to a highly technical knowledge. The practice of nursing staff is marked by conflicts arising from the paradigm shift in the ways of mental health intervention, despite the changes arising from the Psychiatric Reform. In this configuration, the Permanent Health Education (PHE) presents itself as the enabler to overcome the daily difficulties.

GUIDING QUESTIONS

Which the use that the nursing staff has made the space of PHE offered inside at Psychiatric Hospital Jurujuba (HPJ)?

The Permanent Education undertaken by nursing staff promotes changes in HPJ?

AIM

Analyze the process of institutionalization of Permanent Education in Psychiatric Hospital, from the dynamics of the work of the nursing staff in meetings for reflection about work.

METHOD

Descriptive qualitative nature research, of the intervention type, performed in HPJ, public psychiatric hospital in the city of Niterói, RJ. Techniques of data collection: observation, field diary and discussion's group, in the period between October 2012 and April 2013.

The intervention of the research was done in the last meeting for discussion, in which, in order to foster the discussion and record the perceptions and discourse of the subjects, was designed a analyzer case from the creation of a fictitious case. This was staged by undergraduates that represented nurses and nursing technicians, through small skits⁽³⁾. Questions explored: silence, sleep, resistance to sit on the wheel, power figures, the exchange of knowledge from experience and the desire to do things differently.

Study participants were 27 nurses eligible according to the following inclusion criteria: work at the HPJ; serve in nursing for over a year; regularly attend the group of discussion. Exclusion criteria: no professional experience in the field of mental health; graduate students or trainees; licensed professionals or absent at the time of data collection.

The data analysis was done with basis in the Institutional Analysis. For this, speeches expressed during the discussion group, performed after the dynamic skits, were analyzed for thematic content, and the data emerged from observation and field diary were submitted to descriptive analysis.

RESULTS

Based on the data obtained, identified themselves as units of meaning: (i) *Be heard*, in which it was found, in the setting of the group, the coexistence of the feeling of not being listened to by other team members, the difficulty of empowerment, coupled with insecurity in the way of expressing themselves; (ii) *The procedural dynamics of health work*, which included conditions that are part of the process of working in the healthcare field, namely: long work hours, low pay and intense involvement with human

limitations, as pain and psychological distress, and interest in participating in the group when there is discussion of different cases, complex and; the difficulty of the other members of the team occupy the nursing station for the viability of the group.

CONCLUSIONS

This study allowed us understand that the nursing staff has been convened to incorporate new ways of understanding and promoting the assistance, which directs to practice focused on reflection of the work process. Thus, the strategy of PHE through space of discussion of work has been understood at the same time, as a practice of teaching and learning and as education policy in health, considering the complexity of health-care work. This is what makes the space of EPS in HPJ a place of exchange, of possible 'strangeness' of knowledge and 'disaccommodation' with the knowledge and practices that are in force.

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