

## UNIDADE PSIQUIÁTRICA EM HOSPITAL GERAL: CARACTERÍSTICAS DE ESTRUTURA E ORGANIZAÇÃO

## PSYCHIATRIC UNIT IN A GENERAL HOSPITAL: CHARACTERISTICS OF STRUCTURE AND ORGANIZATION

## UNIDAD PSIQUIÁTRICA EN UN HOSPITAL GENERAL: CARACTERÍSTICAS DE ESTRUCTURA Y ORGANIZACIÓN

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### RESUMO

**Objetivo:** caracterizar a unidade de psiquiatria de um Hospital Geral no tocante à estrutura, organização do trabalho, perfil profissional da enfermagem e tipo de paciente que recebe. **Método:** Trata-se de um estudo de caso de observação direta, abordagem qualitativa e quantitativa, com participação de dez profissionais de enfermagem. Resultados: Observou-se uma unidade com estrutura física moderna, pautada na intervenção multiprofissional. Profissionais de enfermagem jovens, do sexo feminino, com tempo de formação maior que 10 anos e mais de 3 anos de atuação na unidade psiquiátrica, mas cuja formação e experiência pouco se referem à saúde mental. Pacientes do sexo masculino, jovens, solteiros, em primeira internação, com longa taxa de permanência, sendo internados por situação de risco elevado de suicídio, seguidos de manifestações dos transtornos mentais relacionados ao uso de álcool e outras drogas. **Conclusão:** A unidade psiquiátrica, no hospital geral, possibilita o acesso aos cuidados de enfermagem e dos demais profissionais para uma atenção integral às necessidades das pessoas com transtorno mental. Contudo, há necessidade de maior formação da equipe de enfermagem para lidar, em saúde mental, nessas unidades, que se esbarram na reduzida oferta de cursos de especialização em algumas regiões do Brasil.

**Descritores:** Saúde Mental; Enfermagem; Hospitais Gerais; Unidades de Internação.

### ABSTRACT

**Objective:** to characterize the psychiatric unit of the General Hospital with respect to structure, work organization, nurses' professional profile and the type of patient it receives. **Method:** This is a case study using direct observation, with qualitative and quantitative nature, which was attended by ten nursing professionals. **Results:** We noted a unit with a modern physical structure guided by multidisciplinary intervention. Young female nursing professionals, with a training time of more than 10 years and with more than 3 years of practice in the psychiatric unit, but their training and experience is poorly related to mental health. Young male patients, single, first-time interned, with long-term of hospital stay due to situation of high risk of suicide, followed by manifestations of mental disorders related to the use of alcohol and other drugs. **Conclusion:** In the general hospital, the psychiatric unit provides access to nursing care as well as the care from other health professionals for a comprehensive care towards the needs of people with mental disorders. However, the nursing staff needs more training to deal with mental health in such units, which tackle with the decreased supply of specialization courses in some regions of Brazil.

**Descriptors:** Mental Health; Nursing; General Hospitals; Inpatient Care Units.

### RESUMEN

**Objetivo:** caracterizar la unidad psiquiátrica del Hospital General con respecto a la estructura, la organización del trabajo, el perfil profesional de la enfermería y el tipo de paciente recibido. **Método:** Se trata de un estudio de caso de observación directa, enfoque cualitativo y cuantitativo, con la participación de diez profesionales de enfermería. **Resultados:** Se observó una unidad con una estructura física moderna basada en la intervención multidisciplinaria. Jóvenes profesionales de enfermería, mujeres, con más de 10 años de formación y más de 3 años de actuación en la unidad psiquiátrica, pero cuya formación y experiencia se refieren ligeramente a la salud mental. Pacientes del género masculino, jóvenes, solteros, en su primera hospitalización, con una larga estancia, siendo hospitalizados por situación de alto riesgo de suicidio, seguidos de manifestaciones de trastornos mentales relacionados con el consumo de alcohol y otras drogas. **Conclusión:** En el hospital general, la unidad psiquiátrica permite el acceso a la atención de enfermería y de los otros profesionales para una atención integral de las necesidades de las personas con trastornos mentales. Sin embargo, existe la necesidad de más capacitación del personal de enfermería para ocuparse de la salud mental en estas unidades, que enfrentan una oferta reducida de cursos de especialización en algunas regiones de Brasil.

**Descriptores:** Salud Mental; Enfermería; Hospitales Generales; Unidades de Internación.

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Despite the establishment of Psychiatric Units (UP), in different parts of the world, there was a convergence regarding the intentionality of the organization of these psychiatric services in the General Hospital, which was based on criticism of stigma and segregation to the model of care that psychiatric hospitals provided the hospitalized individuals, having the experience of small psychiatric wards as a reference of transformation in general military hospitals. In this context, actions that questioned the reduction of hospitalizations in psychiatric hospitals took place, as well as mobilized interventions for mental disorders in community mental health services, which included the expansion of Psychiatric Units in General Hospitals (PUGH) <sup>(1)</sup>.

There was a growth in the number of PUGH, especially in North America, derived from factors such as: criticism of the traditional model of care in psychiatry, promoter of anomy, segregation and isolation; the adoption of a social welfare policy, which culminated in the construction of a network of social protection and inclusion, especially in countries of this region; the need for integration of extramural structures as necessary for care; the development of socio-therapeutic and psychosocial approaches focused on the re-socialization and recognition of the need to incorporate psychiatric management into vocational training, highlighting the construction of educational PUGH <sup>(2)</sup>.

The first PUGH emerged in Brazil in the 1950s, in 1954, in the state of Bahia, with six beds for women and a psychiatry outpatient clinic. Thus, the expansion of PU in the country started, with the subsequent implementation in the states of São Paulo and Pernambuco <sup>(2-3)</sup>.

PUs emerge as mental health services, located in a hospital structure as an alternative to psychiatric hospitals with regard to the treatment of people with mental disorders, as well as those related to alcohol and other drugs, in acute clinical conditions, having actions of overcoming and criticizing the asylum and segregating model, implemented as alternative care proposals to prolonged stays of traditional psychiatric hospitals <sup>(3)</sup>.

Based on data provided by more than one hundred and seventy countries to the Health Atlas, there has been a global decrease of 5% in the number of psychiatric hospitals between 2011 and 2014, but an increase of up to eight times in some regions of the world concerning the number of

psychiatric beds in General Hospitals <sup>(4)</sup>. In Brazil, the Ministry of Health signalizes an increase in the number of psychiatric beds in general hospitals, with values ranging from 2,568 beds in 2005 to 4,620 beds in 2014 <sup>(5)</sup>.

Parallel to the expansion of PUGH, there were changes in mental health care at the hospital level and, also, in the form of care of the nursing team in this context, based on discussions of the need for changes in the asylum logic that did not individualize the subject, using approaches focused on the symptom, diagnosis and fragmentation of the patient <sup>(6)</sup>. These provocations culminated in spaces where the integration of care was sought, which provided a comprehensive care to psychiatric patients and that was also inserted in the other medical specialties, with the accomplishment of care that approached the reality lived by the patient, through an individualized look of health professionals, which were based on the planning of mental health actions, from hospitalization to post-discharge, in intersectoral relationships that included health, social care, justice and education <sup>(7)</sup>.

For this, the qualified care must be linked to the ability to be flexible and use diversified therapeutic approaches oriented to the uniqueness of cases and aware of the unpredictability of exposures <sup>(8)</sup>. This differentiated look at madness, focusing on the therapeutic process of health care, proposes to deal with the human being in its entirety, as it observes the subject in its social context in its wholeness, with the patient inserted in any of the points of mental health care <sup>(9)</sup>, which includes PUGH.

In this context, the psychiatric unit in a general hospital, in addition to being a device proposed by the mental health care network, is highlighted by a study <sup>(10)</sup> as viable and that leads to the improvement of the psychiatric condition; however, it suggests knowing the reality of mental health care services and professionals working in this area in more details. Accordingly, the following question emerged: how is a psychiatry unit structured in the general hospital when its focus is the observation of the nursing team and the patients treated by it?

This research reports a work experience in a psychiatry unit in a University General Hospital that underwent the process of adequacy, evaluation and recent qualification (2015), by the Ministry of Health, which was based on specific

ordinances of the psychosocial care network and of the referral hospital services in mental health. Thus, this study was intended to characterize the psychiatric unit of the General Hospital with respect to its structure, i.e., how it organizes the work; the professional profile of nurses and the type of patient it receives.

## METHODOLOGY

This is a case study<sup>(11)</sup>, based on a current empirical investigation, within a real life context, without a clear definition between phenomenon and studied context, performed through a qualitative and quantitative approach<sup>(12)</sup>, which sought to organize social data, maintaining the unitary character of the social object.

The research was held in a university hospital in Northeastern Brazil, which was chosen because it is one of the last general hospitals to have beds authorized for hospitalization in psychiatry in the country. It has a multidisciplinary team composed of medical professionals, nurses, occupational therapist, psychologists, physical education professional, social worker, nutritionist and pharmacist who are divided into psychiatry care, other specialties and also the outpatient unit.

The study was attended by ten nursing professionals that make up the team, being five nurses and five nursing technicians, from a total of 50 nursing professionals working in PU. They were randomly drawn according to the following inclusion/exclusion criteria: being from the nursing team; providing nursing care to people with mental disorders, as well as those related to alcohol and other drugs, being hospitalized and having been drawn to take part in the survey.

The establishment of such criteria was necessary because not all nursing professionals work regularly to provide care to people with mental disorders, nor was there time available to take part in the research procedures; thus, the scale of work was a guiding element for the selection of subjects for the draw, seeking to achieve the same representativeness of nurses and technicians.

During data collection, we used non-participant direct observation, with verification of data in institutional documents<sup>(11)</sup> related to the sociodemographic and hospitalization characteristics of patients regarding the period of 2017, totaling 79 patients hospitalized in PUGH. Moreover, we used a self-administered questionnaire during the survey of demographic and educational data of professionals.

The material derived from the hospital documents and the observation supported the characterization of the structure of PU and of the patients assisted. Through self-administered questionnaires, it was possible to outline the profile of the nursing professionals taking part in the study.

The processed data, alluding to the documents and questionnaires, were passed on for the construction of databases in the form of Microsoft Excel spreadsheets, which were validated through double data entry. In order to perform the crossing of these data and distribute them in frequency tables, we used the SPSS software (Statistical Package for the Social Sciences, version 21, for Windows).

The research project was submitted and approved by the Research Ethics Committee of the School of Nursing of Ribeirão Preto, University of São Paulo, according to Resolution nº 196/96 of the National Health Council, and its update by Resolution nº 466/2012, under the CAAE Protocol: 79851417.0.0000.5393.

## RESULTS AND DISCUSSION

The presentation is divided into a description of the structural aspects of the service, such as: physical structure, work organization, human resources and, also, the type of clients cared for by the service.

The studied hospital was founded in 1909, undergoing several modifications until the year 1955, when it becomes a teaching hospital, changing until obtaining the current patterns. Although it has been around for a long time, we found, with the adaptations, enlargements and repairs, a structure that mixes old and modern spaces, with new and conserved installations, maintaining, according to the division of sectors, a structural pattern, with an inpatient sector, Central Building for Internment (CBI), with 242 hospitalization beds, with 19 of these beds allocated for Intensive Care Unit. CBI and PUGH became an extension of the original structure, following a structural pattern for all existing medical specialties (psychiatry, neurology, neurosurgery, among others).

Founded in 2011 and authorized by the Ministry of Health in 2015, PUGH was aimed to address the mental health crisis in an integrated and interdisciplinary way; to prioritize cases requiring broader clinical care; to re-insert the patient in the mental health care network, with restructuring of family and social bonds; to

promote autonomy for the continuity of their treatment; and to establish an appropriate space for teaching, extension and research, prioritizing the adequacy of care for the construction and dissemination of knowledge in the field of mental health.

Therapeutic care is proposed based on technical resources – clinical evolution: psychopharmacology, clinical support, inter-consultation with other specialties, laboratory and imaging tests, crisis management – protocol; operative groups with patients and family members; individual, group and family therapeutic interventions; technical meetings for the construction and re-evaluation of therapeutic projects; institutional and clinical supervision; therapeutic workshops; spaces for leisure and culture; and, finally, matrix support with the network – communication with health teams from other institutions for the continuity and comprehensiveness of patient care.

In order to achieve the objectives and accomplish the proposed interventions, it has a multiprofessional team responsible for mental health care: psychiatrists, nurses, social worker, psychologist, pharmacist, occupational therapist, who has a technical advisory, a team supervisor and, also, offers a medical residency in Psychiatry, internship service in Psychiatry, internships in Psychology, Social Work, Occupational Therapy, Nursing and, subsequently, multidisciplinary residencies.

PUGH has as its gateway the sectoral units, which are Psychosocial Care Center, Emergency Care Unit, Emergency Room, Specialized Hospital and General Hospital Outpatient Clinic, which, in contact with the Internal Regulation Center of the Hospital, is informed about bed availability and discharge scheduling. Upon admission, the service/interview is performed by means of the scheduling with an assistant psychiatrist and a multidisciplinary team technician.

The program is attended by people with mental disorders and their family member (s) or caregiver (s). The criteria that enable the hospitalization of the patient are evaluated, in order to avoid inadequacies in the admission process. After this contact, the initial Therapeutic Project (TP) with clinical-psychiatric conducts and planning of therapeutic activities and family interventions is planned.

The priorities for the admission of patients to PU are people with mental disorders of the network who do not find adequate care to their

needs, being that this hospital is a complementary service to other existing services. It is observed for admission: having significant clinical comorbidities: including risk situations related to detoxification by the use of alcohol or other psychoactive substances, suicide attempt and other clinical damages related to psychiatric disorders, in general; being elderly, being exposed to risk factors and family and/or social and/or individual vulnerability; being at-risk adolescents: including detoxification by the use alcohol or other psychoactive substances, severe depression, first psychotic crisis and severe eating disorder.

The evolution of the multidisciplinary team and the medical and nursing prescriptions are performed electronically, through a computerized system; which contains daily medical evolution with prescription, request for complementary tests (laboratory and imaging), request for inter-consultations from other clinics, request for specialized procedures; the evolution of nursing, performed daily as a routine conduct of the nursing team.

The TP started since admission is used in an interdisciplinary way and tells the patient's history, initial physical and psychic tests, family data and social bonds. Daily, there is a record of the evolution of both activities and therapies developed by hospitalized people, as well as their clinical evolution and relevant information for re-evaluation of their singular TP. Weekly, on a fixed day, the ward team holds a meeting to reassess each patient's TP.

The discharge planning takes place according to the singular and collective TP and is based on the evolution and history of each patient, after assessing the future needs of clinical, psychic and social follow-up, approaching and communicating to the other services of the mental health care network, with a view to continuing treatment. There is concern to monitor the insertion of the patient in other network services, sharing responsibilities.

At the time of discharge, meetings are scheduled with patients, their relatives and members of the other services that will host them, in order to exchange information on follow-up and care during treatment. Accordingly, we seek to ensure the integration of services and the insertion of the patient in the network, as a way to avoid further admissions.

The service offers a weekly training schedule with various focuses, such as the institutional clinical supervision of the team,

meeting space of the multidisciplinary team and performed by a professional supervisor. It envisions the work with institutional difficulties, based on the team capacity to deal with routine problems. Moreover, there is a provision of seminars and technical workshops, every two years, with discussions about the dynamics of the service and specific themes of the theoretical-clinical field. It is observed an approach focused on the figure of the physician, not being seen, at these moments, the leading role of the nursing team, which is in the position of spectator of the proposals brought by the professionals of medicine and psychology.

Thus, the hospital institution is considered as the environment that brings together the entire care process, with its organization and characteristics, becoming the place that enables professionals to act according to their potentialities, highlighting the influence of the structure and the organizational process for the improvement of the care provided<sup>(13)</sup>. It is evident that this same organization and characteristics can hamper the workers' potential and make it difficult to perform care.

PU is installed in the CBI accommodations, more precisely in its 2<sup>nd</sup> underground. The physical structure is divided into entrance hall, containing elevators, emergency exit, social restrooms and nutrition support room; reception hall with filing room; classrooms; comfort rooms for professionals; cup; procedure room; prescription room; nursing station; living room, social restrooms; material storage room; purge environment; wards, one of which for isolation. Each has three beds, restroom, toilet and its hosting and accommodation utensils, such as beds, chairs, food support table and cabinets for storing personal items. The wards, for men and women, are directed to the beds of psychiatry and are close to the nursing station as a way to allow better observation and follow-up of cases.

We found that the furniture organization reduces the area of circulation of people, mainly with regard to the prescription room, space for circulation of professionals, students and teachers, being a hindering factor in the work process, which is in line with a study<sup>(13)</sup> held in some states of the United States of America and in the District of Columbia with nurses working in university hospitals, where they found negative factors in the work environment that influence the organizational commitment, thereby affecting the work process.

As for ventilation and lighting, PU is located in the area of underground, so that it is a climate-controlled place that maintains artificial lighting free of natural light. A similar result was found in a study<sup>(14)</sup> that, when evaluating the work process of nursing in mental health, regarding the structure, brought the inadequacy related to the luminosity as one of the factors related to the inadequacy in the structure and generator of stress in the workplace.

A poorly lighted environment becomes a gloomy space that affects people's moods, which directly influences their welfare. Decreased temperature and poor exposure to natural light causes people predisposed to mental illness to experience a type of depression, which is associated with some changes, such as excessive sleepiness and exacerbated appetite, as well as antisocial behavior<sup>(15)</sup>.

In order to organize the hospital documents under study, we used the computerized internal system, where the technology has favored the work process of the multidisciplinary team. Data of patients admitted to this hospital are recorded in electronic medical charts, which have data from the admission to the hospital discharge. These documents contain: admission form, medical and nursing prescription, peculiar therapeutic plan, evolution of the multiprofessional team – medical, nursing, psychology, nutrition, occupational therapy, social work and pharmacist.

### **Sociodemographic and educational characterization of nursing professionals**

As for the profile of the ten nursing professionals working at PUGH, study participants, there was an average age among of 34.1 years (Standard Deviation  $\pm$  7.4), female gender (80.0%). Regarding the data related to vocational training, an equal number was obtained in relation to the professional category of nursing in higher level (50.0%) and medium level (50.0%), with training time greater than or equal to 10 years (60.0%), more than 3 years of practice in PU (80.0%), work regime less than or equal to 36h (60.0%) and only one professional link (60.0%).

In terms of professional qualification, besides basic training, we observed that the accomplishment of *Lato Sensu* specialization, or course longer than 360h, covered the majority of professionals (80.0%), some had more than one specialization or course and higher concentration to the field of hospitals (46.1%). In the accomplishment of *Stricto Sensu* specialization,

there was a minority (20.0%), which concentrated in the field of public health (100.0%). Regarding the experience and training in mental health, the majority (70.0%) reported previous experience with mental health; however, only during internship in vocational training (71.4%, N=7) and others with activities in mental health services (28.6%, N=7), to the detriment of the minority (30.0%), which had never had contact with mental health services before working in PU.

Regarding the participation in an event with the issue of mental health, few (30.0%) reported having participated at some time in their lives, but the majority (80.0%) reinforces the search for information on mental health with the nursing team and exchange information with professionals from other categories (60.0%), as well as with other institutions that also deal with mental health.

When evaluating the profile of nursing professionals, it is clear that it is a profession that has a young workforce, with 45% concentrated in the age group between 25 and 35 years old, being predominantly women (85.1%), with training time greater 10 years, thereby maintaining the tradition and culture of "feminization" of health, although there is a growth of male professionals, more present in the northern region of the country<sup>(16)</sup>.

The pertinent literature signalizes that most nursing professionals have a reality of multi-employment, maintaining more than one link and greater exposure to long hours in multiple working hours, which directly affects their health conditions. Nevertheless, these findings differ from the data found in this study, as there was a change in the organizational pattern of life, with an increase in quality, through the reduction of work overload, which perceived in the reduction of the workload and in the reduction of employment links<sup>(17)</sup>.

As for the training of nursing professionals, a study on nursing training performed in Brazil shows that 63.7% of professionals, driven by the expansion of access to higher education, choose to enter this field, mainly nursing technicians. In this sense, we can observe the search for training by professionals, because they have an education level higher than the required to work in their respective jobs<sup>(17)</sup>. A finding that corroborates the current study, highlighting the care in PUGH, draws attention to the lack of professional qualification for the care in this unit, which generates distortion between theory and practice,

because there is shortage of knowledge in this field of work, when compared to others<sup>(18)</sup>.

The study reveals the need for strategy, suggesting permanent education for the qualification of professionals, motivating them to perform an interdisciplinary work, through their own practice<sup>(19)</sup>. Factors such as stigma and prejudice against psychiatry or mental health training and difficulty in offering specialization courses in some regions of Brazil keep health professionals distant from the training in this field.

In this counterpoint, a study shows little training of professionals to work in mental health services; lack of preparation even during training; as well as little concern of the managers of the institutions in training and enhancing the skills and practices of their professionals in this field, which undermines the professional qualification and the health care in this sector<sup>(18)</sup>.

### **Sociodemographic characteristics of hospitalized patients**

In the process of characterizing the profile of hospitalized patients during a period of one year, we observed an average age of 37.4 years (Standard Deviation  $\pm$  17.7), male gender (55.7%), single (64.6%), completed high school (56.7%) and with a profession (67.1%). Among the forms of entry into PU, the internal regulation, performed by the medical team of PUGH, obtained the greatest number of registrations (86.1%), to the detriment of the external regulation.

Regarding the frequency of hospitalization of patients in the hospital unit, there were cases of first hospitalization in PUGH (84.8%) and length of stay in the unit, average of 22.1 days (SD 16.8 days and 95% CI 18.3-25.9), where most hospitalized patients had a length of stay classified as long (63.3%), to the detriment of the average (22.8%) and short (12.9%) stays.

With regard to the length of stay, we performed the classification according to the rules established in Ordinance nº 148, published on January 31<sup>st</sup>, 2012, which makes the periodic division – short (from 0 to 7 days), average (from 8 to 15 days) and long (more than 15 days) – as a basis for calculating the annual cost of care beds for people with or suffering from mental disorders and showing health needs derived from the use of alcohol, crack and other drugs in the General Hospital<sup>(20)</sup>.

Regarding the reasons that led to the hospitalization in PUGH, we observed that the causes were related to the clinical treatment in

mental health in situations of high risk of suicide (39.2%), followed by manifestations of mental disorders related to the use of alcohol and other drugs (27.8%), besides controlling disorganized and/or disruptive behaviors (25.3%), and the other causes related to specific treatments of clinical-dental interventions (2.5%), detoxification (1.3%), clinical medical urgency (1.3%), pediatric urgency (1.3%) and surgical intervention of fistula (1.3%).

As for the sociodemographic profile of hospitalized patients, we noted findings similar to the current study in Brazil and abroad. Regarding the age group, studies held in the state of Paraná with patients hospitalized in PUGH<sup>(10)</sup> and in a teaching hospital with a sample of 489 patients in India<sup>(21)</sup> signaled the predominance of young people and young adults, between 20 and 49 years. This phase affects the accomplishment of relevant stages of people's lives, as regards: vocational training, work activities, family sedimentation, due to the raising of children, and all this, when affected by a mental disorder, produces a negative influence, as a result of the chronicity of the illness.

Regarding gender, there is agreement with a study conducted in Guarapuava, Paraná, where 65% were men<sup>(10)</sup>. Regarding marital status, a study held in Porto Alegre, Rio Grande do Sul (RS), with 96 patients admitted to a general hospital, highlighted the predominance of the single population, with 51%<sup>(22)</sup>.

Concerning the frequency of hospitalizations, a study held in Paraná<sup>(10)</sup> confirmed the finding of this research, showing, respectively, that 88.3% of patients admitted to PU were in their first hospitalization.

Regarding the length of stay of those hospitalized in PUGH, the studies showed a long permanence rate, such as that performed in the PUGH of Ribeirão Preto, São Paulo, with an average length of stay of 33.5 days<sup>(23)</sup>. The same was observed in an international study, performed in Canada, where 57 general hospitals showed an average of 20.3 days of hospitalization<sup>(24)</sup>. Nevertheless, the current study is not corroborated by data from a study held in India<sup>(21)</sup>, which showed an average permanence rate in 54% of patients, with an average of 13 days of hospitalization.

Regarding the reasons for hospitalization, a study conducted in the psychosocial care network of Porto Alegre (RS) found that 47.9% of admissions were related to suicide risk or attempt, which is consistent with the data from this study

<sup>(22)</sup>. On the other hand, a study held in Paraná found the use of alcohol and other drugs as one of the most prevalent findings regarding the reasons for hospitalizations in PUGH<sup>(10)</sup>, but we noted the presence of both reasons in hospitalizations as factors most prevalent in PUGH.

## FINAL CONSIDERATIONS

The hospital under study, although old, invested in adaptations to host a general psychiatric ward with adequate space and patterns for training and research, but it still has problems of lighting, acclimatization and ventilation.

In the organizational process, it was possible to identify the therapeutic proposal of care, with a diversified team of professionals, including nurses, complemented with matrix support activity of the cases treated, providing this hospital unit with a peculiarity that differs it from the national reality.

The nursing team of the surveyed hospital has a number that is appropriate to the daily work, but, despite having nurses with specialized training and even nurses with master's degrees, this training is not directed to mental health. Moreover, we also noted professionals without any previous training in mental health, as well as the existence of qualification during the exercise of the profession. This is not surprising because the investment was made in qualifying in the fields of hospitals and public health; however, regarding the activities they perform in their daily work, there was no initiative that revealed their interest in the field under study. This is worrying and leads us to infer that, possibly, these professionals are looking at their service as a step towards moving to another field of nursing. Conversely, such hypothesis can only be verified through new investigations.

Regarding the specific characteristics of this nursing, it is noteworthy that the working time is not considered excessive, since they work only in one institution, which demonstrates that it is a factor reflecting favorable conditions for a good quality of life of these professionals, considering only the work effort, where it is not possible to infer anything about the activities performed outside the workplace.

As for the patients assisted, we noted similarities with other units of this nature existing in Brazil and in other countries. These are both cases of emergency situations and suicide attempts, such as mood-related disorders and problems derived from the use of psychoactive

substances. Therefore, this signalizes that nurses who work or will work in these units should be trained in relation to the care peculiar to these specific mental conditions.

In the general hospital, the psychiatric unit enables access to nursing care as well as the care from other health professionals for a comprehensive care towards the needs of people with mental disorders. In addition, when providing easy contact with other community services, through the effort of matrix support, it favors the patients' adherence to the continuity of their treatment. We understand the need for constancy of posture in this service in other general hospital wards and community services, improving the quality of care offered to patients and facilitating their insertion in the treatment of these problems, as well as of their relatives.

Lastly, it is noteworthy that the study presented here exposes limitations, as it is restricted to only one psychiatric unit of a general hospital, thereby requiring the characterization of more units to provide further discussion about the quality of mental health care, mainly regarding structural, procedural and organizational issues of the institution at stake.

The study brought an important knowledge of the structural and organizational process of the psychiatric unit of a general hospital, focusing on the nursing team and envisioning contributions to the construction of work strategies aimed at improving mental health care, regarding both the structure and the qualification of professionals for the care of people with mental disorders.

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