Original Article

Attitudes and knowledge of nursing technicians about care to patients with mental disorders

Zilda Maria de Melo[1], Natália Priolli Jora Pegoraro[2], Manoel Antônio dos Santos[3], Sandra Cristina Pillon[4]

[1] Nurse, Master of Technology and Innovation in Nursing. Universidade de Franca. Franca, SP, Brazil. E-mail: melozilda@usp.br.

[2] Nurse, PhD in Psychiatric Nursing. Nurse Coordinator of the Psychosocial Care Center at Ribeirão Preto. Ribeirão Preto, SP, Brazil. E-mail: natalia.jora@usp.br.

[3] Psychologist, PhD in Clinical Psychology. Associate Professor of the Faculty of Philosophy, Sciences and Letters at Ribeirão Preto, Universidade de São Paulo (USP). Ribeirão Preto, SP, Brazil. E-mail: masantos@ffclrp.usp.br.

[4] Nurse, PhD in Psychiatry and Medical Psychology. Associate Professor at the Ribeirão Preto School of Nursing, USP. Ribeirão Preto, SP, Brazil. E-mail: pillon@eerp.usp.br.

Received: 09/24/2014.

Accepted: 11/30/2015.

Published: 03/31/2016.

Suggested citation:

Melo ZM, Pegoraro NPJ, Santos MA, Pillon SC. Atitudes e conhecimentos de técnicos de enfermagem sobre cuidados a pacientes com transtornos mentais. Rev. Eletr. Enf. [Internet]. 2016 [cited __/__/__];18:e1141. Available from: http://dx.doi.org/10.5216/ree.v18.37746.

ABSTRACT

The study aimed to evaluate attitudes and theoretical and practical knowledge of nursing technicians about the care to patients with mental disorders. A descriptive study conducted in a Municipal Emergency room in the countryside of the state of São Paulo. We assessed sociodemographic information and about training, attitudes and knowledge on the identification of signs and symptoms, feelings and nursing care for people with mental disorders of 69 nursing technicians. These professionals were characterized as female, adults, with secondary and tertiary educational level. Most received theoretical content on how to identify signs and symptoms, but less than half had received information on the systematization of nursing care (SAE). Despite having much interest in the psychiatry area, the professionals perceived patients with mental disorders as unpredictable individuals in need of constant care. There is need for better investment in issues related to nursing care in order that professionals can offer better quality of care for people with mental disorders.

Descriptors: Mental Disorders; Nursing Care; Health Knowledge, Attitudes, Practice.

INTRODUCTION

One of the biggest barriers to the development of more effective therapeutic approaches in mental health in the health services of developing countries has been the insufficient number of professionals adequately trained and supervised to provide mental health care[(1)].

The qualification in mental health has often been neglected by the government and nursing professionals, contributing to low skilled, inadequate, and low quality assistance in primary care services[1]. The professional deficiency of incorporating skilled knowledge may be associated with unfavorable attitudes towards quality care. Considering that attitude is defined as a propensity to action, it expresses the thoughts, feelings and actions of professionals in relation to a particular situation or object[2]. In addition, mental health related issues tend to mobilize professionals in emotional terms, raising a number of difficulties and precariousness in the assistance to users of health services[1-3].

A systematic review study on nursing students' attitudes regarding mental health showed this is an area of low preference to follow and have a successful career. The study also highlighted the influence of education on the attitudes developed throughout training, suggesting that they were more favorable when students had received more hours of theoretical and practical preparation[4].

Focused on the nursing professionals' training, in 2008 the World Health Organization (WHO) released a report highlighting the importance of integrating mental health into primary care, and outlining the necessary skills, expertise, and the practice of professional skills in several countries[5]. This report aimed to facilitate and expand the perception of the need for this integration in health services assistance. It is important to invest at this level because the clinical style acquired during vocational and technical training tends to remain throughout the course of professional practice[2].

Professional training investments in technical and undergraduate courses can promote positive attitudes towards mental health care. The learning process promotes and values positive attitudes because they reflect the internal state of the individual and affect their choices, actions or behaviors before a particular object[6-7].

Knowing the attitudes of care providers has been valued as an important variable of treatment and is a determining potential of the quality of care[2,7]. Positive attitudes facilitate the development of the therapeutic relationship and are a necessary component of success, as shown by studies focused on the professional-client therapeutic relationship. The attitudes of nursing professionals in face of mental health problems correlate with the amount of knowledge incorporated on the topic[2,4,7]. Thus, these professionals develop nursing assistance based on their mental health knowledge, which in turn guides the development of their beliefs and attitudes that will impact on the quality of care[2].

Evidences show that the assistance of nursing professionals of hospital psychiatric units tend to be more focused on physical needs. However, in assessments, the attention to psychological and emotional aspects of patients has been evaluated as below desirable[8]. Studies reinforce that in general, nursing team professionals do not feel at ease in caring for people with mental disorder (MD), whether by the lack of specific knowledge on the subject, or because they have received training focused on the institutional model[9-10].

However, currently there is an intense concern with the formation and operation of nursing technicians working in health care, particularly in urgent and emergency psychiatric services. Several issues

have been raised regarding the reasons that led these professionals to work in the area, the difficulties found when performing their activities, continuing education received in service in face of the need to integrate new knowledge, as well as the difficulties related to professional practice and the planning for training in nursing care[11]. Given these questions, the present study aimed to assess the attitudes, knowledge, perceptions and feelings of nursing technicians who work in an urgent and emergency unit about the care of people with mental disorders.

MATERIALS AND METHODS

This is a descriptive study of quantitative approach conducted in the Municipal Emergency Room (PSM) of a medium-sized municipality located in the countryside of the state of São Paulo, Brazil. The emergency room meets all the urgent and emergency demands related to diseases in general, including psychiatric disorders. The study period was from February 2013 to July 2015.

During the data collection period, the service team was composed of 89 nursing technicians who worked in the three shifts in the Municipal Emergency Room (PSM). All were invited to participate in the study, and 69 (77.5%) nursing technicians agreed to cooperate, forming the sample. The eligibility criteria were employees linked to the institution, of both genders and aged over 18 years. The exclusion criteria were being on leave from service for any reason. Participants were recruited during their activities in the workplace, respecting the availability of each professional.

The data collection instrument was a questionnaire consisting of 1 - Sociodemographic information: age, gender, educational level, marital status, data related to academic training and the work in the institution, working time in nursing, the PSM and in the same team. 2 - Feelings of professionals in the care for patients with MD: a 27 item checklist[12]. 3 - Scale of attitudes, knowledge and practices[2] toward the person with MD and the work in mental health[13]: composed of 25 items that assess knowledge, attitudes and practices of professionals in the performance of their assistance activities with patients with MD[2].

Ethical permission for this study was obtained from the Research Ethics Committee at University of São Paulo, SP, Brazil (Ethic process number 704.097), in accordance with the Brazilian standards for research in human beings.

Data were analysed using the Statistical Package for Social Sciences (SPSS) version 19.0. The descriptive analysis was performed by calculating averages, frequencies and percentages of variables to elucidate the sample characteristics.

RESULTS

The sample included 69 professionals, there was a predominance of female (75.4%), adults (36.2%), married (46.4%), had completed secondary school (47.8%) and did not have another job (60.9%) (Table 1).

Table 1. Sociodemographic information of nursing technicians working in a PSM (n = 69). Franca, SP, Brazil, 2015.

		n	%
Gender	Male	17	24.6
	Female	52	75.4
Marital status	Married	32	46.4
	Single	27	39.1
	Separated/Divorced	10	14.5
Age range	22 – 29 years	20	29.0
	30 – 39 years	24	34.8
	40 – 59 years	25	36.2
Educational level	Elementary school	2	2.9
	Secondary school	33	47.8
	Higher or graduate education	32	46.4
Has another job	Yes	26	37.7
	No	42	60.9
Working time in nursing (in years)	≤ 1 year	15	21.7
	2 - 5 years	31	44.9
	6 - 11 years	10	14.5
	12 - 21 years	12	17.4
Working time in the PSM (in years)	≤ 1 year	18	26.1
	2 - 5 years	27	39.1
	≥ 6 years	12	17.4
Working time in the same team (in years)	≤1 year	22	31.9
	2 – 5 years	30	43.5
	≥ 6 years	13	18.8

Regarding formal education, the professionals considered they had great interest in participating of the educational process (data not shown in table).

The majority reported to have received information about physical problems and MD (88.4%), treatment of psychiatric problems (82%), family problems in MD (81.2%) and identification of signs and symptoms of MD (69.6 %). Only 49.3% answered they had received information on the development of the systematization of nursing care (SAE) during their training (Table 2).

Table 2: Information about mental health received by nursing professionals during training (n = 69). Franca, SP, Brazil, 2015.

Information received	Yes	
	n	%
Physical problems and MD	61	88.4
Treatment of psychiatric problems	57	82.6
Family problems and MD	56	81.2
MD in adolescents or the elderly	49	71.0
MD in the elderly	45	70.3
Identification of MD signs and symptoms	48	69.6
Accidents (occupational, traffic) and MD	42	60.9
Obtaining detailed history of patients with MD	38	55.1
MD in pregnant women	35	50.7
Development of the systematization of nursing care (SAE)	34	49.3
MD as cause of decreased productivity in the workplace	33	47.8
Evaluation of treatment options	32	46.4
Diagnosis and treatment barriers (means that prevent the intervention of doctor, patient and family)	21	30.4

In relation to the care and treatment of people with MD, almost all agree that nursing care in mental health should be integrated with general health care (96.9%) and professionals should be trained to identify signs and symptoms of MD (96.9%). Regarding the perception of people with MD, most agreed that they are usually unpredictable (95.3%) and require constant care (90.6%), but can lead a normal life (78.1%). What draws attention is the fact that 59.4% agree that people with MD are usually dangerous. As for the perception of mental health work, only half of nursing professionals feel comfortable when caring for people with MD (50.1%) (Table 3).

Table 3: Perceptions about care and treatment, people with MD and work in mental health according to nursing technicians who work in a PSM (n = 69). Franca, SP, Brazil, 2015.

	Perceptions	Disagree		Indifferent		Agree	
		n	%	N	%	N	%
Care and treatment	Nursing care in mental health should be integrated into general health care	2	3.1	-	-	62	96.9
	Professionals of emergency units should be trained to identify symptoms and perform nursing care to patients with MD	1	1.6	-	-	62	96.9
	Medications are effective in the treatment of mental illness	3	4.7	2	3.1	56	87.5
People with MD	Are usually unpredictable	-	-	2	3.1	61	95.3
	Need constant care	3	4.7	-	-	58	90.6
	Can lead a normal life	8	12.5	4	6.3	50	78.1
	Are usually dangerous	19	29.7	6	9.4	38	59.4
	Are usually violent	26	40.7	13	20.3	24	37.5
	Should be able to receive treatment at the same health center for people with physical illness	42	65.6	4	6.3	16	25.0
	Should be confined to places or hospitals for the rest of their lives	55	86.0	4	6.3	3	4.7
Work in mental health	I feel comfortable attending people with mental illness	21	32.8	9	14.1	32	50.1
	The hospital is the most appropriate place of residence in the region for people with mental illness	25	39.0	11	17.2	26	40.6
	It is hard to talk to someone with mental problems	32	50.0	8	12.5	22	34.4

Nursing professionals presented both positive (52.2%: compassion and 26.1%: acceptance) and negative feelings (42%: insecurity and 40.6%: sadness) in relation to patients with MD. The prevalence of the amount of negative feelings in comparison to positive feelings draws attention (Table 4).

Table 4: Feelings expressed towards patients with MD according to nursing technicians who work in a PSM (n = 69). Franca, SP, Brazil, 2015.

		Yes	
		n	%
Positive feelings	Compassion	36	52.2
	Acceptance	18	26.1
	Tranquility	13	18.8
	Satisfaction	7	10.1
	Joy	4	5.8
	Comfort	3	4.3
	Wellbeing	2	2.9
	Contentment or happiness	2	2.8
Negative feelings	Insecurity	29	42.0
	Sadness	28	40.6
	Stress	26	37.7
	Fear	23	33.3
	Discomfort	22	31.9
	Aprehension	19	27.5
	Curiosity	19	27.5
	Anxiety	18	26.1
	Discomfort/dissatisfaction	13	18.7
	Nervousness	11	15.9
	Anger/boredom	7	10.1
	Confusion	5	7.2
	Indifference	2	2.9
	Refusal	2	2.9
	Embarrassment	1	1.4

DISCUSSION

The present study aimed to assess the attitudes, knowledge, perceptions and feelings of nursing technicians who work in an urgent and emergency unit about the care for people with MD. Although the literature is scarce, which can be observed empirically and in scientific studies, nursing care to patients with MD still has barriers. Nursing professionals have stigmatizing perceptions and feelings, and insufficient theoretical and practical knowledge, which can result in negative attitudes during the care offered to people diagnosed with MD.

The sociodemographic characteristics prevalent in the investigated sample were: female nursing professionals, adults, married, with secondary and higher education, and without another job. The predominance of women stands out as an important feature identified in nursing practice that reflects the history of the profession itself[13-14]. Studies show that the adult workforce is still predominantly female, with strong association between female work and health care[13-17]. A study on gender relations in nursing supports the scientific production of care evidenced in works that emphasize the experiences of female workers[15].

Since this is a sample of professional adults with secondary or tertiary educational level, it is possible to expand the opportunities of learning and continuing education, which may contribute to improve practical experience in the subject in question. Although most professionals have secondary education, which is the minimum level required to attend the technical course in Brazil, it is important to point that almost half

(46.4%) of professionals have completed the undergraduate nursing course. This suggests these professionals sought to improve their training and expertise in the profession, and may be looking for new opportunities.

As for the time working in the institution, professionals showed extensive professional experience: 44.9% have dedicated to the nursing practice for 2-5 years, 39.1% in the PSM and 43.5% in the same team. Based on these data, one can expect a good experience and expertise in the knowledge area. It is also possible to assume that these professionals are able to offer a professionally qualified care to patients with MD. In addition, the study showed that the educational level and time in the same service allow the acquisition of new knowledge in the area of professional practice[3].

An only study described the topics of epidemiological and clinical data related to MD taught in the training of nursing technicians. These issues are still far from desired, and at other times are absent in most nursing technical courses, considering this discipline has a reduced hour load in the curriculum[18].

In nursing care for people with MD, the therapeutic relationship focused on empathy has been considered the work essence of nursing professionals. This theme might not be contemplated in the content taught in vocational training courses, nor even deemed necessary to ensure a minimum care to patients in mental distress. This is indeed worrying and demands special attention of training schools. Note that the objective is not to drive the knowledge in psychiatry to specialty, but rather focus the problem as the responsibility of any mental health professional, in this case, nursing professionals, respecting the levels of complexity of the situations.

There is the conviction that people with MD should not be met only by the most qualified professionals; other professionals can and should participate in the assistance. According to the literature, these patients may be present in all sectors of the health service[12]. Thus, there is no reason to disconsider the less qualified professionals, at least those with the level of knowledge of the participants in this study, since most have received contents on psychiatric disorders and related problems. So theoretically, they had some level of training to provide assistance.

As for content related to nursing care for patients with MD, the need for greater investment in continuing education and regular offer of theoretical and supervision resources should be considered. These go beyond the problem identification, and include possible approaches of user embracement and systematization of nursing care[3].

The results show that there is substantial agreement among professionals about the integration of nursing care in mental health into general health care and certainly, there is need for training and retraining on MD (Table 3). According to the WHO report, the integration of mental health into general health care is assessed positively by offering extensive benefits, including cost reduction in health care and provision of better care for psychiatric patients[5]. The WHO also recognizes that human resources are part of the workforce in health services, and encourages the improvement of technical skills in mental health promotion and prevention, treatment and management of problems related to MD, valuing this measure as a strategy

with possibility of integration into other health care settings.

Another interesting fact is the agreement among nursing professionals that people with MD are usually unpredictable, need constant care, but can lead a normal life. However, 59.4% agreed that people in mental distress are usually dangerous, 37.5% consider they can be violent, and 65.6% disagreed with the notion that these people might be able to receive treatment in the same health service where individuals with physical diseases are seen (Table 3).

These findings are similar to results of a study that evaluated the health professionals' perceptions in relation to hospitalized patients with MD in the service units[19]. Thus, the professionals' perceptions are focused mainly on the periods in which patients are in a crisis or critical conditions. They are perceived as 'different' people, sometimes 'violent', 'uncontrolled', 'impulsive', who 'lost reason' and may have limitations in their adaptation process. Professionals also perceive the patients as people who need help for being experiencing a mental illness and with serious relationship difficulties because of their unstable and unexpected behavior. Moreover, they are perceived as people who can arouse mixed feelings of 'fear', 'prejudice' and 'compassion' in 'other people'[19].

Evidence shows that aggressive behavior is one of the commonly expected symptoms in times of acuteness of the symptoms (crisis) in various psychiatric disorders and some neurological and clinical diseases, or in patients under the influence of psychoactive substances[20-22]. A qualitative study evaluated the perceptions of 27 members of the nursing staff of a casualty department ('prompt' service). The results showed that the professionals demonstrated a stereotypical view and had many doubts about the most appropriate nursing care to deal with patients with MD, perceived them as aggressive and agitated, but nevertheless considered that they needed nursing care[23].

The violent and aggressive behavior externalized by some patients causes fear, anxiety and general insecurity, and affects nursing team professionals in a way that the fear of some in relation to 'all psychiatric patients' is disproportionate to the few who actually constitute a risk to others. Professionals' excessive fear can harm their clinical judgment and lead to premature use of large amounts of sedative drugs, and physical restraint measures such as containment in bed[24].

Perceptions and attitudes about people in mental distress were also evaluated in other health professional groups (doctors and medical students) of a university hospital in London. The results showed that over half of participants perceived the patients with dependence to alcohol and/or other drugs in comorbidity with schizophrenia as dangerous and unpredictable[25].

A study mentions that throughout history, people with MD who did not meet the current standards of normality in each historical context were victims of prejudice and stigma by individuals considered normal[9]. Prejudice is a value judgment based on a false premise, often sustained by myths and stereotypes that lead to discrimination and stigmatization of people identified as deviants from the norm. These are some of the factors that supported the construction of the concept of mental illness and people with mental disorders in the history of psychiatry, along with cultural issues[2,23].

Table 3 also shows that half of nursing professionals declared they feel comfortable to attend people with MD, and 40.6% considered the hospital as the most suitable place of residence for people with MD. However, half of professionals disagreed with the affirmation of feeling comfortable to attend patients with MD, and a minority (17.2%) felt indifferent about this matter. These data suggest the lack of knowledge about options in care within the health system, and the use of the substitute model of mental health services that offers treatment and rehabilitation outside the hospital[17]. As described in the literature[1,17], the idea of psychosocial rehabilitation coincides with the need to create action strategies that favor opportunities of resource and affection exchange by opening negotiation spaces for patients, their families and their social network that are closer to the reality and the concrete implications of MD in everyday life. The movement of the psychiatric reform has gone through profound changes in mental health care, defending a network of community services to the detriment of the biomedical and hospital-centered model, although this goal has been little reached[17].

In daily care to people with MD, health professionals usually put all their senses in operation, which brings out their feelings[18]. In this study, nursing professionals had positive feelings of compassion and acceptance toward people in mental suffering, but many negative feelings (insecurity and sadness) still appear to be rooted in those participants (Table 4).

When working with the mentally ill, there is evidence that the feelings and affections most experienced by nursing staff members of psychiatric emergencies are related to fear, often associated with the possibility of suffering physical abuse[24]. The feeling of compassion also appears, but usually connected to the internal availability to help psychiatric patients, suggesting a greater understanding of the many paradoxical behaviors presented[18].

The lack of expertise in mental health contributes greatly to the expression of negative feelings such as frustration, fear and anguish by nursing professionals working in emergency services. This also compromises the quality of care. In this context, the study shows the importance of including actions such as continuing education and improvement in the qualification of nursing professionals working in psychiatric emergency care to provide better care and treatment to users of these services. However, there are still many gaps to be filled to make these proposals effective, such as the need for health managers' mobilization, staff motivation, elaboration of instruments to assess the strategies to be implemented, and the consolidation of an integrated and humanized network in mental health care[25].

A study shows that patients perceived as mentally ill often have behavior problems (such as aggressiveness), frequently demand the nursing staff, and appear in the service agitated, delusional or hallucinating[2]. To some extent, these perceptions are based on situations repeatedly experienced in services, and can trigger ambiguous, unpleasant and conflicting feelings in the nursing professionals. This leads them to adopt value judgments that encourage the emergence of rigid and punitive attitudes toward patients. However, the rational side reminds that the person is ill and must be helped. By not knowing to handle certain situations, professionals who are not positioned in a technically capable way before problems

can omit themselves and avoid genuine contact with patients.

CONCLUSION

The ability to assess knowledge, attitudes and perceptions about mental health of nursing professionals has been considered crucial for targeting educational strategies to be implemented continuously. This can lead them to rethink values, stigmas and prejudices, making them aware of the necessary respect for human beings with severe and persistent psychological distress. This is valid for any type of clientele or specialty, because this virtue depends on the conscience of all health workers in their social actions and personal attitudes as citizens moving within a system in constant transformation.

Despite having received content on the theme of MD, a large part of the nursing professionals participating in this study did not feel able to work with these patients in urgent and emergency services, which is a result of poor training. This sheds light on the barriers preventing the development of care actions aimed at this population.

A limitation of this study refers to the lack of standardized and validated tools to assess the knowledge and attitudes of these professionals, particularly those related to urgent and emergency care, or even specific content of psychiatric nursing made available in technical nursing courses. This shows the importance of developing tools that enable the assessment of theoretical and practical knowledge of technical professionals in the mental health area.

REFERENCES

1. Saraceno B, van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. Lancet [Internet]. 2007 [cited 2016 Mar 31];370(9593):1164–74. Available from: http://dx.doi.org/10.1016/S0140-6736(07)61263-X.

2. Bennett E. Effects of a mental health-training program on health care workers' knowledge, attitude, and practice in Belize [dissertação]. Lisboa: Faculdade de Ciências Medicas/UNL; 2012

3. Junqueira MAB, Santos MA, Pillon SC. Competências atitudinais de estudantes de enfermagem na assistência a usuários de álcool. Rev Enferm Atenção Saúde [Internet]. 2014 [cited 2016 Mar 31];3(2):76-85. Available from: http://www.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/1022.

4. Happell B, Gaskin CJ. The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. J Clin Nurs [Internet]. 2013 [cited 2016 Mar 31];22(1-2):148-58. Available from: http://dx.doi.org/10.1111/jocn.12022.

5. Organização Mundial de Saúde. Integração da saúde mental nos cuidados de saúde primários: uma perspectiva global [Internet]. Lisboa: OMS/WONCA; 2008 [cited 2016 Mar 31]. Available from: http://www.who.int/eportuguese/publications/Integracao_saude_mental_cuidados_primarios.pdf.

6. Tsai YF, Tsai MC, Lin YP, Weng CE, Chen CY, Chen MC. Facilitators and barriers to intervening for problem alcohol use. J Adv Nurs [Internet]. 2010 [cited 2016 Mar 31];66(7):1459-68. Available from: http://dx.doi.org/10.1111/j.1365-2648.2010.05299.x.

7. Prince A, Nelson K. Educational needs of practice nurses in mental health. J Prim Health Care [Internet]. 2011 [cited 2016 Mar 31];3(2):142-9. Available from: http://www.publish.csiro.au/nid/315/paper/HC11142.htm.

8. Evans-Lacko S, Little K, Meltzer H, Rose D, Rhydderch D, Henderson C, et al. Development and psychometric properties of the Mental Health Knowledge Schedule. Can J Psychiatry [Internet]. 2010 [cited 2016 Mar 31];55(7):440-8. Available from: http://publications.cpa-apc.org/media.php?mid=996.

9. Waidman MAP, Costa B, Paiano M. Community health agents' perceptions and practice in mental health. Rev Esc

Enferm USP [Internet]. 2012 [cited 2016 Mar 31];46(5):1170–7. Available from: http://dx.doi.org/10.1590/S0080-62342012000500019.
10. Mion JZ, Schneider JF. Leitos Psiquiátricos em hospital geral: visão de profissionais que atuam em hospital geral. Rev. Eletr. Enf. [Internet]. 2003 [cited 2016 Mar 31];5(1):38-42. Available from: http://dx.doi.org/10.5216/ree.v5i1.771.
11. Cánovas Rodríguez JM, Hernández Ortega RC. Intervención de enfermería ante la agitación de una persona discapacitada intelectual institucionalizada. Enferm Glob. [Internet]. 2008 [cited 2016 Mar 31];7(3). Available from: http://revistas.um.es/eglobal/article/view/36051.
12. Barros MA, Pillon SC. Atitudes dos profissionais do Programa Saúde da Família frente ao uso e abuso de drogas. Esc Anna Nery [Internet] 2007 [cited 2016 Mar 31];11(4):655-62. Available from: http://dx.doi.org/10.1590/S1414-81452007000400016.
13. Minzoni MA. Assistência ao doente mental internado. Análise de uma experiência de treinamento de atendentes em hospital psiquiátrico. Bol Of Sant Panam [Internet]. 1980 [cited 2016 Mar 31];88(3):242-51. Available from: http://iris.paho.org/xmlui/handle/123456789/17247.
14. Filizola CLA, Milioni DB, Pavarini SCI. A vivência dos trabalhadores de um CAPS diante da nova organização do trabalho em equipe. Rev. Eletr. Enf. [Internet]. 2008 [cited 2016 Mar 31];10(2):491-503. Available from: http://dx.doi.org/10.5216/ree.v10i2.8061.
15. Göttems LBD, Alves ED, Sena RR. Brazilian nursing and professionalization at technical level: a retrospective analysis. Rev Lat Am Enfermagem [Internet] 2007 [cited 2016 Mar 31];15(5):1033-40. Available from: http://dx.doi.org/10.1590/S0104-11692007000500023.
16. Ferreira-Furegato AR, Frari-Galera SA, Pillon SC, Ferreira-Santos JL, Araujo-Pitia AC, Cardoso L. Characterizing mental healthcare service teams. Rev Salud Publica (Bogota). [Internet]. 2010 [cited 2016 Mar 31];12(5):732-43. Available from: http://dx.doi.org/10.1590/S0124-00642010000500004.
17. Garla CC. Perfil dos profissionais de ambulatórios de saúde mental e suas práticas e opiniões sobre as políticas [dissertação]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto/USP; 2010. 88 p.
18. Campos CJG. Teixeira MB. O atendimento do doente mental em pronto-socorro geral: sentimentos e ações dos membros da equipe de enfermagem. Rev Esc Enferm USP [Internet]. 2001 [cited 2016 Mar 31];35(2):141-9. Available from: http://dx.doi.org/10.1590/S0080-62342001000200008.
19. Lauermann JD, Borges ZN. Saúde mental e hospitalização: qual a percepção dos profissionais da saúde? Rev Psicol da UNESP [Internet]. 2014 [cited 2016 Mar 31];13(1):11-20. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1984-90442014000100002&lng=pt&nrm=iso&tlng=pt.
20. Mantovani C, Migon MN, Alheira FV, Del-Ben CM. Manejo de paciente agitado ou agressivo. Rev Bras Psiquiatr [Internet].; 2010 [cited 2016 Mar 31];32 supl. 2:S96-103. Available from: http://dx.doi.org/10.1590/S1516-44462010000600006.
21. Paes MR, Maftum MA, Mantovani MF. Cuidado de enfermagem ao paciente com comorbidade clínico-psiquiátrica em um pronto atendimento hospitalar. Rev Gaucha Enferm [Internet]. 2010 [cited 2016 Mar 31];31(2):277-84. Available from: http://dx.doi.org/10.1590/S1983-14472010000200011.
22. Kondo EH, Vilella JC, Borba LO, Paes MR, Maftum MA. Abordagem da equipe de enfermagem ao usuário na emergência em saúde mental em um pronto atendimento. Rev Esc Enferm USP [Internet]. 2011 [cited 2016 Mar 31];45(2):501-7. Available from: http://dx.doi.org/10.1590/S0080-62342011000200028.
23. Mukherjee R. The stigmatisation of psychiatric illness: the attitudes of medical students and doctors in a London teaching hospital. Psychiatr Bull [Internet]. 2002 [cited 2016 Mar 31];26(5):178-81. Available from: http://dx.doi.org/10.1192/pb.26.5.178.
24. Henderson C, Thornicroft G. Stigma and discrimination in mental illness: time to Change. Lancet [Internet]. 2009 [cited 2016 Mar 31];373(9679):1928-30. Available from: http://dx.doi.org/10.1016/S0140-6736(09)61046-1.
25. Ikuta CY, Santos MA, Badagnan HF, Donato ECSG, Zanetti ACG. Conhecimento dos profissionais de enfermagem em situações de emergência psiquiátrica: revisão integrativa. Rev. Eletr. Enf. [Internet]. 2013 [cited 2016 Mar 31];15(4):1034-42. Available from: http://dx.doi.org/10.5216/ree.v15i4.20954.