






## ORIGINAL ARTICLE

# The (Trans)Formation of Mental Health Resident Nurses

*A (Trans)Formação de Enfermeiras Residentes em Saúde Mental*

Ana Carolina Pinto da Silva<sup>1</sup> , Rosana Maria de Oliveira Silva<sup>1</sup> , Josicélia Dumêt Fernandes<sup>1</sup> ,  
Ana Lúcia Arcanjo Oliveira Cordeiro<sup>1</sup> , Giselle Alves da Silva Teixeira<sup>1</sup> 

## ABSTRACT

**Objective:** To analyze how the educational pillar of *learning to be* is constituted in the training of Mental Health resident nurses. **Method:** This is an exploratory, empirical, qualitative study developed at the School of Nursing of a public university in northeastern Brazil. Data collection was performed between October and May 2018 through a semi-structured interview with 17 nurses. The analysis was performed in the light of the theoretical framework of the Pillars of Education by Jacques Delors. **Results:** The *learning to be* pillar of education evidenced the Transformation for professional practice with personal growth culminating in the improvement of being a nurse in mental health. **Conclusion:** The residency program contributed to the development of professional skills for mental health care from the holistic perspective of the constitution of being a nurse and by allowing personal transformations that contribute to a more humanized training.

**Descriptors:** Internship, Nonmedical; Mental Health; Education; Specialization; Nursing.

## RESUMO

**Objetivo:** Analisar como o pilar da educação aprender a ser se constitui na formação de enfermeiras residentes em Saúde Mental. **Método:** Trata-se de uma pesquisa exploratória, com abordagem qualitativa, com campo empírico a Escola de Enfermagem de uma Universidade pública do nordeste do Brasil. A coleta de dados, realizada entre outubro e maio de 2018, ocorreu por entrevista semiestruturada, com 17 enfermeiras. A análise foi feita à luz do referencial teórico dos Pilares da Educação de Jacques Delors. **Resultados:** O pilar da educação aprender a ser evidenciou a Transformação para a prática profissional com crescimento pessoal culminando no aprimoramento do ser enfermeira em saúde mental. **Conclusão:** Desse modo, o curso de residência contribuiu para o desenvolvimento de habilidades profissionais para o cuidado em saúde mental em uma perspectiva holística e de constituição do ser enfermeira, ao permitir transformações pessoais que contribuem para uma formação mais humanizada.

**Descritores:** Internato Não Médico; Saúde Mental; Educação; Especialização; Enfermagem.

<sup>1</sup>Universidade Federal da Bahia (UFBA) – Salvador (BA), Brazil. E-mails: [ana-carolina\\_pinto@hotmail.com](mailto:ana-carolina_pinto@hotmail.com), [rosanaosilva@hotmail.com](mailto:rosanaosilva@hotmail.com), [jodumet@gmail.com](mailto:jodumet@gmail.com), [anaarcanjo@hotmail.com](mailto:anaarcanjo@hotmail.com), [contato@giselleteixeira.com.br](mailto:contato@giselleteixeira.com.br)

**How to cite this article:** Silva ACP, Silva RMO, Fernandes JD, Cordeiro ALAO, Teixeira GAS. The (trans)formation of mental health resident nurses. Rev. Eletr. Enferm. [Internet]. 2021 [cited \_\_\_\_\_];23:65435. Available from: <https://doi.org/10.5216/ree.v23.65435>.

Received on: 09/02/2020. Accepted on: 04/07/2021. Available on: 10/04/2021

## INTRODUCTION

Until the beginning of the 1960s, the practice of mental health nursing reproduced what was advocated by the biomedical model, focused on biological changes to the detriment of issues related to people in emotional distress. In the early 1970s, the Psychiatric Reform emerged and brought concern with the subjects and their subjectivity, the need to rethink the practice of mental health nursing and review concepts and care methods<sup>(1,2)</sup>.

This transition in mental health care pointed to the need for change in the way of dealing with mental disorders, as well as a broader look at the individual's health and subjectivity. It also indicated the need to deconstruct values and knowledge, involve different actors and social sectors to strengthen the individual's autonomy, return and guarantee their rights and reduce stigma and social inequality. Based on the biopsychosocial perspective, this new mode of care considers social determinants, acts on subjects' demands, offers listening, embracement and dialogues with these subjects in a horizontal way, enabling the creation of a bond with the professional and the team, and through a co-management system, empowers the decision-making and autonomy of the team<sup>(2,3)</sup>.

The end of the 1980s was marked by proposals for changes in health education in Brazil that until then, had an eminently technical, fragmented and uncoordinated character, and skills for a more holistic, integrated, multidisciplinary and humanized care began to be developed. Thus, with implementation of the National Curriculum Guidelines for courses in the health area, the Ministry of Health proposed training in specialization postgraduate courses in the format of Multidisciplinary Residency in Health in order to enhance the training of new health workers and provide qualified human resources to the National Health Service (Brazilian SUS)<sup>(4)</sup>.

Therefore, based on this new biopsychosocial and multidisciplinary perspective, professional training in mental health takes place essentially in a multidisciplinary team, in the construction of interdisciplinary knowledge in spaces outside the hospital setting, since the psychosocial care network is composed of substitute services coordinated with other health services<sup>(3,5)</sup>.

The process of professional training, encompassed by reformulations of the singularity of mental health, must distance itself from the view of the patient and disease as a medical diagnosis and get closer to the recognition of subjects as social beings. Being a mental health nurse transcends any practices and techniques that can hardly be prescribed, as this is a constitution beyond professional skills<sup>(1-3,6)</sup>.

Mental health care in the process of professional training touches on a maturation while an individual who cares, facing a training that should be based on human rights, mutual respect and the appreciation of the singularities and individualities of subjects in mental distress, enabling

the learning from a transformation within oneself and for the other<sup>(7)</sup>.

The training process of nurses, tangential to the biopsychosocial care model, points to mental health training based on the *learning to be* pillar of education which, according to Jacques Delors<sup>(8)</sup>, includes not only training in its entirety, with the elements that make up the subjects and how they are constituted in the training process, but also the formation of the individual arising from theoretical-practical processes that provide the personal and professional development of each being by involving spirit, body and mind.

In view of the above considerations, the reformulations in mental health training for nurses should be based on the *learning to be* pillar of education, which proposes the constitution and development of professional skills and competences in addition to professional contribution. The pillar also contributes to the growth and maturation of the subject with an emphasis on the promotion of the being.

The following question emerged from this understanding: How is the *learning to be* pillar of education constituted in the training of Mental Health resident nurses? The aim of the present study was to analyze the contributions of the training process in the multidisciplinary mental health residency from the perspective of alumni residents.

## METHOD

This is an exploratory, qualitative study based on the theoretical framework of the Pillars of Education proposed by Jacques Delors that establishes four pillars of education that guide educational processes. It is linked to the matrix study "Professional trajectory of alumni nurses of multidisciplinary residency programs in health and in the professional area of health in the state of Bahia", financed by the Universidade Federal da Bahia through a resource from the PROPESQ — Program of Support for Young Teachers Doctors.

Participants were nurses who graduated from the Multidisciplinary Residency Program in Mental Health in the state of Bahia between 2007 and 2018. The time frame is justified by the year of regulation of the Multidisciplinary Residency Program in Health by Interministerial Ordinance MEC/MS No. 2.117 November 2005. In Bahia, the first selection process took place in 2008 and until 2018, 25 places were offered.

A search for the lists of nurses approved for the Multidisciplinary Residency Program in Health from 2005 to 2018 was performed on digital platforms and websites. After this active search in the approval lists of the Program notices, 25 nurses were identified. Two people who passed the 2014 and 2016 selection processes did not complete the residency program, thus were unable to participate in the study. Seventeen out of the remaining 23 nurses could be

contacted through the Lattes Platform, social networks and other media. Six nurses did not respond to contact attempts. The inclusion criterion of the study was being an alumni nurse of the residency program in the period between 2007 and 2018.

The data collection period was between October 2017 and May 2018. Initially, participants were identified and in the first contact, information about the study, its objectives and the importance of participating was provided. After the explanations and acceptance to participate, according to the alumni's availability, the interview was performed by the researchers with application of the instrument in person and through social media with use of the instant messaging feature that allowed recording the interview.

The interview script consisted of two parts. The first with sociodemographic information and the second with the following question: How was your training in the multidisciplinary residency program in mental health?

To maintain the rigor of the study, the criteria determined by the consolidated criteria for reporting qualitative research (COREQ) checklist were used. Face-to-face interviews were conducted individually in a quiet, exclusive room without interruptions, in a place chosen by interviewees and were digitally recorded. At the end of the interview, participants had the opportunity to listen to the recordings in order to authorize the transcription. For participants who were unavailable or preferred to conduct the interview using a digital application, such as WhatsApp, a time was scheduled, where the questions and answers to the questionnaire were conducted through audio. The interviews lasted 30 minutes, on average.

Data were analyzed according to Bardin's Content Analysis<sup>(9)</sup> by following three steps: pre-analysis, material exploration and data treatment. In the first step, a floating reading of the content of the interviews was carried out in order to constitute the research corpus. Later, in the second step, the exhaustiveness, determined by the use of the entire content of the interviews, and the homogeneity of interviews, seeking their similarities and the relevance of content to the objective of the study were followed. Then, cutting, decomposition, coding and attribution of the enumeration unit of the registration units by similarity were performed and they were grouped into pre-established categories in the light of the theoretical framework of the Pillars of Education by Jacques Delors for the organization of information and analysis. The data saturation point was reached when the information began to repeat itself without identification of new elements in the analysis categories. The third and last step of Content Analysis was performed through the interpretation of results and the synthesis of the analysis.

The study was approved by the Research Ethics Committee of the Hospital Geral Roberto Santos in Salvador, Bahia, under Opinion No. 1.606.558 of 06/2016, CAAE

55876516.8.0000.5028. In accordance with Resolution No. 510 of 2016 of the National Council of Health, the guidelines and standards that regulate research involving human beings were complied with and participants signed the Informed Consent form.

## RESULTS

The 17 participants interviewed were female, age group of 20-30 years, self-declared black or mixed race and had not attended specialization nor Master's/PhD postgraduate courses before the residency program. However, after the course, most of them took Master's/PhD postgraduate courses. All have employment relationships in public organizations and took a maximum of six months to enter the job market after completing their residency program. Based on the analysis of interviews, the *learning to be* pillar of education in the training of nurses in the multidisciplinary mental health residency was analyzed. Two categories were constructed: Transformation to the being a Nurse and Transformation for Professional Practice in Mental Health.

### Category I – Transformation to the being a Nurse

The nurses reported the contribution of the residency to the maturation of the "being a nurse", transforming the newly graduated nurse into a more prepared professional for health work.

*I evaluate it as a practical experience that gives you much more security than just an undergraduate course. Furthermore, professional maturity, in addition to the possibility of having greater technical ability. (18)*

*The residency gives you the opportunity of this maturity, a greater criticism of what you are doing [...] we have the opportunity to work with professionals from different categories with the same focus. (18)*

*[...] the residency contributed a lot, first, because it brought me this greater sensitivity to the patient, to the user, to the subject [...] that is, in any type of care, not just in mental health. (15)*

### Category II – Transformation for professional practice in Mental Health

In this category, nurses reported the importance of the residency program for specialized professional practice. The residency is seen as the moment of transformation of the nurse focused on work within the nursing team — with some intersection with professionals from other fields of knowledge — into the nurse working in the dimension

of multidisciplinary work, given that mental health work requires greater integration between professional categories and has more blurred boundaries between them.

*My work practice, nowadays, is influenced by these experiences during the residency, my view is broader both in the psychic part and in the clinical part, which cannot be dissociated, my view on mental health is broader. (I3)*

*I had the opportunity to discuss with the nurse who was my preceptor, with other professionals, and put this identity of mine, this knowledge of mine, my idea of nursing was put into question, in discussion with other fields of knowledge to build this thing that is the practice of mental health. (I7)*

*A practical experience that guarantees you much more security than just the undergraduate course, the possibility of having greater technical skills, professional maturity. (I8)*

*The residency brings a very cool professional maturity, because you spend five thousand seven hundred sixty hours studying and working, you acquire many things, especially in relationships both with the patient and with the professional. You learn many other things that come from the relationships you establish in the service. (I10)*

## DISCUSSION

The results clearly demonstrate that training is constituted in a multidisciplinary way, according to the pedagogical proposal of the residency, which was evidenced as being of paramount importance for the professional practice of each resident. This evidence is supported by Brito<sup>(10)</sup>, when considering that the residency favors the development of competences for newly graduated professionals, as well as relational and practical acting skills that are still incipient right after academic training.

Graduates of the Multidisciplinary Residency Program in Mental Health are expected to build skills to work in comprehensive health care for individuals with mental disorders in the Psychosocial Care Network aligned with guidelines of the Mental Health Policy. They should develop actions of health promotion, prevention and rehabilitation, thereby building a bond with the community and territory. Professionals must develop technical-reflective, political, ethical, humanistic and empathic skills for their multidisciplinary work<sup>(5)</sup>.

Mental health care and the health training process do not have as their sole objective the diagnosis and drug treatment; it is necessary to go further and create care strategies for the subjects, involving family, community, sector management and social control in health<sup>(11,12)</sup>.

The results found show that the intensive experience of the residency contributes to the transformation of the being in the professional perspective by coordinating different actors that enable residents to develop judgement and experiences with different care practices and question themselves about the proposed model implemented in the care network. In addition, it enables new organizational practices, as these provide changes in attitudes, beliefs, knowledge, collaborative skills, humanization, user embracement, accountability with the user, as well as in multidisciplinary and integral action and resoluteness of health services<sup>(12-14)</sup>.

Experiences in the field of mental health training are inseparable from transformations in the processes of subjectivation for the formation of the being, as they allow professional maturation and security, built throughout daily experiences, developing the necessary framework for the construction and consolidation of the *learning to be* pillar from a professional perspective<sup>(8)</sup>.

Studies show that newly graduate nurses in Brazil feel unprepared to exercise the professional role. Therefore, entering the residency program after graduation allows for a more secure transition to the world of work in light of the development of skills and competences to improve their professional practice and refine their knowledge by the development of expertise in a particular area of knowledge<sup>(15,16)</sup>.

This understanding converges with another study conducted with residents in Toronto, Canada, in which recently graduated professionals reported a lack of confidence in their own competence and the fear of making mistakes or causing harm to the patient<sup>(17)</sup>.

Under this observation, the residency acts as a facilitator by providing support to newly graduates in the face of the competitive world of work that increasingly demands more skills and specificities.

Studies also reveal the occurrence of many changes after entering the program, both in the professional and personal spheres of residents. They highlighted the professional improvement in practical skills and competences necessary for the nursing practice, such as leadership, in addition to the personal maturity provided by new experiences. Among the transformations, the resident obtains professional security to perform procedures inherent to the area and choose priorities, increasing the quality of care. This maturation occurs due to the different situations that the professional has to deal with during the course<sup>(18,19)</sup>.

In the residency training process, the *learn to be* is constituted with the qualitative gains of residents' political-social being and the mental health nurse being, as the experiences added political, social and personal insight into countless situations in the daily context of the residency and allowed the fight for qualification of residency programs at the national level, regulation, reduction of working hours,

as well as other controversial issues related to residency programs in health<sup>(9,18)</sup>.

The activism of residents in political and social spaces through inclusion in Health Conferences constituted moments of exchange of experiences between health professionals, managers and users in the search for better individual and collective health conditions and the guarantee of the public Brazilian SUS under state management and of quality for the Brazilian people. Such experiences have significantly added to the training as a nurse and are certainly a differential for future professional insertions in the job market<sup>(3,18)</sup>.

Based on the proposal by Rotelli<sup>(20)</sup> and Amarante<sup>(21)</sup> on thinking and acting in the field of mental health, it is necessary to understand its dynamic and procedural character. Furthermore, changes in professional performance must go beyond the organizational and care sphere and include the scope of social conceptions and personal subjectivity. This means that being a mental health nurse involves a very complex process, especially given the multiple intersubjective crossings of those involved and the personal and social premises of professionals in care, as it crosses the constitution of nurses' identity as beings and as members of the multidisciplinary team, as well as their conception of mental health influenced by unique experiences in the professional and personal field<sup>(8)</sup>.

A limitation of the study was that during data collection, communication with all alumni nurses was impossible because of unavailability of contact. Therefore, the difficulty with locating some alumni nurses implied a sample loss for data collection and analysis.

## FINAL CONSIDERATIONS

The *learning to be* pillar was shown to contribute to the constitution of the individual with the experience of the residency. It implied in a differentiated work practice with greater judgement and sensitive knowledge in the face of light technologies; favored the constitution of individuals as sensitive and ethical human beings evidenced by the transformation to professional practice and transformation to the being a nurse.

The Residency in Mental Health in light of the pillar of education showed that the *learning to be* pillar is consolidated when residents report that the experiences allowed them to develop and improve skills and competences for a sensitive and holistic care in mental health, as they start to act as agents of transformation in spaces of care and as tools of social control, as individuals in society and activists for the preservation of mental health.

In this sense, we recommend the development of new studies that deepen the issue of training and work of professionals involved in mental health policy, and of the advancement of

construction of the care network with emphasis on the use of activities established in mental health policies.

## REFERENCES

1. Silva JVS, Brandão TM. Contribuições de uma residência em psiquiatria e saúde mental na formação dos enfermeiros egressos. *Enfermagem em Foco*. 2020;10(6): 57-62. <https://doi.org/10.21675/2357-707X.2019.v10.n6.2334>.
2. Casanova IA, Batista NA, Moreno LR. A educação interprofissional e a prática compartilhada em programas de residência multiprofissional em saúde. *Interface*. 2018;22(Supl. 1):1325-37. <https://doi.org/10.1590/1807-57622017.0186>.
3. Gadelha AKS, Bezerra AC, Paula GLC, Luz PCM. Vivências na rede de saúde e psicologia: interações da residência multiprofissional em saúde da família. *Sanare*. 2018;17(1):110-18. <https://doi.org/10.36925/sanare.v17i1.1229>.
4. Nascimento DDG, Oliveira MAC. Competências profissionais e o processo de formação na residência multiprofissional em Saúde da Família. *Saúde Soc*. 2010;19(4):814-27. <https://doi.org/10.1590/S0104-12902010000400009>.
5. Onocko-Campos R, Emerich BF, Ricci EC. Residência multiprofissional em saúde mental: suporte teórico para o percurso formativo. *Interface*. 2019;23(1):e170813. <https://doi.org/10.1590/Interface.170813>.
6. Elias ADS, Tavares CMM, Muniz MP. A interseção entre ser enfermeiro e ser terapeuta em saúde mental. *Rev Bras Enferm*. 2020;73(1):e20180134. <https://doi.org/10.1590/0034-7167-2018-0134>.
7. Wetzel C, Kohlrausch ER, Pavani FM, Batistella FS, Pinho LB. Analysis of interprofessional in-service education in a Psychosocial Care Center. *Interface*. 2018;22(Supl. 2):1729-38. <https://doi.org/10.1590/1807-57622017.0664>.
8. Delors J. Educação: um tesouro a descobrir. 2ª ed. São Paulo: Cortez; 2003.
9. Bardin L. Análise de conteúdo. Luís Augusto Pinheiro, tradução. 70ª ed. São Paulo; 2016.
10. Brito ARRT, Meneses LBA, Soares VL, Rocha RCS, Meneses JR, Paula AFR. Atuação multiprofissional do enfermeiro residente em saúde mental na Atenção Básica: relato de experiência. *Saúde em Redes*. 2018;4(4):135-46. <https://doi.org/10.18310/2446-48132018v4n4.2251g330>.
11. Paulon SM, Protazio MM, Tschiedel R. "Eu sei o que é saúde mental!": pesquisar e cuidar como fios da mesma trama. *Rev Polis Psique*. 2018;8(1):6-32. <http://dx.doi.org/10.22456/2238-152X.80412>.

12. Lima ICBF, Passos ICF. Residências integradas em saúde mental: para além do tecnicismo. Trabalho, Educação e Saúde. 2019;17(2):e0020940. <https://doi.org/10.1590/1981-7746-sol00209>.
13. Constantinidis TC, Cid MFB, Santana LM, Renó SR. Conceptions of mental health professionals about the therapeutic activity in the CAPS. Trends Psychol. 2018;26(2):911-26. <https://doi.org/10.9788/TP2018.2-14En>.
14. Leite MD, Barros MMA. Concepções de residentes em saúde mental sobre o cuidado ofertado em rede de atenção psicossocial. Interinst Bras Ter Ocup. 2018;2(1):126-44. <https://doi.org/10.47222/2526-3544.rbto11643>.
15. Brasil CC, Oliveira PRS, Vasconcelos APSM. Perfil e trajetória profissional dos egressos de residência multiprofissional: trabalho e formação em saúde. Sanare. 2017; 16(1):60-6. <https://doi.org/10.36925/sanare.v17i1.1232>.
16. Pereira ALF, Mouta RJO, Barbosa DSP. The creation process of the specialization course in Obstetric Nursing, residency modality, in the municipal health network of Rio de Janeiro, Brazil. Cult Cuid. 2018; 22(51):114-23. <http://dx.doi.org/10.14198/cuid.2018.51.13>.
17. Yama B, Hodgins M, Boydell K, Schwartz S. A qualitative exploration: questioning multisource feedback in residency education. BCM Medical Education. 2018;18(170): 1-6. <https://doi.org/10.1186/s12909-018-1270-7>.
18. Mateus NGM, Machado DA. A formação multiprofissional em saúde sob a ótica do residente. Rev Fund Care Online. 2018;10(2):593-8. <https://doi.org/10.9789/2175-5361.2018.v10i2.593-598>.
19. Silva LB. Residência multiprofissional em saúde no Brasil: alguns aspectos da trajetória histórica. Rev Katálysis. 2018;21(1):200-9. <https://doi.org/10.1590/1982-02592018v21n1p200>.
20. Amarante P. Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil. 2ª ed. Rio de Janeiro: Editora Fiocruz; 2015.
21. Rotelli F. Empresa social: construindo sujeitos e direitos. In: AMARANTE, P. Ensaio: subjetividade, saúde mental, sociedade. 1ª ed. Rio de Janeiro: Editora Fiocruz; 2000, p. 301-6.

