

# NURSING RESIDENCY IN PSYCHIATRY AND MENTAL HEALTH: PERSPECTIVES ON TRAINING AND LABOR FIELD

## RESIDÊNCIA DE ENFERMAGEM EM PSIQUIATRIA E SAÚDE MENTAL: PERSPECTIVAS SOBRE FORMAÇÃO E CAMPO DE TRABALHO

## RESIDENCIA DE ENFERMERÍA EN PSIQUIATRÍA Y SALUD MENTAL: PERSPECTIVAS SOBRE LA FORMACIÓN Y EL CAMPO DE TRABAJO

John Victor dos Santos Silva<sup>1</sup>  
Thyara Maia Brandão<sup>2</sup>  
Amanda Cavalcante de Macêdo<sup>3</sup>  
Keila Cristina Pereira do Nascimento Oliveira<sup>4</sup>  
Mara Cristina Ribeiro<sup>5</sup>  
Ronildo Alves dos Santos<sup>6</sup>

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**Objective:** to describe the perspective of nurses graduated from a residency program of Psychiatry and Mental Health Nursing in Alagoas on training and the labor field. **Method:** exploratory, qualitative study conducted with ten nurses graduated from a nursing residency program in Psychiatry and Mental Health in northeastern Brazil. Semi-structured interviews were conducted with audio recording. The data were submitted to thematic content analysis and discussed in the light of the theoretical references of psychiatric reform and mental health nursing. **Result:** the thematic categories identified were “Training Process: expectations versus reality” and “Labor Field: opportunities and professional satisfaction”. **Final thoughts:** in relation to education, the graduated nurses were satisfied with the knowledge provided by the residency; in relation to the labor field, they expressed frustration at not being valued, despite being specialized professionals able to contribute to the qualification of the service.

**Descriptors:** Nursing. Internship, Nonmedical. Psychiatric Nursing. Mental Health. Mental Health Services.

*Objetivo:* descrever a perspectiva de enfermeiros egressos de um programa de residência de Enfermagem em Psiquiatria e Saúde Mental em Alagoas sobre a formação e o campo de trabalho. *Método:* estudo exploratório, qualitativo, realizado com dez enfermeiros egressos de um programa de residência de Enfermagem em Psiquiatria e Saúde Mental no Nordeste do Brasil. *Foram realizadas entrevistas semiestruturadas com gravação de áudio. Os dados*

<sup>1</sup> Nurse. Universidade de São Paulo. Ribeirão Preto, São Paulo, Brazil. john.setedejulho@gmail.com. <http://orcid.org/0000-0003-4671-102X>.

<sup>2</sup> Nurse. MSc in Nursing. Professor at the Universidade Estadual de Ciências da Saúde de Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0003-4630-6956>.

<sup>3</sup> Nurse. PhD in Linguistics. Professor at the Universidade Estadual de Ciências da Saúde de Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0002-4630-2771>.

<sup>4</sup> Nurse. PhD in Social Work. Professor at the Universidade Federal de Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0003-0167-5889>.

<sup>5</sup> Occupational Therapist. PhD in Sciences. Pro-Deanship of Research and Post-Graduation of the Universidade Estadual de Ciências da Saúde de Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0001-6963-8158>.

<sup>6</sup> Philosopher. PhD in Philosophy. Professor at the Escola de Enfermagem de Ribeirão Preto of the Universidade de São Paulo. Ribeirão Preto, São Paulo, Brazil. <http://orcid.org/0000-0003-3364-7727>.

*foram submetidos à análise de conteúdo temática e discutidos à luz dos referenciais teóricos da Reforma Psiquiátrica e da Enfermagem em Saúde Mental. Resultado: as categorias temáticas identificadas foram “Processo de Formação: expectativas versus realidade” e “Campo de Trabalho: oportunidades e satisfação profissional”. Considerações finais: em relação à formação, os enfermeiros egressos sentiam-se satisfeitos com o conhecimento proporcionado pela residência; em relação ao campo de trabalho, manifestaram frustração por não serem aproveitados, mesmo sendo profissionais especializados e aptos para contribuir para a qualificação do serviço.*

*Descritores: Enfermagem. Internato não Médico. Enfermagem Psiquiátrica. Saúde Mental. Serviços de Saúde Mental.*

*Objetivo: describir la perspectiva de las enfermeras graduadas de un programa de residencia de Enfermería en Psiquiatría y Salud Mental en Alagoas sobre la formación y el campo de trabajo. Método: estudio exploratorio y cualitativo realizado con diez enfermeras graduadas de un programa de residencia de enfermería en Psiquiatría y Salud Mental en el noreste de Brasil. Se realizaron entrevistas semiestructuradas con grabación de audio. Los datos fueron sometidos a análisis temáticos de contenidos y discutidos a la luz de las referencias teóricas de la reforma psiquiátrica y la enfermería de salud mental. Resultado: las categorías temáticas identificadas fueron “Proceso de Formación: expectativas versus realidad” y “Campo Laboral: oportunidades y satisfacción profesional”. Consideraciones finales: en relación con la educación, las enfermeras graduadas estaban satisfechas con los conocimientos proporcionados por la residencia; en relación con el campo del trabajo, expresaron su frustración por no ser pulsadas, a pesar de su especialización profesional y capacidad de contribuir a la calificación del servicio.*

*Descriptores: Enfermería. Internado no Médico. Enfermería Psiquiátrica. Salud Mental. Servicios de Salud Mental.*

## Introduction

Mental health care in Brazil has a long history of discussions, proposals and successful experiences in transforming a psychiatric hospital-centered care center into a large decentralized network. This network has managed the psychosocial treatment, care, monitoring, rehabilitation and promotion of citizenship to people in mental distress within the Unified Health System (UHS), together with the other spheres of public policies, resulting from the Psychiatric Reform Movement process in Brazil<sup>(1)</sup>.

The Psychosocial Care Network (RAPS) currently represents this model of mental health care management in Brazil for people with mental disorders. By articulating primary, specialized care, psychosocial rehabilitation, supportive economy and urgency and emergency, it promotes care integrality supported by an intersectoral articulation between health, education, economy and safety, among others<sup>(1)</sup>.

RAPS is also responsible for training UHS workers and future general practitioners and specialists from the perspective of care integrality, based on foundations of the Psychiatric Reform and Mental Health Public Policies. One of the strategies used for training professionals and

promoting the strengthening of the UHS and RAPS are the Health Residencies<sup>(1-2)</sup>.

The Health Residency programs were created with a view to the training of human resources that can meet the complexity of health services. They consider public policies that induce education at work and for work in the UHS, which aim to train workers to provide comprehensive care, whether in a single-professional, multiprofessional or interdisciplinary way. At last, this training grants the graduate the degree of specialist in the program area<sup>(3)</sup>.

Health Residencies are regulated and authorized by the Ministry of Education. They are offered by Higher Education Institutions or health services, with the purpose of training by constant practice at work. Although they have specific rules of procedure, residency programs are organized and structured individually, based on institutional norms and on the dynamics and disposition of the health and service network in the territory, presenting diverse characteristics and resources<sup>(2,4)</sup>.

In the area of mental health, residency programs in Psychiatric Nursing and Mental Health stand out. These collaborate to the training

of specialist nurses and enable the recognition of nursing's contribution in the labor field and as an alternative labor qualification in specialized services in the care of people in mental suffering. Some examples are Psychosocial Care Centers (CAPS), and other services that incorporate RAPS<sup>(2)</sup>.

Understanding the important contribution of these programs in strengthening the UHS and in the development of practices in mental health care, this study presents as an object of investigation the perspective of nurses who graduated from the residency program in Psychiatry and Mental Health Nursing on their training process and labor field. In this context, the motivation for choosing the subject investigated was due to the approximation of the authors with the theme and the need to understand the process of training of then nurse intern and his/her possibilities in the field of action.

To support the deepening of the study, the theoretical references of Psychiatric Reform and Mental Health Nursing were used. Thus, the Psychiatric Reform, which is used as a theoretical lens in this article, understands that the movement of paradigmatic transformation is continuous and is updated in the articulation with different types of knowledge, services and sectors. Its objective is to potentiate responses to the needs of (re) insertion of people receiving care in mental health services, extending the field of mental health care to a complex, multidimensional, interdisciplinary and intersectoral perspective<sup>(1)</sup>.

Mental Health Nursing, a scientific area, of continuing education and professional practice, should be aligned with those propositions of the Psychiatric Reform. The training process should focus on the development of skills and abilities, for the construction of practices and knowledge that enable responses to the principles proposed by the Psychiatric Reform. It should also be in line with the National Mental Health Policy and committed to changes in pedagogical actions involving the traditional model of Psychiatric Nursing and Mental Health care<sup>(5)</sup>.

In view of the above, this study is based on the social commitment established between Nursing

workers and users of the UHS and goes against the policies for dismantling the UHS, especially those directed to Mental Health, reinforcing the importance of strengthening the anti-asylum fight and the health network.

Thus, the present study aims to describe the perspective of nurses who graduated from a residency program in Psychiatry and Mental Health Nursing in Alagoas about their education and labor field.

## Method

This is an exploratory study with a qualitative approach, which allows a deepening of subjectivities, in order to understand the perceptions and meanings attributed to a given theme or phenomenon, based on life experiences<sup>(6)</sup>.

To guide the design and ensure the methodological rigor of this study, the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide was used<sup>(7)</sup>.

The Residency in Psychiatry and Mental Health Nursing, which served as a reference and scenario of this investigation, is linked to a public university in Alagoas. Its purpose is to train nursing professionals specialized in the care of patients who are institutionalized in psychiatric hospitals and users of community mental health services. The program began its activities in 2007, offering two vacancies annually. The approved professionals develop their activities over a period of two years. By the beginning of 2018, the program had trained an average of 20 specialist nurses.

Ten nurses who graduated from this Residency Program in Psychiatry and Mental Health Nursing in Alagoas, Brazil, participated in the study. All those who completed the residency program by February 2018 – chosen because it is the month when the interns' cycle usually ends, with two new admissions in the following month –, excluding those who were on any type of medical leave during data collection. Contrast-saturation was used as a sampling technique<sup>(8)</sup>. The final number of the sample was determined

when perceptions, senses and experiences became redundant and repetitive.

The collection took place between April and August 2018. A previous contact was made with the *lato sensu* Postgraduate Supervision of the surveyed university, in order to raise names and contacts of graduates. After the first contact by telephone, the graduates were invited to participate in the research individually. The interviews occurred in the environments chosen by the participants themselves, taking into account comfort and minimal change in their routines. For the interview, a semi-structured guide containing 10 questions produced by the interviewers and based on the research objective was used. Audio recording was performed using an electronic device, with the nurses' authorization. The average time of the interviews was 30 minutes.

The data were fully transcribed and analyzed in the light of the Content Analysis technique, in the Thematic Analysis modality<sup>(6)</sup>, defined as a dismemberment and grouping of units of the subjects' speeches into themes that are organized systematically and according to the research objectives. The analysis took place in three distinct stages, as proposed by the modality: pre-analysis; exploitation of the material; and treatment of results.

In the pre-analysis, there was the floating reading of the interviews seeking the so-called speech units, which reflect experiences and perceptions of the subjects who respond to the objective of the study. In the exploration stage of the material, some units of context were assigned, which are the meanings that were emerging throughout the analysis. In the treatment of the results, the context units were grouped into thematic categories, according to the meanings expressed and found in the units of the participants' statements<sup>(6)</sup>.

The research followed the ethical precepts established by Resolution n. 510/2016/CNS and received approval from the Research Ethics Committee (REC) of the Universidade Estadual de Ciências da Saúde de Alagoas (UNCISAL), under Opinion n. 2.604.357.

The participants received information on the research, its objectives, methodological procedures, through the delivery and signing of the Informed Consent Form (ICF). To ensure the confidentiality and anonymity of the participants, the term "graduate" was assigned as the code word, followed by a number from 1 to 10, randomly assigned.

## Results

The participants were ten nurses: nine female and one male. All were aged between 25 and 30 years and lived in the city where the study was developed. All of them graduated in nursing at a public higher education institution. As for the year they concluded the residency program, one participant completed the course in the years 2009, 2011, 2012, 2014, 2015 and 2016; in 2017 and 2018, two concluded.

Of the 10 nurses interviewed, four were working in teaching, three were attending *Stricto Sensu* postgraduate studies at master's level, one was working in primary care, one was not working in nursing and another was unemployed. Of these, only three were working in the public sector and six in the private sector.

Data analysis allowed the emergence of two categories: Training Process: Expectation versus Reality; and Labor Field: Opportunities and Professional Satisfaction. The results and categories were discussed in the light of the scientific literature on Psychiatric Reform and Mental Health Nursing.

### *Training Process: Expectation versus Reality*

The analysis of the statements revealed that most participants recalled information related to the period of two years of residency. The participants reported that, at their admission, they had a different expectation about the residency and the practice scenarios in which they would be inserted.

About the practice scenarios, for being a residency in Psychiatry and Mental Health Nursing, they narrated that they went through the

RAPS services implemented in Alagoas, from the Psychosocial Care Centers (CAPS) to the reference hospital service. The possibility of working in different RAPS services provided reflections on the current model of health care and the previous model of psychiatric reform. This aspect can be seen in the report of Graduate 5:

*The residency [...] is in Psychiatry and Mental Health Nursing; so we spent time in the psychiatric hospital, which, for me, was a very shocking experience, then we go to community mental health services, the CAPS [Psychosocial Care Center]. So, this mixture of the two fields of action makes us see the importance of psychiatric reform and realize that indeed there are differences both at work and in the patients themselves who are in those hospitals and those who are in the CAPS. It is a huge difference.*

According to the participants, the training process started in the psychiatric hospital, when the training was not multiprofessional. However, during the course, there were moments of learning with other professionals, such as medical interns. Although medical residency and nursing residency are distinct programs, most of the time, theoretical classes, discussions and even some practices took place together, as can be seen in the speech of Graduate 1:

*Most of the time, we used to group with medical residents. So, we had the opportunity to discuss the cases, to deepen our knowledge about psychotropic drugs, psychopathology, the disorders themselves. So, it was very interesting.*

According to the participants, the activities and practices related to the semiology of mental disorders, psychopathologies, mental examination, psychotropic drugs and crisis care were more emphasized in the psychiatric hospital. The length of stay in the hospital setting varied over the years of the program. In the first classes, the time was one year, decreasing to ten months. In the past classes, the time was reduced to one semester.

After the period in the psychiatric hospital, the participants went to other Mental Health services of the RAPS. They worked in the CAPS for children and adolescents; in CAPS AD III, for users of alcohol, crack and other drugs, on a 24-hour regimen; in one of the CAPS II for the care of young people and adults; and went through

the *Consultório na Rua*, and in the municipal and state Mental Health management. This period of training and work, according to the reports, was marked by interdisciplinarity, thus completing the process of training in the residency program.

*Interdisciplinarity is the strongest point at work in CAPS [Psychosocial Care Centers] and in all community mental health services that we have in the state. We work very interconnected with other professionals, from the staff who work "in the therapies" [Therapeutic workshops] to the administrative staff; everyone contributes and we learn a lot. (Graduate 7).*

Autonomy in learning was an important point mentioned by the participants. It is an aspect that characterizes the training of nurses in the residency program. They are encouraged, from the first meetings (even before going to the practical field), since they are trained in the perspective of being "self-taught". They are encouraged to seek theoretical knowledge and apply it in the practical field. This is also because there are few moments of theoretical teaching to direct the training of these nurses, being very evident the learning in constant practice. This aspect can be seen in the speech of Graduate 5:

*There is no one teaching us. We learn most things on our own. We build our own theoretical knowledge and test it in practice, the possibilities and impossibilities. We have no professor. Everything is on us, we need to seek strategies to learn, in courses, in books, articles, we always find a way.*

According to the participants, the perspective of self-taught training made them develop a potential for self-demand. There was also certain "demand" on the part of the program, so that they could work in the service in a "productive" way. Even as students of the program, they carried the responsibility of professional practice like any nurse in the service.

*You are under the responsibility of a nurse in the service. And now? What about this demand? What about this patient? What about this medicine? And you have to handle everything, because they charge you that responsibility and you end up charging yourself too. (Graduate 2).*

Another issue quite evident in the statements of all graduates refers to work overload and exhaustion. They reported that the program's workload was quite "heavy" and that the activities consumed a lot of time and effort.

*The workload is so exhausting that it often makes us feel so tired that our work is not as good as we would like. We are always tired!* (Graduate 4).

The participants also pointed out the lack of trained nurse professionals to supervise them in the field and who could lead them in practices. They reported that their activities were supervised by the preceptor nurse assigned to the shift of the day they were scheduled. However, the contribution of this nurse was reported as not significant for the specialty training process.

*We were on our own. The "luck" was that we grouped with the Medical interns, Psychiatry interns, and followed their classes with their professor. But there was no nurse, a nurse professor, teaching us.* (Graduate 2).

In community mental health services, participants reported that they felt the same difficulty in finding professionals trained to contribute to their theoretical-practical training, especially in nursing teams. At times, participants mentioned that they, the interns, taught service professionals more than they learned.

*In the services, they tell us to "stick" to the CAPS nurse. But usually they do not even know their role there. Several times, we taught the nursing team about psychopathologies, about psychotropic drugs, therapies, how to make groups. But aren't we supposed to be learning from them?* (Graduate 6).

From the perspective of the study participants, the professionals of the practice scenario often did not know exactly how the residency worked, which ended up generating an effective non-use of interns at the service, especially regarding the care and managerial demands that emerged in the practice scenario. The participants stated that they felt as if there was no programming/planning for their reception and direction.

*The practical fields [...] should be prepared to receive the intern. That would help a lot. Because, many times, the team [...] does not know why [...] I was there; they did not know what day we were getting there, even when we were going to stay, what we were going to do. So, we had to conquer space, because the professionals did not know how to direct us in the service. We were always looking for what to do.* (Graduate 8).

Another aspect very evident in the statements of all participants was the feeling of lack of organization, linearity and continuity of activities, mainly related to theoretical modules. They mentioned the existence of theoretical modules

to be completed monthly, but these modules lacked organization, and other interns taught the classes, with a rare presence of a professor in the theoretical classes.

*We had some modules in common with the interns from other programs and our specific modules. But these modules [...] were not, in my day [...] well organized. These modules did not always have the right dates on the schedule. We did not even have a schedule! And it was all last minute. We received the information that the next day we would have the module.* (Graduate 9).

Some difficulties in relationship and understanding of the demands of interns on the part of the program were also a factor present in the statements, as commented by Graduate 10:

*We had a very strict coordination and this made it a little difficult. I do not know how it is in other residencies, but I think it would be paramount that the coordinator had experienced the process of being an intern, of being inserted in the field. Because some things only the intern or who was once an intern knows, where things are more complicated. Even the way we see, conduct discussions, understand what is necessary or not.*

Although accessible, the participants pointed out the existence of some aspects that hindered the relationship of residents with the program, especially the lack of sensitivity, related to excessive activities, and excessive charges, which often led to exhaustion and fatigue in them.

### *Labor Field: Opportunities and Professional Satisfaction*

The second category identified is related to the labor field, regarding the opportunities after completing the residency and professional satisfaction. Regarding the opportunities, the participants commented that, for nurses, the field in mental health in the state is uncertain, whether in public or private services.

During the period they were interns, participants reported having gone through all mental health services offered in the capital, Maceió, and some in the countryside of the state. However, after the end, none of them found spaces in the labor field in the care area. This aspect can be seen in the statements of Graduate 6 and Graduate 5:

*To this day I have not had any opportunity to actually say this: "this opportunity is because you were an*

*intern in Mental Health". And I have friends who have completed residency in obstetrics, urgency and emergency and are all working while I had to leave for something else. (Graduate 6).*

*For the reality of Alagoas, I can say that the labor field is non-existent. Because there is no former intern who works at the Psychosocial Care Centers here, for example. Most of them are leaving for teaching. (Graduate 5).*

In addition to the non-opportunity to work in Mental Health services, the participants also reported the difficulty to get work in other Nursing fields, whether in primary, specialized or hospital care, being the teaching branch one of the few alternatives.

*All the former interns I have contacted have gone to teaching. I am teaching too. Only this is not the program's proposal. The program's proposal is to train professional specialists to work in the service. (Graduate 9).*

Teaching, in graduates' view, is the field that most welcomes former interns. The reports revealed that some deliberately chose to go to the teaching area; others considered it the only form of work available. For those who opted for teaching, they continued to specialize in *Stricto Sensu* programs in other related branches.

The participants reported that there was a certain prejudice on the part of the public and private network in hiring a graduate from the program of Psychiatry and Mental Health Nursing, as they tended to be seen as "nurses without clinical practice". This was pointed out in the speech of Graduate 3:

*Even to work in the hospital area is difficult, because although we go through the psychiatric hospital, we do not see the patient's clinical situations, not to mention that we distance ourselves from the clinical practices of Nursing during the residency.*

The difficulty to achieve opportunities in the labor field of mental health has led some of the participants to seek specialization in other areas. They reported that the search was solely to increase their chances of employability.

*I am leaving to another area, urgency and emergency, for example. And if I say I have a specialization in Mental Health, that is practically no use. I have to specialize in something else to get a job. (Graduate 2).*

A prominent aspect that, even in view of the difficulties reported, was marked in the statements, were the feelings of satisfaction in the field of Mental Health. Some expressed that

everything they conquered, all the professional and academic baggage, was due to the time they spent in the residency program.

*There is no doubt that all I have today was thanks to the residency. At first it was difficult because I could not work in the area, but I continued studying and the place I am today is because of the residency in Mental Health. The entire luggage I had in the residency I use in the classroom. (Graduate 8).*

According to the reports, for those who focused on teaching, the experience in the program and of working in mental health services was a differential. This aspect was pointed out as relevant to the quality of the theoretical and practical teaching. This is what the report of Graduate 4 points out:

*Everything I know today, which I apply in the classroom, is thanks to the residency. The experience I had in the residency, working the therapeutic groups, implementing the PTS [Singular Therapeutic Project], discussing the cases, everything comes from the experience I had in the services, and this greatly enriches my work as a professor.*

On the other hand, some participants expressed displeasure with the choice of the Mental Health program, not for the area itself, but for the few opportunities they found to be part of the labor field. Choosing another area of nursing residency would have been the most assertive option if they had known the lack of opportunities in advance.

*To be quite honest, I regret it. Not for Mental Health, because it is a passion of mine; I like it and have an interest in it, and I would work with it in my whole life. Although it makes me frustrated, [...] I like and identify myself. Now, concerning the labor field, which already signaled to me at the beginning, I would not have done it. I would have chosen another residency. But only for the possibilities of work, not for mental health itself. (Graduate 2).*

Thus, it is evident the duality between feeling satisfied with the possibilities of knowledge that the experience in the residency provided and feeling frustrated with the lack of valuation by the labor field of a specialized professional.

## Discussion

The results of this study point to the existence of dualities from the perspective of nurses who graduated from a residency program in Psychiatric and Mental Health Nursing on

education and the labor field. The first concerns the expectations generated before entering the program versus the reality of the training process experienced. The second refers to the professional satisfaction generated with experience versus the lack of opportunities in the labor field after graduation.

Regarding the expectations generated in entering a residency program, the reports indicated that there are conflicts expressed between the expected and the lived reality, since, while those are trained professionals, able to practice the profession, many long to be accompanied in their decisions and supervised by the continuous presence of a professor. Therefore, the requirement of autonomous actions by preceptors can generate insecurity and dissatisfaction.

On the other hand, it was possible to detect the frequent fragility in the understanding of service professionals regarding the role of interns. It was as if their role was only to fill gaps of the effective staff, which reinforces the discourse of overload and abandonment in the training aspect. Thus, the conflict between the intern "student" and the intern "professional" was evidenced<sup>(9)</sup>.

These questions could be better addressed if there were more effective agreements between services and educational institutions. These agreements could promote a greater understanding of the impact of a residency program as a collaborator in updating the professionals of an institution and in the training of professionals who were qualifying in the field of mental health.

Regarding the "shock" that interns reported upon experiencing services in RAPS, there may be a relationship with a change in the conception of health care of people with mental distress or disorder in Brazil based on the Psychiatric Reform. This change drastically alters the way mental health is executed, incorporating elements such as humanization, freedom, autonomy, harm reduction, among others, to promote and maintain respect for human rights and dignity of this population, non-existent before<sup>(4,10-11)</sup>.

Concerning the diversity of scenarios for the intern's performance, it is possible to use the entire RAPS of a municipality as a scenario of practices, and not just an institution. This variation enriches the training processes, including mental health workers who are already inserted in the network<sup>(12)</sup>. This aspect may be linked, among other factors, to the non-internalization of their role in the multidisciplinary team in the mental health context in the psychiatric reform process, enhanced by a lacunar training. In view of the entire framework of the sanitary reform, many professors, in mental health education, still have difficulties in abandoning certain (medicalizing and excluding) care practices for people in psychological distress and incorporating the importance of primary care into this niche<sup>(12-13)</sup>.

Regarding the insufficiency of interdisciplinary activities in the hospital environment, reported by the participants, the lack of communication and understanding about the need for teamwork causes individualized and disjointed actions, evidencing that actions may not be compromised with patients' needs, but rather with institutional needs<sup>(14)</sup>.

In the interns' training, the concept of interdisciplinarity should be valued and explored, so that they can understand the different models of practice in mental health, in both the political and care fields, despite the historical transformations that have occurred since the Psychiatric Reform and the emergence of new places of treatment<sup>(14)</sup>.

Another aspect brought by the study participants was the frustration of not getting jobs linked to RAPS in Alagoas. This may be related to the fact that RAPS in Alagoas has had a considerable decrease in its growth in the past decade, with little investment in the expansion of existing services and the institution of new services. Thus, there are few posts to be offered to new professionals.

In disagreement with this aspect, a research developed in Minas Gerais indicates that most of the professionals who complete the program under study, in the multidisciplinary residency in mental health, continue to work at RAPS<sup>(12)</sup>.



In any case, it is necessary to consider that, in multiprofessional residency, there are other professional categories, which did not occur with the program under study, which is specific for nurses. This aspect may influence the absorption of these graduates by the local health field.

Nevertheless, it is worth considering how much health managers in Alagoas actually understand the role of mental health specialist nurses in the qualification of care in this area. If this were to occur, graduates of this training would be absorbed by the labor field and would not need to migrate to other areas of activity.

The participants also reported that they had noticed the difficulty of some nurses in knowing their proper role in the mental health field. This perception corroborates the results of studies involving nurses working in CAPS and Basic Health Units that identified the unpreparedness for mental health care and the difficulties in identifying/delimiting the work of nurses in Mental Health<sup>(15-16)</sup>.

The lack of experience and absence of specific training for the performance in complex services, such as mental health, can create a distance between their workers and the basic assumptions of psychosocial care. This process aims to (re)introduce the individual in family and social activities, allowing for education and work with value through planning. These are necessary foundations in mental health care services, under the aegis of the Psychiatric Reform. If also considering the non-inclusion of a training environment in those services, this distancing can increase significantly<sup>(17)</sup>.

However, a study concludes that the more conscious the professional is about his/her personal condition and his/her role as a worker inserted in a social context, as a citizen in a political system, the more apt he/she will be to elect work instruments that rescue more people with mental disorders, so that they can be included in the same condition as a subject-citizen<sup>(18)</sup>.

In relation to the performance of participants in community environments linked to local management, a study points out the richness of learning in these moments, when identifying that

the intern, based on the analysis of problems, discusses and evaluates with the team of that place his/her actions and that of other RAPS' actors. This form of action favors the collective construction of intervention projects and allows the feeling of gratification<sup>(12)</sup>.

Another point of convergence in the participants' speech refers to the search for knowledge, autonomously, based on the significant experiences provided by the practice scenario. This perspective approaches Freire's postulate, in which education, as a liberating practice in the context of democratic teaching, must be problematizing and based on the dialogical relationship between educator and student and on the ethical-political framework of Continuing Education, in which the subject is a reflective actor and builder of his/her own knowledge<sup>(3)</sup>.

The participants also mentioned the existence of work overload linked to the residency. This aspect corroborates the study conducted with multiprofessional interns, which pointed out that the majority of those surveyed presented stress symptoms at a level considered unhealthy. The predominance of psychological symptoms, such as excessive tiredness, willingness to escape everything, daily anguish/anxiety and doubt about oneself, can signal psychic distress and health problems<sup>(19)</sup>. The authors also point out that one of the factors that caused dissatisfaction was the difficulty of recognition by the team about the work that interns performed, which contributed to their mental distress<sup>(19)</sup>. This statement corroborates the findings of this research, considering that the participants reported not feeling contemplated in the work experienced in the hospital environment, which may be influencing the mental exhaustion mentioned.

Moreover, gender and socioeconomic issues of nursing workers negatively influence their participation in political struggles for labor achievements. Considering that nine of the ten participants in this research were female, the non-politicization, accommodation and social apathy as consequences of a sum of unfavorable

characteristics about women promote the nursing's distancing from struggle movements and claims, favoring the intensification of labor precariousness<sup>(20)</sup>.

The participants commented in a very expressive way on the lack of mental health jobs in Alagoas, a fact that led them to migrate to other branches of activity, such as teaching. Nevertheless, a study proves, by surveying the profile of Nursing work in Brazil, that the low growth in employability among nurses is part of something premeditated, in which the policy of maintaining low percentages of nurses in the composition of nursing teams is adopted, disregarding that this fact generates work overload<sup>(21)</sup>.

Many participants in this research highlighted the teaching activity as an option for non-employability in RAPS institutions. It is understood that every nursing professor is necessarily a nurse, but not every nurse has the knowledge and skills to act as a professor, since the knowledge mobilized for teaching differs structurally from care activities<sup>(22)</sup>. In this sense, there is no polarization between knowledge and know-how on the part of the participants, stating that they were satisfied with their performance as professors, since they felt prepared by their previous experiences, which favored the link between theory and practice in an assertive manner.

Although the participants expressed contentment to share their knowledge with the academic sphere, it is necessary to note the fact that the nurse professor is tied to the culture of performativity. This occurs when a professional works to have a high performance and higher results than expected by the labor market. Therefore, this culture has served to evaluate his/her work by achieving quantitative goals imposed by the managerial model. This model has been consolidated in the Brazilian neoliberal state, determining the rules for the functioning of higher education institutions. In the case of nursing professors, they have been driven to adopt the managerial perspective as a guideline in teaching<sup>(22)</sup>.

Regarding the lack of training of preceptors, a study had already warned that this lack of preparation to deal with general demands of the programs hinders performing health practices and generates anguish in interns<sup>(19)</sup>. The literature indicates that nurses working in the mental health field have not always received training based on the Psychiatric Reform in their graduate program. This process of curricular change expresses a dispute regarding the maintenance of a training focused on the political-ideological model or directed towards emancipation, thus supported by a critical and transformative model<sup>(23)</sup>.

In this sense, there is a latent need to rethink the curriculum of Nursing courses. This theme should not occur in a cross-sectional way, but be based on theoretical-practical disciplines, with course loads that allow developing skills, knowledge and attitudes necessary for graduates to act in a problem-solving manner at different care points, especially in RAPS<sup>(24)</sup>.

In relation to the organization of theoretical moments, pointed out as one of the fragile points of the training process, these aspects should be defined in the Pedagogical Project of the Course (PPC). Thus, the PPC needs to make clear how and when it should be performed, in addition to the role of interns, the preceptor, learning outcomes and other training-related aspects.

A study<sup>(25)</sup> shows that residency in a professional health area has been achieved through supervised professional practice, performed in health services that, theoretically, are favorable to the intern's learning. Although efforts are being intensified to approach the pedagogical perspective to the care line, interns have faced barriers and limits related to the construction of a curriculum that accompanies the fragmented model of education and relationships with professionals working in the practical field, among others.

The participants mentioned the non-satisfactory reception by some actors present in the practical field. This finding corroborates a study's result<sup>(25)</sup>, which stressed that the non-reception of the team, coordination, preceptors and tutors of the Program, was mentioned as a

complicating factor to acquire skills and abilities. Teams and actors of the program that have a profile for the educational process based on problematizing critical pedagogy, with active and liberating methodologies, were alternatives pointed out by the graduates for the best use of the intern during the training

Concerning the non-recognition of the intern's role in the practical field, a study points out that residency programs, by the definitions of the Ministry of Education, must be linked to universities or other training bodies. Nonetheless, they should also bring an alert so that the training process is aware of the non-(re)production of workforce for services/instances, when interns are called to fulfill gaps and attributions that are often not inherent to their role<sup>(26)</sup>.

In order to overcome the difficulty mentioned by the research participants in relation to not being absorbed by the labor field specific of mental health, there should be studies on regional needs, in order to support the opening of new vacancies in residency programs to the appreciation of the specialized workforce in services related to RAPS<sup>(26)</sup>.

It is understood that residency, as professional training, is important. However, other authors<sup>(25)</sup> suggest improvements that need to be implemented for its development, such as the improvement of interpersonal relationships, working conditions and expansion of the development of competencies for administration and management.

This study had the limitations of being a description of a specific program from a single Brazilian state and for a single professional category, with characteristics distinct from others. Furthermore, the insufficiency of productions on specific mental health residencies for nurses was also limiting, because most studies focused on multiprofessional residencies.

### **Final Thoughts**

Based on the results and on the objective, this study allowed verifying the duality between feeling satisfied with the possibilities of

knowledge that the experience in the residency provided and feeling frustrated with the lack of use of a specialized professional able to contribute to the qualification of the service in the labor market.

Among the positive points of mental health residency, nurses commented on the paradigm break in relation to the care of people with mental disorders in Alagoas and the expansion of awareness in relation to their performance in the field of mental health. Among the negative points in relation to the interns' attributions, the perspective centered on technical knowledge was criticized, with few moments of problematization of professional issues during the course, in addition to the technical aspect and the lack of jobs that absorb this professional.

There should be the deepening of new studies to unveil the relationships between nurses' work in the field of mental health, as well as the impacts of the performance of those professionals to strengthen the Brazilian RAPS and the continuity of the process of transformation of care guided by the Psychiatric Reform.

This research also contributed to the knowledge about the specific residencies for nurses in the area of mental health, enabling the analysis and evaluation of this program, from the perspective of organization and structure, of the training processes in theoretical education and the services where interns perform the activities and work. It also allowed visualizing and understanding the interns' expectations regarding the field of activity and the labor market for nurses who choose the area of mental health.

### **Collaborations:**

1 – conception, design, analysis and interpretation of data: John Victor dos Santos Silva, Thyara Maia Brandão and Amanda Cavalcante de Macêdo;

2 – writing of the article and relevant critical review of the intellectual content: John Victor dos Santos Silva, Thyara Maia Brandão, Amanda Cavalcante de Macêdo, Keila Cristina Pereira do

Nascimento Oliveira, Mara Cristina Ribeiro and Ronildo Alves dos Santos;

3 – final approval of the version to be published: John Victor dos Santos Silva, Thyara Maya Brandão, Amanda Cavalcante de Macêdo, Keila Cristina Pereira do Nascimento Oliveira, Mara Cristina Ribeiro and Ronildo Alves dos Santos.

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