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THE RESILIENCE FACTORS FOR NURSING STAFF PROFESSIONALS IN MENTAL HEALTH WORK

¹Gyslany Leal Darc, ¹Gabriela Jorge de Novaes, ¹Juliana Burgo Godoi Alves, ²Wainny Rocha Guimarães Ritter, ³Maraiza Silva Gomes, ²Suliane Beatriz Rauber, ²Alisson Luiz Aquino da Silva, ⁴Ingrid Paola Brayner Assunção Silva, ³Diego de Oliveira Andrade, ³Tiago da Conceição Aquino, ³Glicélia Pereira Silva, ⁵Juliana Martins Oliveira Resende and ²Carmen Silvia Grubert Campbell

¹Regional Jataí, Goiás Federal University - UFJ, Riachuelo Campus | Rua Riachuelo n.º 1530 - Setor. Samuel Grahan, - GO,, Jataí, 75804-020, Goiás, Brazil

²Graduate Program in Physical Education, Catholic University of Brasilia, QS 07 – Lote 01, EPCT - Taguatinga, Brasília - DF, 71966-700, Brasília, 71966-700, Federal District, Brazil

³Biosciences Academic Unit, Mineiros - GO, University Center of Mineiros - UNIFIMES, R. 22, 356 - St. Airport, Mineiros, 75833-130, Goiás, Brazil

⁴Salgado de Oliveira University - UNIVERSO

⁵Mineirense College - FAMA

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*Corresponding author: Gyslany Leal Darc.

ABSTRACT

Objective: To present the factors in the construction of the resilience of nursing professionals working in mental health care units. **Method:** the descriptive qualitative study that addressed, based on semi-structured interviews, nursing technicians working in mental health care institutions. **Results:** in view of professional performance in mental health, work satisfaction, spirituality, affective bonds established in working practice with users were characterized as resilience factors. care of people with mental disorders, in addition to social networks supporting the professional. **Conclusions:** it was observed that the resilience factors mentioned may help in coping with risks in the mental health work, collaborating in the construction of the resilient process. The results warn of the strengthening of the social support network, mainly by qualified listening, acting as a protective factor.

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INTRODUCTION

The term resilience was initially described in physics, referring to attributes of materials such as metals [1], but the first article to mention the term addressed it in the context of children in adverse situations in 1942; while recently studies on the subject evaluate different groups, among them, are those of health professionals [2]. The word resilience refers to when within the appropriation of the human sciences, to a beneficial adaptation to conflagration circumstances, causing the individual to build means to transform stressful events into favorable situations. In mental health care (MH), nursing acts as a facilitator in the

development of practices favorable to the mental health of the individual and his family members [3] and is a member of a multidisciplinary team experiences several situations. Thus, the development of resilience factors by professionals such as nurses cooperates for the protection of these subjects in the face of adversities in the field of work, being the construction of an important factor for the health and well-being of these individuals [4], as well as promoting resilience in these workers may be one of the necessary requirements for the practice of humanization of care [5]. The nursing professional is invaluable for community health care, however, this professional should ensure self-care, so that a good quality of

life is maintained. In this context, the present article aims to describe the resilience factors constructed by nursing professionals in the organizational reality of mental health care. To obtain this purpose, we used as a guiding question: "What are the resilience factors developed by nursing professionals in mental health care?"

MATERIALS AND METHODS

This is a descriptive qualitative study, which had as a scenario of research institution of mental health care of Jataí, municipality of southwest Goiás, which serves users using abusive psychoactive substances and patients with disorders severe mental says. Inclusion criteria were age greater than eighteen years of age of both sexes, working in a mental health care unit for at least 06 months, considering this period necessary for greater experiences in the habituation of the work environment. In the meetings with the professionals, the objectives of the study were elucidated, in addition, to reading the Free and Informed Consent Form (FICF). The interview was structured in a socioeconomic questionnaire, followed by guiding questions, and in this second phase the audio recording to ensure greater preservation of narrations. Subsequently, the data were transcribed and after the reading saturation, the data were evaluated using Bardin methodology. For Bardin (2011) [6], Content Analysis, thematic modality, according to the author, the data examination follows stages, such as pre-analysis, corresponding to the initial appreciation of the elements to be studied, the "floating reading" and the entire first organization of the data; then the exploration of the material is carried out; and finally, the treatment of results, inference, and interpretation. The semi-structured interviews were conducted individually, were conducted by one of the authors, academic of the nursing course, in spaces made available by the health unit. In addition, the research the project aimed at the participation of the entire nursing team, among nursing technicians and nurses. There was a refusal by the nurses, which were presented as justification: not agree with the structure of the interview (audio recording) or not having availability for it. There was no case of withdrawal. The research addressed eight nursing technicians. The duration of each meeting during the interviews, on average, was approximately 37 minutes. Fulfilling the ethical precepts, with the objective of ensuring the anonymity of the participants, these were occasionally named with the names of the respective precious stones: Amethyst, Emerald, Ruby, Topaz, Pearl, Sapphire, Tourmaline and Quartz. The research project was approved by the Research Ethics Committee (CEP) of the Federal University of Goiano (UFG) and approved with the respective Certificate of Presentation for Ethical Appreciation (CPEA): 54266016.8.0000.5083. The interviewees of the study signed the Free and Informed Consent Form as a guarantee of ethical aspects.

Characterization of study participants: Among the interviewees, seven were female and one male, with a mean age of approximately 40.8 years. Half of these were aged 30 to 39 years; the other party was between 40 and 59 years old. Five of these (62.5%) were natural from the municipality in which the study was carried out. As for religion, they professed four (50%) Catholics were considered, three (37.5%) evangelicals and one (12.5%) stated that he did not follow any religion. Half of the interviewed population declared marital status as single, the others as married or separated. Seven of them (87.5%) had up to three children, only one (12.5%) had

no descendants. Family income was described by four (50%) as 01 to 02 minimum wages, while the other half received 03 or more, is considered the minimum wage value in the data collection period equal to R\$ 880.00. In the item schooling, five (62.5%) had an only high school, three (37.5%) had attended incomplete or complete higher education. Six subjects (75%) had completed the nursing technician training course from 2000 to 2010. Only one (12.5%) had performed some specialization as a nursing technician. The times of action in mental health and permanence in the current unit of work were similar, half worked between 06 months and 02 years and 50% between 03 and 10 years. These data indicate that all interviewees remain in the same institution in which they started work in this specialty. Six nursing technicians (75%) had an employment relationship, on the other hand, only two (25%) were linked to two jobs. The work shift of five participants (62.5%) was morning and intravenous, already three others (37.5%) performed their function as nursing technicians only at night. For seven of these (87.5%) the weekly workload corresponded to 36 hours of rest for every 12 hours of work, and for one (12.5%), 40 hours per week.

RESULTS AND DISCUSSION

The findings of this study were organized into five thematic categories: "Job satisfaction", "Spirituality in the resilience process", "Affective links established in professional practice in mental health with patients", "Support networks for patients the mental health professional" and "Development of skills for the care of people with mental disorders".

Job satisfaction

For the study participants, the coping strategy most used was with regard to the quality of life, the satisfaction of working in mental health, is reflected in the motivation for the execution of work activities.

[...] I do not complain because I do what I like [...] so sometimes it is better you earn reasonable, what you can to supply your needs a little, but do what you like [...] is very rewarding as you see the results. (Amethyst)

[...] today is my passion, I work even, I like what I do here. (Ruby)

But when you like it, you're happy to work. (Topaz)

[...] and I like working here too much. (Pearl)

Martinez and Paraguay, 2003 [7] conceptualize job satisfaction as: "synonymous with motivation, as the attitude or as a positive emotional state". It is emphasized with the analysis of the discourses of health professionals, which within the theme in mental health, there is an association between job satisfaction and workers' health, this resilience factor makes the nursing team a shared agent in the health promotion and health care of users. Therefore, the 'job satisfaction' factor explores the incitement to perform work tasks and is considered as a significant reducer of occupational stress, besides being related to the health promotion process within the and a better perception of health itself [8].

So to learn a little bit more about how to deal with the patient I have to study [...] like to read, to watch videos, new things about how to treat the patient, in feeling like this, how I can help the patient as a motivating factor. (Amethyst)

[...] I like to read, always to always seek a little more information. (Emerald)

Regarding the participation of professionals in services, in a similar research, it was elucidated that the active participation of the health professional is of paramount importance to strengthen the potentialities and possibilities of patients [9], as mentioned above reinforcing the discussion of this study, so a change in the opinion and evaluation of the systematization of mental health work is necessary, which is a strategy of achieving the maximum in the quality of practice [7]. Factors such as the opportunity to learn and be able to work on what you like are to improve for satisfaction in the work environment [2]. Research shows that valuing at work is fundamental for satisfaction and providing the reduction of stress levels at work [8].

Spirituality is the process of building resilience: The professionals of the health team demonstrated the influence of spirituality as a factor in the resilient process, acting as a strengthening of its possibilities and potentialities.

[...] so to motivate me I have to be right here, spiritually, so I practice my prayers [...] if it wasn't god I'd be being a core patient today. (Amethyst)

[...] I really like reading the bible [...] I start reading the bible and my mind is opening. (Ruby)

[...] it is God who helps me, [...] it is God who enlightens me even. (Tourmaline)

[...] what gives me support is my faith in God. (Quartz)

[...] I always seek my strength in God (Emerald).

According to Chequini (2007) [10], spirituality is a phenomenon that is part of the essence of the human being, which through an individual conception, accepts the existence of a superior and omnipotent power, as a way of pardoning the psychological and singular needs of the Individual. In addition, spirituality explores a trajectory where the subject is able to overcome and recover from adverse experiences, in addition to transforming and being strengthened by them. Moreover, spirituality has been pointed out as a factor in the resilient process, being a phenomenon responsible for the development of forms of promotion and mediation of resilience. In this same perspective, Chequini (2007) [10] postulates that spirituality is understood 'by acceptance and love for you, for the other and for life, triggers subjective processes capable of resignification situations of adversity, creating forms of resilient performances with reality'.

Affective links established in professional practice in mental health with patients: In the study, the link between caregivers and patients with mental illness is highlighted, the results report that this integration allows the construction of the professional-user relationship and the resignification of their stories. It is identified that nursing professionals during the care provided to users demonstrate a priori, link of affection, followed by respect and attention, it is perceived that these factors facilitate the construction of trust by patients.

They end up clinging to you, an example, often they do not call me a nursing technician, they call me father, uncle, cousin as if it were someone in the family [...] had a user I

loved very much [...]. (Amethyst) [...] we end up clinging to them [...] was one of the patients That I most cling [...] what motivates

me is these boys (patients of the institution) who are here every day [...] but when we stayed away, we miss them (patients of the institution) [...] they vent, they call us a mother, so we end up being part of their family, and so they become part of our family as well. (Ruby)

I think because we like the patients we cling [...] it's what motivates you most, liking them (patients from the institution. (Topaz)

[...] we cling as if it were family [...] they (patients of the institution) are as part of our family [...].

(Pearl)

A study conducted in Family Health Teams (FHT) in Paraíba, in the analysis of the construction of the link between health professionals and tuberculosis patients (TB), evidences that the relationships of trust, commitment and respect is extremely important in the relationship during care practice [11]. In this same perspective, Silva and Germano (2015) [12] demonstrate that the caregiver relationship establishes a scope, which consists of an atmosphere of trust and safety within a dynamic that includes the affective, social and cultural contexts of the patient.

Development of skills for the care of people with mental disorders: The interviewees postulate that from the practice of care in mental health, they developed skills such as patience, sincerity, balance, respect, and love.

[...]the highest priority is the person having a love for the next [...] what motivates me most is to know that I will take care of each one, know that I will do one more good to someone. (Quartz)

[...]it is necessary to have patience, perseverance and dialogue, need to have respect mainly with the other [...] I learned that their problem is theirs (patients of the institution) mine is mine. (Tourmaline)

[...]the professional needs to be more balanced than the patient. (Sapphire)

[...] you have to have a very good head [...] patience, have to have a lot of patience! [...]. (Pearl)

[...] I think it has to be sincere and has to be very patient. (Topaz)

[...] this work makes us more humble, a human being with another look. (Ruby)

[...]for you to know the suffering of the other, you have to put yourself in the place of the other.

(Ametista)

Similarly, a study conducted in a psychiatric hospital in the South of the State of Santa Catarina showed that in the search for the development of therapeutic skills, they associate technical-scientific knowledge with characteristics, such as patience and prudence.

Grotberg (2005, p. 22) [13] clarifies that some individuals modified and strengthened by experiences of adversity add to themselves the greater capacity for "empathy, altruism, and compassion for others" and states that these are the greatest benefits of resilience.

According to Fredrickson *et al.* (2001, p. 365) [14], they state that "positive emotions like solidarity, gratitude and love" act

as strengthening for individuals in the face of stressful events "contributing to the resilient process in a society".

Social networks supporting the mental health professional:

Participants mention emotional support relationships from family members, friends and the work team as a means of overcoming situations of adversity by creating subjective processes of resilient performances. The present study points out that, in fact, some family ties and professional bonds favor the resilience process and need to be maintained.

[...] I vented with some co-workers here [...] soon, one of the caregivers that I am considering my friend inside, it was with whom I vented a lot [...] and with my mother, who even by far I tell every detail that occurs [...]. (Rubi)

[...] we talk a lot with co-workers, friends and family. (Topaz)

[...] what helped me the most was the support of colleagues [...]. (Quartz)

[...] In addition to professionals, we are close friends [...]. (Ametista)

The subjects participating in the study report the need for psychological support to health professionals working in the care of patients with mental illness, as a guarantee the preservation of themselves and not exposure to vulnerabilities. It is perceived that the bond between professionals and the institution can be strengthened, especially in order to favor the resilient process.

[...] I think it would take a psychologist for this talking to us too [...] is the share is you have other types of subjects [...]. (Pearl)

[...] we have to talk [...] have a psychologist for us to talk. (Tourmaline)

Regarding the social support network, a study conducted with nurses in pediatric units of a hospital located in Rio de Janeiro points out that care practice for patients with chronic diseases can be very relevant for professionals in nursing, making them need support, the dimension of demand for support is referred to the common or family environment by some of the workers [15].

Conclusion

This study aimed to identify and understand the resilience factors for nursing team professionals at work in mental health care units. Through qualitative data, he identified that nursing professionals constructed resilience factors with the care practice, such as job satisfaction, spirituality and the development of skills for the care of people with mental disorders. In the personal sphere, the affective links established between professionals and users and social networks supported by the professional stood out. The main challenges faced in this research were the low adherence of some professional categories to the study and the working time of fewer than six months. With the results of the present study, we perceive the need for better mental health care of nursing professionals, that the institution has a differentiated look, which consequently will increase the quality in the work activities of these Professionals. In this sense, the present study corroborates the importance of strengthening relationships between health professionals, institutions and the social network of the nursing team as a way to enhance resilience, improving the scope of

work, favoring quality in the provision of services. It is known that the professional who works in the care of patients with severe mental disorders tends to be more affected by emotional and psychic exhaustion, which makes resilience a continuous difficulty. Having follow-up for a personal therapy with qualified professionals for qualified listening will reduce risks and work with the team to modulate their vulnerabilities which health professionals are constantly exposed to. Moreover, the theme explained, lacks future research, for the conduct of other similar investigations with groups of professionals in other mental health units to expand knowledge about this content alluded to.

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