SMAD

Original Article

Training on common mental disorders at a hospital ward: the use of active methodologies in care construction

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Objective: to analyze how nurses providing care to bedridden psychiatric patients in a general hospital perceive the conduction of mental health training by using active methodologies. **Method:** descriptive, exploratory, qualitative study including five nurses, carried out in a large general hospital from June to November 2019. Data collection consisted of two phases: performance and training evaluation. Active methodologies focused on problem-based learning and problematization were used to conduct the training. Training evaluation was performed by a semi-structured interview designed according to the model proposed by Kirkpatrick, and the data were analyzed by thematic content analysis according to Bardin. **Results:** the nurses considered the training to be positive and developed skills, such as therapeutic approach, active listening and behavior change. **Conclusion:** the training was effective in knowledge construction, thus promoting significant changes and reflections in nurses' learning, in addition to contributing to the development of skills and attitudes in mental health by valuing meaningful learning.

Descriptors: Psychiatric Nursing; Mental Health; Problem-Based Learning; Nursing Education.

Treinamento em transtornos mentais comuns na enfermaria: uso de metodologias ativas na construção do cuidado

Objetivo: analisar a percepção de enfermeiras atuantes em leitos psiquiátricos de um hospital geral sobre a realização de um treinamento em saúde mental com a utilização de metodologias ativas. **Método:** pesquisa do tipo descritiva, exploratória, com abordagem qualitativa, realizada em um hospital geral de grande porte, com cinco enfermeiras, no período de junho a novembro de 2019. A coleta de dados consistiu em duas etapas: realização e avaliação do treinamento. Para a realização do treinamento, utilizaram-se metodologias ativas, com foco na aprendizagem baseada em problemas e problematização. A avaliação do treinamento foi realizada por meio de entrevista semiestruturada, elaborada segundo o modelo proposto por Kirkpatrick, e os dados analisados por meio da análise de conteúdo temática de Bardin. **Resultados:** os enfermeiros consideraram o treinamento positivo e desenvolveram habilidades como abordagem terapêutica, escuta ativa e mudança de comportamento. **Conclusão:** o treinamento foi eficaz na construção do conhecimento, promovendo transformações e reflexões significativas na aprendizagem de enfermeiros, além de contribuir com a produção de habilidades e atitudes na área de saúde mental, valorizando a aprendizagem significativa.

Descritores: Enfermagem Psiquiátrica; Saúde Mental; Aprendizagem Baseada em Problemas; Educação em Enfermagem.

Formación en trastornos mentales comunes en la enfermería: uso de metodologías activas en la construcción del cuidado

Objetivo: analizar la percepción de las enfermeras que trabajan en las camas psiquiátricas de un hospital general sobre el desempeño de la formación en salud mental con el uso de metodologías activas. **Método:** investigación del tipo descriptiva, exploratoria, con un enfoque cualitativo, realizada en un gran hospital general con cinco enfermeras, de junio a noviembre de 2019. La recogida de datos consistió en dos etapas: la formación y su evaluación. Para llevar a cabo la formación se utilizaron metodologías activas, centradas en el aprendizaje basado en problemas y la problematización. La evaluación de la formación se realizó mediante una entrevista semiestructurada, elaborada según el modelo propuesto por Kirkpatrick, y los datos se analizaron mediante el análisis de contenido temático de Bardin. **Resultados:** las enfermeras consideraron positiva la formación y desarrollaron habilidades como el enfoque terapéutico, la escucha activa y el cambio de comportamiento. **Conclusión:** la formación fue eficaz en la creación de conocimientos, promoviendo transformaciones significativas y reflexiones en el aprendizaje de los enfermeros, además de contribuir a la producción de habilidades y actitudes en el área de la salud mental, valorando el aprendizaje significativo.

Descriptores: Enfermería Psiquiátrica; Salud Mental; Aprendizaje Basado en Problemas; Educación en Enfermería.

Introduction

Active methodologies favor the autonomy of nursing professionals, making them active, critical and reflective subjects who take into account culture, knowledge and co-responsibility[1-2]. The nursing team is encouraged to think, inquire and reframe their learning in order to contribute to the quality of health care and break with traditional and hegemonic models in health care practices[3].

The implementation of the educational process with a focus on Permanent Health Education (PHE) enables continuous learning by problematizing reality, thus contributing to the development of professional, management and social-control skills[4-5]. With this regard, PHE seeks to rethink the development of nurses' technical and care-provision skills, enabling the understanding of theoretical and methodological principles and transforming active, prepared, critical, integrating and ethical nursing professionals[2,4].

In view of the above, in order to implement PHE, it is necessary to establish communication with the heads of nursing units, coordinators of the permanent education sector and the nursing team so as to encourage institutional support through the adherence and participation of professionals in educational activities. These strategies require planning and availability for the participatory construction of better results and commitment to the permanent development of human resources[5].

In the meantime, active methodologies are based on two problem-solving approaches: problem-based learning (PBL) and problematization. Both proposals intentionally work with reality problems[6].

PBL uses everyday problems to promote the development of concepts, procedures and attitudes in nurses aiming to work intentionally on practice-related problems. It is an educational methodology, as it seeks to stimulate an active attitude by students in search of knowledge[1,6]. Therefore, it differs from problematization, in which problems are identified by the student, exercising the dialectical chain of action - reflection - action, based on the observed reality and building directed and articulated learning[6-7].

Currently, in the psychosocial paradigm, there is a need to stimulate and disseminate pedagogical capacity among workers and managers, so that positive changes occur in professional practices. Thus, mental health training contributes to the improvement of nurses' knowledge and practice, enabling comprehensive care for patients in psychological distress, in addition to instigating an endogenous, continuous and permanent educational process[3,7-9].

The lack of nursing professionals trained in mental health is related to an expansion of specialized public services without preparation, which generates uncertainty as to the team's roles and a feeling of nullity[10]. Hence, the use of reductionist and fragmented teaching methodologies, focused on curativism, stands out at the expense of practices aimed at SUS principles and guidelines. Such hegemonic care-provision models decontextualize the daily work in health care and hinder the use of new teaching methods[3,11].

In this reality, mental health care must be multidimensional and respond to the individual's needs, and it must account for the complexity of a person in psychological distress, as well as import reflections and interactions in the context of nursing professionals' training[3].

Based on the considerations outlined here, the following guiding question arose: how do nurses analyze training using active methodologies and how can these methodologies contribute to mental health care? This study aimed to analyze how nurses providing care to bedridden psychiatric patients in a general hospital perceive the conduction of mental health training by using active methodologies.

Method

This is an exploratory, descriptive, qualitative study conducted in the internal medicine ward, which offered beds for psychiatric patients in a large general hospital located in the capital city of Ceará state, Brazil, from June to November, 2019.

Nurses providing care to bedridden psychiatric patients participated in the study. The current staff of nurses is composed of 18 professionals, and the inclusion criteria were: having worked at the service as a nurse for at least six months; working at the ward that provides beds for psychiatric patients and being available to participate throughout phases 01 and 03 of data collection. The exclusion criteria consisted of: being off work, on vacation and/or on a leave of absence and being absent from at least one meeting of phase 01.

Data were collected in two phases. Phase 01 consisted of the training sessions. An invitation letter was delivered to all the nurses who met the inclusion criteria and had arranged, with the head of the unit, to take time off from work for the period corresponding to the number of training hours, according to the service's availability. The activities were carried out during the nurses' free time so that the service work schedules were not disturbed.

Training took place in the hospital's didactic support room for PHE activities by appointment. It was facilitated by nurses from the mental health/psychiatry outpatient service who make up the research team and lasted a total number of 20 (twenty) hours, divided into four weekly meetings, with 16 hours of on-site activities and four hours of dispersion activities. Such dispersion activities were designed from learning questions implemented

together with the participants at the end of each training session. The answers to the learning questions were handed in and duly evaluated by the facilitators on the last day of training. The problem situations were created from experiences in the ward with psychiatric beds in the hospital and from the study of specific literature on mental health and nursing.

The training began with a presentation by the facilitators on the objectives and expectations and on the importance of participants' presence in the subsequent meetings. Each nurse received printed material with a specific problem situation. The problem situations were denominated "Amanda's dilemmas", "Larissa's euphoria" and "João's thoughts" and sought to address issues such as care for patients with anorexia, depression, bipolar affective disorder and schizophrenia. These were hypothetical cases with the use of fictitious names.

Active methodologies based on PBL and problematization by Maguerez Arch were used. These are different theoretical views, but with points in common[6]. Both provide opportunities for discussing common mental disorders in the ward based on problems extracted from reality.

In the training, PBL took place during the dispersal activities with the purpose of making nurses study certain subjects, thus stimulating an active attitude in search of knowledge. The stages of PBL consist of: reading about the problem; identifying and clarifying unknown terms; identifying the proposed problems; formulating hypotheses; summarizing hypotheses; formulating learning objectives; individual study of the issues raised in the learning objectives; and rediscussing the problem[1,6].

At the same time, during problematization, the facilitators conducted the process methodologically and the nurses selected the problems to study, seeking answers or solutions for them. With this regard, Maguerez Arch includes the following phases: observation of reality (problem); main key points; theorization; solution hypotheses; and application to reality (practice)[6,12].

Based on the reading of the problem situations, the participants talked about their experiences in the ward, what they knew about the situations presented, questions on how to approach the patient and difficulties in promoting therapeutic communication, among other approaches to the mental health patients, and listed the main key points. Then, theorization was implemented and discussed, thus generating reflections and adapting to the practice in the ward. Next, the participants formulated hypotheses about the problem and designed learning questions about the main key points listed according to everyone's opinion.

Phase 2 consisted of training evaluation. Data were collected at the nurses' workplace by semi-structured interviews and using the following guiding questions: 1) Comment on your evaluation regarding the mental health training; 2) Talk about what knowledge and/or skills were acquired in this training; 3) Explain how the discussions fostered during the training are or are not causing any behavior change in your practice.

The framework used to support the guiding questions was the Evaluation Model, proposed by Kirkpatrick, which is based on four levels of training evaluation (Figure 1). This framework allows learning development within the organization context, through the assessment and satisfaction of professionals under training, thus enabling the development of permanent education and quality in services[13]. It consists of the following four levels:

Level 1 – Reaction or satisfaction	It evaluates participants' reaction and satisfaction regarding the training, the content, the material used, the facilitator and the number of training hours, among others. Such a measure can provide training improvement, or even exclude it, if it is not carried out effectively.
Level 2 – Learning	It enables the evaluation of principles, facts and techniques observed and brought by the participants, that is, the acquisition of knowledge and skills by such professionals, as a way of perceiving reality.
Level 3 – Behavior	It evaluates if the participants achieved change in conduct or behavior as a result of training. For this to occur, the individual needs to be willing to change, to know how to do it, to seek help in the application of learning and, finally, to be rewarded for the change.
Level 4 – Results	It allows evaluating whether the results were achieved and their impact resulting from the training.

Figure 1 - Kirkpatrick's Levels of Evaluation. Fortaleza, Ceará, Brazil, 2019

It is noteworthy that level 4 of Kirkpatrick's evaluation was not carried out at that moment, since the evaluation of results requires the measurement of the impact on care provision, which involves the identification of indicators and monitoring in the medium and long term. Therefore, further studies are needed to evaluate this level.

The participants' statements were recorded and fully transcribed by the interviewer himself. The data were distributed by thematic analysis units and later categorized to proceed with analysis and discussion of results. Thematic content analysis was used based on the following steps: pre-analysis, material exploration and interpretation of results[14]. The study was submitted to and approved by the Ethics and Research Committee (CEP), under number 3.464.527, on July 22, 2019, in compliance with Resolution 466/12 by the National Health Council[15].

Results

Five nurses participated in the study. All of them were females, whose ages ranged from 31 to 40 years. Of these, three had graduate diplomas, one had a master's degree and one was a doctoral student. As for their employment contracts at the institution, four worked

under the Consolidation of Labor Laws (CLT) regime, while one worked under the Single Legal Regime (RJU). Regarding their length of employment at the institution, two nurses had been employed for one to two years, two from two to five years and one for longer than five years.

Three thematic categories emerged from the interviewees' statements: reaction or satisfaction evaluation; learning evaluation; and behavior evaluation.

Reaction or satisfaction evaluation

It was evident, through the statements, that the training was considered positive and that the use of active methodologies provided improvement in nursing care for mental health. Contextualized and participatory teaching strategies were used on recurrent situations in practice and in the diversity of demands from psychiatric bedridden patients, promoting a wide discussion and reflection on theoretical and practical aspects focusing on the experienced reality. *My evaluation of the training and the use of active methodologies is a very positive one. It was possible to exchange knowledge an also learn many new things about the main mental disorders that affect hospitalized patients. It was really focused on our professional practice, which contributed, a great deal, to our care provision, the way the course (was) implemented was very positive, through an active methodology that enabled this exchange of knowledge and very meaningful learning (E2).*

However, some nurses pointed out that the training should be offered more often and that more mental health issues should be addressed. It is important to emphasize that training was necessary for the participants themselves and for the institution, with a view to expanding/extrapolating their technical and scientific knowledge and promoting positive results in the daily routine of the services. *I liked it a lot, as I had said here in my written evaluation; I wish it had been longer and that we had discussed more issues? But I thought it was very relevant ... it also opened my mind to a better therapeutic relationship with these patients with mental disorders ... and also to improve my attitude as a nurse when caring for them ... so I really liked the course and I wish it had been a little longer (E5).*

It is noted that the nurses' satisfaction with the training led to a great deal of agreement and solution surveying in order to rethink care-provision strategies through the exchange of experiences and active participation. All participants worked simultaneously on the use of PBL and on the problematization methodology, which reinforces the autonomy process. This favors the creation of possible paths for the development of answers or solutions to the problems that arise.

Learning evaluation

Bearing in mind that the knowledge built in a collaborative way helps the comprehension of facts that resemble reality, the use of active methodologies became strategic for producing knowledge in mental health, since it implied the development of communication skills and ability for critical reasoning, thus minimizing difficulties and making the professionals more prepared to deal with certain circumstances. *I had a lot of questions about how to approach patients with schizophrenia, bipolar disorder, in short, I think it was the most effective part in terms of communication for me. What should I say, what should I not. What should I observe, right? I think I developed communication skills the most ... the issues concerning treatment, patient care (E1).*

Some nurses asked questions about the psychiatric disorders addressed in problem situations, such as symptoms, treatments and nursing conducts in each case. It is noteworthy that nursing diagnoses and interventions were brought up at the end of each situation in order to offer important contributions to practice and expand care-provision possibilities, as mentioned by E4: *... the main symptoms presented by the disorders, the main elements, the characteristics of the disorders ... this is very important because it enables us to identify ... these elements in the patient we are caring for and especially how to manage it ... which was something we talked about a lot ... about how to manage it ... The symptoms presented by the main disorders ... that was very important knowledge ... mainly the nursing diagnoses and the conducts to be implemented in each case (E4).*

Previous knowledge aligned with the problematic situations addressed in the training favored the development of care-provision knowledge and skills by the interviewees, making PHE activities more present in their daily work. Learning became dynamic, as it enabled interaction among the various actors, at the same time that nurses were motivated to learn. *For me, the skill that I can develop even further is that related to the therapeutic approach, how to approach the patient and the family more closely. I think that issue became easier, in terms of both knowledge and skills (E5).*

As the meetings took place, the objectives and nature of active methodologies became clear to each participant, with significant progress in the discussions regarding the problem situations. The collective search for the construction of meanings was a useful tool for the participants to become questioners about how mental health care should be provided in the ward. With this regard, the training enabled a more dynamic connotation in the teaching-learning process, allowing for deeper understanding of care provision and the stimulation of critical thinking within the biopsychosocial context.

Behavior evaluation

Collective reflection on mental health care was present in most statements. It is noted that there was a change in behavior during and after the training, and that it provided new paths in the care-provision process,

making it more humanized and integrated. *There has been a change in the way I view things. Today I no longer care for a patient as I did before the training. I think you reinforced this issue of looking with empathy, of saying things that encourage the patient to speak. You talked a lot about patients with delusions and hallucinations, about always bringing them into reality. Always trying to make a therapeutic approach to them before resorting to physical or chemical procedures, which was what we most often did. When a patient is in crisis, we always ask ourselves... what medicine will I give him? And so you sought another view, a therapeutic approach without necessarily using drugs or mechanical procedures. If it is not so effective, then you go on to other alternatives. I think the discussions were also fundamental to change my behavior ... concerning the approach to the patient (E1).*

It was observed that the use of active methodologies acted in the (re)construction of knowledge in mental health, and that working in an empathic fashion sought to overcome the biological andtechnicist model, which is very common in places where mental health care is provided. In this broad perspective of care provision, ways to change behaviors and directions in mental health are pointed out. *It is something that is still happening, but I have already realized it. I have already stopped to reflect on how I can improve my care, my conduct, my approach ... I've realized that I was often making the wrong approach, so this is already a positive thing. It is a lot of knowledge ... and the course actually served to stimulate us to learn more, to seek more knowledge, to study more ... so, I feel instigated to seek more knowledge, to go deeper in relation to caring for patients with mental disorders (E2).*

Thus, it observed that nurses learned to identify their own learning needs, taking into account previous knowledge and experiences. *Since the first meeting ... when we left here and then we arrived at the ward again, I think that even the approach, entering, showing more participation, the question of approaching, asking, but in a more embracing attitude. So, this approach that I didn't have before, now, I have had it since the first meeting. Today, there is already somewhat greater care, both clinical and mental ... to really give support to the family, we already provide greater care, and it's not that we did not do it before, but today we are more zealous. ... I think I would say that. So I really see improvement in my practice (E3).*

In view of the constructions formulated in the training with the use of active methodologies, the change in behavior favored significant transformations in planning and acting during the approach to psychiatric patients. The data found showed that nurses have advanced in developing critical and creative thinking skills. Despite initial difficulties, they evaluated the training positively.

Discussion

The nurses' satisfaction, as shown by the training evaluation, occurred through the interrelation between theory and practice, contributing to the exercise of the educational praxis. The experience of different methodological paths allowed them to become involved with aspects of reality and ways to overcome them. Thus the nurses pointed out alternatives to care for mentally ill patients, given their importance in the therapeutic relationship and transformation of health practices[3,16].

In the active methodologies used in the training on mental disorders, the nurses were the center of educational actions and built knowledge in a participatory manner. It is noteworthy that PHE and the traditional teaching method are not in agreement. In the latter, students take a passive position and do not have mutual participation. Problem-solving education, with this regard, allows the learner to actively participate in decision-making, and the educator mediates this process[2,4,17].

In the international context, mental health education has been satisfactory, as it favors competence and readiness for case management. A study on mental health training carried out in Hong Kong proved to be effective in reinforcing knowledge and improving techniques and skills, in addition to providing a greater sense of achievement and satisfaction in nursing students' learning[18]. Therefore, it is observed that educational activities in mental health can make nursing care more resolutive and guarantee the construction of practices based on living realities.

However, other national and international studies have shown that most of the training on mental health is based on the traditional educational logic, in addition to the little offer of qualification and improvement courses, an insufficient number of hours for theoretical and practical activities and the very limitations imposed by the biomedical model. Combined with such concerns, it is noteworthy that the social stigma of mental illness is a determinant factor that can, consequently, create an overload on nurses and must be elaborated and rethought during permanent training activities[8,11,16].

Regarding care-provision tools, nurses identified the importance of therapeutic communication as a central approach, listing active listening as preponderant to counseling and often identified as a need of the professional himself. Therapeutic communication is a light technology and requires a technique, such as listening reflectively and observing the patient's verbal and non-verbal language, in addition to enriching the relationship with the multidisciplinary team. Thus, care provision must address information, education and support to patients in their health-disease process in order to provide an effective therapeutic plan aiming at comprehensive care by maintaining psychosocial functioning[16,19-22].

The nurses in the study analyzed the training as positive, since, as shown by the results, the problematizing elements in the training favored the change of behaviors, abilities and attitudes through the practice of activities centered on therapeutic roles[23]. With this regard, nurses

understood that active and dynamic learning processes provide the ideal environment for qualified nursing care that can act resolutely in the most diverse contexts in mental health.

As an important component of contemporary mental health care, training that induces professionals to value more critical actions with the identification of subjective and social needs of patients in mental distress is highlighted[24]. Humanized care practices, in turn, favor the bond between the nursing team and users in its entirety, promoting an expanded intervention by replacing the term "treating" with "caring"[10,25].

Thus, care provision must offer a holistic perspective and go beyond the reductionist view of the disease. The emotional dimension of nursing care goes beyond the body, therefore, the need for training professionals based on critical and humanistic pedagogical praxis resulting from interpersonal relationship skills is acknowledged[26-27].

Interpersonal relationship is based on the construction of bonds, security and humanization, with the objective of making the patient active in his life production. Both the nurse and the patient, together, seek better solutions for health recovery, whether physical or mental. Therefore, it requires a joint and dialogical relational construction, with a view to providing adequate and effective care for the main mental health problems[26-27]. This was achieved through the training, since the nurses participated in an integrated and affective way, developing thoughts, feelings and actions necessary for mental health care.

During the training discussions, it was possible to shed light on aspects related to family approach. This, according to psychosocial logic, is understood as a fundamental part for patients' satisfactory evolution, and it must be multidimensional. The nursing team should encourage and integrate family participation in the treatment and rehabilitation of patients with mental disorders. Therefore, nurses, must accept different family constitutions, acting with respect towards the feelings and emotions present in psychological suffering in order to stimulate the process of coping with difficulties[16,28].

Thus, with the use of active methodologies, the nurses were confronted with real-life situations, corroborating a better analysis of routine problems with a consequent search for solutions, transcending professional practice. Placing nurses in the face of problems and challenges was essential for mobilizing their intellectual potential. Therefore, the importance of clinical reasoning as a basic competence for acquiring knowledge and encouraging decision-making is emphasized, as the participants were motivated to seek new information in order to ensure self-directed and collaborative learning[1,17].

It was concluded that the nurses analyzed the training positively and were satisfied with the methodologies used, as they enabled them to stop, examine and reframe their

discoveries and learning in mental health. Meaningful learning enabled changes in the nurses' practice and perceptions, as well as potentiated the construction of actions based on the assumptions of the psychiatric reform and the principles and guidelines by the Unified Health System (SUS).

This study contributed to the production of knowledge in mental health with the use of active teaching methodologies through training on mental disorders. The latter sought to expand knowledge, skills and attitudes, in addition to critical capacity in daily practice. A limitation to the study is the difficulty of nurses' availability and adherence to participate in the training. It is suggested that more training such as this be improved and implemented for the psychosocial scenario.

Conclusion

It can be concluded that the nurses analyzed the training and the use of active methodologies as essential and strategic for the promotion of democratic and integrating changes in mental health care, demanding more than technical and scientific knowledge, but also skills to know how to deal with behaviors and human relations.

It became evident that the training was a successful experience, since it encouraged nurses to build new paths for care provision, seeking continuous improvement of the nursing practice in mental health.

The importance of more opportunities for training on mental health with the use of active teaching methodologies in order to act in the construction of collective spaces for reflection on daily actions in health care services is emphasized. It is hoped that this study will encourage the continuity of new training events and collaborate with the formation and innovation of mental health care practices.

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